

# 2017 Wounded Warrior Project<sup>®</sup> Survey

## Report of Findings

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**August 25, 2017**

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## EXECUTIVE SUMMARY

This executive summary includes a brief description of the survey purpose, content, and administration as well as top-line findings from the collected data. Additional information can be found in the body of the report.

### ABOUT THE SURVEY

*SURVEY OBJECTIVE.* The 2017 WWP survey was the eighth administration of the survey. The first survey, in 2010, collected baseline data on WWP warriors. The subsequent surveys provide updates and allow WWP to identify trends among its warriors, 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 warriors: Background Information (military experiences and demographic data), Physical and Mental Well-Being, and Economic Empowerment.

*2017 SURVEY ADMINISTRATION.* The web survey was fielded to 92,853 WWP warriors from March 21 to May 12, 2017. Email communications included a survey invitation and eight reminders. Warriors who completed the survey were offered a WWP Power Bank Charger as a token of appreciation for their participation.

The final unweighted response rate for 2017 was 37.5 percent (34,822 completed surveys among 92,848 eligible warriors), which was down slightly from last year's 40.0 percent response rate. After data collection, the survey data were weighted to produce estimates representative of the 2017 WWP population.

# TOP-LINE FINDINGS

## WARRIOR BACKGROUND INFORMATION

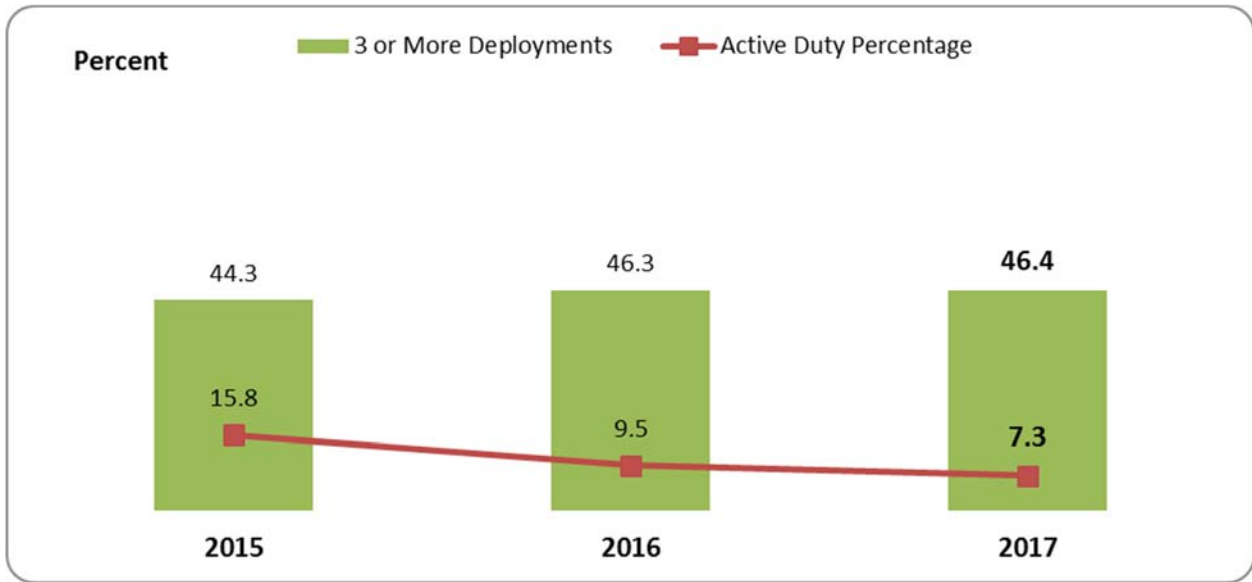
*DEMOGRAPHIC PROFILE.* The 2017 demographic profile of warriors looks like:

- Men – 84.4%
- Mean age – 38.8 years; younger than 31 – 15.9%
- Currently married – 66.1%
- Race/ethnicity:
  - White – 66.4%
  - Hispanic – 17.7%
  - Black or African American – 14.1%
  - American Indian or Alaska Native – 5.1%
  - Asian – 3.5%
  - Native Hawaiian or other Pacific Islander – 1.6%
- Geographic location:
  - South – 52.4%
  - West – 24.3%
  - Midwest – 12.9%
  - Northeast – 10.4%

*MILITARY PROFILE.* The 2017 military profile of warriors reflects similar trends to previous years. Most warriors were or are enlisted service members (91.8%). About 3 in 5 enlisted warriors (61.8%) achieved the rank of E5-E9.

Differences in military profiles over the past three years reflect a continuing decline in the proportion of active duty warriors. Figure ES-1 depicts the three-year trends. The proportion of warriors on active duty is approximately half of what it was just two year ago (7.3% versus 15.8%). Almost all warriors who have deployed since 2001 did so at least once to a combat area (93.6%).

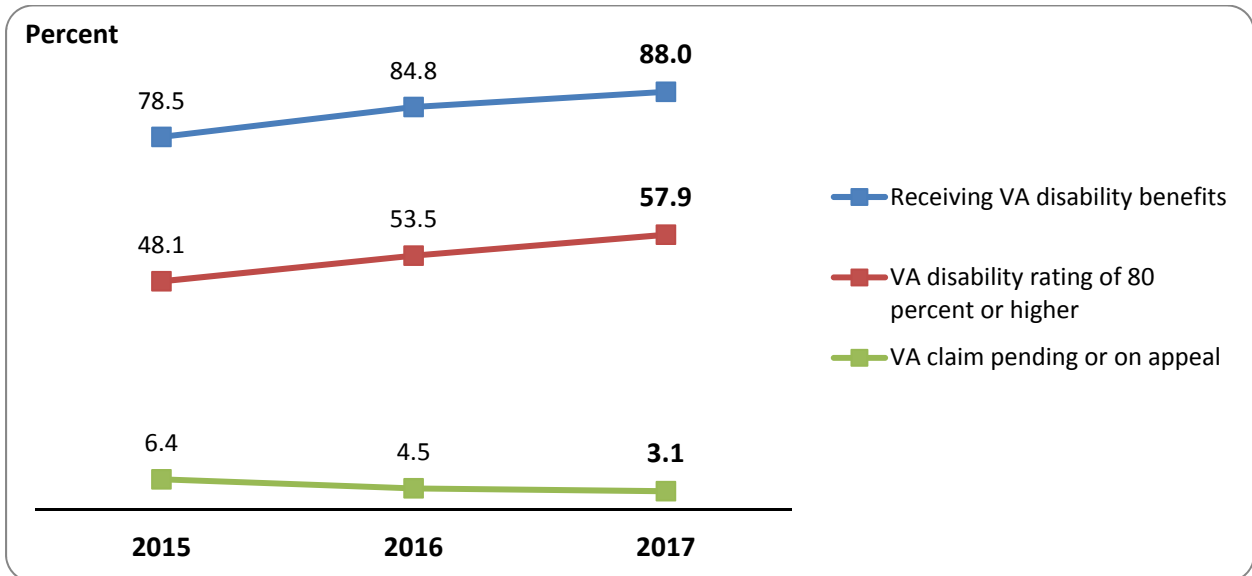
**Figure ES-1. Active Duty Warriors and Warriors with Deployments**



*SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS.* Among those with injuries, nearly 9 in 10 (88.1%) experienced more than three injuries or health problems.

As Figure ES-2 shows, the percentage of warriors receiving VA benefits (88.0%) continued to rise; more than half of warriors (57.9%) had disability ratings of 80 percent or higher. The percentage of warriors reporting pending or claims on appeal at VA continues to decline (3.1%).

**Figure ES-2. VA Disability Benefits, Ratings, and Pending VA Claims Among Warriors**



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

- Post-traumatic stress disorder (PTSD) – 77.4%
- Sleep problems – 75.0%
- Back, neck, or shoulder problems – 72.6%
- Depression – 70.1%

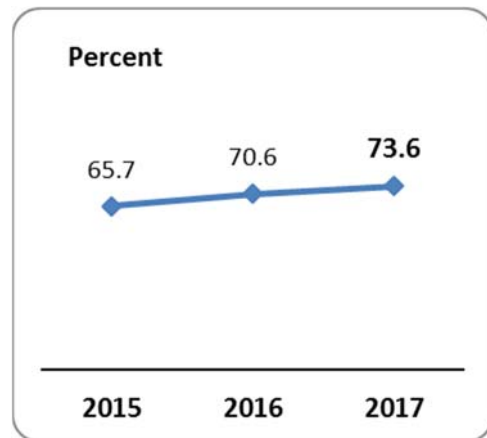
Rates for these injuries and health problems are similar to the 2016 estimates.

About 3 in 10 warriors (27.5% in 2017 and 28.9% in 2016) need the aid and attendance of another person because of their injuries and health problems. Among them, more than one-fourth (25.4%) need more than 40 hours of aid every week.

*CURRENT HEALTH INSURANCE COVERAGE.* Up three percentage points from the 2016 estimate, 73.6% of warriors receive health insurance through the VA. Figure ES-3 presents the three-year increasing trend.

More than two-thirds (69.0%) of warriors with VA health insurance use the VA as their primary health care provider. These individuals may have other insurance in addition to VA coverage.

**Figure ES-3. Warriors with VA Health Insurance Coverage**



## PHYSICAL AND MENTAL WELL-BEING

*BACKGROUND.* Warriors were asked questions about their health and how it affects their daily activities. The questions include a series taken from the Veterans RAND 12-Item Healthy Survey (VR-12) which was adapted from the RAND 36-Item Health Survey (SF-36), the instrument that was used in previous WWP surveys. Responses to the VR-12 are summarized by two composite scores, the Physical Component Scale (PCS) score and the Mental Component Scale (MCS) score. The mean PCS score for WWP warriors is 37.1, which is similar to the mean scores of veterans who have zero or one medical comorbidity. The mean MCS score for WWP warriors is 34.9, which is similar to the mean MCS score for veterans who have more than two mental comorbidities. Both are standardized with reference to the 1990 U.S. population such that a score below 50 indicates health status below the average in the 1990 U.S. population.

*HEALTH.* Similar to last year, just under half of warriors (48.5%) assessed their health as *excellent, very good, or good*. The majority (51.5%) reported their health as *fair or poor*.

### *EFFECTS OF PHYSICAL HEALTH AND MENTAL HEALTH/EMOTIONAL PROBLEMS ON*

*ACTIVITIES.* More than 7 in 10 warriors (71.6%) report that their health limits them (either *a lot or a little*) when climbing several flights of stairs, and about a third (66.5%) indicate that they are limited *a little or a lot* in moderate activities.

Over 80% of warriors report that they were less productive than they would have liked because of their physical health or emotional problems. More than 8 in 10 warriors (82.2%) said that their physical health limited them in the kind of work or other activities they could do in the past four weeks. More than 8 in 10 warriors (83.9%) indicated that they were less productive than they would have liked because of emotional problems.

Physical health or emotional problems of 89.5 percent of warriors interfered with their normal social activities with family, friends, neighbors, or groups at least slightly. Almost half (47.2%) of warriors indicated that physical or emotional problems interfered *all of the time or most of the time*.

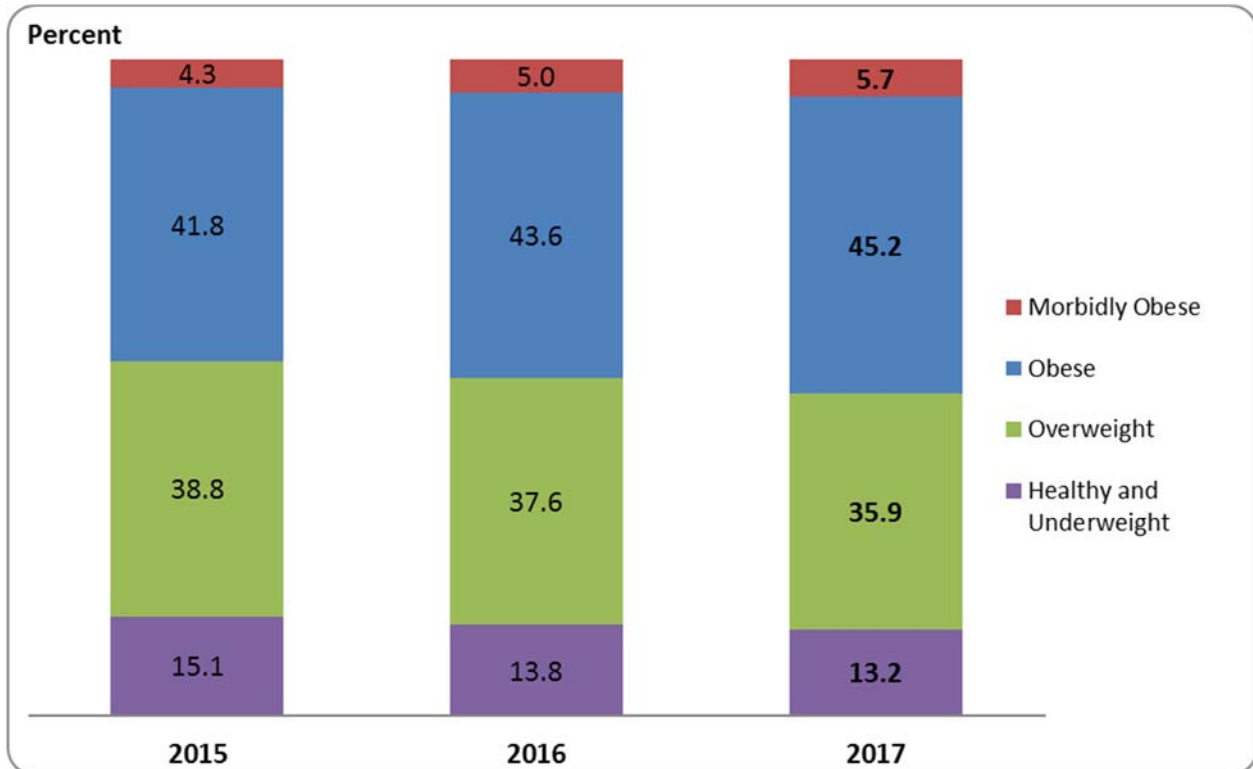
*HOW THEY HAVE BEEN FEELING.* Military experiences still adversely affect many warriors. More than three-quarters of warriors (77.1%) had an experience that was so frightening, horrible, or upsetting that they were constantly on guard, watchful, or easily startled.

The most frequently reported problems bothering warriors nearly every day during the two weeks prior to the survey are the same as last year:

- Sleep issues (either had trouble falling or staying asleep or slept too much) – 40.8%.
- Tiredness (felt tired or had little energy) – 34.7%

*HEALTH-RELATED MATTERS.* More than 8 in 10 warriors (83.5%) said maintaining their health is either *very important* or *moderately important*, and 41.5 percent of warriors do moderate-intensity physical activity or exercise three or more days a week. However, maintaining a healthy weight continues to be a challenge for warriors. The average body mass index (BMI) score for warriors is 30.7, slightly above the cut-off for obesity, which is 30.0. About half (50.9%) of warriors have BMI exceeding the obesity cut-off; 5.7 percent are morbidly obese. Figure ES-4 depicts the trend in BMI over the past three years.

**Figure ES-4. Warrior 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.

*MENTAL HEALTH CARE SERVICES: ACCESS/RESOURCES.* Among warriors, 51.7 percent had visited a professional to get help with issues such as stress, emotional, alcohol, drug, or family problems in the past three months, but access to care remains an issue. More than one-third of warriors (34.1%) had difficulty getting mental health care, put off getting such care, or did not get the care they needed.

Over one-third of warriors (34.8%) indicated that conflicts between their personal schedules and hours of operation of the VA sites were the reason they had difficulty getting mental health care. This was the most frequently cited reason, but was closely followed by discomfort with existing resources within the DoD or VA (33.0%) and the feeling that treatment might bring up painful or traumatic memories that the warriors wanted to avoid (32.3%).

There was a slight decrease from the 2016 estimate in the percentage of warriors mentioning a lack of resources in their geographic area as a reason for difficulties in getting mental health care (24.7%, compared to 26.0% in 2016).

About 1 in 5 warriors selected three different reasons related to perceived adverse effects of seeking mental health care treatment:

- Concerned that your future career plans would be jeopardized – 19.6%
- Would be considered weak – 19.4%
- Would be stigmatized by your peers or family – 17.4%

Wounded warriors utilize various resources and tools to help address their mental health issues. The top three resources and tools used for addressing their mental health concerns were:

- VA Medical Center – 70.6%
- Talking with another OEF/OIF/OND veteran – 51.6%
- Prescription medication – 49.0%

*PHYSICAL HEALTH CARE SERVICES: ACCESS.* More than 4 in 10 warriors (42.7%) had difficulty getting health care for physical injuries or problems in the past 12 months, or they put off getting care, or did not get the physical health care they thought they needed. The most frequently cited reason was difficulty in scheduling appointments (39.1%).

*SOCIAL SUPPORT.* On the 10-item Social Provisions Scale, more than half of warriors answered positively (between 51.1% and 81.6% positively in 2017) to each statement about their current relationships with friends, family members, co-workers, community members, and others. The three statements with the highest percentages answering positively are presented in Figure ES-5. The trend of warriors with positive responses to these items has changed little since 2015.

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** (5.9 in 2016 and 5.9 in 2015)
- Reassurance of Worth (recognition of one’s competence, skills, and value by others) – **5.4** (5.4 in 2016 and 2015)
- Social Integration (a sense of belonging to a group that shares similar interests, concerns, and recreational activities) – **5.7** (5.7 in 2016 and 5.8 in 2015)
- Attachment (emotional closeness from which one derives a sense of security) – **5.3** (5.4 in 2016 and 2015)
- Reliable Alliance (assurance that others can be counted on in times of stress) – **6.0** (6.0 in 2016 and 6.1 in 2015)
- **Total Social Provisions Score – 28.3** (28.4 in 2016 and 28.5 in 2015)

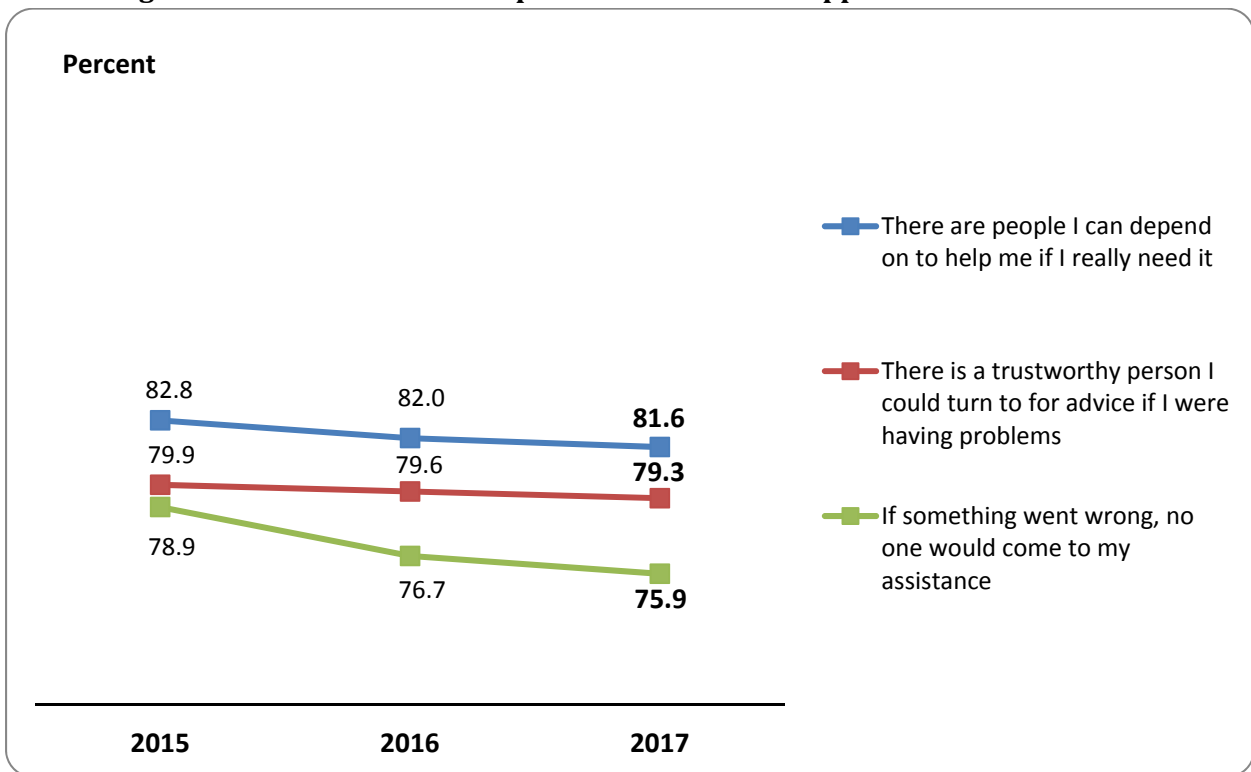


*CURRENT ATTITUDES.* The survey used the 10-item version of the Connor-Davidson Resilience Scale (also known as the CD-RISC 10-Item Resilience Scale) to address current attitudes about resilience in the face of changes or hardships. About half of warriors have positive attitudes towards the two items that remain from the previously used 2-item version of the scale:

- It is *often true* or *true nearly all the time* that they are able to adapt when changes occur – 51.1% (50.7% in 2016)
- It is *often true* or *true nearly all the time* that they tend to bounce back after illness, injury, or other hardships – 47.3% (47.7% in 2016)

The mean CD-RISC 10-Item Resilience Scale score for WWP warriors is **24.0**. This is much lower than mean scores found for the general U.S. population: **31.8** (Campbell-Sills et al., 2009). However, individuals with PTSD tend to have a lower CD-RISC score when compared to the general U.S. population. WWP warriors screening positive for PTSD on the annual survey had a mean score of 22.1 that is slightly higher than findings from the international work, which found a mean score in the range of 19.9 to 20.1 for groups with PTSD (Davidson et al., 2008).

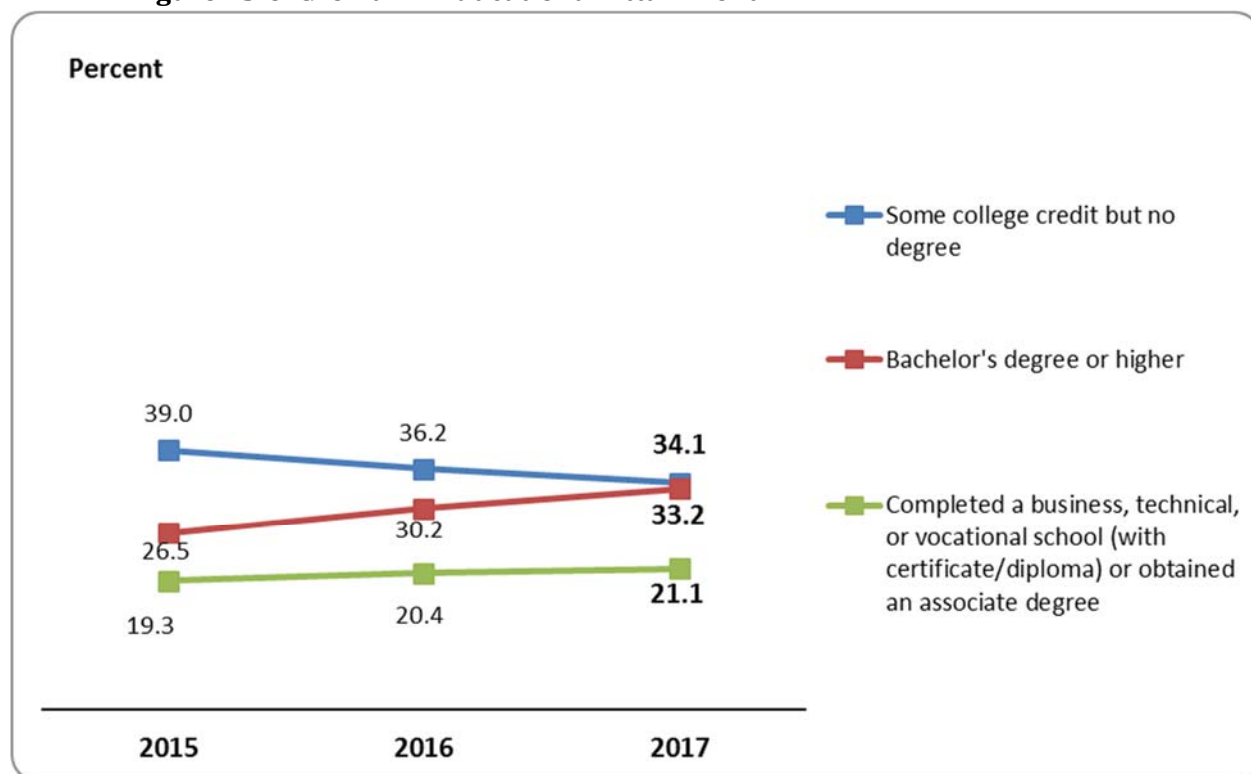
**Figure ES-5. Most Positive Responses About Social Support**



## ECONOMIC EMPOWERMENT

*EDUCATIONAL ATTAINMENT.* The proportion of warriors with a bachelor's degree or higher continues to increase. Figure ES-6 depicts educational attainment among warriors over the past three years.

**Figure ES-6. Growth in Educational Attainment**



*PURSUIT OF MORE EDUCATION.* Warriors understand that education is vital to improving their future opportunities and have taken steps to gain additional education. About 1 in 4 warriors (26.4%) are now enrolled in school to pursue the following:

- Bachelor's degree or higher – 70.1% of enrollees (68.2% in 2016)
- Associate degree – 20.1% (21.4% in 2016)
- Business, technical, or vocational school training leading to a certificate or diploma – 7.8% (7.7% in 2016)

The two primary benefits warriors use to finance their educational pursuits are the same as in 2016: Post-9/11 GI Bill and the VA's Vocational Rehabilitation and Employment Program (VR&E). The percentage of warriors who are using the VR&E program to pursue more education (27.4%) has increased by about 3 percentage points in the past 3 years while warriors using the Post-9/11 GI Bill (56.9%) has remained the same.

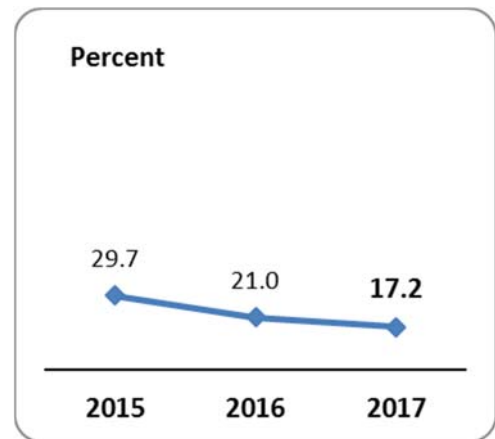
*LABOR FORCE/EMPLOYMENT STATUS.* Labor force findings include the following:

- Labor force participation rate – 62.5%
- Percentage of warriors employed full time – 47.5%
- Percentage of warriors employed part time – 7.6%
- Percentage of employed warriors who are self-employed – 6.2%
- Unemployment rate – 11.7%
- Unemployment rate for subset of *non-active-duty warriors* – 13.3%

The primary reasons warriors are not in the labor force include medical/health problems (60.3%), current enrollment in school or in a training program (15.8%), or retirement (14.0%). In addition, 4.0 percent of warriors who are not in the labor force have become too discouraged to continue looking for work, and 3.3 percent have family responsibilities.

Warriors work in many different industries, but 23.1 percent of warriors now work for the federal government (up from 21.2% in 2016). Slightly fewer warriors (17.2%) work in the military, including those on active duty and those working in other military jobs, which represents a continuing decline. Figure ES-7 displays the three-year trend for military employment among warriors.

**Figure ES-7. Warriors employed by the military**



*JOB SATISFACTION.* Satisfaction with employment is higher among workers whose employers have an affinity group for veterans or a veteran mentorship program. Of the 22.1% of warriors who work somewhere with such a group or program, 14.9% are totally satisfied with their employment compared with 6.2% of warriors working without an affinity group or mentorship program.

*BARRIERS TO EMPLOYMENT.* Many factors make it difficult for warriors to obtain employment or change jobs. The order of most common factors has remained the same in 2017, and the percentage estimates are similar to the 2016 estimates. The top 3 most frequently cited reasons are:

- Mental health issues – 33.8%
- Difficult for me to be around others – 30.7%
- Not physically capable – 21.4%

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

- Income from work:
  - Less than \$10,000 – 37.3%
  - \$10,000 to \$24,999 – 10.7%
  - \$25,000 to \$39,999 – 13.5%

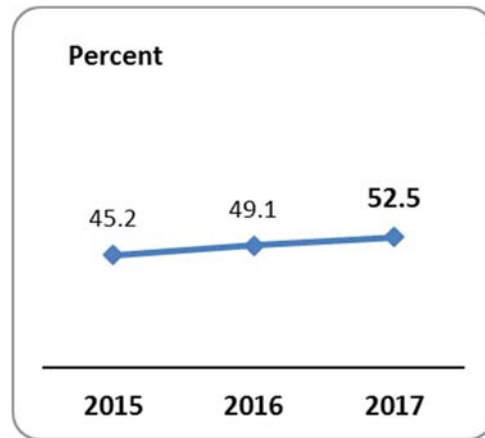
- \$40,000 to \$59,999 – 16.0%
- \$60,000 or more – 17.3% (15.3% in 2016)
- Don't know – 5.2%

Females were more likely than males to have no income from work (34.8% vs 28.9%).

- Income from various benefit, cash assistance, and disability programs:
  - Received \$20,000 or more in income from those sources – 42.0%.
  - Received no income from those sources – 16.3%.

**CURRENT LIVING ARRANGEMENT.** Among warriors, 52.5 percent currently own their own homes with an outstanding mortgage, continuing a three-year upward trend (Figure ES-8). Around 3.9 percent own their homes with no mortgage balance. 56.4 percent of warriors own homes, with or without a mortgage balance. Nearly 3 in 10 warriors (29.6%) rent their homes.

**Figure ES-8. Warriors who own a home with a mortgage**



**HOMELESSNESS.** About 6.1 percent of warriors were homeless or living in a homeless shelter during the past 24 months. Of these, 27.0 percent were homeless for less than 30 days, 48.6 percent were homeless for 1-6 months, 14.3 percent were homeless for 7-12 months, and 10.1 percent were homeless for 13-24 months. The mean number of days warriors were homeless was 159.2 (about 5 months). Among those who were homeless, 20.3 percent received government housing assistance. Rates of homelessness were higher among females than males (7.2% vs 5.9%).

**MONTHLY DEBT PAYMENTS.** Among warriors with debt, excluding mortgages on primary residences, about a third (33.9%) pay less than \$1,000 per month on total household debt they owe, and another 36.6 percent make monthly payments ranging from \$1,000 to less than \$2,500 (39.1% in 2016). However, excluding mortgages, more than half of warriors with debt owe \$20,000 or more. The most common forms of debt that warriors have are car loans and credit card debt.

**RATIO OF MONTHLY HOUSEHOLD DEBT PAYMENTS TO MONTHLY HOUSEHOLD INCOME.** Debt-to-income ratios were largely lower in 2017 than in 2016. Among all warriors, 41.9 percent own their homes with outstanding mortgages and answered the three income questions in the survey. Among this group, 58.2 percent (compared to 64.2% in 2016) have a debt-to-income ratio exceeding 41 percent, the general VA mortgage qualification ratio. Among warriors who currently do not own their homes (with or without a mortgage) and who answered the income questions (33.0% of warriors), 86.6 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. Among those who have an outstanding mortgage and do not have a spouse/partner, 70.4%

(compared to 76.6% in 2016) have a debt-to-income ratio exceeding 41%. Among those who have an outstanding mortgage and answered a question about their spouse/partner's income level, 52.1% (compared to 58.3% in 2016) have a debt-to-income ratio exceeding 41%.

*FINANCIAL MANAGEMENT.* For this year's survey, warriors were asked 15 questions comprising the Financial Management Behavior Scale (FMBS). The scale was developed to measure overall behavior in financial management and involves four subscales: savings and investment, cash management, credit management, and insurance. Scores range from one to five, where a higher score shows better financial management behavior. FMBS scores have changed little since 2016. The following are the average scores for warriors:

- Overall score = 3.1 (3.1 in 2016)
- Savings and investment subscale score = 2.4 (2.4 in 2016)
- Cash management subscale score = 3.6 (3.5 in 2016)
- Credit management subscale score = 3.1 (3.1 in 2016)
- Insurance subscale score = 3.6 (3.6 in 2016)

The overall score is much lower than the 3.58 overall score from a nationally representative study (Dew & Xiao, 2013). However, the difference in score could partially be explained by the difference in population. The population in Dew's study were married or cohabiting and also a bit older than the warrior population, with an average age of 43.

*OVERALL ASSESSMENT OF FINANCIAL STATUS.* Warriors 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 2016 estimates:

- Better now – 25.2% (24.1% in 2016)
- Same – 42.9% (42.1% in 2016)
- Worse – 27.7% (30.0% in 2016)
- Don't know – 4.1% (3.8% in 2016)

Female warriors are more likely than male warriors to say that their financial status is worse than a year ago (32.3% of female vs. 28.3% of male warriors).

*WARRIOR SUMMARY.* While the large majority of WWP warriors are Army veterans, and more than 90 percent were/are enlisted Service members, WWP warriors represent all Services and ranks. Almost half have deployed at least three times during their military career. Along with these military sacrifices come injuries and health problems. The most common problems faced by warriors include PTSD, sleep problems, obesity, and depression. Unfortunately, a majority of warriors report their health as being only *fair* or *poor*, and this decreased health impacts their employment opportunities, social interactions, and other daily activities that most of us take for granted. Because of their injuries and health problems, almost 3 in 10 need assistance from another person while adjusting to and living their new "normal" life, and some will need a lifetime of care. The WWP and other Veterans Services Organizations (VSOs) continue to play a vital role in the recovery, rehabilitation, and transition of wounded warriors by providing much needed programs and services.

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## WOUNDED WARRIOR PROJECT

Wounded Warrior Project® (WWP) plays an important role in improving the lives of severely injured service members through efforts to increase public awareness about this population's needs. WWP brings about legislative and policy changes to address those needs, and to augment the programs and services available to them through the Department of Defense (DoD), Department of Veterans Affairs (VA), Veterans Services Organizations (VSOs), and other agencies and organizations. WWP offers many services, including VA benefits assistance, peer and emotional support, as well as support for family members and caregivers. In addition, WWP offers career guidance through Warriors to Work and multiple programs to support Wounded Warriors in a comprehensive and holistic programming model. The efforts of WWP 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).

One of the most remarkable accomplishments of WWP to date has been the creation of the \$100 million program, Warrior Care Network. Warrior Care Network is a first-of-its-kind partnership between WWP and four nationally recognized medical centers of excellence (Emory Healthcare, Massachusetts General Hospital, Rush University Medical Center, and UCLA Health). This program will connect thousands of warriors with world-class care to battle the invisible wounds of war, including PTSD and TBI, by filling gaps in government care and reaching those who might go untreated.

The ultimate goal for WWP is to connect, serve, and empower this generation of American warriors by supporting their mental health, promoting their physical health, and encouraging their financial stability.

## WOUNDED WARRIOR PROJECT SURVEY

### SURVEY OBJECTIVE

WWP maintains a database of wounded warriors. Eligible warriors 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 warrior demographics, mental and physical well-being, and economic empowerment across a number of outcome domains. WWP has conducted this annual survey over the past 8 years. The survey was first administered in 2010 to establish baseline data on its warrior membership and subsequently to identify trends among WWP warriors and compare their outcomes with those of other military populations. 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 warriors
- Physical and Mental Well-Being
- Economic Empowerment

*DEVELOPMENT PROCESS.* WWP worked with RAND to develop the outcome domains and survey items for the baseline survey administered in 2010. Westat appraised the draft survey to identify potential problems for warriors in understanding and answering the questions, and conducted cognitive interviews with four warriors and one caregiver to pretest selected items from the draft 2010 survey. Recommendations and findings from these interviews were discussed with WWP and RAND and resulted in a final survey instrument that was administered in 2010.

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 2017, notable changes include questions asking about engagement and participation in WWP and other VSOs and programs, debt and financial stability, and business ownership. New scales measuring emotional and physical well-being, as well as isolation, were also incorporated into the 2017 questionnaire.

*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. Because of pretesting, no IT-related challenges were experienced during the 2017 data collection.

## 2017 SURVEY ADMINISTRATION

Westat administered the survey to 92,853 warriors in WWP's member database as of January 2017 (up from 79,161 warriors in 2016). WWP warrior membership has steadily increased since the 2010 WWP survey was administered to 3,464 warriors. Data collection continued for eight weeks, from March 21 to May 12, 2017. All communications with the wounded warriors were via email and included a survey invitation, and eight thank you/reminder emails that were sent to survey nonrespondents. As an incentive to promote higher survey response, those who answered and submitted a 2017 survey could choose to receive a WWP power bank charger. (Nonmonetary incentives have been offered to survey participants since 2011.)

The final response rate was **37.5** percent (34,822 completed surveys among 92,848 eligible warriors in the survey population), compared with 40.00 percent in 2016, and 39.4 percent in 2015. Appendix A includes more details on survey methods and administration. Westat's WWP Survey Help Center provided technical assistance to sample members throughout data collection.

*CAREGIVER ASSISTANCE WITH SURVEY.* Two hundred and sixteen caregivers (0.6%, unweighted) reported that they completed the survey for their wounded warriors, and 2,805 caregivers (8.1%, unweighted) helped warriors complete the 2017 survey.

## 2017 REPORTED DATA

*WWP SURVEY.* The estimates provided in the findings section of this 2017 report are weighted data, unless specified otherwise. The survey results were adjusted to reduce bias in survey estimates that might occur due to survey nonresponse. 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 2016 and 2015, there was sufficient information in the WWP warrior 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 2017 survey are included in Appendix A.

The data set used for analysis includes data for the 34,822 warriors who completed a survey. For a survey to be considered “complete”, the respondent had to answer at least 17 of the 20 core demographic questions as well as 21 of the 46 core nondemographic items. Core questions were those that all warriors 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. In addition, there may be slight differences (about 0.1 or 0.2 percentage points) between estimated percentages for *combined* response options presented in the text and response percentages that appear in the figures due to rounding.

The estimated data we report represent the findings for WWP warriors surveyed in 2017, 2016, and 2015. Most, but not all, figures and tables include data for all 3 years.

Please note that the sample sizes have increased each year. The 2017 survey population (92,853) was much larger than in 2016 (79,161) and 2015 (58,933). In addition, the survey population included a lower percentage of active duty soldiers in 2017 (7.3%) than in 2016 (9.5%) and in 2015 (15.8%). 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 warriors changed between 2015 and 2017.

In the text, we highlight changes of about 5 percentage points or more between the 2017 and 2016 survey estimates as well as some patterns of change since 2015 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 warriors in

each year. As noted, WWP uses the yearly data when developing and improving its strategic plan for WWP programs and services for warriors 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 2016 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 (7.3% in 2017) 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, non-institutionalized 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 and Boston University 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 Warrior Background Information

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

### 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
- More on Unemployment and Employment
- Income
- Current Living Arrangement
- Homelessness
- Debt
- Financial Management
- 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

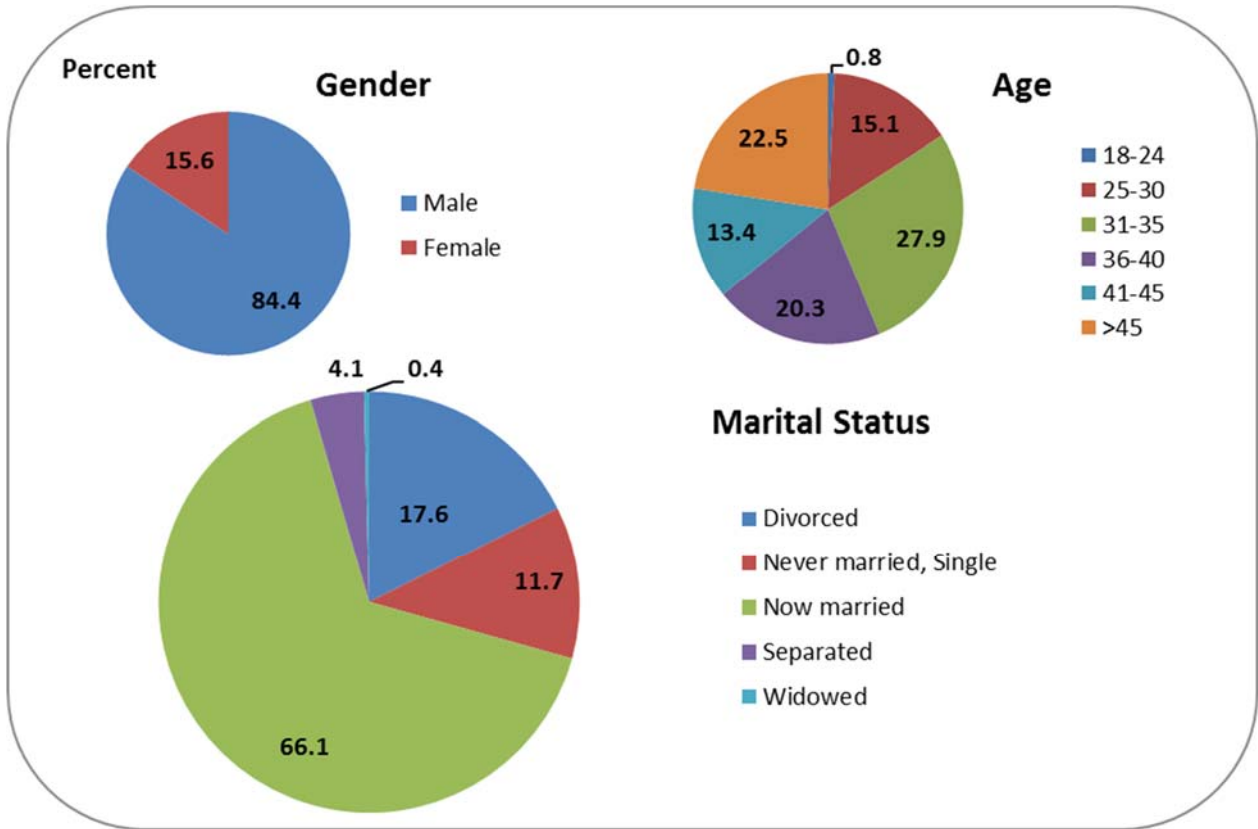
## WARRIOR BACKGROUND INFORMATION

### DEMOGRAPHIC PROFILE

*GENDER, AGE, MARITAL STATUS.* The 2017 demographic profile for warriors is similar to the 2016 and 2015 profiles. Most warriors are male (84.4%), 66.1 percent are currently married, and 11.7 percent are single and have never married (Figure 1). Among the 21.7 percent who are divorced or currently separated, most (89.1%) became legally separated or divorced from their spouses *after* deployment. Their mean age is 38.8 years old, with 15.9 percent younger than 31. The percentage of warriors 35 and younger is 43.8 percent (compared with 48.5% in 2016 and 57.9% in 2015).



**Figure 1. Warrior Breakouts by Gender, Age, and Marital Status**



**NOTE:** Numbers may not add to 100 due to rounding.

**BLS, Current Population Survey, Annual Averages 2016**

**Gulf War era II veterans:** Served since September 2001

- 82.3 percent are male
- 49.5 percent are younger than 35 years old

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

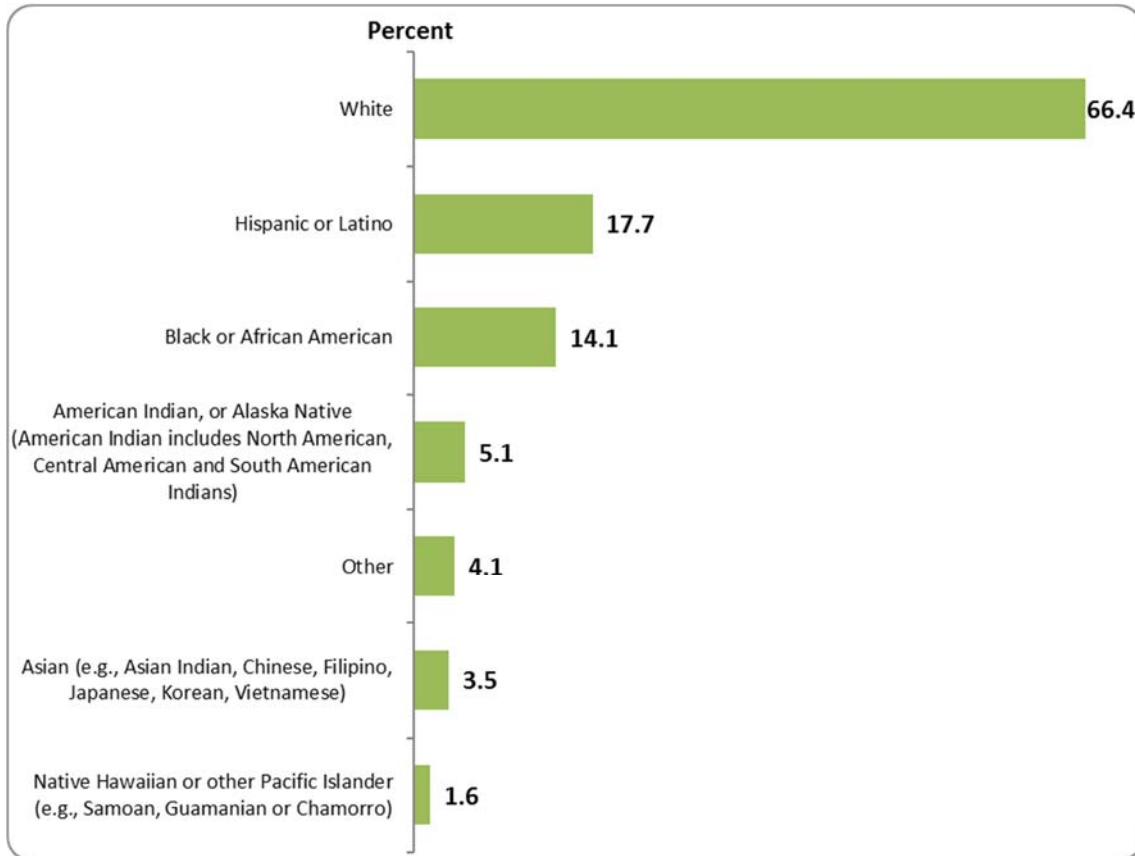
- 84.8 percent are male
- 1.5 percent are younger than 35 years old

**Source:** August 2016 Veterans Supplement (BLS, March 2017, USDL-16-0611); Tables 1 and 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>.



*RACE/ETHNICITY.* Most warriors are White (66.4%; Figure 2). Nearly 10 percent of warriors (9.9%) marked more than one race/ethnicity category.

**Figure 2. Warrior Breakout by Race/Hispanic Ethnicity**



**NOTE:** Percentages do not sum to 100% because warriors could mark more than one race/ethnicity category.

### **BLS, Current Population Survey, Annual Averages 2016**

#### **Gulf War-era II veterans:** Served since September 2001

- 77.2 percent—White
- 15.9 percent—Black
- 13.7 percent—Hispanic

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

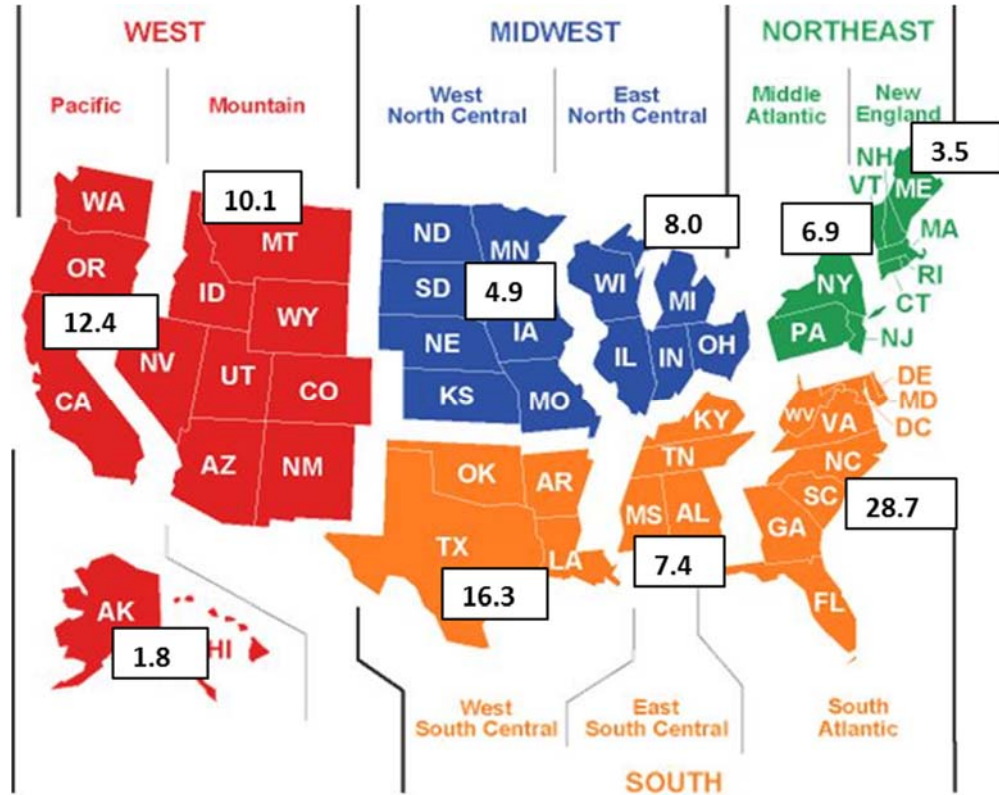
- 75.7 percent—White
- 18.4 percent—Black
- 7.8 percent—Hispanic

**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 2016, about half of wounded warriors (52.4%) live in the South, 24.3 percent live in the West, 12.9 percent in the Midwest, and 10.4 percent in the Northeast.

**Figure 3. Regional Distribution (%) of 2017 WWP Warriors**



The 10 states with the highest numbers of WWP warriors according to survey responses were the same as in 2016 (Table 1). A total of 55.9 percent of warriors currently reside in these 10 states.

**Table 1. Top 10 States with WWP Warriors According to Survey Responses**

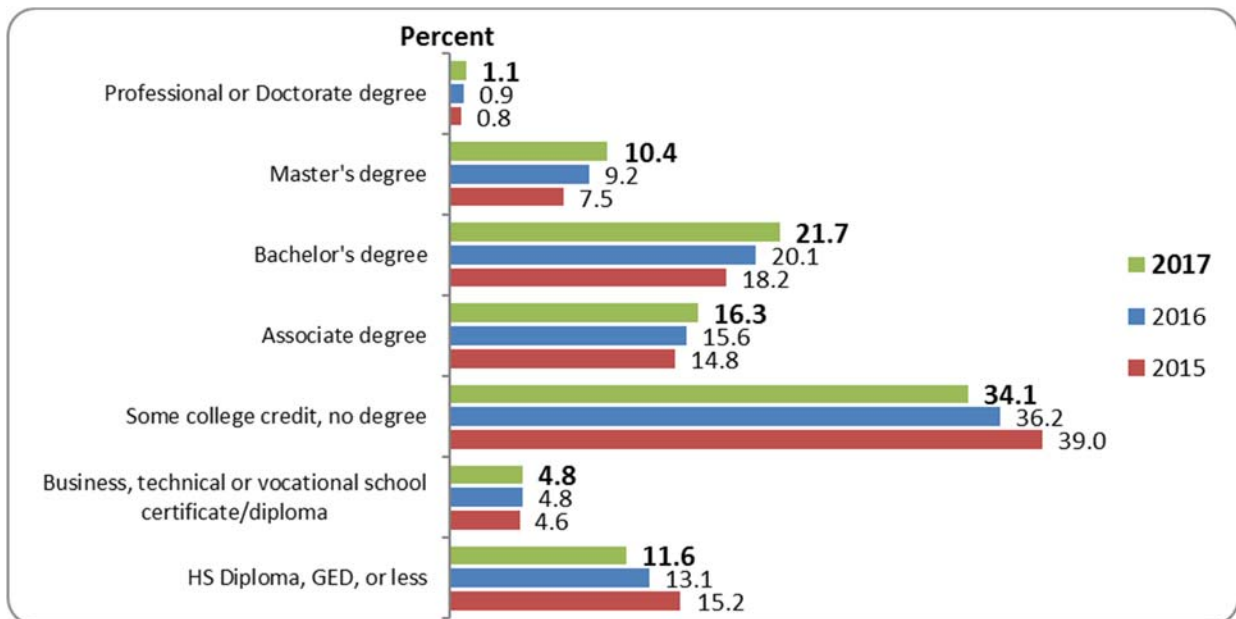
State	2017 Count	2016 Count
1. Texas	11,607	9,772
2. Florida	8,065	6,483
3. California	7,145	5,891
4. North Carolina	4,944	4,462
5. Georgia	4,276	3,415
6. Virginia	4,150	3,444
7. Washington	3,046	2,579
8. Colorado	2,934	2,544
9. Arizona	2,906	2,465
10. New York	2,827	2,532

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

- Bachelor's degree or higher – 33.2%
- Associate degree or some college – 50.4%
- No college credit – 16.4% (but 4.8% of these have a business, technical, or vocational school certificate/diploma)

The 2017 results are mostly similar to those in 2016 and 2015; however, the percentage with a bachelor's degree or higher has continued to increase since 2015.

**Figure 4. Highest Degree or Level of School Completed**



**BLS, Current Population Survey, Annual Averages 2016**

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

- 34.8 percent—college degree or higher (nonveterans: 34.0%)
- 42.7 percent—an associate degree or some college (nonveterans: 25.8%)
- 22.5 percent—no college credit—had a high school diploma, GED, or less (nonveterans: 40.2%)

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

- 34.5 percent—college degree or higher
- 40.2 percent—an associate degree or some college
- 25.3 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.* Among all warriors, 55.0 percent are employed either full time or part time in paid work. Warriors who reported they were not currently employed but actively looked for work in the past four 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 warriors make up the warrior labor force. The 2017 labor force participation rate is 62.5 percent (number in labor force/number in population). The unemployment rate = the number of unemployed/the number in the warrior labor force. The unemployment rate for 2017 warriors is 11.7 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 2017 are similar to the 2016 results:

- 60.3% – Medical/health conditions (or treatment) prevent them from working
- 15.8% – In school or in a training program
- 14.0% – Retired
- 4.0% – Would have liked to work but have become **discouraged** about finding work and did not look for work in the past 4 weeks
- 3.3% – Family responsibilities
- 2.6% – Other (non-service-connected disability) medical/health condition (or treatment) prevents them from working (New in 2017)

Warriors in the 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:

- 31.0% – Have been unable to find work and quit looking
- 28.9% – Do not have the necessary schooling, training, skills, or experience
- 26.5% – Employers discriminate against them because of age or disability or some other reason
- 13.6% – No job available in their line of work or area

**NOTE:** All active-duty service members are considered employed in this report. However, when looking at employment percentages, labor force participation and unemployment rates compared to BLS estimates, we sometimes report only on non-active-duty warriors because they correspond to the BLS data. We note which of the two populations we are using throughout the report.

The top rows in Table 2 show employment percentages, labor force participation rates, and unemployment rates for all warriors plus all active duty warriors are counted as employed. The bottom rows of the table show the results for only non-active-duty warriors. As expected, for the subgroup of non-active-duty warriors, in each of the 3 years, the percentage employed and the labor force participation rates are lower and the unemployment rate is higher than the corresponding rates that include all warriors. The unemployment rate for non-active-duty

warriors continues to decline—13.3 percent in 2017, compared with 15.6 percent in 2016 and 16.6 percent in 2015.

**Table 2. Estimated Employment, Labor Force Participation, and Unemployment Rates for All Warriors and for Non-Active-Duty Warriors (2015–2017)**

	2017	2016	2015
	<b>All Warriors</b>		
<b>Percentage employed</b>	55.0%	54.0%	57.2%
<b>Labor force participation rate</b>	62.5%	62.5%	65.4%
<b>Unemployment rate</b>	11.7%	13.2%	12.5%
	<b>Non-active duty warriors</b>		
<b>Percentage employed</b>	51.4%	49.2%	49.2%
<b>Labor force participation rate</b>	59.5%	58.5%	58.9%
<b>Unemployment rate</b>	13.3%	15.6%	16.6%

**NOTE:** In the all-warrior group, all active duty warriors are counted as employed.

The large subgroup of non-active-duty warriors 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 2016 (Civilian noninstitutional population, 18 years and over)

##### **Gulf War era II veterans:** Served since September 2001

- 81.5 percent—labor force participation rate
- 5.1 percent—unemployed
  - 9.2 percent—unemployment rate for those 18-24 years old
  - 6.4 percent—unemployment rate for those 25-34 years old

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

- 80.4 percent—labor force participation rate
- 3.6 percent—unemployed

**Source:** BLS, March 2017, USDL-17-0611, Tables A, 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>.

#### August 2016 BLS Supplement

##### **Gulf War era II veterans with disabilities** (about 36 percent reported having a Service-connected disability; not all veterans reported disability status)

- 76.0 percent—labor force participation rate (vets without disabilities: 86.6%)
- 5.3 percent—unemployed (not statistically different from the rate for veterans no disability—4.2%)

##### **Gulf War era I veterans with disabilities** (about 25 percent reported having a Service-connected disability)

- 64.0 percent labor force participation rate (vets without disabilities: 86.7%)
- 5.3 percent—unemployed (not statistically different from the rate for veterans without disabilities: 4.2%)

**Source:** BLS, March 2017, USDL-17-0611, T7: <http://www.bls.gov/news.release/pdf/vet.pdf>.

**BLS, Current Population Survey – Veterans/Civilians – Disability Data  
August Supplement, 2016**

Employment rate = percent of population who are employed

**Employment rate of Gulf War era II veterans, by service-connected disability status** (about 36 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: 71.9 percent
  - Less than 30 percent disabled: 84.1 percent employed
  - 30 to 50 percent disabled: 83.5 percent employed
  - 60 percent disabled or higher: 60.0 percent employed
- Overall employment rate for veterans without a service-connected disability: 81.6 percent

**Employment rate of Gulf War era I veterans, by service-connected disability status** (about 26 percent of Gulf War era I veterans reported having a service-connected disability)

- Overall employment rate for those with a disability: 60.6 percent
  - Less than 30 percent disabled: 76.8 percent employed
  - 30 to 50 percent disabled: 67.2 percent employed
  - 60 percent disabled or higher: 33.5 percent employed
- Overall employment rate for those without a service-connected disability: 83.1 percent

**Source:** August 2016 Veterans Supplement (BLS, March 2017, USDL-76-0611, T7), Table 7 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

**Civilian noninstitutional population, 16 years and over (May 2017)**

**Persons with a disability:**

- Labor force participation rate = 20.6 percent
- Employment – population ratio = 18.6 percent
- Unemployment rate = 9.5 percent

**Persons without a disability:**

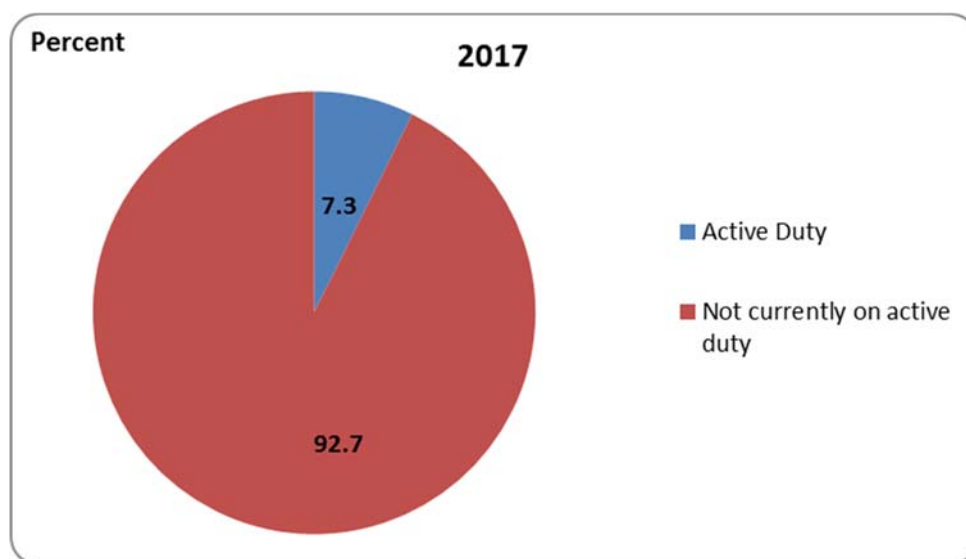
- Labor force participation rate = 68.6 percent
- Employment – population ratio = 65.9 percent
- Unemployment rate = 3.9 percent

**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 warriors continues to decline—7.3 percent in 2017 (Figure 5), compared with 9.5 percent in 2016 and 15.8 percent in 2015. This decline should be expected as deployment to combat operations decline across the Armed Forces, and thus, combat-related injuries and illnesses among active duty service members continues to decline. 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 Warriors by Active Duty Status**



Nearly half of 2017 warriors (49.2%) last served on active duty before 2012. The percentages per year for last served were highest for 2012 (10.8%), 2013 (12.2%), and 2014 (11.4%).

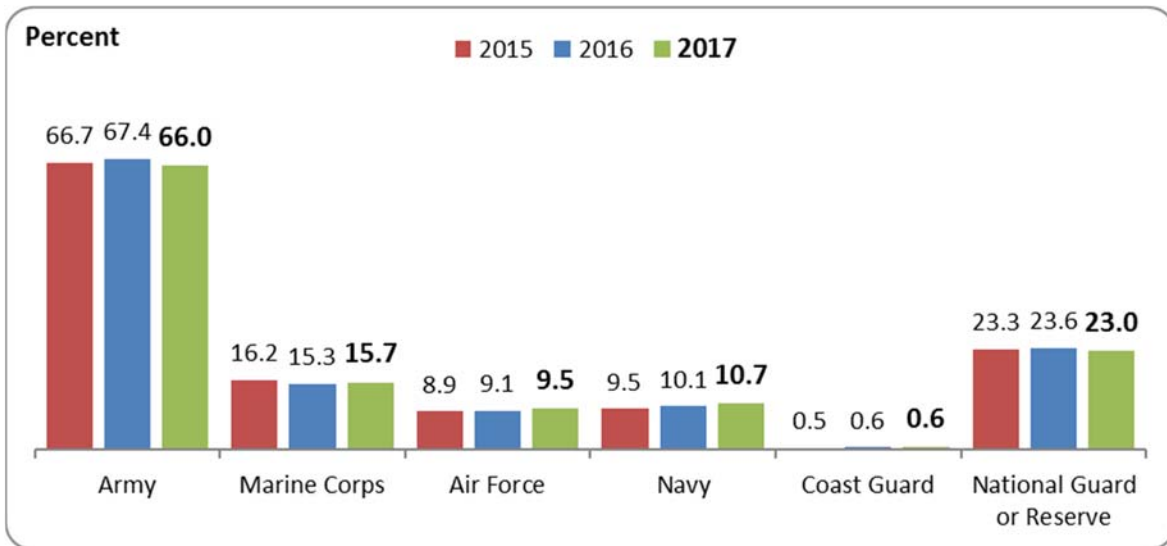
Among those currently on active duty, 72.4 percent are active duty service members and 27.6 percent are activated National Guard or Reserve members. Among those not currently on active duty, 7.0 percent are members of the National Guard or Reserve. Other warriors not on active duty reported their status as follows:

- Retired for medical reasons – 43.7%
- Separated or discharged – 43.1%
- Retired for nonmedical reasons – 13.2%



*SERVICE BRANCH.* Two-thirds of warriors (66.0%) have served in the Army, and 15.7 percent in the Marine Corps (Figure 6). Almost one-fourth of warriors (23.0%) have served in the National Guard or Reserve Component. In addition, 22.9 percent of warriors have served in more than one branch or component.

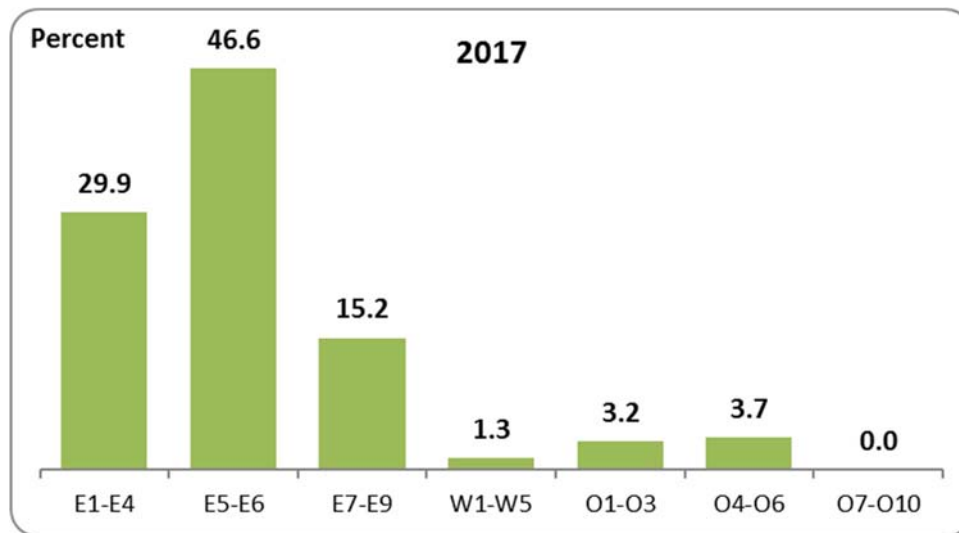
**Figure 6. Distribution of Warriors by Service or Reserve Component**



**NOTE:** Percentages do not sum to 100 because respondents could check more than one Service.

*HIGHEST PAY GRADE.* Highest pay grades achieved by WWP warriors indicate that most are/were enlisted personnel (91.8%), including 61.8 percent with the equivalent rank of sergeant or above (E5–E9). About 1 percent (1.3%) of warriors obtained the rank of warrant officer, and 6.9 percent are/were commissioned officers (Figure 7).

**Figure 7. Highest Pay Grade Attained**

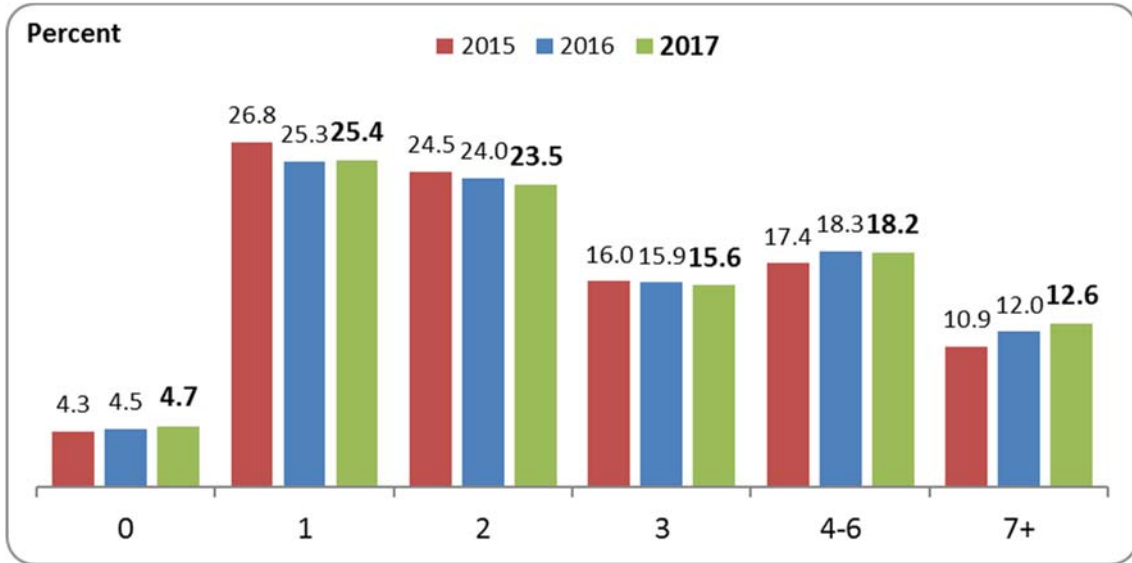


**NOTE:** Numbers may not add to 100 due to rounding.



*TOTAL NUMBER OF DEPLOYMENTS.* Multiple deployments are more common among warriors than in previous years. More than 4 in 10 warriors (46.4%) have deployed three or more times (includes possible training deployments), compared with 46.3 percent in 2016. Slightly less than half of warriors (48.9%) have deployed once or twice, and 4.7 percent have never deployed (Figure 8).

**Figure 8. Number of Deployments**

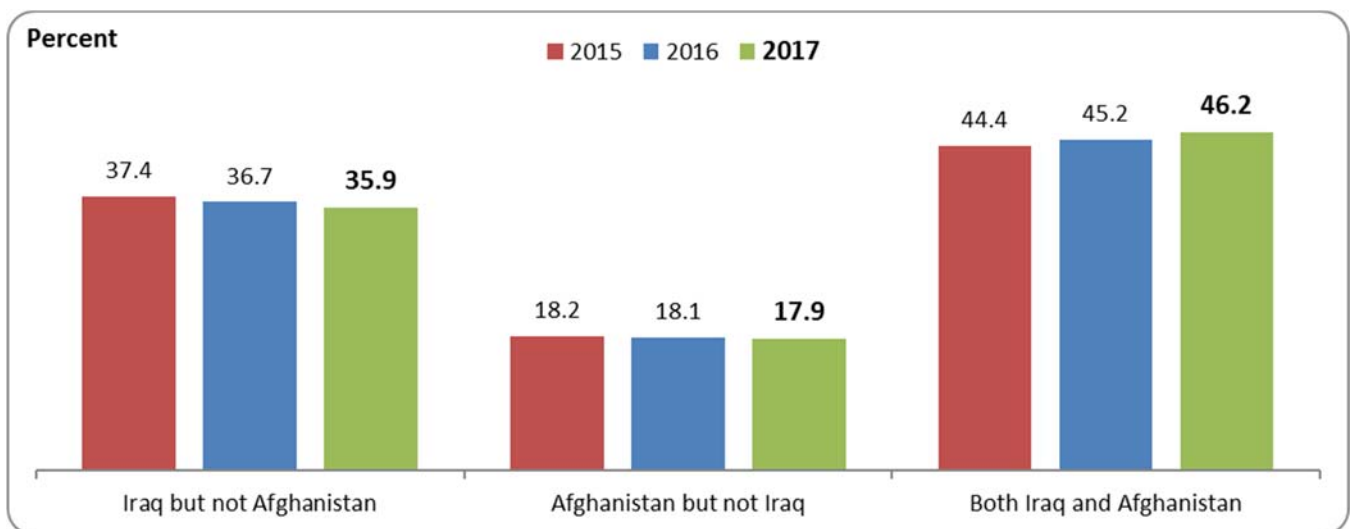


Most warriors who deployed have deployed to a combat area (93.6%). They were asked how many of their deployments were to Iraq, Afghanistan, and other combat areas. The majority of those deploying to each of those areas did so once or twice:

- Iraq: once – 56.5%; twice – 30.1%
- Afghanistan: once – 73.6%; twice – 19.1%
- Other combat areas: once – 60.5%; twice – 21.2%

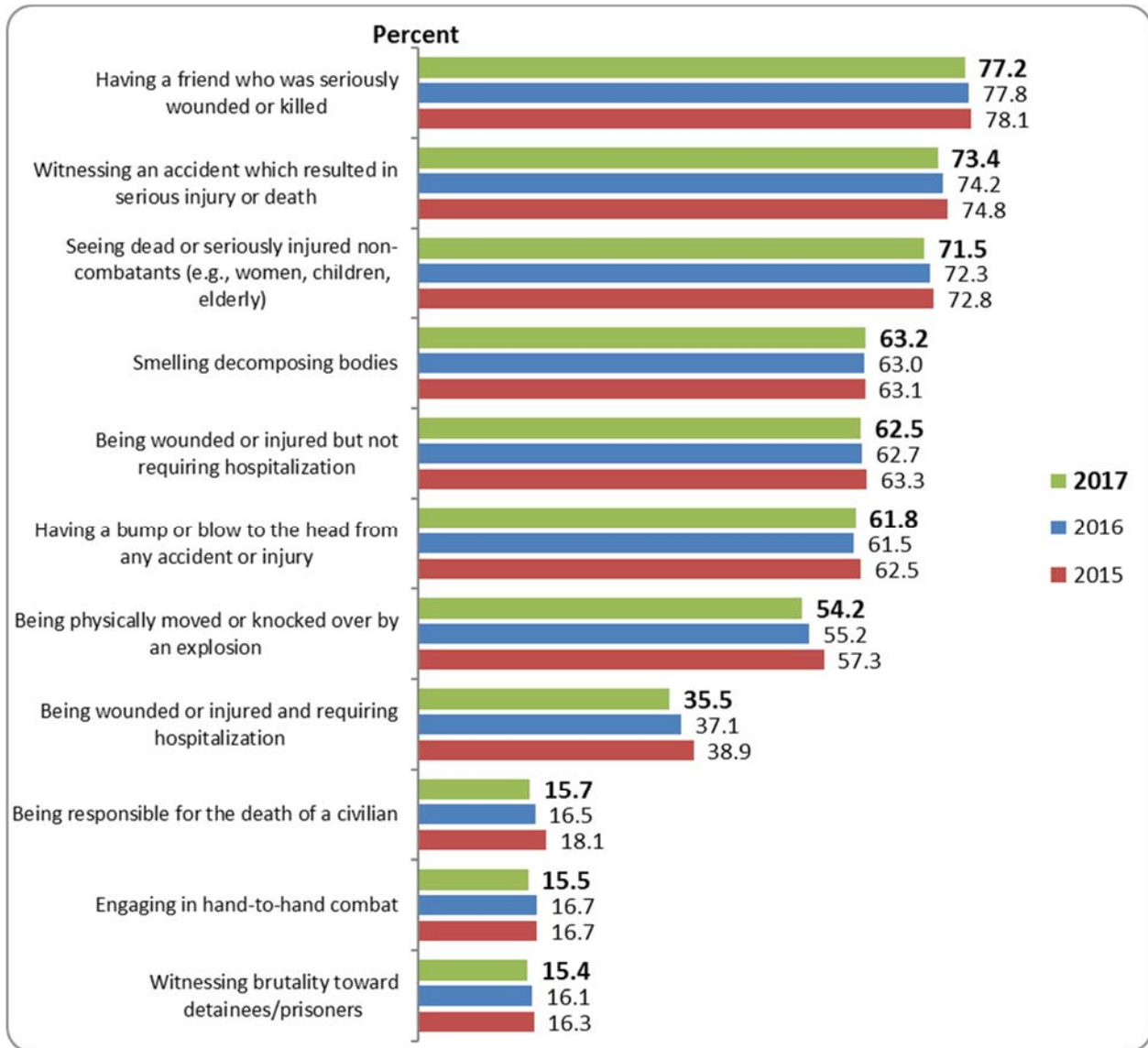
Among warriors deployed to Iraq but not Afghanistan, Afghanistan but not Iraq, or to both countries, the highest 2017 percentage for the three options was “both countries” (46.2%; Figure 9).

**Figure 9. Percentages of Warriors Deployed to Iraq and Afghanistan**



*EXPERIENCES DURING DEPLOYMENT.* After September 11, 2001, deployed warriors experienced or witnessed many potentially traumatic events. Among the 94.7 percent who experienced or witnessed at least 1 of the 11 situations described in Figure 10, more than half (52.7%) had experienced 6 or more of the situations. The results for 2017 are similar to those for 2016, although percentages are decreasing.

**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 12 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 warriors with trauma exposures are notably higher than the proportions reported in the Invisible Wounds study. This is likely due to the fact that many WWP warriors have experienced more combat deployments and traumatic events, and likewise, have more combat-related injuries than service members in the Invisible Wounds Study had experienced at that time.

## INJURIES

*INJURIES AND HEALTH PROBLEMS EXPERIENCED DURING MILITARY SERVICE.* The list of severe injuries and health problems, particularly physical injuries, that warriors experienced during their service after September 11, 2001, are displayed in Figure 11.

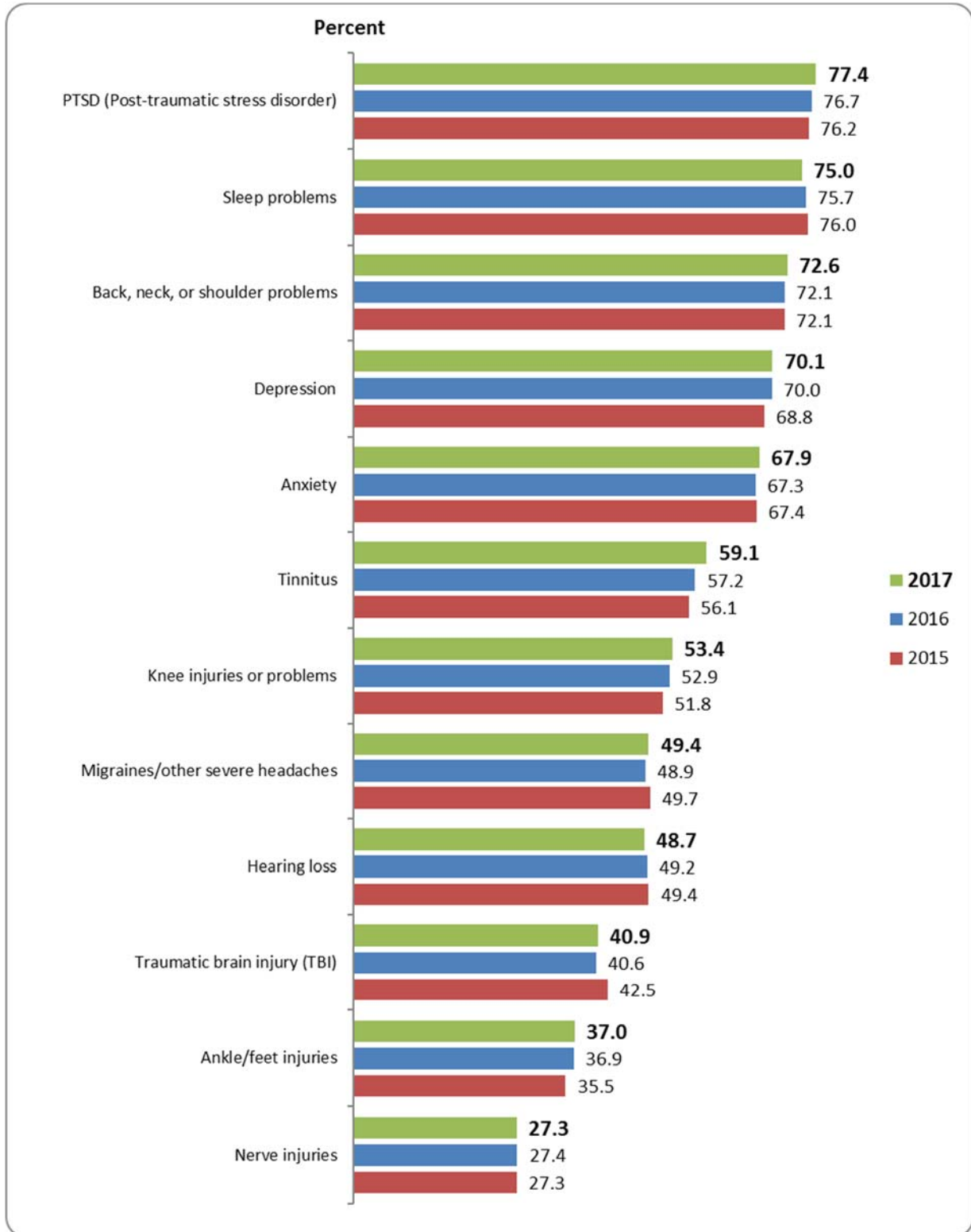
Nearly all warriors experienced at least one severe injury or health problem during their post 9/11 military service, and multiple injuries were common. Among those with injuries or health problems, more than three-fourths (77.2%) experienced between 4 and 12 severe injuries or health problems.

Self-reported post-traumatic stress disorder (PTSD) continues to rank high on the list of health problems experienced by warriors (77.4%). That condition likely contributes to the high report of sleep problems among warriors (75.0%). Delayed-onset PTSD has also been diagnosed among veterans even years after exposure to traumatic events and may also be a factor in the high rates of PTSD that are still being reported by warriors. The percentage of warriors coping with anxiety has been consistent in recent years (67.9% in 2017, 67.3% in 2016, and 67.4% in 2015). The percentage of warriors suffering from depression has also remained high and fairly stable (70.1% in 2017, 70.0% in 2016, and 68.8% in 2015). More than 40 percent of warriors continue to report traumatic brain injury (40.9 in 2017, 40.6% in 2016 and 42.5% in 2015).

Many warriors experienced severe *physical* injuries and health problems during their military service after September 11, 2001. As in 2016, relatively high percentages experienced back, neck, or shoulder problems (72.6%); tinnitus (59.1%) and hearing loss (48.7%); knee injuries or problems (53.4%); and migraine/other severe headaches (49.4%).

Military sexual trauma (MST) was experienced by 7.5 percent of warriors. Among female warriors, 35.7 percent experienced MST, compared with 2.3 percent of male warriors.

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



*(Continues on next page)*

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

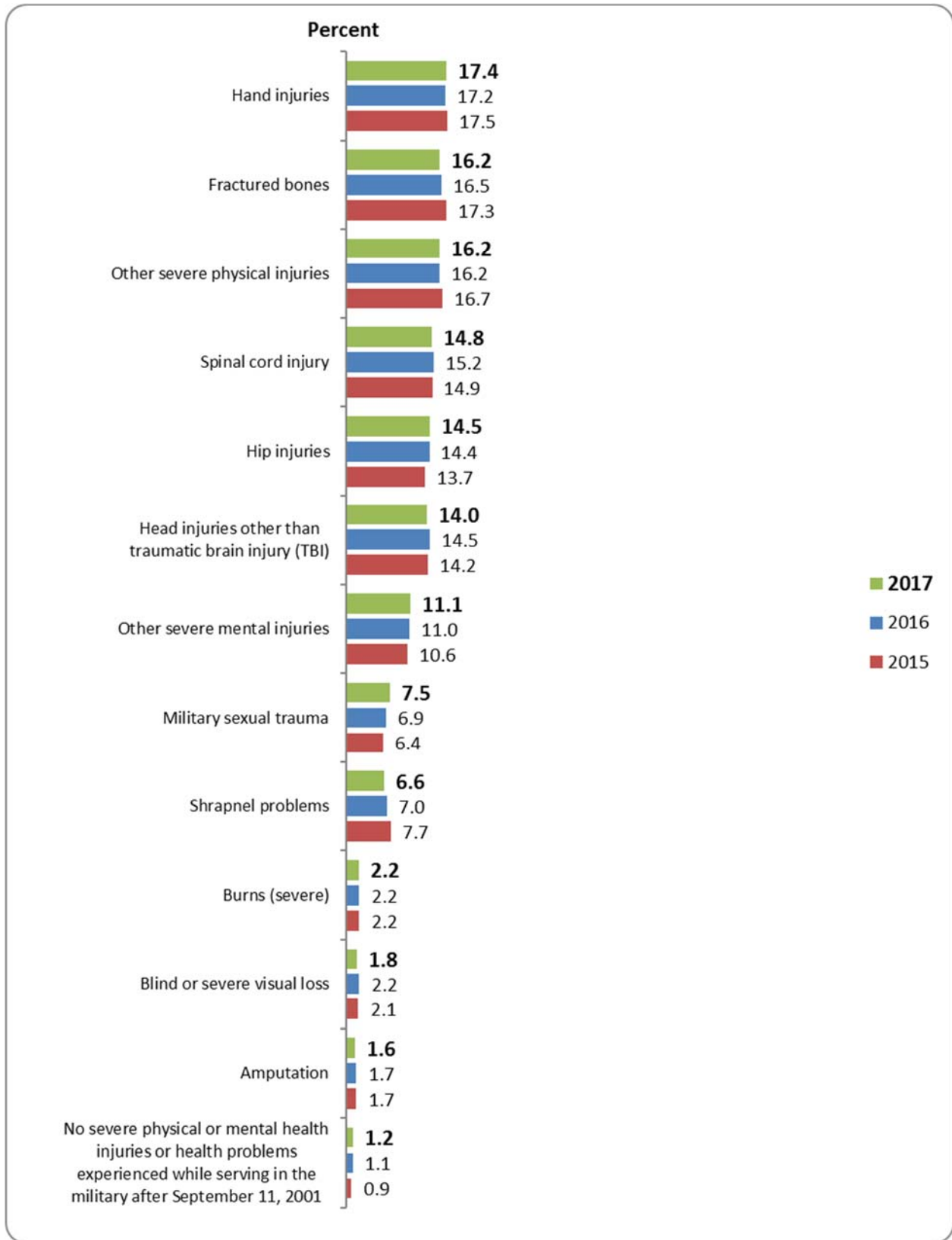
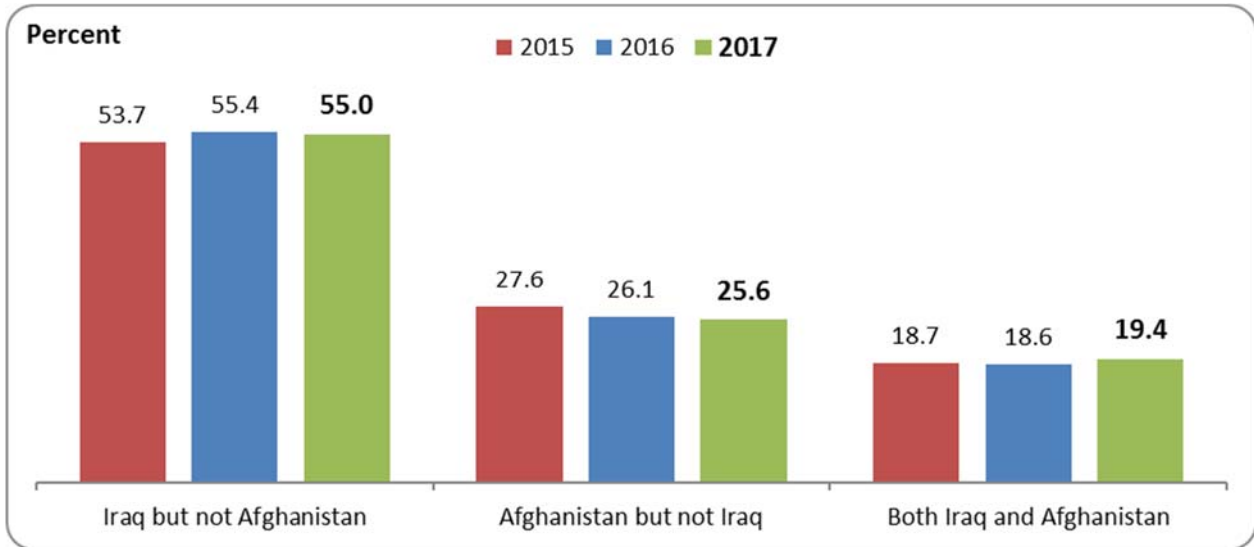


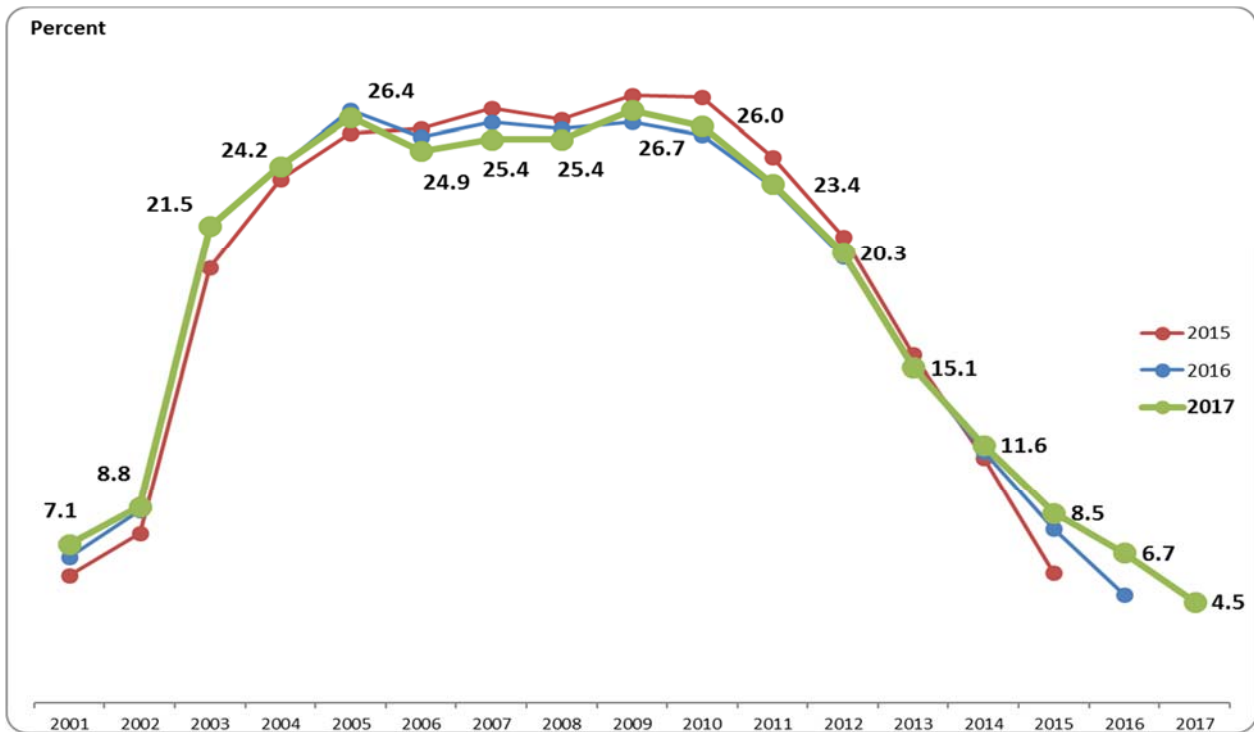
Figure 12 displays the percentages of warriors who experienced injuries or health problems in Iraq but not Afghanistan, Afghanistan but not Iraq, and both Iraq and Afghanistan.

**Figure 12. Place Where Injury or Health Problem Was Experienced**



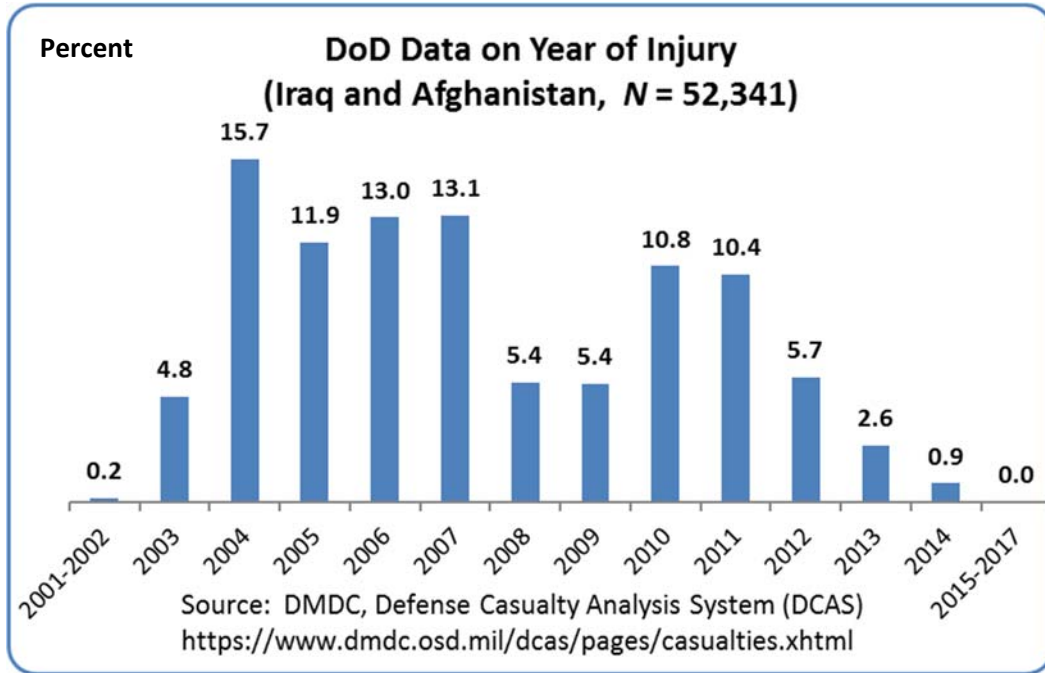
Warriors were also asked to indicate the *years* in which they sustained their injuries or health problems. Warriors in 2017 most commonly reported 2005 through 2010 (Figure 13). Nearly 7 in 10 warriors with injuries sustained injuries in multiple years (69.9%).

**Figure 13. Year(s) Sustained Injury**



**NOTE:** Data points only reflect 2017 responses. Percentages do not sum to 100% because warriors could mark more than one year of injury.

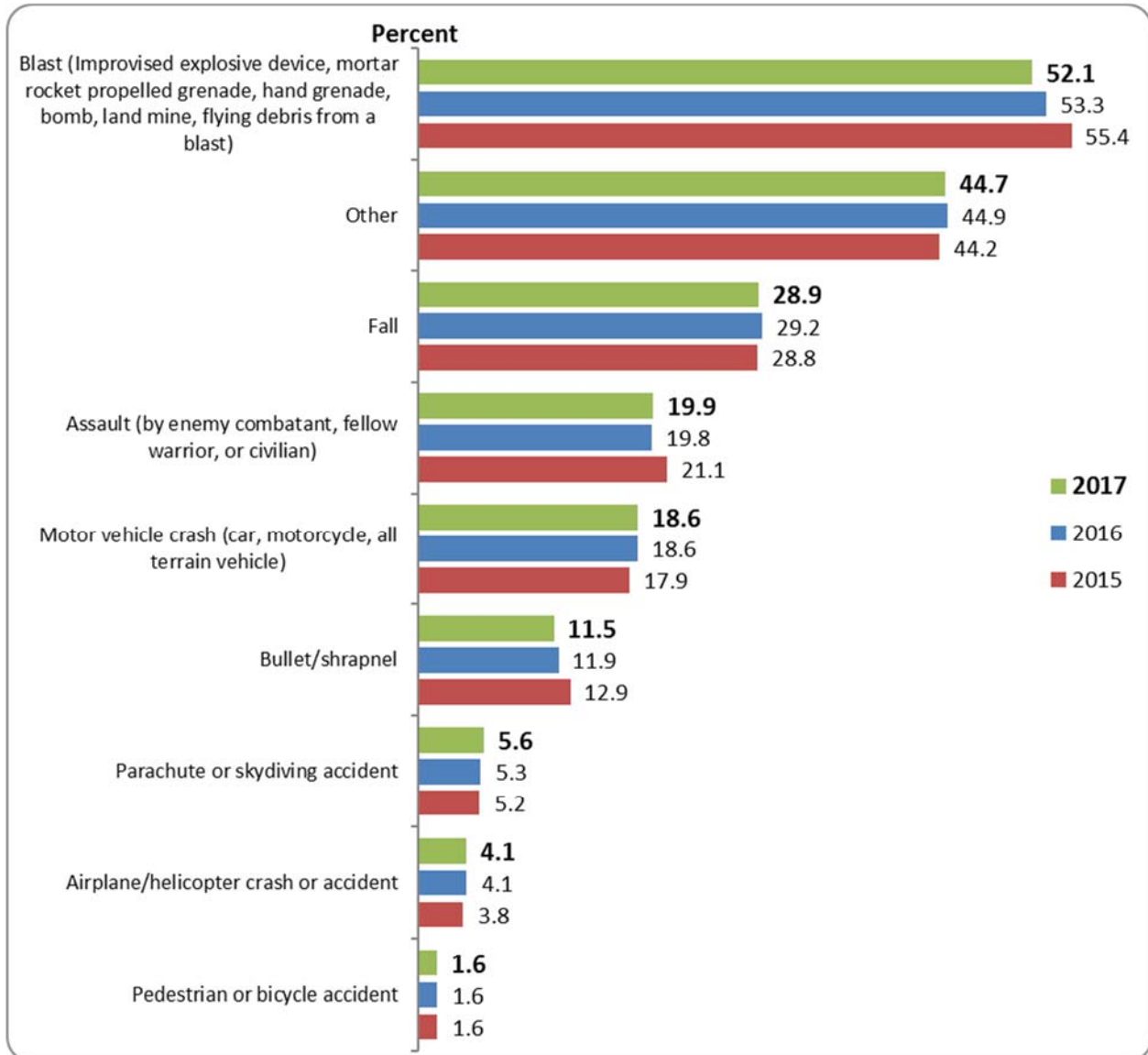
For comparison, Department of Defense data on year of injury for service members deployed to Iraq and Afghanistan from October 2001 through April 26, 2017, are provided in the following chart. Overall, about two-thirds of the injuries have occurred in Iraq (61.6%). Since 2009, most of the injuries have occurred in Afghanistan (93.1%) according to Defense Manpower Data Center’s Defense Casualty Analysis System data. There have been very few injuries since 2014.





As in the 2 previous years, blasts were the most common cause of injury/health problems among warriors (52.1%) and falls were next in prevalence (28.9%; Figure 14). Injuries from bullets or shrapnel continue to decline. Most warriors experienced one or two causes of their injuries (77.3%). Another 15.4 percent of warriors experienced three causes.

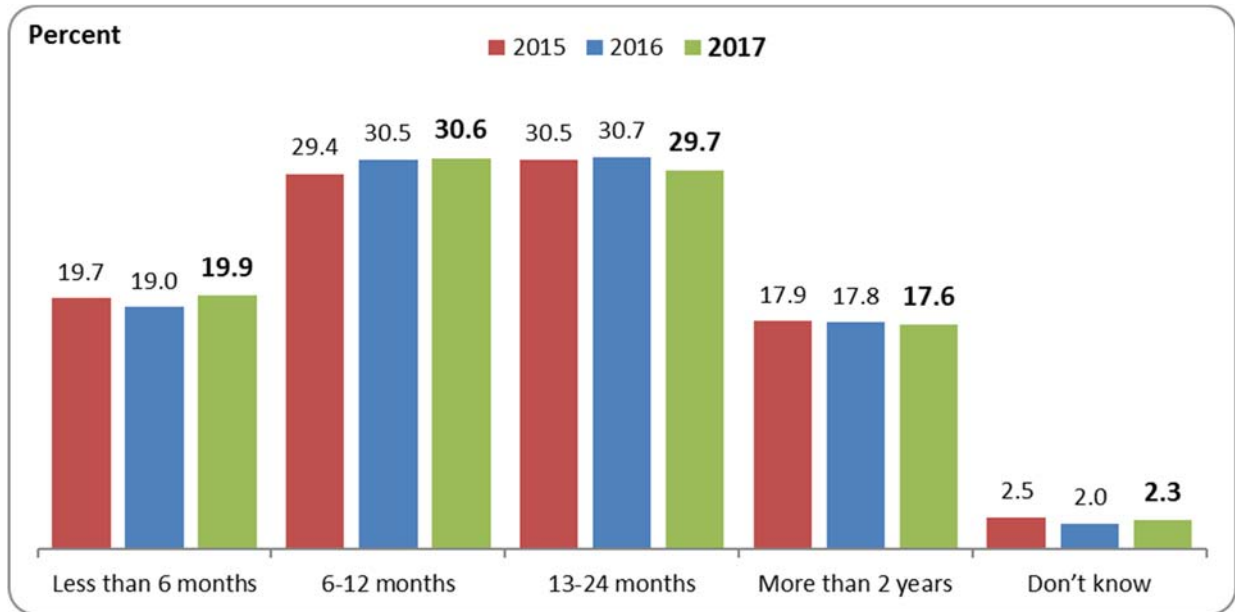
**Figure 14. Causes of Injuries/Health Problems**



**NOTE:** Percentages do not sum to 100% because warriors could mark more than one cause of injury category.

*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. Almost a third of warriors (30.8%) were assigned to a WTU or WWB because of their medical conditions. The most common lengths of WTU/WWB assignments were 6 to 12 months (30.6%), followed closely by 13 to 24 months (29.7%), as shown in Figure 15.

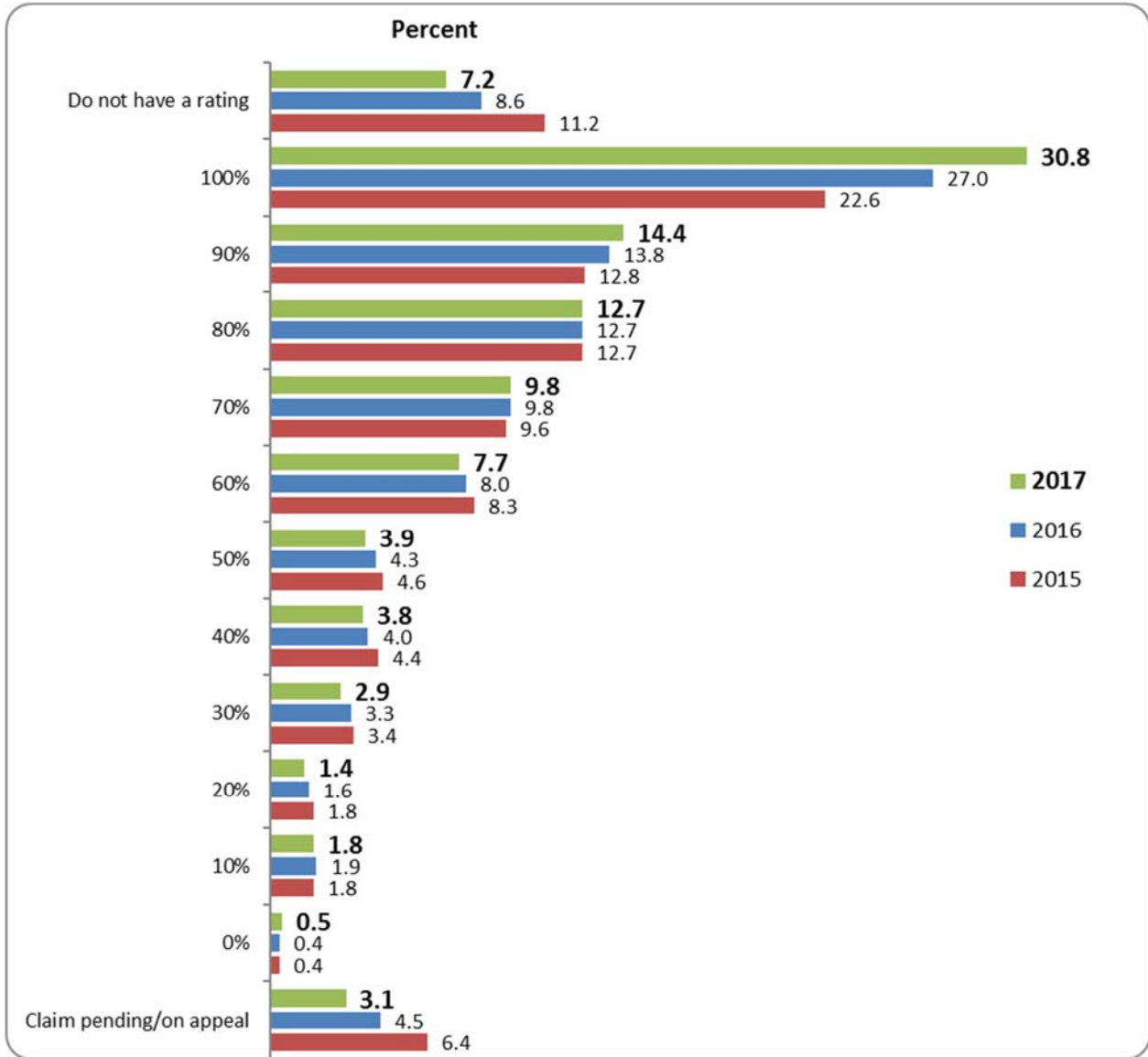
**Figure 15. Length of Stay in WTU/WWB**



**NOTE:** Numbers may not add to 100 due to rounding.

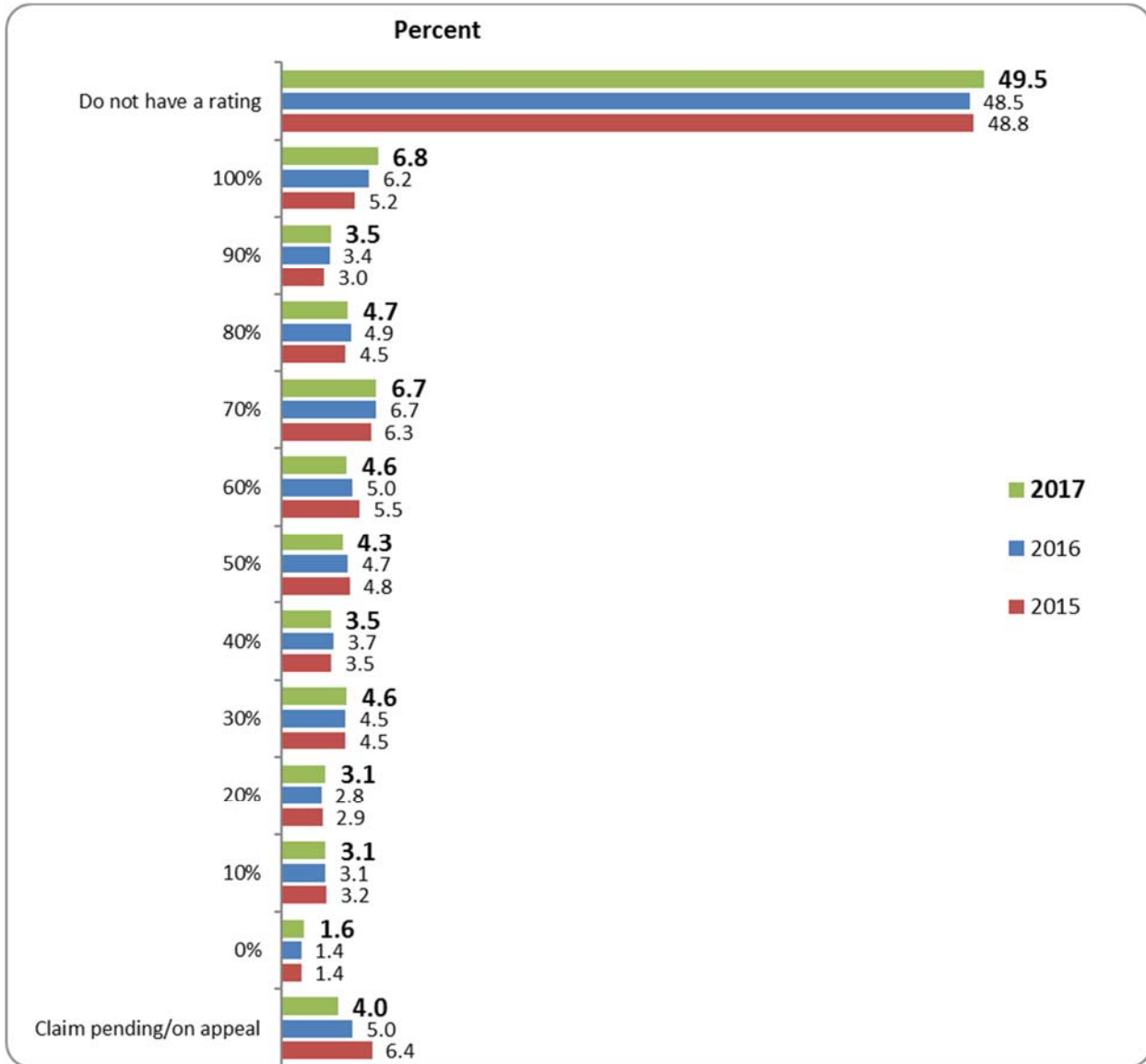
*DISABILITY BENEFITS AND RATINGS.* The percentage of warriors receiving VA disability benefits is now 88.0 percent, up from 84.8 percent in 2016, and 78.5 percent in 2015 (Figure 16a). The percentage with disability ratings of 80 percent or higher also increased—58.0 percent, compared with 53.5 percent in 2016 and 48.1 percent in 2015.

**Figure 16a. VA Service-Connected Disability Rating**



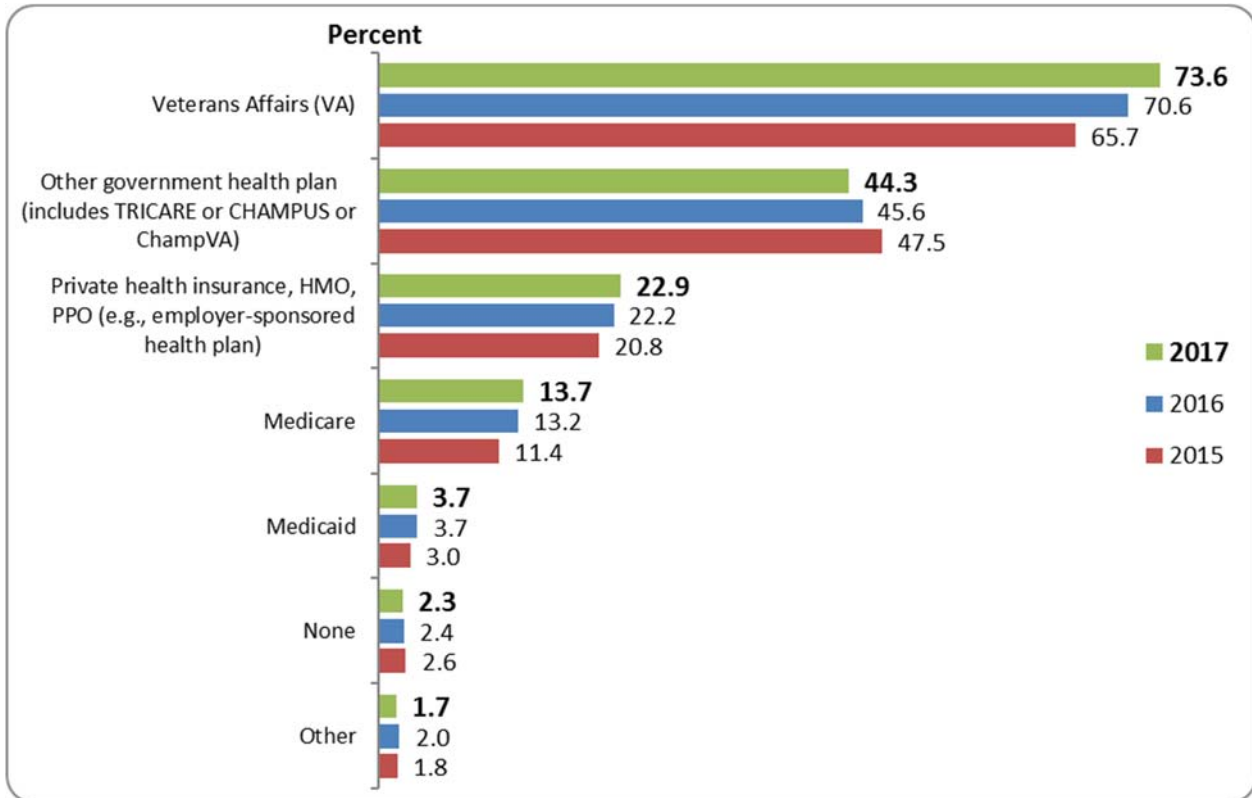
The PEB (Physical Evaluation Board) disability ratings continue to remain less common than VA ratings among warriors. Only 7.2 percent of warriors in 2017 do not have a VA disability rating (excludes warriors with a claim pending or on appeal), compared with 49.5 percent who do not have a PEB disability rating (Figure 16b). The percentage of warriors with a PEB rating of 80 percent (15.5%) or higher is similar to 2016 (14.5%).

**Figure 16b. Military's PEB Disability Rating**



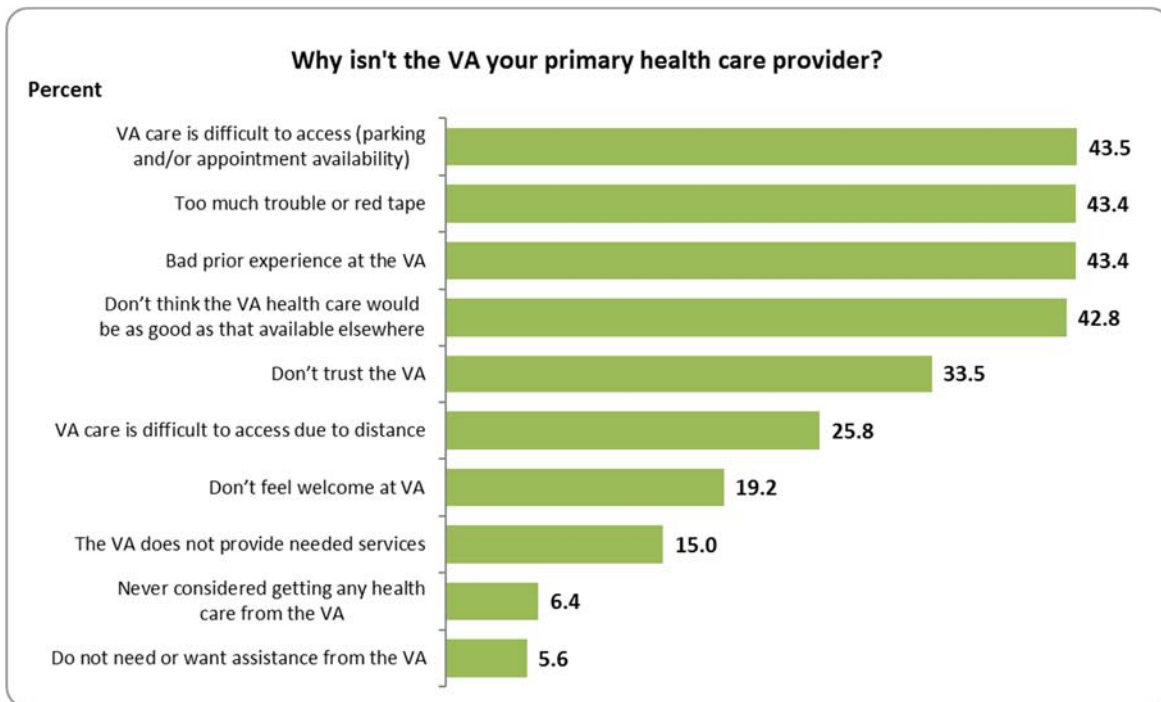
*TYPE OF HEALTH INSURANCE.* Health insurance coverage continues to grow among warriors. The percentage of warriors with VA health insurance continues to increase (73.6% in 2017, compared with 70.6% in 2016 and 65.7% in 2015; Figure 17). The next most common types of health insurance among warriors are other government health plans such as TRICARE, CHAMPUS, or ChampVA (44.3%). Less than 3 percent of warriors (2.3%) have no health insurance. Warriors with health insurance increasingly have two or more types of health insurance (50.2%, compared with 48.3% in 2016).

**Figure 17. Current Types of Health Insurance**



Almost 7 of 10 warriors use the VA as their primary health care provider (69.0%). In 2017, new questions were added to the survey to better understand reasons why warriors that have access to the VA for primary care do not use VA as their primary health care provider (Figure 18) Warriors attributed bad prior experiences at the VA (43.4%), too much trouble or red tape (43.4%), and difficulty to access the VA (43.5%) as the top three reasons why they are not using VA as their primary health care provider.

**Figure 18. Reasons Warriors Do Not Use VA as Their Primary Health Care Provider**



*NEED FOR ASSISTANCE IN DAILY ACTIVITIES.* As a result of injuries or health problems related to their post 9/11 military experience, 7.9 percent of warriors are permanently housebound. All warriors were asked to indicate their current requirements for assistance from another person for a range of daily living activities (Table 3). Four activities require more assistance than others—doing household chores, managing money, taking medications properly, and preparing meals.

**Table 3. 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				
2017	56.8	32.9	7.4	3.0
2016	56.2	33.1	7.5	3.3
2015	57.3	31.8	7.7	3.2
Managing your money				
2017	61.1	24.8	10.6	3.5
2016	60.0	24.9	11.1	4.0
2015	59.3	25.4	11.4	4.0
Taking medications properly				
2017	60.8	26.4	10.4	2.5
2016	60.0	26.9	10.8	2.3
2015	60.4	26.1	11.0	2.4
Preparing meals				
2017	71.0	19.6	6.5	2.9
2016	70.6	19.7	6.4	3.3
2015	71.3	19.1	6.6	2.9
Dressing				
2017	81.0	16.5	2.0	0.4
2016	81.0	16.6	2.0	0.4
2015	82.1	15.7	1.8	0.4
Bathing				
2017	82.8	14.5	2.1	0.7
2016	82.8	14.4	2.1	0.6
2015	84.2	13.4	2.0	0.5
Walking around your home				
2017	84.9	12.3	1.9	0.8
2016	84.8	12.7	1.8	0.8
2015	85.7	11.9	1.7	0.8
Transferring from a bed or chair				
2017	85.7	10.9	1.8	1.6
2016	85.9	10.6	1.7	1.8
2015	86.6	10.1	1.6	1.6
Using the telephone				
2017	91.1	6.1	1.9	0.9
2016	91.0	6.2	1.8	1.0
2015	91.4	6.0	1.9	0.8
Eating				
2017	90.6	7.0	1.9	0.5
2016	91.3	6.4	1.9	0.5
2015	91.6	6.4	1.7	0.4
Using the toilet				
2017	91.3	6.4	1.8	0.5
2016	91.6	6.2	1.7	0.5
2015	92.4	5.7	1.5	0.4

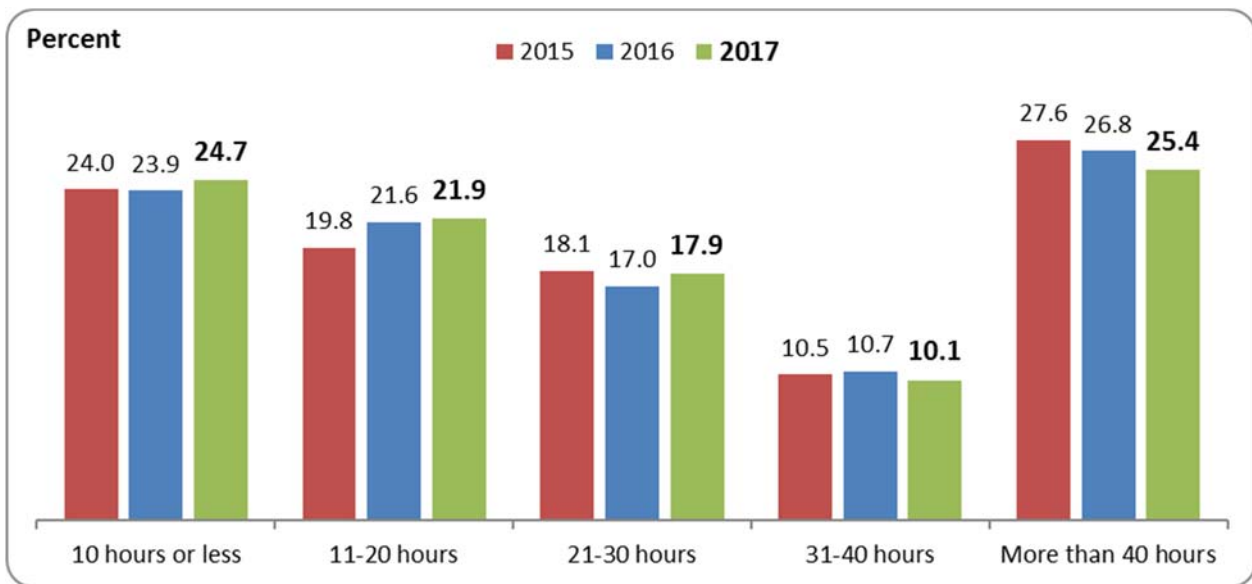
NOTE: Numbers may not add to 100 due to rounding.

Among warriors who need assistance, 61.8 percent need help with three or more activities:

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

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 27.5 percent of warriors do need such help. Almost one-fourth (24.7%) need the help for 10 or fewer hours per week, on average; however, 25.4 percent need more than 40 hours of aid per week (Figure 19).

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

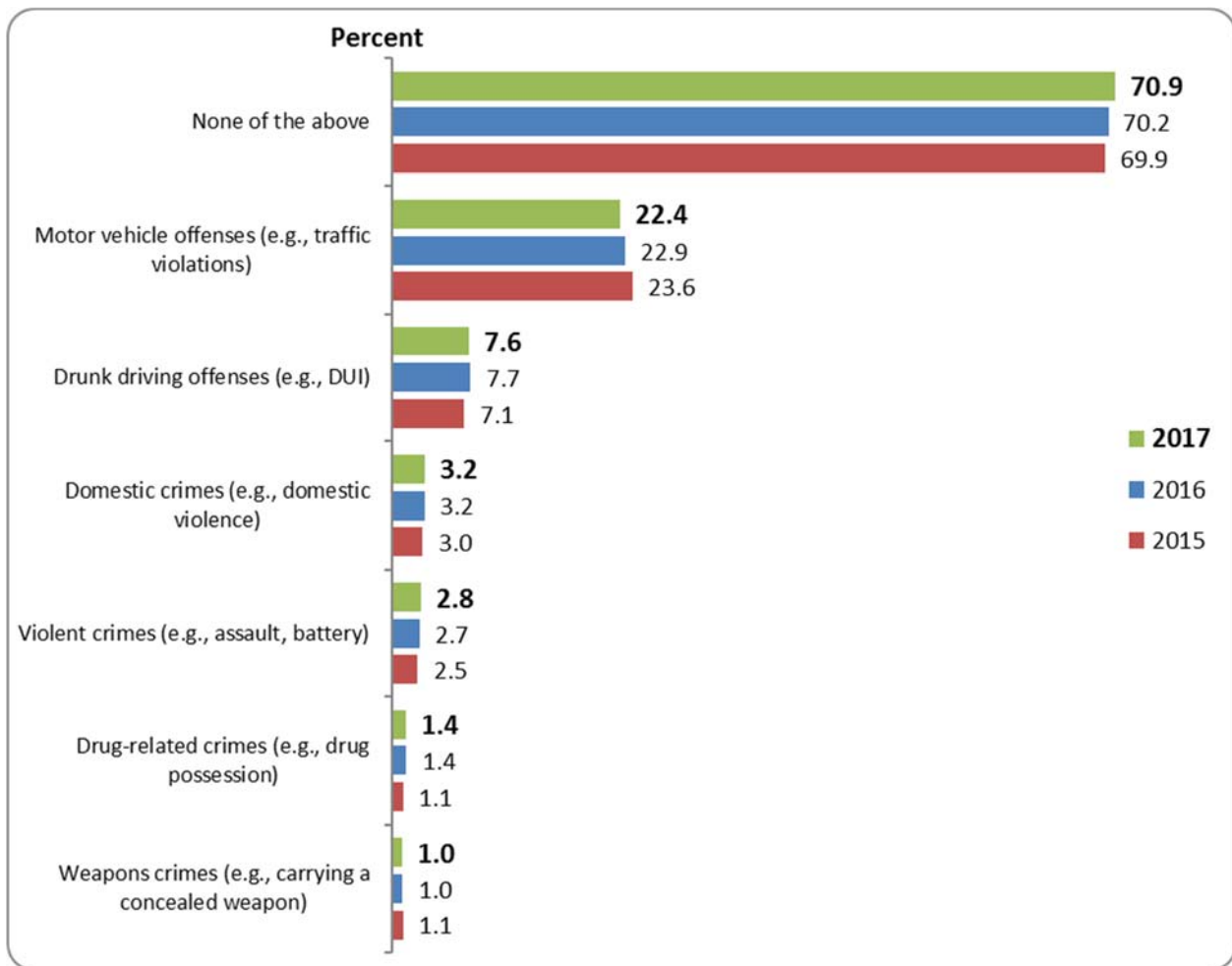




## OFFENSES/CONVICTIONS SINCE FIRST DEPLOYMENT

WWP warriors who have been deployed were asked if they have been convicted of six types of offenses/crimes since their first deployment. About 7 in 10 warriors (70.9%) have *not* been convicted of any of the offenses (Figure 20). Motor vehicle offenses are the most common. More than one-fifth of warriors overall (22.4%) have been convicted of motor vehicle offenses (e.g., traffic violations). Of those with convictions, 77.0 percent were convicted of only one type of offense and 16.5 percent were convicted of two types of offenses. These percentages are similar to 2016.

**Figure 20. Convictions Since First Deployment for Offenses/Crimes**



**NOTE:** Percentages do not sum to 100 because respondents could check more than one conviction.

## PHYSICAL AND MENTAL WELL-BEING

This section of the report addresses warriors' perspectives on their health and quality of life.

### HEALTH AND DAILY ACTIVITIES

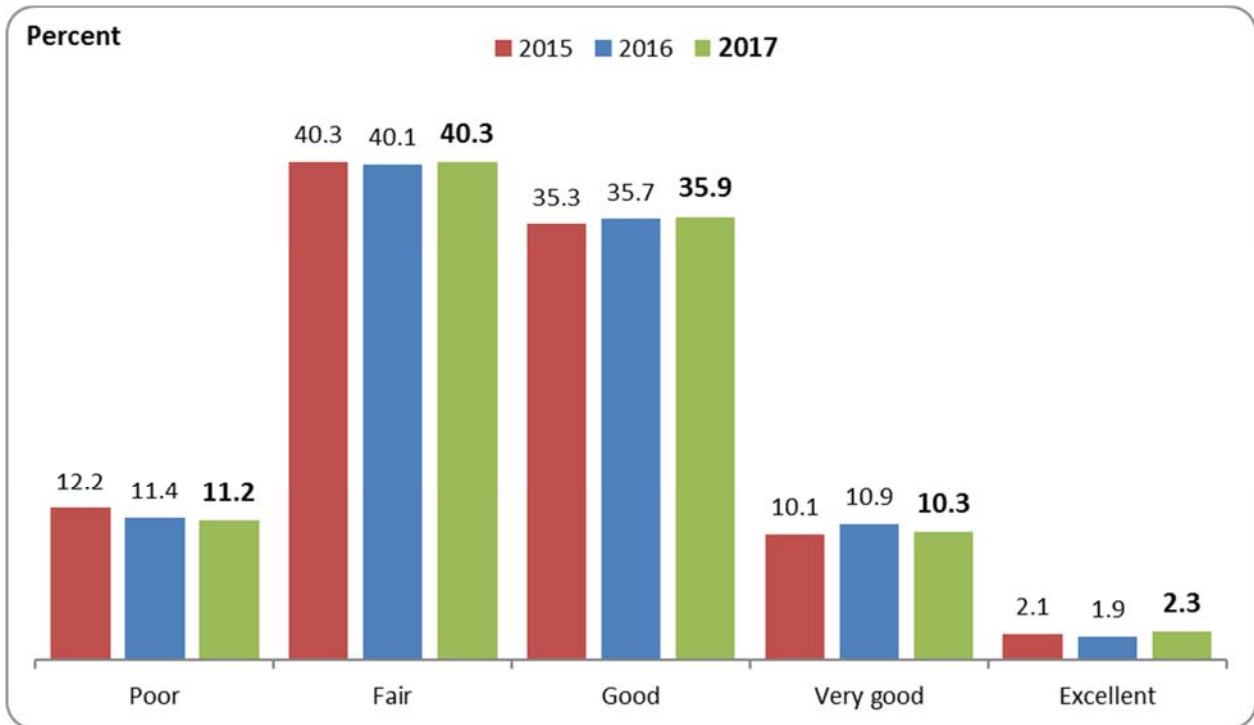
The WWP survey asked warriors a variety of questions about their health and how it affects their daily activities. Among the questions asked is a series taken from the Veterans RAND 12-Item Health Survey, known as the VR-12.<sup>1</sup> The VR-12 is a health-related quality-of-life survey developed for research with veterans. The VR-12 represents a shortened version of the VR 36-Item instrument used in the 2016 WWP survey. This section highlights response rates to select items in the VR-12 instrument and offers unadjusted mean summary scores that reflect the physical and emotional health of warriors relative to the U.S. population.

*HEALTH ASSESSMENT.* As in 2016, slightly more than half of all warriors (51.5%) rate their health as being *fair* or *poor*; 12.6 percent rate it as *very good* or *excellent* (Figure 21). Results of analysis by gender indicate that female and male warriors report that their health is *fair* or *poor* with nearly equal frequency. About half (50.6%) of female warriors reported their health was *fair* or *poor* and a similar percentage, 51.6 percent, of male warriors reported their health was *fair* or *poor*. About 12.4 percent of female warriors report that their health is *very good* or *excellent*, compared to 12.7 percent of male warriors.

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<sup>1</sup> The SF-36® and SF-12® are registered trademarks of the Medical Outcomes Trust.

**Figure 21. Health Status Assessment**



**NOTE:** Numbers may not add to 100 due to rounding.

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

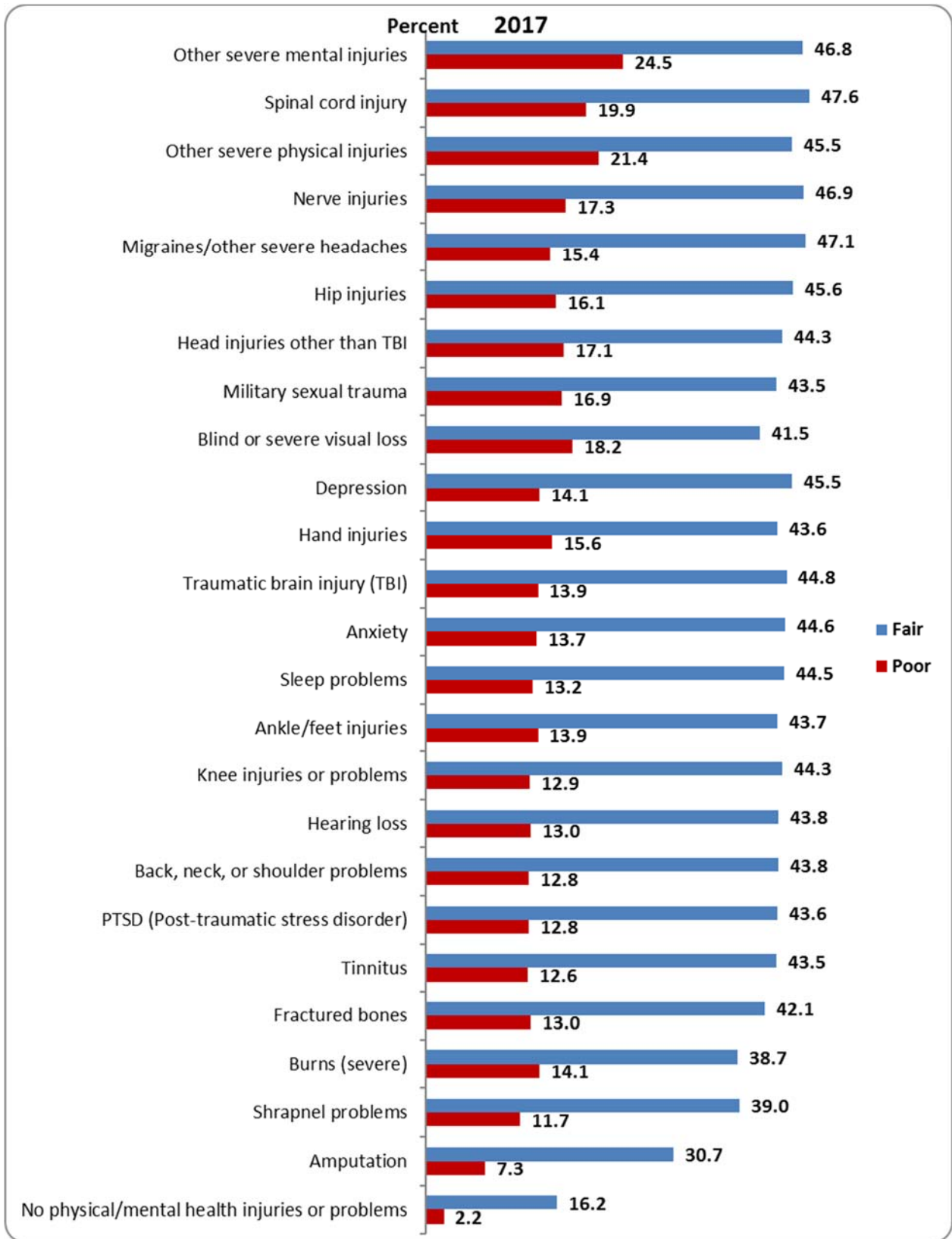
- Excellent – 20.1%
- Very good – 40.7%
- Good – 31.3%
- Fair – 7.1%
- Poor – 0.8%

The WWP survey inquired about specific severe injuries warriors may have received during their military service. Among warriors who received at least one of the injuries listed, 51.9 percent report their health as *fair* or *poor*. Given WWP membership criteria--presence of a severe injury or health problem sustained during active duty military service since September 11, 2001--it is not surprising that the percentage among those reporting at least one injury does not differ notably from the percentage among all warriors (51.5%). The percentage of warriors reporting *fair* or *poor* health status does vary by specific injury type, however. Figure 22 depicts the results of crossing health assessment by type of injury or health problem experienced while serving in the military after September 11, 2001. At least, 6 out of 10 warriors reporting the following types of injuries rate their health as *poor* or *fair*:

- Spinal cord injury – 67.5%
- Nerve injuries – 64.2%
- Migraines/other severe headaches – 62.5%
- Hip injuries – 61.7%
- Head injuries other than traumatic brain injury (TBI) – 61.4%
- Military sexual trauma (MST) – 60.4%
- Migraines/other severe headaches – Blind or severe visual loss – 59.7%
- Depression – 59.6%

In the more general injury categories of “Other severe mental health injuries” and “Other severe physical health injuries,” high percentages of warriors rate their health as *poor* or *fair* (66.9% and 71.3%, respectively).

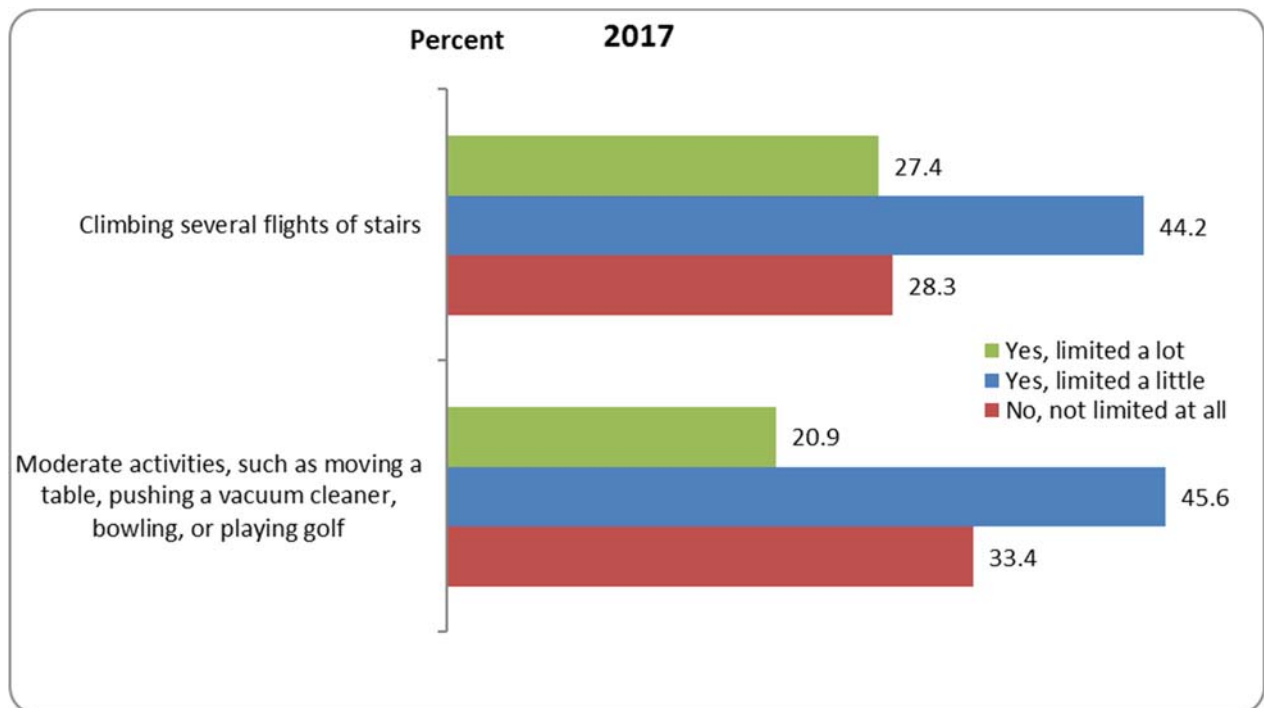
**Figure 22. Health Status Assessment (“Fair” or “Poor”), by Type of Injury**



**LIMITATIONS IN PHYSICAL ACTIVITIES.** Two items in the VR-12 asked warriors to assess how their health limits them in a range of typical daily activities. In effect, warriors were asked whether their health limits them *a lot* or *a little*, or are they *not limited at all* (Figure 23).

- More than 7 in 10 warriors (71.6%) report that their health limits them (either *a lot* or *a little*) when climbing several flights of stairs. Of the warriors who report they are limited, nearly 40 percent (38.3% not shown) are limited *a lot*.
- About two-thirds of warriors (66.5%) of warriors report that they are limited (either *a lot* or *a little*) when undertaking moderate activities, such as, moving a table, pushing a vacuum cleaner, bowling or playing golf. Of the warriors who report they are limited, nearly one-third (31.4% not shown) are limited *a lot*.

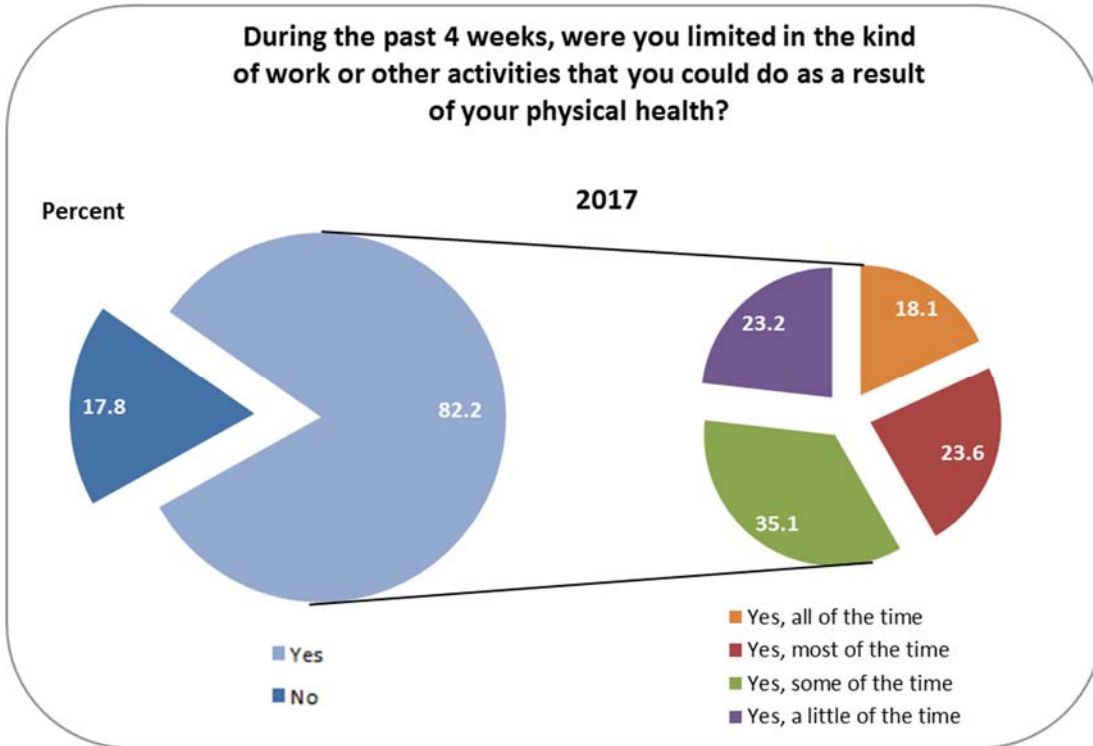
**Figure 23. Physical Activity Limitations**



**NOTE:** Numbers may not add to 100 due to rounding.

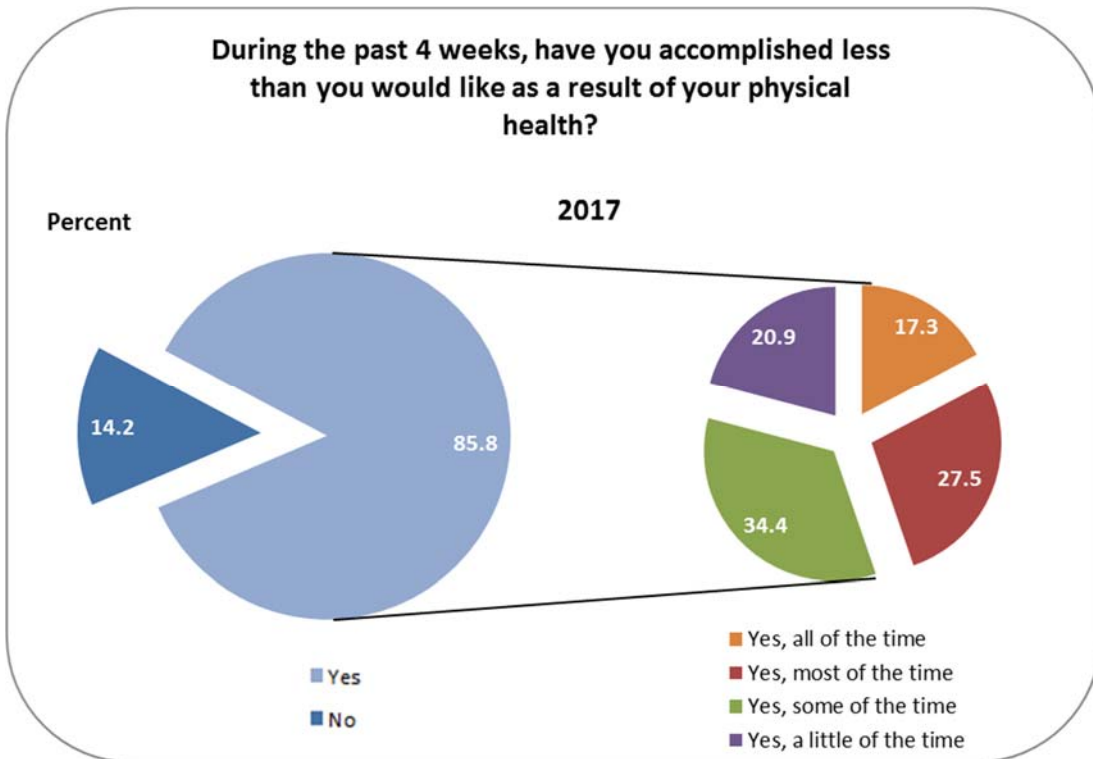
**PHYSICAL HEALTH AND PRODUCTIVITY.** The VR-12 includes questions inquiring about the influence of physical health on work or other regular daily activities and desired productivity—accomplishing as much as you would have liked—within the past four weeks. More than 8 in 10 warriors (82.2%) said that their physical health limited them in the kind of work or other activities they could do (Figure 24, left). Among warriors who indicated, they were limited in the kinds of work or other activities they could do, 41.7 percent indicate that they were limited *most or all of the time* (Figure 24, right). More than 8 in 10 warriors (85.8%) were less productive—i.e., they accomplished less—than they would have liked because of their physical health (Figure 25, left). Among those who indicated that their physical health caused them to accomplish less than they would like, 44.7 percent said physical health reduced productivity *most or all of the time* (Figure 25, right).

**Figure 24. Impact of Physical Health on Daily Activities**



NOTE: Numbers may not add to 100 due to rounding.

**Figure 25. Impact of Physical Health on Desired Productivity**

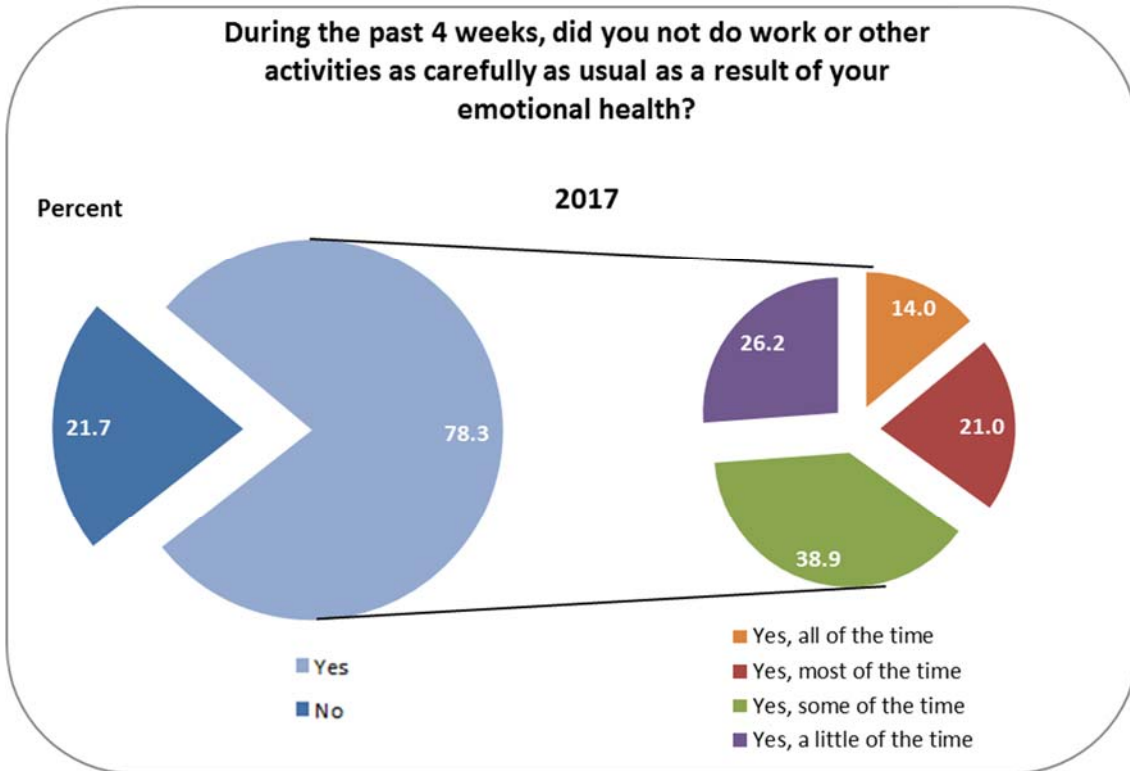


NOTE: Numbers may not add to 100 due to rounding.

*EMOTIONAL PROBLEMS AND PRODUCTIVITY.* The VR-12 also includes questions inquiring about the influence of emotional problems on work or other daily activities and on desired productivity—accomplishing as much as you would have liked—within the past four weeks. Nearly 8 in 10 warriors (78.3%) indicated they did not do work as carefully as usual because of their emotional problems (Figure 26, left). Among these warriors, 35.0 percent said that this was the case *most or all of the time* (Figure 26, right). More than 8 in 10 warriors (83.9%) indicated that they were less productive—i.e., they accomplished less--than they would have liked because of emotional problems (Figure 27, left). Among those who indicated that their emotional problems caused them to accomplish less than they would have liked, 45.1 percent said that emotional problems reduced desired productivity *all or most of the time* (Figure 27, right).

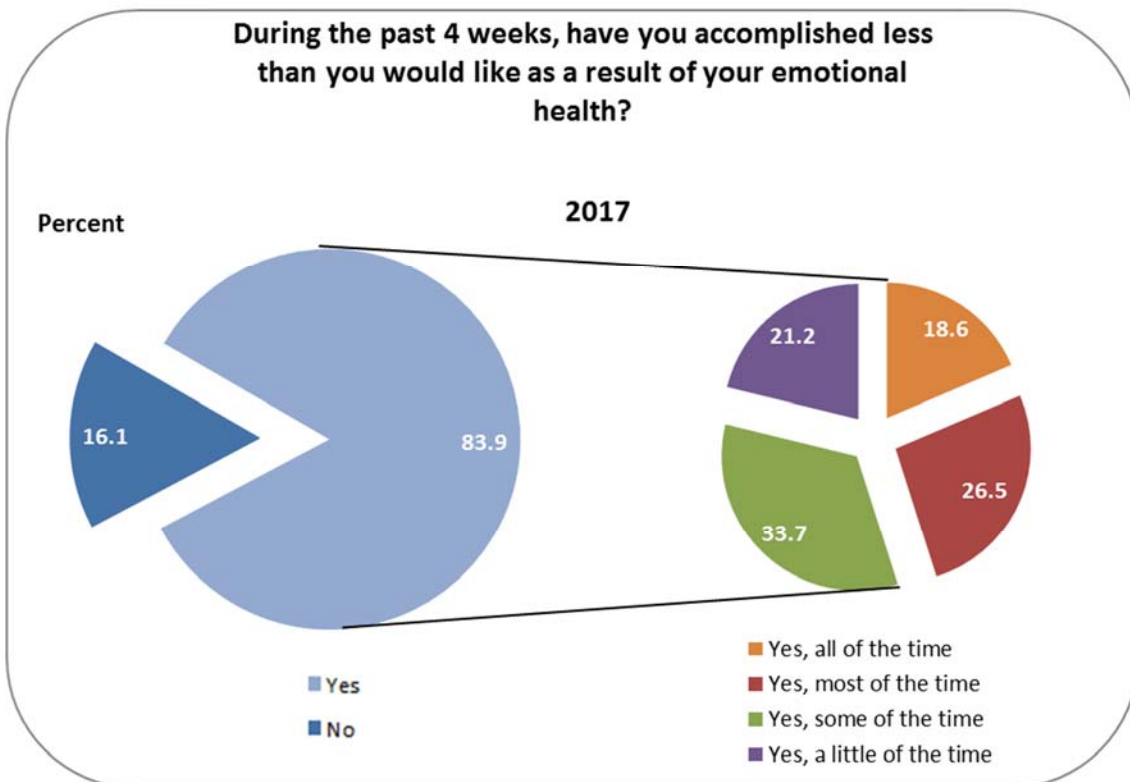


**Figure 26. Impact of Emotional Health on Daily Activities**



NOTE: Numbers may not add to 100 due to rounding.

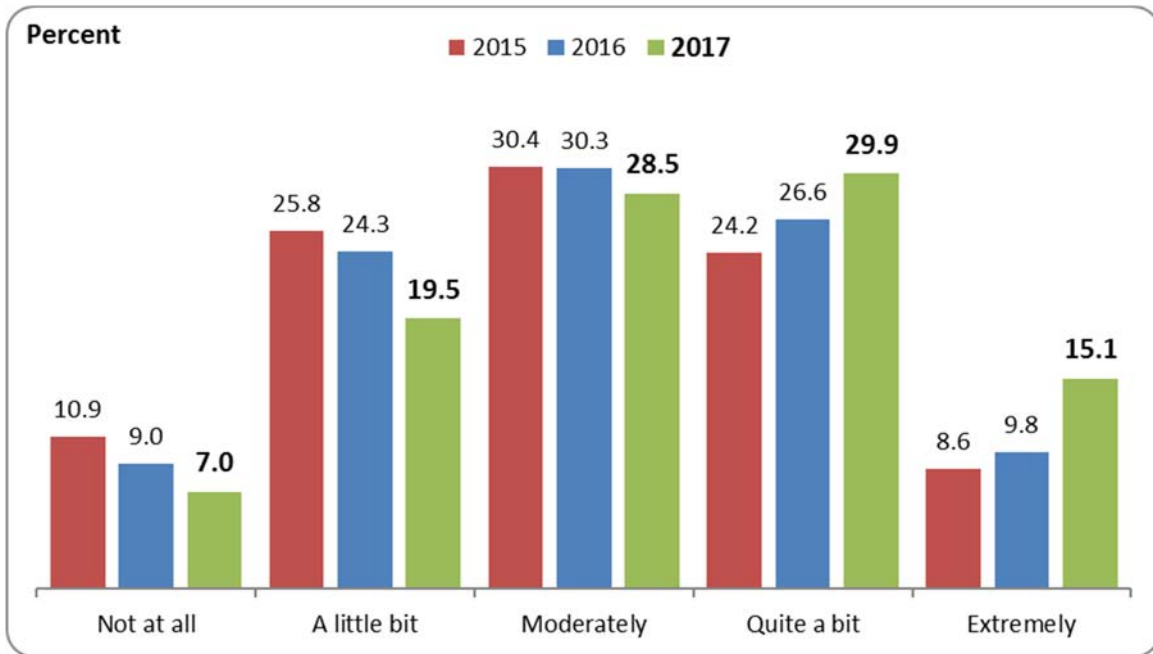
**Figure 27. Impact of Emotional Health on Desired Productivity**



NOTE: Numbers may not add to 100 due to rounding.

**PAIN INTERFERING WITH NORMAL WORK.** The VR-12 asks about the extent to which pain interferes with normal activities. More than 7 in 10 warriors (73.5%) reported that pain interfered *moderately, quite a bit, or extremely* with their normal work, including both work outside the home and housework, during the past 4 weeks (Figure 28). There was a 54 percent increase—from 9.8 in 2016 to 15.1 percent in 2017—in the percentage of warriors reporting that pain interfered *extremely* with their normal work. The percentage reporting that pain interfered *quite a bit* also rose.

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



*FEELINGS DURING THE PAST 4 WEEKS.* Three items in the VR-12 ask respondents to rate how frequently they experience certain feelings during the past four weeks. Nearly 20 percent (17.9%) did not have a lot of energy at any time (*none of the time*) during the past four weeks. Nearly 13 percent (12.6%) did not feel calm or peaceful at any time (*none of the time*) during the past four weeks. Conversely, only 8.8 percent did not feel downhearted and blue at any time (*none of the time*) in the past four weeks. Table 4 presents the percentage for the three items inquiring about feelings in the past four weeks as well as the trend over the last three years.

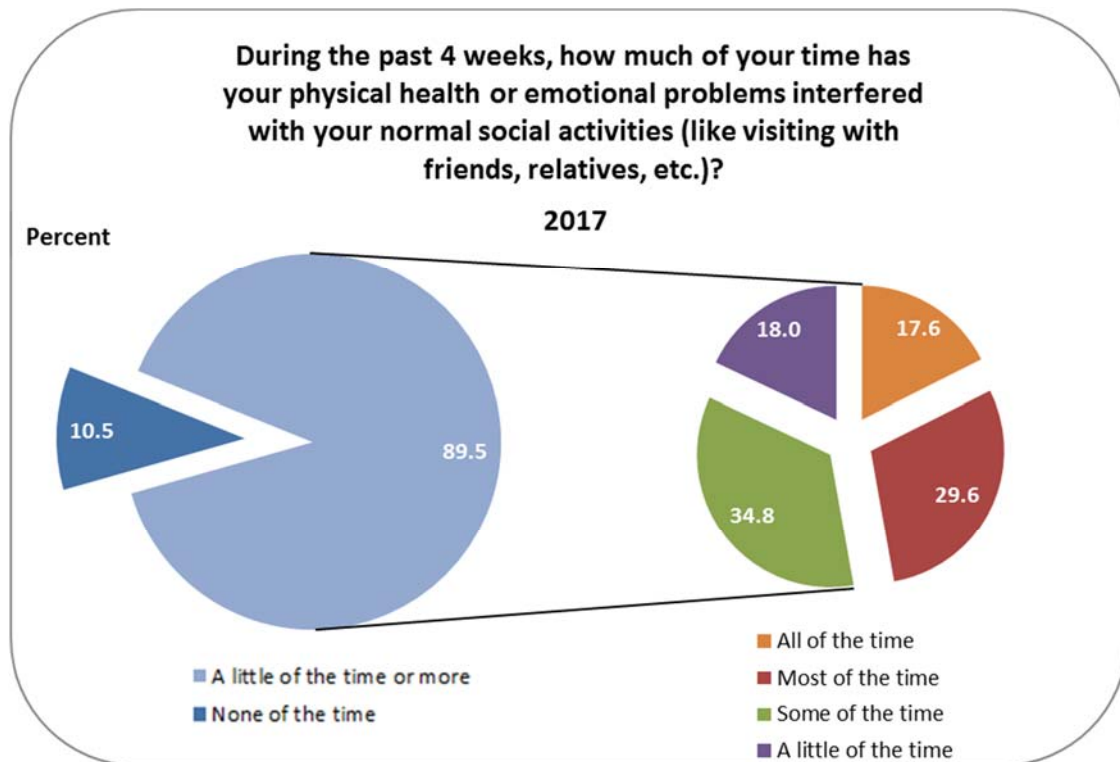
**Table 4. Frequency of Select Feelings During the Past 4 Weeks**

	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
Have you felt calm and peaceful?						
2017	2.6	11.9	13.2	27.6	32.1	12.6
2016	2.0	10.4	11.6	24.8	34.7	16.6
2015	1.8	10.1	12.5	24.1	34.4	17.1
Did you have a lot of energy?						
2017	1.7	8.0	11.6	27.4	33.4	17.9
2016	1.6	7.1	10.2	23.8	33.3	24.0
2015	1.8	7.3	10.9	24.7	33.3	22.0
Have you felt downhearted and blue?						
2017	7.7	19.5	17.6	26.0	20.3	8.8
2016	7.4	17.9	16.9	24.3	21.2	12.4
2015	6.8	18.0	16.7	23.5	20.8	14.2

**NOTE:** Numbers may not add to 100 due to rounding.

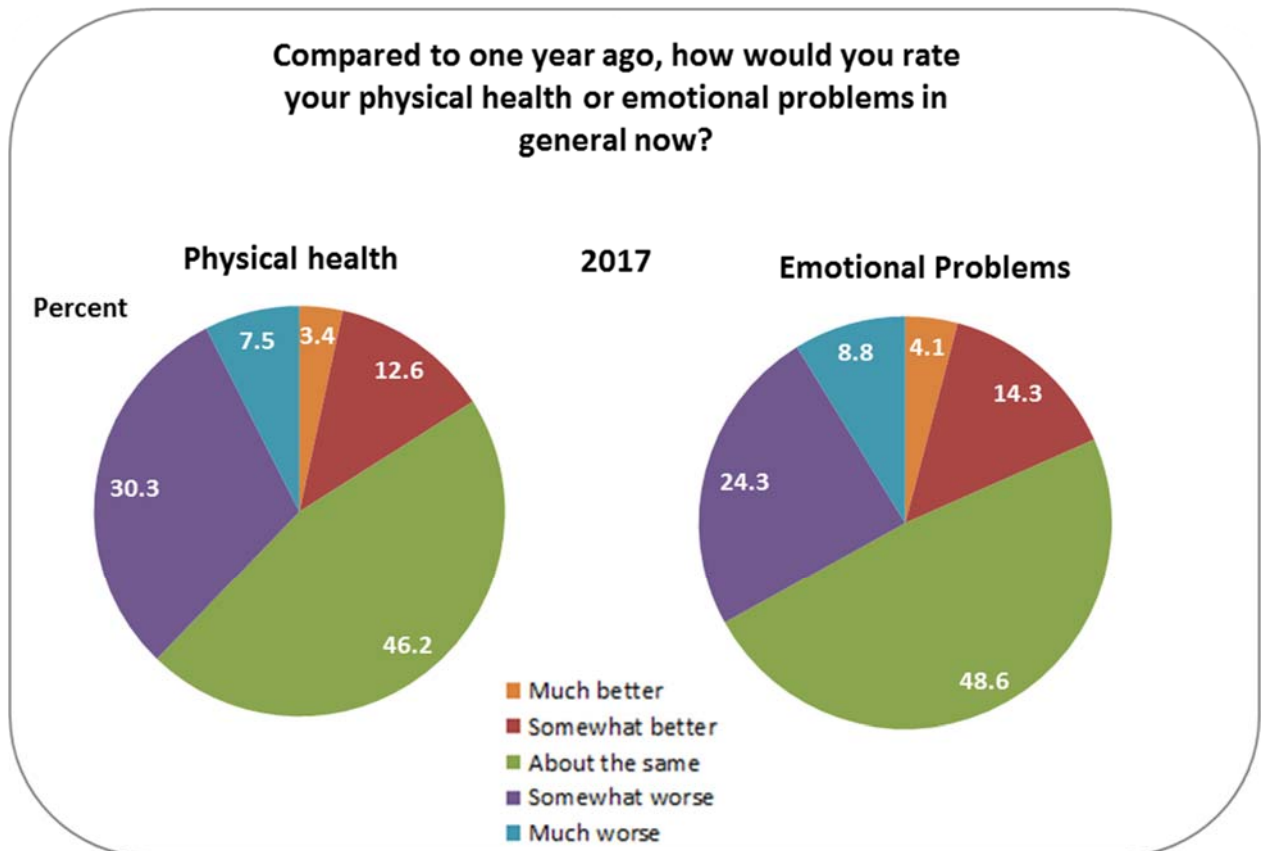
HEALTH PROBLEM INTERFERING WITH SOCIAL ACTIVITIES. The VR-12 asks warriors how frequently physical health or emotional problems interfere with social activities like visiting with friends and relatives. Nearly 90 percent of warriors (89.5%) indicate that their health or emotional problems interfere to some extent (*all, most, or some of the time*) with their social activities (Figure 29, left). Among these warriors, nearly half (47.2%) indicate that their physical health or emotional problems interfere *all or most of the time*.

**Figure 29. Health Problems Interfering with Social Activities**



The VR-12 contains two items asking warriors to rate their current physical or emotional problems compared to a year ago. Figure 30 reports results from these questions. Nearly forty percent (37.8%) indicate that their physical health is either somewhat worse or much worse. About one-third of warriors (33.1%) indicate that their emotional problems are either somewhat worse or much worse. Somewhat larger percentages than last year report that their health is about the same: 46.2 percent in 2017 vs. 41.7 percent in 2016 (not shown) for physical health and 48.6 percent in 2017 vs. 45.3 percent in 2016 (not shown) for emotional problems.

**Figure 30. Change in Physical or Emotional Health Over the Past Year**



*VETERANS RAND-12 ITEM HEALTH SURVEY SCALE SCORES.* The VR-12 yields measures of health in two dimensions, physical and mental. The Physical Component Score (PCS) puts more emphasis on general health, physical functioning, role limitation due to physical functioning, and bodily pain scales, while the Mental Component Score (MCS) emphasizes role limitation due to emotional problems, vitality, mental health and social functioning. Both range from 0 to 100, with higher scores indicating better health. Both are standardized with reference to the 1990 U.S. population such that a score below 50 indicates health status below the average in the 1990 U.S. population. The unadjusted mean values for the PCS and MCS for WWP warriors were **37.4** (PCS) and **35.2** (MCS), respectively. Female and male warriors had relative similar unadjusted, mean scores for both the PCS (37.0 for females and 37.5 for males) and the MCS (33.5 females and 35.6 for males).

PCS and MCS scores for warriors are less favorable than baseline measures for the Millennium Cohort which exhibited an unadjusted mean PCS score of 53.4 and an MCS score of 52.8 (Smith, et al., 2007). Warriors' scores are more than 10 points lower than those of the Millennium Cohort are. A 10-point difference in a score has been associated with having approximately 2 chronic conditions, 30 percent more hospitalizations, and 20 percent more outpatient visits (Wilson and Kazis, 1997). The PCS score for WWP warriors is similar to estimates found among veterans enrolled in the Veterans Health Administration (VHA) who have 0 or 1 medical comorbidities: 39.6 for zero medical comorbidities, and 37.5 for one medical comorbidity. The MCS score of WWP warriors is similar to the mean MCS scores of veterans with more than two mental comorbidities, 33.9 (Kazis et al., 2004b). Even a one or two point decrease in either PCS or MCS scores has shown to be associated with greater social and clinical costs (Kazis et al, 2006).

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

The low average MCS and PCS scores of warriors indicate that many warriors are in poor health. The research explored the extent to which poor health influenced usual activities. Warriors 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 2017, 77.5 percent of warriors indicated that their physical health issues restricted them from doing their usual activities for one or more days during the past 4 weeks. Of those who missed at least one day, the mean number of days missed was 12.9 (median was 12 days) or almost two weeks.
- In 2017, 75.8 percent of warriors indicated that their mental health issues restricted them from doing their usual activities for one or more days during the past 4 weeks. Of those who missed at least one day, the mean number of days missed was 13.6 (median was 14 days) or about two weeks.

The survey also asked warriors if they had missed work during the past 4 weeks because of their poor physical or mental health. Because the health of some warriors may not allow them to work for pay, the research took two approaches to addressing the question whether health affected work. First, it examined responses among all warriors. Second, it looked at the subgroup of warriors who were currently employed and receiving pay. Since some physical and mental health issues may cause extreme productivity loss, findings for both the average number of days lost as well as the median number—the midpoint—are offered, as the latter is less susceptible to extreme outliers.

#### **2017 Results for All Warriors who missed at least one workday**

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

- Physical health problems – mean: 13.5 days; median: 10 days
- Mental health problems – mean: 14.5 days; median: 12 days

## 2017 Results for Currently Employed Warriors who missed at least one workday

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

- Physical health problems – mean: 6.3 days; median: 4 days
- Mental health problems – mean: 6.4 days; median: 4 days

In general, mental health problems had a more adverse effect on productivity than physical health. Among employed warriors, poor physical or mental health caused them to miss, on average, slightly more than one full week of work.

## HOW HAVE YOU BEEN FEELING?

In addition to questions fielded as part of the VR-12, the WWP survey inquired about different types of feelings that warriors may experience and the frequency with which select feelings bother them.

*HOW OFTEN FEELINGS AND PROBLEMS BOTHER THEM.* The survey asked warriors how often they have been bothered by certain feelings or problems over the past two weeks. In each of the past three survey years, the most common problems bothering warrior *nearly every day* were trouble falling or staying asleep or sleeping too much (40.8 %) and feeling tired or having little energy (34.7%). Table 5 presents the distribution of warriors’ responses to various types of problems. The frequency of warriors reporting that sleep issues and tiredness bother them *nearly every day* shows a decline in 2017 from the 2016 percentage. However, in general, this year’s findings are consistent in the findings from previous years.

**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
<b>Little interest or pleasure in doing things</b>				
2017	19.7	36.2	24.0	20.0
2016	19.8	34.9	24.3	21.0
2015	21.1	35.0	23.2	20.7
<b>Feeling down, depressed, or hopeless</b>				
2017	22.9	37.9	21.7	17.5
2016	24.0	35.6	22.2	18.2
2015	25.6	34.8	21.6	18.0
<b>Trouble falling or staying asleep, or sleeping too much</b>				
2017	10.2	24.1	24.9	40.8
2016	10.0	23.0	23.8	43.2
2015	10.0	23.0	23.7	43.3
<b>Feeling tired or having little energy</b>				
2017	8.7	29.0	27.6	34.7
2016	7.8	27.7	26.9	37.6
2015	8.8	27.9	26.7	36.6
<b>Poor appetite or overeating</b>				
2017	20.6	30.1	24.3	24.9
2016	21.0	29.3	23.7	26.0
2015	22.5	28.0	23.9	25.6



	Not at all	Several days	More than half the days	Nearly every day
Feeling bad about yourself—or that you are a failure or you have let yourself or your family down				
2017	27.1	32.2	20.3	20.5
2016	27.9	30.3	20.4	21.4
2015	29.0	30.1	20.2	20.7
Trouble concentrating on things such as reading the newspaper or watching television				
2017	20.2	31.5	23.3	25.0
2016	20.6	30.3	23.5	25.7
2015	21.1	29.6	23.4	25.9
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual				
2017	41.0	29.4	17.1	12.5
2016	40.9	28.1	17.9	13.1
2015	41.9	27.6	17.6	13.0

**NOTE:** Numbers may not add to 100 due to rounding.

The items reported in Table 5 make up the Patient Health Questionnaire eight-item depression scale (PHQ-8). The calculated scale scores indicate that **61.2** percent (62.4 in 2016) of wounded warriors are experiencing current major depression, represented by a scale score of 10 or higher. In context, current depression is about 7 times more prevalent in the WWP population than in the U.S. general population, which is estimated at 8.6 percent (Kroenke et al., 2009).

The range of PHQ-8 scores for Warriors breaks down as follows:

- No significant depressive symptoms (score of 0 to 4) – **15.1%** (15.1% in 2016)
- Mild depressive symptoms (score of 5 to 9) – **23.6%** (22.5% in 2016)
- Moderate (score of 10 to 14) – **23.9%** (23.7% in 2016)
- Moderately severe (score of 15 to 19) – **21.1%** (21.6% in 2016)
- Severe (score of 20 to 24) – **16.3%** (17.0% in 2016)

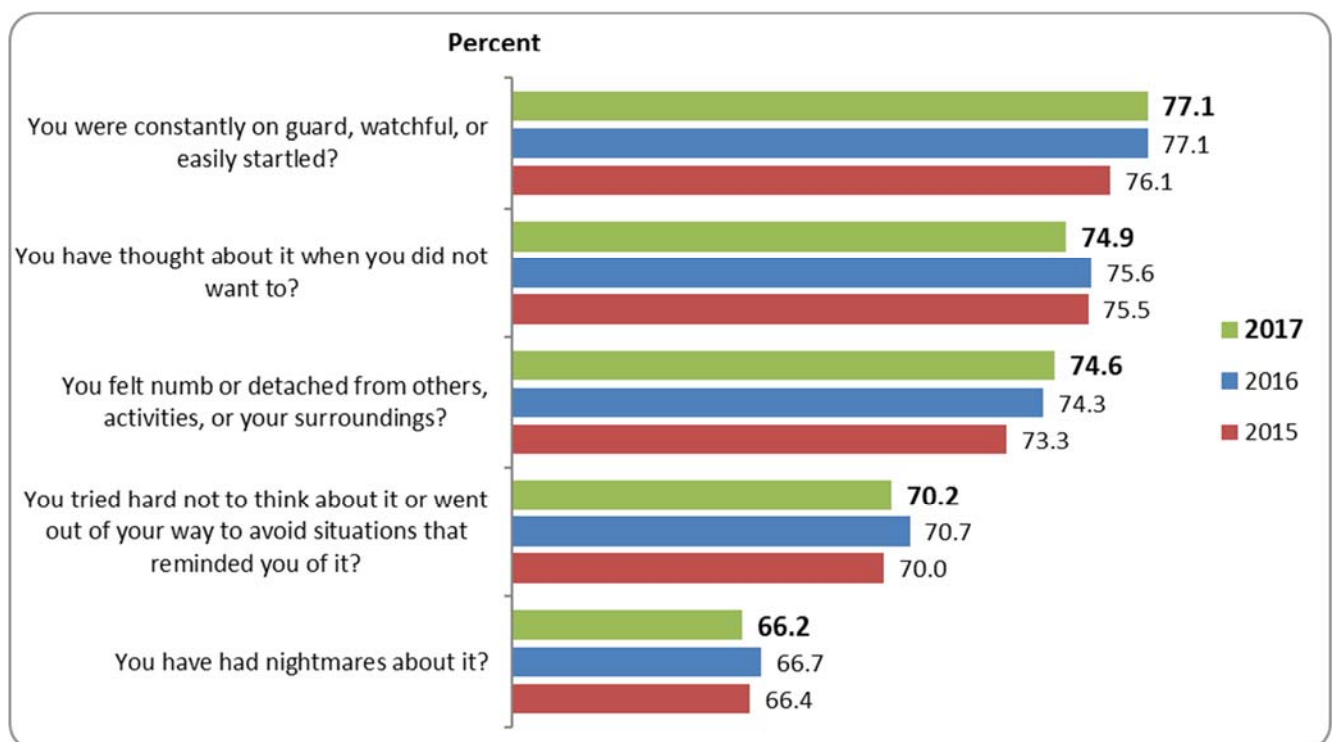
The mean and median PHQ-8 score for the WWP population is 12, indicating that the typical wounded warrior is moderately depressed. Analysis of the PHQ-8 results by gender indicate 63.7 percent of female warriors screen positive for clinically significant depression and 60.8 percent of male warriors do.

These results are similar to the 2016 and 2015 survey results. However, they are strikingly different from those RAND found when it used the same scale in its Invisible Wounds study. Using the same PHQ-8 scale, RAND reported that nearly 14 percent of OEF/OIF veterans met the criteria for major depression (RAND, 2008), where major depression was indicated by a score of 10 or more points. RAND’s data were collected by telephone between August 2007 and January 2008, so the anonymity provided by the WWP web-based survey may account for some of the difference in rates. However, differences in the populations likely account for the majority.



*LINGERING EFFECTS OF FRIGHTENING, HORRIBLE, OR UPSETTING MILITARY EXPERIENCES.* Between two-thirds and three quarters of warriors have 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). More than three-quarters of warriors (77.1%) had an experience that was so frightening, horrible, or upsetting that they were constantly on guard, watchful, or easily startled. Nearly three quarters (74.9%) have thought about the experience when they did not want to. A similar percentage (74.6%) have thought about the experience when they did not want to. A similar percentage (74.6%) felt numb or detached from others, activities, or their surroundings because of frightening, horrible, or upsetting military experiences.

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



The survey items in Figure 35 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 a “positive” screen 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 and separated into 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 **72.2** percent of warriors had positive scores for PTSD (compared with 72.4% in 2016 and 71.9% in 2015). Analysis of the data by gender indicate that 68.7 percent of female warriors screen positive for PTSD and 72.9 percent of male warriors do.

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.

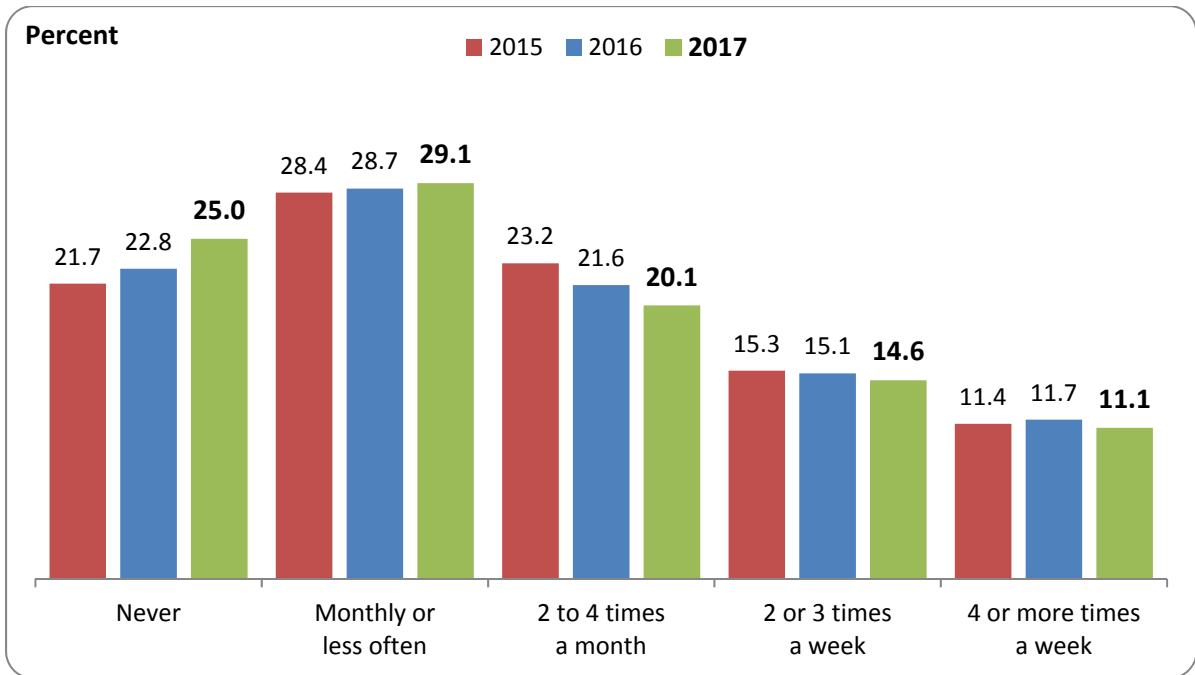
The WWP warrior estimates for PTSD are much higher than reported in other studies of service members and veterans who have served in Iraq and Afghanistan (the estimates often range from about 7% to 20%, but some are higher). Differences in estimates are attributed to (1) differences in the study populations, (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 membership—is likely a population characteristic that contributes to the higher incidence of depression in the WWP survey population.

## HEALTH-RELATED MATTERS

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

*USE OF ALCOHOLIC BEVERAGES.* The 2017 data on alcohol use are similar to the data for 2016. In the past 12 months, use of alcoholic beverages (i.e., beer, wine, or hard liquor) varied among warriors. One quarter of warriors (25.0%) did not drink at all during the past 12 months, and nearly 30 percent (29.1 %) drank monthly or less often. About a quarter of warriors (25.8%) reported having drinks containing alcohol two or more times a week (Figure 32).

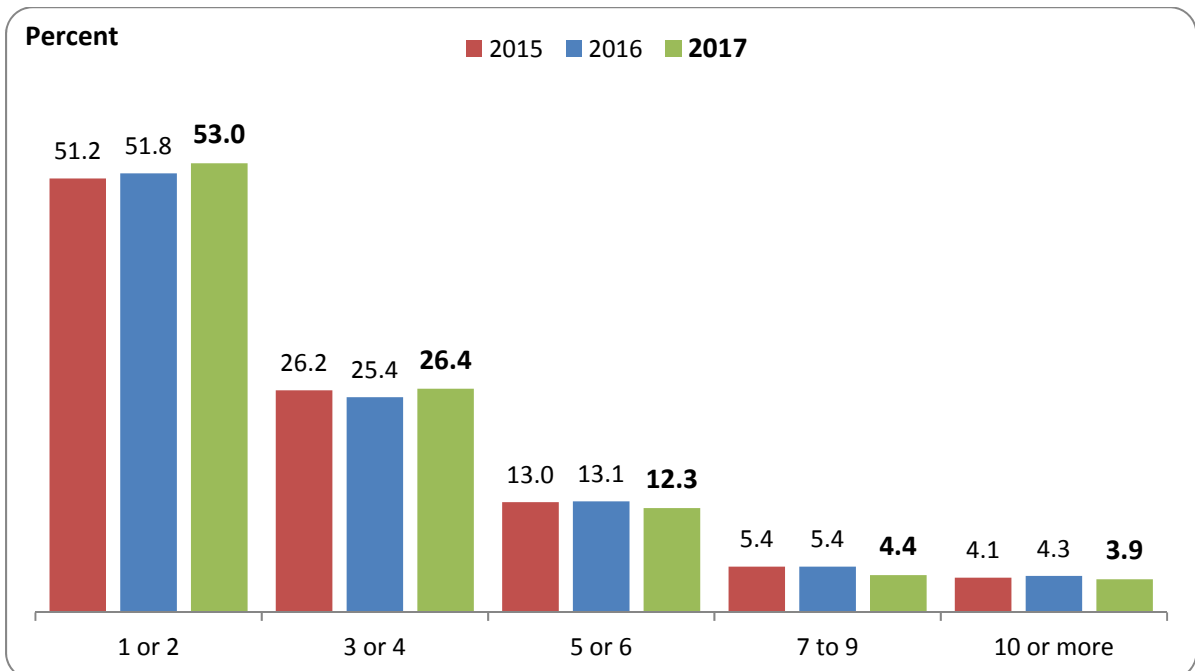
**Figure 32. Frequency of Use of Alcoholic Beverages**



**NOTE:** Numbers may not add to 100 due to rounding.

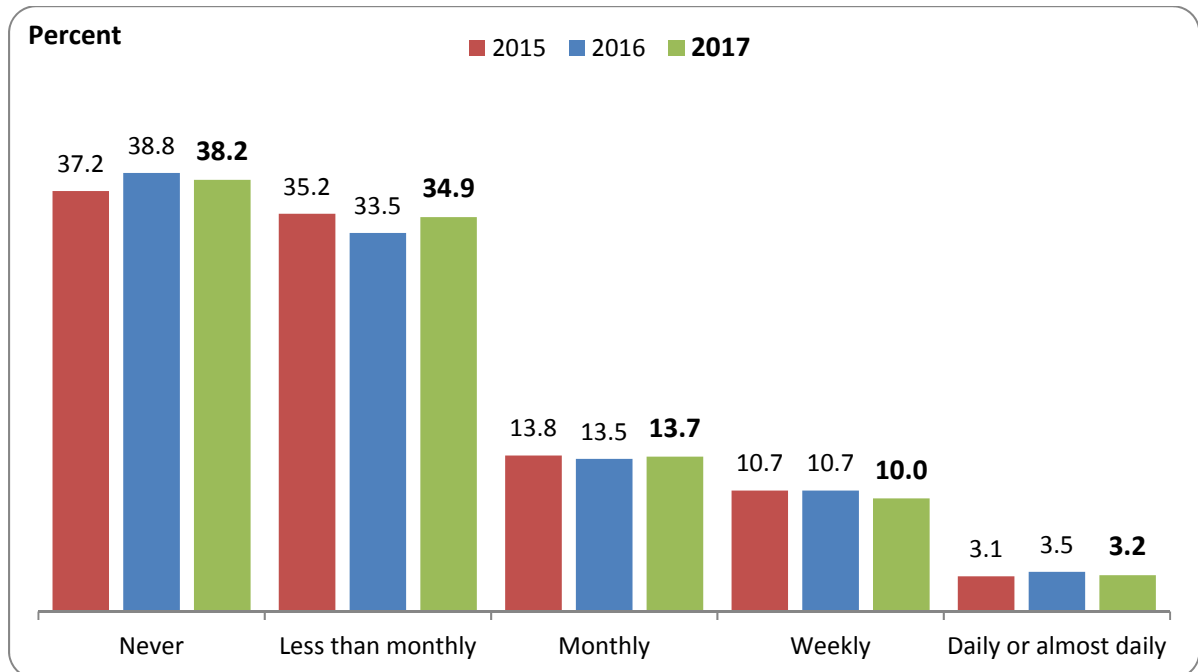
On a typical day when warriors did have an alcoholic drink, most had one or two drinks (53.0%) and about one-quarter (26.4%) had three or four drinks (Figure 33). The remainder reported varying numbers of drinks on a typical day.

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



Relatively low percentages of warriors who reported drinking alcohol in the past 12 months had six or more drinks on one occasion weekly (10.0%) or *daily/almost daily* (3.2 %) (Figure 34).

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

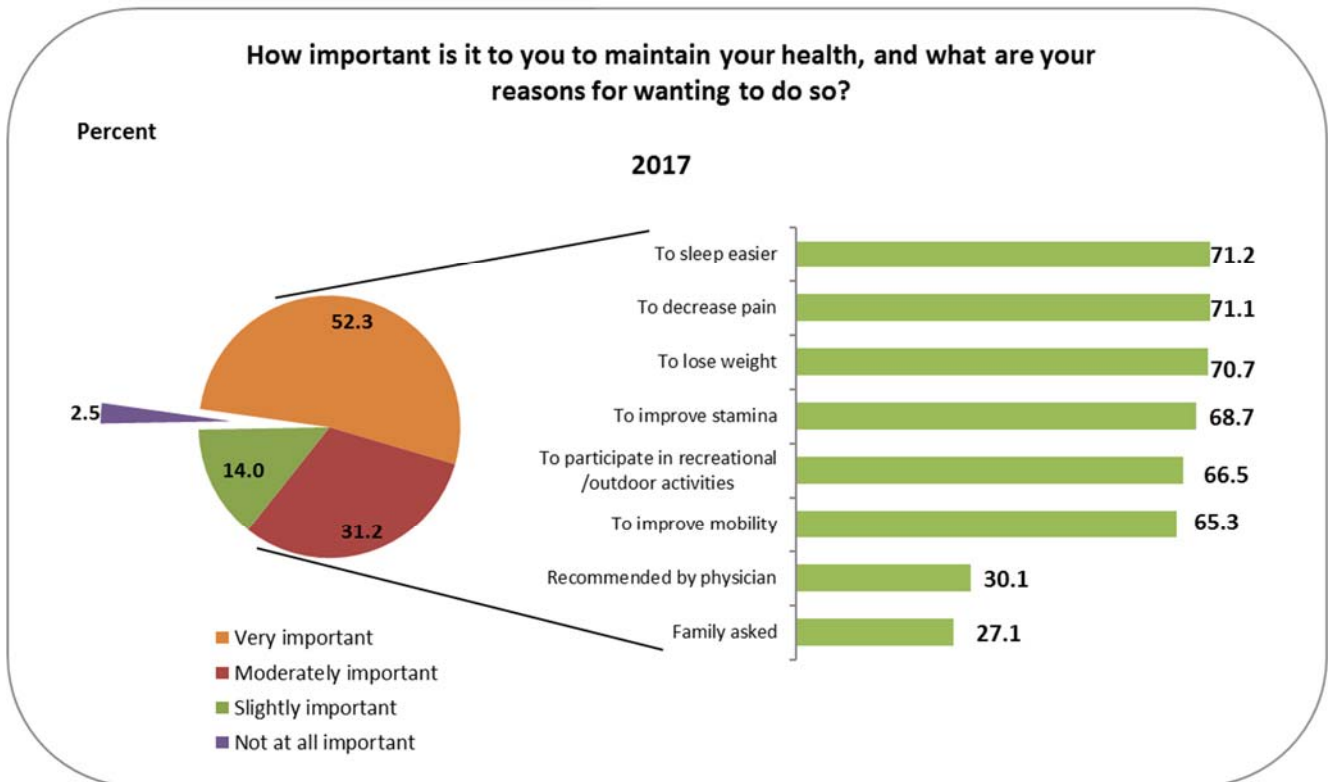


The three questions about alcohol use in the past 12 months are from the AUDIT-C scale. Scores on the AUDIT-C can range from 0 to 12. A score of 4 or higher represents a positive alcohol screen for at-risk drinking for males, and a score of 3 or higher is positive for females (Dawson, Grant, Stinson, & Zhou, 2005). The WWP mean score for male warriors is **3.1**, and the mean score for WWP female warriors is **2.2**. These scores are essentially the same as 2016 and 2015 scores and includes the 25 percent of warriors who never drink alcohol. Among warriors who do drink alcohol, the median score for females is 2.0, and for males, it is 3.0; the mean score for female alcohol drinkers is **3.0**, and for males it is **4.1**. Both mean scores meet the threshold for hazardous drinking. The difference between the median and mean scores could be explained by outliers – that is, most warriors are below the threshold for hazardous drinking, but some of those who do meet the threshold have very high scores.

**MAINTAINING HEALTH.** More than 8 in 10 warriors (83.5%) said maintaining their health is either *very important* or *moderately important* (Figure 35). This survey question was revised from previous surveys. Previously, the item read, “*How important is it to you to maintain a healthy diet and good nutrition for your overall health and wellness?*” The revised survey question reads, “*How important is it to you to maintaining your health?*” Comparing the results from these two versions of the question indicates that the revision had a substantive impact on respondents: there is almost a ten-percentage-point increase from the 2016 finding. Consequently, the results from previous years are not directly comparable. Analyzing the data by gender reveals that 59.3 percent of female warriors indicated maintaining their health was very important and 51.0 percent of male warriors thought similarly.

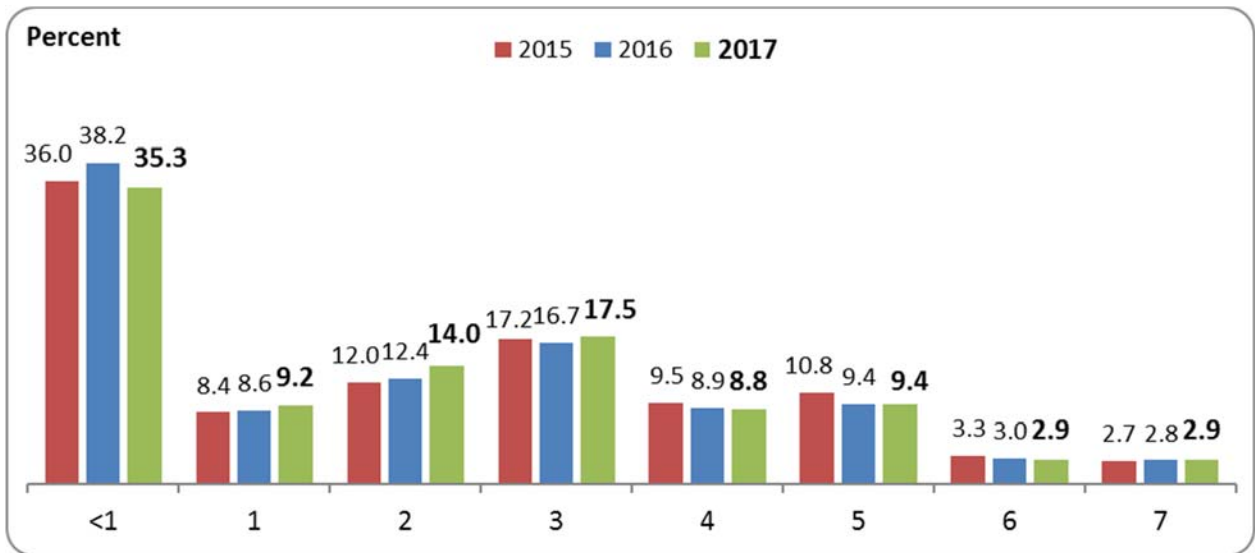
Nearly all warriors (97.5%) indicated that maintaining their health was of some importance -- *slightly, moderately, or very important* (Figure 35, left). Warriors who thought maintaining their health was important were asked about their motivations. Warriors could mark all reasons that apply. Figure 35 (right) displays the distribution of reasons why warriors think maintaining their health is important among those who think maintaining their health was *slightly, moderately* or *very important*. The two most frequently cited reasons were to sleep easier (71.2%) and to decrease pain (71.1%). Losing weight was also a priority for many, 70.7%.

**Figure 35. Importance of Maintaining Health and Motivations for Doing So Among Warriors Who Indicate Health is Important**



*PHYSICAL ACTIVITY AND EXERCISE.* About 4 in 10 warriors (41.5%) do moderate-intensity physical activities or exercise (such as a brisk walk, jog, cycle, play adapted sports, or swim) three or more days a week. On the opposite end of the spectrum, about 3 in 10 warriors (35.3%) percent do moderate-intensity physical activities or exercise less than once a week (Figure 36). The 2017 survey results are similar to those for 2016 and 2015.

**Figure 36. Frequency of Moderate-Intensity Physical Activity or Exercise in a Typical Week (# days a week)**



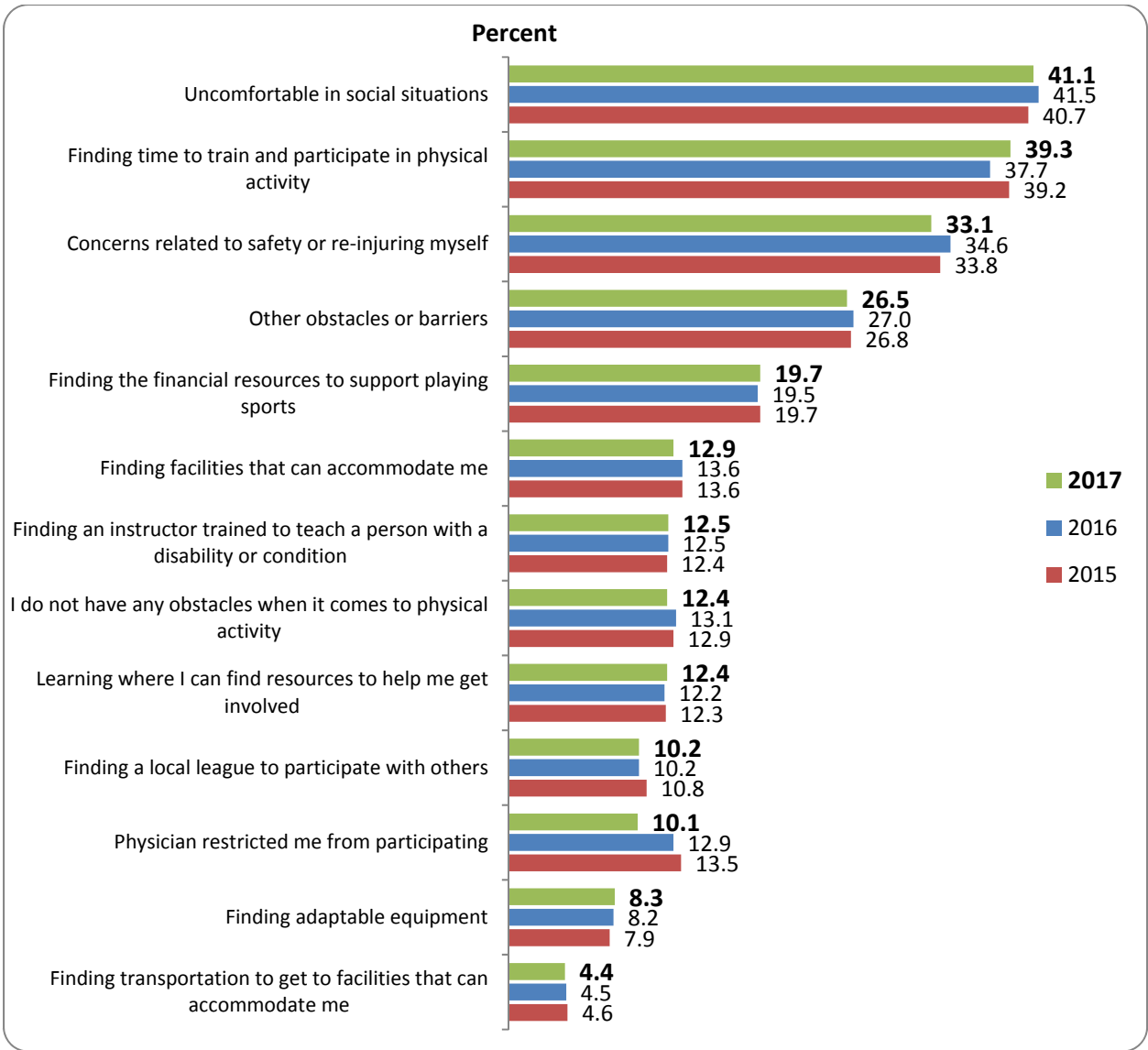
The WWP Survey presented warriors with a list of 13 possible reasons that make it difficult for them to exercise or participate in sports or other physical activities. Warriors could choose as many reasons that apply. The top three most frequently cited reasons were the same as in 2016 and 2015 (Figure 37):

- Uncomfortable in social situations – 41.1%
- Finding time to train and participate in physical activity – 39.3%
- Concerns related to safety or re-injuring myself – 33.1%

Only 12.4 percent of warriors indicated that they do not have any obstacles when it comes to physical activity.

Among those who did report barriers, 32.3 percent reported one barrier, 25.9 percent reported two barriers, 18.0 percent reported three barriers, 10.4 percent reported four barriers, and lower percentages (0.2% – 5.9%) reported 5 to 12 barriers. Figure 37 displays the percentage of warriors who face select barriers.

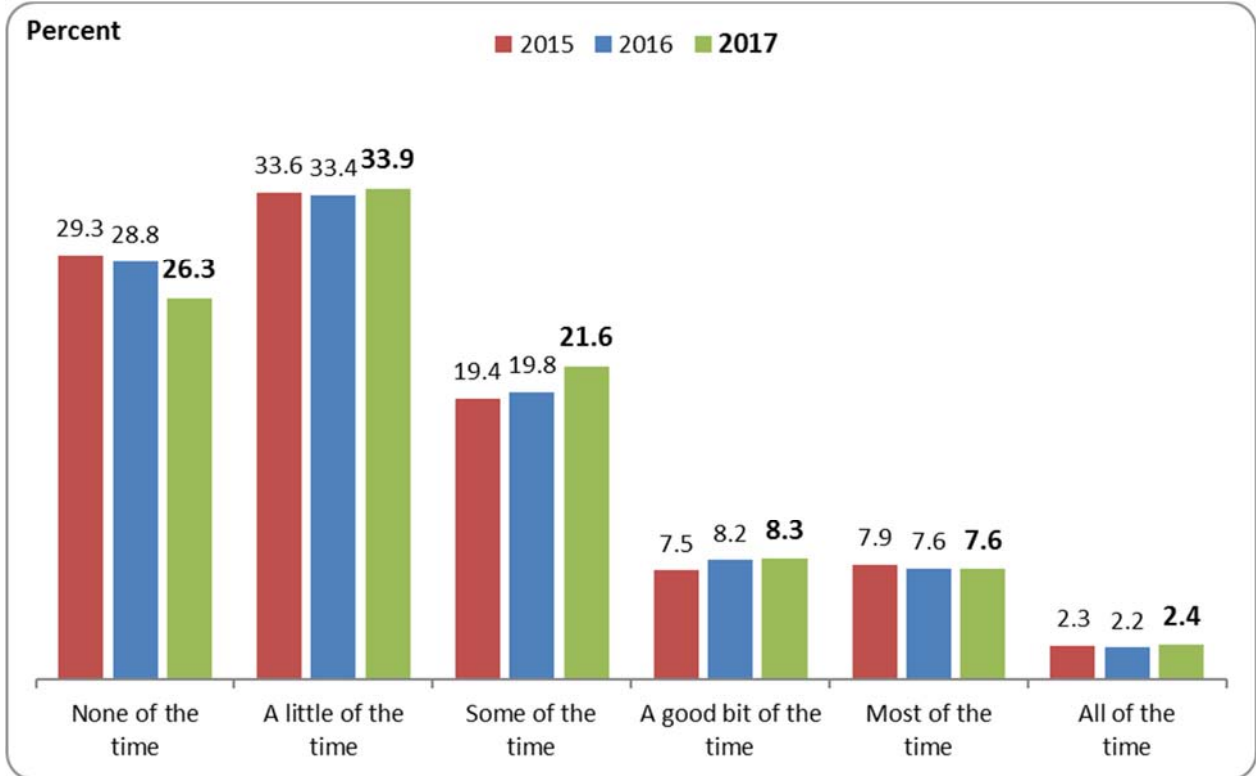
**Figure 37. Reported Barriers to Exercising and Doing Sports or Other Physical Activities**



*AMOUNT OF SLEEP.* Relatively few warriors are getting sufficient sleep. Less than 1 in 5 warriors (18.2%) 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 38). Conversely, about one-quarter of warriors (26.3%) never—*none of the time*—got enough sleep to feel rested upon waking in the morning. This finding continues a modest downward trend over past three years in the percentage reporting that they never got enough sleep to feel rested upon waking in the morning.

Less than 1 in 5 warriors (19.5%) got the amount of sleep they needed a *good bit of the time*, *most of the time*, or *all of the time* during the past 4 weeks (Figure 39). Conversely, about one quarter (26.7%) never—*none of the time*—got the amount of sleep they needed. This is the smallest percentage over the past three years reporting that the never got the amount of sleep that they needed.

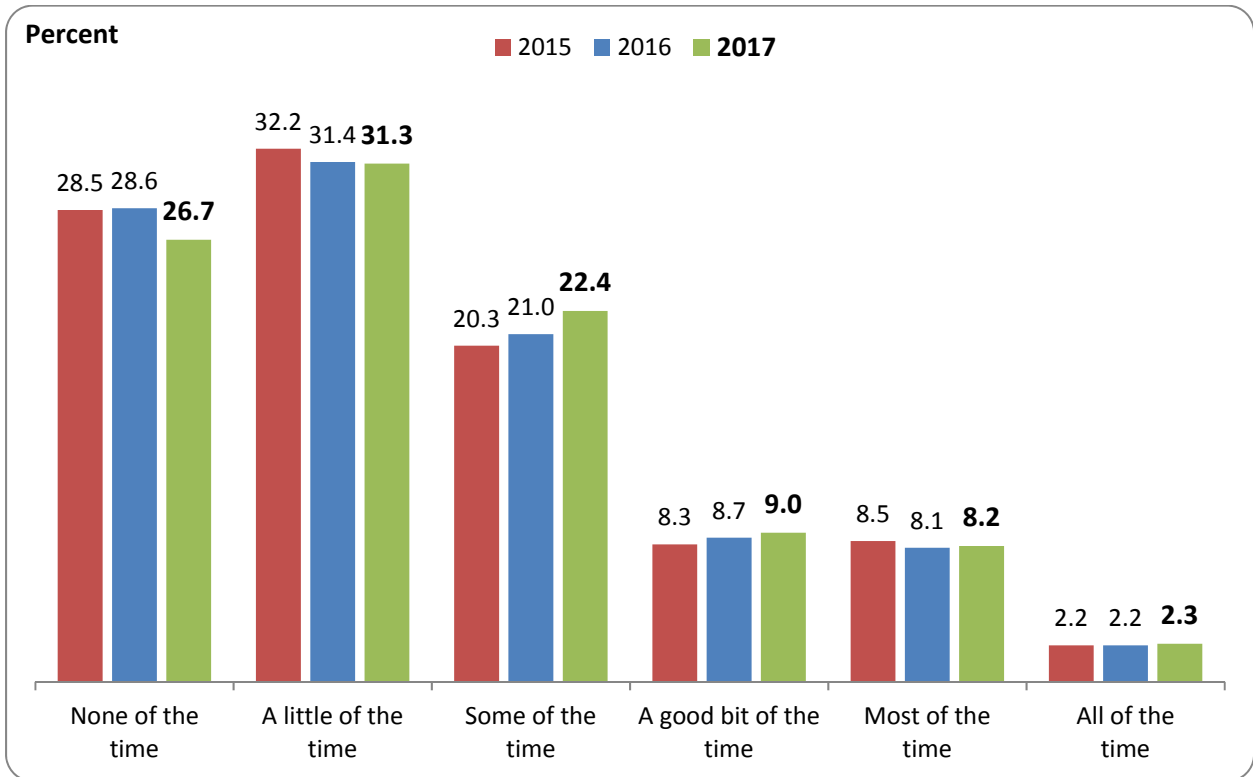
**Figure 38. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested**



**NOTE:** Numbers may not add to 100 due to rounding.



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



**NOTE:** Numbers may not add to 100 due to rounding.

The two questions on sleep make up a Sleep Adequacy Scale from the Medical Outcomes Study Sleep Scale. The mean score for the WWP warriors is **29.1** (median score: 20.0; unchanged from 2016). The mean scores were similar for the two genders: 28.0 for female warriors and 29.3 for male warriors. The range of possible scores is 0 to 100, with higher scores representing less of a problem sleeping (Hays & Stewart, 1992). For context, in 2005, Hays and others reported that the mean score for a nationally representative sample was 60.5.

Seeling et al. (2010) reported additional information on sleep issues by past and current Service members. This group of researchers used data from 41,225 Millennium Cohort members who completed baseline (2001–2003) and follow-up (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 post-deployed groups compared with those who had not deployed.

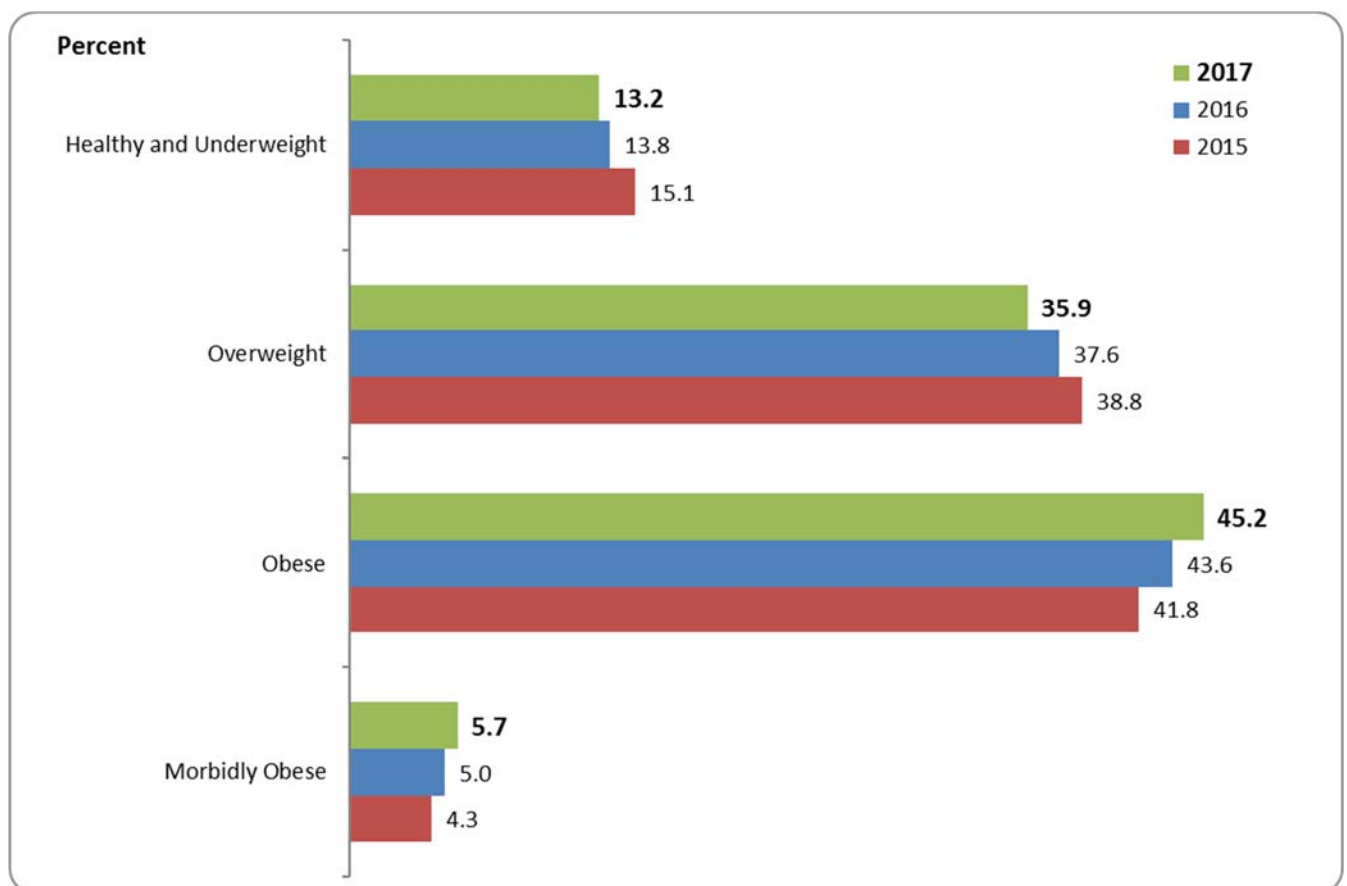
A recent study by RAND addressed gaps in research about sleep problems among military members in an effort to learn more about the prevalence of sleep problems among Service members following deployment, the consequences of such sleep problems, and available sleep-related programs and policies to promote healthy sleep (Troxel et al., 2015). The 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 was 5’5” (64.9 inches) for female warriors and 5’10” (70.2 inches) for male warriors. The average (mean) weight was 178 pounds for female warriors and 217 pounds for male warriors.

Body mass index (BMI) measures body fat by taking into account a person’s height and weight. If BMI equals or exceeds 30, the person is classified as obese. More than half (52.2%) of male warriors have BMIs that fall within the obesity range (BMI = 30 or greater); 43.6% of female warriors have BMIs that fall within the obesity range. The average BMI across all warriors is 30.7, which is at the low end of the range for being classified as obese (BMI = 30 or greater).

BMI data continue a rising, multi-year trend in the percentage of warriors classified as obese: 50.9 in 2017, 48.6% in 2016, and 46.0% in 2015. In 2017, only 13.2 percent of warriors are classified as being a healthy weight or underweight. Over one-third of warriors (35.9%) are classified as overweight. Figure 40 presents the distribution of warriors’ BMI scores by weight category, splitting the obese and morbidly obese into separate categories.

**Figure 40. Warrior 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.

According to age-adjusted data from the *National Health and Nutrition Examination Survey* (NHANES), 36.4 percent of U.S. adults aged 20 and older were obese in 2011-2014 (National Center for Health Statistics, 2016). The age-adjusted rate of obesity for males aged 35-44 years

is 39.8 percent; for males aged 45-54 years, the age-adjusted rate is 36.6 percent. In these age groups, females have higher rates of obesity: 39.1 percent for those aged 35-44 and 41.7 percent for those aged 45-54.

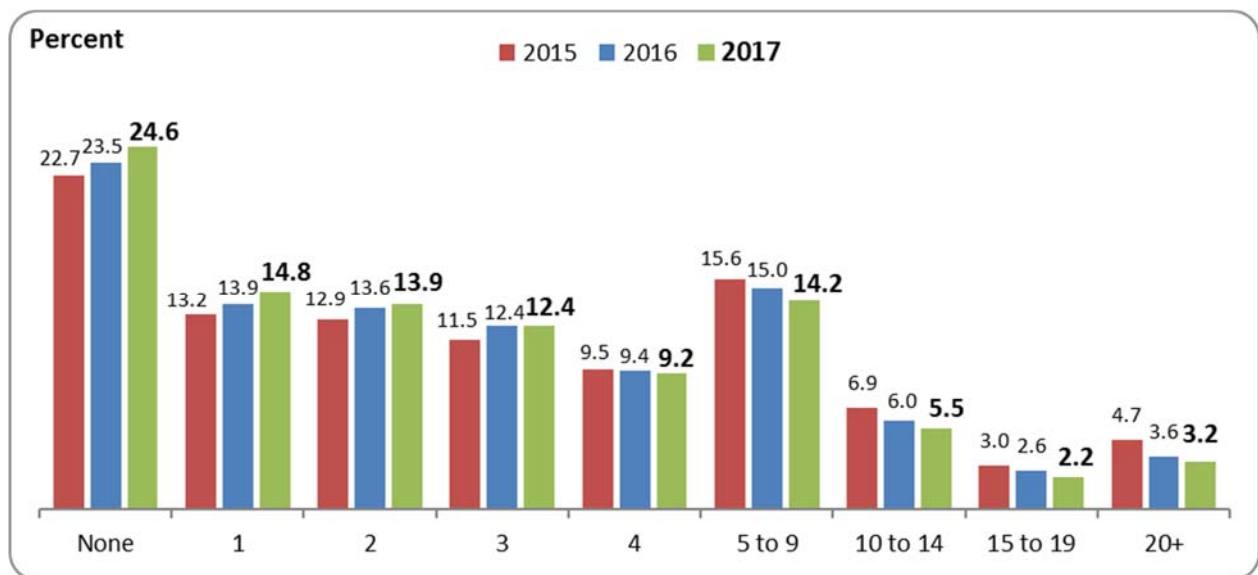
In a study (of Millennium Cohort participants) that examined possible reasons for weight gain after discharge from military service (Littman et al., 2013), researchers found that an increased weight gain at the time of discharge may help to explain reports of high rates of obesity among veterans. They 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 warrior population, injuries that limit physical activity before and after discharge, depression, sleep problems, and stress from emotional problems and the transition to civilian life are likely to be contributing factors to weight gain.

## HEALTH CARE SERVICES

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

*HEALTH CARE VISITS FOR SELF.* Warriors 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. Nearly one-quarter (24.6%) had no visits; about 4 in 10 warriors (41.1%) had one to three visits. About 1 in 10 warriors (10.9%) had 10 or more in the past 3 months (Figure 41).

**Figure 41. 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 warriors (51.7 %) visited any health care professional (such as a doctor, a psychologist, or a counselor) in the past 3 months to get help with issues such as stress or emotional, alcohol, drug, or family problems. Among these warriors, 76.0 percent (similar to 75.7% in 2016) visited a regular medical doctor or primary care physician for those problems. Nearly 6 in 10 warriors (59.1%) who saw their primary care physician about mental health issues visited their doctors one to three times in the past three months. A relatively small percentage of these warriors (3.4%) had 20 or more visits, contributing to a mean number of visits during the past 3 months of 5.0 (median 3.0; range 1 to 100).

*HEALTH CARE VISITS TO MENTAL HEALTH SPECIALISTS.* Warriors who 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 these warriors, 90.6 percent made such a visit. About two-thirds (66.3%) visited a specialist about such issues 1 to 5 times in the past 3 months. The mean number of visits was 5.7 (median 3.0; range 1 to 100).

*MEDICATION USE FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS.* Among warriors who had visited any health care professional in the past 3 months about issues such as stress, emotional, alcohol, drug, or family problems, 77.5 percent had been prescribed medication for a mental health or emotional problem. Most of them (89.5%) took the medications for the duration as prescribed by their doctor.

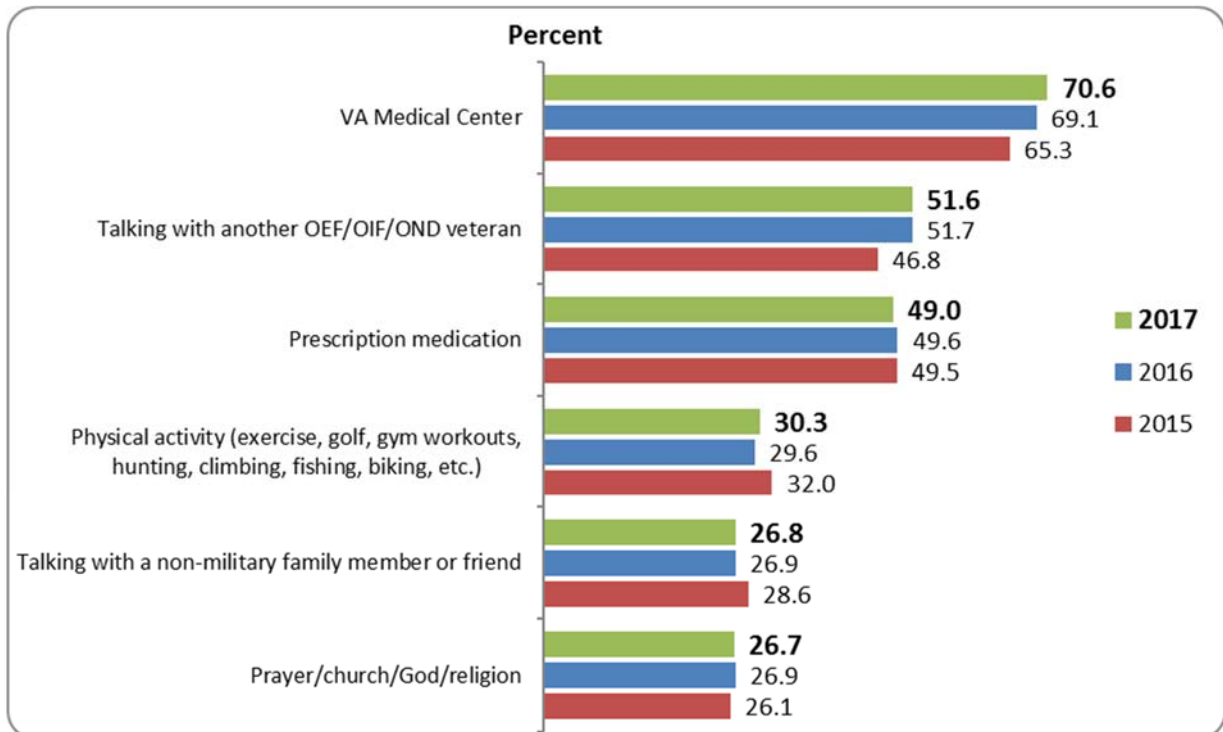
*COUNSELING FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS.* Among warriors who reported visiting any health care professional in the past 3 months, 74.2 percent had received counseling—individual, family, or group—for a mental health or emotional problem. Nearly 6 in 10 warriors (59.3%) had between 1 and 5 visits in the past 3 months. At the other extreme, about 4.9 percent made 20 or more visits during that time. The mean number of visits was 6.6 (median 4.0; range 1 to 100).

*RESOURCES AND TOOLS USED TO HELP COPE WITH FEELINGS OF STRESS OR EMOTIONAL OR MENTAL HEALTH CONCERNS.* Only 4.3 percent of warriors indicated that they have not had any feelings of stress or emotional or mental health concerns since they were deployed. Consequently, resources and tools used to help cope with feelings of stress or emotional or mental health concerns are relevant for the vast majority of warriors. Warriors were presented with a list of 21 resources or tools and asked to mark all that they have used. The three most frequently cited resources or tools used by warriors to deal with feelings of stress or emotional or mental health concerns have remained the same in the survey for the past 3 years (Figure 42).

- Continuing a rising trend, the most common resource used by warriors was the VA Medical Center (70.6%, in 2017 vs. 66.1% in 2016). This was followed by “Talking with another OEF/OIF/OND veteran,” (51.6%) and use of prescription medication (49.0%).

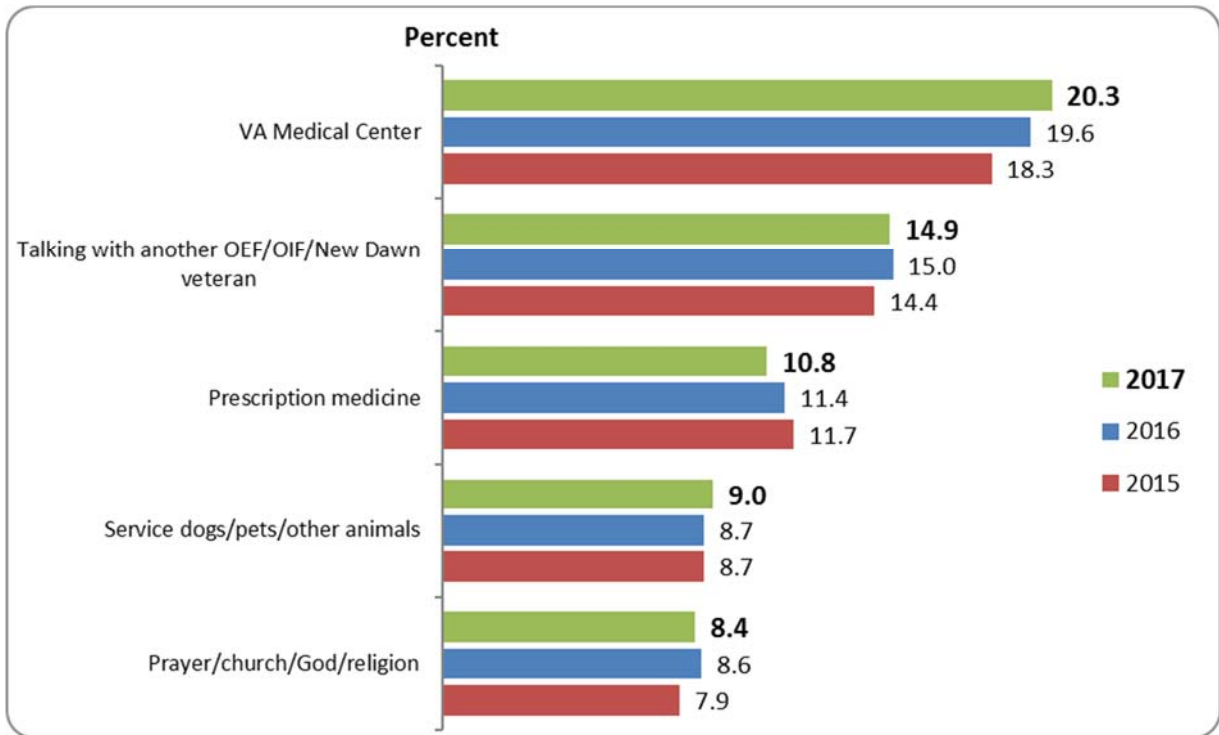
- Other resources and tools beyond the top three that were used by more than one-fourth of warriors since deployment included physical activity (30.3%), talking with a non-military family member or friend (26.8%), and prayer/church/God/religion (26.7%).
- Nearly one-quarter (24.9% in 2017 vs. 23.6% in 2016 vs. 22.7% in 2015) of warrior with concerns said they used the Vet Center (not shown). This continues a modestly rising trend over the three years.

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



Warriors who identified resources they had used were asked which ONE had been the most effective in helping them. Figure 43 displays the percentage of warriors by most effective resource used. The resource that was cited the most frequently by warriors as the most effective in helping them was a VA Medical Center (20.3%). Talking with another OEF/OIF/OND veteran (14.9%) was second. Prescription medicine was third (10.8%), and service dogs/pets/other animals was fourth (9.0%).

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



*DIFFICULTY IN GETTING MENTAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE.* About a third of warriors (34.1%) had difficulty getting mental health care, put off getting such care, or did not get the care they needed during the past 12 months. These warriors were asked about the reasons for their difficulties in getting mental health care.

*REASONS FOR NOT GETTING MENTAL HEALTH CARE.* For the third year in a row, conflicts between personal schedules and hours of operation of VA health care was the most common reason (34.8%) for difficulty getting or for putting off mental health care (Figure 44a). The next two most common reasons were related to personal feelings:

- Uncomfortable with existing resources within DoD or VA – 33.0%
- Felt that treatment might bring up painful or traumatic memories that you wish to avoid – 32.3%

The fourth and fifth most common reasons were logistical:

- Difficulty scheduling appointments – 30.6%
- Inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments or the need to switch providers) – 29.3%

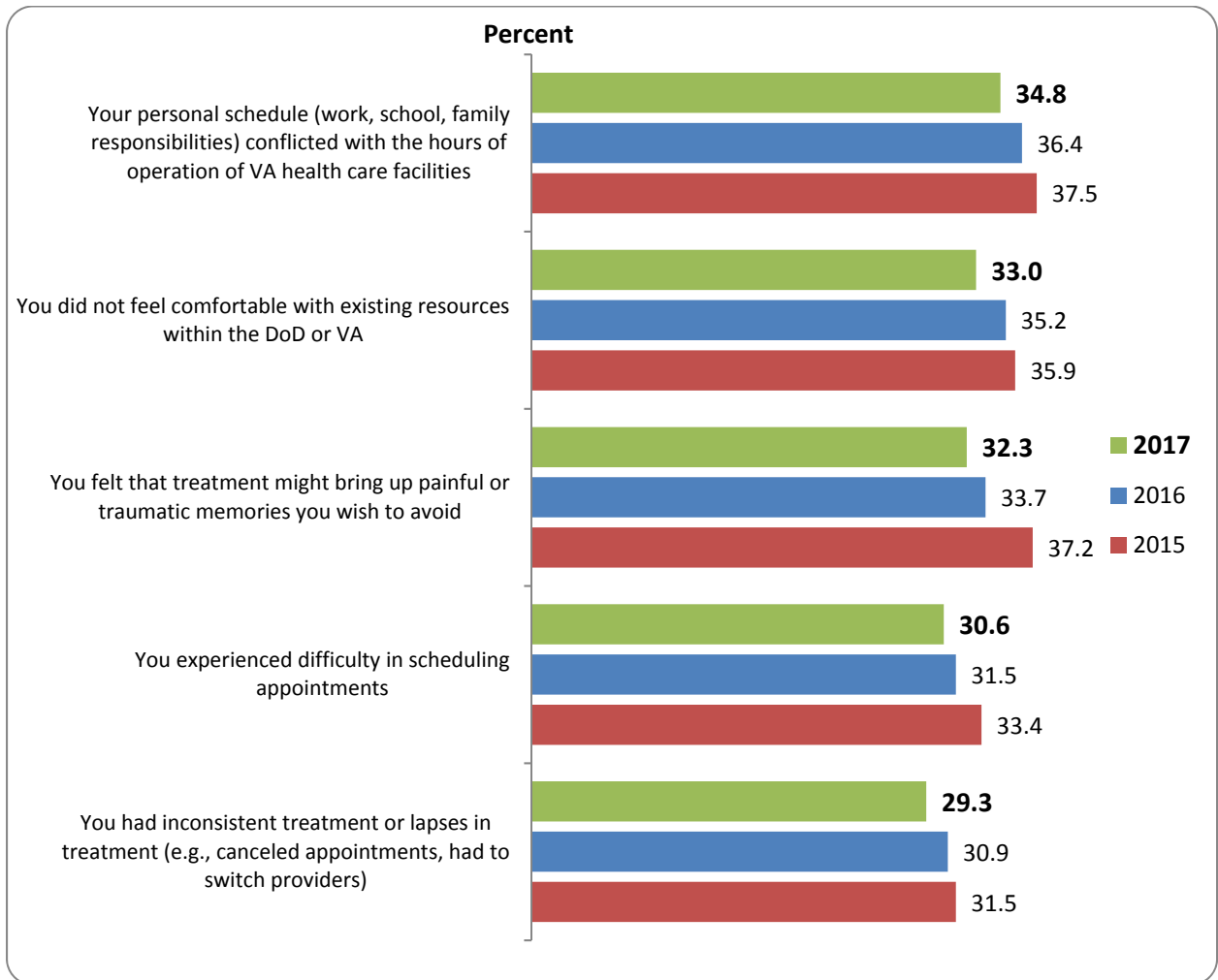
The percentage of warriors citing these reasons has fallen steadily over the past three years.

Adverse effects on career or stigma associated with seeking mental health treatment were considerations for nearly 1 in 5 warriors:

- Concerned future career plans would be jeopardized – 19.6%
- Felt you would be considered weak for seeking mental health treatment – 19.4%
- Felt you would be stigmatized by peers or family for seeking mental health treatment – 17.4%

Nearly one-quarter of warriors (24.7%) cited lack of resources in their geographic area as a barrier to getting care this year.

**Figure 44a. Top 5 Reasons for Difficulties in Getting Mental Health Care for all Warriors**



*WARRIORS EXPERIENCING DIFFICULTIES WHO USE THE VA AS THEIR PRIMARY HEALTH CARE PROVIDER.* When analysis of barriers to seeking mental health treatment is limited to those who use the VA for their primary health care, the top five reasons for difficulties getting mental health care were the same as for the overall WWP population though the order was slightly different (Figure 44b):

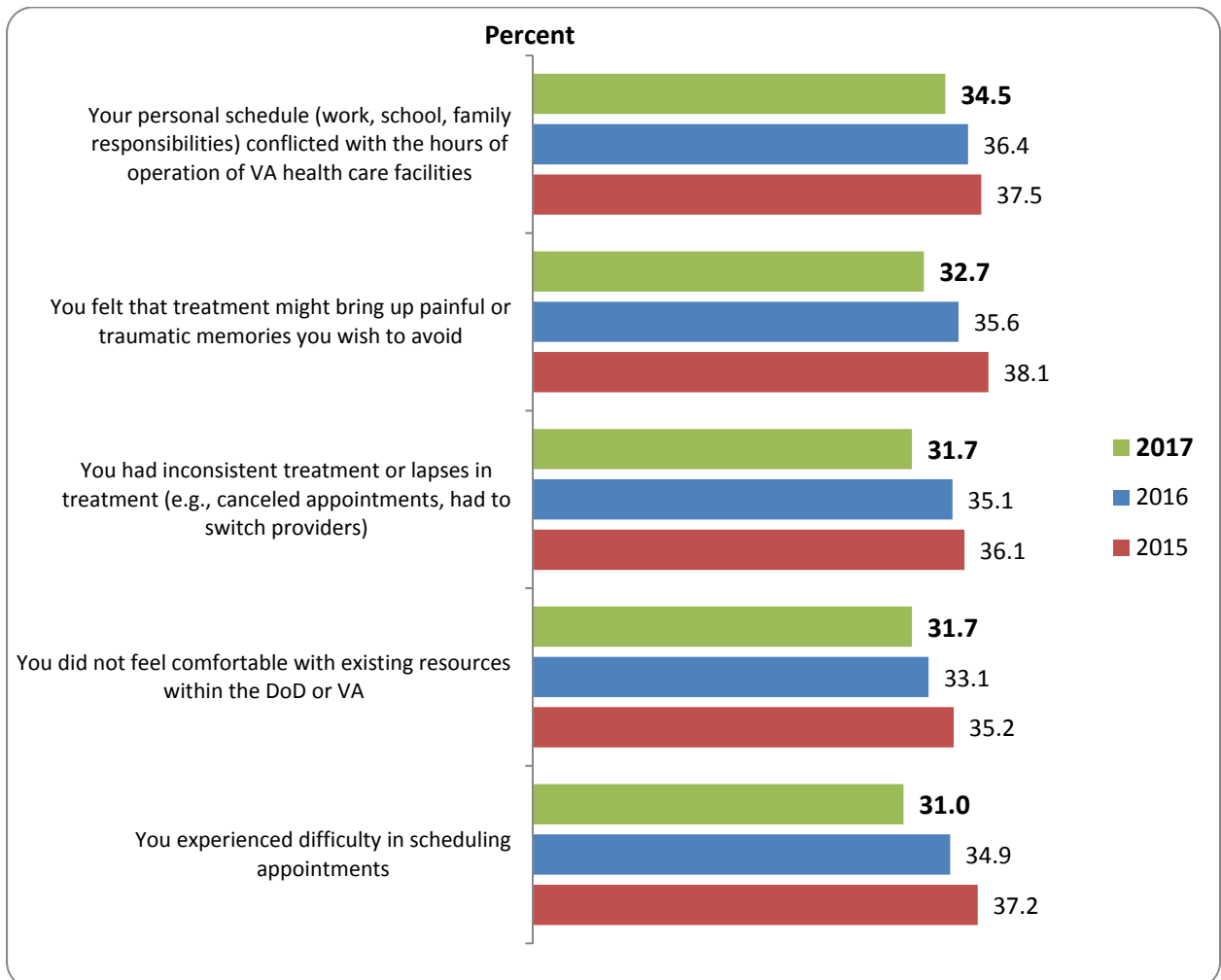
- Personal schedule conflicted with operation of VA health care – 34.5%
- Felt that treatment might bring up painful or traumatic memories that they wanted to avoid – 32.7%
- Uncomfortable with existing resources within DoD or VA – 31.7%
- Inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments or the need to switch providers) – 31.7%%
- Difficulty in scheduling appointments – 31.0%

Stigma was slightly less of an issue for this group of warriors than in the larger population:

- Felt you would be considered weak for seeking mental health treatment – 17.9%
- Concerned that you future career plans would be jeopardized – 16.9%
- Felt you would be stigmatized by peers or family for seeking mental health treatment – 15.7%

Just over one-quarter of warriors who use the VA for their primary health care (26.3%) reported that lack of resources in their geographic area was a barrier to getting care.

**Figure 44b. Top 5 Reasons for Difficulties in Getting Mental Health Care Who Use VA as Primary Health Care Provider**





To address difficulties in getting state-of-the-art care for wounded warriors with PTSD and traumatic brain injury, Wounded Warrior Project announced the launch of the Warrior Care Network in June 2015 and have committed \$100 million to the program. 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, Boston; Operation Mend Program at University of California, Los Angeles; and Road Home Program at Rush University Medical Center, 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.

*DIFFICULTY IN GETTING PHYSICAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE.* About 4 in 10 warriors (42.7%) had difficulty getting health care for physical injuries or problems, put off getting such care, or did not get the care they needed during the past 12 months. These warriors were asked about the reasons for their difficulties in getting physical health care.

*FOR NOT GETTING PHYSICAL HEALTH CARE.* Though there has been a slight downward trend over the three years, the most common reason for difficulties experienced by warriors remained the same:

- Difficulty scheduling appointments – 39.1% (40.3% in 2016 and 42.4% in 2015)

About 3 in 10 warriors chose the next most common reasons:

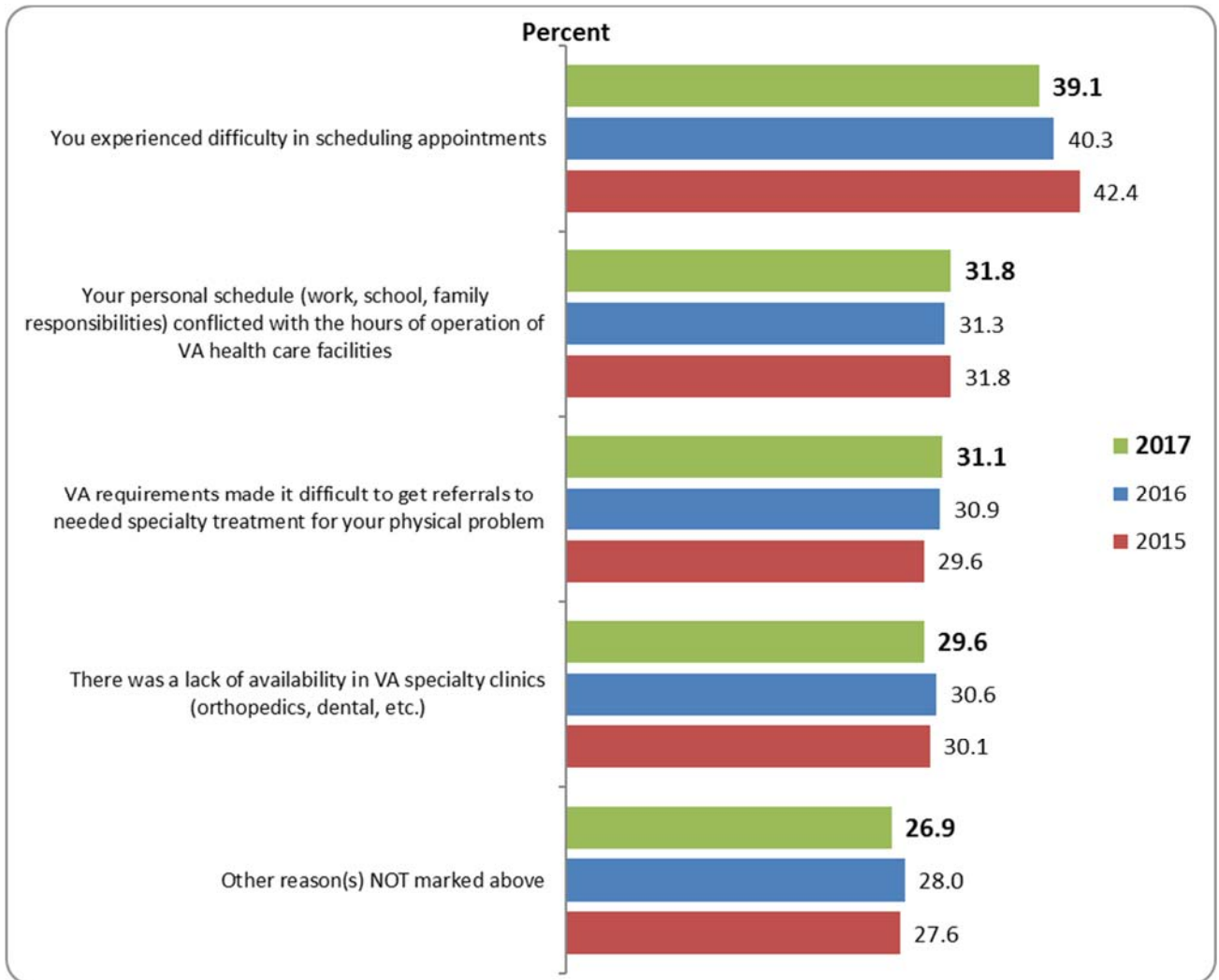
- Personal schedule (work, school, family responsibilities) conflicted with the hours of operation of VA health care facilities – 31.8 %
- VA requirements made it difficult to get referrals to needed specialty treatment for physical problems – 31.1%
- Lack of availability in VA specialty clinics (orthopedics, dental, etc.) – 29.6%

About one-quarter of warriors (26.7%) had inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments or the need to switch providers) (Figure 45a).

Lower percentages of warriors who experienced difficulty in getting physical health care marked the following reasons:

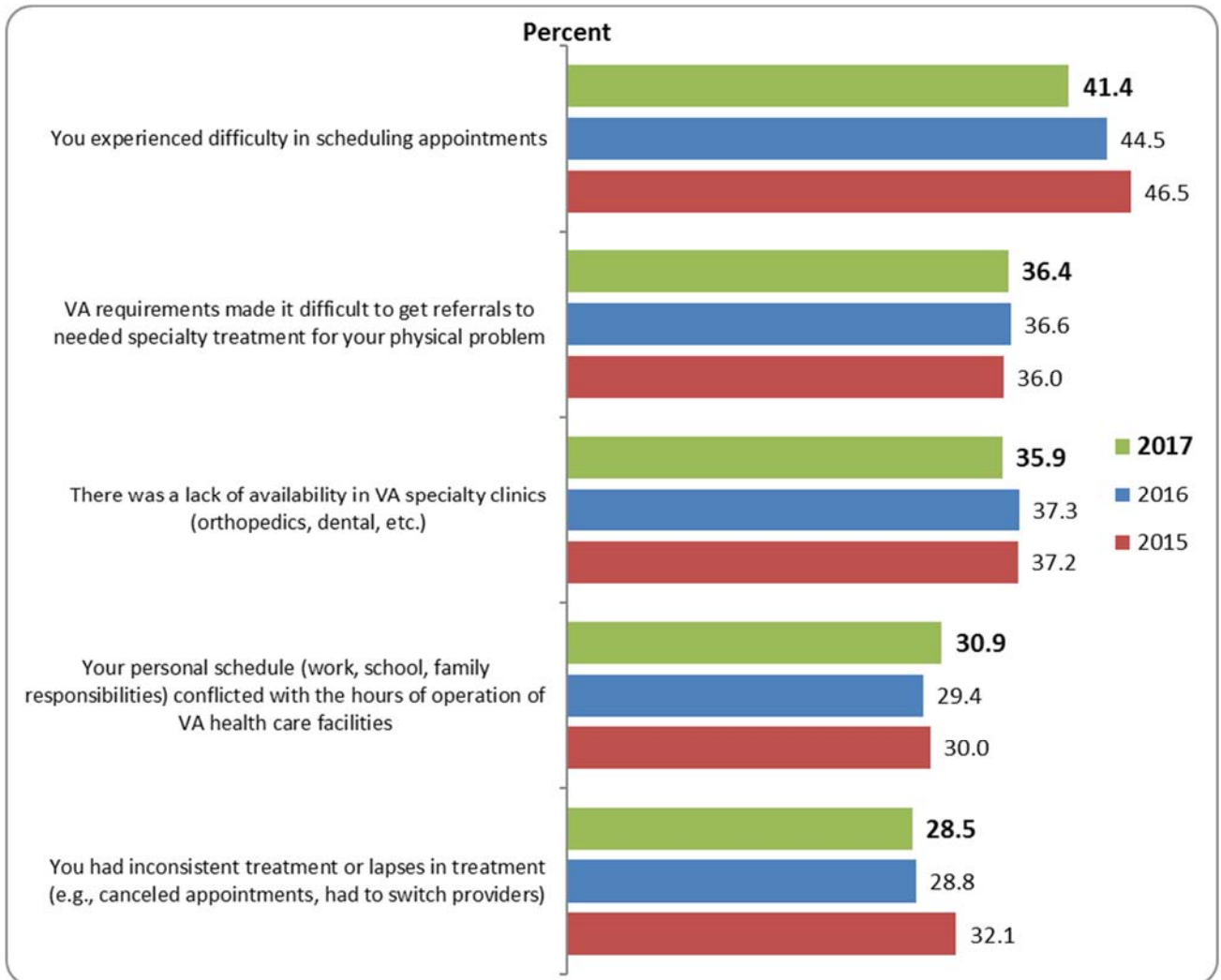
- Uncomfortable with existing resources within the DoD or VA – 21.4%
- Lack of resources in their geographic area – 16.4%
- Could not afford co-pays or other costs not covered by health insurance – 10.8%
- Did not have health insurance to cover needed care – 9.9%
- Felt you might lose your job if you asked for time off to get physical health care – 9.1%

**Figure 45a. Reasons for Difficulties in Getting Physical Health Care for all Warriors**



*WARRIORS EXPERIENCING DIFFICULTIES WHO USE THE VA AS THEIR PRIMARY HEALTH CARE PROVIDER.* When analysis of barriers to seeking physical health care is limited to those who use the VA for their primary health care, four of the top five reasons for difficulties getting physical health care were the same as that among all warriors, though in a different order. One The fifth top reason changed, showing 28.5 percent of warriors who use VA as their primary care provider experienced inconsistent treatment or lapses in treatment (from canceled appointments or the need to switch providers) (Figure 45b).

**Figure 45b. Reasons for Difficulties in Getting Physical Health Care Who Use VA as Primary Health Care Provider**



## SOCIAL SUPPORT

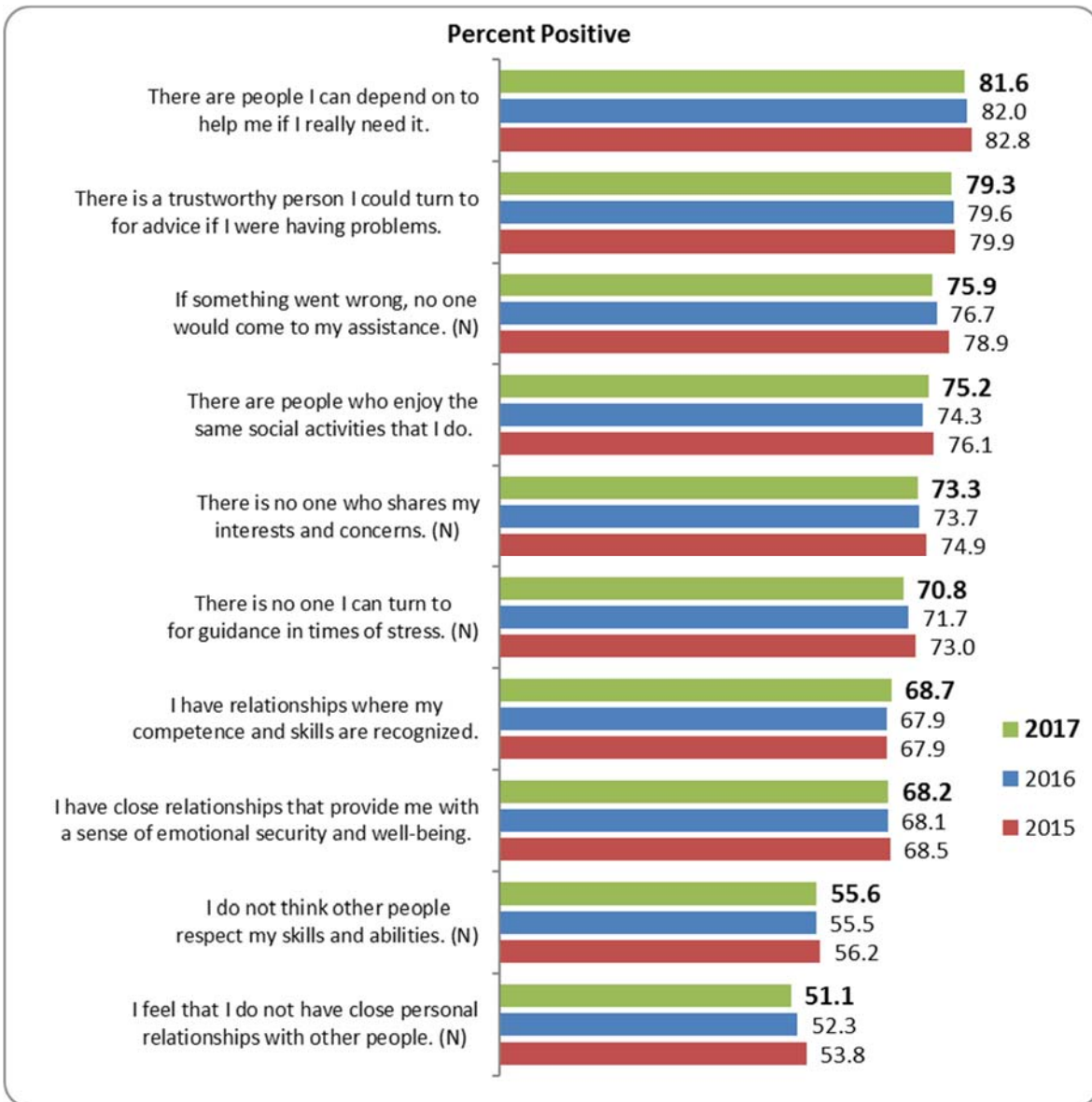
Social support can influence health (Reblin and Uchino, 2008). The WWP Survey incorporated questions designed to measure social support and isolation. For social support, survey respondents were asked to state to what extent they agree or disagree with 10 statements about their current relationships with friends, family members, co-workers, community members, and others. These statements, which reflect support 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 (Cutrona & Russell, 1987).

*RESPONSE FREQUENCIES.* A positive answer to the current relationship statements indicates that the respondent *agreed* or *strongly agreed* with positively worded statements and *disagreed* or *strongly disagreed* with negatively worded statements (N indicates a negatively worded question; Figure 46). At least two-thirds of warriors agreed with each of the five positive

statements (range 68.2 to 81.6%). Between about half and three-quarters of warriors *disagreed* or *strongly disagreed* with the negatively worded statements (range 51.1 to 75.9%). In other words, their feelings were more positive. The negatively worded statements that the smallest percentage of warriors disagreed or strongly disagreed with were:

- “I do not think other people respect my skills and abilities” (55.6% positive.)
- “I feel that I do not have close personal relationships with other people” (51.1% positive).

**Figure 46. 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.

*SOCIAL PROVISIONS SCALE SCORES.* The statements in Figure 46 form the Social Provisions Scale—Short Version. This scale is used to assess the extent to which a respondent’s social relationships provide social support (Cutrona & Russell, 1987). This shortened version of the scale has five subscales that measure different aspects of social support from interpersonal relationships. Mean scores each of the five dimensions range from 2 to 8; the range for the total score is 10 to 40, with higher scores indicating a greater degree of perceived support. The WWP mean survey scores for these five dimensions and the total score are as follows:

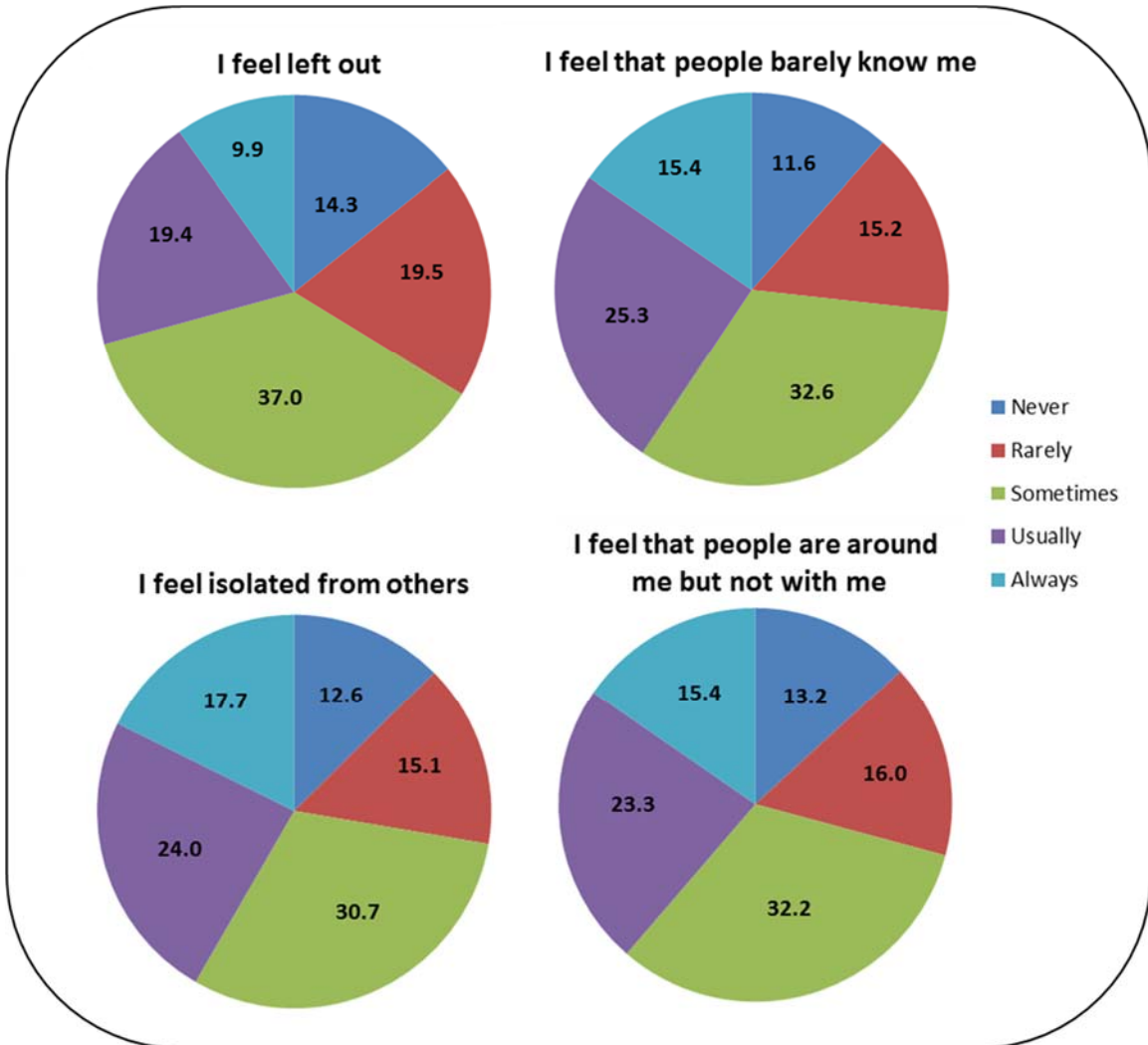
- Guidance (advice or information) – **5.9** (5.9 in 2016 and 5.9 in 2015)
- Reassurance of Worth (recognition of one’s competence, skills, and value by others) – **5.4** (5.4 in 2016 and 5.4 in 2015)
- Social Integration (a sense of belonging to a group that shares similar interests, concerns, and recreational activities) – **5.7** (5.7 in 2016 and 5.8 in 2015)
- Attachment (emotional closeness from which one derives a sense of security) – **5.3** (5.4 in 2016 and 5.4 in 2015)
- Reliable Alliance (assurance that others can be counted on in times of stress) – **6.0** (6.0 in 2016 and 6.1 in 2015)
- **Total Social Provisions Score – 28.3** (28.4 in 2016 and 28.5 in 2015 )

Warriors’ scores for the Social Provisions Scale and its subcomponents have remained essentially the same since the 2011 survey.

Research using this scale has not focused on military and veteran populations, but research has been done on other groups. In comparison to these groups, WWP scores are notably lower, indicating much less perceived social support than many others in society. For example, one study among parents with young children found a mean total score of 34.5 (Hoven, 2012).

*SOCIAL ISOLATION SCALE SCORE.* With more than half of warriors indicating that they do not feel they have close personal relationships or people who respect their skills and abilities, the WWP survey examined social isolation using four new questions. Figure 47 depicts the distribution of responses to the four items. Over 40 percent of warriors (41.7%) *usually* or *always* feel isolated from others. A similar percentage (40.7%) usually or always feel that people barely know them. Nearly 40 percent of warriors (38.7%) *usually* or *always* feel that people are around them but not with them. Just under 30 percent (29.3%) *usually* or *always* feel left out.

**Figure 47. Warriors' Perceptions About Their Social Relationships**



**NOTE:** Numbers may not add to 100 due to rounding.

These four questions in Figure 47 comprise the Social Isolation Scale. Raw scores range from 4 to 20 and are converted to standardized scales scores that range from 34.8 to 74.2. A score of 50 on this scale represents the average of the calibration sample, which was generally less healthy than the U.S. population. Higher scores indicate more social isolation. A ten-point difference between scores represents one standard deviation. The mean Social Isolation Scale score for warriors is 56.4 (median 56.1). There is little variation between the genders: female warriors have a mean score of 57.8 (median 58.1) and male warriors have a mean score of 56.1 (median 56.1). However, there is some variation by injury type. Table 6 presents the mean (average) Social Isolation Scale scores for those who suffered select injuries. Warriors who self-reported mental health conditions including PTSD, anxiety, depression, and other severe mental injuries have markedly higher average Social Isolation Scale scores than those who did not though the differences are not quite one standard deviation.

**Table 6. Mean Social Isolation Scale Score by Injury type.**

Injury Type	Mean Score	
	With injury	Without injury
Amputation	53.6	56.4
Ankle/feet injury	57.1	56.0
Anxiety	58.5	52.0
Back, neck, or shoulder problems	57.0	54.7
Blind or server vision loss	57.3	56.4
Burns	56.2	56.4
Depression	59.1	50.0
Fractured bones	56.5	56.4
Hand injuries	57.4	56.2
Head injuries other than TBI	58.1	56.1
Hearing loss	57.3	55.5
Hip injuries	57.6	56.2
Knee injuries or problems	57.1	55.6
Migraines or severe headaches	58.4	54.5
Nerve injuries	57.7	55.9
Other severe mental injuries	61.8	55.7
Other severe physical injuries	58.0	56.1
PTSD	58.1	50.5
Shrapnel problems	56.2	56.4
Sleep problems	57.8	52.3
Spinal cord injury	57.9	56.1
Tinnitus	57.5	54.9
Traumatic brain injury (TBI)	58.0	55.3

## RESILIENCE AND ATTITUDES

Beginning in 2016, the WWP survey used the 10-item version of the Connor-Davidson Resilience Scale (also known as the CD-RISC 10-Item Resilience Scale) to address current attitudes among warriors. This instrument is widely used to assess resilience—the ability to overcome adversity—among those who have been exposed to extremely stressful situations and may suffer from forms of anxiety including PTSD. The 10-item version of the CD-RISC instrument was developed by Campbell-Sills and Stein as an abbreviated version of the original 25-item instrument. On the 10-item version, the final scale score ranges from 0 to 40 with higher scores indicating greater resilience.

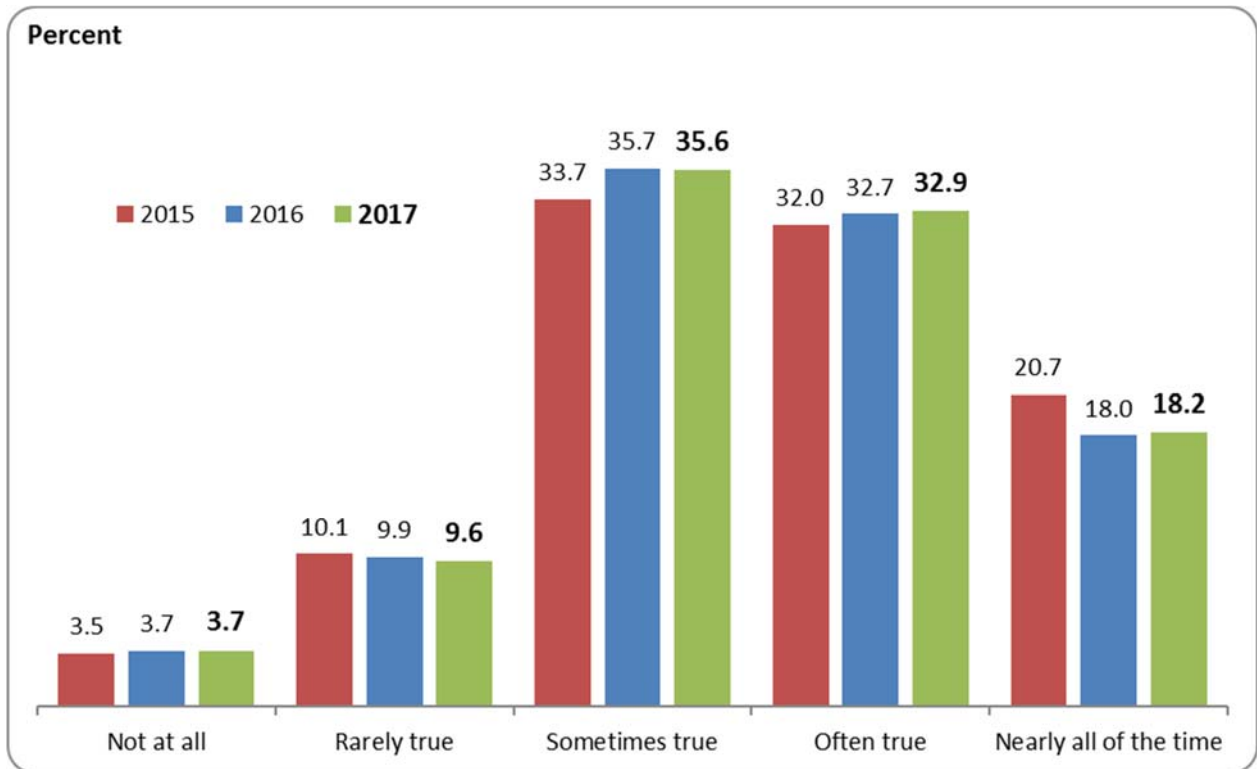
In previous WWP surveys, the 2-item version of the CD-RISC was used, the addition of eight questions is the only difference between the 10-item and 2-item scale. To provide continuity



with previous survey results, findings from the two continuous questions are first reported; then, the total scale score from the 10-item version is presented.

*RESILIENCE.* About half of warriors (51.1%) think it is *often true* or *true nearly all the time* that they are able to adapt when changes occur (Figure 48). A slightly lower percentage (47.3%) 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 warriors who think those statements are *rarely true* or *not at all true* are relatively low (under 16%).

**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?)**

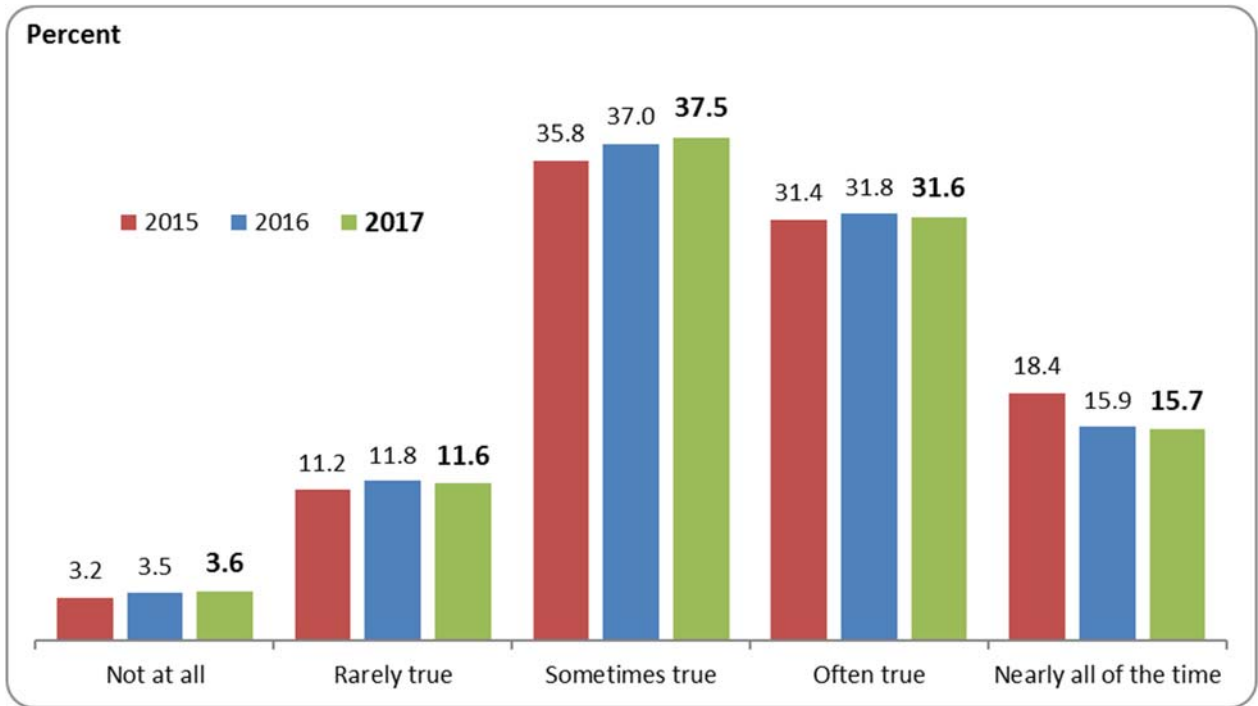


Table 7 presents responses to all of the 10 questions used this year and last (2016) to explore current attitudes among warriors. About 1 in 5 warriors (20.5%) indicated, “I think of myself as a strong person” *nearly all of the time*. Similar percentages indicated that they try to see the humorous side of problem (19.5%) or are able to adapt when changes occur (18.2%) *nearly all of the time*. Each statement was *sometimes true*, *often true*, or *true nearly all of the time* for at least 3 in 4 warriors.

**Table 7. Percentage of Warriors By Responses to Questions About Current Attitudes, 2016**

	Not at all true	Rarely true	Sometimes true	Often true	True nearly all of the time
I am able to adapt when changes occur.					
2017	3.7	9.6	35.6	32.9	18.2
2016	3.7	9.9	35.7	32.7	18.0
I tend to bounce back after illness, injury, or hardships.					
2017	3.6	11.6	37.5	31.6	15.7
2016	3.5	11.8	37.0	31.8	15.9
I can deal with whatever comes my way.					
2017	3.8	9.5	38.1	31.6	17.0
2016	3.9	10.7	37.7	30.4	17.4
I try to see the humorous side of problems.					
2017	5.6	12.6	32.6	29.7	19.5
2016	5.8	13.5	33.4	28.6	18.7
I feel that coping with stress can strengthen me.					
2017	6.5	14.1	38.3	26.9	14.2
2016	6.9	14.8	37.8	26.3	14.1
I can achieve goals despite obstacles.					
2017	3.2	10.1	39.9	31.3	15.6
2016	3.2	10.5	39.3	31.3	15.7
I can stay focused under pressure.					
2017	5.9	12.9	34.1	29.9	17.2
2016	6.2	13.5	33.3	29.7	17.4
I am not easily discouraged by failure.					
2017	7.0	17.4	36.4	25.6	13.6
2016	6.9	17.8	35.5	26.0	13.8
I think of myself as a strong person.					
2017	4.6	10.9	33.4	30.6	20.5
2016	4.4	11.1	33.0	30.7	20.8
I can handle unpleasant feelings.					
2017	5.6	13.4	37.5	27.5	16.0
2016	5.8	13.8	36.8	27.0	16.5

**NOTE:** Numbers may not add to 100 due to rounding.

The mean CD-RISC 10-Item Resilience Scale score for WWP warriors is **24.0**. This is much lower than mean scores found for the general U.S. population: 31.8 (Campbell-Sills et al., 2009). The WWP warrior mean score is also notably lower than the mean score found in a study of combat veteran couples, 31 (Melvin et al., 2012). The National Post-Deployment Adjustment Study, a study among U.S. Iraq and Afghanistan Era Veterans, also found higher resilience, with a mean score of 30.5 (Green et al, 2014) The WWP mean score is similar to the mean score for undergraduate college students with psychiatric disorders, 19.6 (Hartley, 2012).

Lower CD-RISC Resilience Scale scores are often found for those with PTSD. Warriors who screened positive on the self-reported Primary Care PTSD score in the 2017 WWP Warrior Survey had a mean Resilience Scale score of 22.1 while those who did not test positive for PTSD had a mean score of 29.0.

*ATTITUDES TOWARD LIFE.* Warriors were asked to assess the extent to which 13 statements are true in describing their attitudes toward life. 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 and ability in coping with daily stress.

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. The WWP survey instructs warriors 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.

Items with the lowest positive responses are:

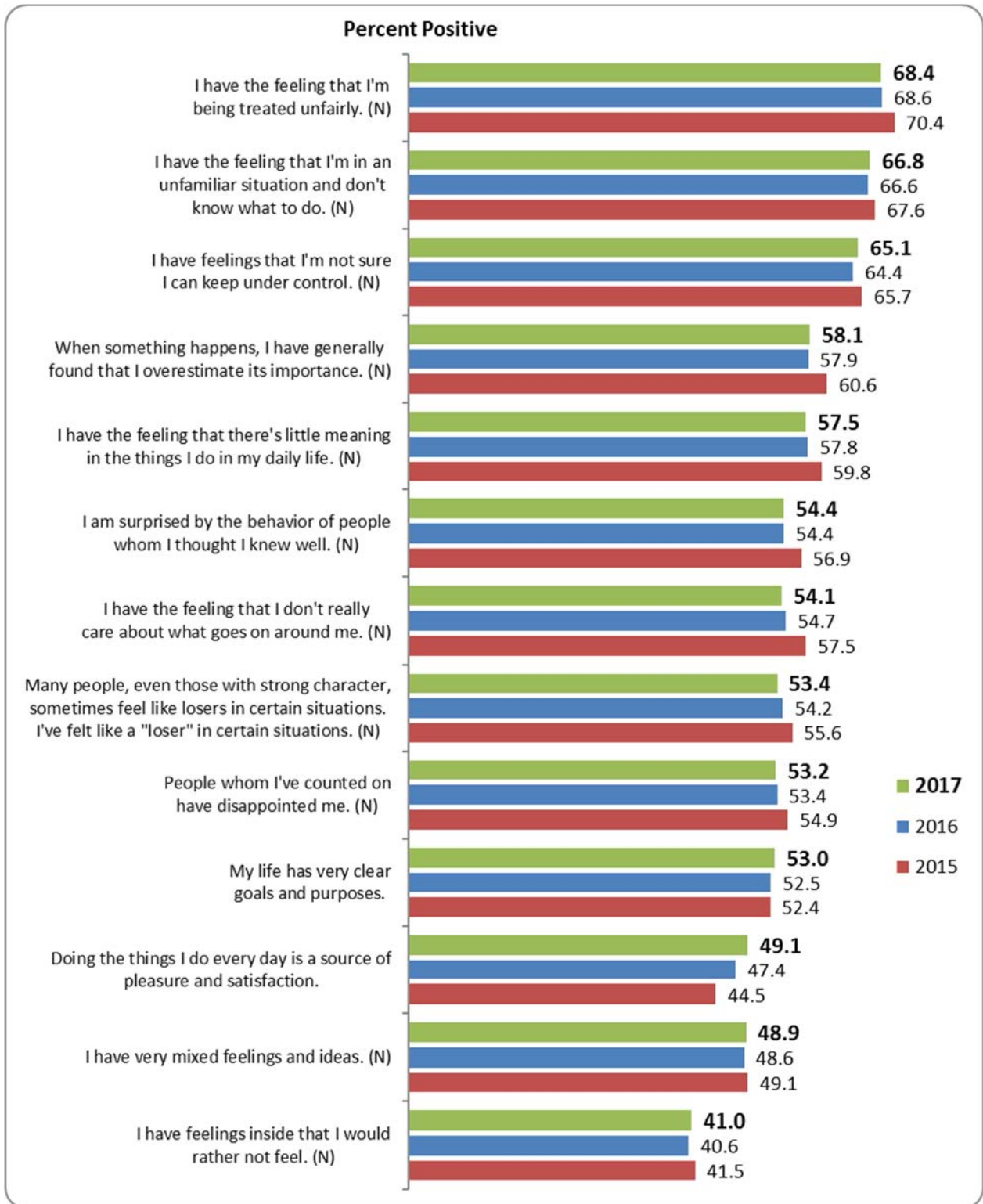
- “I have feelings inside that I would rather not feel.” (41.0% *Rarely true* or *Occasionally true*)
- “I have very mixed feelings and ideas.” (48.9% *Often true, Usually true, or Almost always true*)

Scale scores for warriors 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 score = 20), Manageability (maximum score = 20), and Comprehensibility (maximum score = 25). Those with high OLQ Scale scores are better able to deal with stressful situations in life (Antonovsky and Sagy, 1986; Flannery and Flannery, 1990). 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 warriors follow:

- Meaningfulness – **12.3** (12.3 in 2016 and 12.3 in 2015)
- Manageability – **14.4** (14.5 in 2016 and 14.4 in 2015)
- Comprehensibility – **17.2** (17.2 in 2016 and 17.2 in 2015)
- Overall OLQ Scale – **43.9** (43.8 in 2016 and 44.0 in 2015)

**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

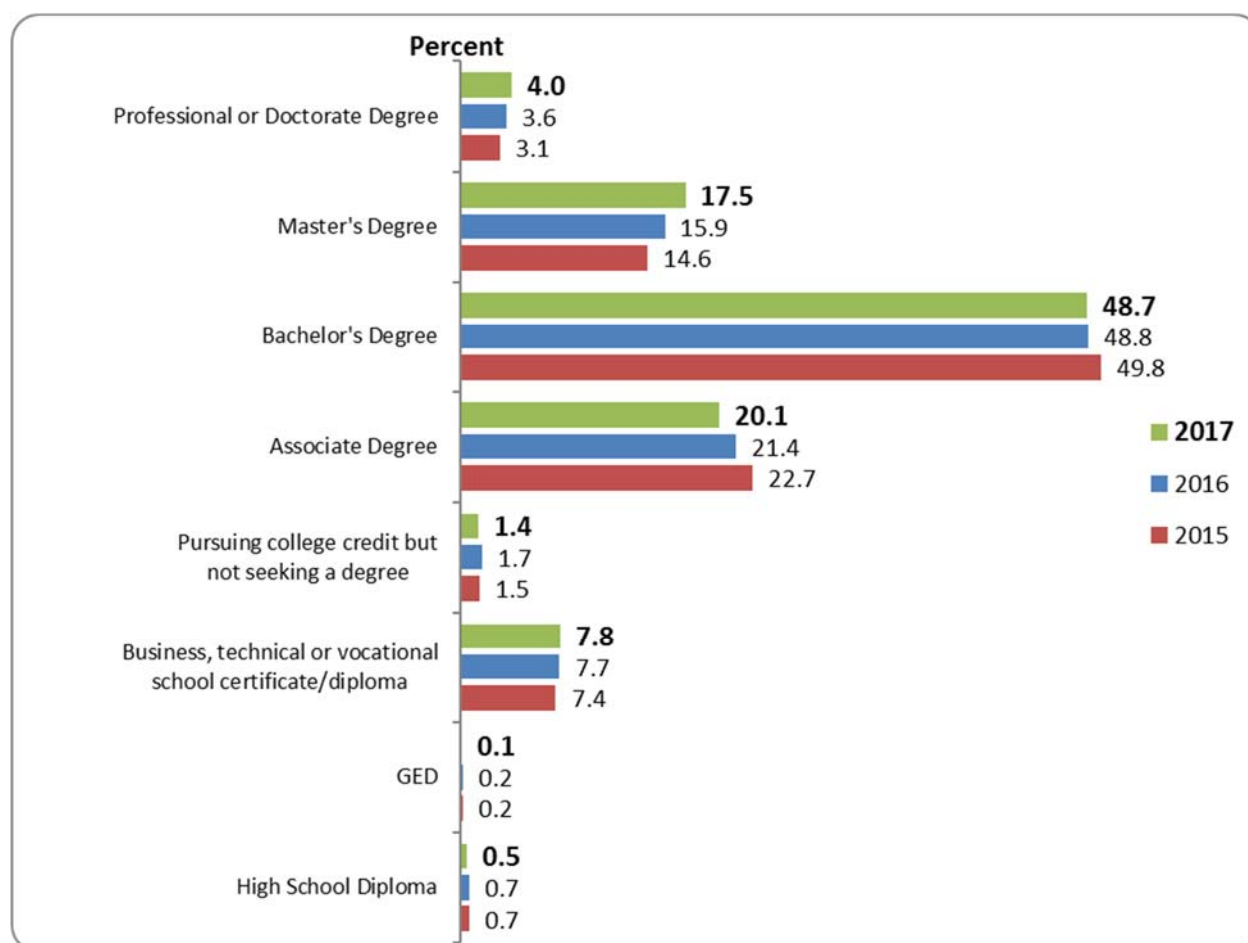
WWP is dedicated to promoting the economic empowerment of wounded warriors. The WWP survey includes questions to measure the economic and financial status of WWP warriors.

### EDUCATION

*CURRENT SCHOOL ENROLLMENT.* As noted earlier in this report, 66.8% of WWP warriors have less than a bachelor's degree (69.8% in 2016). But about a quarter of warriors—26.4 percent—are now enrolled in school and pursuing the following (Figure 51):

- A bachelor's degree or higher – 70.1%
- An associate degree – 20.1%
- Business, technical, or vocational school training leading to a certificate or diploma – 7.8%

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

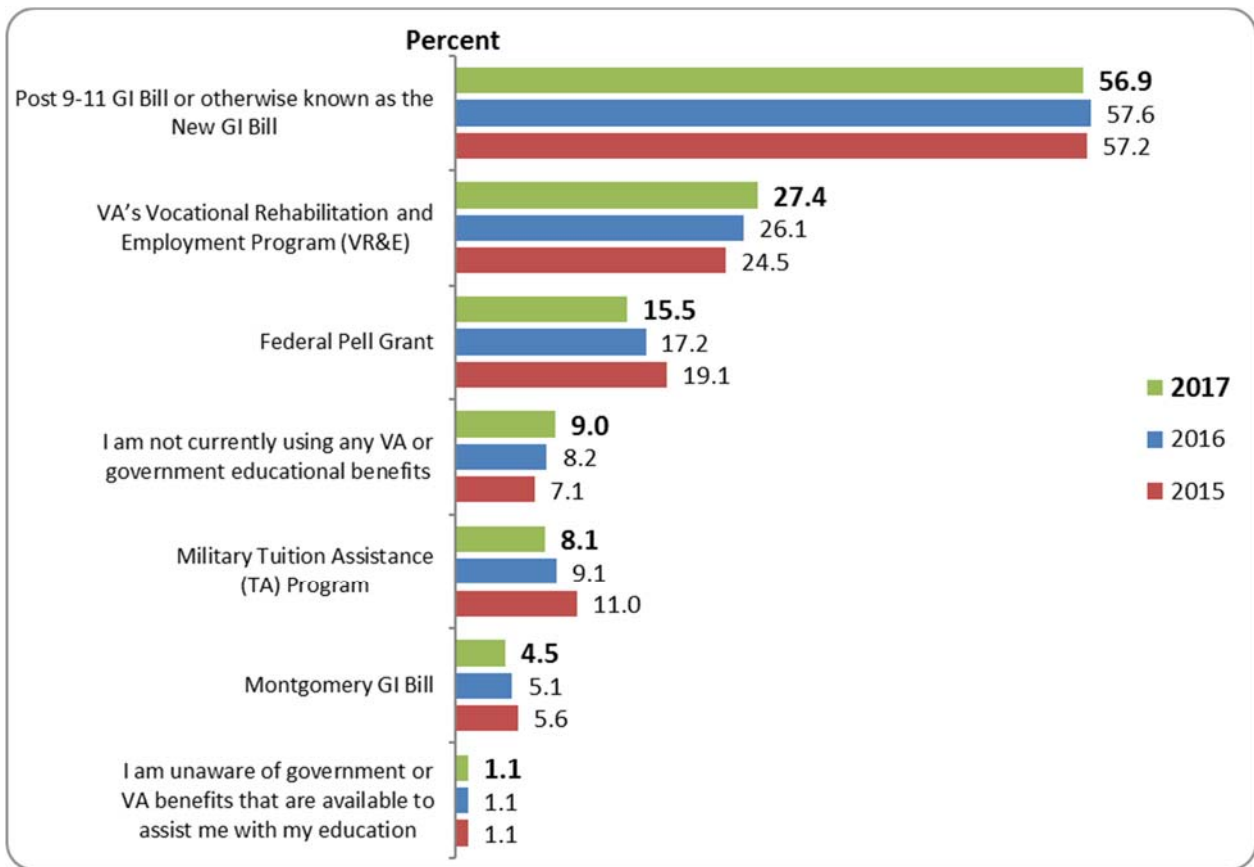


**NOTE:** Numbers may not add to 100 due to rounding.

Warriors currently pursuing more education are using various government benefits and programs to advance their education as shown in Figure 52:

- Post-9/11 GI Bill – 56.9%
- VA’s Vocational Rehabilitation and Employment Program (VR&E) – 27.4%
  - Of the warriors enrolled in the VR&E program, 56.9 percent are using “Employment Through Long Term Services – Training/Education” (53.5% in 2016 and 57.6% in 2015).

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



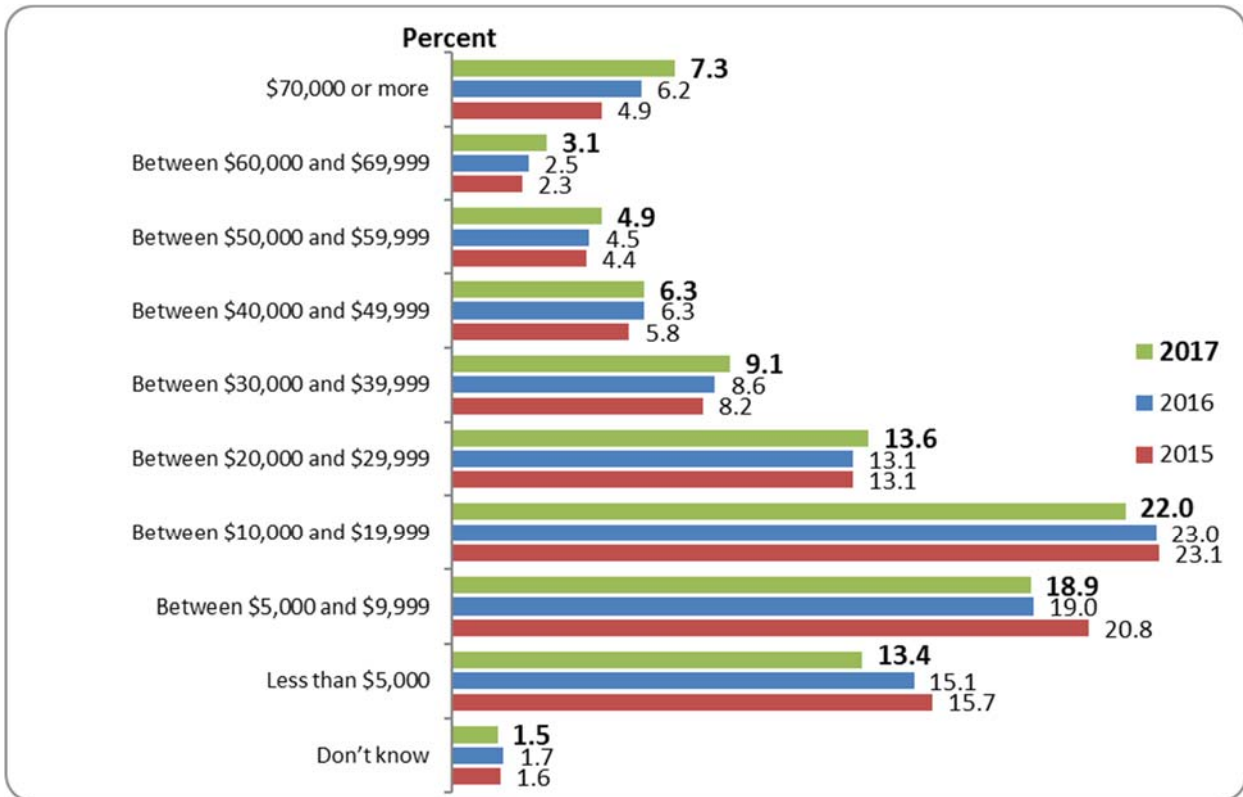
**NOTE:** Percentages do not sum to 100 because respondents could check more than one benefit.

*WARRIOR STUDENT LOAN DEBT.* Twenty-nine percent of warriors currently have unpaid student loans. Among that group (Figure 53):

- 13.4 percent owe less than \$5,000
- 54.5 percent owe between \$5,000 and \$29,999
- 30.6 percent owe \$30,000 or more (increasing steadily from 28.2% in 2016 and 25.7% in 2015)

Warriors are accruing more student loan debt, but their education levels are also increasing.

**Figure 53. Warrior Student Loan Debt**



**NOTE:** Numbers may not add to 100 due to rounding.

## 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 warrior 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 2017 WWP survey population. The BLS findings (U.S. Bureau of Labor Statistics, March 2017) draw from 2016 annual averages for the monthly Current Population Survey and from the 2016 August special supplement on veterans:

### 2016 Annual Averages

- The unemployment rate for Gulf War-era II veterans was 5.1 (compared with the 2015 rate of 5.8 percent).

### August 2016 Special Supplement on Veterans

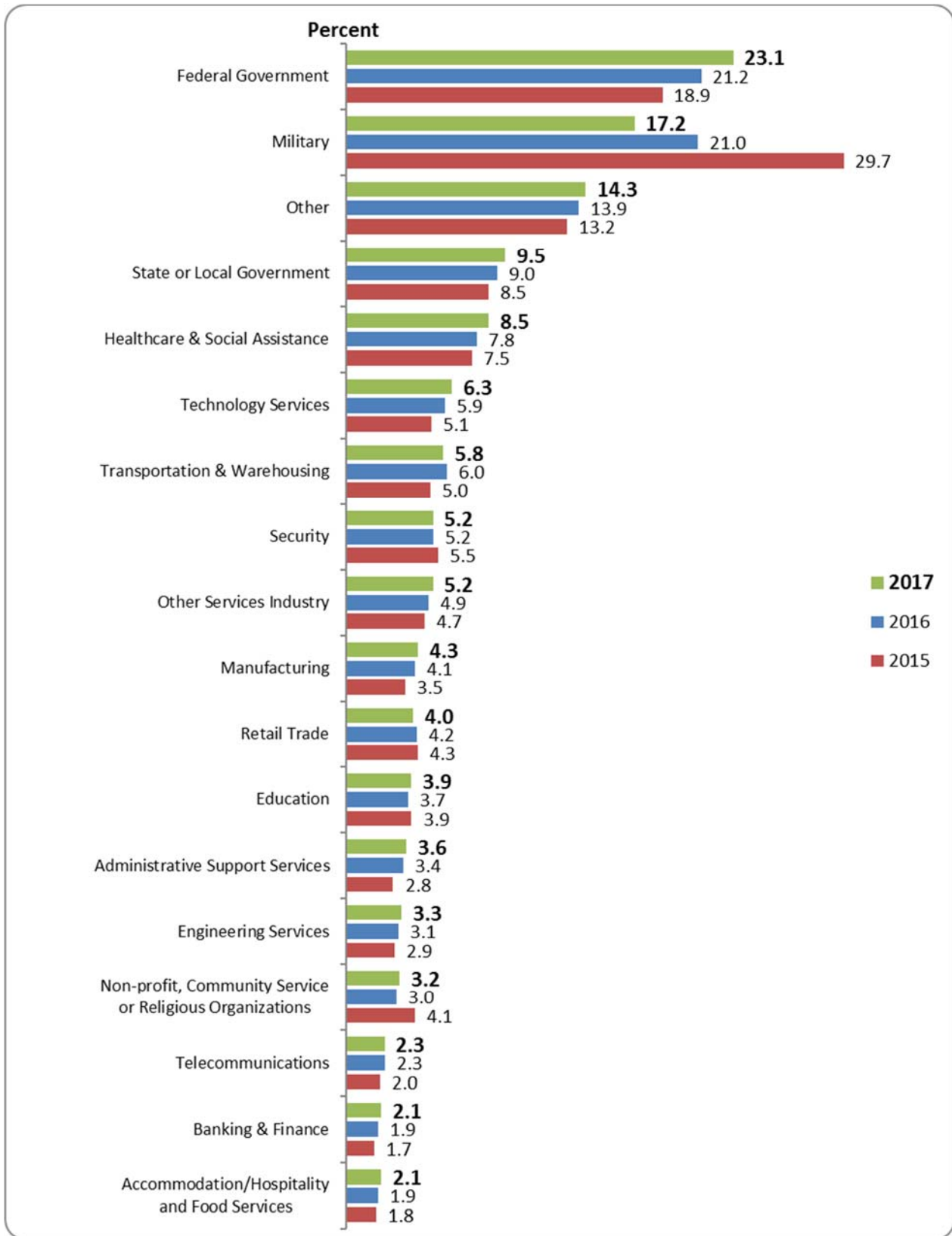
- In August 2016, approximately 48 percent of Gulf War-era II veterans reported they had served in Iraq, Afghanistan, or both. These veterans had an unemployment rate of 4.8 percent in August 2016 (similar to the rate for Gulf War-era II veterans serving elsewhere—6.0%).
- Among Gulf War-era II veterans in August 2016, those who were current or past members of the National Guard or Reserve had a lower unemployment rate (4.0%) than veterans who had never been members (5.6%).
- About 36 percent of Gulf War-era II veterans reported having a service-connected disability in August 2016. Their unemployment rate was 5.4 percent, which was similar to Gulf War-era II veterans with no disability (5.7%).

*UNEMPLOYED.* As noted earlier in this report, 11.7 percent of WWP warriors are unemployed. About three in five unemployed warriors (59.7%) looked for a job for 16 weeks or less. More than a fourth of unemployed warriors (26.9%) meet the Bureau of Labor Statistics definition of long-term unemployed (persons who were jobless for 27 weeks or longer), compared with 24.0 percent of unemployed civilians (U.S. Bureau of Labor Statistics, May 2017).

*EMPLOYED AND SELF-EMPLOYED.* Among the 55.0 percent of warriors working either full time or part time, 6.2 percent are self-employed. Among all warriors, about 41 percent have a desire to own their own business. Figure 54 shows the distribution of employed warriors by industry. As one might expect, the most common "industries" where warriors are employed are the federal government (23.1%) and the Military (17.2%, down from 21.0%; in 2016). Approximately one-third work in the public sector (federal, state, and local government).



**Figure 54. Industries in Which Warriors Work**



NOTE: Percentages do not sum to 100 because respondents could check more than one industry.

**BLS, Current Population Survey (Annual Averages 2016; August 2016)**

**Gulf War era II veterans:** Served since September 2001

- Much more likely than nonveterans to work in the public sector:
  - 28.2 percent vs. 13.3 percent of nonveterans
- Employed veterans much more likely than employed nonveterans to work for the federal government:
  - 15.7 percent vs. 2.0 percent of nonveterans

**Gulf War era II veterans with a service-connected disability (August 2016):**

- 32.7 percent worked in federal, state, or local government, compared with 24.8 percent of veterans without service-connected disabilities
- 20.8 percent worked for the federal government, compared with 9.9 percent of veterans without service-connected disabilities

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

The 2017 WWP survey results on weeks worked in the past 12 months and weekly hours are similar to the 2016 results (Table 8):

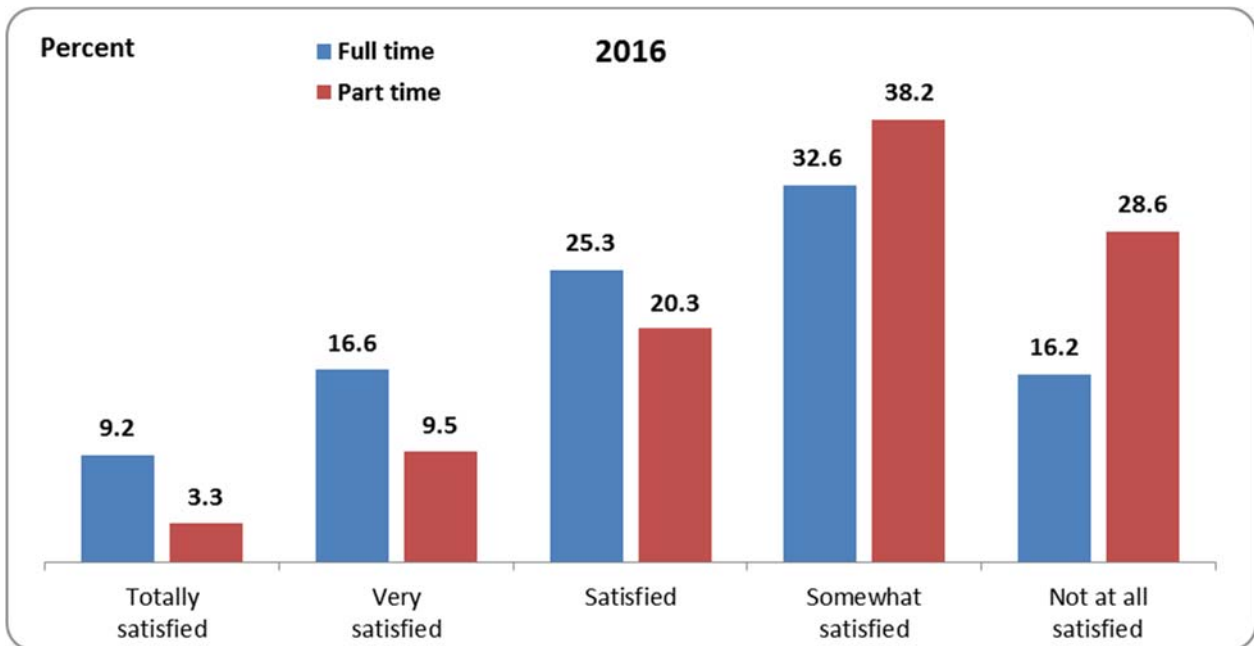
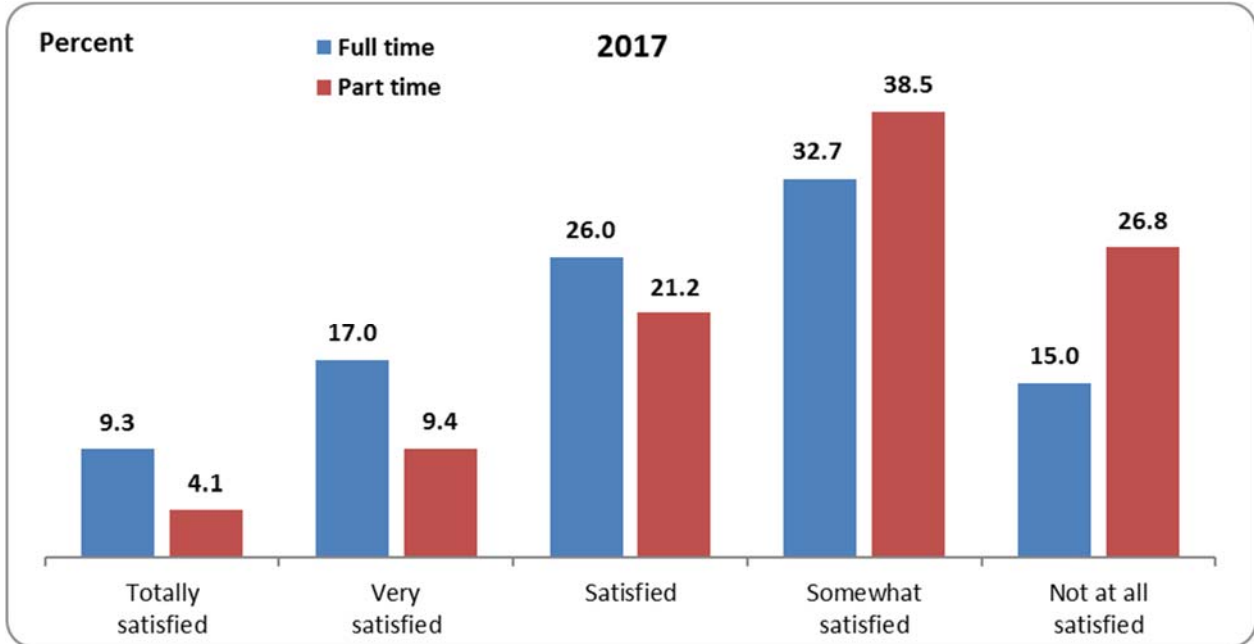
- 47.5 percent are employed full time, and 7.6 percent are employed part time.
- Full time employees continue to earn a weekly wage of \$800 and part-time employees continue to earn a weekly wage of \$200.
- Both full- and part-time employees, respectively, reported a similar number of hours worked each week for 2016 and 2017.
- As seen in 2016, part-time employees worked 15 fewer weeks, on average, in the past 12 months than the full-time employees did (29 vs. 44 weeks).

**Table 8. Summary Employment Information, by Full-Time and Part-Time Work Status**

	Mean	Median
<b>Employed full time</b>		
During the past 12 months, how many weeks did you work?		
2017	44 weeks	
2016	44 weeks	
2015	43 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2017	42 hr/wk	
2016	42 hr/wk	
2015	42 hr/wk	
How much is your current weekly wage?		
2017		\$800/wk
2016		\$800/wk
2015		\$760/wk
<b>Employed part time</b>		
During the past 12 months, how many weeks did you work?		
2017	29 weeks	
2016	29 weeks	
2015	29 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2017	25 hr/wk	
2016	24 hr/wk	
2015	25 hr/wk	
How much is your current weekly wage?		
2017		\$200/wk
2016		\$200/wk
2015		\$200/wk

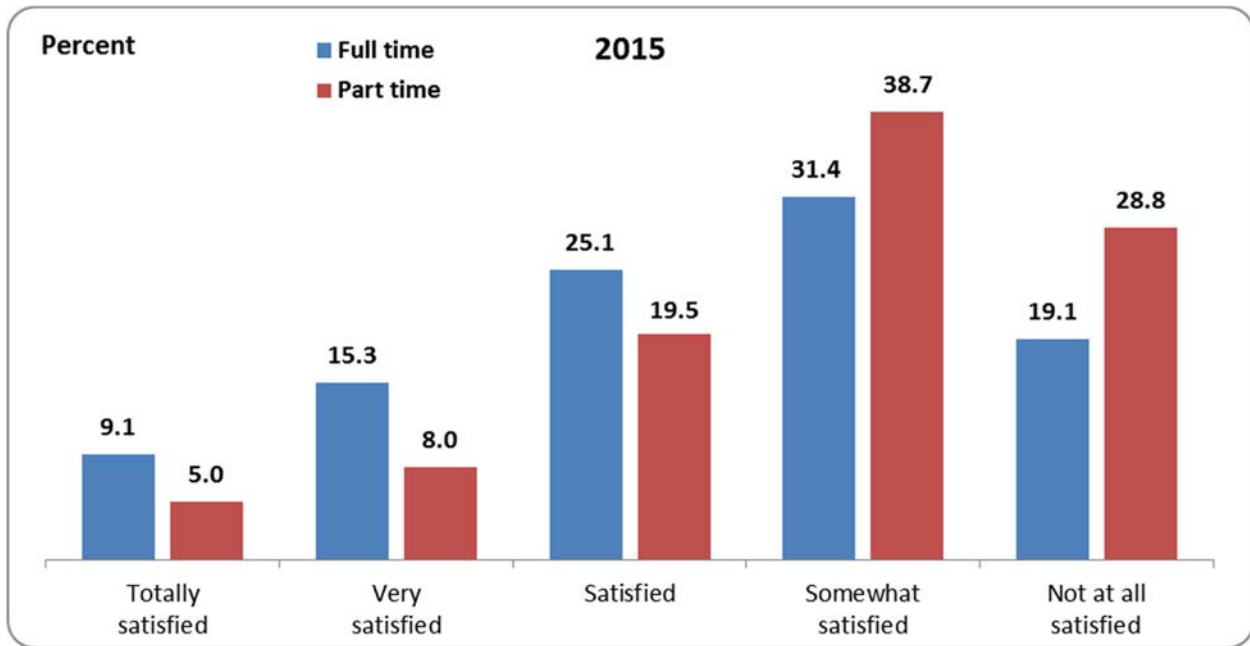
Satisfaction with employment is higher among full-time workers than part-time workers. About half of full-time employed warriors (52.3%) are *satisfied*, *very satisfied*, or *totally satisfied* with their employment, compared with 34.7 percent of part-time employed warriors (Figure 55).

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



**NOTE:** Numbers may not add to 100 due to rounding.

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



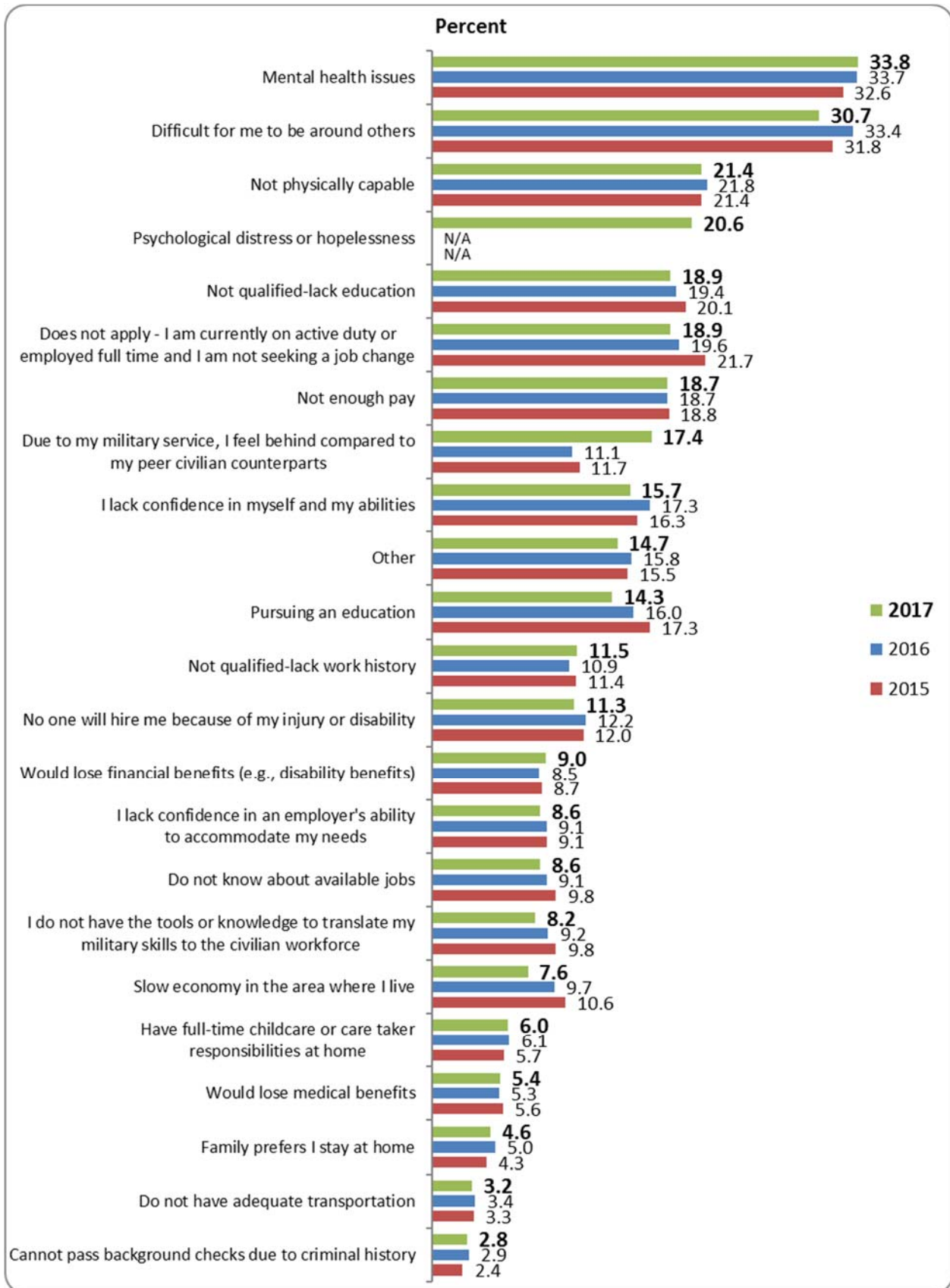
**NOTE:** Numbers may not add to 100 due to rounding.

Satisfaction with employment is also higher among workers whose employers have an affinity group for veterans or a veteran mentorship program. Of the 22.1 percent of warriors who work somewhere with such a group or program, about 15 percent are totally satisfied with their employment compared with 6.2 percent of warriors working without an affinity group or mentorship program.

*ALL WARRIORS.* All warriors were asked which of a list of factors make it more difficult for them to obtain employment or change jobs. Just over 80 percent (81.1%) of all warriors selected at least one factor. Top findings include the following:

- For about a third of warriors, “mental health issues” (33.8%) and “difficult for me to be around others” (30.7%, down from 33.4% in 2016; Figure 56) were each factors making it difficult to obtain or change jobs.
- For about 19 to 22 percent of warriors in 2017, the following factors contributed to difficulties in getting or changing jobs: “not physically capable,” “not qualified—lack education,” “not enough pay,” and “psychological distress or hopelessness.”

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



### TOP TWO FACTORS MAKING IT DIFFICULT TO OBTAIN JOBS OR CHANGE JOBS, BY LABOR FORCE STATUS

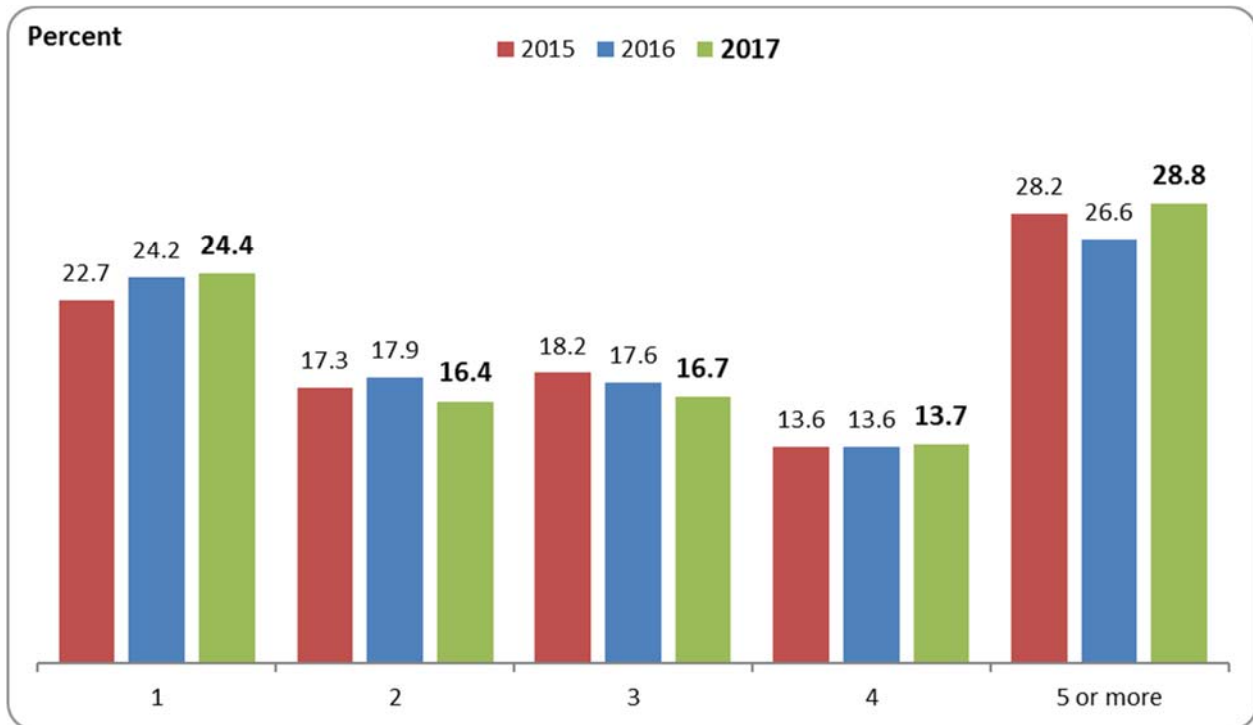
The findings on difficulties in obtaining or changing jobs varied by labor force status. The top two factors for all labor force groups remained the same as 2016:

- Employed full time: “not enough pay” (22.3%) and “not qualified-lack education” (19.5%)
- Employed part time: “mental health issues” (31.4%) and “difficult for me to be around others” (28.4%)
- Unemployed: “mental health issues” (36.2%) and “difficult for me to be around others” (33.5%)
- Not in the labor force: “mental health issues” (61.2%) and “difficult for me to be around others” (53.3%; 56.6% in 2016)

With the exception of full time employed warriors, problems surrounding emotional health continue to make it difficult for them to obtain or change jobs.

Among warriors who reported at least one factor, the mean number of factors causing difficulty in obtaining or changing jobs was 3.6. Of those warriors who reported at least one factor, just over 4 in 10 warriors (42.5%) checked four or more factors that make it difficult to obtain employment or change jobs (Figure 57).

**Figure 57. Percentage of Warriors by Number of Factors Selected**



## INCOME

As in the earlier WWP annual surveys, warriors 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 reserve pay, and rent from roomers or boarders; and (2) income received in the past 12 months from various benefit, cash assistance, and disability programs.

*INCOME FROM WORK.* Warriors reported the following amounts of earned income from work in the past 12 months in Table 9.

**Table 9. Income Amounts for All Warriors and Warriors Working Full-time and Part-time**

Income in the Past 12 Months	All Warriors	Working Full-time	Working Part-time
Less than \$10,000	37.3%*	4.6%	37.4%
\$10,000 to \$24,999	10.7%	9.4%	34.8%
\$25,000 to \$39,999	13.5%	20.5%	13.8%
\$40,000 to \$59,999	16.0%	28.2%	5.4%
\$60,000 or higher	17.3%	32.8%	3.4%
Don't know	5.2%	4.4%	5.3%

**NOTE:** Numbers may not add to 100 due to rounding. \*Includes 29.8% of warriors with no income.

Income continues to grow steadily for both full-time and part-time workers.

Among warriors employed full time who reported their income for the past 12 months, less than half (42.3%, declining steadily from 48.8% in 2015) earned below \$45,000.

Among warriors employed part-time, just over half earned below \$15,000 (51.9% in 2017, declining steadily from 56.2% in 2015).

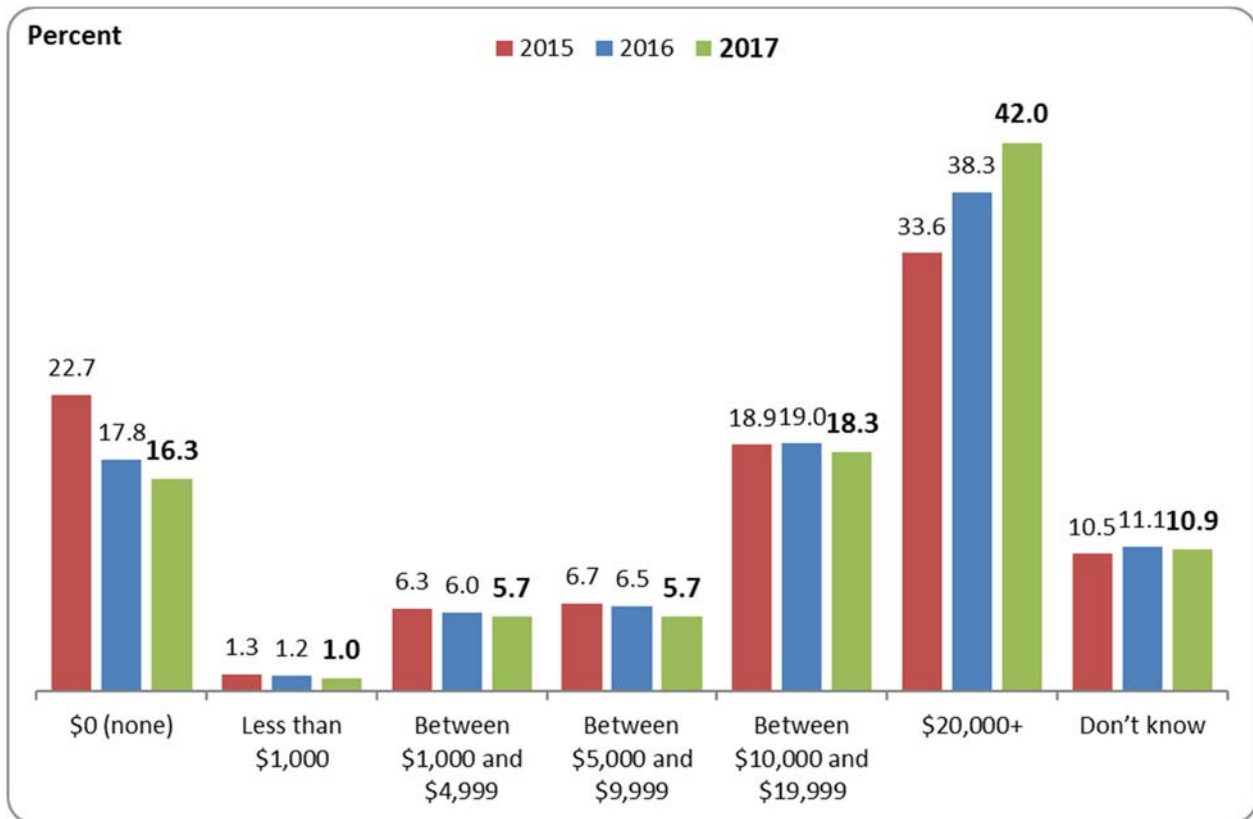
Females were much more likely than males to not have any income from work (34.8% of females compared with 28.9% of males).



*OTHER INCOME.* Warriors were asked to report on money received in the past 12 months from various military and VA benefit, cash assistance, and disability programs. Warriors are continuing to receive more monetary assistance from governmental programs over the years. Just over 4 in 10 warriors (42.0%; 38.3% in 2016) received \$20,000 or more in income from those sources (Figure 58):

- \$20,000 to \$39,999 – 24.9%
- \$40,000 to \$59,999 – 11.6%
- \$60,000 or more – 5.5%

**Figure 58. Money Received in Past 12 Months from Various Benefit, Cash Assistance, and Disability Programs**



NOTE: Numbers may not add to 100 due to rounding.

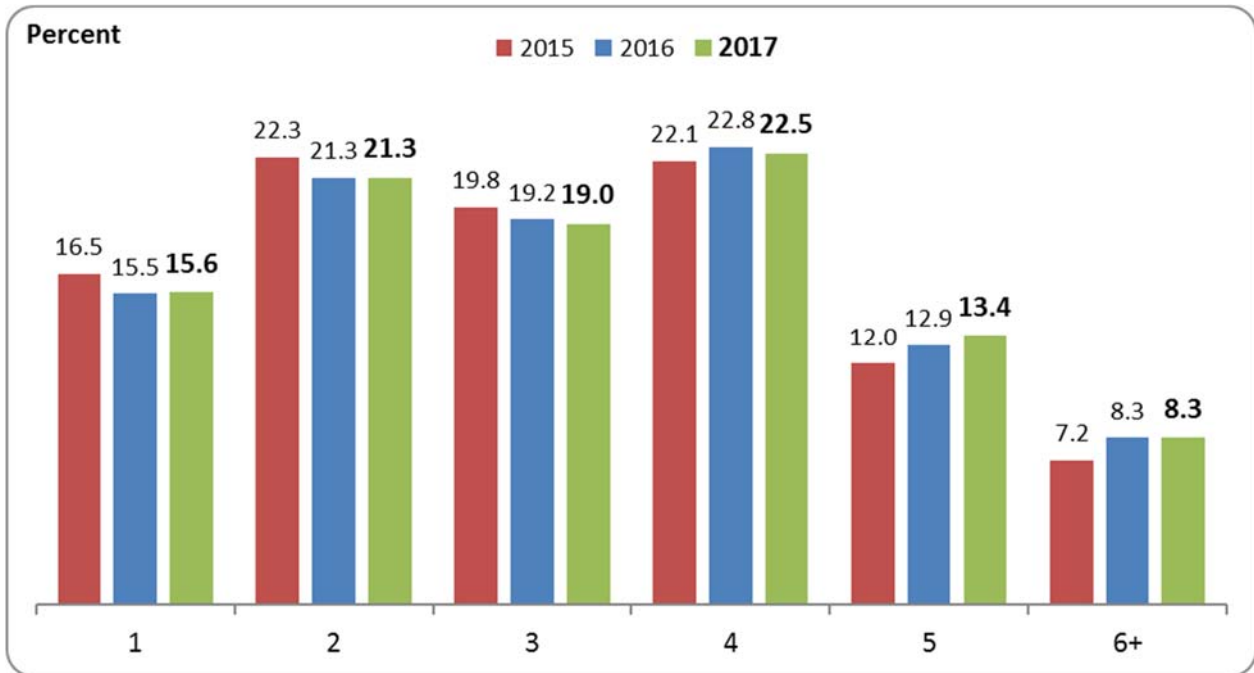
Slightly under 60 percent of warriors (58.8%) are currently sharing household expenses with a spouse or partner. They reported the following amounts of spouse/partner income:

- \$0 – 12.8%
- \$1 to less than \$5,000 – 4.7%
- \$5,000 to less than \$25,000 – 25.8%
- \$25,000 to less than \$50,000 – 26.4%
- \$50,000 or more – 17.6% (15.3% in 2016)

These amounts are mostly similar to those reported in 2016. About 13 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 59), but 1 in 5 households (21.7%) have five or more members. The percentage of such households with one or two persons is 36.9 percent.

**Figure 59. Number in Household Supported by Household Income**

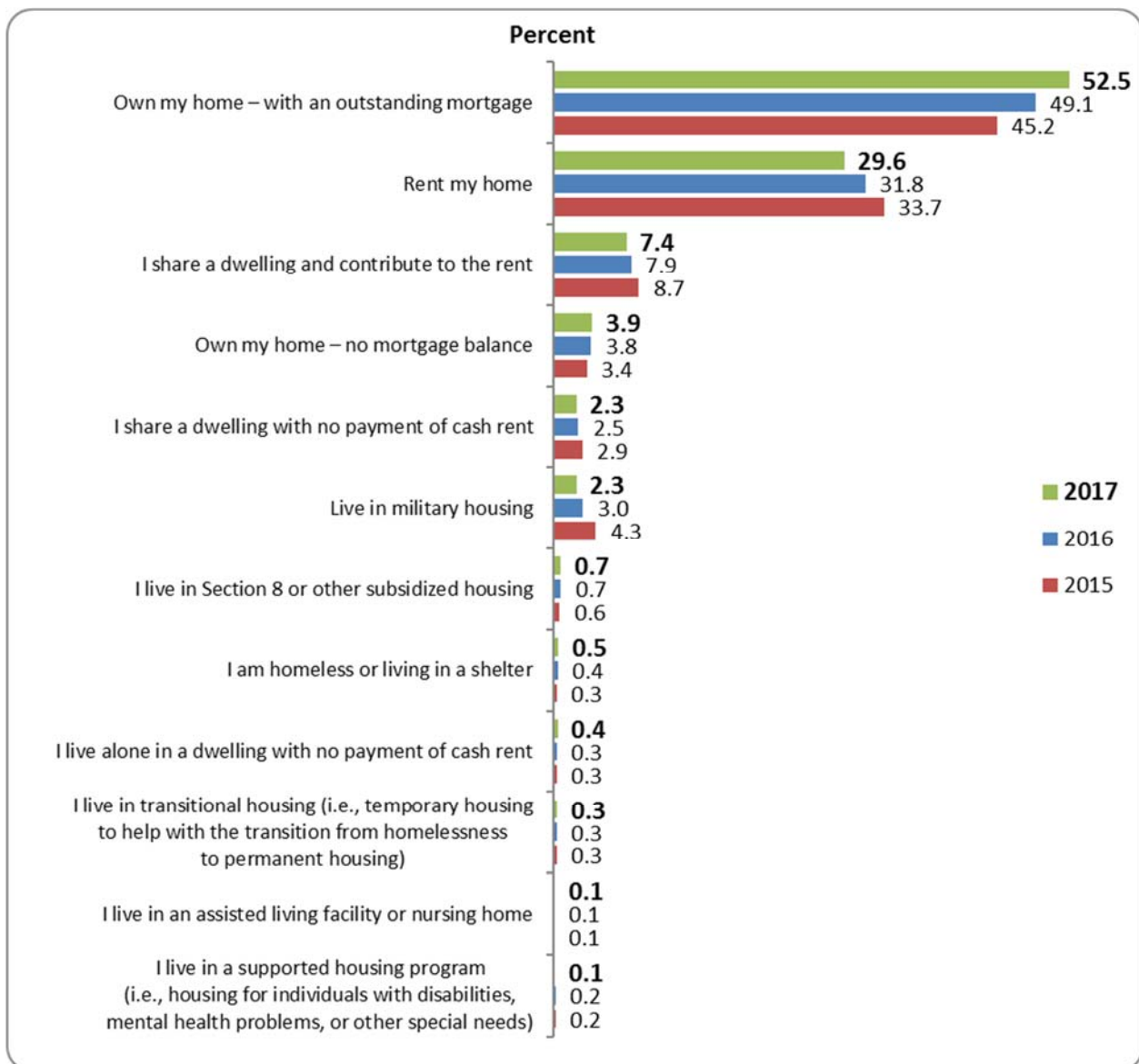


**NOTE:** Numbers may not add to 100 due to rounding.

## CURRENT LIVING ARRANGEMENT

Most warriors own or rent their homes (Figure 60), and home ownership has continued to increase. Homeownership rate among warriors is 56.4 percent (up from 52.9% in 2016 and 48.6% in 2015): 52.5 percent currently own their own homes with an outstanding mortgage, and 3.9 percent own their homes with no mortgage balance. Warriors 35 years or older have a higher homeownership rate than those under 35 when looking only at homeownership with an outstanding mortgage: 35 years and older—59.2 percent; less than 35 years old—41.3 percent. As of the first quarter of 2016, the homeownership rate among U.S. adults under 35 years old was 34.3 percent (U.S. Department of Commerce, 2017). Nearly three in ten warriors (29.6%) rent their homes.

**Figure 60. Current Living Arrangement**

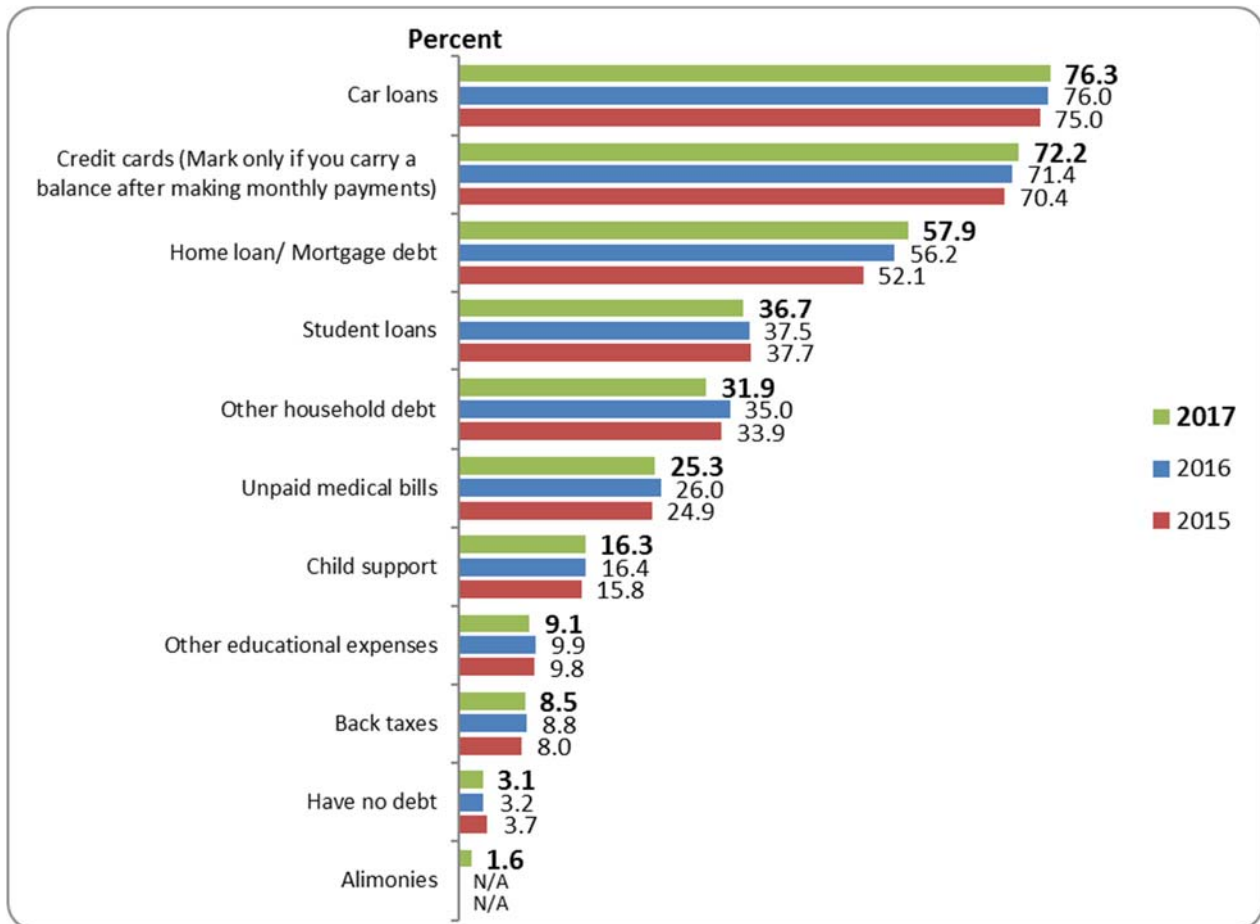


## DEBT

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

*FORMS OF DEBT.* As in 2016, car loans and credit card debt are the most common forms of debt in warrior households, followed by home loans/mortgage debt, student loan debt, and other household debt (Figure 61). A small percentage of warriors said they had no debt (3.1%).

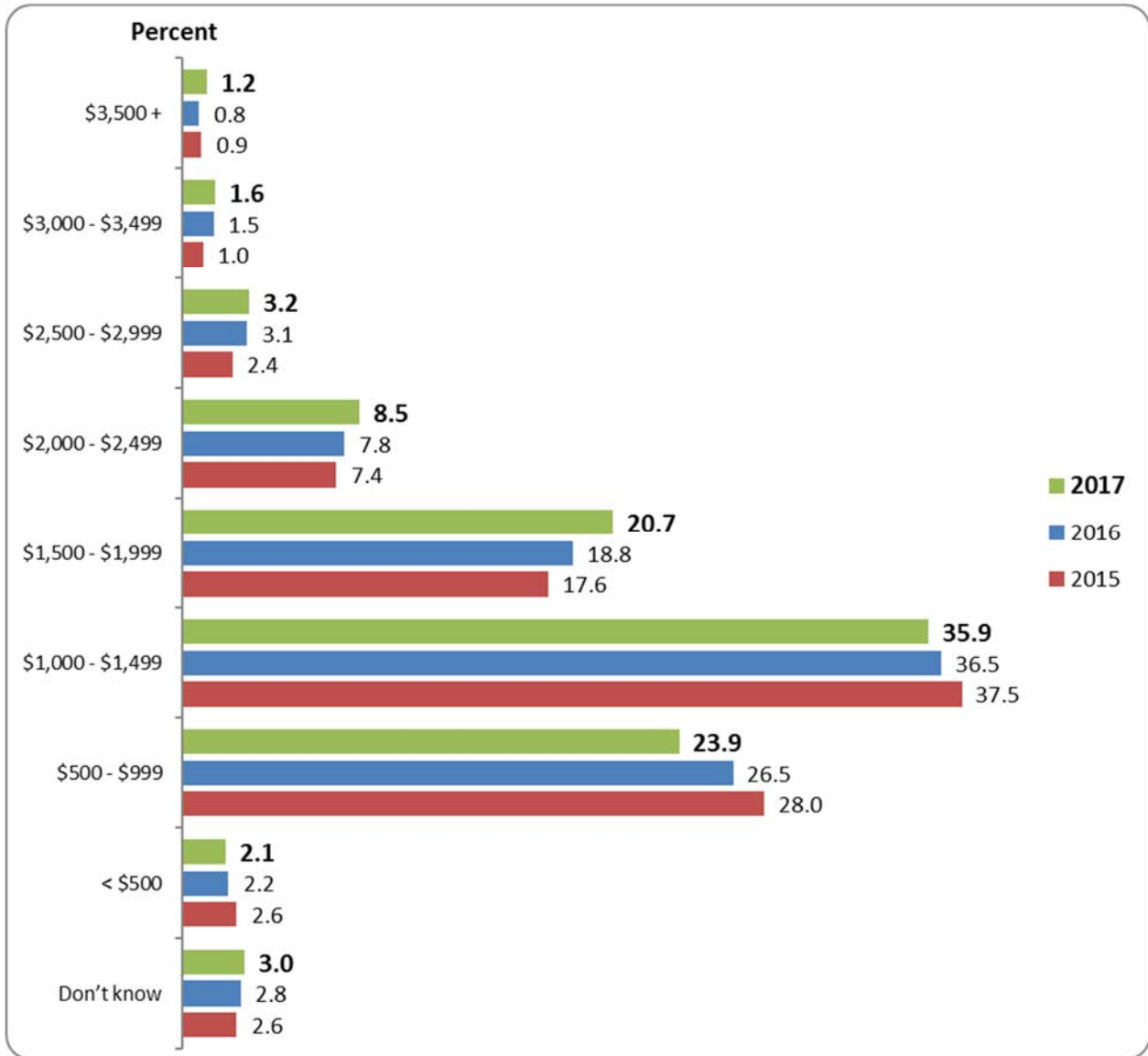
**Figure 61. Current Forms of Debt**



Note: New response option was added in 2017

*TOTAL DEBT.* Figure 62 shows the monthly mortgage payments paid by warriors with mortgage debt. About 62 percent (61.8%) pay less than \$1,500 a month (65.2% in 2016).

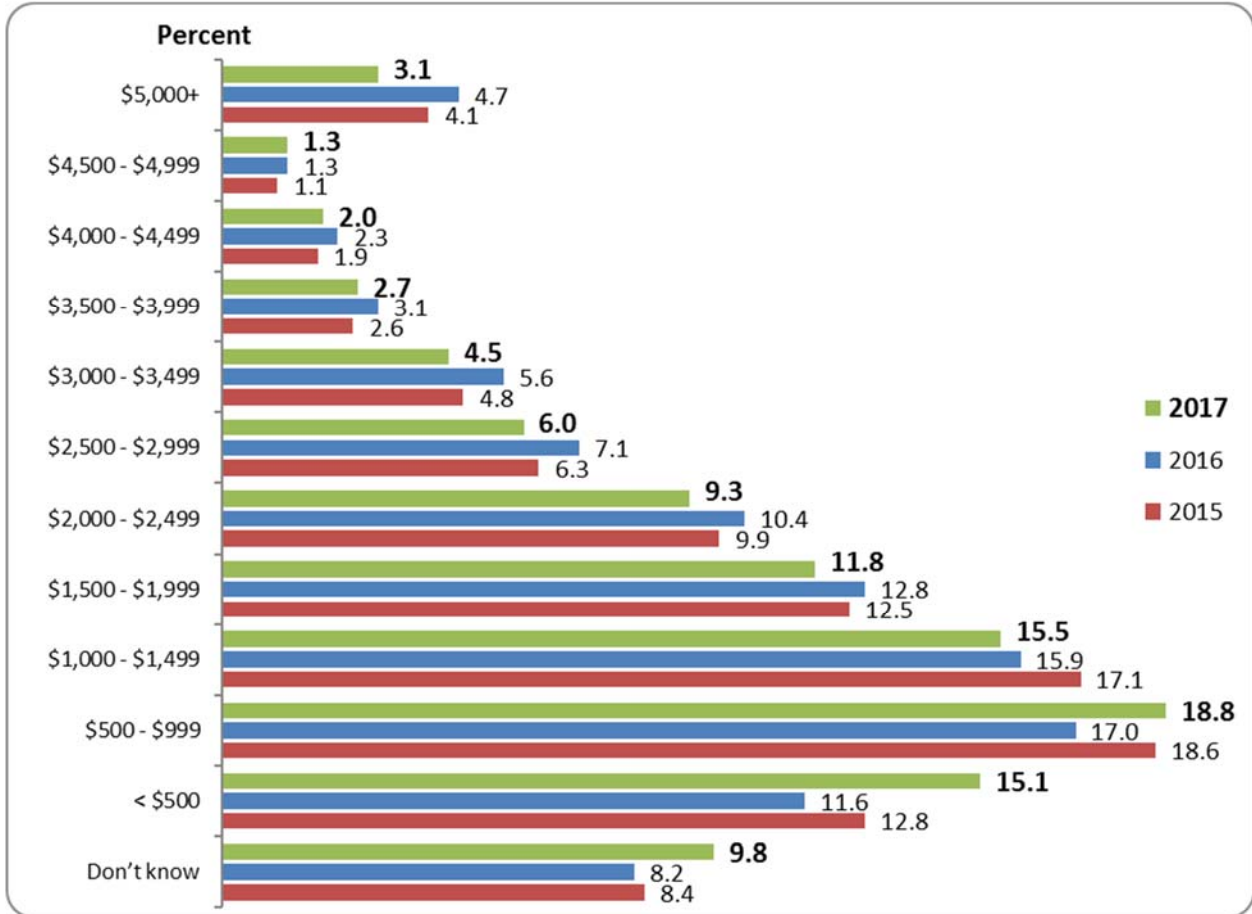
**Figure 62. Monthly Home Mortgage Payments**



**NOTE:** Numbers may not add to 100 due to rounding.

Among warriors with debt, excluding mortgages on primary residences, about one third (33.9%) pay less than \$1,000 per month on total household debt they owe, and another 36.6 percent make monthly payments ranging from \$1,000 to less than \$2,500 (39.1% in 2016; Figure 63). However, excluding mortgages, more than half of warriors with debt owe \$20,000 or more (52.6%).

**Figure 63. 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 warrior 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 warriors.

### **Group 1: Warriors 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:

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

\*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 warriors 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 (41.9% of all warriors).

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

- Among all warriors with an outstanding mortgage who also provided responses about their household income, **58.2** percent (64.2% in 2016) have a debt-to-income ratio > 41 percent.
  - Among the subgroup of warriors with an outstanding mortgage who answered the question about spouse/partner income, **52.1** percent (58.3% in 2016) have a debt-to-income ratio > 41 percent.
  - Among the subgroup of warriors with an outstanding mortgage with no spouse/partner (or did not answer the question about spouse/partner income), **70.4** percent (76.6% in 2016) have a debt-to-income ratio > 41 percent.

The percentage of warriors with a debt-to-income ratio about 41 percent are quite a bit lower than previous years (58.2% in 2017 vs. 64.2% in 2016 vs. 63.0% in 2015). Warriors are making lower monthly payments on debt and earning a higher income compared with previous years. However, mortgage payments continue to stay the same or grow. 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: Warriors 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 warriors who do not currently own their home (with or without a mortgage) and who answered the income questions (33.0% of all warriors). The results for these ratios are presented below and are much lower than 2016 results:

- 86.6 percent of this group of warriors have a “nonhousing” debt-to-income ratio > 8 percent
- 77.6 percent of this group have a “nonhousing” debt-to-income ratio > 12 percent

Warriors 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.

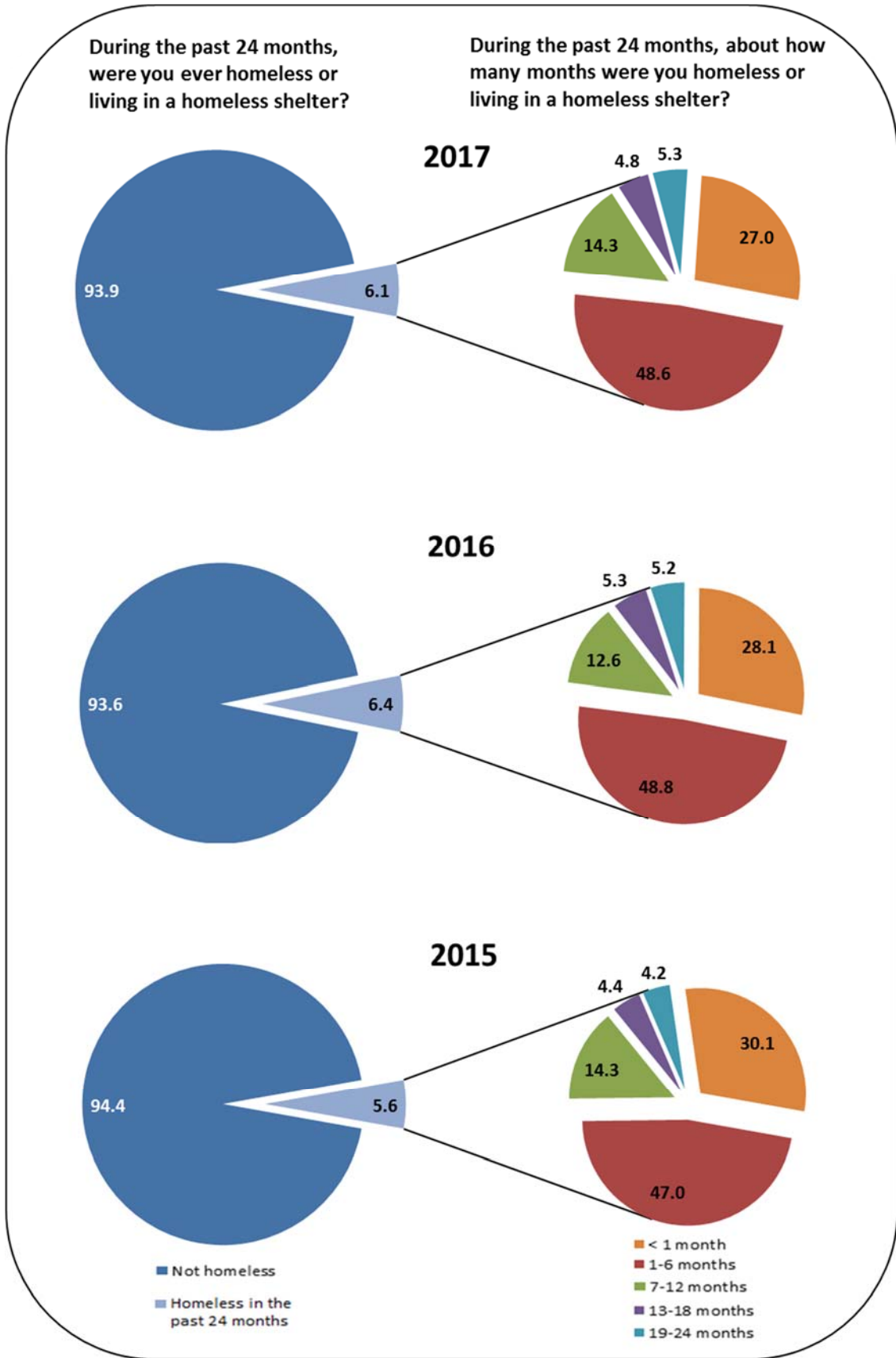
## HOMELESSNESS

Homelessness among post-9/11 veterans continues to be a concern. Just over 6 percent of warriors (6.1% in 2017 vs. 6.4% in 2016) were homeless or living in a homeless shelter during the past 24 months (Figure 64). Among them, 27.0 percent (28.0% in 2016) were homeless for less than 30 days, 48.6 percent (48.1% in 2016) were homeless for 1-6 months, 14.3 percent (12.6% in 2016) were homeless for 7-12 months, and 10.1 percent (10.5% in 2016) were homeless for 13-24 months. Female warriors (7.2% in 2017 and 6.1% in 2016) showed somewhat higher rates of recent homelessness than males (5.9% in 2017 and 5.3% in 2016).

The mean number of days among all homeless warriors was 159 days over the last 24 months, or about 5 months (152 days in 2016). For those homeless for less than 30 days, the mean number of homeless days was about 15; for those homeless for 1 to 24 months, the mean number of homeless days was 210, or about 7 months.



**Figure 64. Warrior Experience With Homelessness During the Past 24 Months**



Factors related to homelessness during the past 24 months among warriors include PTSD, TBI, and alcohol or drug problems. Homeless warriors:

- Are younger than 35 years old – 48.7% (compared with 37.4% of all warriors)
- Are male – 81.5% (compared with 84.4% of all warriors)
- Have a positive score on the Primary Care PTSD scale in the survey – 86.4% (compared with 72.2% of all warriors)
- Experienced TBI during their military service since September 11, 2001 (self-reported in the survey) – 44.9% (compared with 40.9% of all warriors)
- 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 – 64.0% (compared with 51.7% of all warriors)

Also, among warriors who were homeless during the past 24 months, 20.3 percent received government housing assistance, such as rental assistance vouchers, transitional housing, supportive housing, or participation in a Housing First program.

Homelessness among all veterans has dropped, with a 47 percent decrease since 2010 (The White House, 2016), however it is still an ongoing issue, with veterans representing about 9 percent of all homeless people in the United States (Henry et al, 2016).

## Financial Management

In the 2016 survey, 15 questions were added comprising the Financial Management Behavior Scale (FMBS) (Dew, 2011). The scale was developed to measure overall financial management behavior and involves four subscales: savings and investment, cash management, credit management, and insurance. Scores range from one to five, where a higher score shows better financial management behavior. The following are the average scores for warriors, which are identical to 2016 with the exception of the cash management subscale score:

- Overall score = 3.1
- Savings and investment subscale score = 2.4
- Cash management subscale score = 3.6 (3.5 in 2016)
- Credit management subscale score = 3.1
- Insurance subscale score = 3.6

While the change in cash management is small, cash management behavior is expected to develop first, followed by credit, savings, and finally investment management (Dew, 2011).

The overall score is quite a bit lower than that of a representative U.S. study which found an overall score of 3.58 (Dew & Xiao, 2013). However, the average age of the U.S. study population was about five years older than that of warriors and everyone in the U.S. study was married or cohabiting, which could contribute to the higher score.

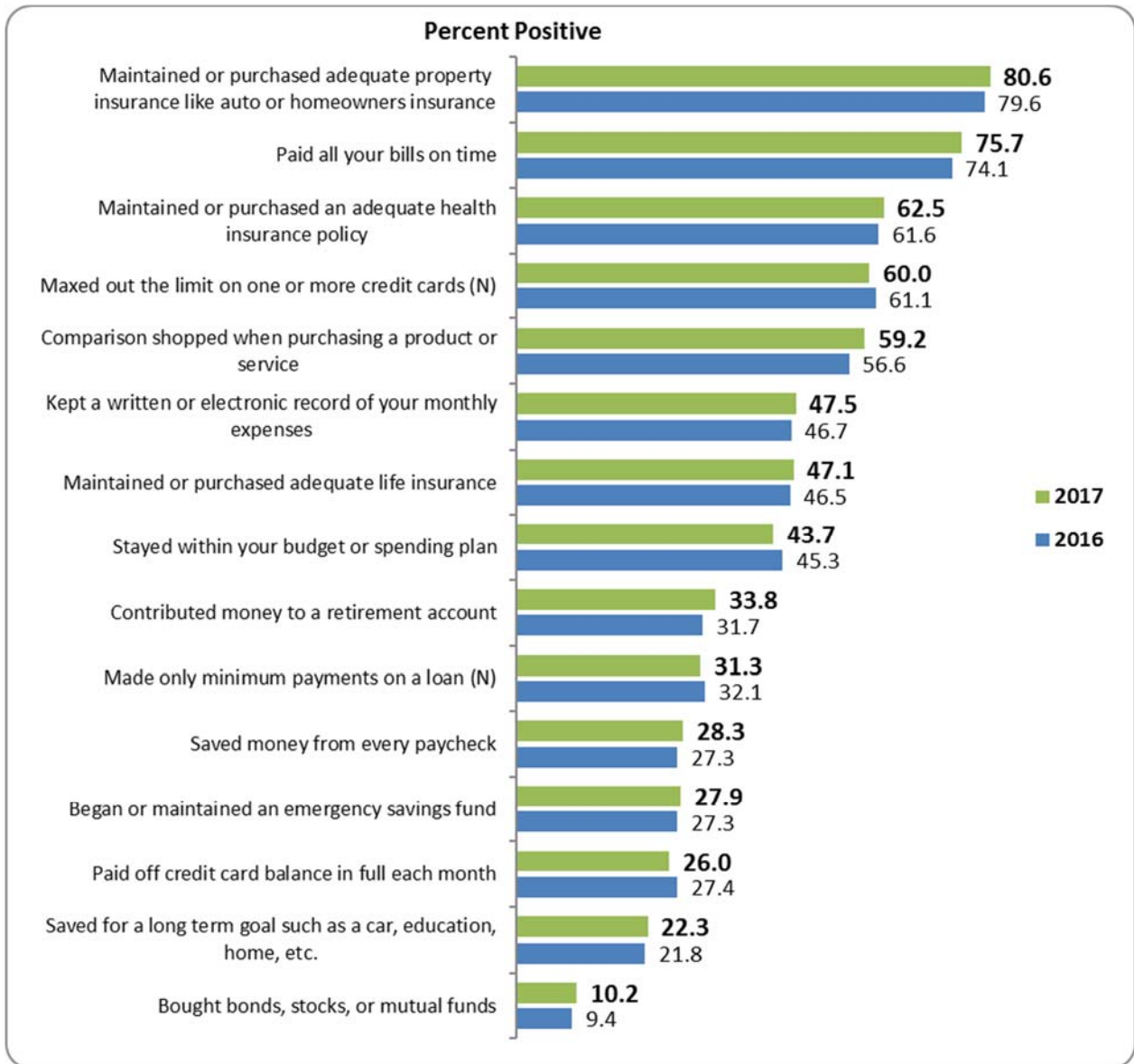
Top findings from individual items in the FMBS include:

- Just over half (54.8%) always maintained or purchased an adequate health insurance policy in the past year
- About half (49.5%) never or seldom saved money from every paycheck in the past six months
- 34.4 percent never paid off a credit card balance in full each month (in the past six months)
- About one-third (33.8%) often or always contributed money to a retirement account

Additionally, Figure 65 presents percent positive responses to each of the 15 items – that is, the percentage responding *Always* or *Often* to positively worded items or *Seldom* or *Never* to negatively worded items (N).

Among those who answered *Seldom*, *Often*, or *Always* to beginning or maintaining an emergency savings fund, nearly a third (32.2%) said that fund would last them less than one month, and 28.9 percent said it would last them 1-2 months.

**Figure 65. Percent Positive Responses to Financial Management Behaviors**



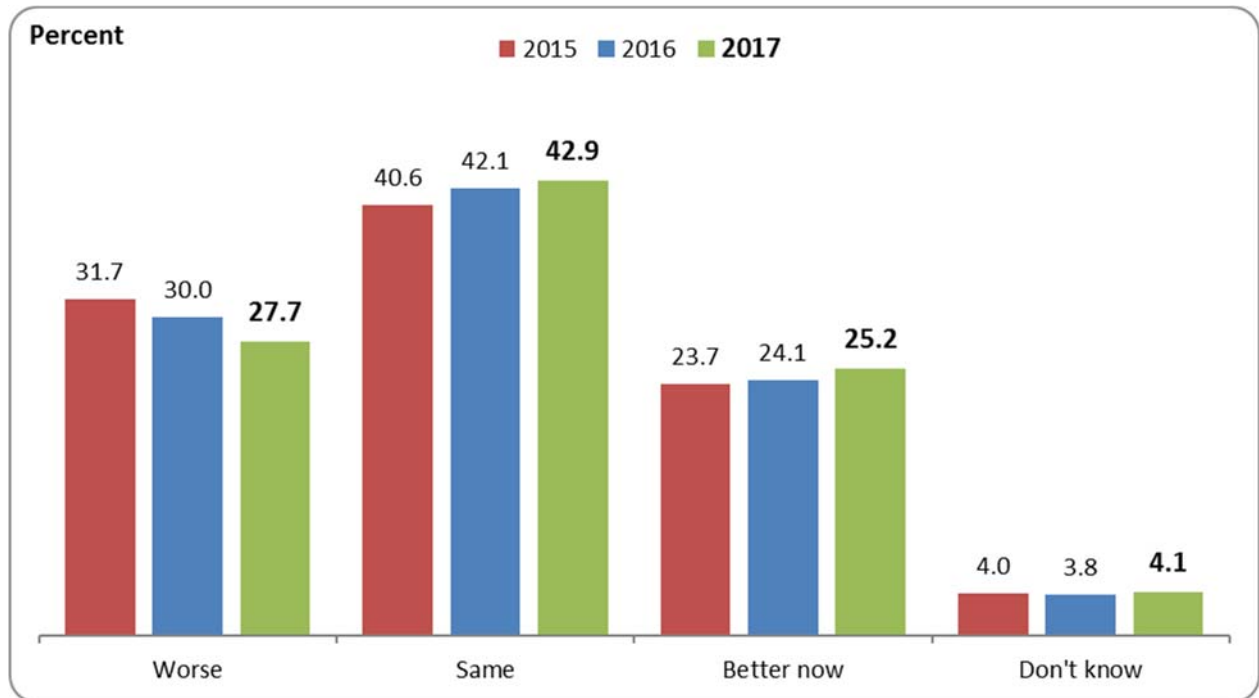
**NOTES:** An (N) after the statement indicates that the item is negatively worded. Percent positive for negatively worded statements is the percentage who answered *Never* or *Seldom*.

## OVERALL ASSESSMENT OF FINANCIAL SITUATION

Warriors 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 66):

- Financial status is better now – 25.2%
- Financial status is worse – 27.7% (down from 30.0% in 2016; 32.3% among females versus 28.3% among males)

**Figure 66. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?**

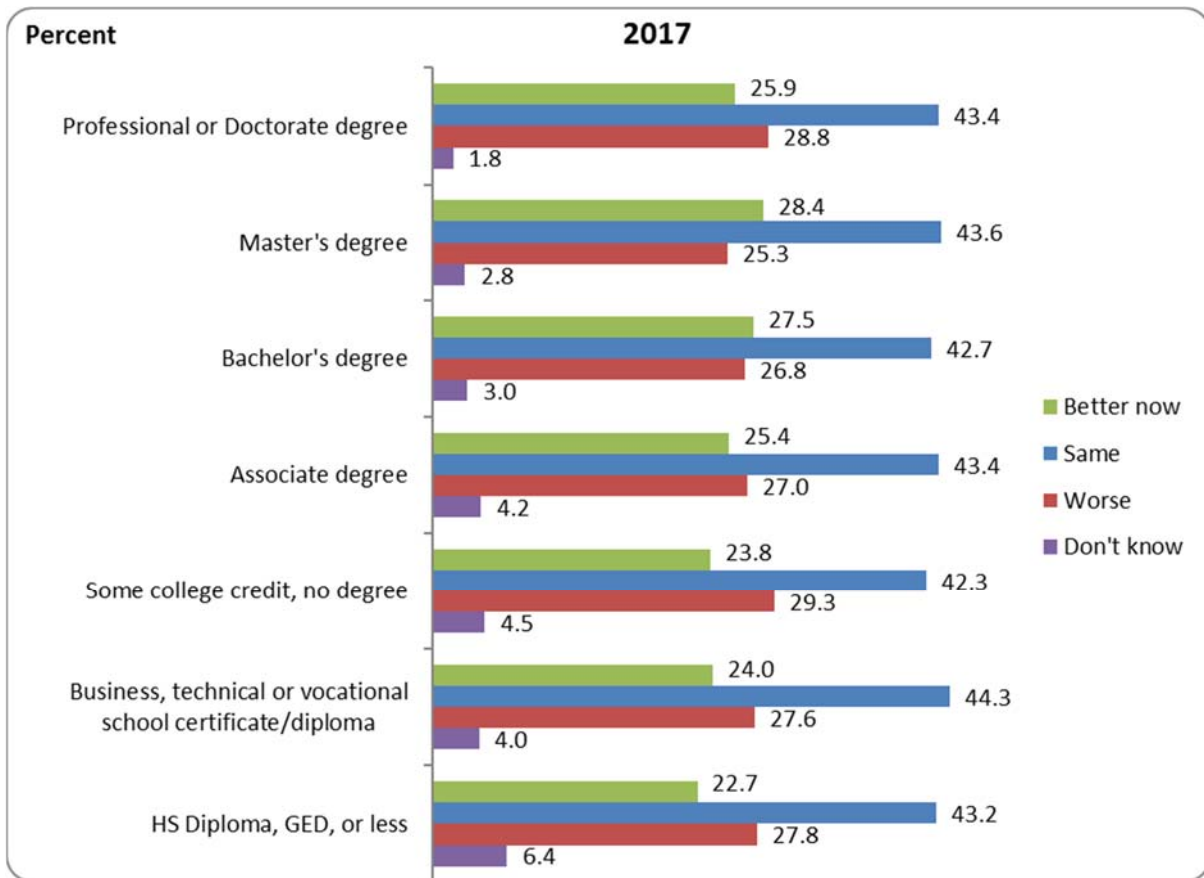


**NOTE:** Numbers may not add to 100 due to rounding.

*OVERALL ASSESSMENT OF FINANCIAL STATUS BY HIGHEST DEGREE OF EDUCATIONAL ATTAINMENT.* Figure 67 shows the results for current financial status relative to a year ago by highest degree or educational attainment. Major findings include:

- In all education categories, at least 20 percent of warriors said their financial status is better off than a year ago (ranges from 22.7% to 28.4%).
  - Percentages for warriors with professional or doctorate degrees continue to fluctuate greatly because of their small number in the survey population.
- Percentages among the various education groups who reported they are now financially worse off than a year ago range from 25.3 percent to 29.3 percent, which is overall somewhat lower than 2016.
- Across all education categories, the percentage of warriors who assess their financial status as worse off than a year ago decreased.

**Figure 67. Overall Assessment of Financial Status by Highest Degree/Level of Education**



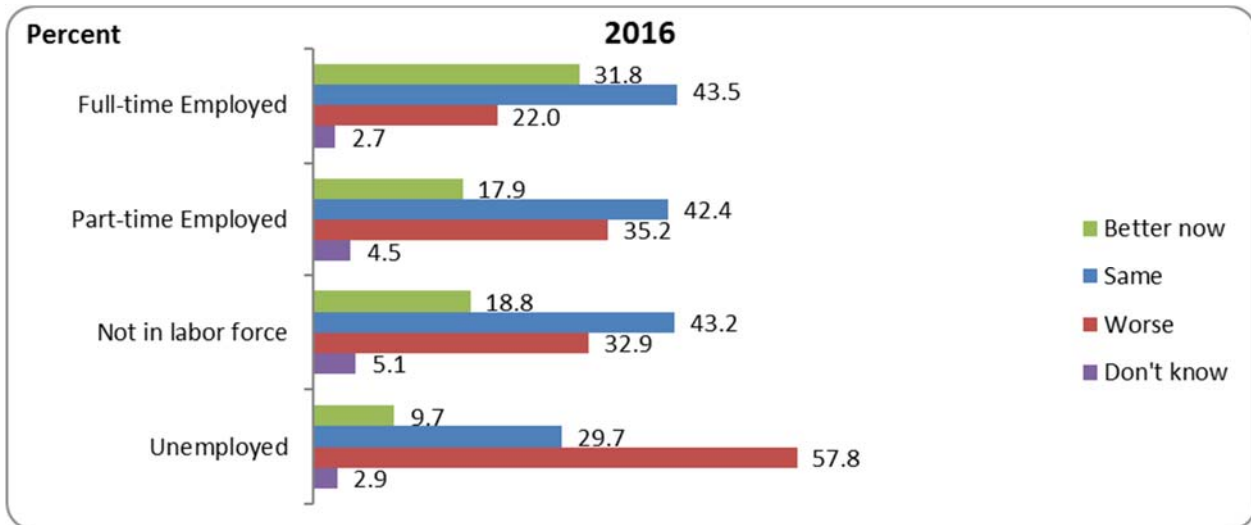
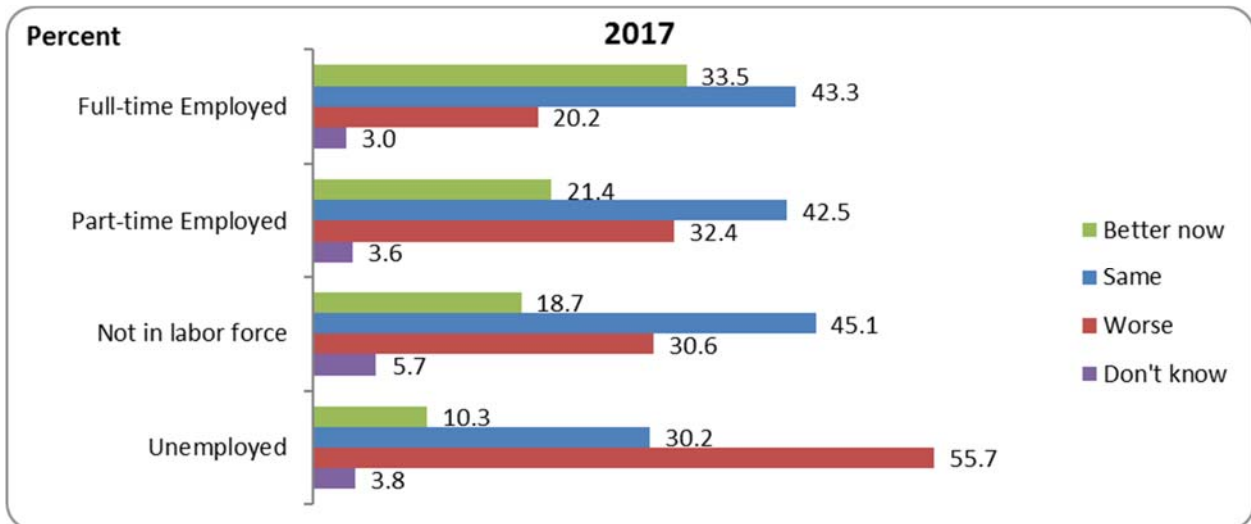
NOTE: Numbers may not add to 100 due to rounding.

*OVERALL ASSESSMENT OF FINANCIAL STATUS BY LABOR FORCE STATUS.* When the overall financial assessment data were analyzed by labor force status, the main findings were changes for the part-time employed group (Figure 68). However, they represent a relatively small proportion of warriors (only 7.6% in 2017); thus, estimates over time are somewhat unstable:

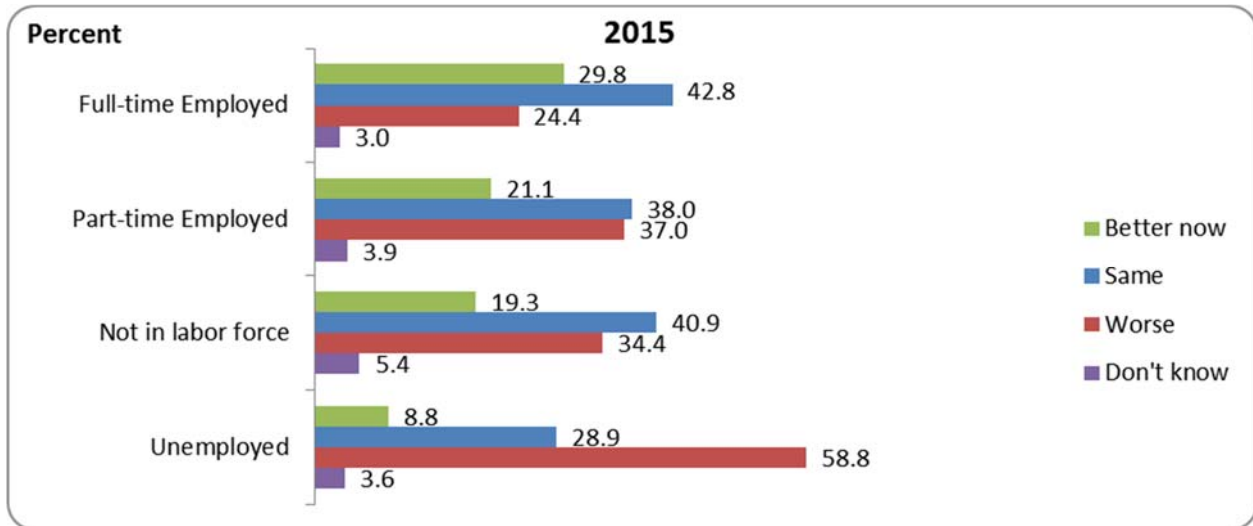
- Among warriors employed part time, 21.4 percent feel they are better financially since a year ago, compared with 17.9% in 2016 and 21.1 percent in 2015.
- Also, the percentage of warriors employed part time who feel they are worse off financially than a year ago is 32.4 percent, down from 35.2 percent in 2016 and 37.0 percent in 2015.

More than half of warriors who are unemployed (55.7%; 57.8% in 2016) feel they are worse off financially than a year ago.

**Figure 68. Overall Assessment of Financial Status by Labor Force Status**



**Figure 68. Overall Assessment of Financial Status by Labor Force Status (continued)**



**NOTE:** Numbers may not add to 100 due to rounding.

*ASSESSMENT OF FINANCIAL STATUS BY TYPE OF INJURY OR HEALTH PROBLEM.* The 2017 results for overall financial assessment by type of injury or health problem are presented in Figure 69. Because warriors could check more than one type of injury or health problem, many warriors are represented in more than one injury type or health problem.

With the exception of burns, the percentage of warriors saying their financial status is worse than a year ago decreased slightly from 2016 for each injury/health problem.

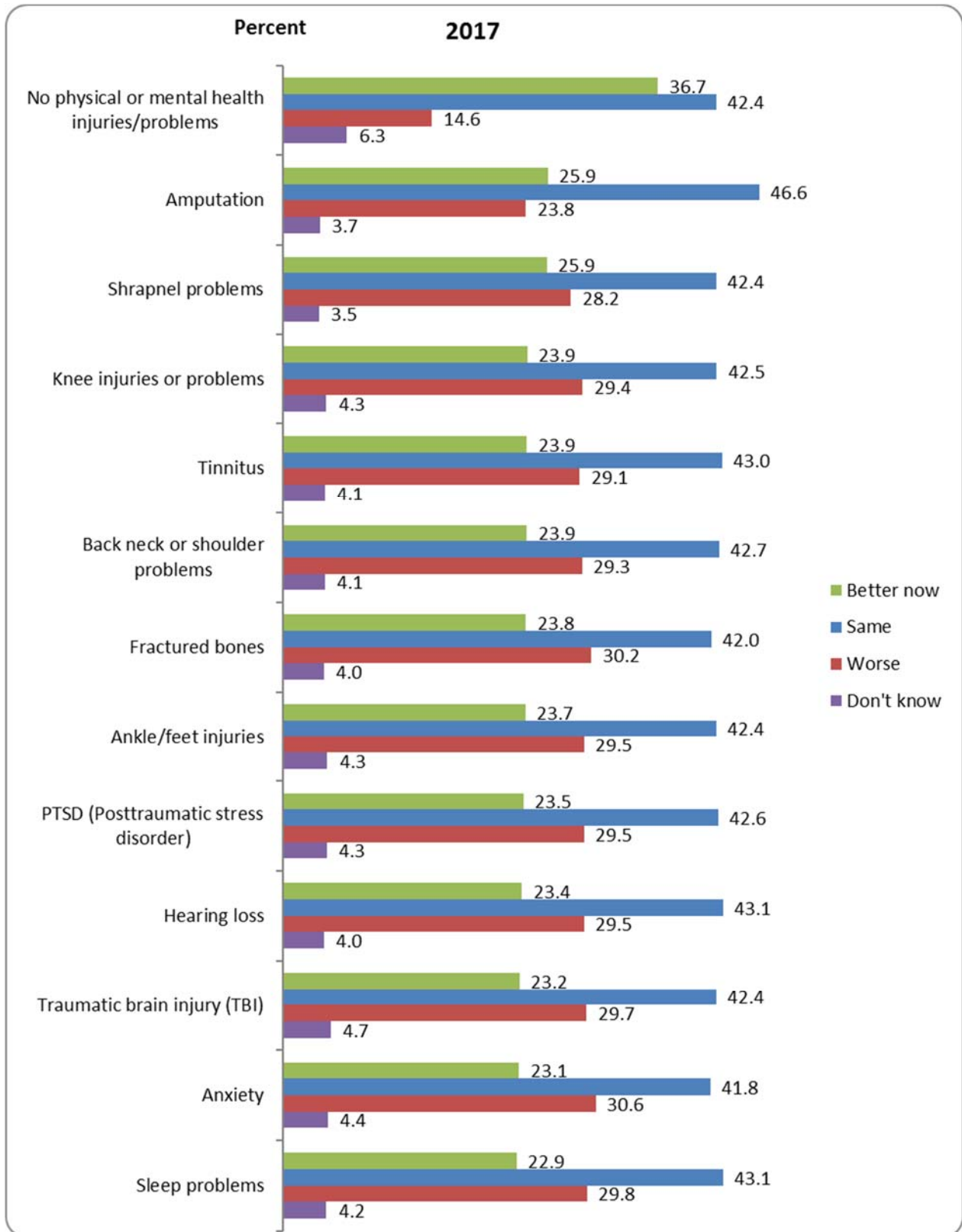
There were two notable changes in percentage of warriors saying their financial status is worse than a year ago:

- Blind or severe visual loss - 29.6% (down from a spike in 2016 of 35.2%; 31.0% in 2015).
- Military sexual trauma - 34.7% (38.5% in 2016)

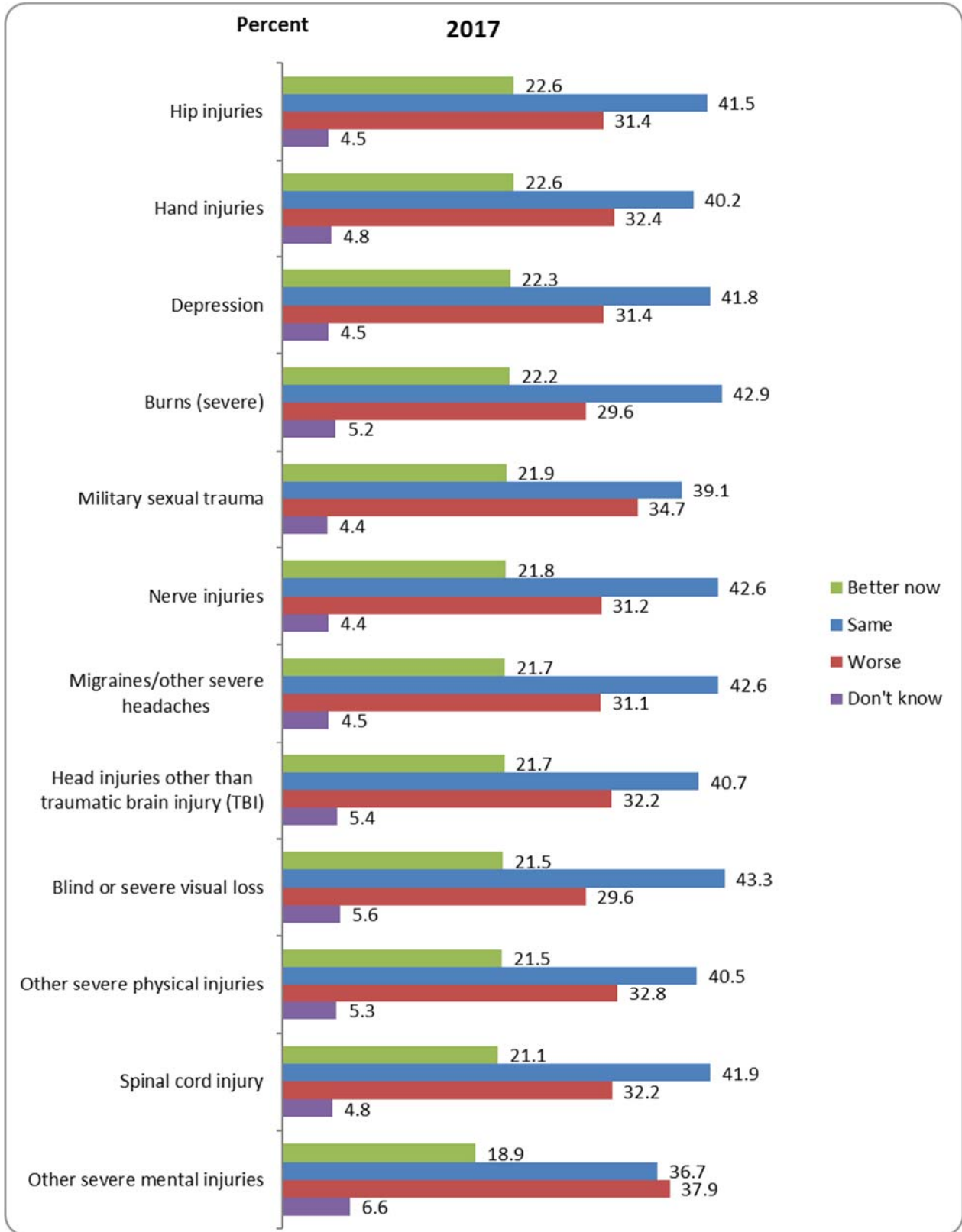
Across all injuries/health problems, the percentage of warriors whose financial status is better than a year ago ranged from about 19 to 26 percent.



**Figure 69. Overall Assessment of Financial Status by Type of Injury**



**Figure 69. Overall Assessment of Financial Status by Type of Injury (continued)**



**NOTE:** Numbers may not add to 100 due to rounding.

## 2017 MAJOR THEMES IN SURVEY COMMENTS

In addition to the survey questions that were previously presented and analyzed, the annual WWP survey has always included an open-ended survey question at the end of the survey. These qualitative remarks and findings help to augment and reinforce some of the quantitative findings by providing more details and the “why” behind some of the categorical responses.

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. Since 2012, because of the much larger survey population and number of completed surveys each year, we selected a random sample of 1,000 comments to analyze. In 2017, 10,304 warriors responded to this question. Although the sample was selected randomly, we cannot confirm that it was representative of all comments. Nonetheless, the comments are still helpful in augmenting the quantitative findings already presented.

Again, respondent comments overall continue to get more specific. Some mention being in transition for a number of years now, and this seems to lead to more self-assessment and discernment, and a healthier and more positive approach to dealing with the lasting impacts of [often many] deployment(s). They offer thoughtful and constructive suggestions about what they need and what other Veterans need. They voice their desire to be of help and service to others, and are increasingly specific in terms of how they see themselves supporting other Veteran needs.

As an introduction to the major themes, we list notable differences in the 2017 survey comments that reflect different topics or changing topic emphasis from comments observed in previous years. These may be single comments, but seem notable. They do reflect new topics raised by warriors, topics commented upon in a different way, or things to be attentive to going forward. We have also included comments related to themes that appear most frequently and/or seem most troublesome to warriors.

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 web surveys. We deleted 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 that was removed.

### NEW AND/OR NOTABLE TOPICS

This year we also looked at the comments by self-reported gender. Of the 1,000 comments we analyzed, there were 820 from males, 177 from females, and 3 with gender missing. We have

included comments that specifically referred to female expectations in the military, or to being part of a military couple:

- Expectations as a middle aged female professional
- Being a mom again & being distant from people who have no clue what I went through.
- As a female soldier I have been in uniform all my life, never knowing who I was find that being a civilian female is one of the hardest jobs ever, I have no clue as to how to wear makeup, fix my hair, what clothes compliment and what does not, having gained weight due to physical injuries and medications I have low self esteem...these I feel need to be addressed to the military female that has been injured to help build confidence, self worth, and self esteem most programs are geared toward the male military member also most programs are for family or couple intergration not the single person, I also find that being a white female veteran at the va i get discriminated against and not taken serious as to my combat involvement
- The hardest part was not knowing my job. Feeling like being a mom was worthless. That I was never good enough at being a wife or mom. I rarely could relate to any of the other moms, I felt very isolated.
- As a women that has been through 9 deployments it is hard for others to understand. I was in the FIRST war and it does not seem to count.
- ...My husband is chained to an out of town job in order to absorb the loss of my income of 50-70k prior to my mobilization. I only have 1700 to live on per month and that is not even poverty level.
- If I lose my spouse, I will lose my independence, and I am positive I would never want to be in the hands of any VA or anyone else to dictate how I should live. It would be devastating.
- My injury/illness happened on Active Duty, and was denied LOD [Line of Duty] and transferred to reserved and Denied PEB [Physical Evaluation Board] and kicked off my base... WWP would not help in my records for PEB and would not help with legal fees. Neither would VA or VFW or American Legion or Congressman or Senators.
- I have permanent health damage that will require constant physical rehab on my part, and medication forever, and with all the resources available, my husband (thank the Lord and my spouse) they are the only ones who responded to my needs and requests
- No help from local [State] vets commission for women and barely any help from DAV [Disabled American Veterans]. So much corruption, not read tape. No accountability as no one gets reproved for abusing and denying veterans help...
- After separating from the military, we felt that we could only find a source of income through the GI Bill and only going to school. When it ran out we didn't know what to do. We we're broke and trying to figure out how to stay afloat. After we found a person who helped veterans, we enrolled in the VA and started finding resources and it helped out a lot. We found the WWP when we couldn't pay our bills and needed the help with a VA claim and health problems. While they were helping us they outsourced us to Operation Homefront and they got us through some tough situations, to include a new washer and dryer because both of ours broke at the

same time and we couldn't afford it. We still have it 'til this day and we are so thankful that we were able to have the people and resources to get us through. The WWP now offers fun family outing for our family and it helps us to have family time with our kids and to be around other veterans that won't judge us. We have been through so much since 2011 and they have always been there when we needed them.

- Transitioning back was hard for both my husband and I. We transitioned out at different time and civilian life was hard. There was no support system and the military did a poor job of helping us with where to go or what to do. It took almost 10 years for us to get the proper benefits we were owed and find out about what benefits we could get. We have only been members of Wounded Warrior Project for a little under a year and it has been great to meet other veterans and get out and do stuff.

In addition, we have noted the following topics that seem to be new or coming up more often, and may be worthy of monitoring going forward.

- Need to amend medical records/disability status to reflect recent service related diagnoses.
  - The military has lost all my medical records from when I was deployed to Iraq. Because of this I can not receive any of my VA benefits. I have fighting this battle since 2004. I feel the VA is completely worthless.
  - I've asked WWP for help in the past with my SGLI Insurance claim I explained I can't have hard time traveling and don't feel comfortable mailing my medical documents no ever got back to me. The VA has already lost my records
  - I was shoved out of the Army with 3 days to clear and medical records have gone missing and my VA claim has just been put to the side because I kept moving. I feel let down by the VA and other veteran agencies and lost.
  - It has been challenging to maintain and update all health records and also understanding that it is going to take time and effort to overcome the inherent struggles financially, emotionally, and physically that transitioning back to civilian life involves.

## OVERARCHING THEME: DIFFICULTY ADAPTING TO LIFE AT HOME

- General and Complex Adapting Challenges
  - I no longer think I fit with civilian life.
  - i think it is just difficult to come home and reintegrate into civilian life
  - I feel the hardest part is dealing with people who don't know what you go through and can't understand. Coming home to a totally different culture and way of thinking can be very challenging.
  - To find out that I don't fit into a world I have to live in
  - Often it is translating the Military problems into Civilian words so that people can assist me.
  - Difficulty relating to civilians. Returning veterans need active support networks and ways to get away.

- Dealing with the attitudes, beliefs , and morals of civilians. Civilian life feels as though it's a one for all mentality. It feels as though you don't belong and civilians complain about non-issues and don't grasp the full scope of important matters .
  - The failure to find individuals in the civilian populus that hold the same values, morals, ethics, beliefs, mentality, cohesiveness, camaradery, and beliefs with which I have grown accustomed to...
  - Going from being somebody, and part of something with meaning, to being a nobody and people not knowing or understanding what I went through. Posses a skill set that can't be used in the civilian world. Having all this knowledge and can't use it. Being a civilian sucks.
  - ...I think there needs to be some kind of reverse boot camp for veterans transitioning to civilians. Boot camp is where we learn to function as a team, become one, count on each other, and become numb to the emotional crap we all came with. There needs to be a counter objective to retrain veterans to become civilians again. You can't count on a team any more because its just you.
  - ...The majority have to find low paying 40hour jobs to stay above their finances. You adapt learn to survive...not thrive...
  - I'm not fond of typical civilians, they don't understand what it means to have order and authority. it's crazy.
- Missing Military Way of Life/Camaraderie
- Losing camaraderie...
  - Not having the comradery.
  - Camraderie
  - Loss of brotherhood
  - team work a lot harder in the civilian life, hard to find the brotherhood
  - The failure to find individuals in the civilian populus that hold the same values, morals, ethics, beliefs, mentality, cohesiveness, camaradery, and beliefs with which I have grown accustomed to...
  - Doing things that matter and making a difference. Cohesion and part of team. Having constant missions or goals.
  - he most challenging part for me was the complete loss of identity and having no idea what direction I was supposed to go next. I enjoyed having the feeling that no matter how much I hated getting up early, and how much I hated being gone, I was doing it for the greater good and for a cause greater than myself. When you become a civilian, it seems hard and even impossible at times to find anything that closely resembles that feeling.
  - THE MOST CHALLENGING PART HAS BEEN TRANSITIONING MY FAMILY BACK TO THE CIVILIAN WORLD, NOT ONLY WITH MY INJURIES, BUT WITH THE IDEA OF NOT BEING MILITARY. I DID NOT WANT TO GET OUT OF THE ARMY, I WAS NOT DONE BEING A SOLDIER, AND NEITHER WAS MY FAMILY.

➤ Problems Adapting to Civilian Workplace

- Overcoming the fear of the unknown and the mental transition from military to civilian work.
  - When I came back from the war and transitioned back into the "world" I thought it would be a simple transition. I was terribly wrong. I thought that my former employer would be happy to have me back and would be understanding of any doctors appointments that I had. I was totally wrong. Even though this was an individual who acted all patriotic and would use my status of a combat veteran ...yada yada yada.... I would schedule my health & wellness appointments early in the morning so as to not interfere with any work operations. My employer and upper management (his daughter) felt that should I wish to continue these appointments , I would need to cash in my earned vacation time. So, I had no choice but to withdraw from the health & wellness program that I was enrolled in with WWP and stopped going to my VA appointments. I just bided my time and built up more vacation time. When I couldn't take it anymore, I cashed in all my vacation time and quit. I started my own business and now I am in my first year of my business...
  - My biggest issue is my Civilian job & being a disabled Vet. I assumed most people (at work) would understand being disabled means I will miss work time for good reason. It has had a negative effected on my career. No matter what I do, they feel that I don't belong there or should not be there. It's very discouraging and frustrating...The most challenging aspect of transitioning back into civilians life is adjusting to not having structure and discipline in the civilian workforce and school settings.
- Need for Public Awareness Around Military/Veteran Issues
- Dealing with people that don't have the same experiences that you have
  - Civilians seem to judge veterans (military) off the bat
  - There are too many civilians whom suspect disabled veterans of faking; there are too many C&P [Compensation & Pension] Physicians whom do not understand the daily hurdles a Vet faces;
  - People just don't understand what it's like in the military!
  - Employers don't understand the magnitude of having my service dog with me at all times.
  - The most challenging part of the transition is dealing with the different attitudes, sensitivity and work ethic of the general civilian population. I'd suggest offering information in the form of videos or classes to explain how civilians are not like us an dhow to bridge that gap in the work place.
  - Breaking down the language barrier between civilians and military. Helping Veterans transfer their military experience to civilian life. Showing civilians what it is that Warriors went through, go through and will continue to go through.
  - What I've found most frustrating is employers who are not educated on veteran issues and believe that all veterans have PTSD. Or employers who believe that PTSD is a military only illness/injury.



- Stigma/Stereotyping of Veterans and Service Members
  - No one understands what you have seen or done, or been through. Serving in the Military in this era makes you look and feel like you had no other choice. There is no Honor today in serving your country anymore. People look at you as a reject who just wants to get something free from the Government. I feel I am looked at worse than a woman who has been on welfare for 50 yrs and never tried to get a job, and who has had as many kids as she could to get more free money. That is how I feel people look at me. I don't tell anyone I have a Bronze Star and Purple Heart. It is none of their business what I have done, but they look at me as a dregs on Society. You tell me how you can make people look at us differently.
  - How about campaigning against the disability box in applications. I have real bad gut feeling that employers throw out applications knowing that I am a veteran. I feel there is a stigma when it comes to veterans and civilian work place.
  - Somehow end the stigma of the crazy vet. It has closed more doors than I can count

## SPECIFIC (MENTAL HEALTH AND MEDICAL) DIAGNOSES

- PTSD/TBI
  - I would definitely say that the unseen wounds are more difficult to get through. I think it's because no one knows how to handle PTSD and related illnesses...
  - Living with PTSD is difficult enough, but what makes it worse is the stigma. I have been dealing with this mental health problem while in and out of the military and it is what sets me back...
  - Another thing about my demographic is that many of us are just figuring out that we have PTSD, injuries that we kept putting off that progressively got worst making our quality of life worst...
  - PTSD is real, and VA cannot get their medical support together
  - Trusting someone and companies accepting alternatives to help with PTSD (Medical Marijuana)
  - ...Anyways I'm sick and sickness changes over time usually when the soldier is out of service and had some time to descelate themselves. Then after being calm the first two years are the worst. The war isn't over inside you. You don't know what triggers set off ptsd. To have some doctor around 2 year is different from year ten after and different from 5 after I believe around the clock medical is a must and every soldier should be in a ptsd inpatient treatment 6 week program is a must. In nearly 10 years after service I haven't even been moved along to the next thing. Never once slows to be in this program for my sickness. It's a must for a combat personnel. Medicine should work as preventive not treated but at the end I will take all the help I can get.
  - Basically Since I Got out of the Army with Multiple Conditions such as Traumatic Brain Injury and PTSD, and In VA [US Territory] have totally forgot about Us .... I have make complaint even to the Va IG never have a Respond Back. I have learn to live with my condition but they are some condition that I just don't have the skills to deal with.



- I use medical marijuana and exercise to help control my PTSD. I also have a therapy cat who helps me sleep and calm down. I will always use MMJ to treat my PTSD as there are no other viable alternatives without the myriad of side effects. It's sad I now can no longer discuss this with my providers @ the VA.
- PTSD is looked by employers as a disease that causes problems and will not hire veterans because of discrimination towards the PTSD question that they are not supposed to ask under the law.
- ...There was no talk about possible resurgence of mental health issues that had developed on active duty either. I thought my PTSD was under control, but after separating it came back 100 times worse ...  
for me personally PTSD is a new occurrence. things started to gradually come up and stick around in some cases
- Then biggest challenge is learning to deal with labels that civilians give you as a veteran with PTSD. WWP has done well with educating the general public on what PTSD really is. And that people don't have to be afraid of us. Thank you for that.
- ...with me having PTSD every day is a struggle.
- I am currently undergoing treatment for PTSD and chronic severe back pain and the affects of TBI and the surgery that followed...
- What happens when you can't do the job you used to be able to do anymore? As a TBI WW, I had to completely overhaul everything I ever thought I knew about myself. They tell you that you'll never be the same, but they never point you in the right direction. I have memory loss. It's a problem that keeps me from succeeding in many aspects of my life because it's an ongoing problem. Every time I have a migraine (they're rare now), I lose cognitive function for a while. I've had to work from home, but it's been difficult keeping myself organized (that part of my brain isn't working very well). And I need a way to stand while I work, but I can't remember how to find resources for assistance. That's the key, I think. We don't remember that there are resources out there or how to find them...

➤ Physical Health Issues

- I feel many veterans struggle with weight gain from the drastic transition of exercising daily to not being forced to. Once a person lets themselves go, it can be a big challenge for them to return to their former physical earth especially with physical disabilities. WWP should try to help veterans get back into shape and try to offer exercise classes if they don't already
- Dealing with physical challenges and for people to not understand what is actually going on.
- My Mental and Physical Health are my biggest obstacles. So far, nobodies been able to help me get over them.
- The constant physical pain and the realisation that you physically have damaged your body and that you feel physical or mentally disabled is the hardest part.
- I am currently undergoing treatment for PTSD and chronic severe back pain and the affects of TBI and the surgery that followed.

## MENTAL HEALTH/EMOTIONS/ATTITUDE

- Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety
  - The unknown disability I will receive from the VA and employment restrictions I am going to have to face when I become a civilian again. Trying not to overwhelm myself or cause myself panic anxiety attacks. Social challenges, Mental challenges, Physical challenges.
  - ...The stress and anxiety I have when searching for a job overwhelms me each and every time. Which then makes me feel worthless. The VA Voc Rehab made me feel the same way and they try to force you to do things you do not want to. They made my anxiety worse. That's how I feel.
  - Loneliness
  - Isolation. Trying to identify who I am.
  - ...I also miss the mentally toughness of the military, because I have found that I've become mentally weaker since I got out; I am filled with way more anxiety and fear than I had been in the Army. Also, not having people around me that understand what I'm going through; feeling like I'm on my own. It's a scary feeling.
  - I left Walter Reed... I have had no connection with WWP since. My biggest issue is that I do not reach out often. But when I do, no help has been received. I fall through the cracks because I have little or no follow through. I want to participate. But my depression keeps me out of the loop.
  - ... So it's a lot harder to not feel all alone when there is nobody around you to do activities or to talk to when needed. As far as returning to civilian life I don't know exactly, I just know it's been a long hard trip and It's still not over.
  - ...Survivors guilt and depression compounded with post traumatic stress and having to live day to day is a challenge. I take that challenge on each day I wake up, I owe it to my brothers and sisters in arms to continue to face my demons and kick their ass...
  - I have a problem with trying to make myself always stay busy so I don't sit and think of other stuff, but then I like so much stuff up my anxiety goes crazy cause I have to much to keep up with.
  - I needed more mental help while transitioning into civilian life. I felt lost and scared that I had no support because I was unaware of the support systems that are available.
  
- Coping
  - there is nothing that can alleviating my challenge. only when I pass away it will end. now do not thing that I would do anything I would never it is a sin I would not put it on my kin or friends. time will take care of it. again I AM NOT SUICIDAL just don't care but WOULD not do anything to speed the process. I have to live thur this hell first.
  - trying to stay busy to keep your mind occupied so you don't think about what has happened in the past.

- I think that one of the most challenging parts of transitioning back into civilian life is coping with the reality that things have changed.
- Apathy/Lack of Purpose/Lack of Motivation
  - Having a purpose and motivation was the hardest...
  - Can't fit in in the military anymore, can't fit in incivilian world , no place for me anymore. No longer having a purpose that is meaningful or that even matters. Can't get better because I can't afford to miss work at my underemployed job to seek treatment, can't get a better job because I can't get treatment, stuck in a cycle of doom.
  - Doing things that matter and making a difference. Cohesion and part of team. Having constant missions or goals.
  - Losing the feeling of purpose. Trying to convey to civilians the feelings I have inside that they will never be able to understand.
  - Finding a purpose to keep going,
  - As a Spec Ops member, Its difficult to know what to do on the other side of the military. I am a very diversified individual, but it seams there isn't anything out there that'll "keep me happy and engaged". As a paramedic also, I don't want to do that anymore due to the experiences and things witnessed in the line of duty. Finding a purpose. I still struggle everyday with it.
  - One challenging aspect of medically leaving ones career involuntarily is the feeling of losing your identity and purpose in life. Although we eventually separate our perceived value and actual identity from our position or career focus, the initial loss feels something like losing a loved one - an actual period of mourning occurs. Some aspects of this are alleviated if another career, work situation or continuing education are pursued, but when these options aren't viable, depression and self loathing can interrupt or even dominate your days. The process of recovery is aided by counseling and interaction with others, but often others in similar condition only feed the dissatisfaction and feelings of injustice.
  - Now i lack modivation and im just trying to get by. Im not really trying anymore dont really care. Just want to be health and want to be with my daughter without pain
  - Giving service members a sense of purpose and direction. We are very good at taking orders and having someone assist you in and keep you accountable for life goals could be a huge help
- Military Members/Families Not Feeling Cared For/Taken Care Of/Respected
  - Feeling unimportant, neglected, underrepresented, under appreciated, disrespected
  - Feeling alone and unsupported. Feeling as though you are completely on your own, and you have to find your own way in the civilian world, without being adequately armed.
  - Being appreciated. They say thank you for your service and then say do you have a degree why not? Everyone was not afforded the proper support to go to school while serving.

- Some of the providers are "Clueless" as to how to handle the wide array of soldiers with specific behavioral issues. Some are very challenging.
- since I came back from Afghanistan my health is going down hill. Now I have asbestos, this came from overseas. and no one cares, and no help.

## TRANSITION PROCESS, GENERAL

- Difficulty Finding/Keeping Job
  - To find a decent job to support family is hardest aspect to civilian world.
  - Not being able to find good employment is very frustrating and depressing.
  - One of the most challenging aspects of my transition from the military to civilian life is that I lost my job while I was deployed and there was no safety net afforded to me in regards to reemployment rights and left me in the precarious position of being underemployed and then fully unemployed for quite some time...
  - Company's claim they hire veterans, however I have applied for hundreds of jobs with no success. I find this hard to believe considering my experience and qualifications including Bachelors Degree. So called vet friendly companies are just performing lip service. Companies laying claim to the title of vet friendly, hire hero's, should be investigated for false advertisement.
  - My biggest challenge was finding suitable employment post separation.
  
- Difficulty Translating Military Training/Experience to Civilian World
  - Relating military specialities to civilian applications and finding a good job fit.
  - Finding a job based on the skills learned from military service.
  - Putting military accomplishments into civilian lingo. Preparing for civilian employment
  - As the movie character "John Rambo" stated and which I now hold so true-- we are trained and qualified to operate millions of dollars worth of equipment, supervise 100+ personnel, work more with less, work in hostile environments etc. while serving our country in the military. On the outside however, my experience is overlooked. I retired and sought/garnered my Bachelor's degree in Management to find myself today doing repetitive, menial paperwork, not supervising anyone, and not a lot of career growth movement in a state position that has federal contracts that currently barely honors "Vet Preference" in their hiring process...
  - I think the hardest thing was getting used to being a civilian and having to deal with everything operating differently then the military and the stress of having to transition to either a regular job or even finding one. So I think most people just need help with dealing with transitioning back to civilian life since most people joined right out of high school and never had to deal with find a real job or dealing with find housing
  - I am trying to find employment commensurate with my skillset. I have used AWP, WWP, Indeed, USA Jobs, employee referrals to SAIC, etc. I have been to job fairs and had recruiters look me directly in the face and tell me they had a position and could help me and never hear back which is the norm for most jobs, no feedback. Mostly

jobs that get sent my way are completely irrelevant to my skillset and years of experience. I served 27 years, and have a background in logistics and operations. So, when I get sent a job announcement for 3rd shift unloading boxes at UPS, I have to scratch my head and wonder how the person who is supposed to help me find a job commensurate with my skillset got their job? I have had no alleviation in this area from any organization at this point.

- My biggest problem with transitional to civilian life is preparing and entering the workforce. I've never got the assistance to transfer my work skills to civilian for my resume... My most difficult part of transitioning has been acclimating to the civilian sector. I have an BA degree and spent 21 years in the Army, but did not get much assistance on how to properly transition. I would love to see a program where individuals could intern or receive fellowships with organizations. I'd be interested in Executive mentorship and/or fellowships. A lot of organizations can place us into entry level promotions, but many onus have skill sets at managerial, director, or executive levels, but need the fellowship of apprenticeship to help us transition properly. It would be a great way for us to learn the language to use when on the corporate world. I've supervised and mentored over 150 civilians and employees and directed 8 sections within a department. I've done budgets, hiring actions, conducting classes and training and have written doctrine for people to follow. I'd like an opportunity to lead and guide in my next venture instead of feeling like my only opportunities are entry level positions...
  - The biggest challenge (for me) is that many attributes that are valued in the military aren't seen as valuable skills in the civilian market.
  - Can't find a job that I've done in the military without having a bachelor's degree. Having more assistance in job finding,
- Difficulty Finding a Local Support System (especially in states with no military base)
- Need more organizations spread out around for the veterans. I've been out over a year now and I've yet to find anything or group I'm able to be apart of.
  - Support Groups and the Health Care for my disabilities.
  - I live in an area that is not really close to many WWP events and wish there would be a few more events. Since I am new to this area looking for ways to meet people to make friends.
  - There doesn't seem to be functions available close to home and I don't know how to reach out and get help with ba filing
- Difficulty Getting/Asking for help
- I don't have some one to help me over all
  - I'm not sure that there are organizations that they help veterans transition back to civilian life. My only experience is that they offer social gatherings occasionally.
  - I feel like I am not sure what there is that can help me. I also sometime feel that if I get help for things that I am taking away resources from others that may need it more than I.

- Trying to get in touch with Wounded Warrior reference to educational benefits or course
  - I needed time to heal but have had to scrap every day just to make ends meet and tolerate the idiot sheep in civil society. I was hoping WWP could help me get the medical care I needed and maybe even act like they give a damn. So far that has not been the case.
  - There are times when I needed WWP and I was denied or sent to another organization for help, when it was difficult to ask for it in the first place. This is the reason why I have hit a road bump asking for help from WWP and just suffered in silence.
  - The WWP could help by providing peers and peer groups to help vets like me. I know this is out there, but I don't know where to go.
- Difficulty With Transition When Disabled/Injured
- Support the Delaney-Jones Medical Leave for Disabled Veterans Act. Many of us need continuing care and the FMLA 12 month exclusion period can severely limit our access to care as we transition to our civilian careers. Many other VSOs have endorsed this legislation to include the American Legion and DAV.
  - As of right now, my transitioning haven't been unsuccessful due to my hip injury, it is very hard for me to get around, and now starting to have problems with different areas on my body due to my hip injury, so nothing is working and no one can help me As of right now am hoping for a miracle, just wish I can do what I used to,
  - Due to my service connected disability, my wife is now looking for job placement. I would like to see more help for spouses for work placement and help.
  - I just dont know how to talk to pwople some times either. and or how to explain to them that i have dissabilities.
- Problems With Finances
- Often a veteran has to wait many months to years to receive benefits. That was me. I tried to get some financial assistance. I was given wrong information and that ended up putting me in a horrible situation that I'm still battling.
  - sadly it always comes around to money. Deployed vets, especially those with families grow dependent on the extra income and once back home the financial stress begins to grow. transitioning troops are similar, the cost of life outside the military can be overwhelming.
  - I feel having a financial coach, not just a check writing class or a counselor but someone to actually provide real one on one guidance would make a lasting basis for financial health.
  - I went a year without a job which made it really hard for me to support my family in return i had to stay with my mom while my wife and kids had to stay with her parent.
  - I'm in the process of a divorce paying two mortgages and need some financial assistance. It's difficult when all my income is tied up in paying all the bills
  - Having enough money to support my family while going to school full time



- The hardest part was buying a house because my income changed. Losing active duty pay and then not being with current employer for 2 years made it very difficult to buy a home. If not for family I would have had to try and rent which would have been difficult to be approved for same reason as buying.
  - I was just dropped outside of the gate in Washington state with two babies .... in a disabled state. I joined in New York, but no flight home for myself or my family was provided. I used all of our savings to get a home but ended up homeless and losing my family
- Transition Process, Military/ Department of Veterans Affairs (red tape, lack of information on benefits, denial of benefits)
- ... To get a VA appointment is three to four months out which is entirely too long to be seen for a very real physical and mental health need. It also takes months and over one year to get closure on VA compensation claims. The VA appeals process is extremely length and even through the veteran's condition has been documented to have gotten worse, the veteran is barred from compensation until the length appeals process is completed (usually well over one year). So, in the meantime, the veteran and his family suffers.
  - I have 2 civilian doctors, one who specializes in PTSD diagnose me with ailment. I've been on depression/anxiety meds since 2004. The VA has turned me down over and over. I'm on my last appeal. If it doesn't go through this time, I'm ending my life. I gave them 12 years and nothing from them. I totally understand why the suicide rate is so high, very possible I will be next. Financially left with no medical retirement & no income for 6 months Hope for warriors was most helpful as was unmet needs. Dealing with the technical issues of military when soldier is not cared for properly & left with no income waiting on his 100% rating. It would be helpful to have a department to help soldiers through this process especially for family members who do not understand the process. Military is no longer concerned with soldiers, like old equipment they are thrown to the side & every thing possible is done to save money & cheat soldiers from benefits they earned. Help with dealing with the military life instead of just the VS
  - There's little to no education offered for soon-to-be-separating veterans with disabilities regarding the VA's registration processes. Many veterans find themselves without the support they need and deserve because they missed a few time-sensitive steps during their transition out of the military. The DAV does offer some limited information during many branches Transition Assistance Programs but the information is oftentimes simply too little, too late. Vets are left trying to navigate the VA's overwhelming medical and financial programs alone for years after separating, when a little more support PRIOR to separating could help them better prepare for the biggest adjustment many of them will have to face in life. Not sure how WWP could do that, but I know a little more education would have helped me and probably saved me years of unnecessary frustration too.
  - Dealing with the VA has been a nightmare. I quit going to the V A.

- The most challenging problems and stress is dealing with the VA compensation and pension program. Always fighting for and worrying about compensation and percentages. Always worried when a letter will come for reevaluation and losing percentages thus losing compensation.
- Dealing with getting VA rating and understanding system and feeling like I needed help I didn't get and didn't know who to ask. And when I did getting pushed aside. I would like Wounded Warriors to help with how I go about increasing VA rating
- Difficulty Getting Information (on/accessing programs, benefits, services, or other help)
  - I personally think that one website that encompasses all of the others (those that want to say they help), which would be a go to resource and social media platform for veterans, not just a forum, but a place where veterans know they can trust.
  - The exchange of hidden information that isn't passed on. I've been retired for almost 5 years. I am 100% P&T. There is still information I'm finding out from other veterans that could probably help me ease some of my financial issues. I often am told of programs that help assist veterans, but when you are face to face I'm being told I'm not eligible to receive or I am given a hard time or the run around when others almost in the same predicament as I am have received assistance. I feel there is no way to or anyone to converse with regarding something like this. Because it's new, passed on information so I don't have the knowledge to find out why I'm being denied assistance.
  - I feel there should be more information and more job fairs to help us find jobs more educational benefits also state benefits that we are not aware of and more activities to accompany a lot more veterans.
- Difficulty - Military/ VA Disability Program
  - VA disability not able to live on
  - It's not a veteran's fault if they got hurt before being able to deploy. I'm so tired of hearing "we can't help you because you didn't deploy." I am rated at 100% disabled by the VA, but I don't qualify for a majority of your services.
  - The most challenging thing is having to argue/complaint/Appellate decisions to a bunch of incompatible individuals that don't know nor care about your personal well-being. Being treated unfairly and compromised about payments and security for veterans with family's which in terms make having a disability 10x time more unpleasant in many areas of life.
  - After seven years of search for needed health care and having to deal with the VA for benefits... the process are a concern to having a authorization to see a specialist.
  - ... So its hard to tell right now that I'm in a limbo status waiting for the medical board. My fear is that I will not be able to provide for my family and I will not have satisfaction in what I do for a "living" day to day.
- Difficulty Obtaining Care/MH Care for Military Member/Family
  - Gaining access care through the va...
  - ...the process are a concern to having a authorization to see a specialist.



- The biggest issue I currently face is my ongoing health issues. It has been scary and has been the root of all my issues. All I have ever wanted is to get proper health care.
- Trying to get a doctor appointment through the VA is beyond exhausting, and they are usually cancelled or changed last minute after having to wait months for the appointment.
- I feel I could benefit from heavy advocacy when dealing with the VA and its 'red tape'. The constant changes, medical appointments and failures on the part of the VA have made my physical and mental injuries/ illnesses worse - painfully effecting my family, friends and my outlook on the future.
- time it takes to get a va appointment, having them all on different days, and getting pain meds that work.

## SOURCES OF HELP

### ➤ WWP

- Mostly, I feel that not many people understand the challenges of transitioning back to civilian life. Other veterans have provided support both intentionally and not, but it's rare to find non-military people who can understand the situation without simply saying, "Try not to think about it" as though that will solve all of the problems combat and non-combat veterans face. The WWP has helped connect me with veterans who have the skills and position to assist me with financial and employment support, so those are definitely aspects that should be further developed and continued to assist others.
- I must admit that out of all the programs I have been to for help this is the ONLY organization that has done all the things they have promised and more.....
- The most challenging part for me was the complete loss of identity and having no idea what direction I was supposed to go next. I enjoyed having the feeling that no matter how much I hated getting up early, and how much I hated being gone, I was doing it for the greater good and for a cause greater than myself. When you become a civilian, it seems hard and even impossible at times to find anything that closely resembles that feeling. WWP provided me with an opportunity to attend a Braves baseball game in 2016 (which was the first time I was able to get out of the house in months). I then was given an opportunity to attend a deer hunt and it is through that experience that I gained a new hobby and passion, close personal friends that I communicate with almost daily, and a purpose greater than myself in helping other veterans.
- Thank you! This program has been helpful to me and I have seen that it has also been very helpful to many others that I know.
- WWP has been a bright light in some of my bad days. Having heart disease stops me from being able to do most things due to deadly tachycardias. The relaxing events that WWP offers and the dining out have been outstanding. A real blessing when I needed it. Thank you.
- When I got out of military, my whole world shattered... I reached out to get help from the VA mental providers but they are very disappointing. The very first event I

have participated with WWP (aside from the monthly contribution out of my pay check) was the PEER SUPPORT GROUP where I found a family. WWP saved my life. I am in physical pain everyday, I'm getting the proper treatment, I have the support of my non-profit organization family and that's what's helping me to stay on the fight. And of course, I humbly dedicate all my hard work to God. Thank you WWP, I have lost my biological family but you guys have been more than what they can ever be in my life.

- Personally I feel like ever since I've been enrolled through the WWP, I've felt support from the staff and it makes me to be involved so I can help others who struggle with the same problems I went through.
- Military is was a group a family. Civilian life is everybody for themselves and people will stab you in back run over you with no regard. WWP and other organizations help you with being around other warriors, stories comradeship, help each other through situations.

➤ Help [other than WWP]

- I have difficulty being around people in general. That's why I work a retail job but it's not working too good. Mostly it's my wife and my animals that help me.
- It's difficult sometimes but my wife, step son and his wife help keep me focus.
- Having a solid connection to community and friends and family. Having these help out a lot. Plus having a sense of being and being able to understand how its ok to put the military part of you down when its over and just start being yourself again and understanding and accepting it and that it is ok.
- Wanting to be recognized as a veteran. I struggled because of my military medical discharge. I was lucky to find The Mission Continues that helped me to get connected with military veterans again. Opportunities to get back connected with my brothers and sisters has saved me in many ways. Thank you for all that you do and will continue to do.
- ...Vet center and PTSD groups have helped me understand what im going through
- I found that when I left the military, lots of aspects of my service stayed with me and some experiences continue to haunt me. Transitioning to civilian life was made easier by the [City]Veterans Center (they helped me apply for benefits) and by a team of Veteran's Choice doctors who helped me gain health insurance that I wouldn't be able to afford otherwise...

## CONCLUSIONS

The 2017 WWP warrior profile is similar in many ways to prior-year profiles regarding the health, economic status, and current attitudes despite large increases in the number of warriors surveyed. However, there are some notable differences in the survey estimates, some positive, but others negative that we list below. A declining percentage of active duty service members in the population (down to 7.3% in 2017 from 15.8% in 2015) and an increasing percentage of warriors receiving VA disability benefits (up to 88.0% in 2017 from 78.5% in 2015) are two noteworthy differences in characteristics.

**Table 10. Notable trends in the survey estimates since 2015:**

		2015	2016	2017
<b>VA-Related Changes:</b>				
• Receiving VA disability payments	↑	78.5%	84.8%	88.0%
• Receiving VA disability ratings of ≥ 80%	↑	48.1%	53.5%	57.9%
• Have VA claims pending/on appeal	↓	6.4%	4.5%	3.1%
• Have VA health insurance	↑	65.7%	70.6%	73.6%
• VA is primary health care provider	↑	65.3%	67.5%	69.0%
• Most common resource used to cope with feelings of stress or emotional or mental health concerns – VA Medical Center	↑	65.3%	69.1%	70.6%
<b>Employment-and-Income-Related Changes</b>				
• Labor force participation rate for all warriors	↓	65.4%	62.5%	62.5%
• Unemployment rate for <u>non-active duty</u> warriors	↓	16.6%	15.6%	13.3%
• Median weekly income for full-time employees	↑	\$760	\$800	\$800
• Financial status worse than a year ago	↓	31.7%	30.0%	27.7%
• Percentage of school enrollees pursuing a bachelor’s degree or higher	↑	67.5%	68.2%	70.1%
<b>Changes in Reasons for Difficulty in Getting Mental Health Care</b>				
• Difficulty in scheduling appointments	↓	33.4%	31.5%	30.6%
• Inconsistent treatment or lapses in treatment	↓	31.5%	30.9%	29.3%
• Treatment might bring up painful/traumatic memories you wish to avoid	↓	37.2%	33.7%	32.3%
<b>Changes in Reasons for Difficulty in Getting Physical Health Care</b>				
• Difficulty in scheduling appointments	↓	42.4%	40.3%	39.1%
• VA requirements made it difficult to get referrals for needed specialty care	↑	29.6%	30.9%	31.1%
<b>Health –Related Changes</b>				
• Percentage of warriors who are obese	↑	46.0%	48.6%	50.9%
• “Yes” to “Accomplished less than you would like in the past 4 weeks” because of physical health problems	↑	N/A	82.1%	85.8%

## Health and Well-Being

**Self-assessment of health-related quality of life.** The survey relied on the VR-12 for the first time in 2017. This tool was designed to assess the health-related quality of life of veterans. Findings from this instrument are consistent with the previous year when the VR-36 was used and indicate that that the mental and physical health problems distinguish them. The Physical Component Scale (PCS) score—a composite measure of the impact of physical health on quality of life—for WWP warriors was 37.4. This is substantially lower than the U.S. population average of 50, but similar to other veterans with one or more medical comorbidities. The Mental Component Scale (MCS) score—a composite measure of the impact of mental and emotional health on quality of life—for WWP warriors was 35.2. This is also notably lower than the U.S. population average of 50, but similar to veterans with more than two mental comorbidities.

**Specific health-related problems.** Sleep is still a problem for many warriors. Only 19.5 percent of warriors regularly get enough sleep to feel rested upon waking in the morning. This is consistent with other research findings that indicate past and current service members, particularly those who have been deployed, experience diminished sleep quality and quantity. Sleep problems may be secondary to mental health conditions such as PTSD and depression, but they may also contribute to them. Lack of quality sleep has been linked with many adverse long-term health consequences.

There is a growing awareness that sleep problems may also be related to obesity. For example, obese military members and veterans in the Millennium Cohort were more likely to report sleep apnea (Rush et al., 2016). WWP survey data indicate that about half of warriors (50.9%) are obese: 52.2 percent of male warriors and 43.6 percent of female warriors.

Inadequate exercise may be contributing to the rates of obesity among WWP warriors. Less than half of warriors (41.5%) do moderate-intensity physical activity or exercise three or more days a week. Of course, physical and mental injury may severely limit the ability of some warriors to participate in these activities. The myriad concerns is well articulated by this warrior:

*I feel many veterans struggle with weight gain from the drastic transition of exercising daily to not being forced to. Once a person lets themselves go, it can be a big challenge for them to return to their former physical [girth] especially with physical disabilities. WWP should try to help veterans get back into shape and try to offer exercise classes if they don't already.*

Alcoholism is also linked with a variety of adverse health outcomes including heart disease, stroke, liver disease, and cancer. Research indicates that alcoholics also experience problems falling asleep and decreased total sleep time (Brower, 2003). Though excessive alcohol consumption is not a problem for the majority of warriors, analyses of warriors who drink alcohol indicate that there is a subset of warriors who consume hazardous amounts of alcohol. WWP may want to consider opportunities for offering tailored supports or information for those who consume alcohol.

### **Use of health care services and reasons for difficulty in accessing mental health care.**

Among warriors, 51.7 percent had visited a professional to get help with issues such as stress, emotional, alcohol, drug, or family problems. More than one-third of warriors (34.1%), however, had difficulty getting mental health care, put off getting such care, or did not get the care they needed.

Over one-third of warriors (34.8%) indicated that conflicts between their personal schedules and hours of operation of the VA sites were the reason they had difficulty getting mental health care. This was the most frequently cited reason, but it was closely followed by discomfort with existing resources within the DoD or VA (33.0%) and the feeling that treatment might bring up painful or traumatic memories that the warriors wanted to avoid (32.3%).

## Isolation

Many warriors struggle with the return to civilian life. More than half of warriors (51.1%) feel they don't have close personal relationships with other people. Consequently, they may lack a vital resource to help them cope.

*There needs to be a counter objective to retrain veterans to become civilians again. You can't count on a team any more **because it's just you.** [Emphasis added.]*

*Military is/was a group a family. **Civilian life is everybody for themselves** and people will stab you in back, run over you with no regard. [Emphasis added.]*

Social isolation is a real issue for warriors, particularly for those with mental health concerns. Average Social Isolation Scale scores indicate that those who suffer from either depression or PTSD are much more isolated than those who do not have these conditions. The ability of WWP to offer opportunities to improve social isolation is clearly reflected in warrior comments:

*WWP provided me with an opportunity to attend a Braves baseball game in 2016 (which was the first time I was able to get out of the house in months).*

## SOCIAL SUPPORT AND PERSONAL RESILIENCY

As in previous years, the majority of warriors perceive their current relationships with family, friends, coworkers, and others in their community to be strong. Most warriors (79.3%) said there is a trustworthy person they can turn to for advice about problems. In addition, most (81.6%) feel there are people they can depend on to help them when needed. Many warriors continue to rely on their veteran peers for support during stressful times in their lives. More than half (51.6%) said talking with another OEF/OIF/OND veteran was a resource that they used for coping with stress and concerns. This positive outlook is reflected in the following warrior comment:

*Retiring from the service was a challenge. Thankfully, I have been active with friends in WWP and had some great reunions.*

*Organizations like WWP help vets feel at home, feel a part of a whole, feel wanted even if just for a day. Talking with a fellow vet that has been "there" makes a big difference and WWP makes that happen.*

At the same time, half (48.9%) feel they do not have close personal relationships with other people. When coping with stress and concerns, just over a quarter (26.8%) said they talk with non-military family members or friends as a resource. WWP may want to consider new ways to connect warriors who struggle with social support and personal relationships. The following quote highlights the struggles with relationships some warriors face:

*I have zero personal relationships left after transitioning. My marriage has dissolved since retirement and am left sitting in a house by myself attempting to get by. I attend school but do not have the social skills to create new relationships with most civilians. There are very few veterans that I feel I can relate to.*

**Resiliency.** Despite all the challenges they face in their daily lives, the majority of warriors rate themselves high on personal resiliency. For more than half of warriors (51.1%), said it is *often true* or *true nearly all the time* that they can adapt to change. Slightly more than half of warriors (51.1%) indicated they think of themselves as a strong person. And for 48.6 percent, the same is true about being able to deal with whatever comes their way. That still leaves many other warriors who could use more support and optimism about their personal situations.

## Resources to Help Cope

About 70 percent (70.6%) of warriors use VA medical centers to help them cope with feelings of stress or emotional or mental health concerns. As one warrior comments:

*Vet center and PTSD groups have helped me understand what I'm going through.*

WWP is often the intermediary that helps connect warriors with sources of support in civilian life:

*The WWP has helped connect me with veterans who have the skills and position to assist me with financial and employment support, so those are definitely aspects that should be further developed and continued to assist others.*

*The very first event I have participated with WWP (aside from the monthly contribution out of my pay check) was the PEER SUPPORT GROUP where I found a family. WWP saved my life.*

*WWP has been a bright light in some of my bad days. ... The relaxing events that WWP offers and the dining out have been outstanding. A real blessing when I needed it.*

## Economic Empowerment

The unemployment rate for warriors decreased slightly in the past year, from 13.2 percent in 2016 to 11.7 percent in 2017. This decrease is in line with the dropping unemployment rates among Gulf War I era Veterans and the US population in general (BLS, March 2017).



Additionally, only 62.5% are in the labor force, which is the same labor force participation rate as 2016. Like last year, the most common reason for warriors are not in the labor force is medical/health conditions or treatment.

*Having been out of the work force for more than 9 year's it seems almost impossible to find a good paying job and improve my technical skills. PTSD makes it very challenging being around non military or veteran employees. I rarely see any support from the civilian community in hiring veterans who have been out of work for extended periods of time.*

**Education and student loans.** As in past years, about 29 percent of warriors have student loan debt. However, the amount of debt it student loans has risen across those years, with 25.7% percent owing \$30,000 or more in 2015 compared with 30.6 percent in 2017. However, educational attainment and pursuit has also increased somewhat across the same years. In 2017, 70.1 percent of warriors are pursuing a bachelor's degree or higher, compared with 67.5 percent in 2015. Additionally, the percentage of warriors who have already obtained a bachelor's degree increased by three percentage points since 2015 – from 30.2 percent to 33.2 percent. Warriors are pursuing higher education, but at a cost. Unfortunately, student loan debt has many warriors feeling like they'll never catch up.

*The system is totally unfair to Veterans, we receive barely enough to survive on after retiring and must obtain a new job for survival. The Federal Student Loan processes totally consumes and crushes any possibility for a Veteran to ever get out of Debt. My student Loan Debt has only gone up due to the ridiculous interest rates; no matter how much I pay. Due to student loans I feel I'll never get to be comfortable!*

**Other debt.** About 53 percent of warriors own their own home with an outstanding mortgage. Among those warriors, monthly mortgage payments have risen, with 35.2 percent of warriors currently making payments of at least \$1,500, compared with 32 percent in 2016 and 29.3% in 2015. While student loans and mortgage payments are higher than recent years, other monthly debt payments are lower – about 40 percent of warriors with debt make monthly payments of \$1000 or less this year, compared with 31 percent in 2015. However, total debt continues to be high, with more than half of warriors with debt owning \$20,000 or more. Encouragingly, the debt-to-income ratio is at an all-time low, with 52.1 percent of warriors with spousal income having a ratio > 41 percent (compared with 58.3% in 2016) and 70.4 percent without spousal income (compared with 76.6% in 2016). This is a result of the lower debt payments and slightly higher income (33.3% of warriors have an income of at least \$40,000 in 2017, compared with 30.7% in 2016).

**Living situation and homelessness.** About 56 percent of warriors own their own home, including those with and without an outstanding mortgage, which is about seven percentage points higher than in 2015. While more warriors are homeowners, the percent of warriors who have been homeless in the past 24 months has remained around six percent since 2015.

*I was homeless for 15 days last year, living out of my truck and maintaining a public storage unit for my personal effects that I did not leave behind and I have two evictions totaling \$7,500.00. Because of this, I can't buy or rent my own home. I have to live with my girlfriend.*

*My living situation is improving, but it has been a hardship because I have a lot of issues that I did not have prior to my deployment. Our issues are not easy for a civilian to adapt to. I can't stress enough, money is not everything. Veterans do need help even after being granted service connected percentages.*

**Financial management.** A new scale was added to the 2016 survey called the Financial Management Behavior Scale (FMBS). This scale measures overall financial behavior with subscales on savings and investment, cash management, credit management, and insurance. Warriors had lower average scores for each subscale, when compared to a nationally representative sample. However, that study's population was older by about five years older and only included individuals who were married or cohabiting. The scale scores remained almost identical to last year, showing the warriors are still struggling with how to manage their finances. Only about 28 percent of warriors often or always saved money from every paycheck and about 40 percent maxed out the limit on one or more credit cards often or always in the past 12 months. Warriors are finding it difficult to save money.

*It was a very difficult transition due divorce and became a single parent without any savings. Lived on credit cards until they were maxed out. Too many variables I was not ready for.*

**Financial status.** Similarly to previous years, the percentage of warriors who say that their financial status is worse than it was a year ago has been consistently declining (27.7% in 2017 compared with 31.7% in 2015). As previously mentioned, debt payments have gone down and income has slightly increased, so it is not surprising that fewer warriors are reporting their current health status as worse than last year. Still, over a quarter of warriors struggling with their financial status is not a small number, and many warriors are looking for help.

*Financial Stability - more organizations to help with emergency financial hardship and learning teaching helping with savings and most of all help for the military children.*



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# Appendix A

## Survey Methods and Administration Details

# APPENDIX A: SURVEY METHODS AND ADMINISTRATION DETAILS

## SURVEY POPULATION

WWP delivered a database containing warrior names, email addresses, and telephone numbers to Westat. Westat removed duplicate records, names of warriors who requested that they not receive email from WWP, and bad email addresses. The resulting survey population included 92,853 wounded warriors registered as Wounded Warrior Project (WWP) warriors.

## QUESTIONNAIRE

The survey was designed to address the following broad topics:

- Overall Warrior Background Information
- Physical and Mental Well-Being
- Economic Empowerment

The final version of the 2017 survey included 124 closed-ended questions, many of them multi-item questions. Not all questions were administered to all warriors, 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, Surface, 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 21, 2017, and continued through May 12, 2017—7 and ½ weeks.

*SURVEY COMMUNICATIONS.* Westat emailed a survey invitation and eight email reminder messages during data collection (see Table A1). The survey invitation and reminder emails were signed by Michael S. Linnington, Chief Executive Officer of WWP.

**Table A1. List of Survey Communications Sent to WWP Warriors**

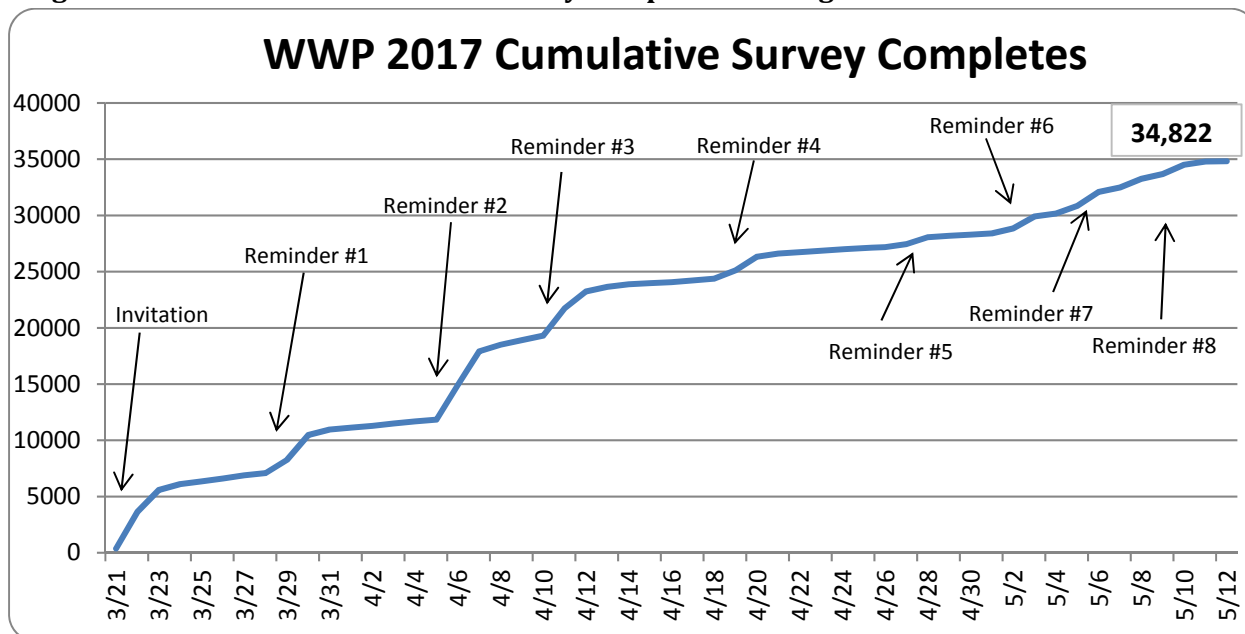
Communications	Delivery method	Date sent
Survey invitation	Email	March 21, 2017
Thank you/reminder #1	Email	March 29, 2017
Thank you/reminder #2	Email	April 6, 2017
Thank you/reminder #3	Email	April 11, 2017
Thank you/reminder #4	Email	April 19, 2017
Thank you/reminder #5	Email	April 27, 2017
Thank you/reminder #6	Email	May 2, 2017
Thank you/reminder #7	Email	May 5, 2017
Thank you/reminder #8	Email	May 9, 2017

The survey invitation email contained a link to the survey web site as well as a unique user ID for accessing the survey. The email explained the purpose of the survey, encouraged participation, stated that caregivers could assist with completing it, and provided contact information for WWP and for the Westat WWP Survey Support Center. The email also informed them that when they submitted their completed surveys, they could provide a mailing address to receive a WWP power bank charger. During the field period, Westat emailed eight thank you/reminders about the survey to all nonrespondents.

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 2017 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 warriors 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 900 emails. Most warriors who wrote in asked to be removed from future WWP mailings. Others asked WWP for assistance with receiving various services. The help center staff forwarded those requests to WWP. Some warriors provided address updates.

Other 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 Power Bank Charger.

In response to other emails, staff provided the survey URL to 21 warriors, classified 54 warriors as refusals and removed them from the survey mailing list, and updated 26 email addresses and 8 addresses.

Sixty-five respondents reported technical difficulties with their surveys. Help Center staff resolved most of these technical problems by sending the respondent their individual survey web site link with the embedded password. The other problems appeared to be that they received a message that the survey timed out when logging in, was related to firewalls that blocked emails with a military extension, or were due to respondents not having access to the internet.

**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 one business day.

During the field period, 55 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, and refusals to take the survey,. 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 delivered respondent comments to the open-ended question at the end of the survey that identified any key words associated with possible severe behavioral health distress (e.g., comments about harming themselves or others) to the client. The Help Center compiled cumulative reports with possible distressed comments to WWP for review and followup. WWP staff contacted warriors 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 37.5 percent in 2017, compared with 40.0 percent in 2016 and 39.4 percent in 2015. The 2017 rate was calculated as follows:

Response rate = [Number of completes/(Number of eligible respondents + number of eligible nonrespondents)] \* 100.

$$[34,822/(34,822 + 4,960 + 54 + 53,012)] * 100$$

$$= [34,822/92,848] * 100$$

$$= 37.5 \text{ percent}$$

**Table A2. Final Disposition Codes**

Number	Disposition value	Disposition code	Definition of disposition code
<b>Eligible Respondents</b>			
34,822	C	Complete	Completed web survey – Answered at least 17 of 20 core demographic questions as well as 21 of 46 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).
<b>Eligible Nonrespondents</b>			
4,960	P	Partial Complete	Partially completed web survey – Did not answer at least 17 of the core demographic questions and 21 of the 46 core nondemographic items.
54	R	Refusal	Emailed or called and said “Do not email me again” and did not submit a survey.
53,012	N	No response	No survey submitted or started;
<b>Ineligible Sample Members</b>			
5	I	Ineligible	Was not eligible: Included 3 deceased warriors and 2 ineligible caregivers sampled.

*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 warriors who are currently on active duty is much lower than that for WWP warriors 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 warriors who were asked to participate in the 2017 WWP Warrior survey. For respondents, we also examined the relationship between these variables and the corresponding survey variables.

For the 2017 survey, we decided to create nonresponse adjustment cells similar to the way we created the nonresponse adjustment cells for the 2016, 2015, 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. 2017 Response Rates Disaggregated by Information Available for Both Respondents and Nonrespondents**

Variable	Level	# Individuals in population	# Respondents	Response rate (%)
FRAME_STATUS	Active duty	13,221	4,457	33.7
	Not on active duty	69,950	27,682	39.6
	Missing	9,682	2,683	27.7
FRAME_REGION	Midwest	10,835	4,478	41.3
	Northeast	9,029	3,412	37.8
	South	45,405	17,384	38.3
	West	20,988	7,920	37.7
	Missing	6,596	1,628	24.7
FRAME_AGE_CAT	18-24	2,000	337	16.9
	35-30	17,138	4,853	28.3
	31-35	25,221	9,138	36.2
	> 35	44,003	19,320	43.9
	Missing	4,491	1,174	26.1

For the 2017 survey, we calculated a set of weights to be used with the data obtained from all the respondents to the 2017 survey. The resulting weighted estimates represent the 2017 population. These types of weights are called cross-sectional weights. This same process was used with the 2016, 2015, 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 54.

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 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 2017 Base Weights and 2017 Adjusted Weights**

Characteristic	2017 Base weights		2017 Adjusted weights	
	Respondents	Nonrespondents	Respondents	Nonrespondents
Minimum	1.0	1.0	2.0	0.0
Maximum	1.0	1.0	7.0	0.0
Mean	1.0	1.0	2.67	0.0
Median	1.0	1.0	2.51	0.0
	34,827	58,026	92,853	0
		92,853		92,853

## 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

#### 2017

- United States (59,994 visits)
- Puerto Rico (383 visits)
- Germany (281 visits)
- Guam (106 visits)
- South Korea (82 visits)
- Japan (56 visits)
- Afghanistan (44 visits)
- United Kingdom (47 visits)

#### 2016

- United States (54,608 visits)
- Puerto Rico (338 visits)
- Germany (253 visits)
- Guam (86 visits)
- South Korea (76 visits)
- Japan (49 visits)
- United Kingdom (47 visits)
- Italy (43 visits)

#### 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)

### Top 10 Visits by Cities

#### 2017

- Atlanta (1,849 visits)
- San Antonio (1,471 visits)
- Houston (1,387 visits)
- Washington (1,263 visits)
- Dallas (1,244 visits)
- New York (1,144 visits)
- Los Angeles (1,103 visits)
- Chicago (1,021 visits)
- Orlando (1,010 visits)
- San Diego (713 visits)

#### 2016

- Atlanta (1,578 visits)
- Houston (1,495 visits)
- New York (1,321 visits)
- Los Angeles (1,148 visits)
- San Antonio (1,053 visits)
- Dallas (971 visits)
- Washington (962 visits)
- Chicago (849 visits)
- Jacksonville (735 visits)
- Colorado Springs (661 visits)

#### 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)

### Top Browsers Used by Visitors

#### 2017

- Chrome (44.2%)
- Safari (40.1%)
- Internet Explorer (7.3%)
- Firefox (3.5%)
- Edge (3.2%)

#### 2016

- Chrome (43.1%)
- Safari (36.0%)
- Internet Explorer (10.5%)
- Firefox (4.3%)
- Edge (2.9%)

#### 2015

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

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