2018 Wounded Warrior Project® SURVEY

Report of Findings

PREPARED BY

Westat®

AUTHORS

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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 2018 Wounded Warrior Project Annual Warrior Survey was the ninth annual 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 and to compare their outcomes with those of other military populations. 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 warriors.

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.

2018 SURVEY ADMINISTRATION. The web survey was fielded to 98,054 eligible WWP warriors from March 20 to May 14, 2018, and over 33,000 warriors completed the survey. Email communications included a survey invitation and eight reminders. Warriors who completed the survey were offered a WWP Swiss Army multi-tool as a token of appreciation for their participation.

The final unweighted response rate for 2018 was **33.7** percent (33,067 completed surveys among 98,054 eligible warriors), which was lower than last year's **37.5** percent response rate. After data collection, the survey data were weighted to produce estimates representative of the 2018 WWP population.

TOP-LINE FINDINGS

WARRIOR BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE. The following presents a 2018 demographic profile of WWP warriors. (All estimates are based on weighted data.)

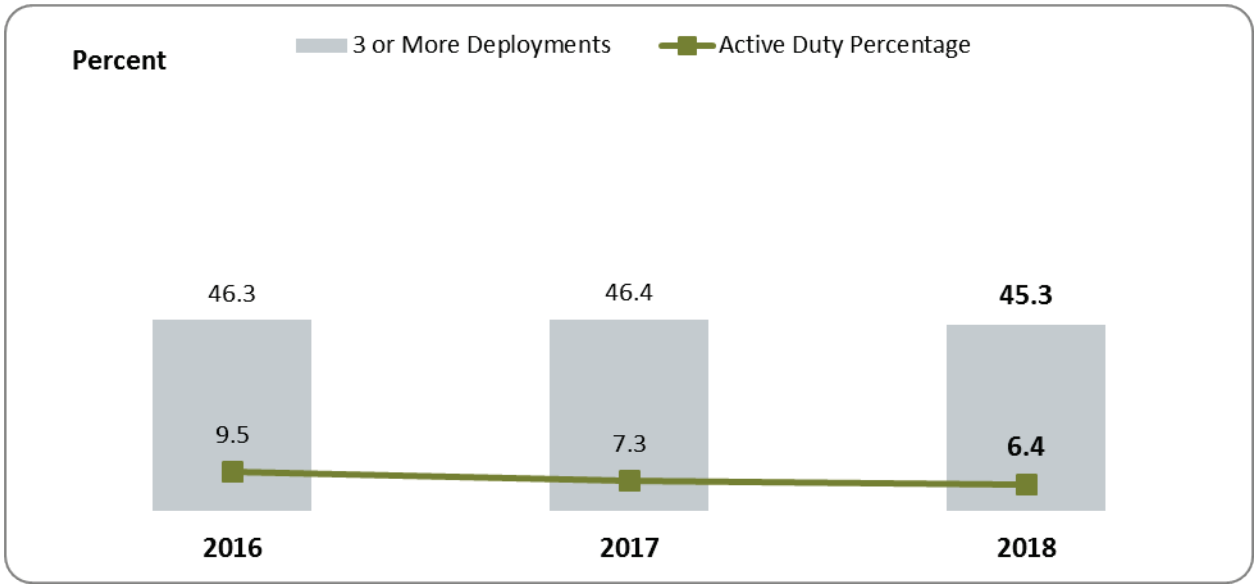
- Men – 83.5%
- Mean age – 39.7 years; younger than 31 – 16.8%
- Currently married – 66.5%
- Race/ethnicity:
  - White – 66.6%
  - Hispanic – 18.5%
  - Black or African American – 14.0%
  - American Indian or Alaska Native – 5.3%
  - Asian – 3.6%
  - Native Hawaiian or other Pacific Islander – 1.7%
- Geographic location:
  - South – 53.1%
  - West – 23.8%
  - Midwest – 12.9%
  - Northeast – 10.2%

MILITARY PROFILE. The demographic profile of warriors in 2018 is similar to previous years. Most warriors were or are enlisted service members (91.7%). About 3 in 5 enlisted warriors (61.6%) 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 two thirds of what it was just two year ago (6.4% versus 9.5%).

Almost half of warriors (45.3%) have deployed three or more times during their military career. Almost all warriors who have deployed since 2001 did so at least once to a combat area (93.4%).

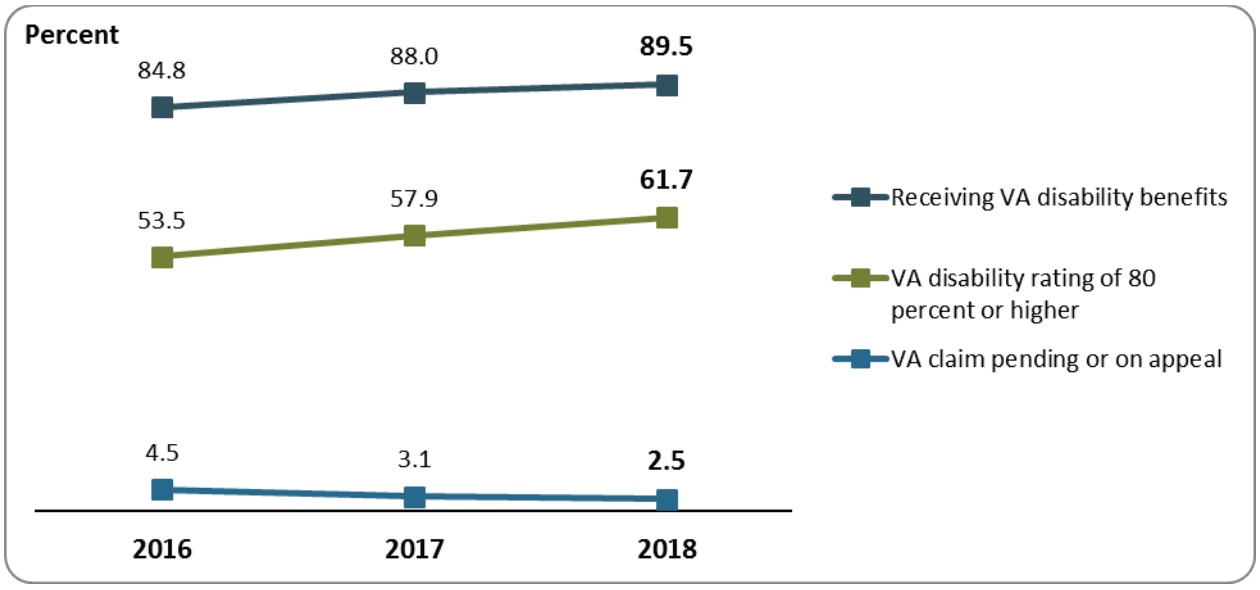
Figure ES-1. Active Duty Warriors and Warriors with Deployments



SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS. Among those with injuries, nearly 9 in 10 (89.7%) experienced more than three injuries or health problems.

As Figure ES-2 shows, the percentage of warriors receiving VA benefits (89.5%) continued to rise; more than 6 in 10 warriors (61.7%) had disability ratings of 80 percent or higher, also a rising trend. The percentage of warriors reporting pending or claims on appeal at VA continues to decline (2.5%).

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) – 78.2%
- Sleep problems – 75.4%
- Back, neck, or shoulder problems – 73.7%
- Depression – 70.3%

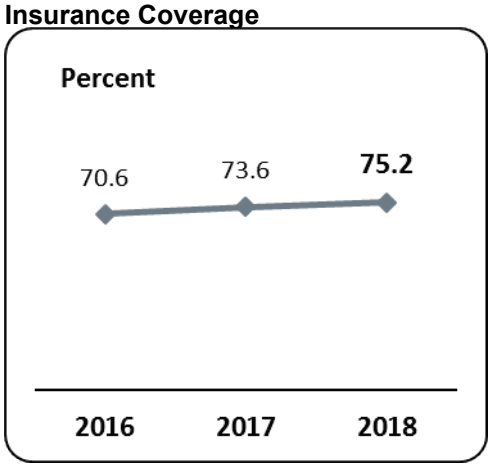
Rates for these injuries and health problems are similar to the 2017 estimates.

About 3 in 10 warriors (32.4% in 2018 and 27.5% in 2017) need the aid and attendance of another person because of their injuries and health problems. Among warriors needing assistance, approximately one-fourth (23.2%) need more than 40 hours of aid every week.

CURRENT HEALTH INSURANCE COVERAGE. Up from the 2017 estimate, 75.2% of warriors receive health insurance through the VA. Figure ES-3 presents the three-year increasing trend.

More than two-thirds (68.4%) 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 Health Survey (VR-12) which were adapted from the RAND 36-Item Health Survey (SF-36) and Veterans RAND 36-Item Health Survey (VR-36). The SF-36 instrument was used in the 2010-2015 surveys, the VR-36 instrument was used in 2016, and the VR-12 instrument has been used since 2017. 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 **37.6**, which is similar to the mean scores of veterans who have zero or one medical comorbidity. The mean MCS score for WWP warriors is **35.3**, which is similar to the mean MCS score for veterans who have more than two mental comorbidities. Both are standardized with reference to the 2002 U.S. population such that a score below 50 indicates health status below the average in the 2002 U.S. population.

HEALTH. Similar to last year, about half of warriors (49.1%) assessed their health as excellent, very good, or good, but half (50.9%) reported their health as fair or poor.

DIET. A new set of questions asked about daily servings of fruit and vegetables. Research has shown that healthy eating patterns such as daily servings of fruit and vegetables are associated with positive health outcomes. Almost a third (28.4%) reported consuming no fruit servings and 14.7 percent reported no vegetable servings in their normal daily diet. The majority of warriors indicated they consumed between 1 and 2 servings of fruit (63.3%) or vegetables (72.8%) on a typical day.

EFFECTS OF PHYSICAL HEALTH AND MENTAL HEALTH/EMOTIONAL PROBLEMS ON ACTIVITIES. More than 7 in 10 warriors (72.2%) report that their health limits them (either a lot or a little) when climbing several flights of stairs, and about a third (67.0%) 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 (81.8%) 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.

The physical health or emotional problems of 89.8 percent of warriors interfered with their normal social activities with family, friends, neighbors, or groups at least slightly. Less than half (42.1%) of warriors indicated that physical or emotional problems interfered all of the time or most of the time with their activities.

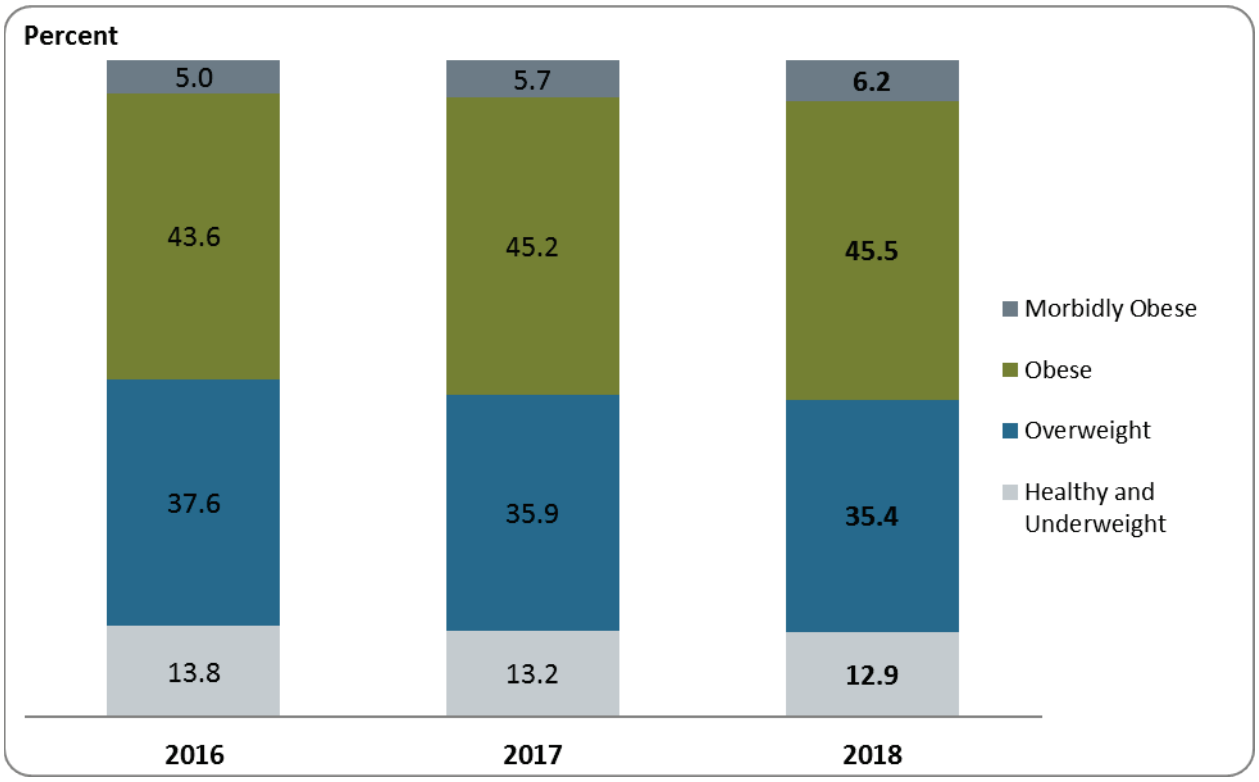
HOW THEY HAVE BEEN FEELING. Past military experiences still adversely affect many warriors. More than three-quarters of warriors (77.2%) had an experience that was so frightening, horrible, or upsetting that they were constantly on guard, watchful, or easily startled.

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) – 39.9%.
- Tiredness (felt tired or had little energy) – 34.4%

HEALTH-RELATED MATTERS. More than 8 in 10 warriors (85.8%) said maintaining their health is either very important or moderately important, and 42.1 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 a large majority of warriors. The average body mass index (BMI) score for warriors is 30.8, slightly above the cut-off for obesity, which is 30.0. About half (51.7%) of warriors have BMI exceeding the obesity cut-off; 6.2 percent are morbidly obese. Figure ES-4 depicts the trend in BMI over the past three years. Unfortunately, weight issues continue to be a major challenge for warriors and the trend is not improving.

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, 50.9 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. Almost one-third of warriors (32.8%) had difficulty getting mental health care, put off getting such care, or did not get the care they needed.

Over one-third of warriors (37.3%) 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 feeling that treatment might bring up painful or traumatic memories that the warriors wanted to avoid (32.7%) and the discomfort with existing resources within the DoD or VA (31.8%).

The percentage of warriors mentioning a lack of resources in their geographic area as a reason for difficulties in getting mental health care was similar to 2017 (24.5%, compared to 24.7% in 2017).

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

- Would be considered weak – 19.1%
- Concerned that your future career plans would be jeopardized – 19.0%
- Would be stigmatized by your peers or family – 17.6%

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 – 71.2%
- Talking with another OEF/OIF/OND veteran – 52.6%
- Prescription medication – 46.8%

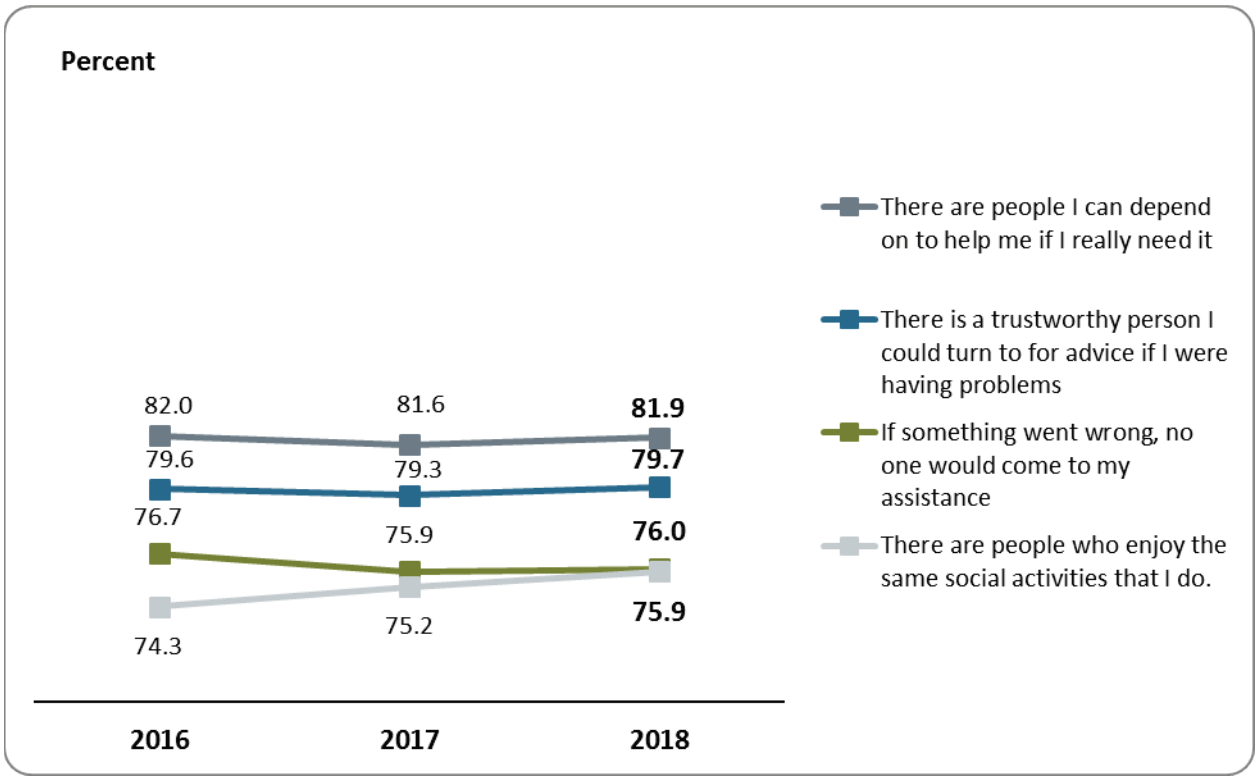
In comments provided by the warriors at the end of the survey, many express how helpful and therapeutic it is for them to interact and talk with other veterans, especially post 9/11 veterans that share similar military experiences. Warriors continue to look for opportunities to meet with fellow veterans as part of their personal transition and recovery, and encourage WWP to provide more of these types of interactions and opportunities.

PHYSICAL HEALTH CARE SERVICES: ACCESS. About 4 in 10 warriors (39.6%) 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 for not getting proper care was difficulty in scheduling appointments (38.1%).

SOCIAL SUPPORT. On the 10-item Social Provisions Scale, between 51.5% and 81.9% answered positively in 2018 to each statement about their current relationships with friends, family members, co-workers, community members, and others. The four statements with the highest percentages answering positively are presented in Figure ES-5.

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). The total Social Provisions Scale score range is from 10 to 40 and comes from the mean scores for the five provisions. Higher scores indicate a greater degree of perceived support. The total Social Provisions Score in 2018 is 28.4 which has not changed in recent years (28.3 in 2017 and 28.4 in 2016).

Figure ES-5. Most Positive Responses About Social Support



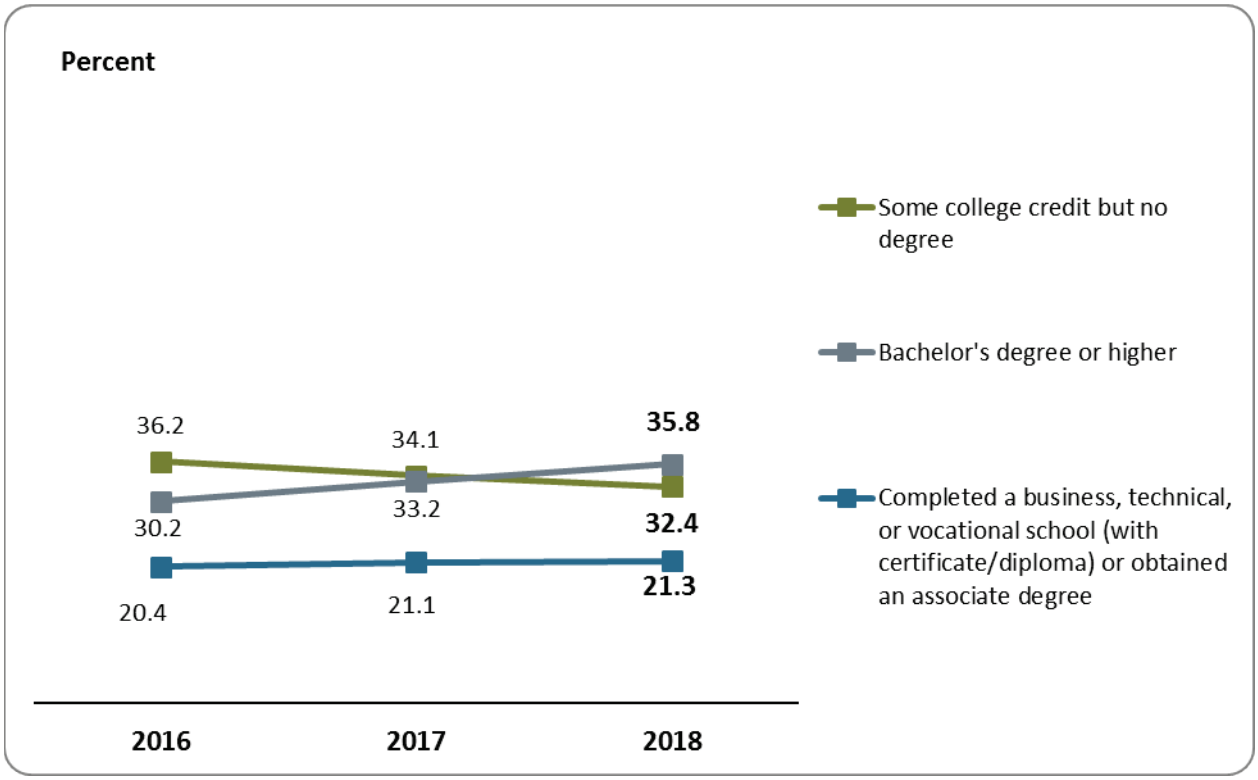
CURRENT ATTITUDES. The survey used the 10-item version of the Connor-Davidson Resilience Scale (also known as the CD-RISC 10-Item Resilience Scale) to address current attitudes about resilience in the face of changes or hardships. About half of warriors indicated it is *often true* or *true nearly all the time* that they are able to adapt when changes occur (50.7%) and slightly less than half indicated they tend to bounce back after illness, injury, or other hardships (44.5%).

The mean CD-RISC 10-Item Resilience Scale score for WWP warriors is **23.7.** This is much lower than mean scores found for the general U.S. population: **31.8** (Campbell-Sills et al., 2009). However, we know that 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).

FINANCIAL WELLNESS

EDUCATIONAL ATTAINMENT. The proportion of warriors with a bachelor's degree or higher continues to increase as many warriors pursue further education. 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 (23.2%) are now enrolled in school to pursue the following credentials:

- Bachelor's degree or higher – 70.1% of enrollees (70.1% in 2017)
- Associate degree – 19.2% (20.1% in 2017)
- Business, technical, or vocational school training leading to a certificate or diploma – 8.4% (7.8% in 2017)

The two primary benefits warriors use to finance their educational pursuits are the same as in 2017: 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 (27.9%) has increased by about 2 percentage points in the past 3 years while warriors using the Post-9/11 GI Bill (55.8%) has decreased by more than a percentage point.

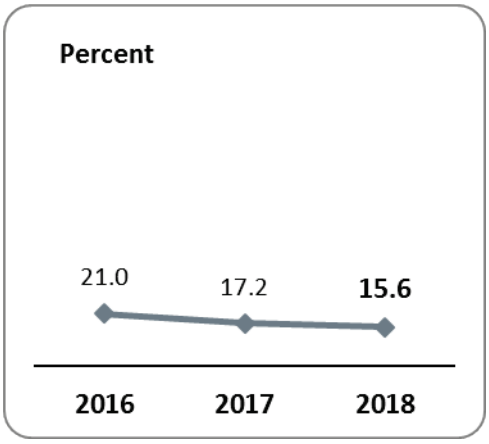
LABOR FORCE/EMPLOYMENT STATUS. More than 60% of warriors are employed, and most are working full-time. Labor force findings include the following:

- Labor force participation rate – 62.1%
- Percentage of warriors employed full-time – 47.6%
- Percentage of warriors employed part-time – 7.7%
- Percentage of employed warriors who are self-employed – 6.6%
- Unemployment rate – 11.0%
- Unemployment rate for subset of *non-active-duty warriors* – 12.3%

The primary reasons warriors are not in the labor force include mental health injury (37.4%), physical injury (24.3%), retirement (15.6%), or current enrollment in school or in a training program (13.8%). In addition, 3.9 percent of warriors who are not in the labor force have become too discouraged to continue looking for work, and 3.0 percent have family responsibilities that prevent them from working.

Warriors work in many different industries. Almost one quarter of warriors (22.6%) currently work for the federal government. Slightly fewer warriors (15.6%) 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, 15.1% are totally satisfied with their employment compared with 7.6% 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 2018, and the percentage estimates are similar to 2017 estimates. The top 3 most frequently cited barriers to employment are:

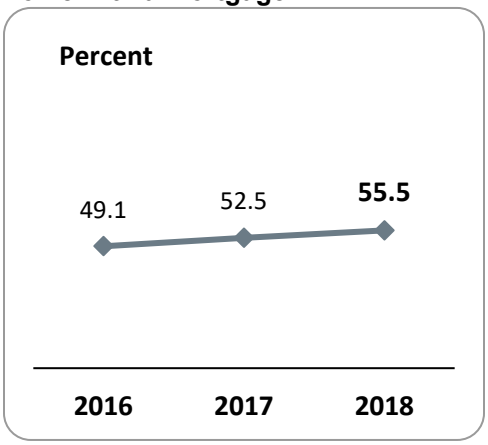
- Mental health issues – 33.6%
- Difficult for me to be around others – 30.1%
- Not physically capable – 20.7%

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

- Income from work:
  - Less than $10,000 – 37.8%
  - $10,000 to $24,999 – 9.7%
  - $25,000 to $39,999 – 12.4%
  - $40,000 to $59,999 – 16.4%
  - $60,000 or more – 18.8% (17.3% in 2017)
  - Don't know – 4.9%
- Income from various benefit, cash assistance, and disability programs:
  - Received $20,000 or more in income from those sources – 44.3%.
  - Received no income from those sources – 16.1%.

CURRENT LIVING ARRANGEMENT. Home ownership continues to increase. Among warriors, 59.6 percent of warriors own homes, with or without a mortgage balance. Over half (55.5%) currently own their own homes with an outstanding mortgage, continuing a three-year upward trend (Figure ES-8). Around 4.1 percent own their homes with no mortgage balance. Less than 3 in 10 warriors (27.5%) rent their homes.

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



HOMELESSNESS. About 5.6 percent of warriors were homeless or living in a homeless shelter during the past 24 months. Of these homeless warriors, 26.6 percent were homeless for less than 30 days, almost half (49.1%) were homeless for 1-6 months, 12.9 percent were homeless for 7-12 months, and 11.4 percent were homeless for 13-24 months. The mean number of days warriors were homeless was 214.7 (about 7 months). Among those who were homeless, 21.2 percent received government housing assistance. Rates of homelessness were higher among females than males (7.1% vs 5.3%).

MONTHLY DEBT PAYMENTS. Among warriors with debt, excluding mortgages on primary residences, about a third (32.9%) pay less than $1,000 per month on total household debt they owe, and another 36.5 percent make monthly payments ranging from $1,000 to less than $2,500 (36.6% in 2017). However, more than half of warriors with debt owe $20,000 or more, excluding mortgages. 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 similar in 2018 compared to the prior year. Among all warriors, 41.7 percent own their homes with outstanding mortgages and answered the three income questions in the survey. Among this group, 58.3 percent (compared to 58.2% in 2017) 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 (30.5% of warriors), 85.7 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, 71.1% (compared to 70.4% in 2017) 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, 51.7% (compared to 52.1% in 2017) have a debt-to-income ratio exceeding 41%.

FINANCIAL MANAGEMENT. Warriors were again asked 15 questions comprising the Financial Management Behavior Scale (FMBS), 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 2017. The following are the average FMBS scores for warriors:

- Overall score = 3.1 (3.1 in 2017)
- Savings and investment subscale score = 2.4 (2.4 in 2017)
- Cash management subscale score = 3.6 (3.6 in 2017)
- Credit management subscale score = 3.1 (3.1 in 2017)
- Insurance subscale score = 3.7 (3.6 in 2017)

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 can 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 2017 estimates:

- Better now – 27.4% (25.2% in 2017)
- Same – 43.4% (42.9% in 2017)
- Worse – 25.3% (27.7% in 2017)
- Don't know – 3.9% (4.1% in 2017)

Female warriors are more likely than male warriors to say that their financial status is worse than a year ago (29.7% of female vs. 25.6% of male warriors). This financial trend, along with the higher homelessness rate among female warriors, is a growing area of concern to many.

WARRIOR SUMMARY

The large majority of WWP warriors are veterans; only 6.4 percent are still on active duty (down from 9.5% in 2016). Almost half have deployed three times or more during their military career, and most of these deployed warriors (93.4%) have been deployed to a combat area since 9/11. These military duties and combat exposures have resulted in injuries and health problems, both physical and mental, that oftentimes present lingering effects. The most common issues reported by warriors remain the same as in recent years: PTSD, sleep problems, depression, and maintaining a healthy weight. Overall, almost half of warriors report their health as being *excellent*, *very good*, or *good*, but unfortunately, the other half (50.9%) consider their health to be only *fair* or *poor*. Over 40% reported that their current health impacts normal social activities with their family, friends, and others *all of the time* or *most of the time*. Their decreased health also impacts their employment outlook as warriors cite mental health issues, difficulty being around others, and not being physically capable as the top three barriers to finding employment.

Fortunately, warriors have a good support system around them as they deal with their physical and mental challenges. More than 80% of warriors said there are people in their lives that they can depend on to help them when they really need it. These family members and caregivers continue to make major sacrifices while supporting the recovery of their warriors. These events are extremely important to warriors because they provide an opportunity for warriors to interact with other veterans that share similar experiences and circumstances. Of the many resources and tools provided to warriors with needs, including health care provided by VA and prescription medications, interacting and talking with other veterans remains a top three resource for helping them to address their mental health concerns. These interactions, along with the many other benefits provided by the WWP programs and services, are vital to the rehabilitation and recovery of warriors as they seek to improve their current health, employment, and financial status.

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WOUNDED WARRIOR PROJECT

Wounded Warrior Project® (WWP) is transforming the way America's injured veterans are empowered, employed, and engaged in our communities. Because each warrior's path to recovery is unique, WWP aims to serve warriors wherever they are in their journey with programs and services that augment the existing resources available at the Department of Defense (DoD), Department of Veterans Affairs (VA), Veterans Services Organizations (VSOs), and other agencies and organizations. These free services in mental wellness, physical health, peer connection, career counseling, and long-term rehabilitative care change lives. Warriors never pay a penny for these services – because they paid their dues on the battlefield.

Whether it is by providing programs and resources or fostering community and legislative support, WWP has been committed to helping injured veterans achieve their highest ambition since 2003 by raising awareness of their needs and advocating for change on their behalf. WWP's efforts in the legislative arena have led to the creation and passage of legislation that gives veterans and their families the support that they deserve, including 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).

When warriors are ready to start their next mission, WWP stands ready to serve.

WOUNDED WARRIOR PROJECT SURVEY

SURVEY OBJECTIVE

WWP maintains a database of the wounded warriors that they serve. 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 financial wellness across a number of outcome domains. WWP has conducted this annual survey since 2010. The first survey was administered to establish baseline data on its warrior membership and subsequent surveys help to identify trends among WWP warriors and compare their outcomes with those of other military populations. These measures help determine the fitness of WWP warriors and identify current needs that WWP uses to inform the programs and services they provide to warriors. 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
- Financial Wellness

DEVELOPMENT PROCESS. WWP worked with RAND to design the baseline survey administered in 2010. Westat appraised that draft survey and conducted cognitive interviews with four warriors and one caregiver to help finalize the 2010 survey with WWP and RAND.

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 2018, new questions were added about program participation and WWP events, caregivers, service animals, eating habits, and drug use.

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. Despite extensive pretesting, an IT issue occurred with accessing the web survey on the second day of fielding. During a four hour window, an error prevented 538 warriors from accessing the web survey. After fixing the issue an email was sent to alert warriors of the technical problems.

2018 SURVEY ADMINISTRATION

Westat administered the survey to 98,055 warriors in WWP's member database as of January 2018 (up from 92,853 warriors in 2017). Data collection continued for eight weeks from March 20 to May 14, 2018. All communications with the wounded warriors were via email and included a survey invitation, eight thank you/reminder emails, and one email addressing a technical problem with the hosting of the web survey. Reminder emails were only sent to survey

nonrespondents. As an incentive to promote higher survey response, those who answered and submitted a 2018 survey were offered a WWP Swiss Army multi-tool. (Nonmonetary incentives have been offered to survey participants since 2011.)

The final response rate was **33.7** percent (33,067 completed surveys among 98,054 eligible warriors in the survey population), compared with 37.5 percent in 2017, and 40.0 percent in 2016. 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. The initial survey invitation reminded warriors that a family member or caregiver could assist them with completing the web survey. Five hundred and thirty eight caregivers (0.6%) reported that they completed the survey for their wounded warriors, and 7,100 caregivers (7.9%) helped warriors complete the 2018 survey.

2018 REPORTED DATA

WWP SURVEY. The estimates provided in the findings section of this 2018 report, including estimates that appear in the executive summary, are based on 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 survey data. For example, if employment status of nonrespondents was systematically different from the employment status of respondents to the survey, this difference could have introduced bias.

When calculating weights, statisticians need 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 2017, 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 2018 survey are included in Appendix A.

The data set used for analysis includes data for the 33,067 warriors who completed a survey. For a survey to be considered "complete", the respondent had to answer at least 18 of the 25 core demographic questions as well as 21 of the 47 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 2018, 2017, and 2016. Most, but not all, figures and tables include data for all 3 years.

Please note that the sample sizes have increased each year. The 2018 survey population (98,055) was larger than in 2017 (92,853) and 2016 (79,161). In addition, the survey population

included a lower percentage of active duty service members in 2018 (6.4%) than in 2017 (7.3%) and in 2016 (9.5%).

In the text, we highlight changes of about 5 percentage points or more between the 2018 and 2017 survey estimates as well as some patterns of change since 2016 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 2017 BLS data on Gulf War II era veterans—defined as those who have served in the military since September 2001—as well as some BLS comparison data for Gulf War I era 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 (6.4% in 2018) 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 noting that the WWP population is a subpopulation of all post 9/11 veterans.

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 findings from the survey results. They are presented as follows:

Overall Warrior Background Information

- Demographic Profile
- Military Service Experiences
- Injuries
- 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
- Resilience and Attitudes

Financial Wellness

- Education
- Employment and Unemployment Status
- Income
- Current Living Arrangement
- Debt
- Homelessness
- Financial Management
- Overall Assessment of Financial Status

Major Themes in Survey Comments

Conclusions

Appendices

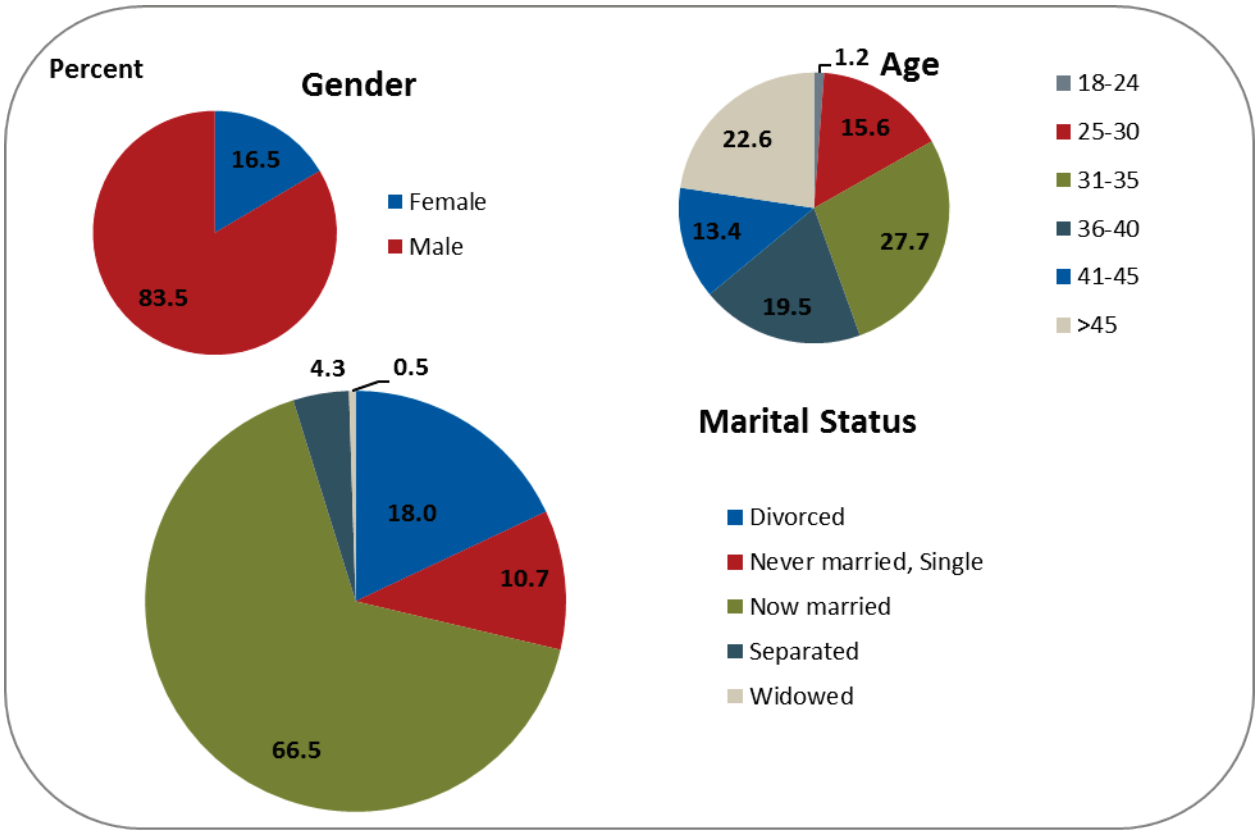
- Appendix A: Survey Methods and Administration Details

WARRIOR BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE

GENDER, AGE, MARITAL STATUS. The 2018 demographic profile for warriors is similar to the 2017 and 2016 profiles. Most warriors are male (83.5%) and the majority of warriors are also currently married (66.5%) (Figure 1). Their mean age is 39.7 years old (38.8 years old in 2017), with the largest age group being 31-35 years old (27.7%). Approximately 44.5% of WWP warriors are 35 years old or younger.

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



BLS, Current Population Survey, Annual Averages 2017

Gulf War II era veterans: Served since September 2001

- 82.6 percent are male and
- 46.4 percent are younger than 35 years old

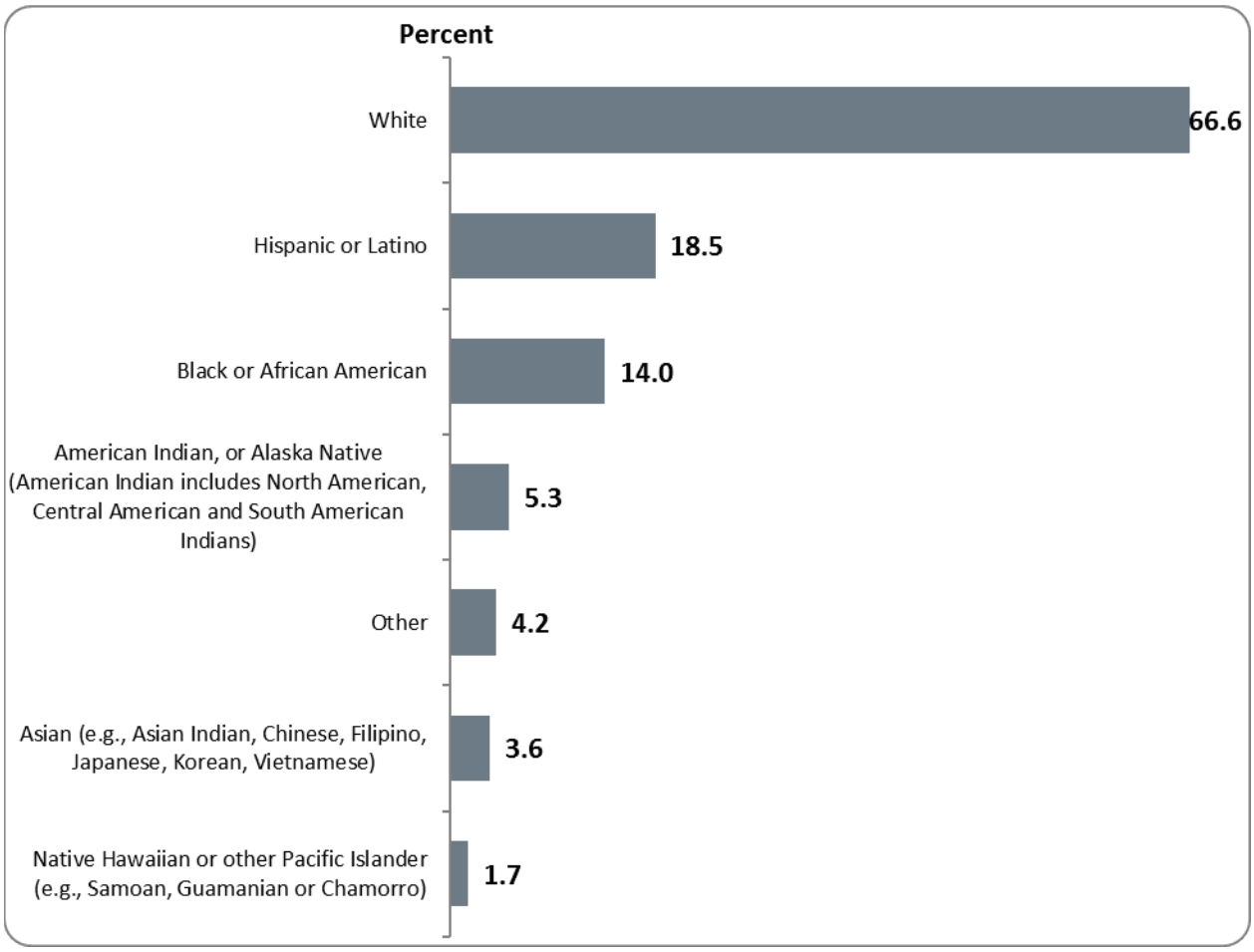
Gulf War I era veterans: Last served August 1990 to August 2001

- 84.6 percent are male
- 0.8 percent are younger than 35 years old

Source: August 2017 Veterans Supplement (BLS, March 2018, USDL-18-0453); Tables 1 and 2A: http://www.bls.gov/news.release/pdf/vet.pdf.

RACE/ETHNICITY. Most warriors are White (66.6%; Figure 2). Eleven percent of warriors (11.0%) reported 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 2017

Gulf War II era veterans: Served since September 2001

- 76.1 percent—White
- 17.2 percent—Black
- 12.8 percent—Hispanic

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

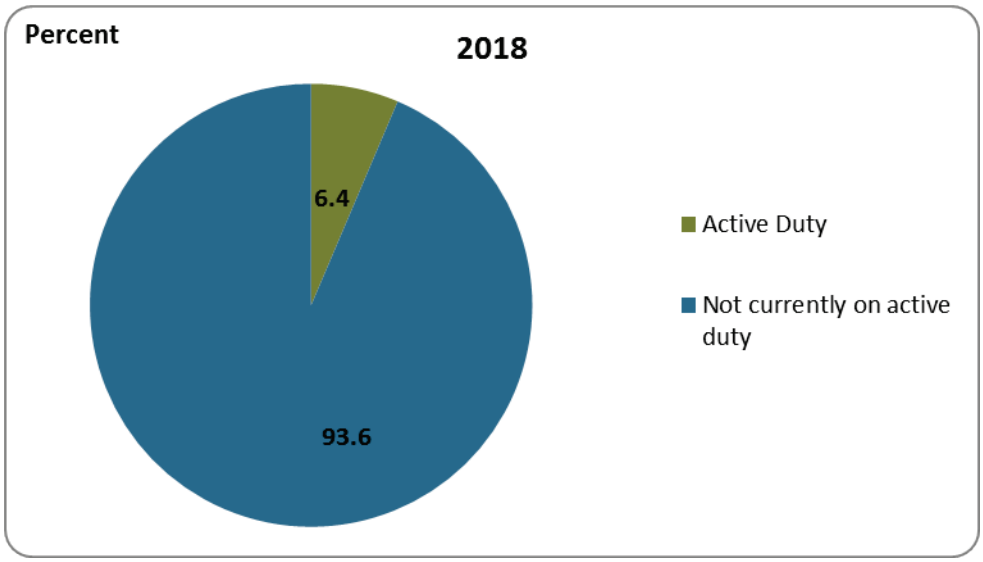
- 75.8 percent—White
- 17.6 percent—Black
- 8.2 percent—Hispanic

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)

MILITARY DUTY STATUS. The proportion of active duty service members among warriors continues to decline—6.4 percent in 2018 (Figure 3), compared with 7.3 percent in 2017 and 9.5 percent in 2016. This decrease should be expected as deployment to combat operations continues to decline across the Armed Forces, and thus, combat-related injuries and illnesses among active duty service members continues to decline as well. 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 3. Distribution of Warriors by Active Duty Status



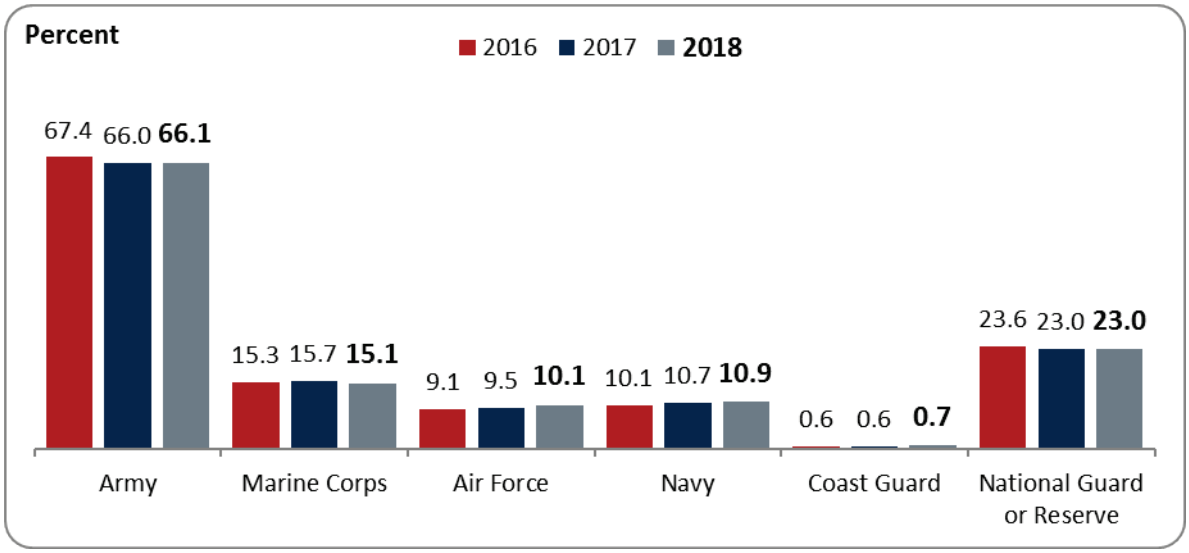
More than half of 2018 warriors (57.7%) last served on active duty before 2012. The percentages per year for the year warriors last served were highest for 2012 (9.9%), 2013 (11.2%), and 2014 (10.9%).

Among those currently on active duty, 71.9 percent are active duty service members and 28.1 percent are activated National Guard or Reserve members. Among those not currently on active duty, 5.8 percent are members of the National Guard or Reserve. Other warriors not on active duty reported their status as follows:

- Separated or discharged – 43.0%
- Retired for medical reasons – 42.8%
- Retired for nonmedical reasons – 14.2%

SERVICE BRANCH. Two-thirds of warriors (66.1%) have served in the Army, and 15.1 percent in the Marine Corps (Figure 4). Almost one-fourth of warriors (23.0%) have served in the National Guard or Reserves. In addition, 23.2 percent of warriors have served in more than one branch or component.

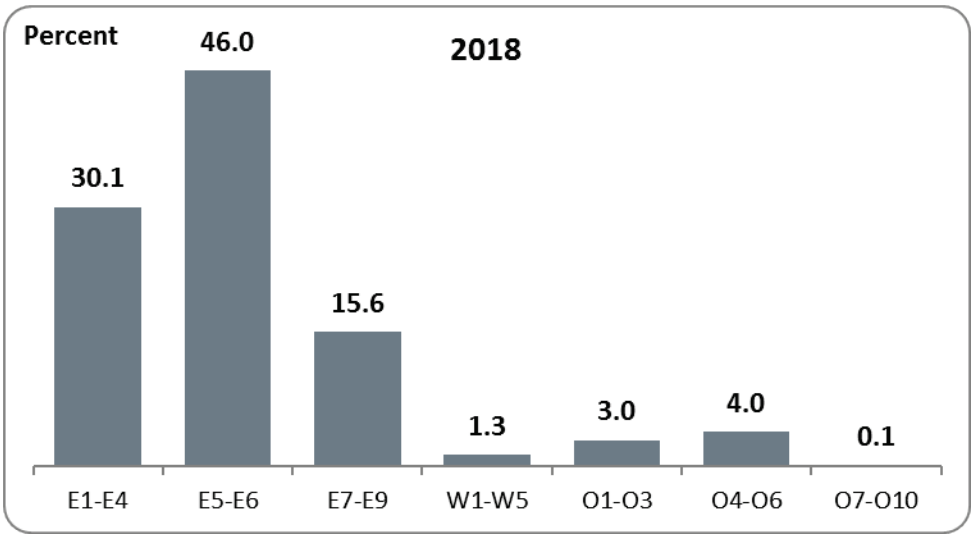
Figure 4. Distribution of Warriors by Service or Reserve Component



NOTE: Percentages do not sum to 100 because warriors could have served in more than one Service.

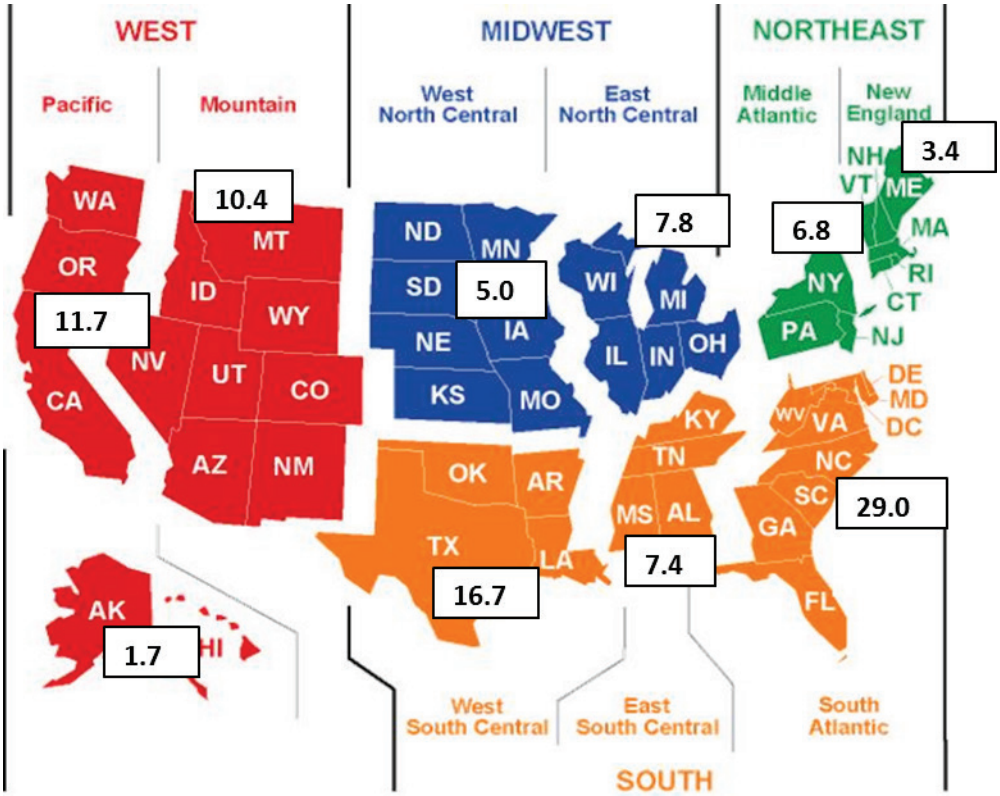
HIGHEST PAY GRADE. Highest pay grades achieved by WWP warriors indicate that most are/were enlisted personnel (91.7%), including 61.6 percent with the equivalent rank of sergeant or above (E5–E9). Only 1 percent (1.3%) of warriors obtained the rank of warrant officer, and 7.0 percent are/were commissioned officers (Figure 5).

Figure 5. Highest Pay Grade Attained



GEOGRAPHIC RESIDENCE. As in 2017, more than half of wounded warriors (53.1%) live in the South, 23.8 percent live in the West, 12.9 percent in the Midwest, and 10.2 percent in the Northeast.

Figure 6. Regional Distribution (%) of 2018 WWP Warriors



The 10 states with the highest numbers of WWP warriors according to survey responses were the same as in 2017 (Table 1). A total of 56.0 percent of warriors currently reside in these 10 states.

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

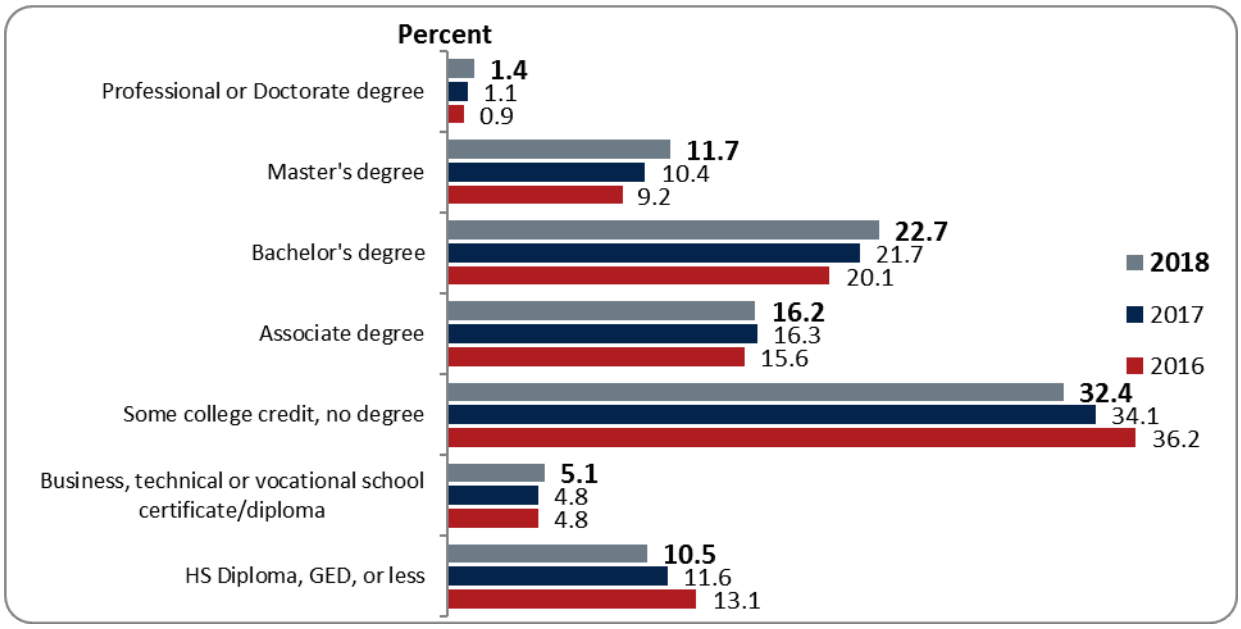
State	2018 Count	2017 Count
1. Texas	12,648	11,607
2. Florida	8,844	8,065
3. California	6,936	7,145
4. North Carolina	5,249	4,944
5. Georgia	4,699	4,276
6. Virginia	4,127	4,150
7. Colorado	3,279	2,934
8. Arizona	3,132	2,906
9. Washington	3,127	3,046
10. New York	2,867	2,827

EDUCATION. Current level of educational attainment varies among warriors with the largest group having some college credit, but no degree (Figure 7):

- Associate degree or some college – 48.6%
- Bachelor's, Master's, or Professional/Doctorate degree – 35.8%
- No college credit – 15.6% (but 5.1% of these have a business, technical, or vocational school certificate/diploma)

The 2018 results are mostly similar to those in 2017 and 2016; however, the percentage with a bachelor's degree or higher has continued to increase since 2016 as warriors continue to pursue further education.

Figure 7. Highest Degree or Level of School Completed



BLS, Current Population Survey, Annual Averages 2017

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

- 36.6 percent—Bachelor's degree or higher (nonveterans: 34.8%)
- 41.5 percent—an associate degree or some college (nonveterans: 25.7%)
- 21.8 percent—no college credit—had a high school diploma, GED, or less (nonveterans: 39.5%)

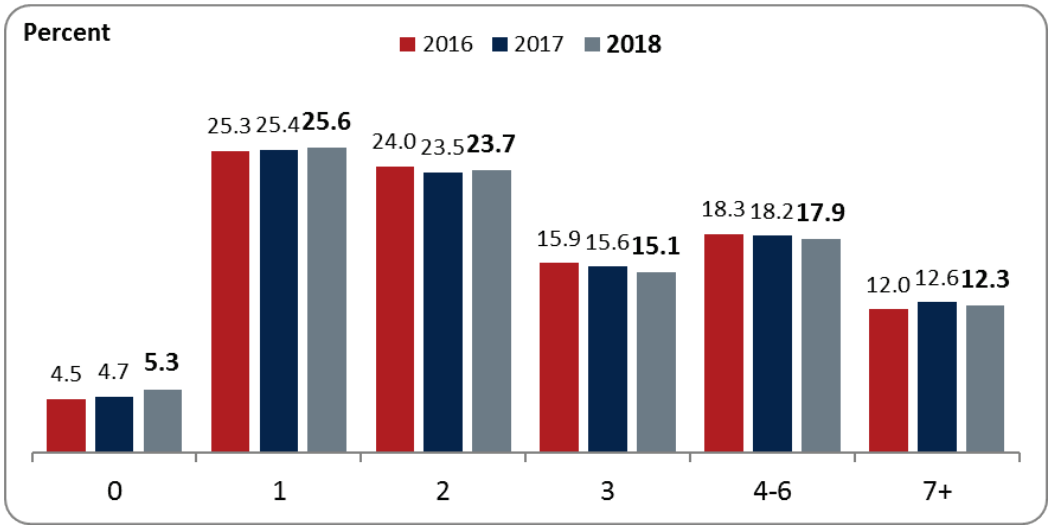
Gulf War I era veterans (25 years and over): Last served August 1990 to August 2001

- 36.3 percent—Bachelor's degree or higher
- 38.7 percent—an associate degree or some college
- 25.0 percent—no college credit—had a high school diploma, GED, or less

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

TOTAL NUMBER OF DEPLOYMENTS. More than 4 in 10 warriors (45.4%) have deployed three or more times (includes possible training deployments), compared with 46.4 percent in 2017. Slightly less than half of warriors (49.3%) have deployed once or twice, and 5.3 percent have never deployed (Figure 8).

Figure 8. Number of Deployments

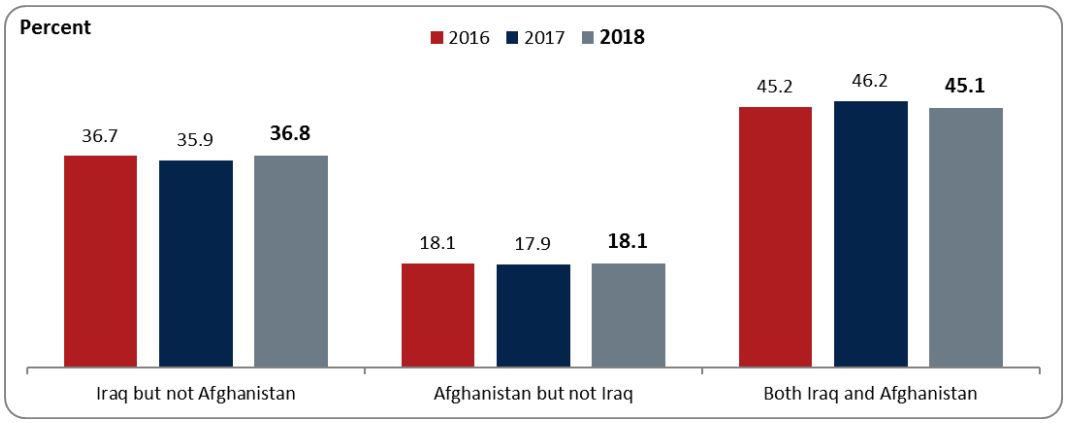


Most warriors who were deployed have deployed to a combat area (93.4%). They were asked how many of their deployments were to Iraq, Afghanistan, and other combat areas. The majority of those deploying to each of those areas did so once or twice:

- Iraq: once – 56.2%; twice – 30.0%
- Afghanistan: once – 73.2%; twice – 19.3%
- Other combat areas: once – 61.5%; twice – 20.2%

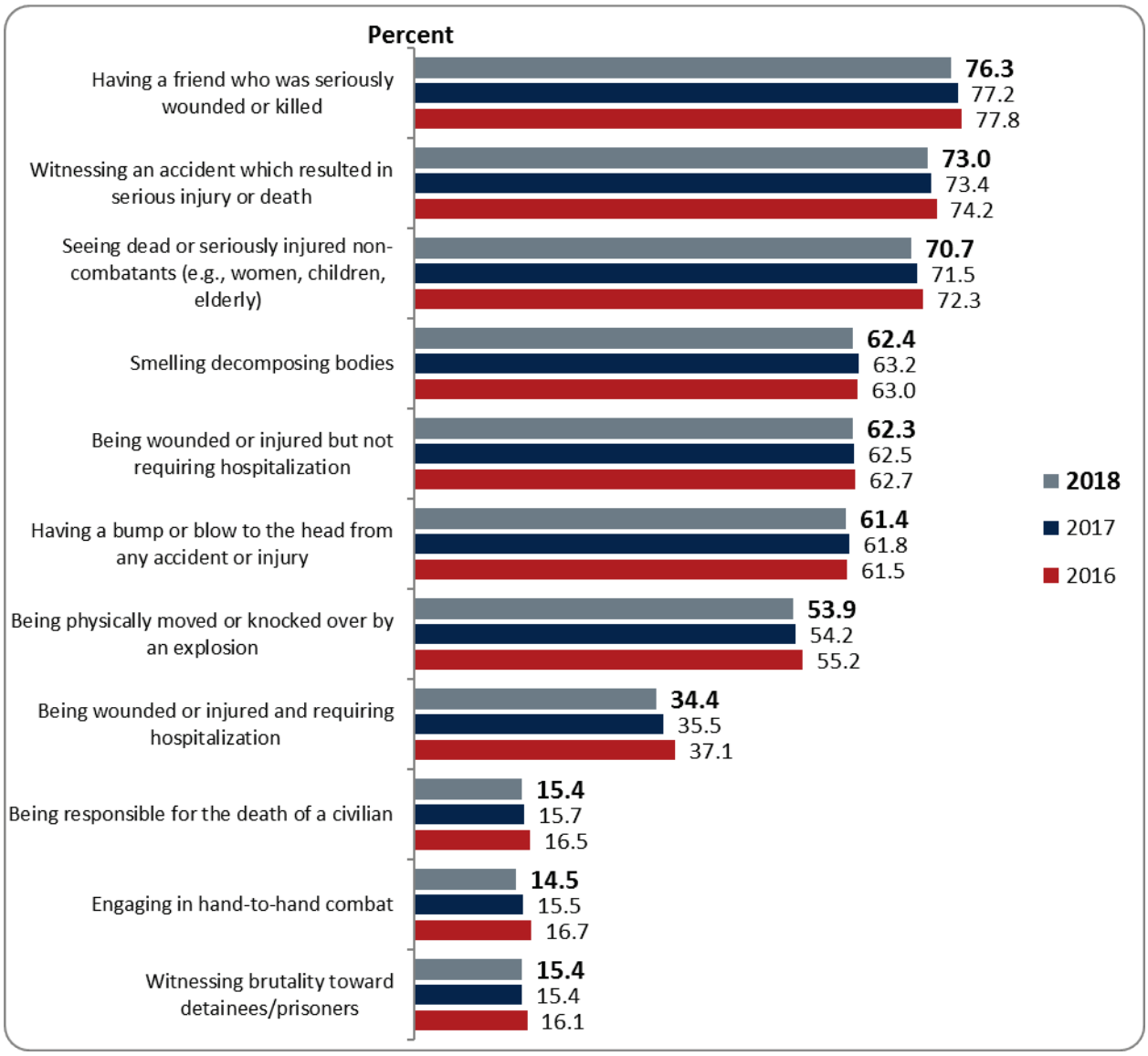
Among warriors deployed to Iraq but not Afghanistan, Afghanistan but not Iraq, or to both countries, the highest 2018 percentage for the three options was “both countries” (45.1%; Figure 9).

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 94.3 percent who experienced or witnessed at least 1 of the 11 situations described in Figure 10, more than half (52.3%) had experienced 6 or more of the situations. The results for 2018 are similar to those for 2017, although percentages are decreasing.

Figure 10. Experiences During Post 9/11 Deployments



RAND's Invisible Wounds study administered the same trauma exposure items appearing in Figure 10 to service members returning from OEF and OIF (2007– early 2008), although the wording in a few items was changed slightly in the WWP survey. Any differences in results attributable to the wording changes are likely to be minor. Weighted results from the Invisible Wounds study include the following (Schell & Marshall, 2008):

- Having a friend who was seriously wounded or killed – 49.6%
- Witnessing an accident resulting in serious injury or death – 45.0%

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

The proportions of WWP 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 when they were studied.

INJURIES

INJURIES AND HEALTH PROBLEMS EXPERIENCED DURING MILITARY SERVICE. The list of severe injuries and health problems, including physical injuries that warriors experienced during their service after September 11, 2001, is 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 (77.6%) 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 (78.2%). That condition likely contributes to the high percentage of warriors who report sleep problems (75.4%). 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 who may be 10-15 years removed from combat. The percentage of warriors coping with anxiety has been consistent in recent years (68.7% in 2018, 67.9% in 2017, and 67.3% in 2016). The percentage of warriors suffering from depression has also remained high and fairly stable (70.3% in 2018, 70.1% in 2017, and 70.0% in 2016). More than 40 percent of warriors continue to report traumatic brain injury (41.2% in 2018, 40.9% in 2017 and 40.6% in 2016).

Many warriors experienced severe *physical* injuries and health problems during their military service after September 11, 2001. As in 2017, relatively high percentages experienced back, neck, or shoulder problems (73.7%); tinnitus (61.1%) and hearing loss (49.0%); knee injuries or problems (54.3%); and migraine/other severe headaches (49.5%).

Military sexual trauma (MST) was reported to be experienced by 8.4 percent of warriors. Among female warriors, 38.6 percent experienced MST, compared with 2.4 percent of male warriors.

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

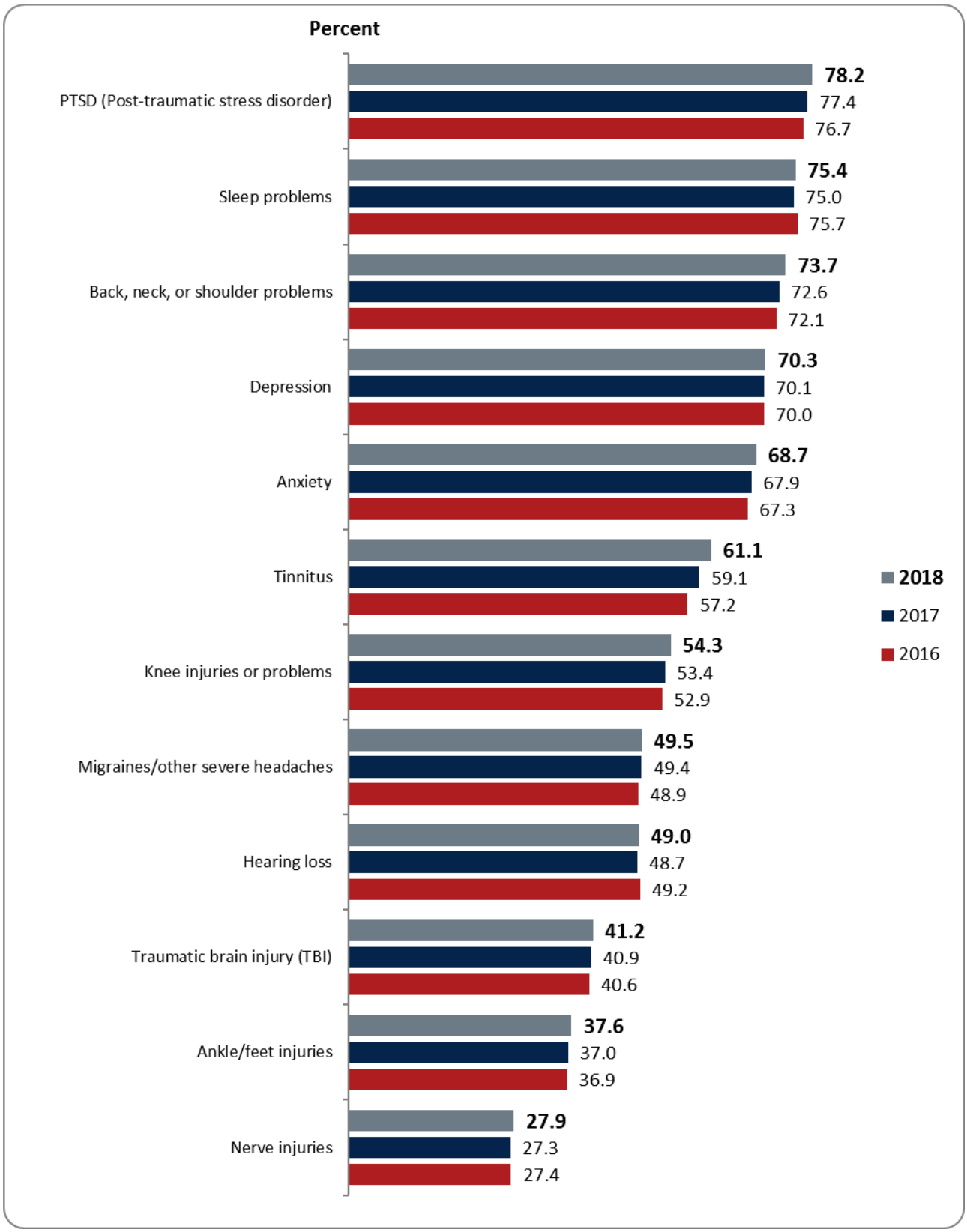


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Figure 11. Injuries and Health Problems During Military Service Since 9/11 (continued)

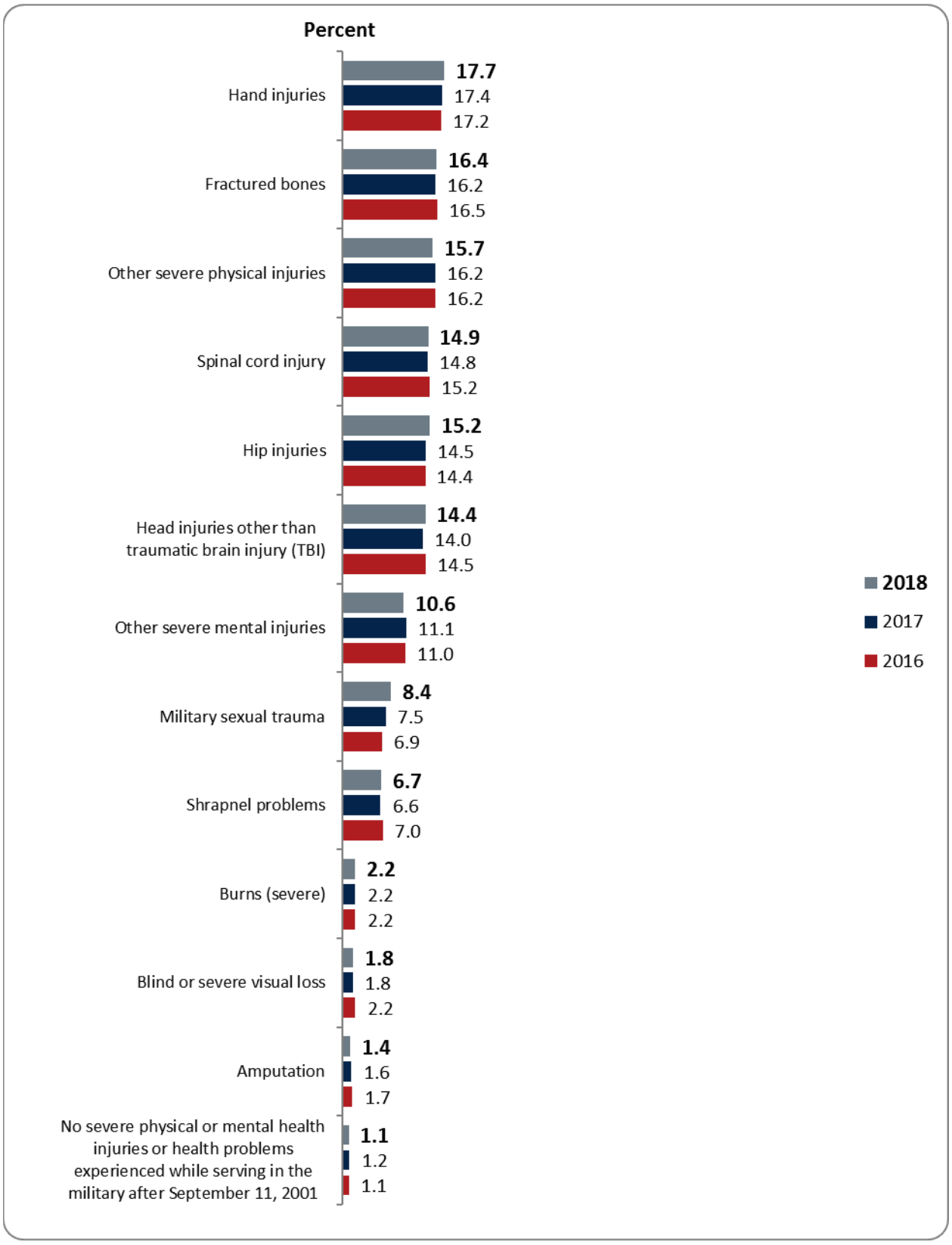
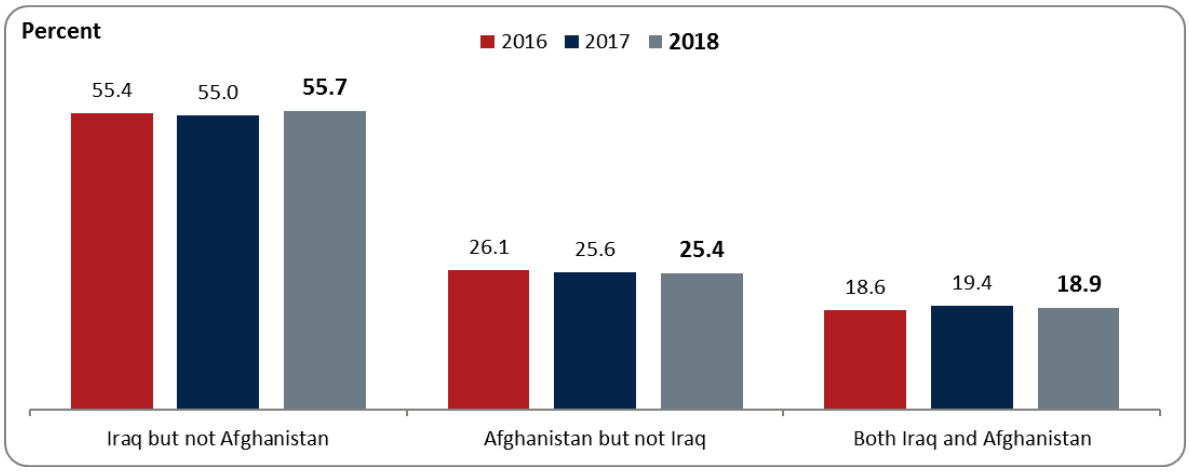


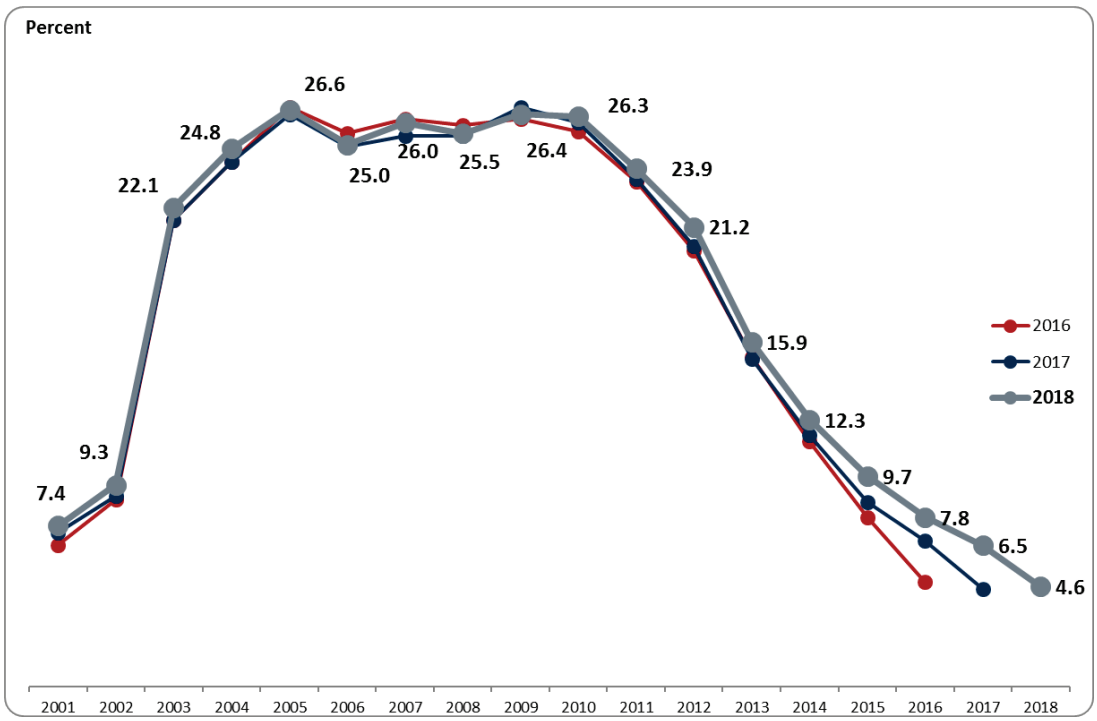
Figure 12 displays the percentages of warriors who experienced injuries or health problems in Iraq but not Afghanistan, Afghanistan but not Iraq, and both Iraq and Afghanistan.

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 most commonly reported sustaining injuries from 2005 through 2010 (Figure 13). More than 7 in 10 warriors with injuries sustained injuries in multiple years (70.8%).

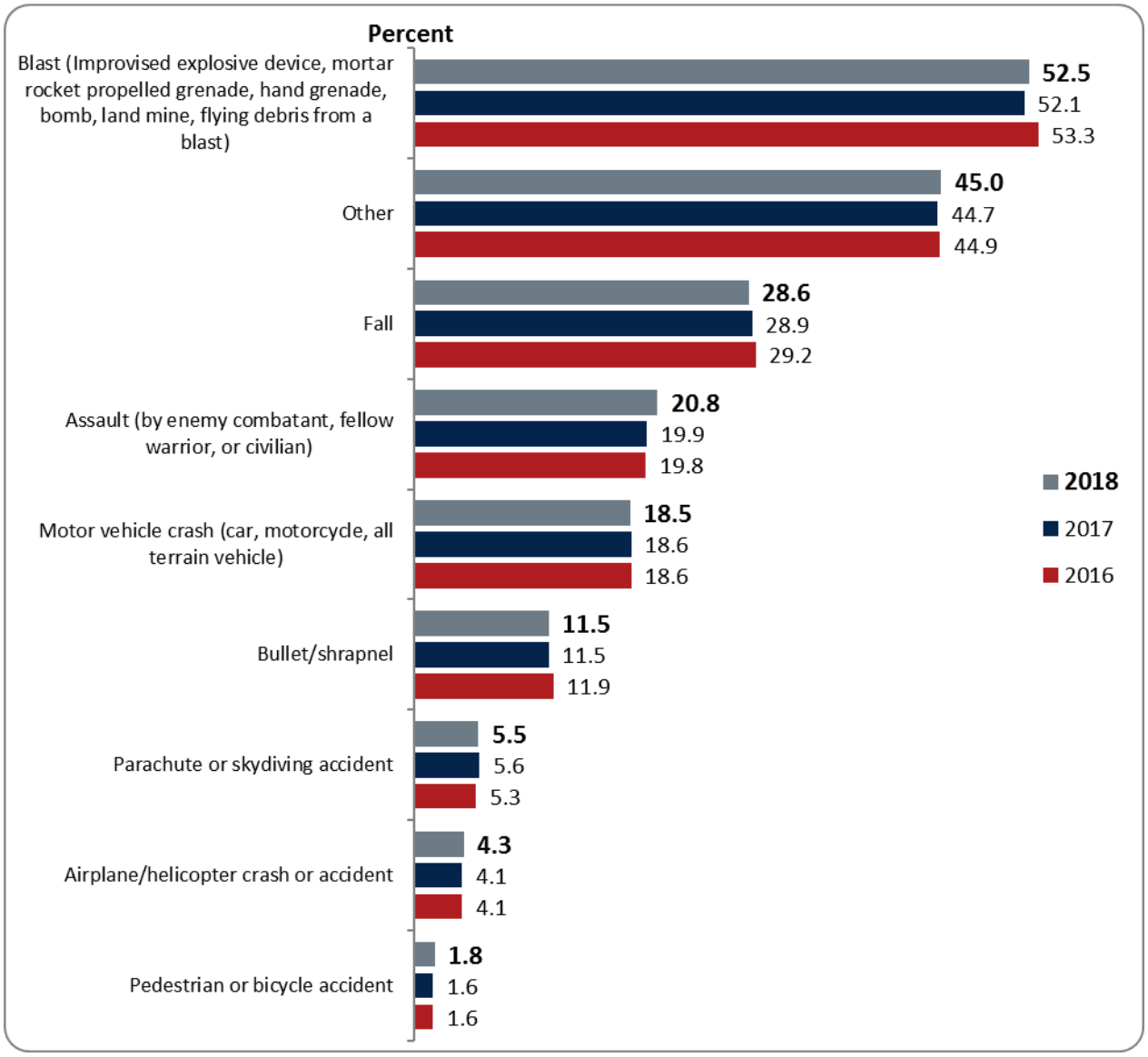
Figure 13. Year(s) Sustained Injury



NOTE: Values for data points only reflect 2018 responses. Percentages do not sum to 100% because warriors could mark more than one year of injury.

As in the previous two years, blasts were the most common cause of injury/health problems among warriors (52.5%), followed by other, and falls were next in prevalence (28.6%; Figure 14). Most warriors experienced one or two causes of their injuries (76.6%). Another 16.0 percent of warriors experienced three causes.

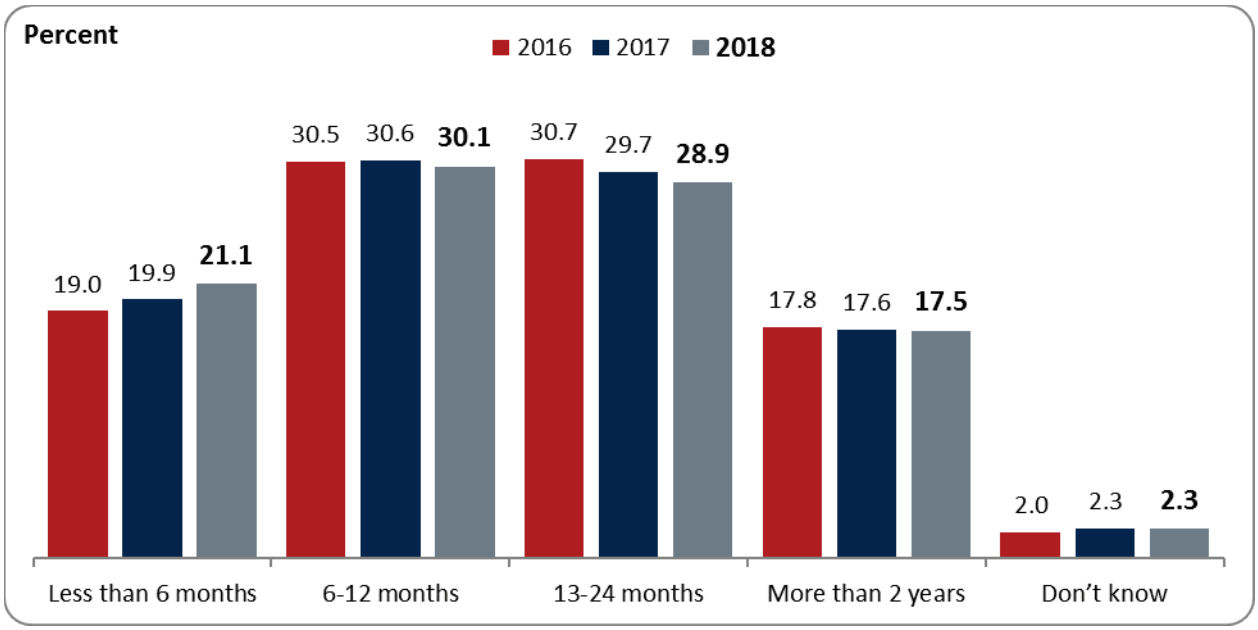
Figure 14. Causes of Injuries/Health Problems



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

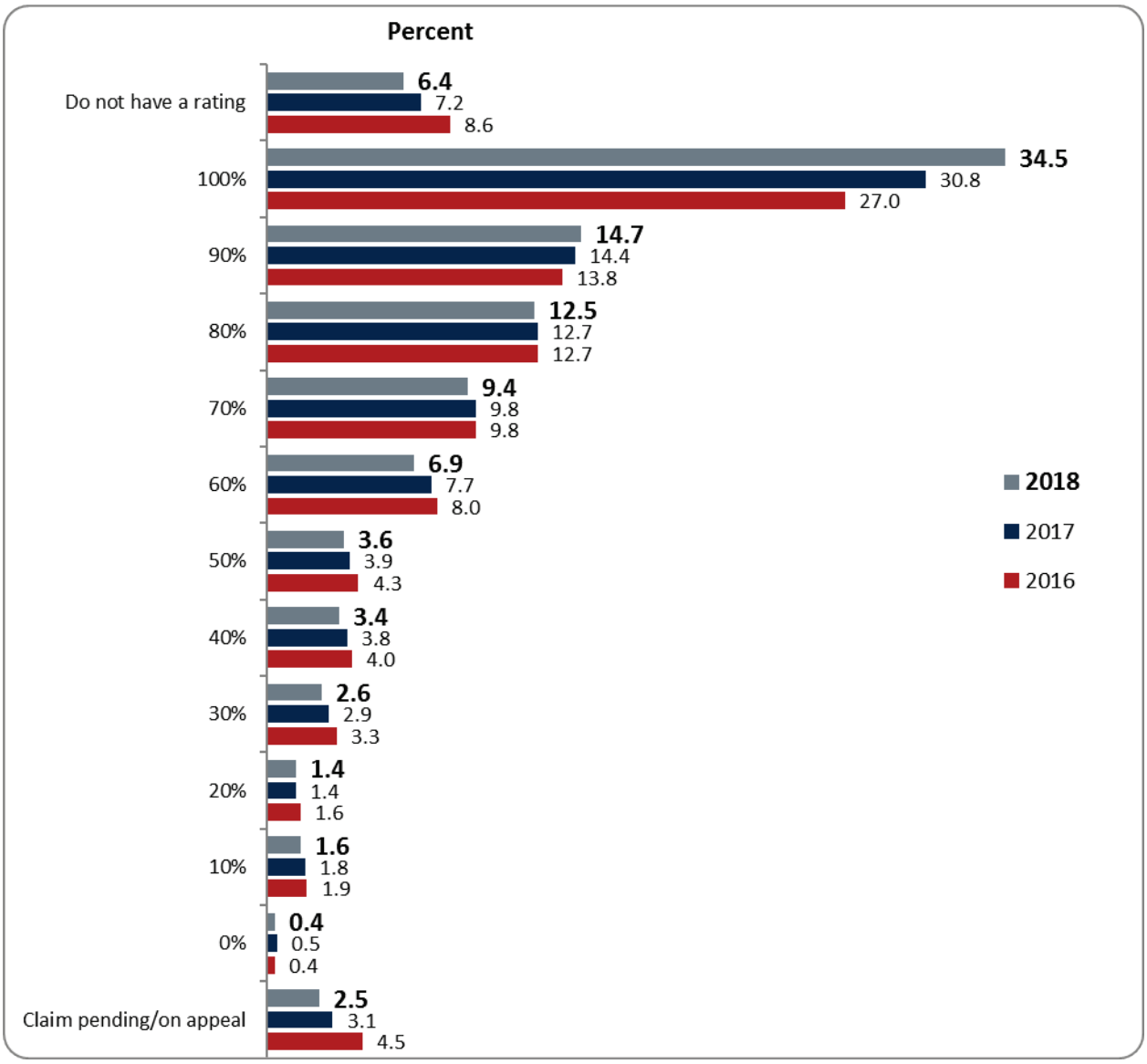
ASSIGNMENT TO A WARRIOR TRANSITION UNIT (WTU) OR A WOUNDED WARRIOR BATTALION (WWB). Service members needing extensive rehabilitative care may be reassigned to either a WTU or a WWB, depending on their branch of service. Almost a third of warriors (30.1%) were assigned to a WTU or WWB because of their medical conditions. The most common lengths of WTU/WWB assignments were 6 to 12 months (30.1%), followed closely by 13 to 24 months (28.9%), as shown in Figure 15.

Figure 15. Length of Stay in WTU/WWB



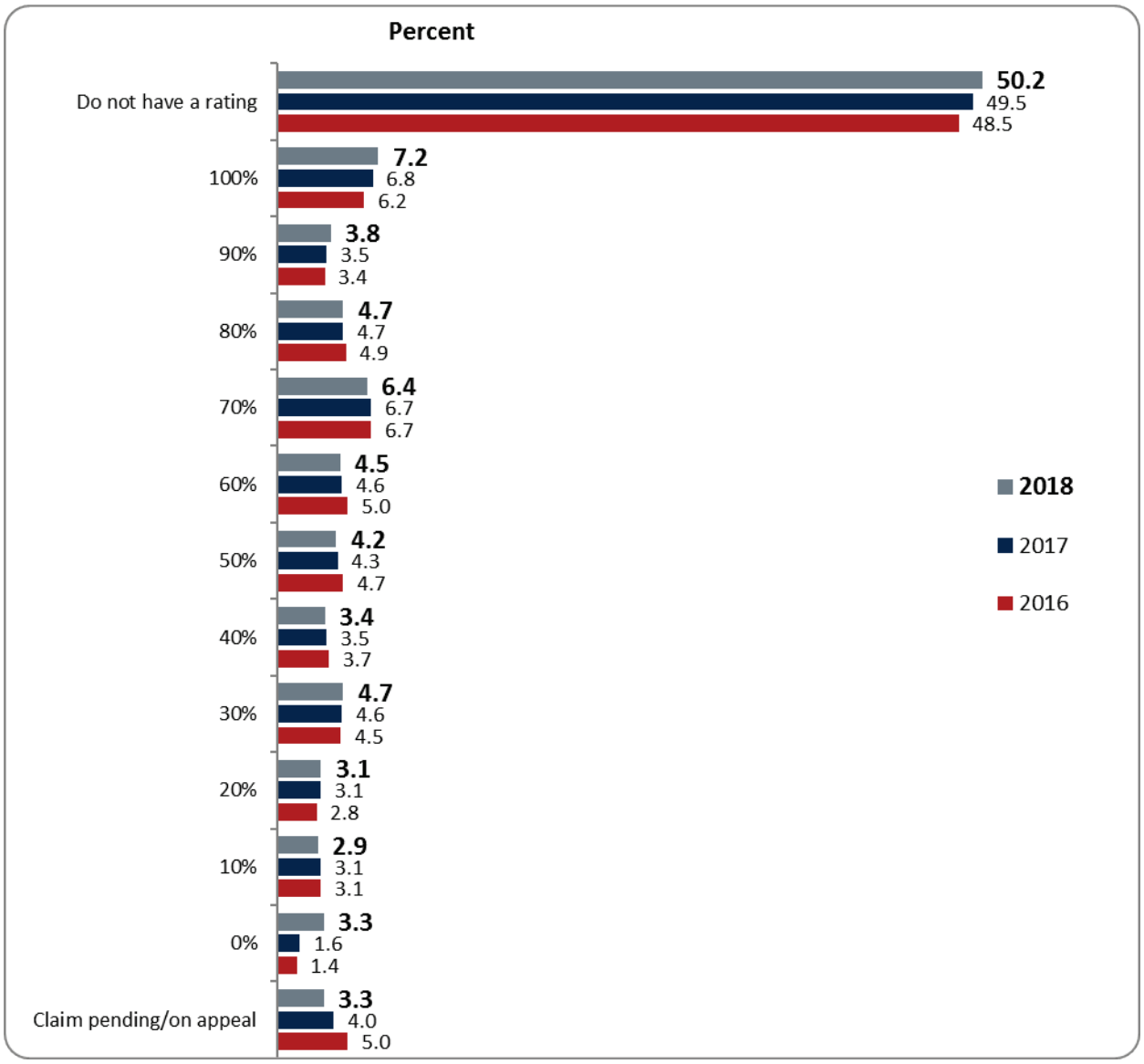
DISABILITY BENEFITS AND RATINGS. The percentage of warriors receiving VA compensation benefits is now 89.5 percent, up from 88.0 percent in 2017, and 84.8 percent in 2016. The percentage with disability ratings of 100 percent also increased—34.5 percent, compared with 30.8 percent in 2017 and 27.0 percent in 2016. The 100 percent disability group continues to be the largest category of recipients (Figure 16).

Figure 16. VA Service-Connected Disability Rating



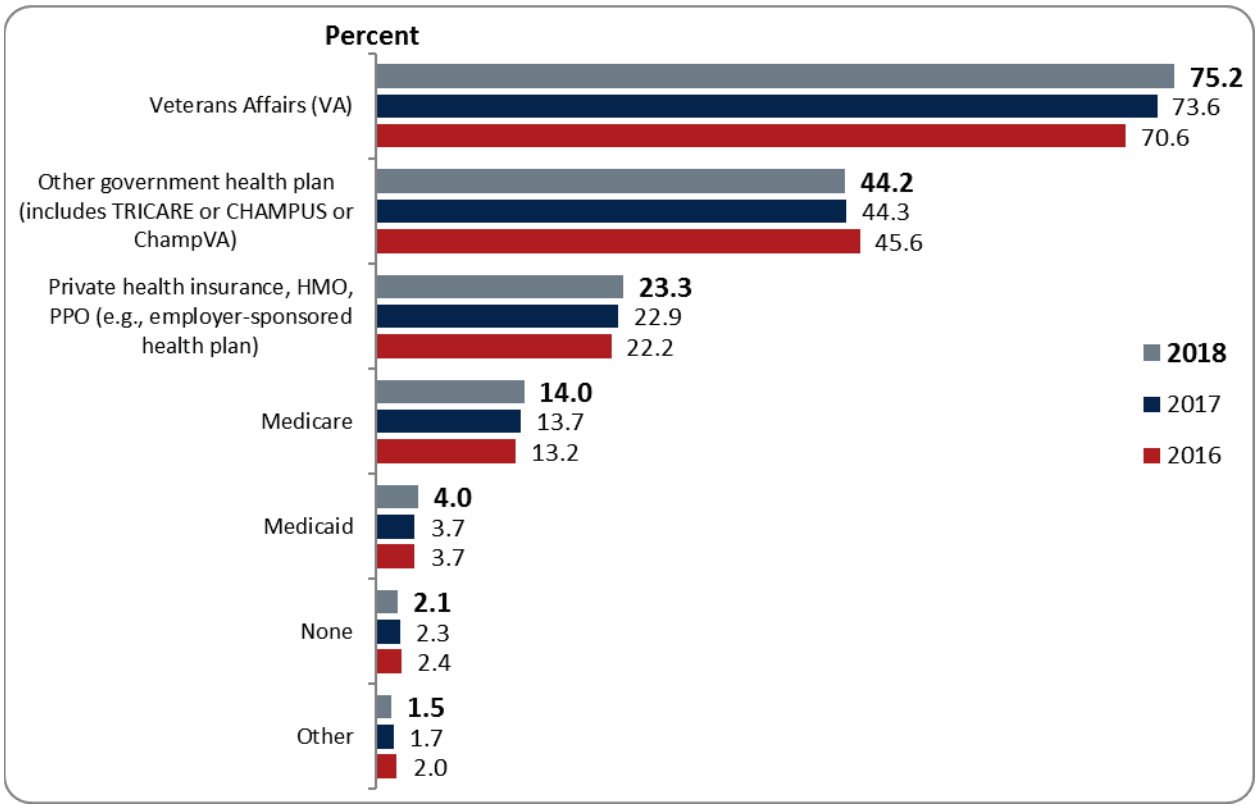
The PEB (Physical Evaluation Board) disability ratings continue to remain less common than VA ratings among warriors. In 2018, half of the warrior population (50.2%) reported they do not have a PEB disability rating compared with 6.4 percent who do not have a VA disability rating, which excludes warriors with a claim pending or on appeal (Figure 17). The percentage of warriors with a PEB rating of 80 percent (15.7%) or higher is similar to 2017 (15.5%).

Figure 17. Military's PEB Disability Rating



TYPE OF HEALTH INSURANCE. The percentage of warriors with VA health insurance continues to increase (75.2% in 2018, compared with 73.6% in 2017 and 70.6% in 2016; Figure 18). The next most common types of health insurance among warriors are other government health plans such as TRICARE, CHAMPUS, or ChampVA (44.2%). Less than 3 percent of warriors (2.1%) have no health insurance. Warriors with health insurance increasingly have two or more types of health insurance (51.7%, compared with 50.2% in 2017).

Figure 18. Current Types of Health Insurance



Almost 7 of 10 warriors use the VA as their primary health care provider (68.4%). In 2018, the survey asked warriors who reported using the VA as their primary health care provider why they chose to do so (Figure 19). The most common reasons were that warriors can get care for a service connected disability (51.7%), because they feel they are entitled to VA healthcare (51.0%), and the cost (40.0%).

In contrast, the survey also asked questions to better understand reasons why warriors who have access to the VA for primary care do not use VA as their primary health care provider (Figure 20). Warriors attributed difficulty accessing the VA (45.2%), bad prior experiences at the VA (44.5%), and thinking VA healthcare is not as good as other available care (43.7%) as the top three reasons why they are not using VA as their primary health care provider.

Figure 19. Reasons Warriors Use VA as Their Primary Health Care Provider

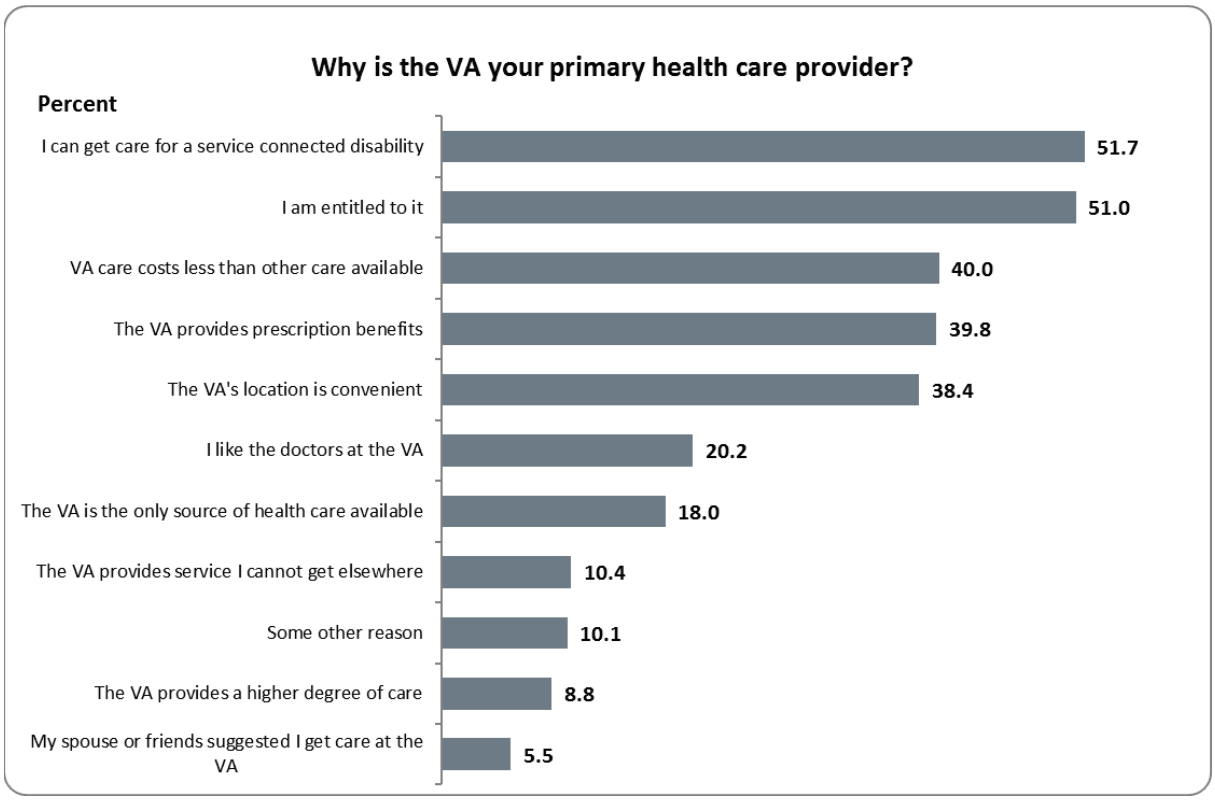
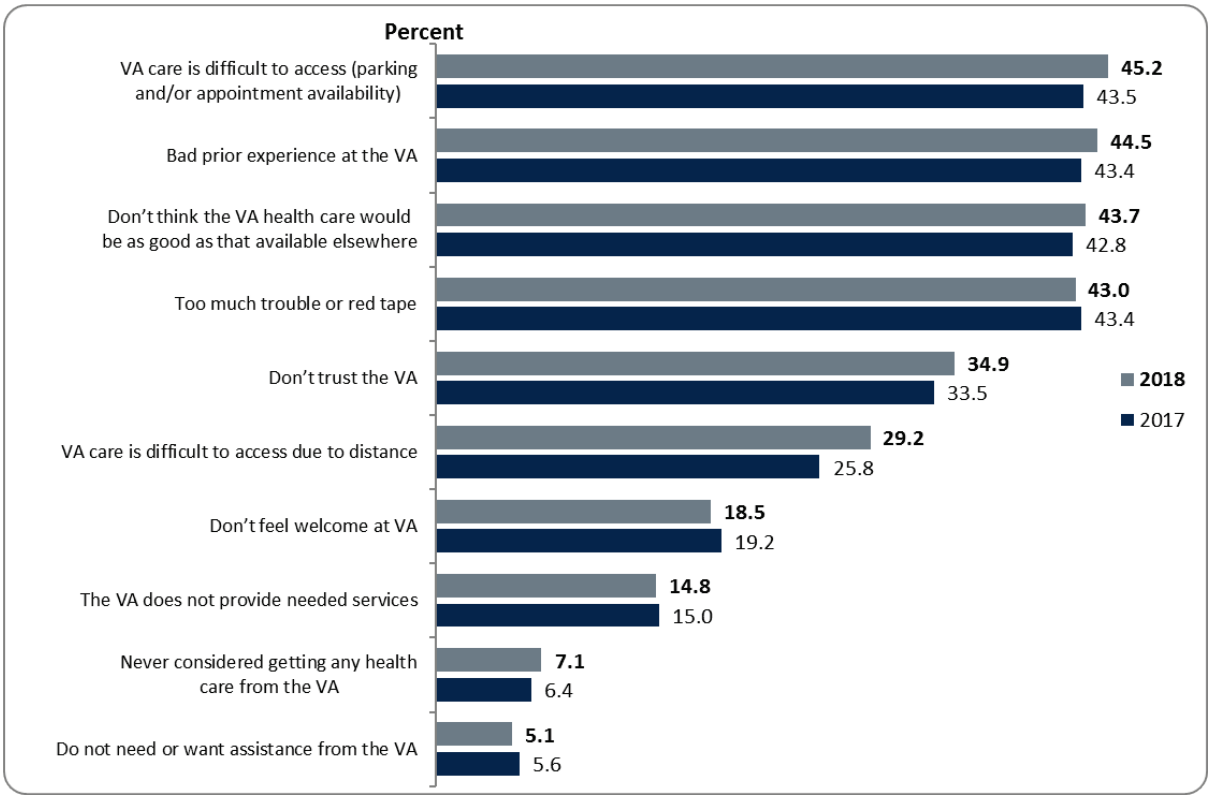


Figure 20. Reasons Warriors Do Not Use VA as Their Primary Health Care Provider



NEED FOR ASSISTANCE IN DAILY ACTIVITIES. As a result of injuries or health problems related to their post 9/11 military experience, 7.4 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 2). Four activities require more assistance than others—doing household chores, managing money, taking medications properly, and preparing meals.

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

	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)	I do not do this activity (%)
Doing household chores				
2018	56.9	33.0	7.4	2.8
2017	56.8	32.9	7.4	3.0
2016	56.2	33.1	7.5	3.3
Managing your money				
2018	61.9	24.6	10.1	3.5
2017	61.1	24.8	10.6	3.5
2016	60.0	24.9	11.1	4.0
Taking medications properly				
2018	61.8	26.2	9.6	2.4
2017	60.8	26.4	10.4	2.5
2016	60.0	26.9	10.8	2.3
Preparing meals				
2018	70.9	19.9	6.3	2.9
2017	71.0	19.6	6.5	2.9
2016	70.6	19.7	6.4	3.3
Dressing				
2018	80.8	16.8	1.9	0.5
2017	81.0	16.5	2.0	0.4
2016	81.0	16.6	2.0	0.4
Bathing				
2018	82.6	14.7	2.1	0.7
2017	82.8	14.5	2.1	0.7
2016	82.8	14.4	2.1	0.6
Walking around your home				
2018	85.3	12.2	1.6	0.9
2017	84.9	12.3	1.9	0.8
2016	84.8	12.7	1.8	0.8
Transferring from a bed or chair				
2018	85.9	11.1	1.6	1.4
2017	85.7	10.9	1.8	1.6
2016	85.9	10.6	1.7	1.8

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

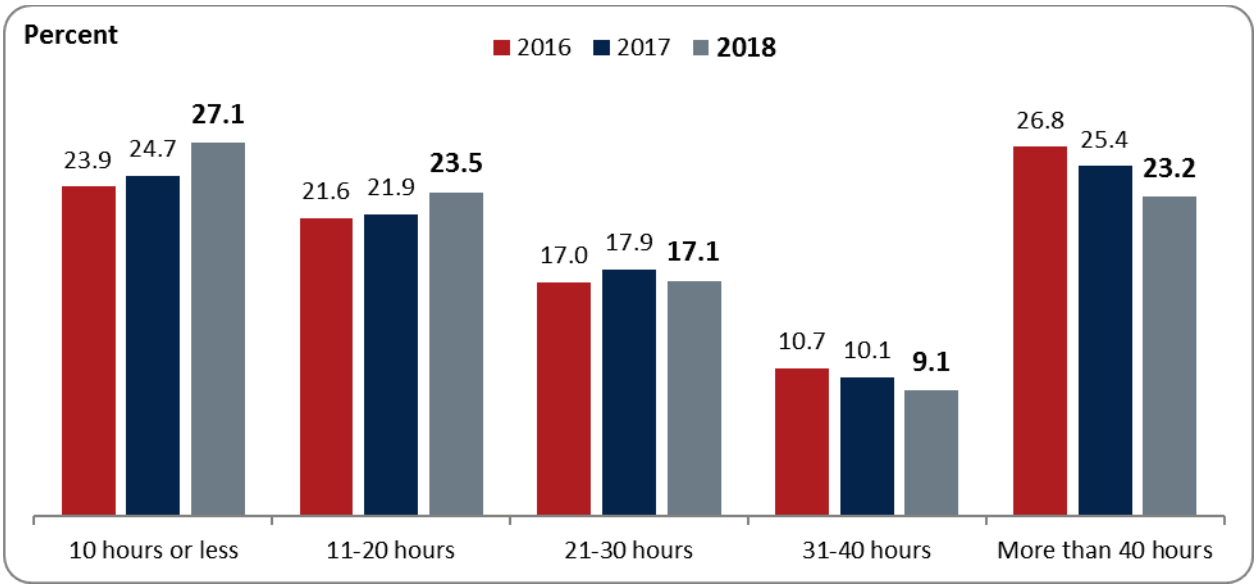
	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)	I do not do this activity (%)
Using the telephone				
2018	91.1	6.1	1.9	0.9
2017	91.1	6.1	1.9	0.9
2016	91.0	6.2	1.8	1.0
Eating				
2018	90.7	7.1	1.7	0.6
2017	90.6	7.0	1.9	0.5
2016	91.3	6.4	1.9	0.5
Using the toilet				
2018	91.6	6.3	1.6	0.5
2017	91.3	6.4	1.8	0.5
2016	91.6	6.2	1.7	0.5

Among warriors who need assistance, 61.3 percent need help with three or more activities:

- One to two activities – 38.7%
- Three to four activities – 27.1%
- Five to eight activities – 25.5%
- Nine to all eleven activities – 8.7%

A separate question about current need for the aid and attendance of another person because of post 9/11 injuries or health problems indicated that 32.4 percent of warriors do need such help (19.6% of warriors due to physical injuries; 25.3% due to mental problems). Among those who need assistance, more than one-fourth (27.1%) need the help for 10 or fewer hours per week, on average; however, 23.2 percent need more than 40 hours of aid per week (Figure 21).

Figure 21. Average Hours per Week of Aid and Attendance Needed Among Those Needing Assistance



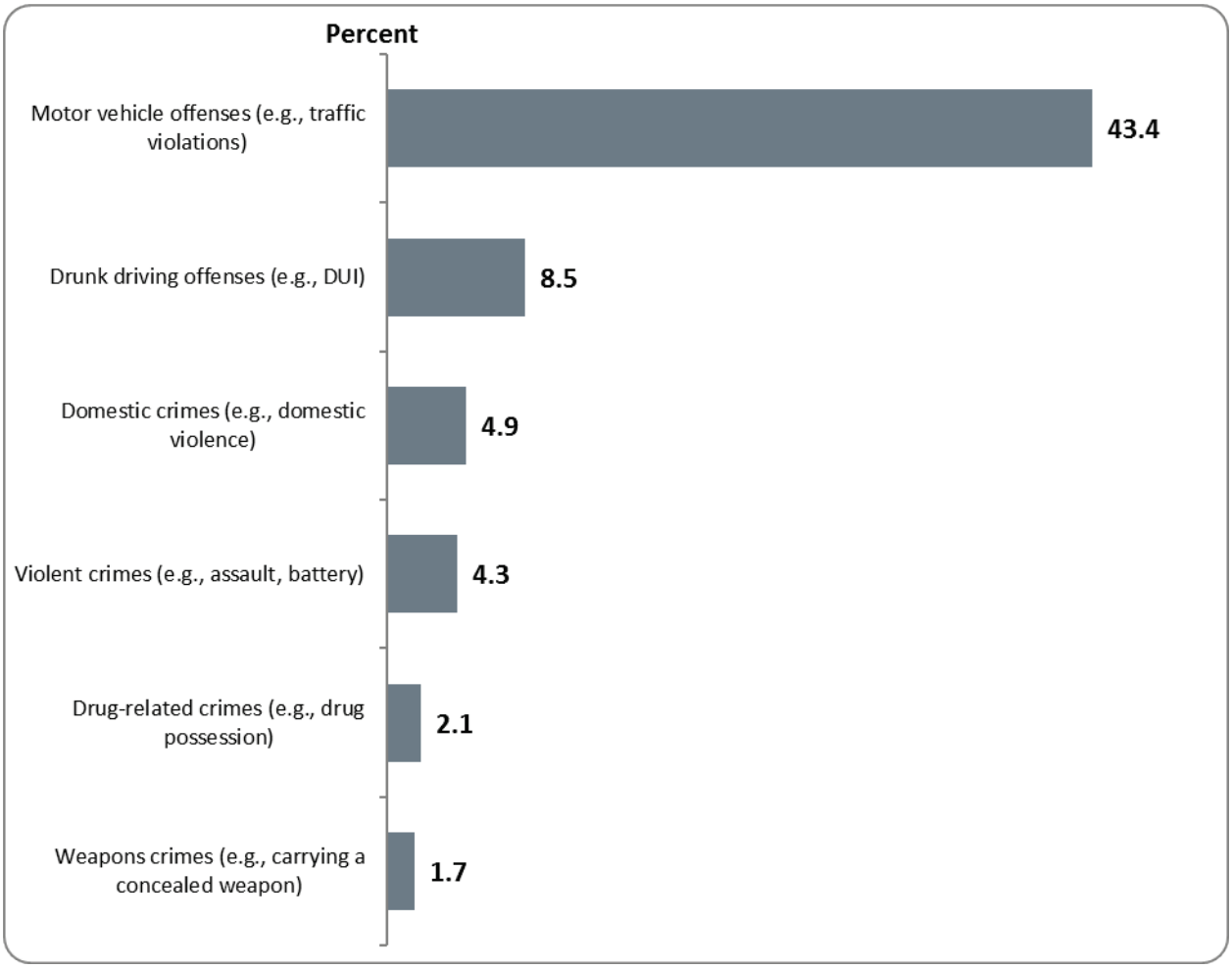
This year's survey gathered additional information about warrior caregivers. Most warriors reported that their spouse was their primary caregiver (84.6%). Almost ten percent (9.3%) of warriors participated in the Program of Comprehensive Assistance for Family Caregivers, which is commonly referred to as the Caregiver Program or Family Caregiver.

Approximately twelve percent of warriors (12.1%) either have or expect to receive a registered/permitted service animal within the next year. A dog is the most prevalent service animal among warriors. Almost all warriors (98%) reported either having a dog or plan to get a dog. Of those who do not currently have a service animal, more than half (55.9%) are interested in or have explored getting a service animal.

OFFENSES/CONVICTIONS SINCE FIRST DEPLOYMENT

Warriors who have been deployed were asked the type and how many times they have been convicted of offenses/crimes since their first deployment. The number of convictions are not reported in Figure 22 instead they are summed up and presented as type of conviction. Most warriors (53.0%) had not been convicted of any of the offenses listed. Motor vehicle offenses are the most common among warriors, with more than four in ten warriors (43.4%) having at least one motor vehicle conviction (Figure 22). Nearly 9 percent (8.5%) of warriors have been convicted of drunk driving offenses.

Figure 22. Type of Convictions Since First Deployment for Offenses/Crimes



PHYSICAL AND MENTAL WELL-BEING

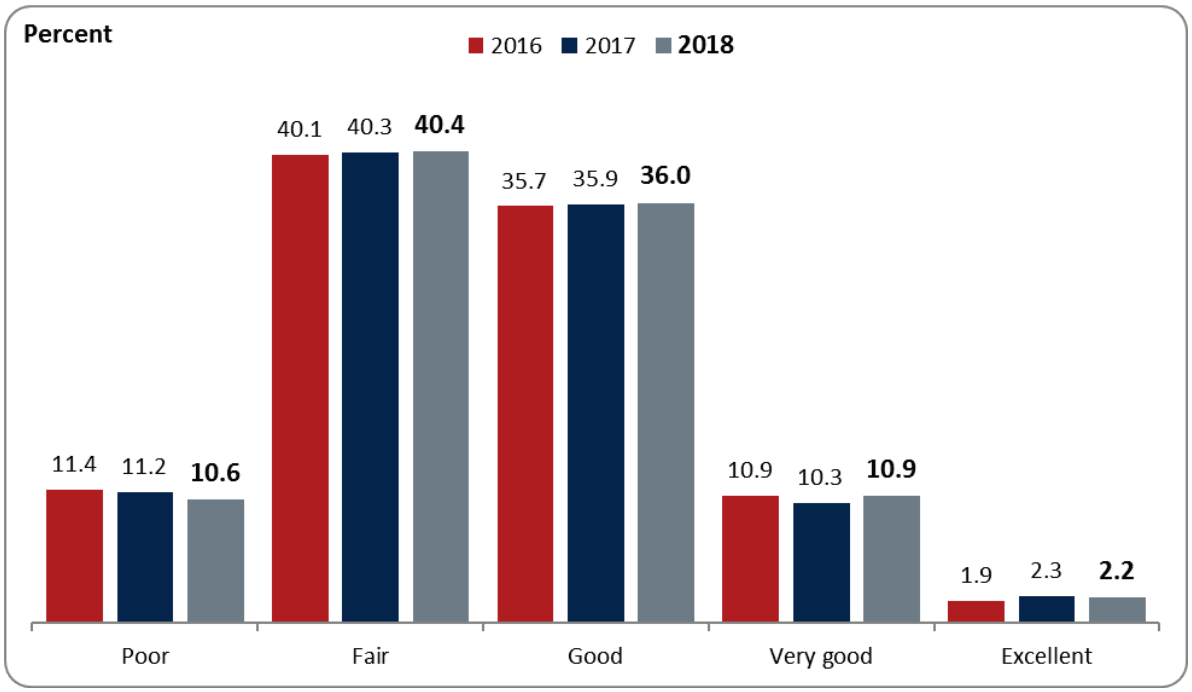
This section of the report addresses warriors' perspectives on their health and quality of life.

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. 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, which was used in the 2016 WWP survey. The VR-12 was used in the 2017 and 2018 WWP annual surveys. 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. The section also explores other aspects of warriors' physical and emotional well-being including the percent screening positive for select disorders or conditions, medical care visits, alcohol and drug use, social integration and support, and individual resiliency.

HEALTH ASSESSMENT. For the third year in a row, slightly more than half of all warriors (51%) rate their health as being *fair* or *poor*; 13.1 percent rate it as *very good* or *excellent* (Figure 23). 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 (50.4%) of female warriors reported their health was *fair* or *poor* and a similar percentage, 51.0 percent, of male warriors reported their health was *fair* or *poor*

Figure 23. Health Status Assessment

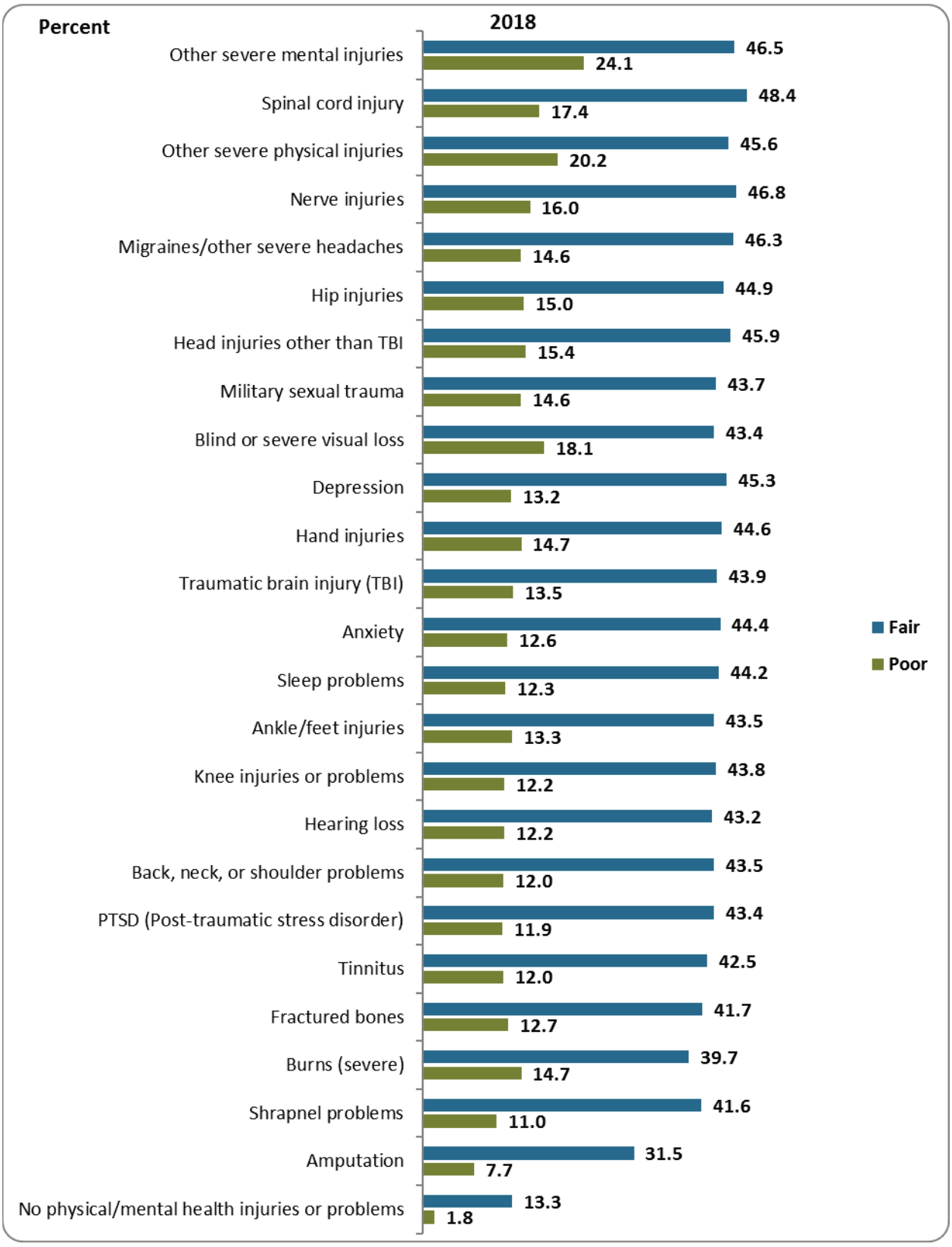


The WWP survey inquired about specific severe injuries warriors may have received during their military service. Among warriors who received at least one of the injuries listed, 51.4 percent marked their health as *fair* or *poor*. Given WWP membership criteria--presence of a severe injury or health 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 (50.9%). The percentage of warriors reporting *fair* or *poor* health status does vary by specific injury type, however. Figure 24 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 – 65.8%
- Nerve injuries – 62.8%
- Blind or visual loss – 61.5%
- Head injuries other than traumatic brain injury (TBI) – 61.3%
- Migraines/other severe headaches – 60.9%
- Hip injuries – 59.9%

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* (70.6% and 65.8%, respectively).

Figure 24. Health Status Assessment ("Fair" or "Poor"), by Type of Injury

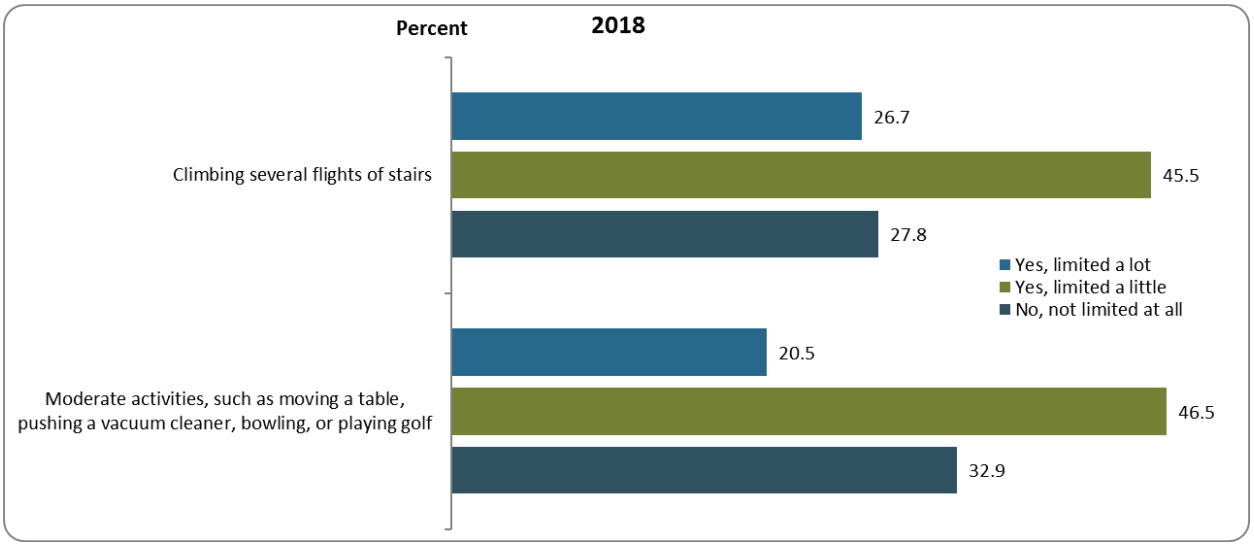


LIMITATIONS IN PHYSICAL ACTIVITIES. Two items in the VR-12 asked warriors to assess how their health limits them in a range of typical daily activities. Warriors were asked whether their health limits them *a lot* or *a little*, or whether they are *not limited at all* (Figure 25).

More than 7 in 10 warriors (72.2%) 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 (37.0% not shown) are limited *a lot*.

About two-thirds of warriors (67.0%) 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 (30.6% not shown) are limited *a lot*.

Figure 25. Physical Activity Limitations



PHYSICAL HEALTH AND PRODUCTIVITY. The VR-12 includes questions inquiring about the influence of physical health on work or other regular daily activities and on desired productivity—accomplishing as much as you would have liked—within the past four weeks. More than 8 in 10 warriors (81.8%) said that their physical health limited them in the kind of work or other activities they could do (Figure 26, left). Among warriors who indicated, they were limited in the kinds of work or other activities they could do, 40.2 percent indicate that they were limited *most* or *all of the time* (Figure 26, right). More than 8 in 10 warriors (85.4%) were less productive—i.e., they accomplished less—than they would have liked because of their physical health (Figure 27, left). Among those who indicated that their physical health caused them to accomplish less than they would like, 43.2 percent said physical health reduced productivity *most* or *all of the time* (Figure 27, right).

Figure 26. Impact of Physical Health on Daily Activities

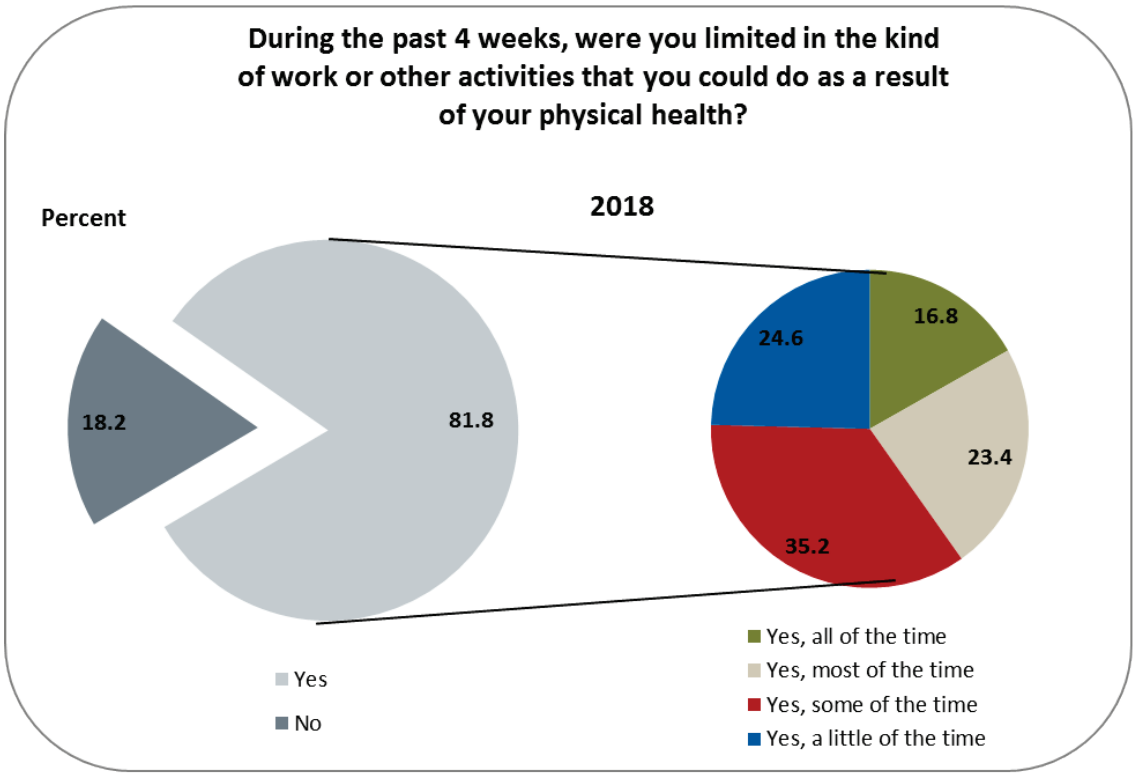
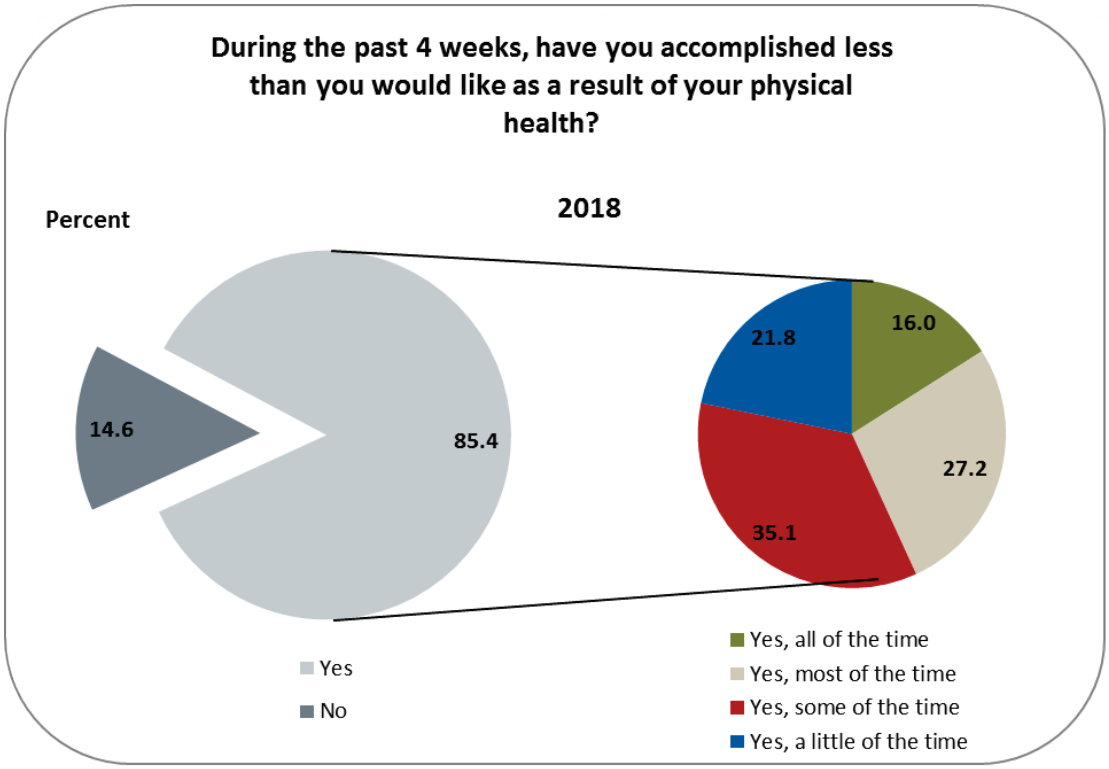


Figure 27. Impact of Physical Health on Desired Productivity



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 (78.4%) indicated they did not do work as carefully as usual because of their emotional problems (Figure 28, left). Among these warriors, 34.4 percent said that this was the case *most* or *all of the time* (Figure 28, 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 29, left). Among those who indicated that their emotional problems caused them to accomplish less than they would have liked, 43.9 percent said that emotional problems reduced desired productivity *all* or *most of the time* (Figure 29, right).

Figure 28. Impact of Emotional Health on Daily Activities

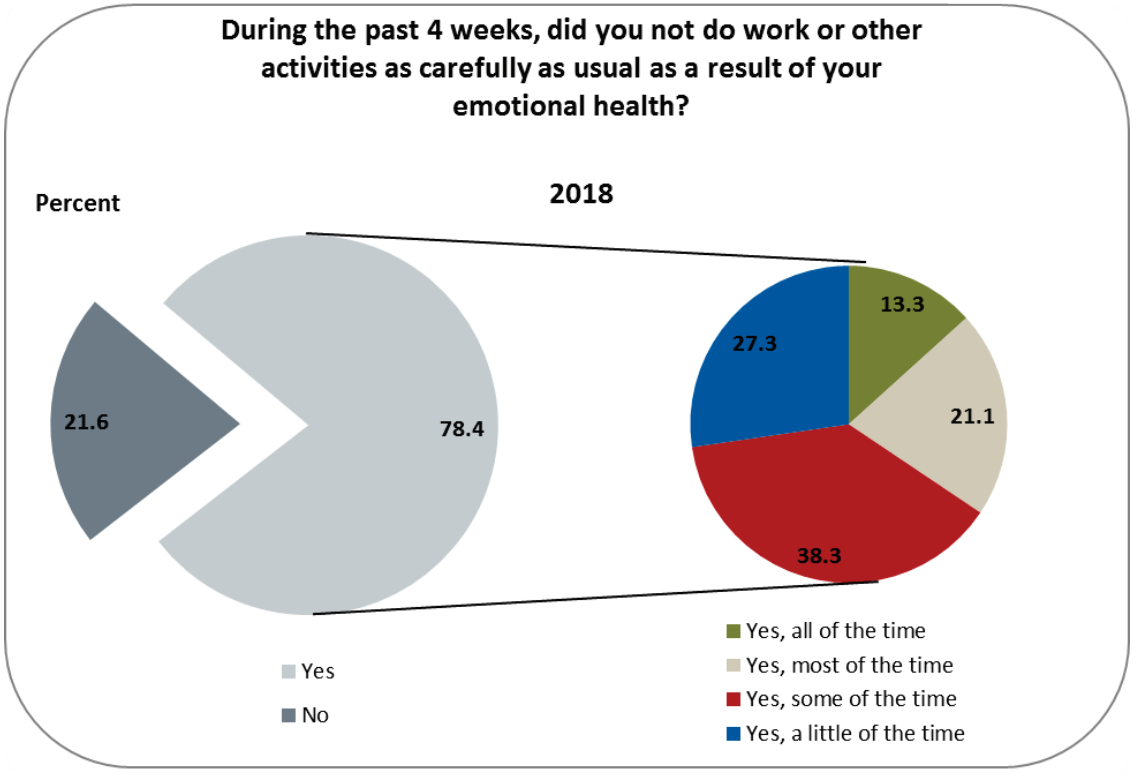
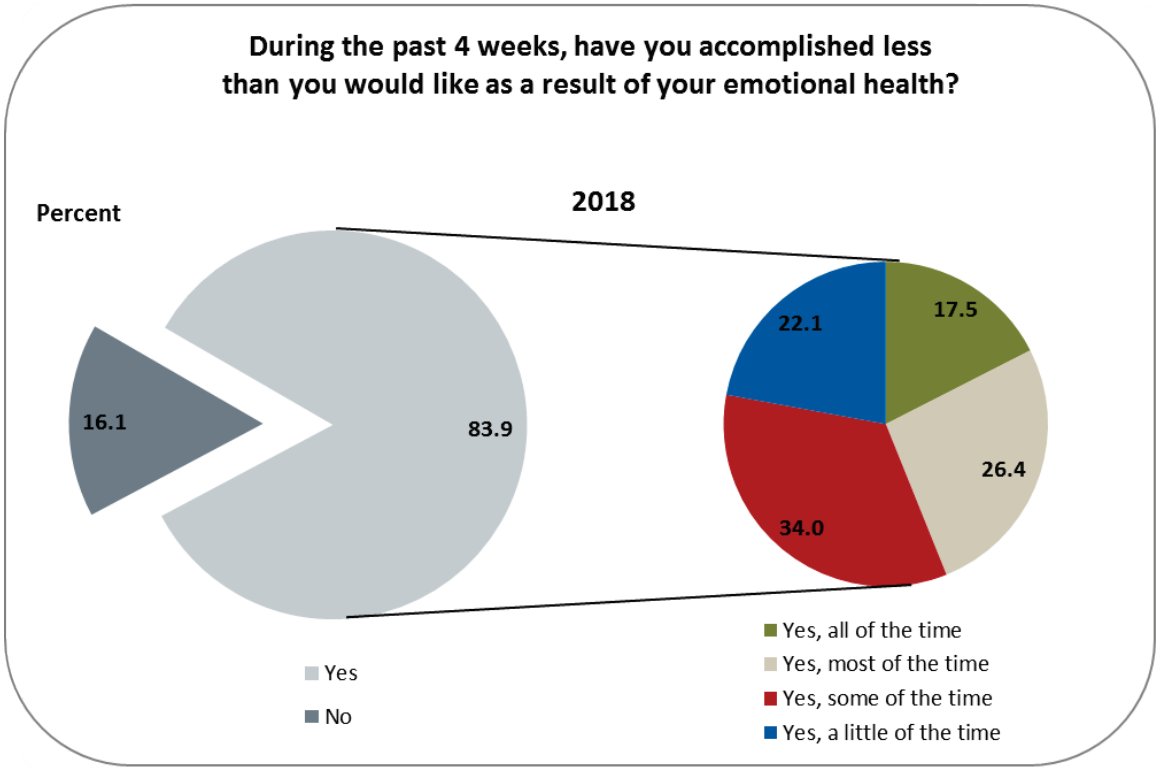
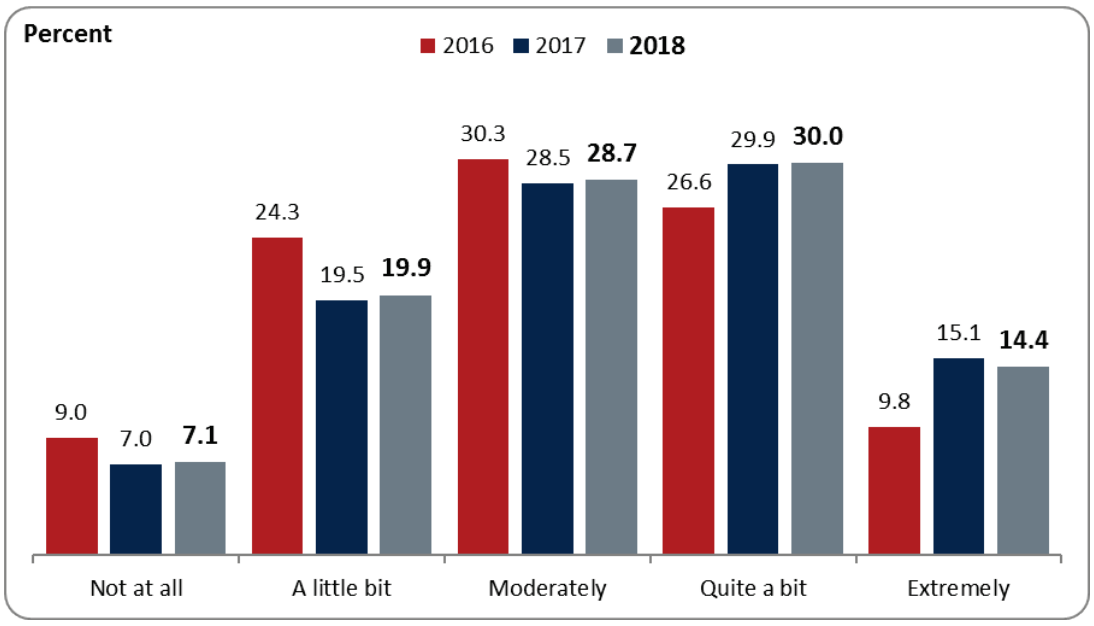


Figure 29. Impact of Emotional Health on Desired Productivity



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 (73.1%) 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 30). The percentage of warriors reporting that pain interfered extremely with their normal work was 14.4 percent.

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



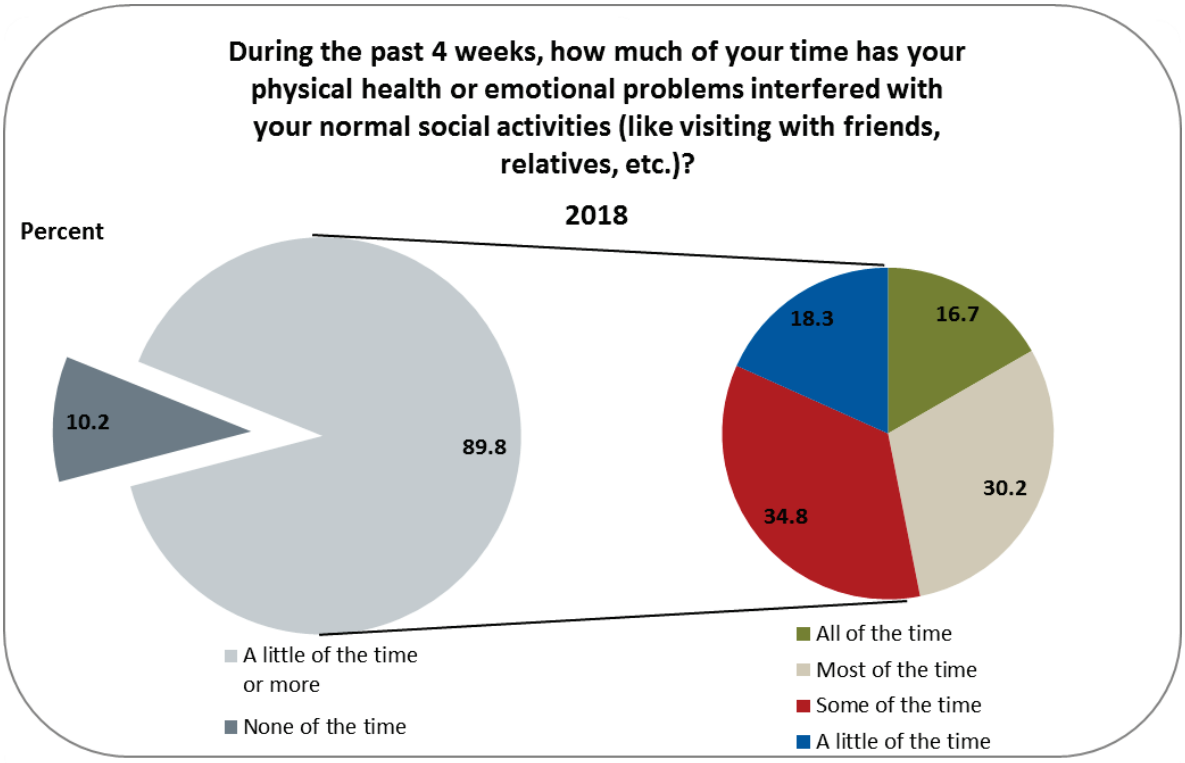
FEELINGS DURING THE PAST 4 WEEKS. Three items in the VR-12 ask respondents to rate how frequently they experience certain feelings during the past four weeks. Nearly 20 percent (17.8%) did not have a lot of energy at any time (*none of the time*) during the past four weeks. About 12 percent (12.4%) did not feel calm or peaceful at any time (*none of the time*) during the past four weeks. Conversely, only 9.0 percent did not feel downhearted and blue at any time (*none of the time*) in the past four weeks. In fact, of the three items, this item consistently elicits the largest percentage indicating that they feel this way *all of the time*, 7.7 percent in 2018. Table 3 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 3. 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?						
2018	2.7	11.8	13.6	27.7	31.8	12.4
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
Did you have a lot of energy?						
2018	1.7	7.8	11.8	27.5	33.4	17.8
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
Have you felt downhearted and blue?						
2018	7.7	19.3	17.9	26.1	20.1	9.0
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

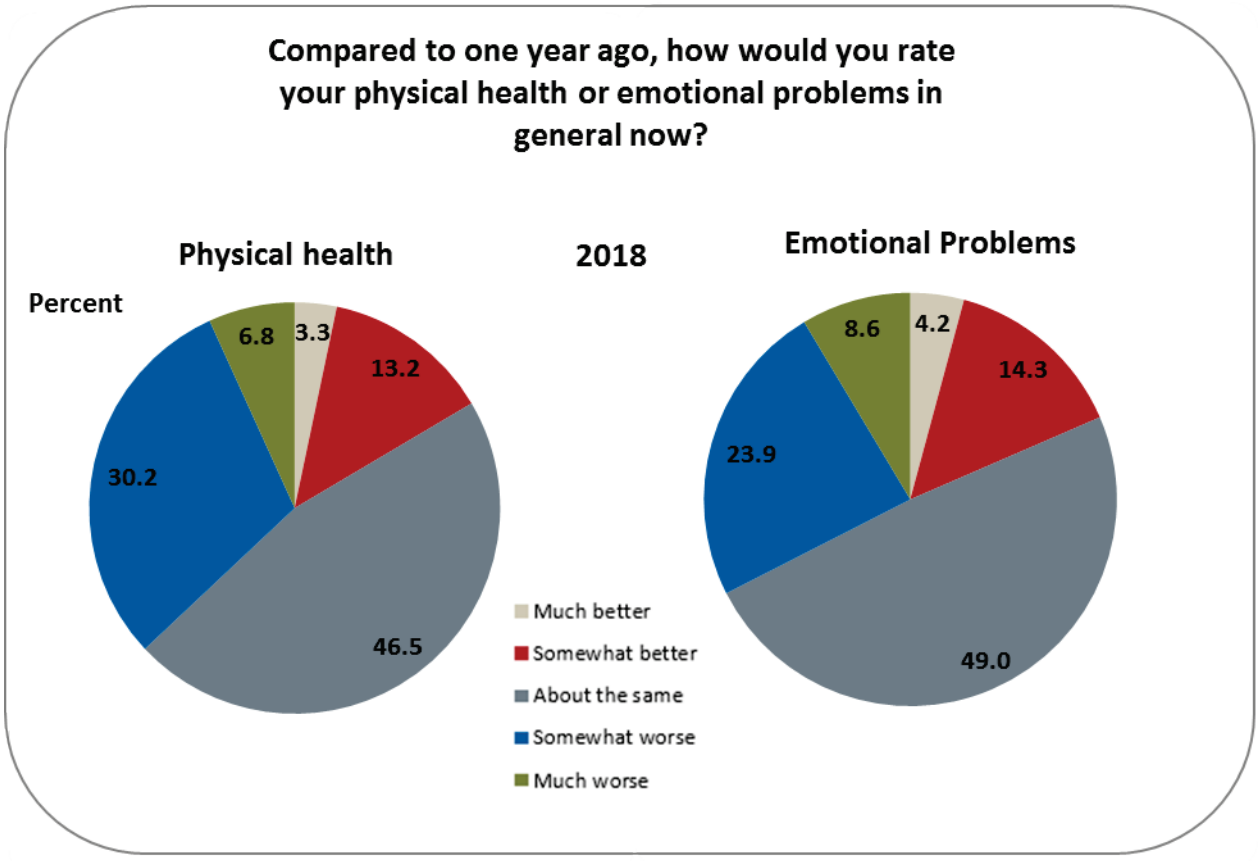
HEALTH PROBLEM INTERFERING WITH SOCIAL ACTIVITIES. The VR-12 asks warriors how frequently physical health or mental health interfere with social activities like visiting with friends and relatives. Nearly 90 percent of warriors (89.8% in 2018 and 89.5% in 2017) indicate that their health or emotional problems interfere to some extent (*all*, *most*, *some, or a little of the time*) with their social activities (Figure 31, left). Just under half of the affected warriors (46.9% in 2018 and 47.2% in 2017) indicate that their physical health or emotional problems interfere *all* or *most of the time*.

Figure 31. 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 32 reports results from these questions. Close to forty percent (37.0%) indicate that their physical health is either *somewhat worse* or *much worse*, while under just under half (46.5%) indicate that that their physical health is *about the same* as last year (Figure 32, left). About one-third of warriors (32.5%) indicate that their emotional problems are either *somewhat worse* or *much worse*, while nearly half (49.0%) indicate that their emotional problems are *about the same* as last year (Figure 32, right).

Figure 32. 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 2000-2002 U.S. population such that a mean score below 50 indicates health status below the average in the 2000-2002 U.S. civilian population. The unadjusted mean values for the PCS and MCS for WWP warriors were **37.6** (PCS) and **35.3** (MCS), respectively. Female and male warriors had relative similar unadjusted, mean scores for both the PCS (37.1 for females and 37.7 for males) and the MCS (33.3 females and 35.7 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. The PCS score for WWP warriors is similar to estimates found among veterans enrolled in the Veterans Health Administration (VHA) who have a single medical comorbidity: 37.5 for one medical comorbidity. 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 2018, 77.7 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 had at least one such day, the mean number of days was 12.9 (median was 12 days) or almost two weeks.
- In 2018, 76.3 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 had at least one such day, the mean number of days was 13.6 (median was 14 days) or about two weeks.

2018 RESULTS FOR ALL WARRIORS WHO MISSED AT LEAST ONE WORKDAY.

The survey also asked warriors if they had missed work during the past 4 weeks because of their poor physical or mental health. Approximately 16 percent (15.9%) of warriors reported missing at least one day of work in the past month. 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.

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

2018 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: 6.5 days; median: 4 days

Among employed warriors who reported missing at least one day of work in the past month, 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 warriors *nearly every day* were trouble falling or staying asleep or sleeping too much (39.9%) and feeling tired or having little energy (34.4%). Table 4 presents the distribution of warriors' responses to various types of problems. In general, this year's findings are consistent with findings from previous years.

Table 4. Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
2018	19.7	37.1	24.1	19.0
2017	19.7	36.2	24.0	20.0
2016	19.8	34.9	24.3	21.0
Feeling down, depressed, or hopeless				
2018	23.0	38.2	21.8	17.0
2017	22.9	37.9	21.7	17.5
2016	24.0	35.6	22.2	18.2
Trouble falling or staying asleep, or sleeping too much				
2018	10.5	24.3	25.3	39.9
2017	10.2	24.1	24.9	40.8
2016	10.0	23.0	23.8	43.2
Feeling tired or having little energy				
2018	8.7	29.4	27.5	34.4
2017	8.7	29.0	27.6	34.7
2016	7.8	27.7	26.9	37.6
Poor appetite or overeating				
2018	21.3	30.3	23.9	24.5
2017	20.6	30.1	24.3	24.9
2016	21.0	29.3	23.7	26.0
Feeling bad about yourself—or that you are a failure or you have let yourself or your family down				
2018	27.7	32.3	20.0	20.0
2017	27.1	32.2	20.3	20.5
2016	27.9	30.3	20.4	21.4

Table 4. Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems (continued)

	Not at all	Several days	More than half the days	Nearly every day
Trouble concentrating on things such as reading the newspaper or watching television				
2018	20.4	31.6	23.7	24.3
2017	20.2	31.5	23.3	25.0
2016	20.6	30.3	23.5	25.7
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				
2018	42.6	29.1	16.5	11.8
2017	41.0	29.4	17.1	12.5
2016	40.9	28.1	17.9	13.1

The items reported in Table 4 make up the Patient Health Questionnaire eight-item depression scale (PHQ-8). The PHQ-8 scale score ranges from 0 to 24, and a higher score indicates more depression. The calculated scale scores indicate that **60.9** percent (61.2 in 2017) of wounded warriors may be experiencing current major depression, represented by a scale score of 10 or higher. RAND's 2015 Department of Defense Health Related Behaviors study, which used the PHQ-9, found that 9 percent of the active-duty military population experienced moderately severe to severe depression.

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

- No significant depressive symptoms (score of 0 to 4) –**15.5%** (15.1% in 2017)
- Mild depressive symptoms (score of 5 to 9) – **23.6%** (23.6% in 2017)
- Moderate (score of 10 to 14) – **24.6%** (23.9% in 2017)
- Moderately severe (score of 15 to 19) – **20.9%** (21.1% in 2017)
- Severe (score of 20 to 24) – **15.4%** (16.3% in 2017)

The mean PHQ-8 score for the WWP population is 11.9 (median=12.0), indicating that the typical wounded warrior is moderately depressed. Analysis of the PHQ-8 results by gender reveals that female warriors have an average score of 12.5 while males have an average score of 11.8. Nearly two-thirds of female warriors (65.1%) screen positive for clinically significant depression while 60.1% of male warriors do.

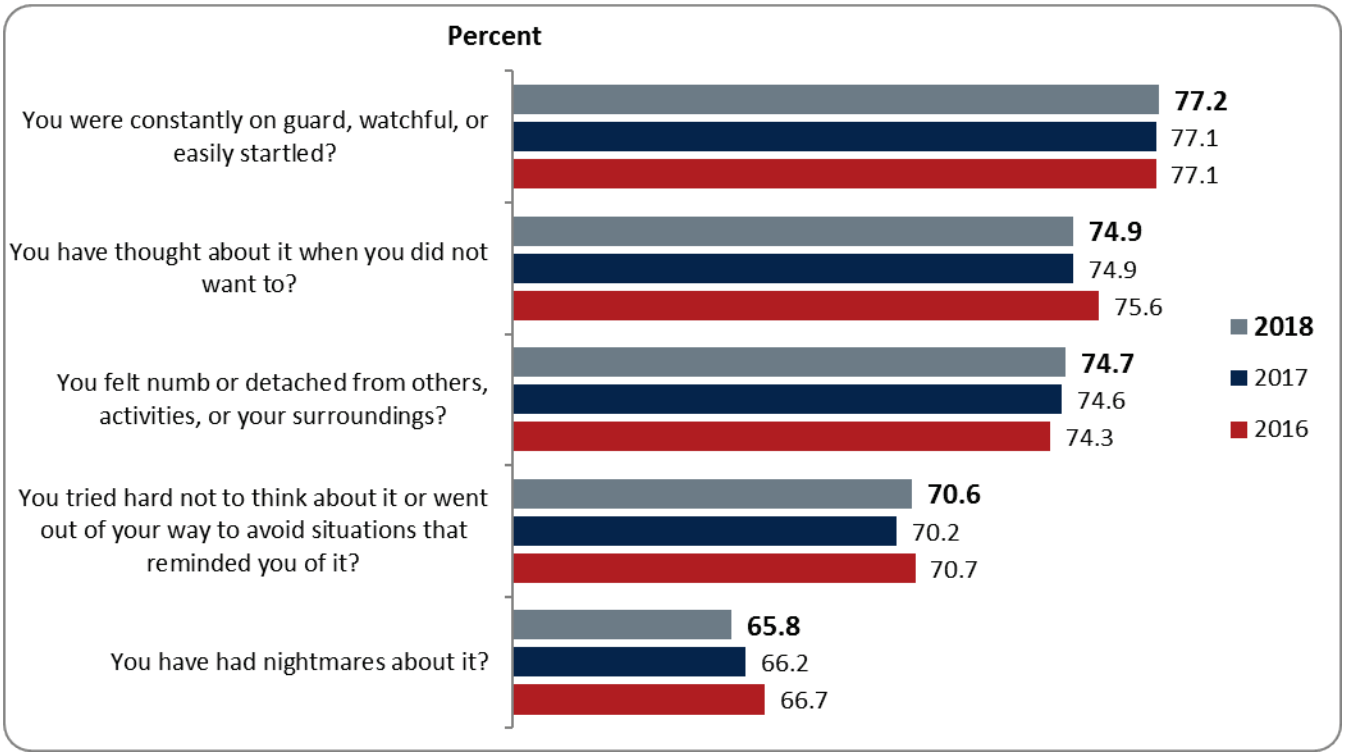
These results are similar to the 2017 and 2016 survey results. However, they are strikingly different from those RAND found when it used the same scale in its Invisible Wounds study. Using the same PHQ-8 scale, RAND reported that nearly 14 percent of OEF/OIF veterans met the criteria for major depression (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 33). More than three-quarters of warriors (77.2%) 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 (74.7%) felt numb or detached from others, activities, or their surroundings because of frightening, horrible, or upsetting military experiences. Nearly two-thirds (65.8%) reported having nightmares about the experience.

These questions are part of a scale designed to screen for post-traumatic stress disorder: Primary Care PTSD Screen (PC-PTSD). This scale is used in primary care and other medical settings and has been used by the VA to screen for PTSD in veterans. This scale uses four items. However, 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?). Figure 33 reports the findings for these five items.

Figure 33. Percentages Reporting "Yes" to Lingering Effects in the Last Month of Traumatic Military Experiences



In order to calculate PC-PTSD scale scores for the WWP population, responses to "You thought about it when you did not want to?" and "You have had nightmares about it?" were combined so that the original four items could be scored. To combine the items, respondents who answered yes to either item were counted as a positive response. Respondents who answered yes to both items were counted only once.

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. A positive response does indicate that a person may warrant further examination by a mental health professional.

The WWP survey results indicate that **72.5** percent of warriors had positive scores for PTSD. When compared with 72.2% in 2017 and 72.4% in 2016, the percentage has been relatively stable. Analysis of the data by gender indicate that 69.9 percent of female warriors screen positive for PTSD, compared to 73.0 percent of male warriors. This is much higher than the results of a 2018 Institute of Medicine (IOM) study of OEF/OIF/OND veterans which found that 23 percent screen positive for PTSD (p117).

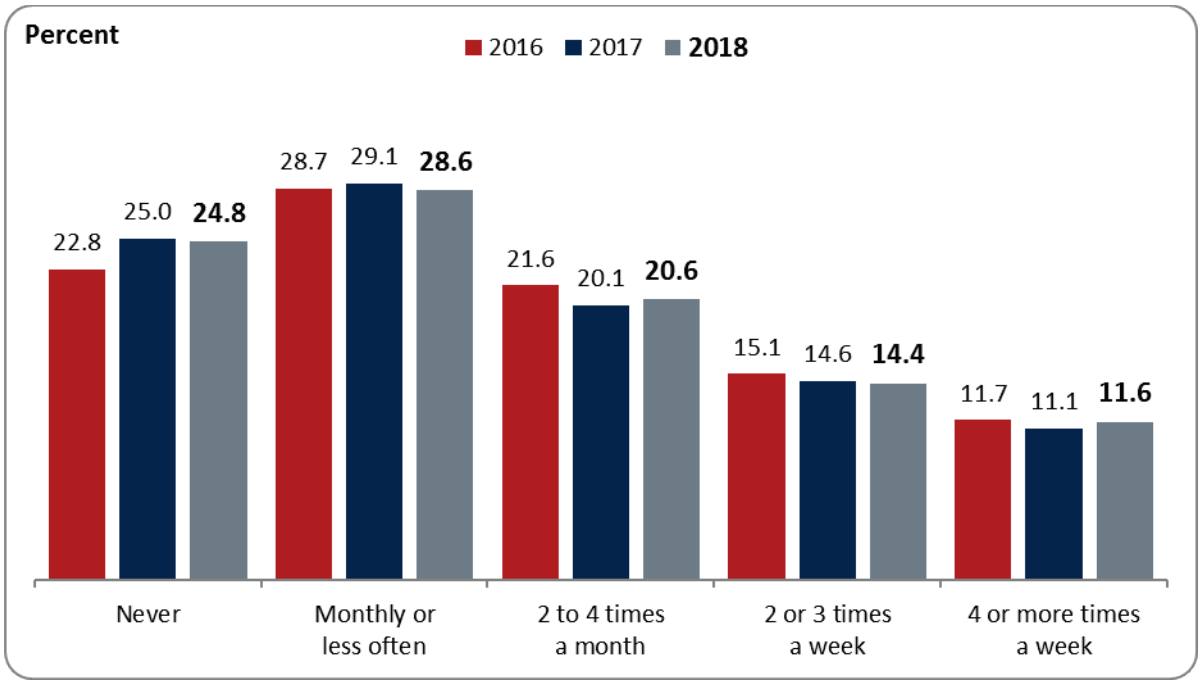
The WWP warrior estimates for PTSD are higher than reported in other studies of service members and veterans who have served in Iraq and Afghanistan. Though they include those who may perceive they have a mental health need as well as those who may not, differences in estimates are also attributable to the following factors. First, differences in the study populations, for example, the membership criteria for WWP members—the presence of a severe injury of health problem sustained during activity duty military service since September 11, 2001—distinguishes them from other military cohorts. Second, differences in the number and types of trauma-related events experienced during combat deployments, in the timing of screenings (symptoms can be delayed); and in the method of conducting the screenings and diagnoses, lead to different results. Third, 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 contributes to misleading results (Bagalman, 2013; Fulton, et al., 2015; Institute of Medicine, 2014; Milliken, Auchterlonie, & Hoge, 2007).

HEALTH-RELATED MATTERS

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

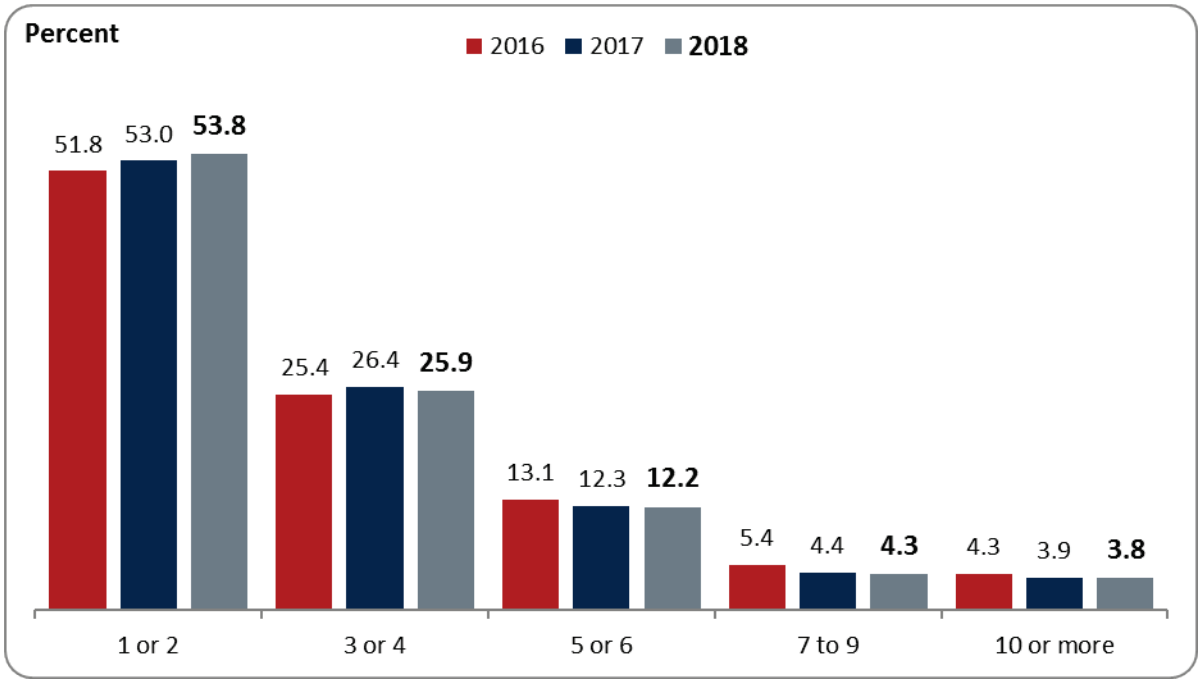
USE OF ALCOHOLIC BEVERAGES. The 2018 data on alcohol use are similar to the data for 2017. In the past 12 months, use of alcoholic beverages (i.e., beer, wine, or hard liquor) varied among warriors. One quarter of warriors (24.8%) did not drink at all during the past 12 months, and nearly 30 percent (28.6 %) drank monthly or less often. About a quarter of warriors (26.0%) reported having drinks containing alcohol two or more times a week (Figure 34).

Figure 34. Frequency of Use of Alcoholic Beverages



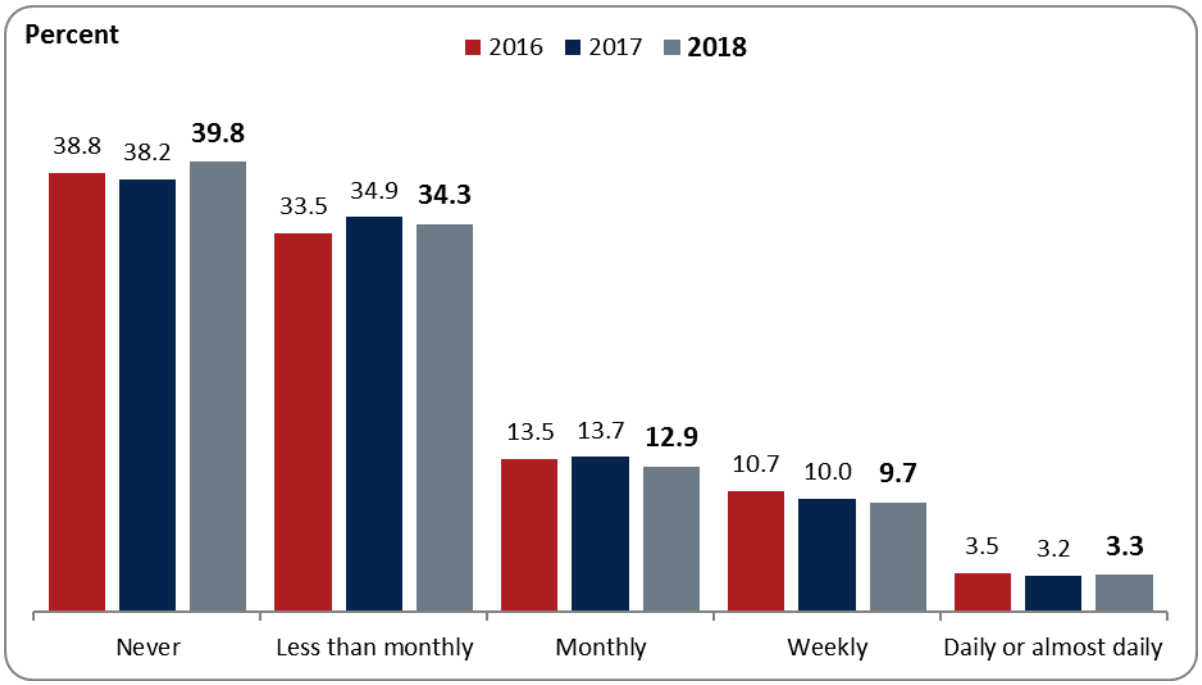
On a typical day when warriors did have an alcoholic drink, the majority had one or two drinks (53.8%) and about one-quarter (25.9%) had three or four drinks (Figure 35). The remainder reported varying numbers of drinks on a typical day, and 20.3 percent reported having more than 5 drinks.

Figure 35. 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* (9.7%) or *daily/almost daily* (3.3%) (Figure 36).

Figure 36. 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 (Alcohol Use Disorders Identification Test for Consumption). 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 (Bradley et al., 2007; Dawson, Grant, Stinson, & Zhou, 2005). The WWP mean score for male warriors is **3.1**, and the mean score for WWP female warriors is **2.1**. These scores include the warriors who never drink alcohol (26%). Among warriors who do drink alcohol, the mean score for male alcohol drinkers is 4.1, and for females, it is 3.0. Both mean scores meet the threshold for hazardous drinking.

SELECT DRUG USE. For the first time, the survey inquired about use of specific drugs in the past 12 months. The questions specifically asked about use of prescribed or over-the-counter drugs in excess of the directions or use of non-medical drugs. The list of drugs included marijuana, amphetamines, barbiturates, tranquilizers, cocaine, heroin, opiates, psychedelics, and other drugs—prescribed or over-the-counter that are not used as intended. For each of these select drugs, a vast majority of warriors indicated that they had not used them in the last 12 months. The top five most frequently used in excess or non-medically were marijuana, barbiturates, opiates, tranquilizers, and amphetamines. The other category was cited more frequently than amphetamines—7.9 percent of warriors indicated using drugs in the other category within the last 12 months compared to 4.5 percent of warriors who indicated they used amphetamines within the past 12 months—however, the other category reflects a variety of different drugs, so it was excluded from the top-five list. Nearly 2 in 10 (18%) warriors indicated they have used marijuana at some point in the last 12 months, including about 8 percent of those indicating they used it more than twice a week. About 14 percent of warriors (14.3%) indicated that they have used barbiturates within the last 12 months, including 8 percent who used it more than twice a week. Nearly 12 percent (11.7%) indicated that they used opiates in excess or non-medically in

the past 12 months, including about 4 percent who used it more than 2 times per week. Table 5 presents the findings.

The 2016 National Survey on Drug Use and Health results produced by Center for Behavioral Health Statistics and Quality (CBHSQ) and Substance Abuse and Mental Health Services Administration (SAMHSA) provide some drug use comparisons to the general population. In the general population in 2015, persons aged 12 or older reported 13.9 percent used marijuana, 4.3 percent used pain relievers, 2.2 percent used tranquilizers, 2.1 percent used stimulants (amphetamines), 1.9 percent used cocaine, 1.8 percent used hallucinogens such as LSD, PCP or ecstasy (psychedelic), 0.6 percent used sedatives (barbiturate), 0.5 percent used methamphetamine (amphetamines), and 0.4 percent used heroin (SAMHSA, 2017). Additionally, a study looking at the 2014 National Survey on Drug Use and Health found that 9 percent of veterans used marijuana in the past year (Davis et al, 2017).

Table 5. Percent of warriors by excess and non-medical use of select drugs within the last 12 months

Drug	Percent that Has Not Used	Total Percentage that Has Used	Percentage that Has Used by Frequency of Use				
			Less than once a month	About once a month	Two or three times a month	Once or twice a week	More than twice a week
Marijuana	82.0	18.0	4.7	1.3	1.8	1.8	8.4
Barbiturates	85.6	14.4	1.6	1.1	1.9	2.2	7.6
Opiates	88.3	11.7	3.0	1.3	1.7	1.4	4.4
Tranquilizers	90.7	9.3	1.9	0.9	1.4	1.3	3.8
Other prescription or over-the-counter drugs	92.1	7.9	1.9	1.0	1.2	1.1	2.7
Amphetamines	95.4	4.6	1.1	0.5	0.6	0.6	1.7
Cocaine	98.0	2.0	0.8	0.3	0.4	0.2	0.3
Psychedelics	98.3	1.7	0.8	0.3	0.2	0.1	0.2
Heroin	99.1	0.9	0.2	0.2	0.2	0.1	0.2

MAINTAINING HEALTH. Nearly all warriors (97.7%) indicated that maintaining their *physical* health was of some importance to them (*slightly important, moderately important, or very important*). More than 8 in 10 warriors (85.8%) said maintaining their physical health is either *very important* or *moderately important* (Figure 37, left).

Nearly all warriors (97.9%) indicated that maintaining their *mental* health was of some importance and nearly 9 in 10 warriors (88.5%) indicated that it is very important or moderately important to maintain their mental health.

Warriors who thought maintaining either their physical health or their mental health or both was important were asked about their motivations. Warriors could mark all reasons that apply. The top five most frequently cited reasons were the same for those who found it important to maintain their physical health and for those who found it important to maintain their mental health. Figures 37 and 38 present the findings.

Figure 37. Importance of Maintaining Physical Health and Motivations for Doing So Among Warriors Who Indicate Physical Health is Important

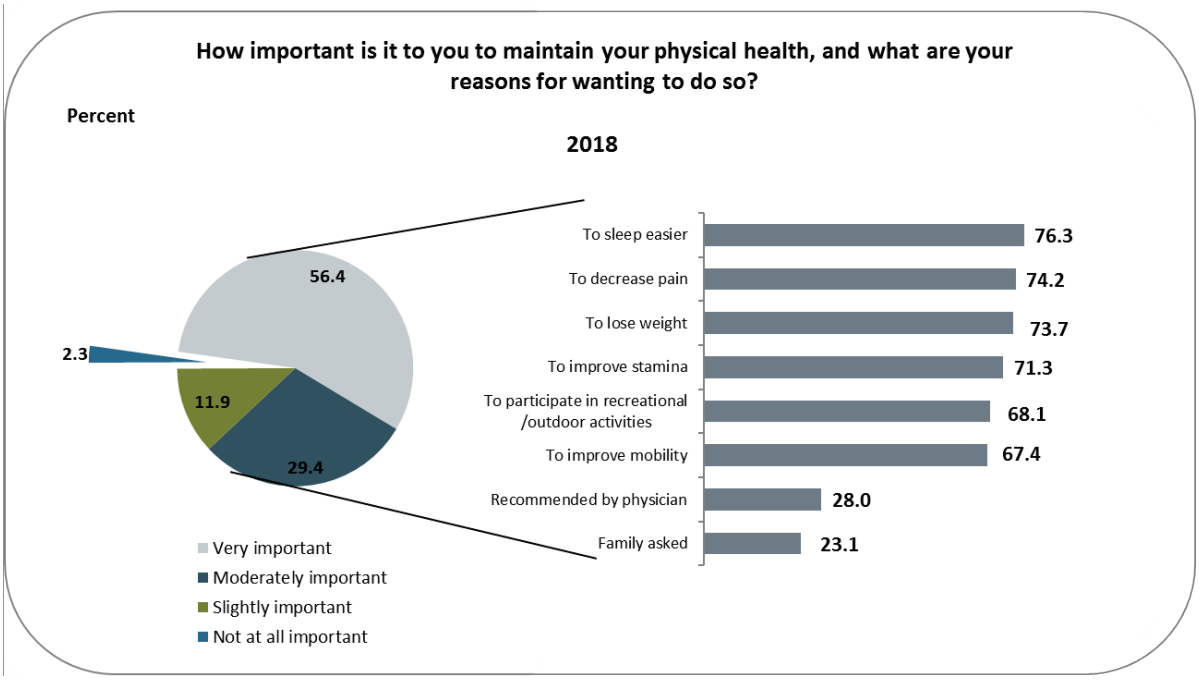
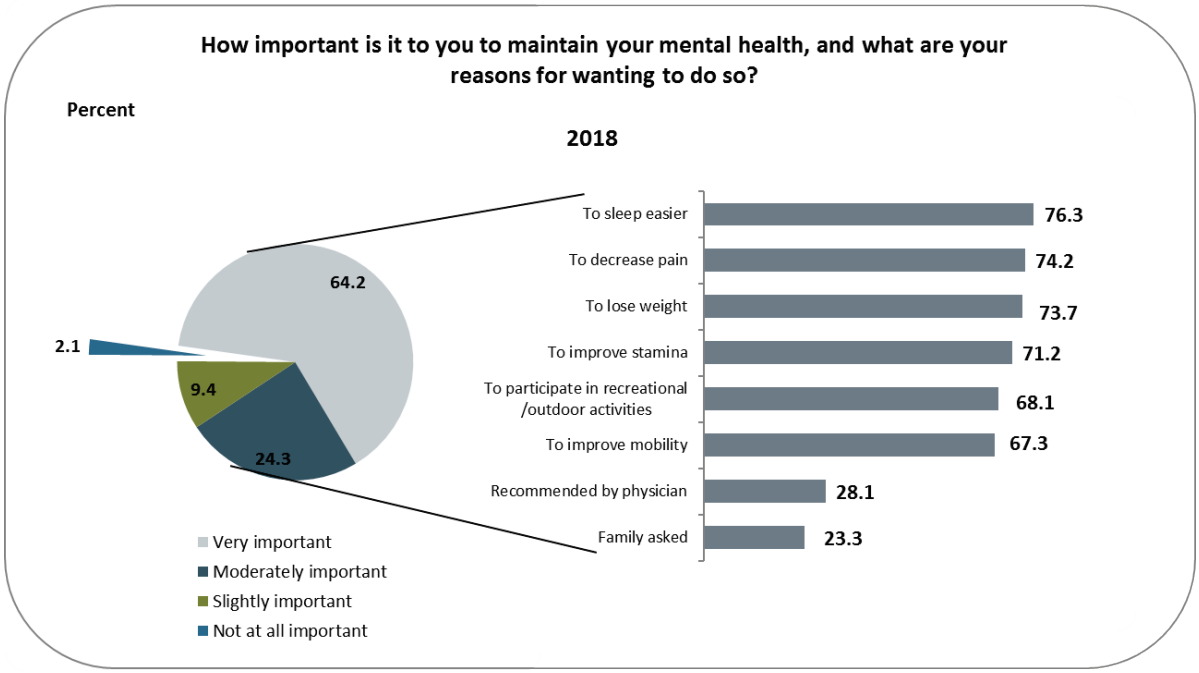
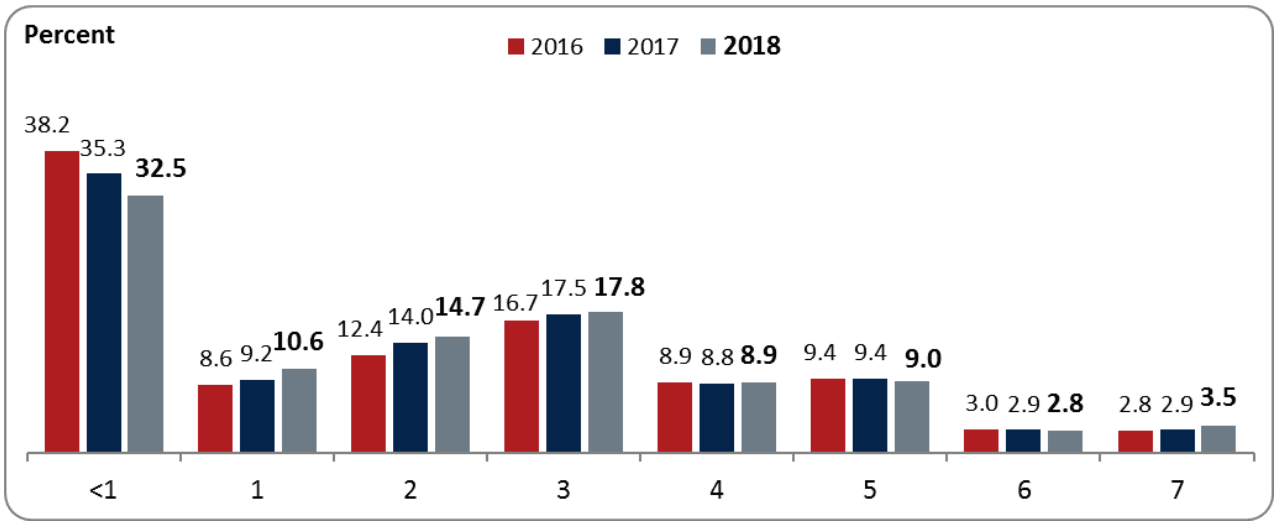


Figure 38. Importance of Maintaining Mental Health and Motivations for Doing So Among Warriors Who Indicate Mental Health is Important



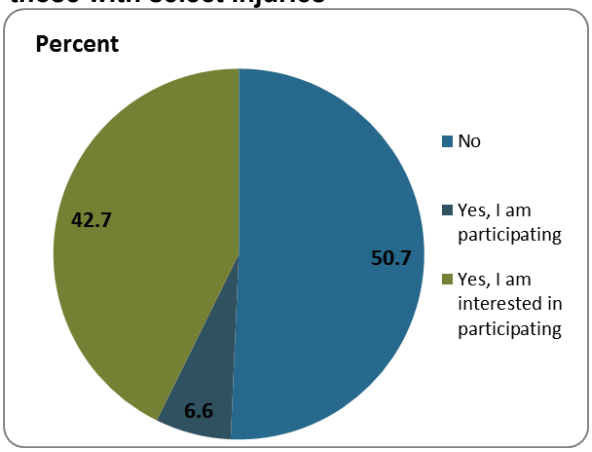
PHYSICAL ACTIVITY AND EXERCISE. About 4 in 10 warriors (42.1%) do moderate-intensity physical activities or exercise (such as a brisk walk, jog, cycle, play adapted sports, or swim) three or more days a week. On the opposite end of the spectrum, about 3 in 10 warriors (32.5%) percent do moderate-intensity physical activities or exercise less than once a week (Figure 39). The 2018 survey results are similar to those for 2017 and 2016.

Figure 39. Frequency of Moderate-Intensity Physical Activity or Exercise in a Typical Week (# days a week)



Warriors who indicated that they had sustained specific injuries were asked if they are interested in participating in adaptive sports. The list of specific injuries included amputation, blind or severe visual loss, spinal cord injury, TBI, head injuries other than TBI, and nerve injuries. About half of these warriors (50.7%) indicated that they were not interested; the remainder was split between those already participating in adaptive sports (6.6%) and those interested participating in adaptive sports (42.7%).

Figure 40. Interest in adaptive sports among those with select injuries



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 multiple reasons. The top three most frequently cited reasons were the same as in 2017 and 2016 (Figure 40):

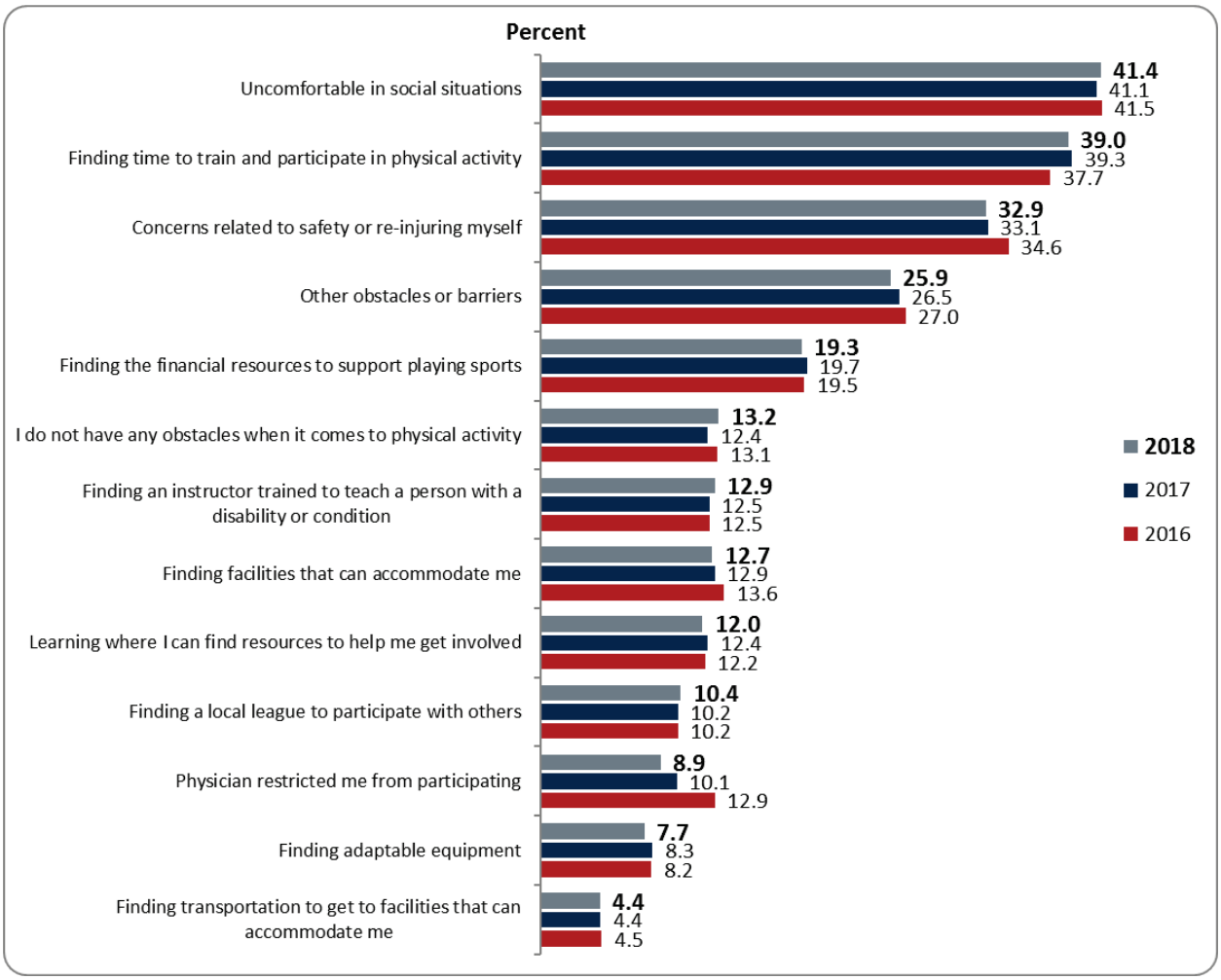
- Uncomfortable in social situations – 41.4%
- Finding time to train and participate in physical activity – 39.0%
- Concerns related to safety or re-injuring myself – 32.9%

Only 13.2 percent of warriors indicated that they do not have any obstacles when it comes to physical activity.

Among those who did report barriers, 32.6 percent reported one barrier, 25.5 percent reported two barriers, 18.5 percent reported three barriers, 10.3 percent reported four barriers, and lower

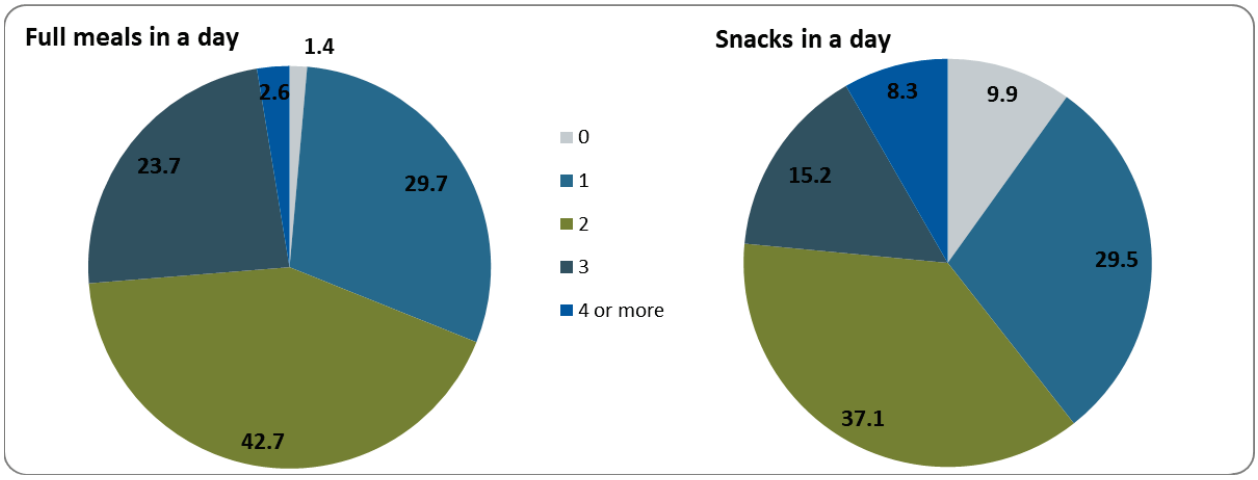
percentages (0.3% – 5.7%) reported 5 to 12 barriers. Figure 41 displays the percentage of warriors who face select barriers.

Figure 41. Reported Barriers to Exercising and Doing Sports or Other Physical Activities



EATING HABITS. For the first time, the survey inquired about eating habits. Warriors were first asked how many full meals they eat on a typical day, with response options that ranged from zero (0) to *4 or more*. The most frequently cited response option was two full meals a day, 42.7 percent. One and three meals followed, with 29.7 percent citing one full meal a day and 23.7 percent citing three meals a day. Subsequently, warriors were asked about how many snacks they consumed on a typical day, with response options ranging from zero (0) to *4 or more*. The most frequently cited response option was two snacks a day, 37.1 percent. Nearly 30 percent of warriors (29.5%) indicated that they have one snack a day; 15.2 percent indicated that they have 3 snacks on a typical day. Figure 42 presents the data for both the number of meals and the number of snacks warriors eat on a typical day.

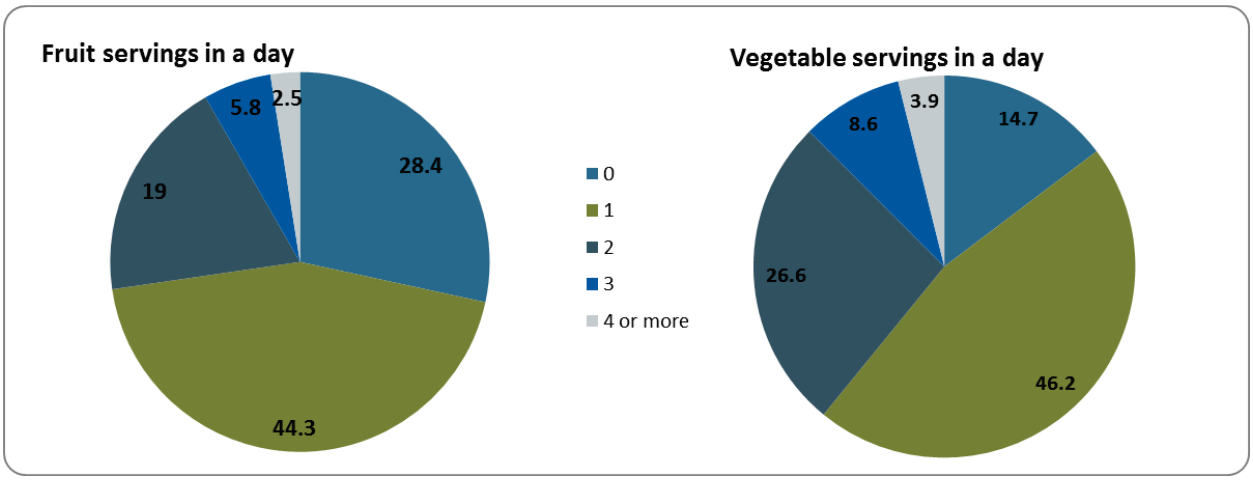
Figure 42. The Number of Servings of Full Meals and Snacks Warriors Eat on a Typical Day



Warriors were also asked about consumption of select foods on a typical day. The response options were the same as those for the previous questions. About 7 in 10 warriors (72.7%) indicated that they ate one or zero serving of fruit per day. The recent MyPlate guideline use cups instead of servings for their presentation. They make clear that women should consume 1.5 cups of fruit a day and men should consume 2 cups per day. A 4-ounce piece of whole fruit such as an apple, banana, pear, or orange typically counts as one cup. The vast majority of warriors may have insufficient fruit intake by the MyPlate standards; however, these standards were developed for typical, active adults, so some caution is warranted in applying them to the WWP population. Nonetheless, increased fruit consumption may benefit a large proportion of warriors.

The MyPlate guidelines also make clear that half the plate should contain vegetables at every meal. Women typically need 2-2.5 cups of vegetables per day, while men need 2.5-3 cups. About 4 in 10 warriors (39.1%) indicate that they eat two or more servings of vegetables on a typical day, with the majority of that percentage eating only two. Though the guidelines presented are for typically active males and females, the approximately 60 percent of the WWP population consuming up to one helping of vegetables is concerning because they may be missing valuable vitamins, minerals, and fiber necessary to maintain health. Figure 43 presents the findings on the number of servings of fruit and vegetables that warriors eat on a typical day.

Figure 43. The Number of Fruits and Vegetables Warriors Eat on a Typical Day



AMOUNT OF SLEEP. Relatively few warriors are getting sufficient sleep. Less than 1 in 5 warriors (17.4%) 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 44). Conversely, about one-quarter of warriors (27.5%) never—*none of the time*—got enough sleep to feel rested upon waking in the morning.

Less than 1 in 5 warriors (19.3%) 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 45). Conversely, about one quarter (27.2%) never—*none of the time*—got the amount of sleep they needed.

Figure 44. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested

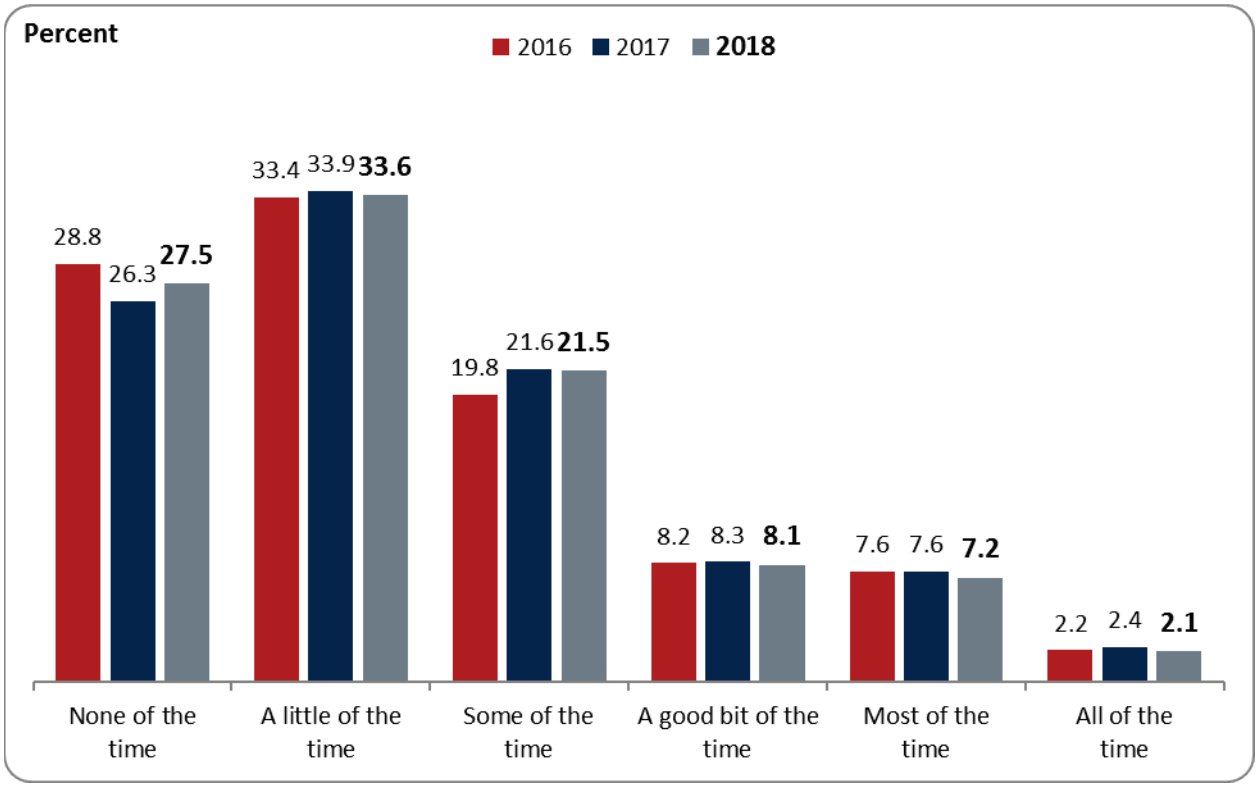
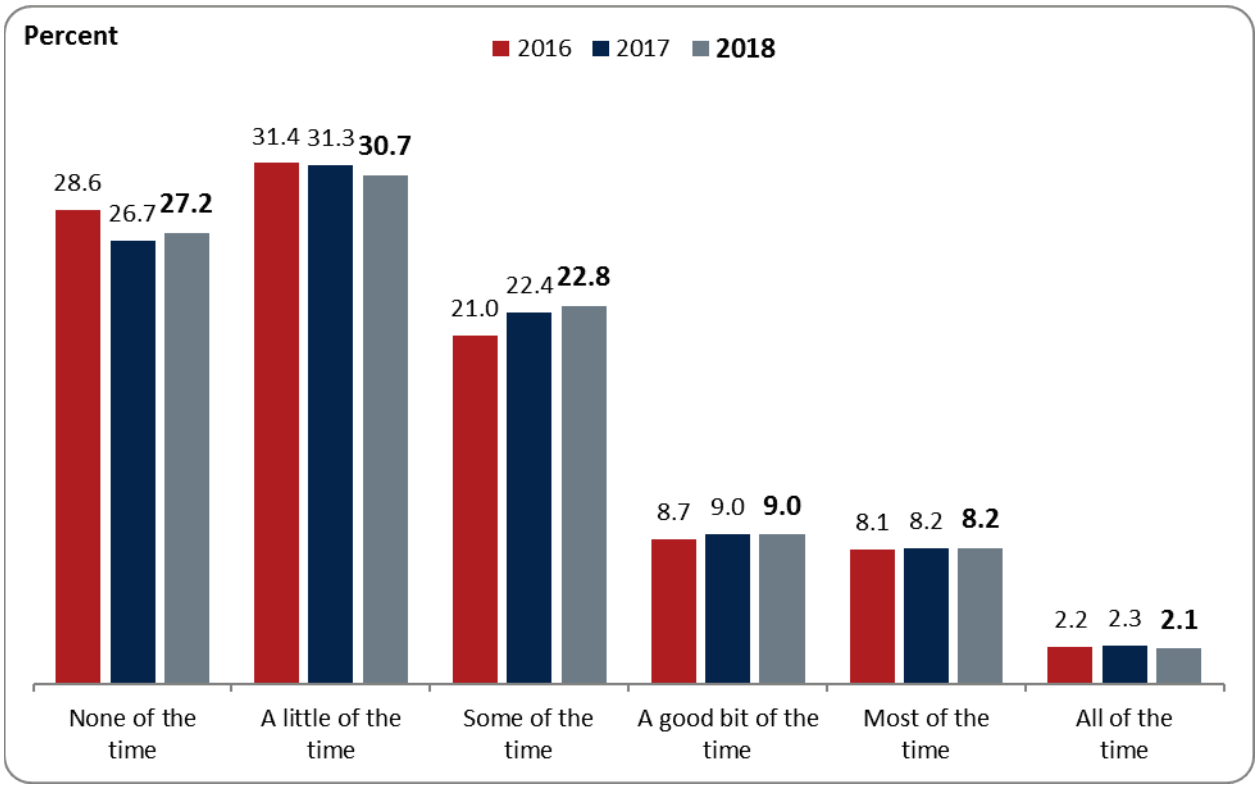


Figure 45. Frequency During the Past 4 Weeks of Getting Amount of Sleep Needed



The above two questions on sleep make up a Sleep Adequacy Scale from the Medical Outcomes Study (MOS) Sleep Scale. The mean score for the WWP warriors is **28.6** (median score: 20.0; unchanged from 2017). The mean scores were similar for the two genders: 27.2 for female warriors and 28.9 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.

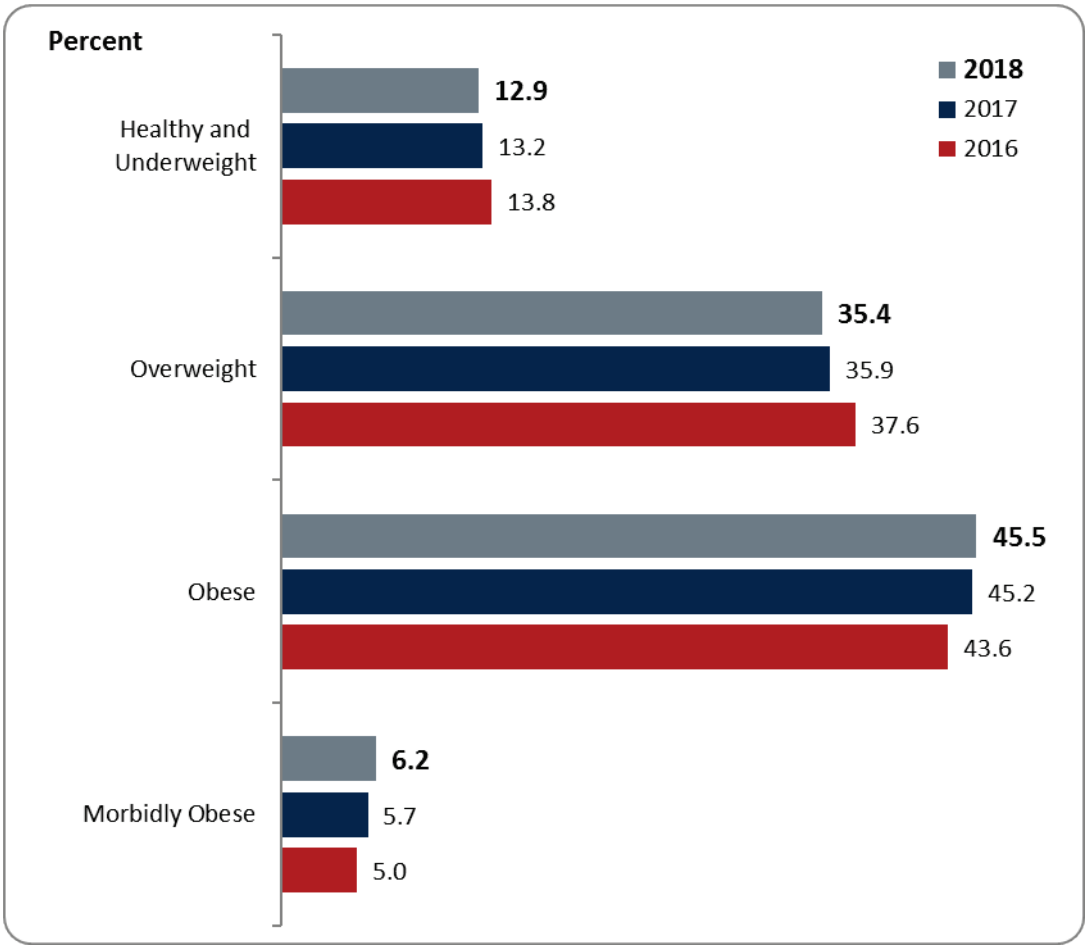
A recent study by RAND addressed gaps in research about sleep problems among military members in an effort to learn more about the prevalence of sleep problems among Service members following deployment, the consequences of such sleep problems, and available sleep-related programs and policies to promote 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” (65.0 inches) for female warriors and 5’10” (70.2 inches) for male warriors. The average (mean) weight was 178.1 pounds for female warriors and 217.9 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 (51.7%) of wounded warriors have BMIs that fall within the obesity range (BMI = 30 or greater). Analysis by gender reveals 43.8 percent of female warriors have BMIs in the obesity range compared to 53.2 percent of male warriors. The average BMI across all warriors is 30.8 (The median is 30.3.), which is at the low end of the range for being classified as obese (BMI = 30 or greater).

The percentage of warriors in the obese range continues to rise slightly: 51.7% in 2018, 50.9% in 2017, and 48.6% in 2016. In 2018, only 12.9 percent of warriors have BMI measures that are within the healthy weight or underweight range. Over one-third of warriors (35.4%) have BMI measures that fall within the overweight range, BMI between 25 and 29.99. Figure 46 presents the distribution of warriors' BMI scores by weight category, splitting the obese and morbidly obese (BMI>40) into separate categories.

Figure 46. 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.

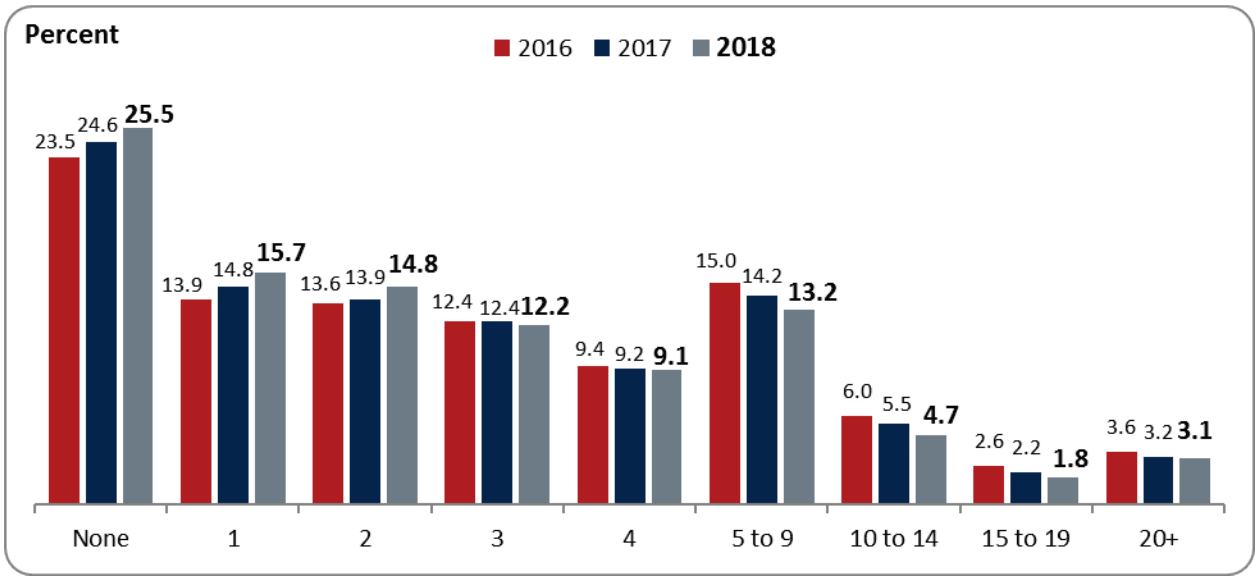
In a study (of Millennium Cohort participants) that examined possible reasons for weight gain after discharge from military service (Littman et al., 2013), researchers found that an increased weight gain at the time of discharge may help to explain reports of high rates of obesity among veterans. They 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. About one-quarter (25.5%) had no visits; about 4 in 10 warriors (42.7%) had *one to three* visits. About 1 in 10 warriors (9.6%) had *10 or more* in the past 3 months (Figure 47).

Figure 47. Number of Doctor/Clinic Visits in the Past 3 Months



HEALTH CARE VISITS TO ANY PROFESSIONAL FOR MENTAL HEALTH/EMOTIONAL PROBLEMS. About half of warriors (50.9%) 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, 75.2 percent visited a

regular medical doctor or primary care physician for those problems. This percentage has been stable over the last three years. About 6 in 10 warriors (63.5%) 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 (3.0%) had *20 or more visits*, contributing to a mean number of visits during the past 3 months of 4.6 (median 3.0).

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, 90.9 percent made such a visit. Just over two-thirds (68.0%) visited a specialist about such issues 1 to 5 times in the past 3 months. The mean number of visits was 5.5 (median 3.0).

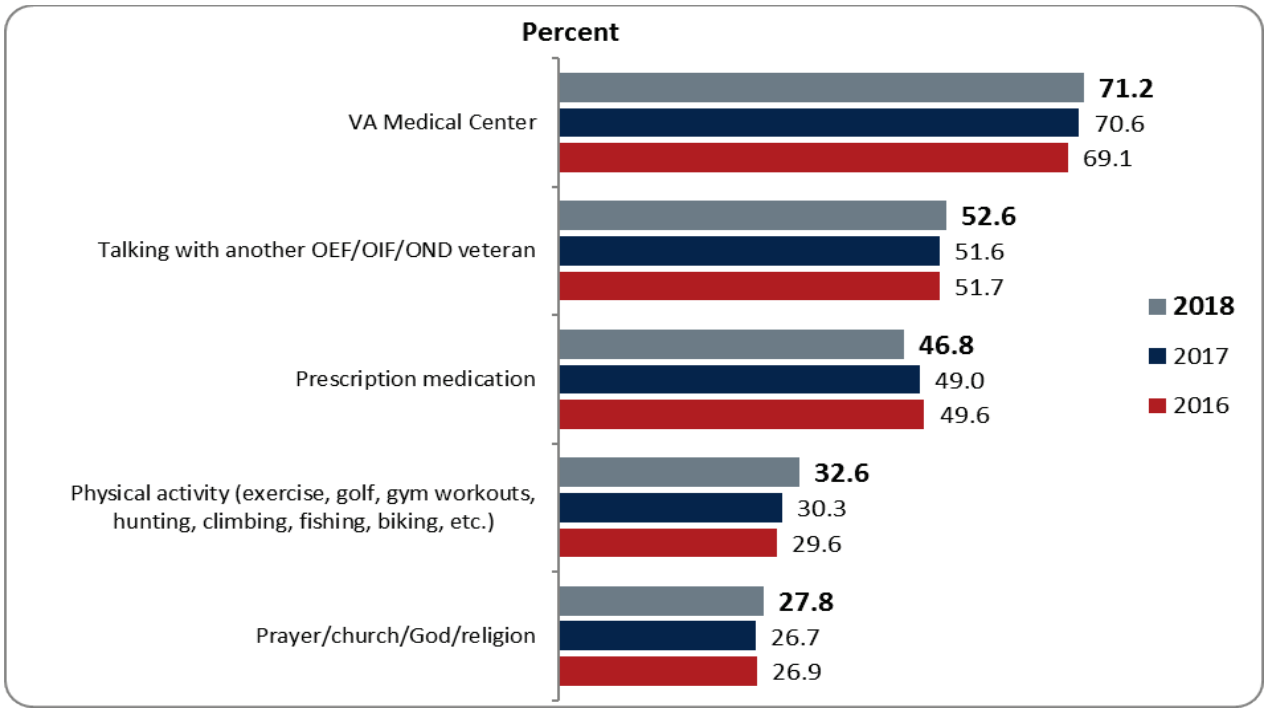
MEDICATION USE FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among warriors who had visited any health care professional in the past 3 months about issues such as stress, emotional, alcohol, drug, or family problems, 74.9 percent were prescribed medication for a mental health or emotional problem. Most of them (91.6%) 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, 73.0 percent had received counseling—individual, family, or group—for a mental health or emotional problem. About 6 in 10 warriors (61.1%) had between 1 and 5 visits in the past 3 months. At the other extreme, about 4.4 percent made *20 or more* visits during that time. The mean number of visits was 6.2 (median 4.0).

RESOURCES AND TOOLS USED TO HELP COPE WITH FEELINGS OF STRESS OR EMOTIONAL OR MENTAL HEALTH CONCERNS. Only 4.2 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 48).

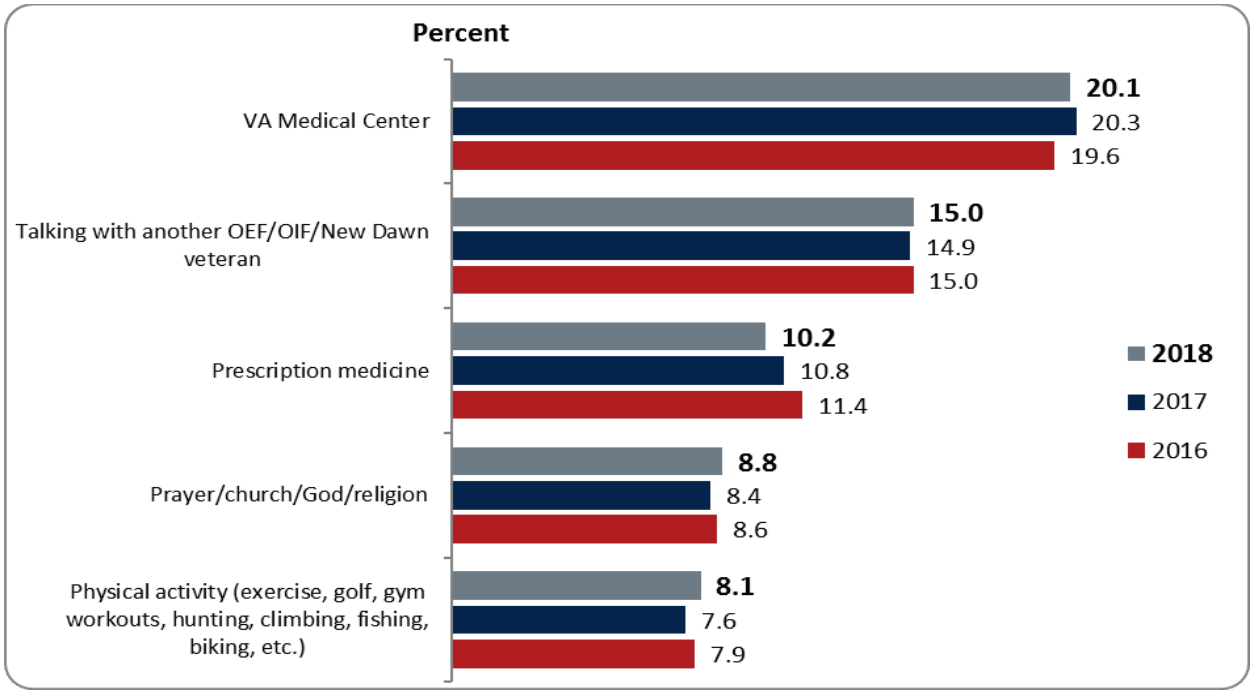
- Continuing a modestly rising trend, the most common resource used by warriors was the VA Medical Center (71.2%, compared with 70.6%, in 2017 and 66.1% in 2016). This was followed by “Talking with another OEF/OIF/OND veteran,” (52.6%) and use of prescription medication (46.8%).
- Other resources and tools beyond the top three that were used by more than one-fourth of warriors since deployment included physical activity (32.6%), prayer/church/God/religion (27.8%), or talking with a non-military family member or friend (27.0%).
- Nearly one-quarter (24.9%) of warriors with concerns said they used the Vet Center (not shown).

Figure 48. 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 49 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 (20.1%). Talking with another OEF/OIF/OND veteran (15.0%) was second. Prescription medicine was third (10.2%), prayer/church/God/ religion was fourth (8.8%), and physical activity was fifth (8.1%).

Figure 49. 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 (32.8%) 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. Among all warriors who experienced difficulties, conflicts between personal schedules and hours of operation of VA health care was the most frequently cited reason (37.3%) for difficulty getting or for putting off mental health care (Figure 50). The next two most common reasons were related to personal feelings:

- Felt that treatment might bring up painful or traumatic memories that you wish to avoid – 32.7%
- Uncomfortable with existing resources within DoD or VA – 31.8%

The fourth and fifth most common reasons were logistical:

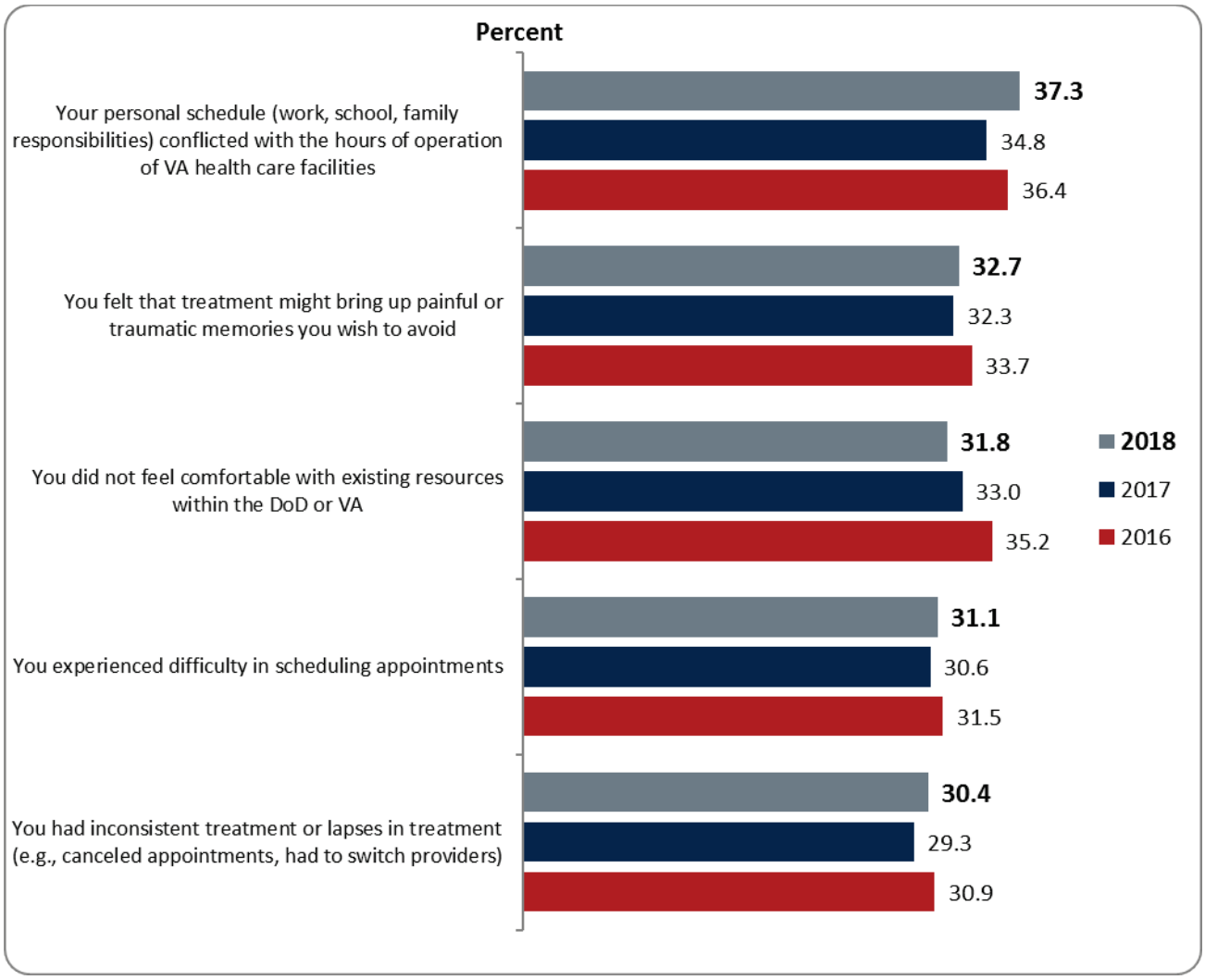
- Difficulty scheduling appointments – 31.1%
- Inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments or the need to switch providers) – 30.4%

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

- Felt you would be considered weak for seeking mental health treatment – 19.1%
- Concerned future career plans would be jeopardized – 19.0%
- Felt you would be stigmatized by peers or family for seeking mental health treatment – 17.6%

Nearly one-quarter of warriors (24.5%) cited lack of resources in their geographic area as a barrier to getting care this year.

Figure 50. 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, four of the top five reasons for difficulties getting mental health care were the same as for the overall WWP population; however, the catchall category of other or unspecified reasons also made the top-five. Figure 51 presents the finding summarized here:

- Personal schedule conflicted with operation of VA health care – 37.3%
- Felt that treatment might bring up painful or traumatic memories that they wanted to avoid – 33.9%
- Inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments or the need to switch providers) – 33.5%%

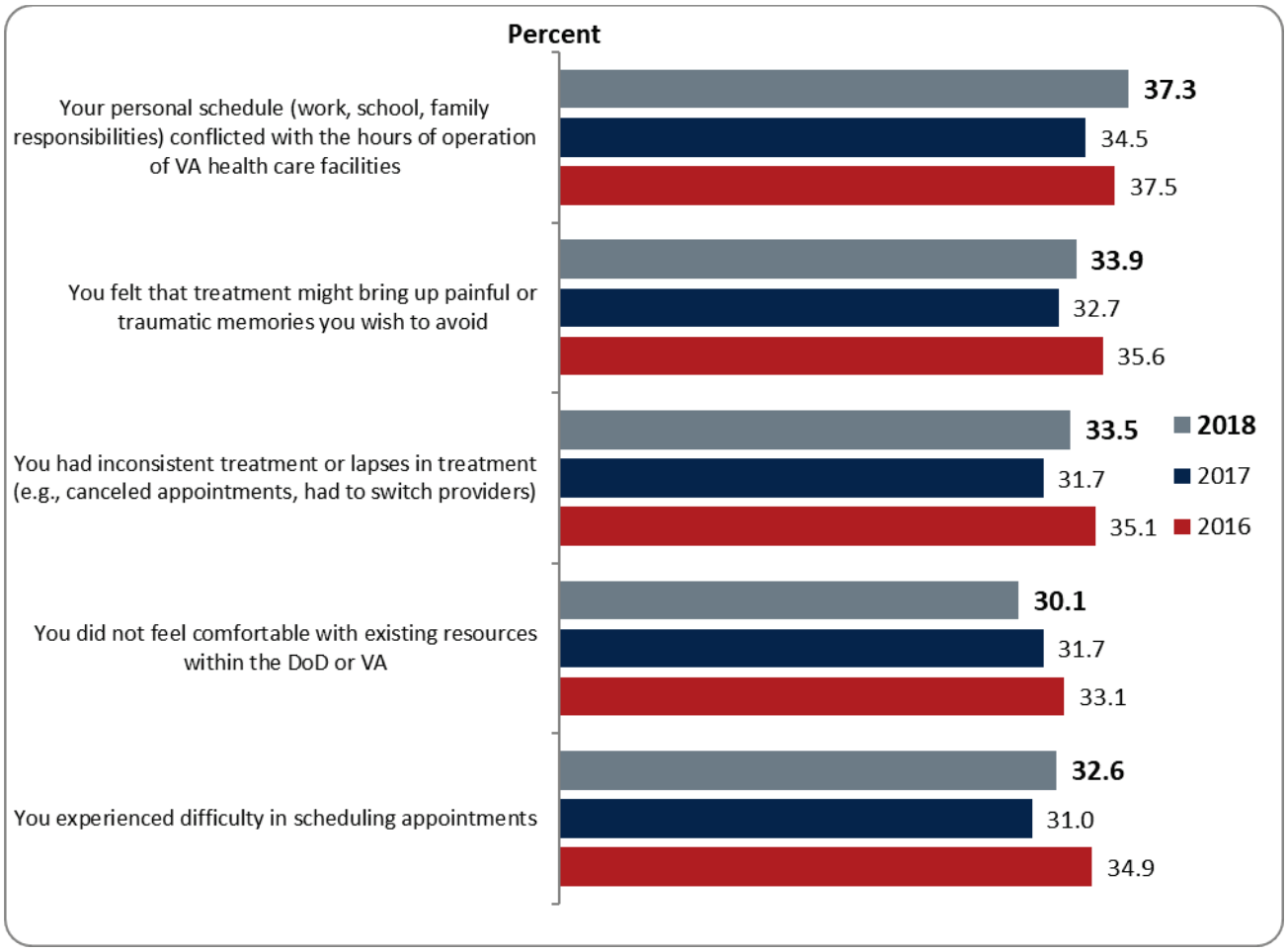
Other (not specified) reason(s) is new to the top five this year. Whether it largely reflects a single or few unspecified reasons or a collection of many unique challenges is not clear.

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 – 17.3%
- Concerned that you future career plans would be jeopardized – 15.6%
- Felt you would be stigmatized by peers or family for seeking mental health treatment – 15.4%

Just over one-quarter of warriors who use the VA for their primary health care (25.4%) reported that lack of resources in their geographic area was a barrier to getting care.

Figure 51. 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 warriors with PTSD and traumatic brain injury, Wounded Warrior Project launched Warrior Care Network in June 2015. Warrior Care Network is an innovative first-of-its-kind collaboration between Wounded Warrior Project and four nationally recognized academic medical centers of excellence: Emory Healthcare, Massachusetts General Hospital, Rush University Medical Center, and UCLA Health. In cooperation with the Department of Veterans Affairs, this program connects world-class clinical and family-centered care with thousands of warriors who otherwise might go untreated. Specialized clinical services are offered through either an innovative two- to three-week intensive outpatient program or a regionalized outpatient program. The treatment programs integrate evidenced-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support with the goal of helping warriors thrive, not just survive.

DIFFICULTY IN GETTING PHYSICAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE. About 4 in 10 warriors (39.6%) 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.

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

- Difficulty scheduling appointments – 38.1% (39.1% in 2017 and 40.3% in 2016)

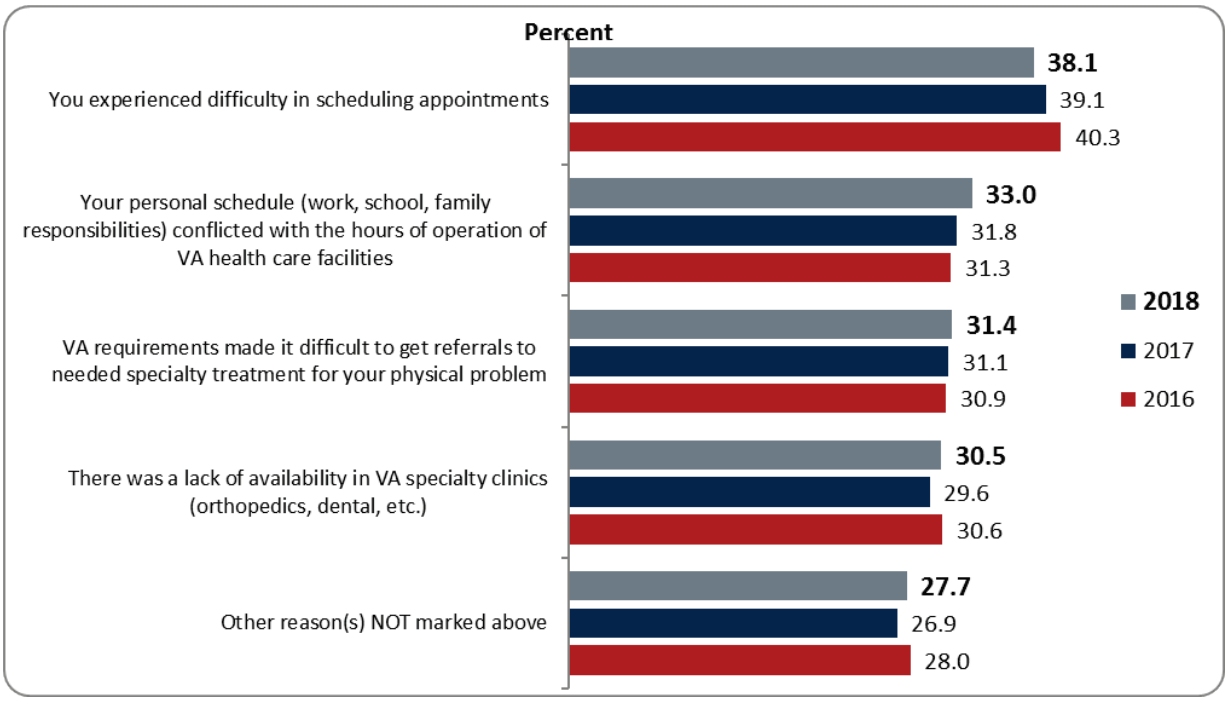
About 3 in 10 warriors chose the next most common reasons:

- Personal schedule (work, school, family responsibilities) conflicted with the hours of operation of VA health care facilities – 33.0 %
- VA requirements made it difficult to get referrals to needed specialty treatment for physical problems – 31.4%
- Lack of availability in VA specialty clinics (orthopedics, dental, etc.) – 30.5%

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

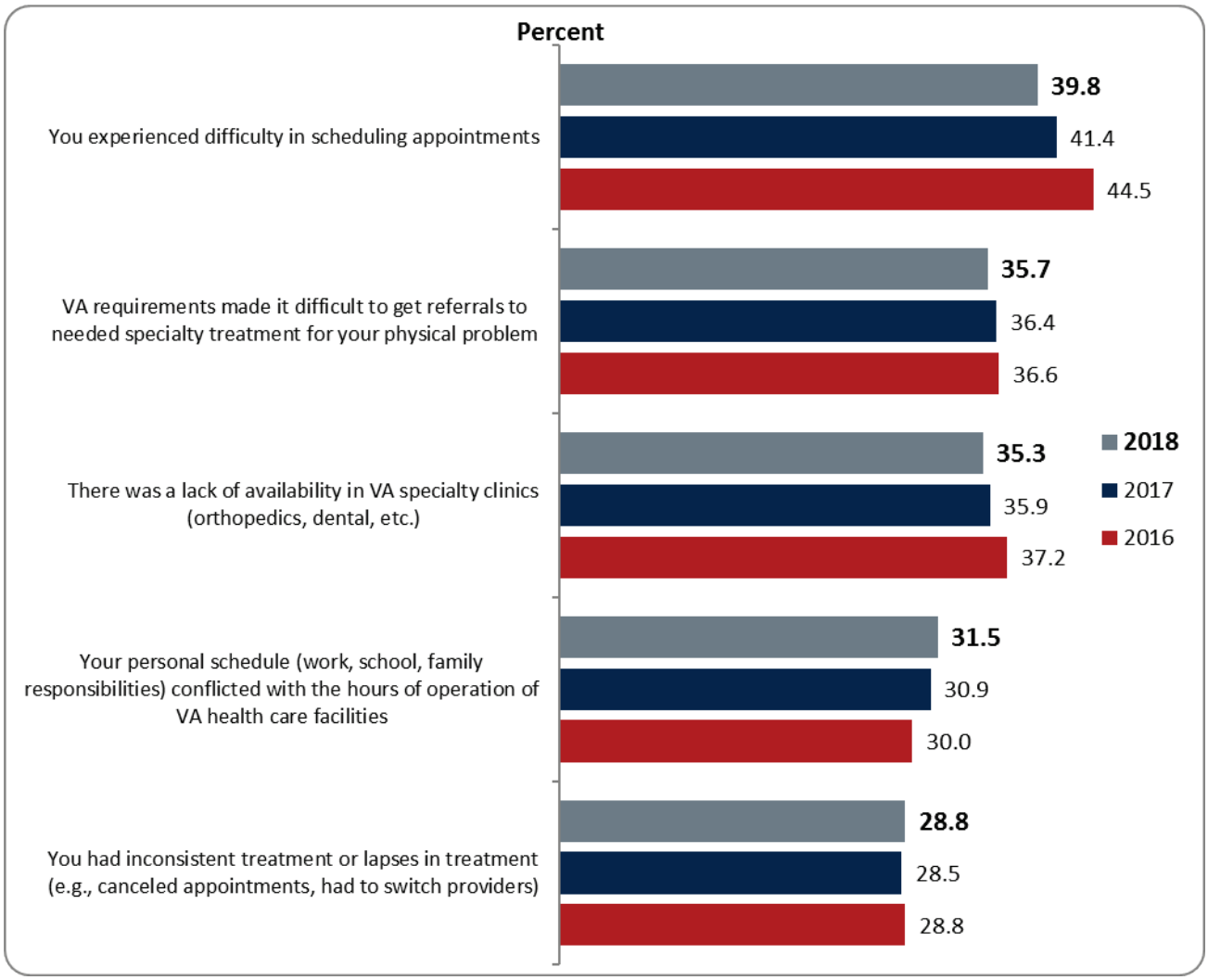
- Uncomfortable with existing resources within the DoD or VA – 19.4%
- Lack of resources in their geographic area – 16.1%
- Could not afford co-pays or other costs not covered by health insurance – 11.5%
- Did not have health insurance to cover needed care – 10.2%
- Felt you might lose your job if you asked for time off to get physical health care – 9.8%

Figure 52. 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. Other (not specified) reasons did not make the top five; rather, inconsistent treatment or lapses in treatment did, which 28.8 percent of those who use the VA as their primary health care providers citing this reason. However, other reason(s) was the sixth most frequently cited reason among all warriors.

Figure 53. Reasons for Difficulties in Getting Physical Health Care Who Use VA as Primary Health Care Provider



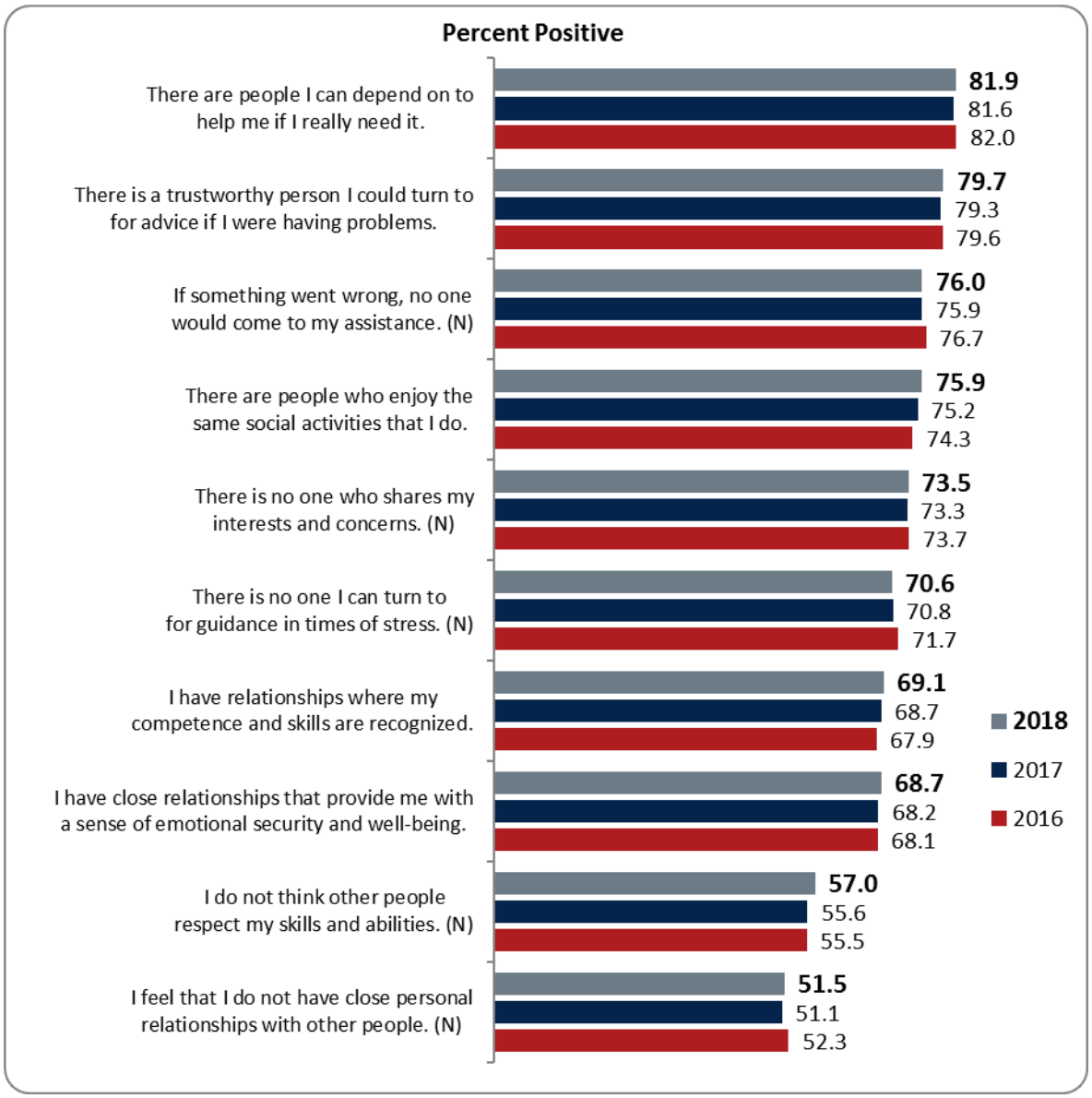
SOCIAL SUPPORT

Social support can influence health (Reblin and Uchino, 2008). To measure 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 54). At least two-thirds of warriors agreed with each of the five positive statements (range 68.7% to 81.9%). Between about half and three-quarters of warriors *disagreed* or *strongly disagreed* with the negatively worded statements (range 51.5% to 76.0%). In other words, their feelings were more positive. The following two negatively worded statements were the ones that the lowest percentage of warriors *disagreed* or *strongly disagreed* with—i.e., they felt more positive than the statement indicated:

- "I do not think other people respect my skills and abilities" (57.0% positive.)
- "I feel that I do not have close personal relationships with other people" (51.5% positive).

Figure 54. 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 54 make up 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 for 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:

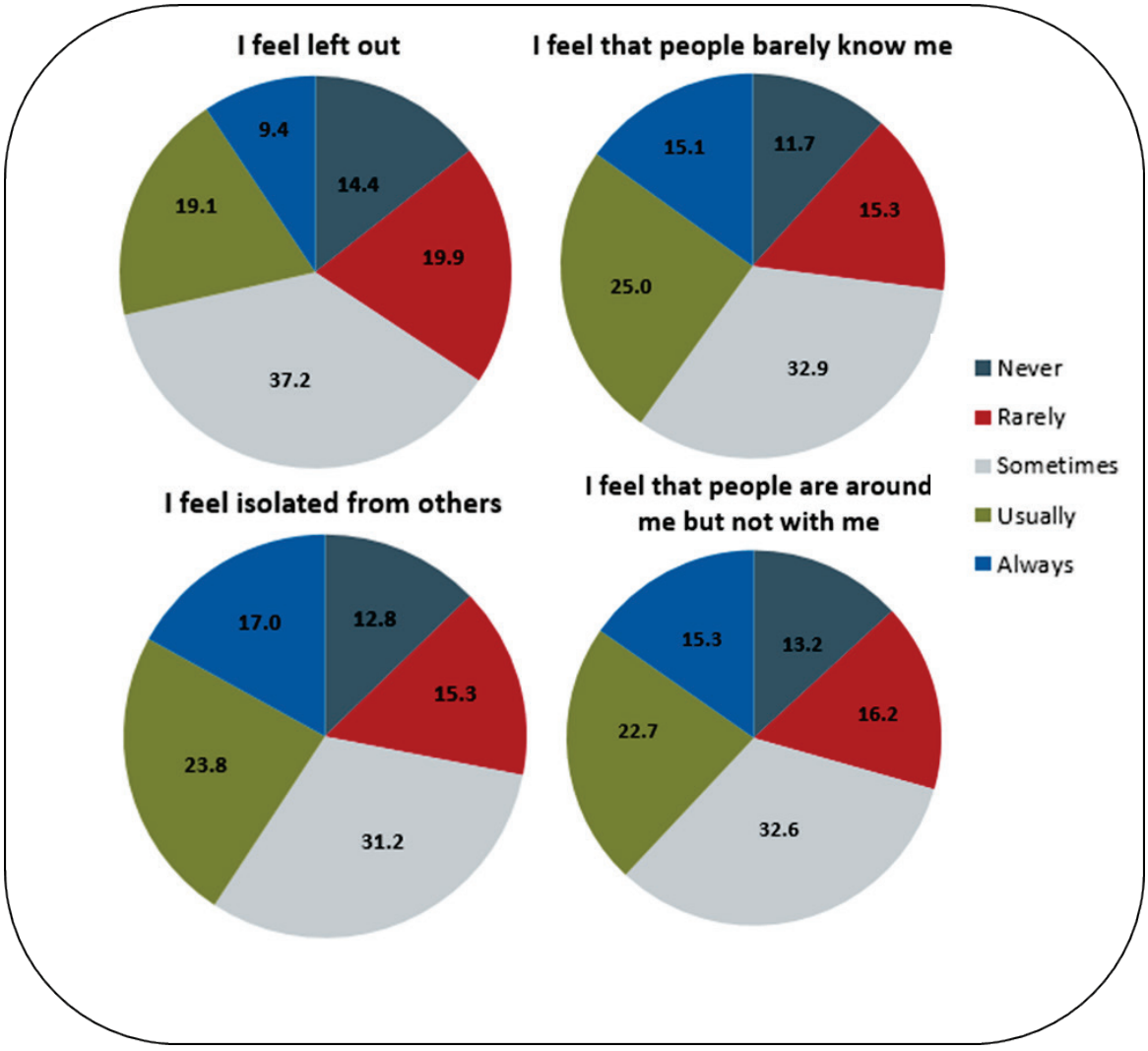
- Guidance (advice or information) – **5.9** (5.9 in 2017 and 5.9 in 2016)
- Reassurance of Worth (recognition of one's competence, skills, and value by others) – **5.4** (5.4 in 2017 and 5.4 in 2016)
- Social Integration (a sense of belonging to a group that shares similar interests, concerns, and recreational activities) – **5.8** (5.7 in 2017 and 5.7 in 2016)
- Attachment (emotional closeness from which one derives a sense of security) – **5.4** (5.3 in 2017 and 5.4 in 2016)
- Reliable Alliance (assurance that others can be counted on in times of stress) – **6.0** (6.0 in 2017 and 6.0 in 2016)
- **Total Social Provisions Score** – **28.4** (28.3 in 2017 and 28.4 in 2016)

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 conducted on other groups. In comparison to these groups, WWP scores are 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 questions. Figure 55 depicts the distribution of responses to the four items. About 4 in 10 warriors (40.8%) *usually* or *always* feel isolated from others. A similar percentage (40.1%) *usually* or *always* feel that people barely know them. Nearly 40 percent of warriors (38.0%) *usually* or *always* feel that people are around them but not with them. Just under 30 percent (28.5%) *usually* or *always* feel left out.

Figure 55. Warriors' Perceptions About Their Social Relationships



The four questions in Figure 55 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 is 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 56.3 (median 56.1). There is little variation between the genders: female warriors have a mean score of 58.0 (median 58.1) and male warriors have a mean score of 55.9 (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 notably 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 (SIS) Score by Injury type.

Injury Type	Mean SIS Score	
	With injury	Without injury
Amputation	53.2	56.3
Ankle/feet injury	56.9	55.9
Anxiety	58.3	52.0
Back, neck, or shoulder problems	56.8	54.7
Blind or server vision loss	56.8	56.3
Burns	55.9	56.3
Depression	58.9	50.2
Fractured bones	56.4	56.2
Hand injuries	57.3	56.1
Head injuries other than TBI	58.0	56.0
Hearing loss	57.1	55.5
Hip injuries	57.5	56.1
Knee injuries or problems	56.9	55.5
Migraines or severe headaches	58.1	54.5
Military Sexual Trauma	60.9	55.9
Nerve injuries	57.5	55.8
Other severe mental injuries	61.6	55.6
Other severe physical injuries	57.5	56.1
PTSD	57.9	50.7
Shrapnel problems	55.8	56.3
Sleep problems	57.5	52.7
Spinal cord injury	57.6	56.0
Tinnitus	57.1	55.0
Traumatic brain injury (TBI)	57.7	55.3

Beginning in 2016, the WWP survey added the 10-item version of the Connor-Davidson Resilience Scale (also known as the CD-RISC 10-Item Resilience Scale) to measure 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. 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 (50.7%) think it is *often true* or *true nearly all the time* that they are able to adapt when changes occur (Figure 56). A somewhat lower percentage (44.5%) said it is *often true* or *true nearly all the time* that they tend to bounce back after illness, injury, or other hardships (Figure 57). The percentage indicating that they cannot (*not at all* able) or can only *rarely* bounce back after illness, injury, or other hardships was 16.8 percent, which is similar to the 13.1 percent indicating that they are unable (*not at all* able) or *rarely* able to adapt when changes occurs.

Figure 56. Ability to Adapt When Changes Occur (How True Is It That They Can Adapt to Change?)

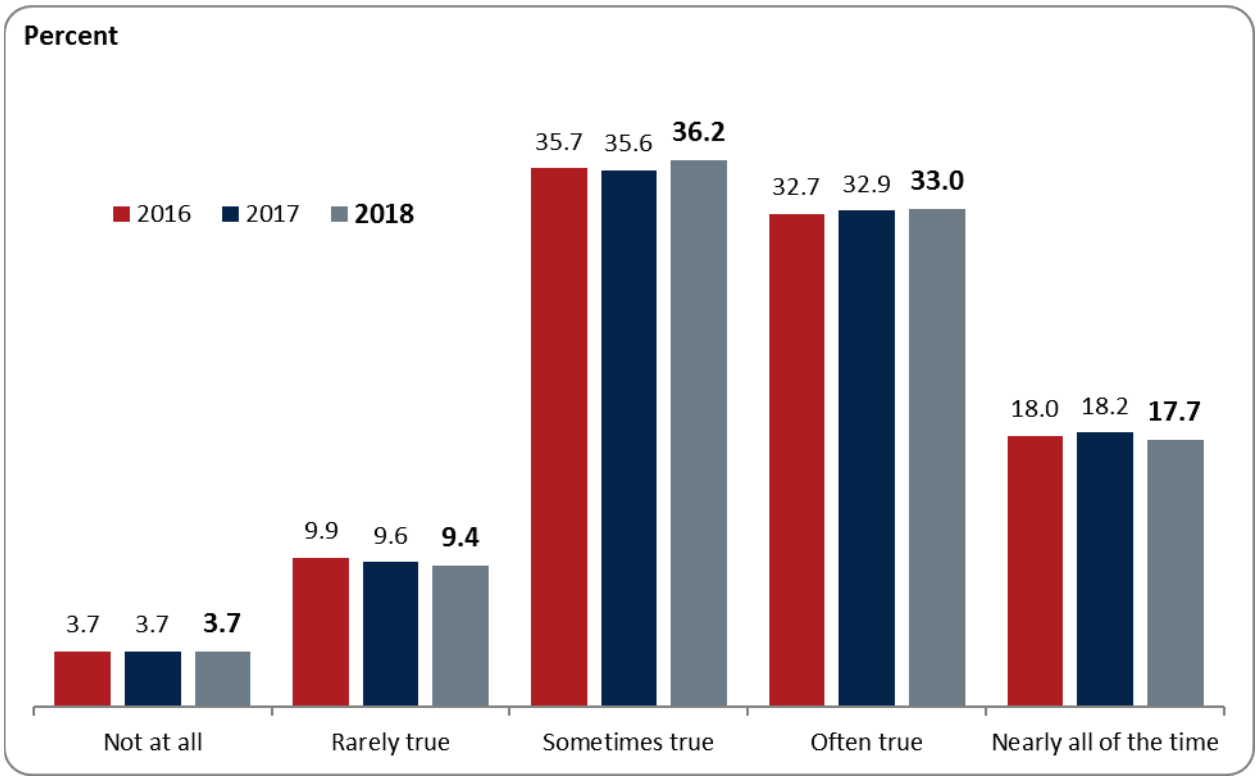


Figure 57. Ability to Bounce Back After Illness, Injury, or Other Hardships (How True Is It That They Tend to Bounce Back?)

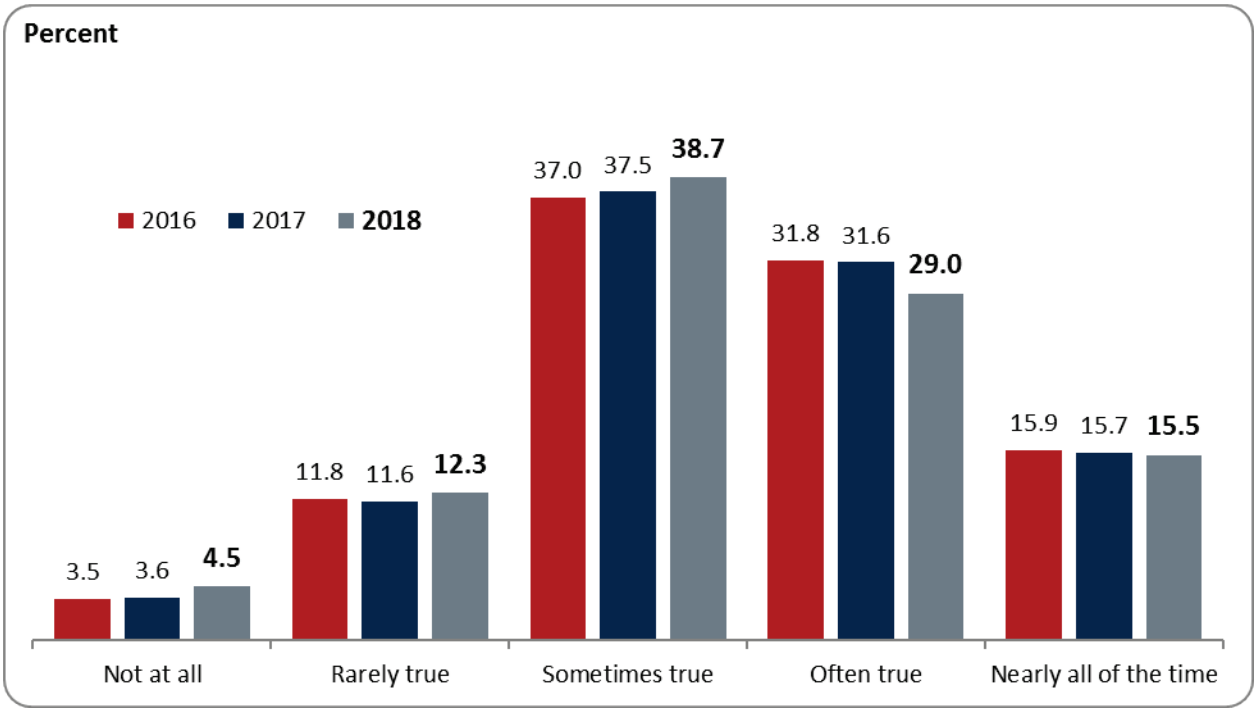


Table 7 presents responses to all of the 10 questions used to explore current attitudes that reflect resilience among warriors. Only about 1 in 5 warriors (18.3%) indicated, "I think of myself as a strong person" *nearly all of the time*. Similar percentages indicated that they try to see the humorous side of problem (19.2%) or are able to adapt when changes occur (17.7%) *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

	Not at all true	Rarely true	Sometimes true	Often true	True nearly all of the time
I am able to adapt when changes occur.					
2018	3.7	9.4	36.2	33.0	17.7
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 other hardships.					
2018	4.5	12.3	38.7	29.0	15.5
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.					
2018	3.7	9.3	37.5	32.0	17.6
2017	3.8	9.5	38.1	31.6	17.0
2016	3.9	10.7	37.7	30.4	17.4

Table 7. Percentage of Warriors by Responses to Questions About Current Attitudes (continued)

	Not at all true	Rarely true	Sometimes true	Often true	True nearly all of the time
I try to see the humorous side of things when I am faced with problems.					
2018	5.6	12.7	33.3	29.2	19.2
2017	5.6	12.6	32.6	29.7	19.5
2016	5.8	13.5	33.4	28.6	18.7
Having to cope with stress can make me stronger.					
2018	6.6	14.7	40.2	25.1	13.4
2017	6.5	14.1	38.3	26.9	14.2
2016	6.9	14.8	37.8	26.3	14.1
I believe I can achieve my goals, even if there are obstacles.					
2018	3.8	11.3	38.4	30.0	16.5
2017	3.2	10.1	39.9	31.3	15.6
2016	3.2	10.5	39.3	31.3	15.7
Under pressure, I stay focused and think clearly.					
2018	6.3	13.3	35.4	29.3	15.7
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.					
2018	6.9	17.2	36.9	25.9	13.0
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 when dealing with life's challenges and difficulties.					
2018	4.7	11.4	35.4	30.2	18.3
2017	4.6	10.9	33.4	30.6	20.5
2016	4.4	11.1	33.0	30.7	20.8
I am able to handle unpleasant or painful feelings like sadness, fear, and anger.					
2018	6.9	15.0	38.0	25.4	14.7
2017	5.6	13.4	37.5	27.5	16.0
2016	5.8	13.8	36.8	27.0	16.5

The mean CD-RISC 10-Item Resilience Scale score for WWP warriors is **23.7.** 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).

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 2018 WWP Warrior Survey had a mean Resilience Scale score of 21.8 while those who did not test positive for PTSD had a mean score of 28.6.

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 58 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." (42.1% *Rarely true* or *Occasionally true*)
- "Doing the things I do every day is a source of pleasure for me." (49.3% *Often true, Usually true*, or *Almost always true*)

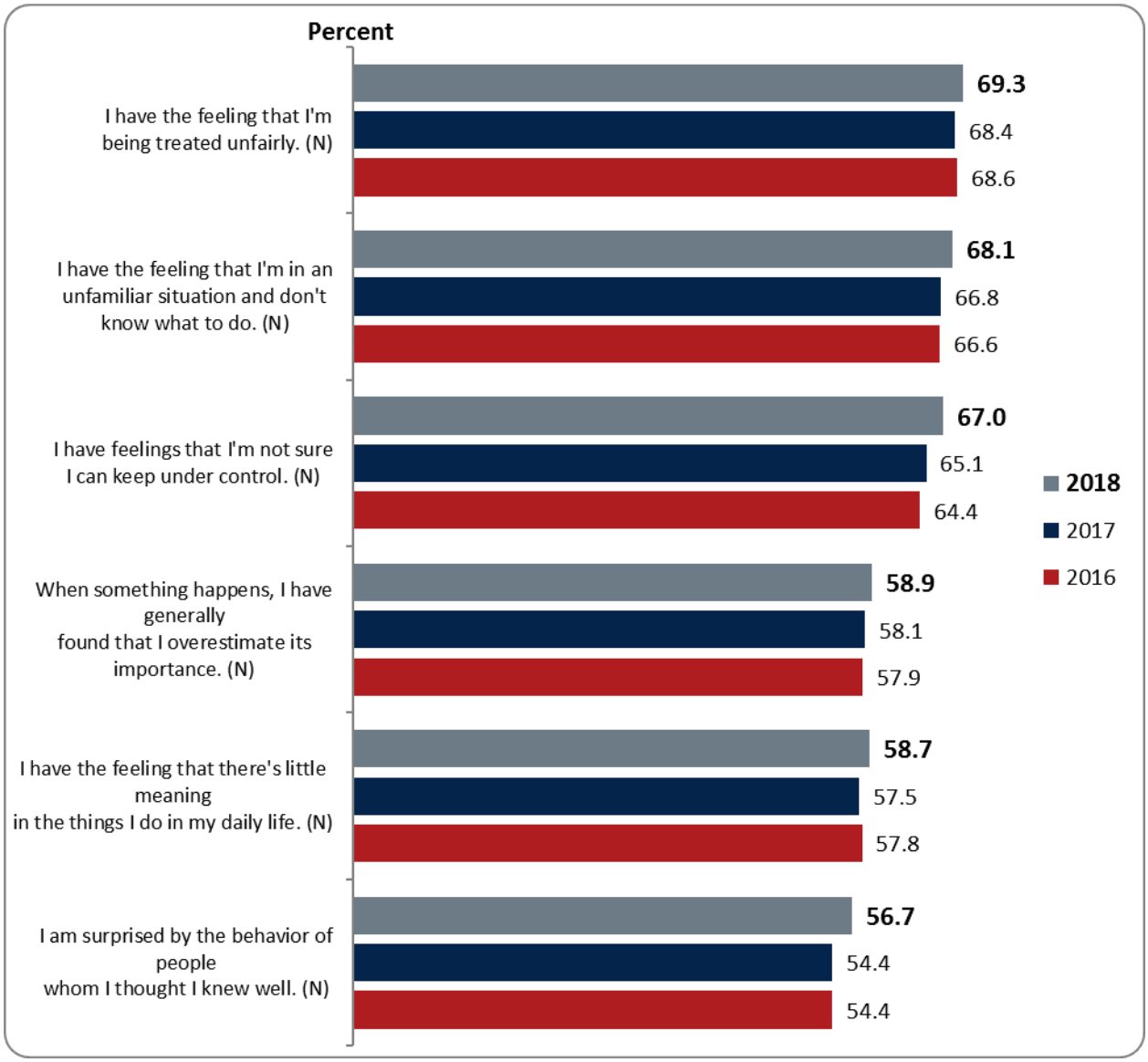
Means for the OLQ 13-item scale were calculated for the Overall score (maximum possible score = 65), as well as for three subscales: Meaningfulness (maximum score = 20), Manageability (maximum score = 20), and Comprehensibility (maximum score = 25). Those with high OLQ Scale scores are better able to 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 the following scale score results may not be directly comparable with other reported OLQ scores.

OLQ mean scores for WWP warriors follow:

- Meaningfulness – **12.5** (12.3 in 2017 and 12.3 in 2016)
- Manageability – **14.5** (14.4 in 2017 and 14.5 in 2016)
- Comprehensibility – **17.4** (17.2 in 2017 and 17.2 in 2016)
- Overall OLQ Scale – **44.3** (43.9 in 2017 and 43.8 in 2016)

Warriors' OLQ mean scores have been quite stable for several years.

Figure 58. 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.

FINANCIAL WELLNESS

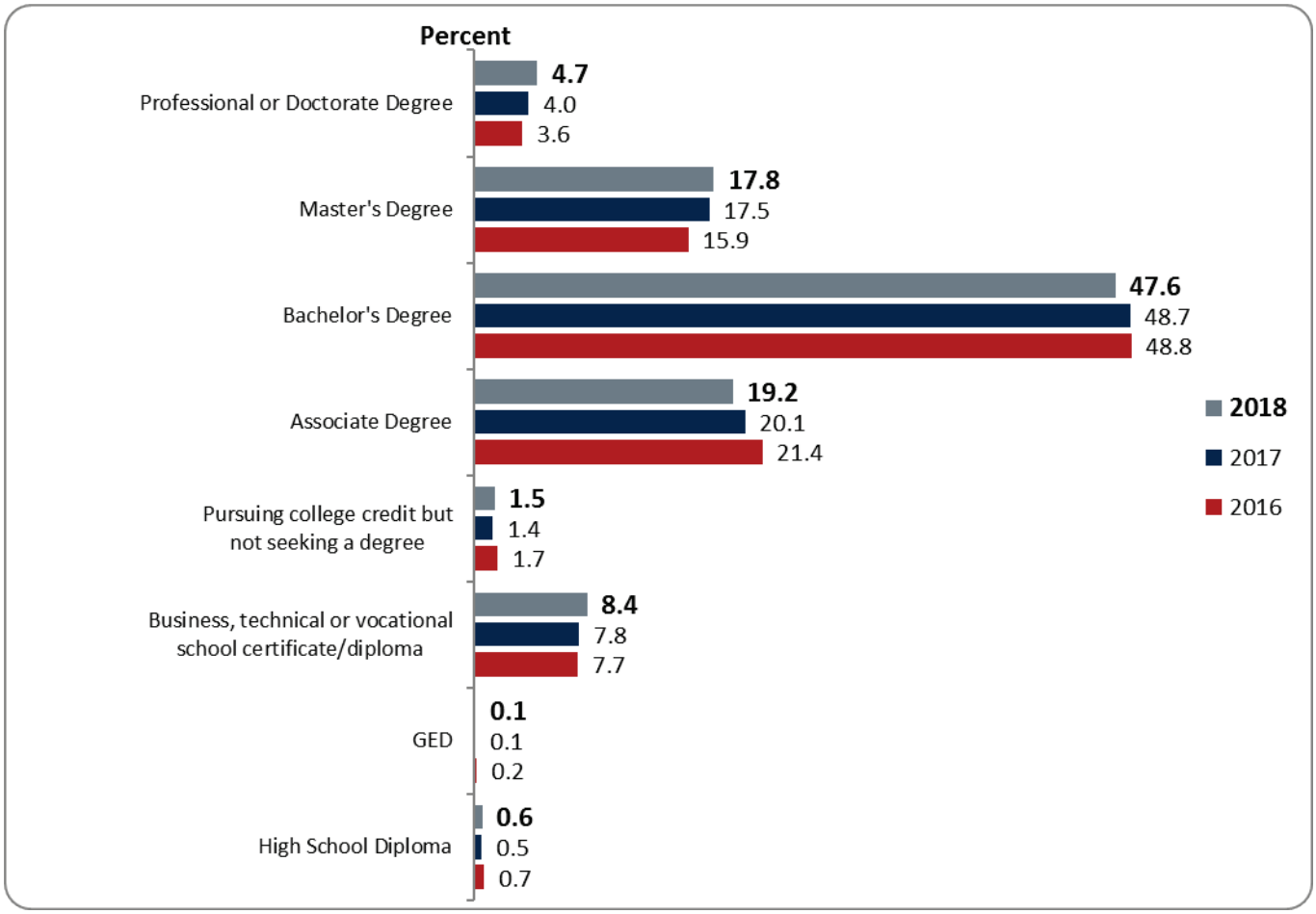
WWP is dedicated to promoting the economic empowerment of wounded warriors. The WWP survey includes questions to measure the economic and financial status of WWP warriors.

EDUCATION

CURRENT SCHOOL ENROLLMENT. As noted earlier in this report, 64.2% of WWP warriors have less than a bachelor's degree (66.8% in 2017). But about a quarter of warriors—23.2 percent—are now enrolled in school and pursuing the following (Figure 59):

- A bachelor's degree or higher – 70.1%
- An associate degree – 19.2%
- Business, technical, or vocational school training leading to a certificate or diploma – 8.4%

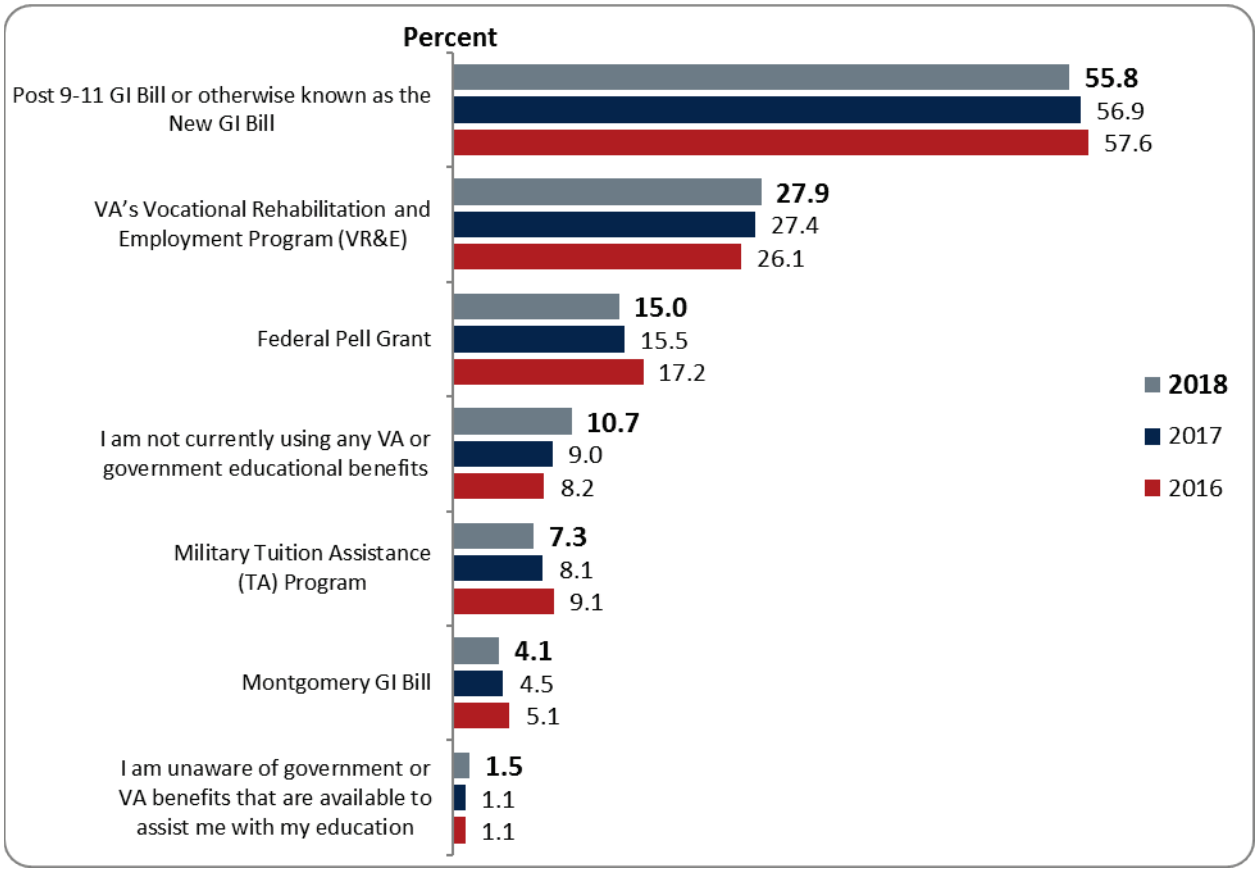
Figure 59. Degree or Level of Schooling Pursued by School Enrollees



Warriors currently pursuing more education are using various government benefits and programs to advance their education as shown in Figure 60:

- Post-9/11 GI Bill – 55.8%
- VA's Vocational Rehabilitation and Employment Program (VR&E) – 27.9%
  - Of the warriors enrolled in the VR&E program, 53.3 percent are using "Employment Through Long Term Services – Training/Education" (56.9% in 2017 and 53.5% in 2016).

Figure 60. VA or Government Education Benefits Used by School Enrollees



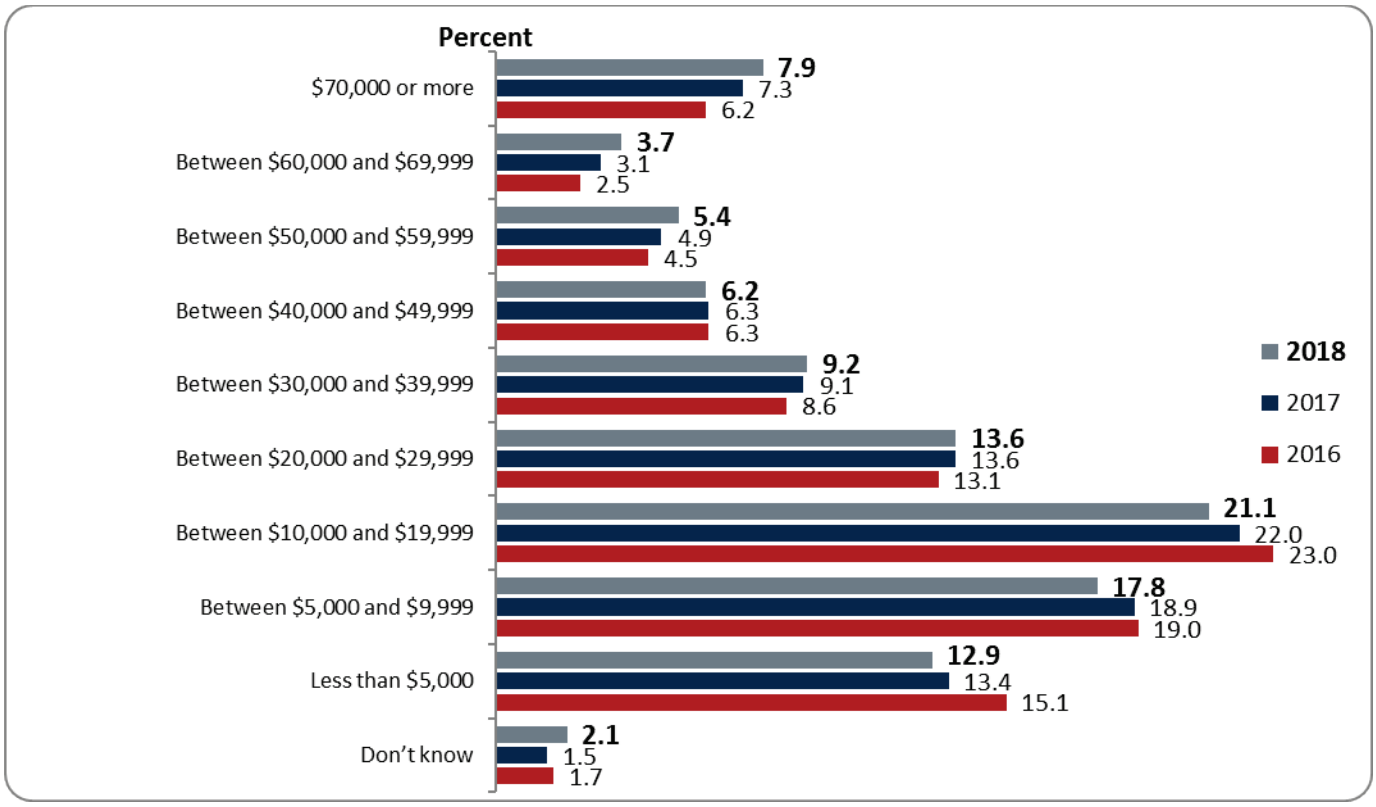
NOTE: Percentages do not sum to 100 because respondents could check more than one benefit.

WARRIOR STUDENT LOAN DEBT. As warriors pursue further education, some are incurring student loan debt. Twenty-eight percent of warriors currently have unpaid student loans. Among that group (Figure 61):

- 12.9 percent owe less than $5,000
- 52.5 percent owe between $5,000 and $29,999
- 32.5 percent owe $30,000 or more (increasing steadily from 30.6% in 2017 and 28.2% in 2016)

While warriors are accruing more student loan debt, their education levels are also increasing, and this will increase their ability to secure employment or improve upon their current employment status.

Figure 61. Warrior Student Loan Debt



EMPLOYMENT STATUS. Among all warriors, 55.1 percent are employed in paid work either full-time or part-time. Warriors who reported they were either 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 2018 labor force participation rate is 62.1 percent (number in labor force/number in population). The unemployment rate for 2018 warriors is 11.0 percent (unemployment rate equals the number of unemployed/the number in the warrior labor force). See the *Note* below discussing this estimated rate.

The survey asks wounded warriors who are neither employed nor unemployed to select which of five reasons best explains why they are not in the labor force. The results in 2018 are similar to the 2017 results:

- 61.7% – Medical/health conditions (or treatment) prevent them from working
- 15.6% – Retired
- 13.8% – In school or in a training program
- 3.9% – Would have liked to work but have become **discouraged** about finding work and did not look for work in the past 4 weeks
- 3.0% – Family responsibilities
- 2.0% – Other (non-service-connected disability) medical/health condition (or treatment) prevents them from working

Warriors classified as “discouraged” and not in the labor force were asked to select the main reason they did not seek work in the past 4 weeks from among four possible reasons:

- 32.7% – Have been unable to find work and quit looking
- 28.7% – Do not have the necessary schooling, training, skills, or experience
- 25.9% – Belief that employers discriminate against them because of age or disability or some other reason
- 12.7% – 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 8 show employment percentages, labor force participation rates, and unemployment rates for all warriors from 2016 to 2018. All active duty warriors are counted as employed. The bottom rows of the table show those same results for non-active-duty warriors only. As expected, the subgroup of non-active duty warriors had a lower percentage of employed respondents, a lower labor force participation rate, and a higher unemployment rate compared to all warriors in the same categories. The unemployment rate for non-active-duty

warriors continues to decline—12.3 percent in 2018, compared with 13.3 percent in 2017 and 15.6 percent in 2016.

Table 8. Estimated Employment, Labor Force Participation, and Unemployment Rates for All Warriors and for Non-Active Duty Warriors (2016–2018)

	2018	2017	2016
All Warriors			
Percentage employed	55.1%	55.0%	54.0%
Labor force participation rate	62.1%	62.5%	62.5%
Unemployment rate	11.0%	11.7%	13.2%
Non-Active Duty Warriors			
Percentage employed	52.1%	51.4%	49.2%
Labor force participation rate	59.5%	59.5%	58.5%
Unemployment rate	12.3%	13.3%	15.6%

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. More on employment is located later in this report.

BLS, Current Population Survey

Annual Averages 2017 (Civilian noninstitutional population, 18 years and over)

Gulf War II era veterans: Served since September 2001

- 80.6 percent—labor force participation rate
- 4.5 percent—unemployed
- 6.3 percent—unemployment rate for those 25-34 years old

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

- 78.9 percent—labor force participation rate
- 3.1 percent—unemployed

Source: BLS, March 2018, USDL-18-0453, Tables A, 2A: http://www.bls.gov/news.release/pdf/vet.pdf.

August 2017 BLS Supplement

Gulf War II era veterans with disabilities (about 41 percent reported having a Service-connected disability; not all veterans reported disability status)

- 75.8 percent—labor force participation rate (vets without disabilities: 85.5%)
- 3.9 percent—unemployed (not statistically different from the rate for veterans no disability—4.8%)

Gulf War I era veterans with disabilities (about 28 percent reported having a Service-connected disability)

- 65.6 percent labor force participation rate (vets without disabilities: 85.9%)
- 4.3 percent—unemployed (not statistically different from the rate for veterans without disabilities: 2.8%)

Source: BLS, March 2018, USDL-18-0453, T7: http://www.bls.gov/news.release/pdf/vet.pdf.

BLS, Current Population Survey – Veterans/Civilians – Disability Data August Supplement, 2017

Employment rate = percent of population who are employed

Employment rate of Gulf War II era veterans, by service-connected disability status (about 41 percent of Gulf War II era veterans reported having a service-connected disability; not all veterans reported disability status)

- Overall employment rate for veterans with a disability: 72.9 percent
  - Less than 30 percent disabled: 89.7 percent employed
  - 30 to 50 percent disabled: 85.6 percent employed
  - 60 percent disabled or higher: 57.9 percent employed
- Overall employment rate for veterans without a service-connected disability: 81.4 percent

Employment rate of Gulf War I era veterans, by service-connected disability status (about 28 percent of Gulf War I era veterans reported having a service-connected disability)

- Overall employment rate for those with a disability: 62.8 percent
  - Less than 30 percent disabled: 79.3 percent employed
  - 30 to 50 percent disabled: 69.9 percent employed
  - 60 percent disabled or higher: 49.8 percent employed
- Overall employment rate for those without a service-connected disability: 83.4 percent

Source: August 2017 Veterans Supplement (BLS, March 2018, USDL-18-0453, T7),Table 7 (http://www.bls.gov/news.release/pdf/vet.pdf)

Civilian noninstitutional population, 16 years and over (May 2018)

Persons with a disability:

- Labor force participation rate = 20.1 percent
- Employment – population ratio = 18.7 percent
- Unemployment rate = 7.0 percent

Persons without a disability:

- Labor force participation rate = 68.6 percent
- Employment – population ratio = 66.2 percent
- Unemployment rate = 3.4 percent

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

UNEMPLOYMENT STATUS. 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 included BLS employment-related data here to highlight differences with the 2018 WWP survey population. The BLS findings (U.S. Bureau of Labor Statistics, March 2018) draw from 2017 annual averages for the monthly Current Population Survey and from the 2017 August special supplement on veterans:

2017 Annual Averages

- The unemployment rate for Gulf War II era veterans was 4.5 (compared with the 2016 rate of 5.1).

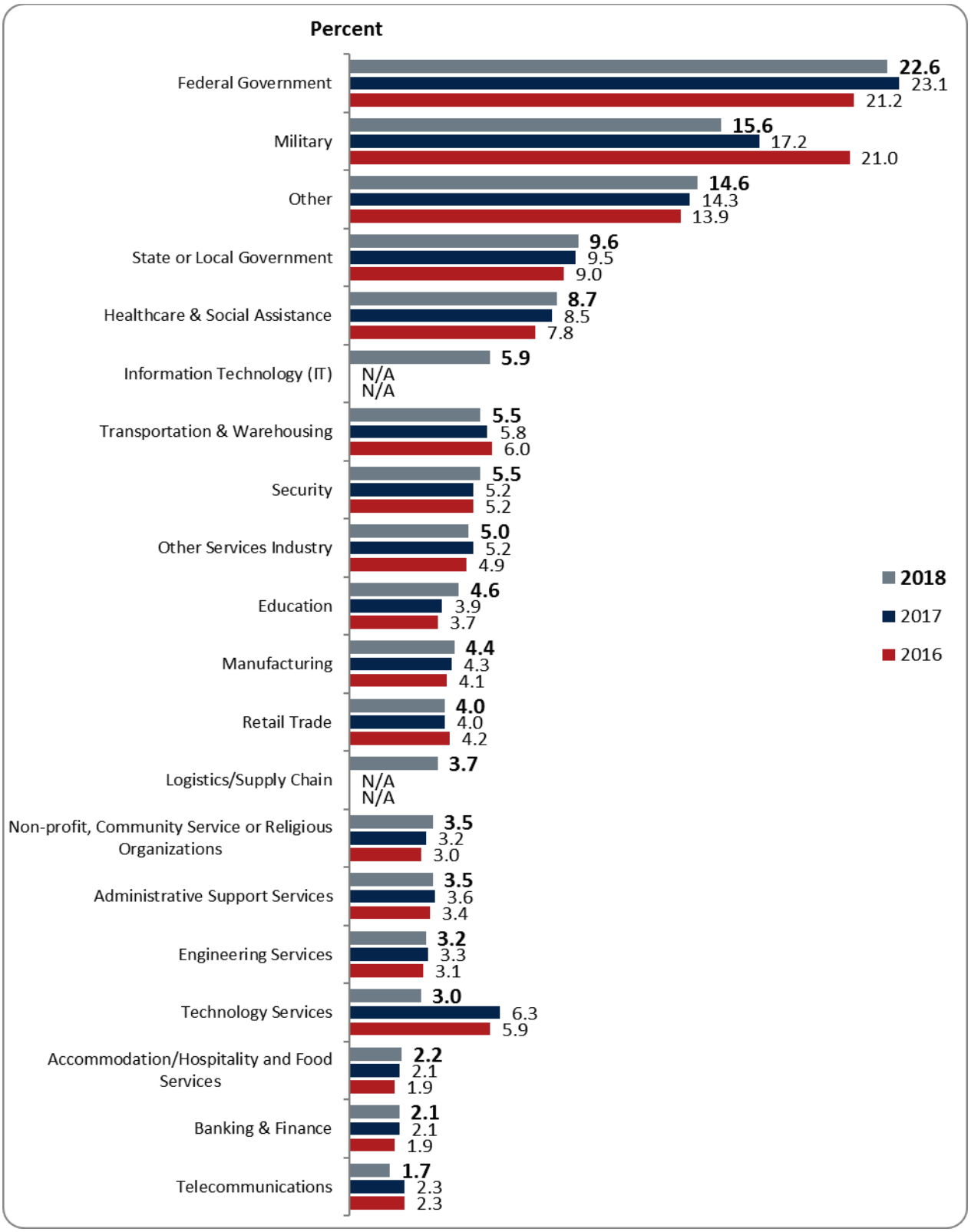
August 2017 Special Supplement on Veterans

- In August 2017, approximately 47 percent of Gulf War II era veterans reported they had served in Iraq, Afghanistan, or both. These veterans had an unemployment rate of 4.4 percent in August 2016 (4.8% in 2016 and similar to the rate for Gulf War II era veterans serving elsewhere—4.5%).
- Among Gulf War era veterans in August 2017, those who were current or past members of the National Guard or Reserve had a lower unemployment rate (2.5%) than veterans who had never been members (4.5%).
- About 41 percent of Gulf War II era veterans reported having a service-connected disability in August 2017. Their unemployment rate was 3.9 percent, which was similar to Gulf War II era veterans with no disability (4.8%).

UNEMPLOYED. As noted earlier in this report, 11 percent of WWP warriors are unemployed. About three in five unemployed warriors (60.8%) looked for a job for 16 weeks or less. More than a fourth of unemployed warriors (27.2%) meet the Bureau of Labor Statistics definition of long-term unemployed (persons who were jobless for 27 weeks or longer), compared with 19.4 percent of unemployed civilians (U.S. Bureau of Labor Statistics, May 2017).

EMPLOYED AND SELF-EMPLOYED. Among the 55.1 percent of warriors working either full-time or part-time, 6.6 percent are self-employed. Among all warriors, about 38 percent have a desire to own their own business. Figure 62 shows the distribution of employed warriors by industry. As one might expect, the most common "industries" where warriors are employed are the federal government (22.6%) and the Military (15.6%, down from 17.2% in 2017). Approximately one-third (32.2%) work in the public sector (federal, state, and local government).

Figure 62. Industries in Which Warriors Work



NOTE: Percentages do not sum to 100 because respondents could check more than one industry. New response option was added in 2018.

BLS, Current Population Survey (Annual Averages 2017; August 2017)

Gulf War II era veterans: Served since September 2001

- Much more likely than nonveterans to work in the public sector:
  - 32.4 percent vs. 16.4 percent of nonveterans
- Employed veterans much more likely than employed nonveterans to work for the federal government:
  - 19.9 percent vs. 2 percent of nonveterans

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

- 32.5 percent worked in federal, state, or local government, compared with 20.7 percent of veterans without service-connected disabilities
- 17.3 percent worked for the federal government, compared with 7.9 percent of veterans without service-connected disabilities

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

The 2018 WWP survey results on weeks worked in the past 12 months and weekly hours are similar to the 2016 and 2017 results (Table 9):

- 47.6 percent are employed full-time, and 7.7 percent are employed part-time.
- Full-time employees earn a weekly wage of $850, up from $800 in past years, 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 2017 and 2018.
- As seen in past years, part-time employees worked 15 fewer weeks, on average, in the past 12 months than the full-time employees did (30 vs. 45 weeks).

Table 9. Summary Employment Information, by Full-Time and Part-Time Work Status

	Mean	Median
Employed full-time		
During the past 12 months, how many weeks did you work?		
2018	45 weeks	
2017	44 weeks	
2016	44 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2018	43 hrs/wk	
2017	42 hrs/wk	
2016	42 hrs/wk	
How much is your current weekly wage?		
2018		$850/wk
2017		$800/wk
2016		$800/wk
Employed part-time		
During the past 12 months, how many weeks did you work?		
2018	30 weeks	
2017	29 weeks	
2016	29 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2018	24 hrs/wk	
2017	25 hrs/wk	
2016	24 hrs/wk	
How much is your current weekly wage?		
2018		$200/wk
2017		$200/wk
2016		$200/wk

Satisfaction with employment is higher among full-time workers than part-time workers. Just over half of full-time employed warriors (53.7%) are *satisfied, very satisfied,* or *totally satisfied* with their employment, compared with 35.8 percent of part-time employed warriors (Figure 63).

Figure 63. Level of Satisfaction With Employment, by Full-Time and Part-Time Status

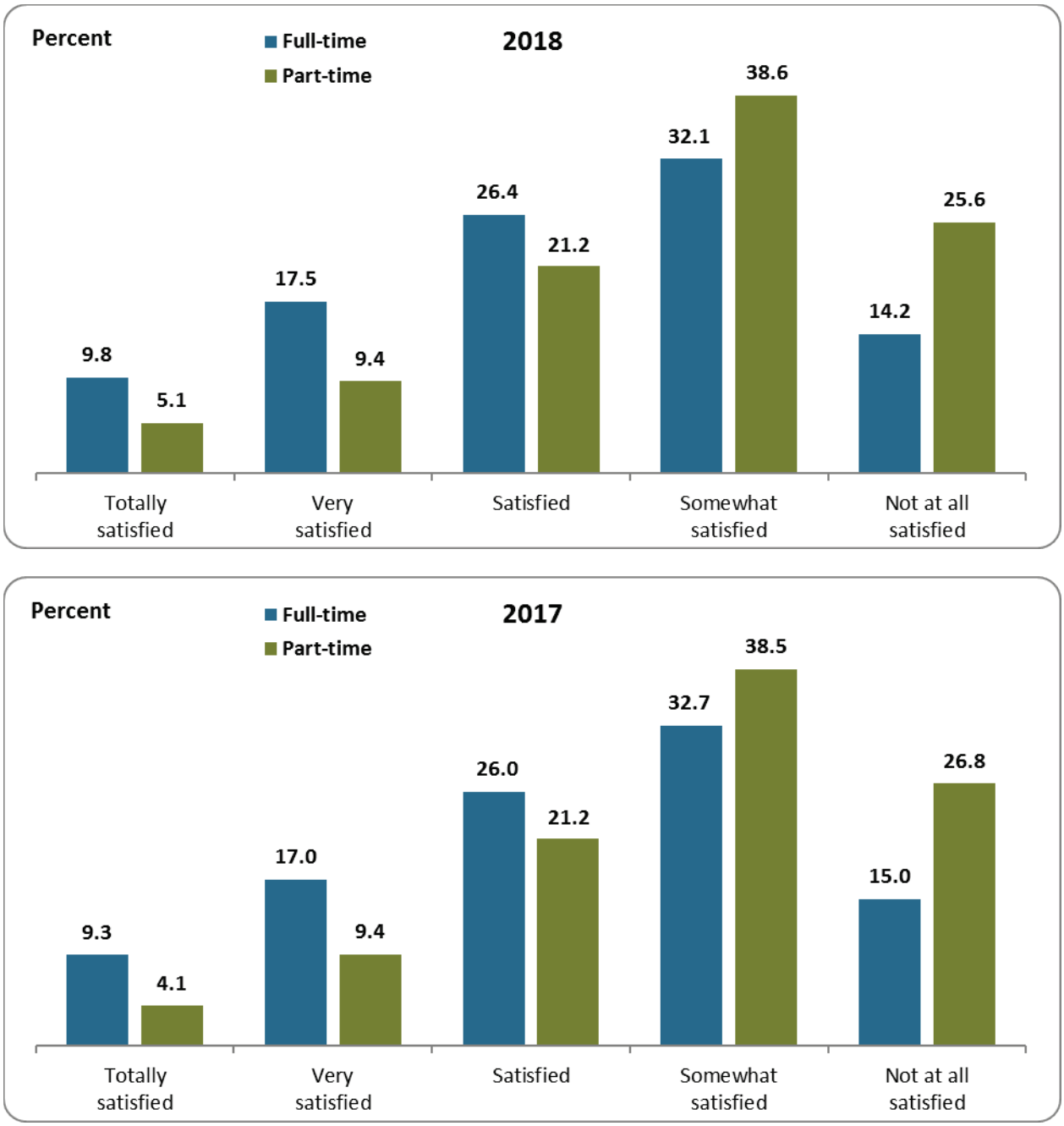
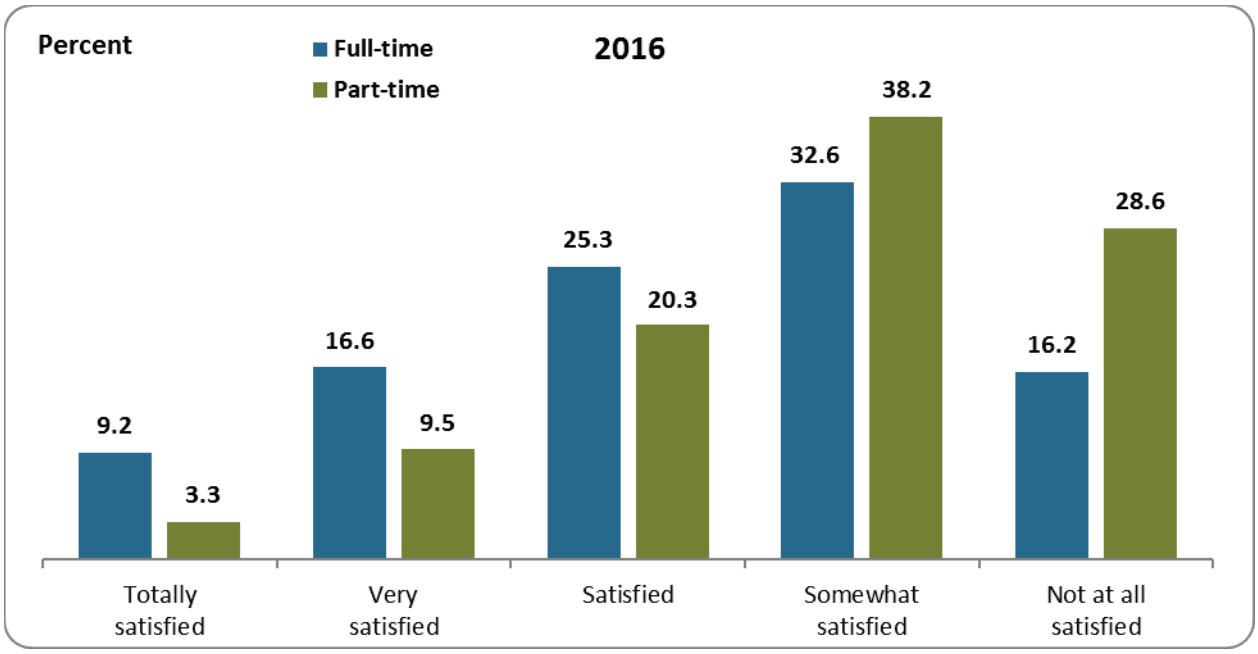


Figure 63. Level of Satisfaction With Employment, by Full-Time and Part-Time Status (continued)

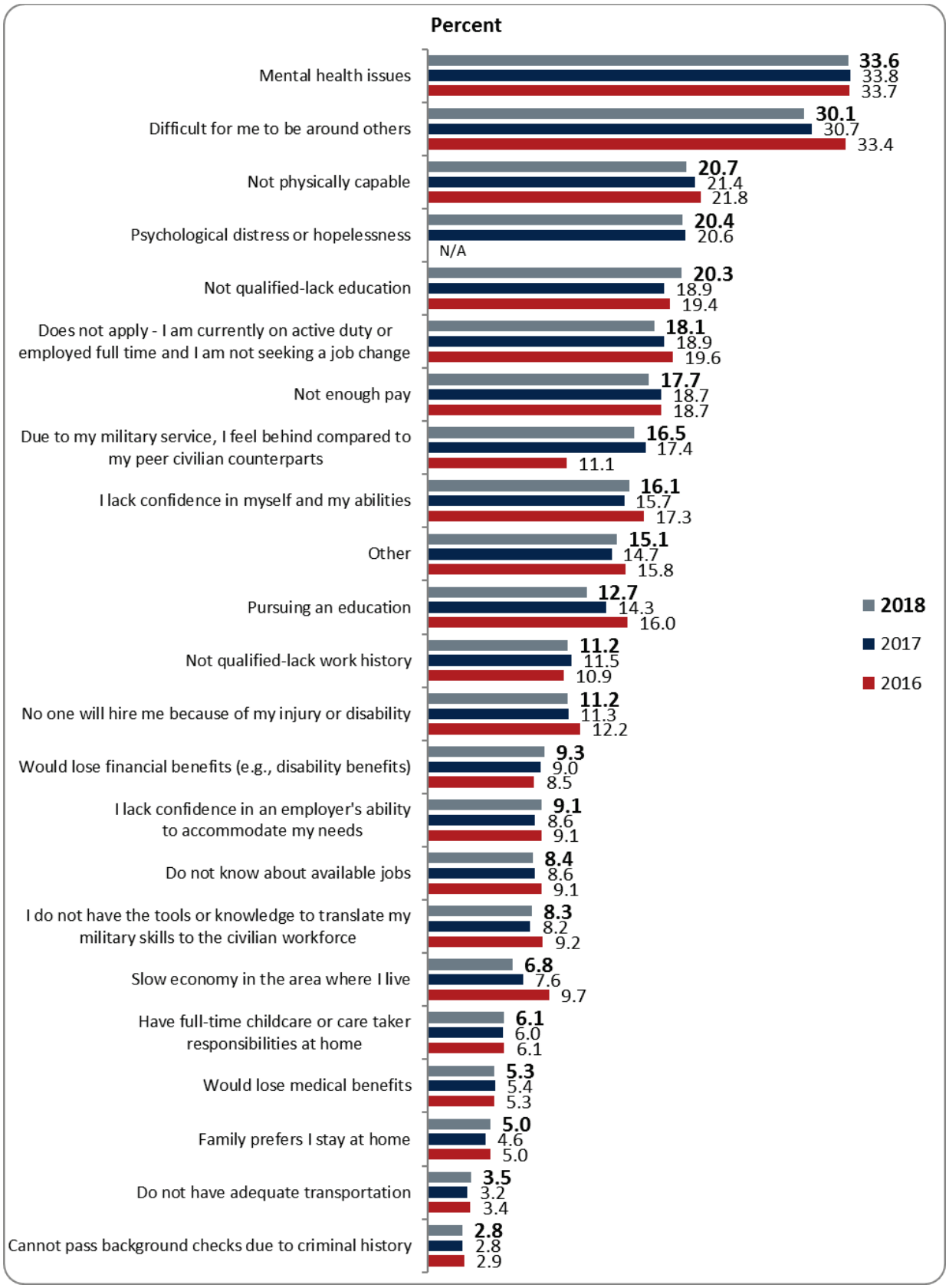


Satisfaction with employment is also higher among workers whose employers have an affinity group for veterans or a veteran mentorship program. Unfortunately, only slightly more than 1 in 5 employers where warriors work have such groups within their organizations. Of the 22.1 percent of warriors who work somewhere with such a group or program, 15.1 percent are totally satisfied with their employment compared with 7.6 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. About 80 percent (79.6%) of all warriors selected at least one factor. Top findings include the following:

- For about a third of warriors, “mental health issues” (33.6%) and “difficult for me to be around others” (30.1%; Figure 64) were each factors making it difficult to obtain or change jobs.
- For about 18 to 21 percent of warriors in 2018, 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 64. Factors Making It Difficult to Obtain Employment or Change Jobs



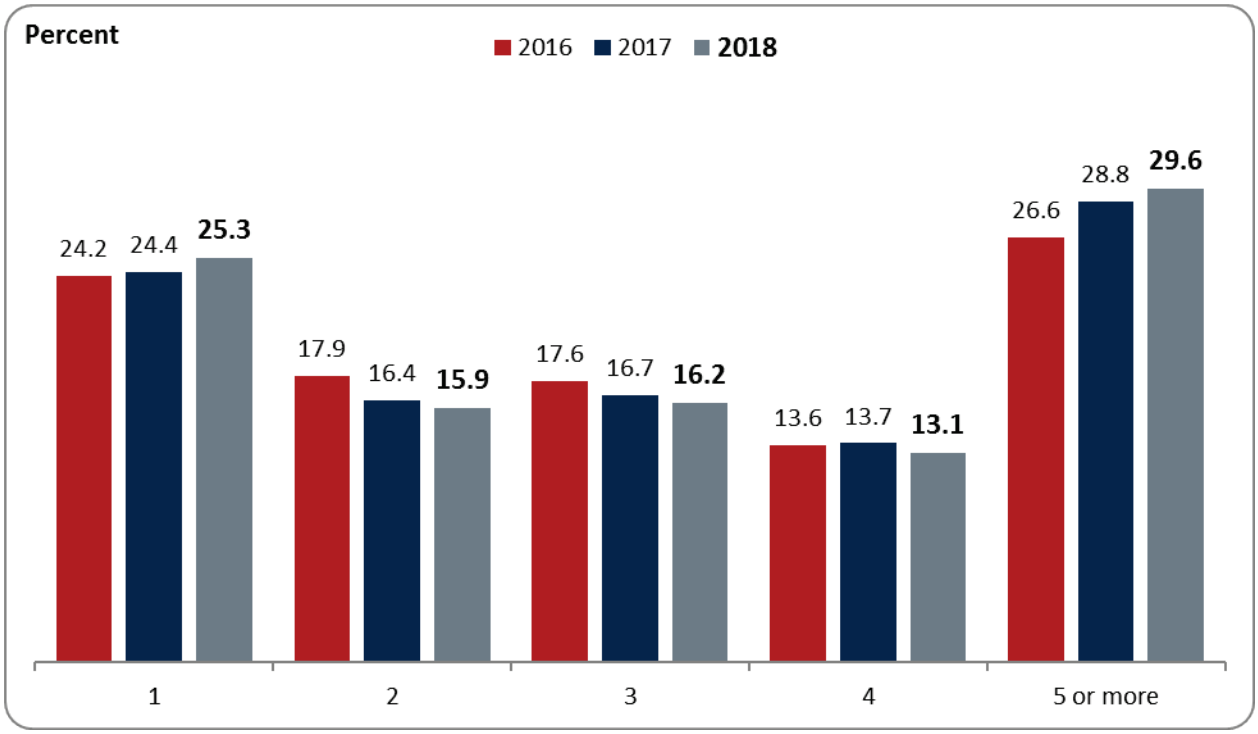
TOP TWO FACTORS MAKING IT DIFFICULT TO OBTAIN JOBS OR CHANGE JOBS, BY LABOR FORCE STATUS. The findings on difficulties in obtaining or changing jobs varied by labor force status. The top two factors for each labor force groups remained the same as 2017:

- Employed full-time: "not enough pay" (21.0%) and "not qualified-lack education" (18.0%)
- Employed part-time: "mental health issues" (33.1%) and "difficult for me to be around others" (29.7%)
- Unemployed: "mental health issues" (37.0%) and "difficult for me to be around others" (34.4%)
- Not in the labor force: "mental health issues" (61.8%) and "difficult for me to be around others" (52.9%)

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

Over 20 percent of warriors (20.4%) indicated zero factors made it more difficult to obtain or change jobs. Among warriors who reported one or more factors (79.6%), 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 (42.7%) checked four or more factors that make it difficult to obtain employment or change jobs (Figure 65).

Figure 65. Percentage of Warriors by Number of Factors Selected



INCOME

As in the earlier WWP annual surveys, warriors were asked to report on 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) including 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 10.

Table 10. Income from Work 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	37.8%*	4.6%	35.1%
$10,000 to $24,999	9.7%	8.0%	33.1%
$25,000 to $39,999	12.4%	18.1%	15.3%
$40,000 to $59,999	16.4%	29.0%	6.7%
$60,000 or higher	18.8%	35.9%	4.0%
Don't know	4.9%	4.5%	5.8%

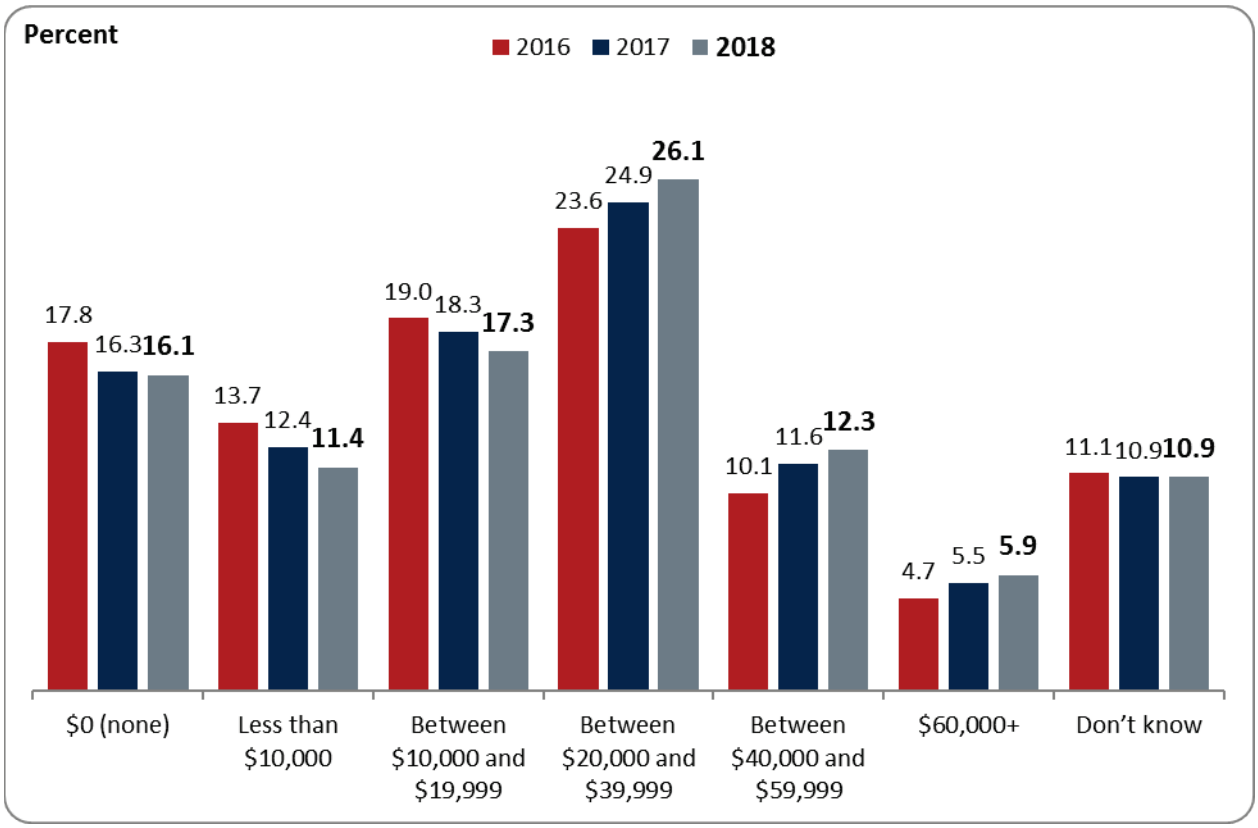
NOTE: *Includes 30.8% of warriors with no income.

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, about 38.4 percent (42.3% in 2017) earned below $40,000. Among warriors employed part-time, about half earned below $15,000 (49.5%). Females were much more likely than males to not have any income from work (34.8% of females compared with 29.9% of males).

OTHER INCOME. Warriors were asked to report on money received in the past 12 months from various benefits, cash assistance, and disability programs. Warriors are continuing to receive more monetary assistance from governmental programs over the years. More than 4 in 10 warriors (44.3%) received $20,000 or more in income from those sources (Figure 66):

- $20,000 to $39,999 – 26.1%
- $40,000 to $59,999 – 12.3%
- $60,000 or more – 5.9%

Figure 66. Money Received in Past 12 Months from Various Benefits, Cash Assistance, and Disability Programs



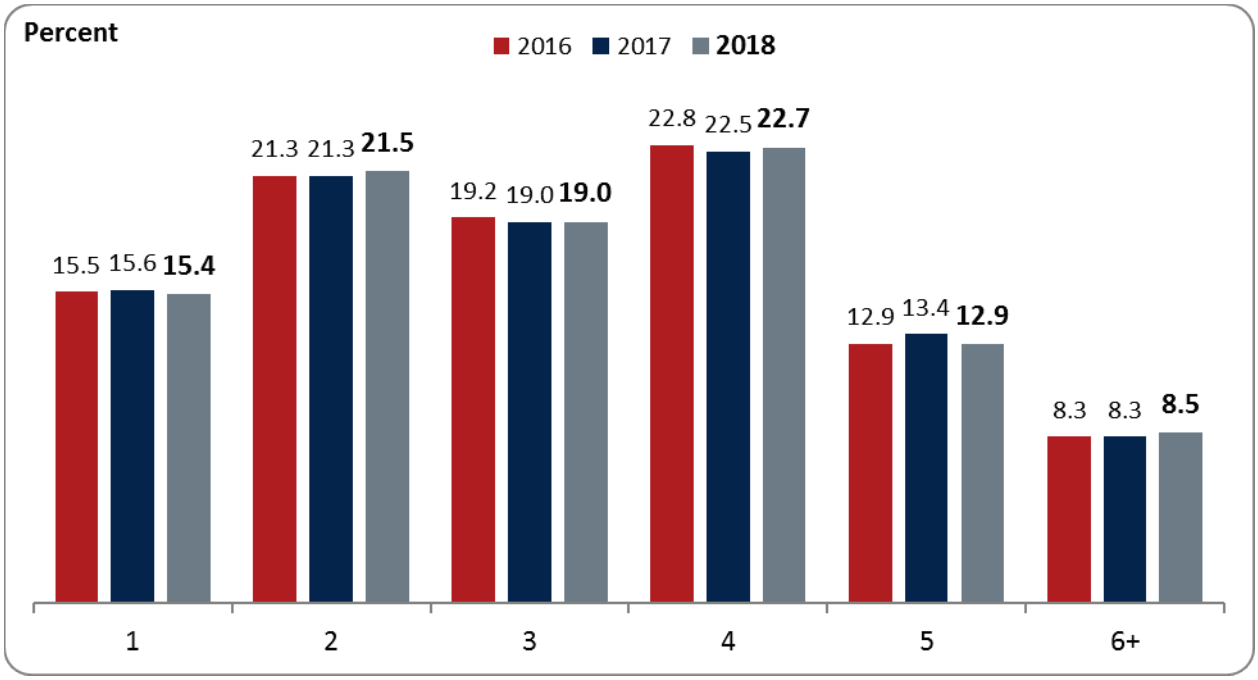
Slightly under 60 percent of warriors (58.8%) are currently sharing household expenses with a spouse or partner. Warriors reported the following amounts of spouse/partner income:

- $0 – 12.9%
- $1 to less than $5,000 – 4.0%
- $5,000 to less than $25,000 – 24.0%
- $25,000 to less than $50,000 – 27.3%
- $50,000 or more –19.0%

These amounts are mostly similar to those reported in 2017. 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 67), but 1 in 5 households (21.4%) have five or more members. The percentage of households with one or two persons is 36.9 percent.

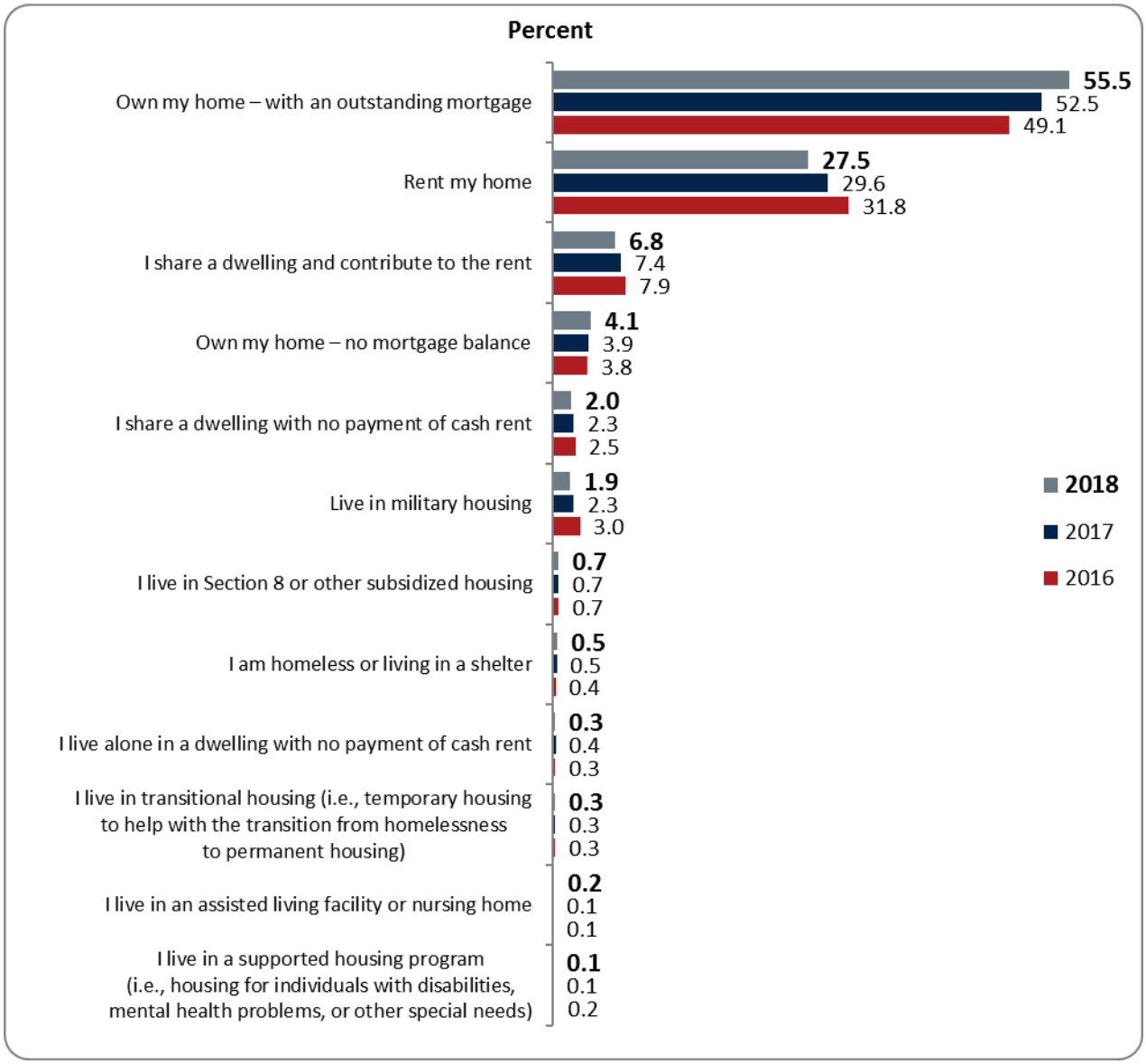
Figure 67. Number in Household Supported by Household Income



CURRENT LIVING ARRANGEMENT

Most warriors own or rent their homes (Figure 68), and home ownership has continued to increase. Homeownership rate among warriors is 59.6 percent (up from 56.4% in 2017 and 52.9% in 2016): 55.5 percent currently own their own homes with an outstanding mortgage, and 4.1 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—62.1 percent; less than 35 years old—45.0 percent (41.3% in 2017). However, home ownership among these younger warriors is still higher than the rate among the U.S population under 35 years old. As of the first quarter of 2018, the homeownership rate among U.S. adults under 35 years old was 35.3 percent (U.S. Department of Commerce, 2017). Just over a quarter of warriors (27.5%) rent their homes.

Figure 68. Current Living Arrangement

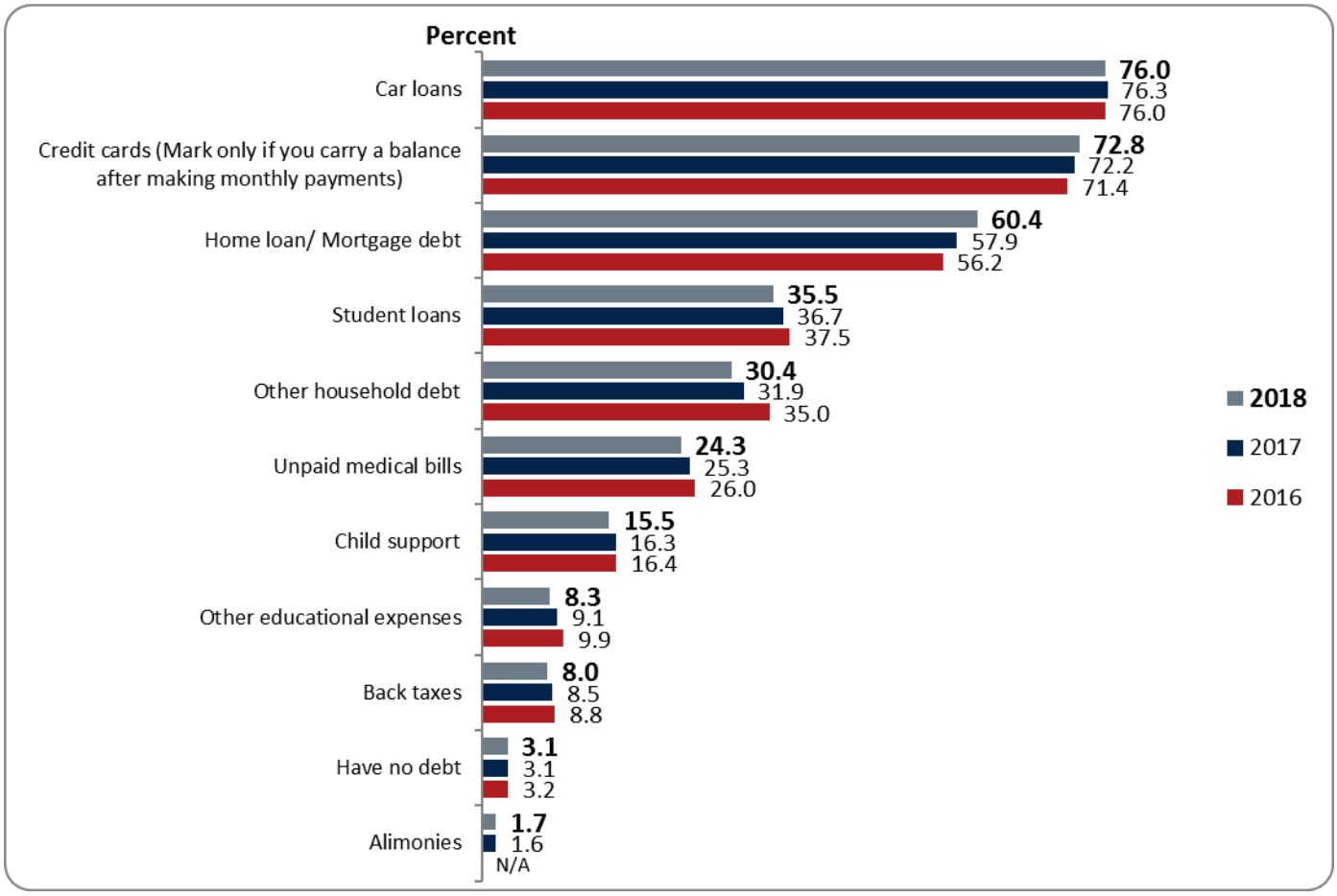


DEBT

As an additional measure of their financial stability, the survey asked warriors to report all forms of current debt and their total outstanding debt.

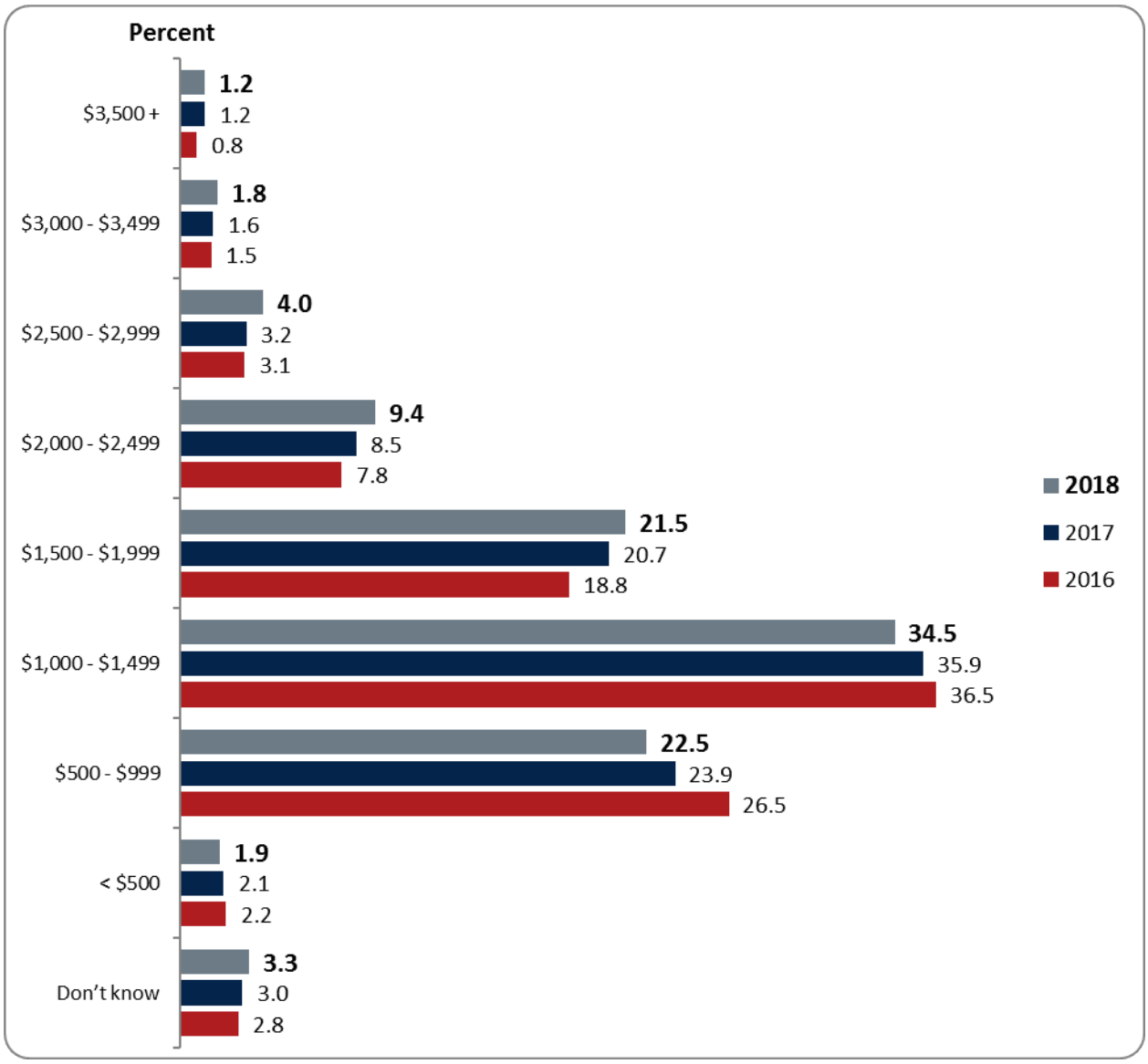
FORMS OF DEBT. As in 2017, car loans and credit card debt are the most common forms of debt in warrior households, followed by home loans/mortgage debt, student loan debt, and other household debt (Figure 69). A small percentage of warriors said they had no debt (3.1%).

Figure 69. Current Forms of Debt



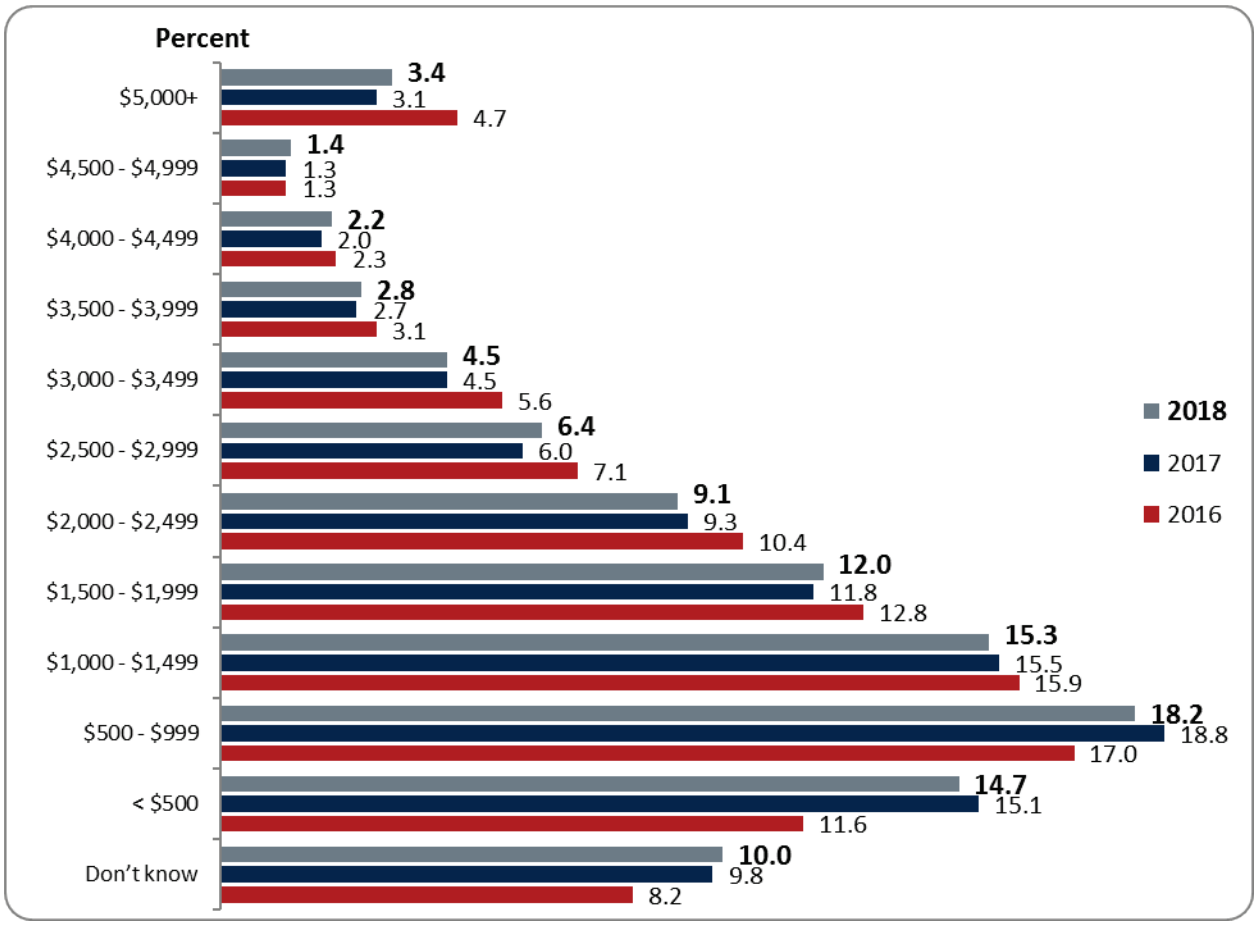
TOTAL DEBT. Figure 70 shows the monthly mortgage payments paid by warriors with mortgage debt. About 60 percent (58.9%) pay less than $1,500 a month on their mortgage.

Figure 70. Monthly Home Mortgage Payments



Among warriors with debt, excluding mortgages on primary residences, about one third (32.9%) pay less than $1,000 per month on total household debt they owe, and another 36.5 percent make monthly payments ranging from $1,000 to less than $2,500 (Figure 71). However, excluding mortgages, less than 10 percent (9.5%) owe $5,000 or less while more than half of warriors with a debt total owe $20,000 or more (53.2%).

Figure 71. 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:

> *{(Monthly home mortgage payment on primary residence + total monthly payments on other household debt owed)/ [(Total income from work in the past 12 months + Total income from military and Veterans compensation and other cash assistance or disability programs in the last 12 months + Spouse or partner income in the past 12 months) /12] x 100}**
>
> ** For income values, we used the midpoint of gross income ranges as collected in the survey.*

As indicated in the formula, this ratio was estimated only for 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 (44.3% 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, **58.3** percent 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, **51.7** percent 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), **71.1** percent have a debt-to-income ratio > 41 percent.

The percentage of warriors with a debt-to-income ratio above 41 percent is similar to 2017.

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 (30.5% of all warriors). The results for these ratios are presented below and are similar to 2017 results:

- 85.7 percent of this group of warriors have a “non-housing” debt-to-income ratio > 8 percent
- 75.8 percent of this group have a “non-housing” debt-to-income ratio > 12 percent

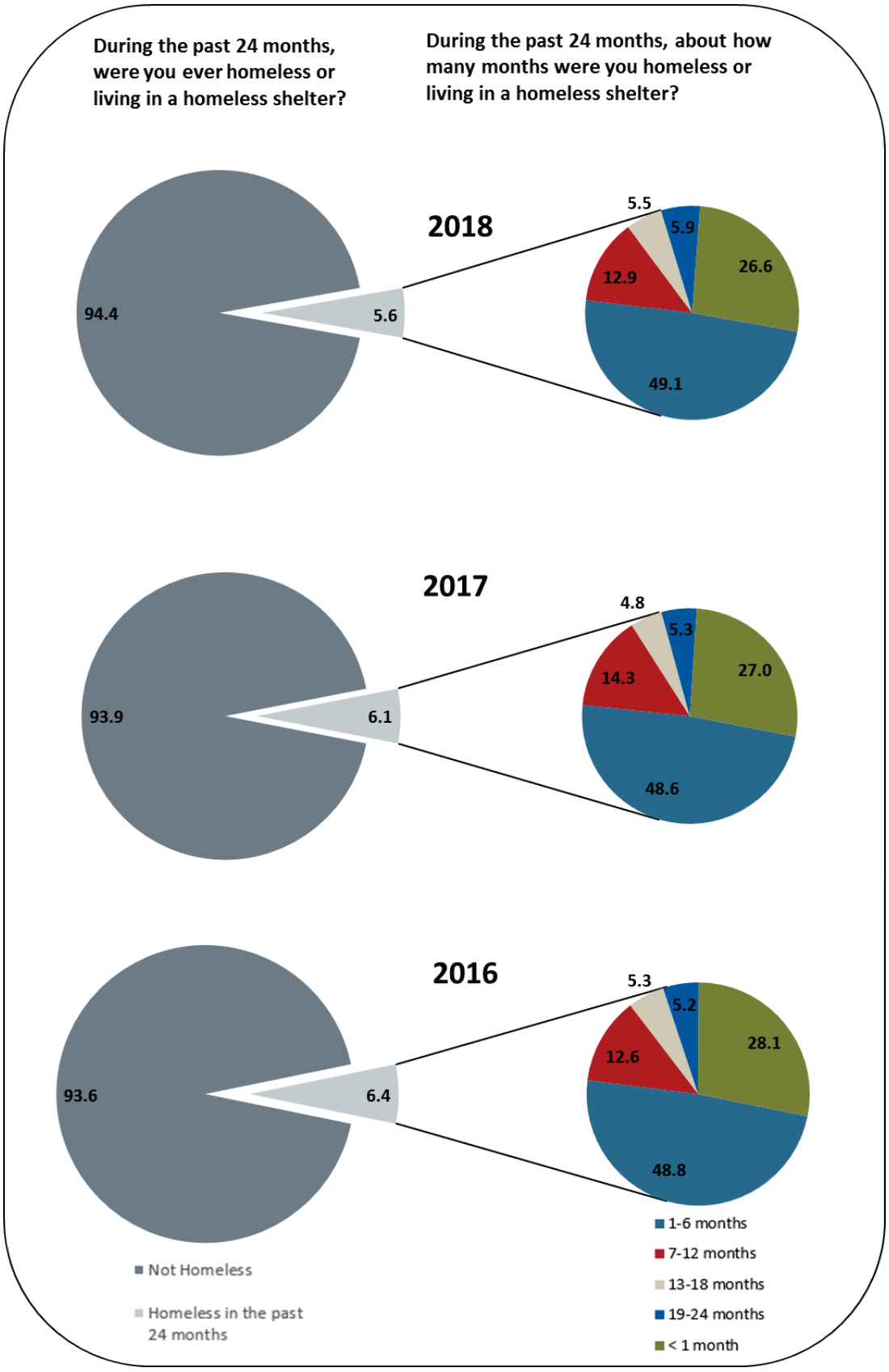
Warriors who would like to buy a home may find it difficult to qualify for a mortgage if their non-housing debt-to-income ratios exceed 8 percent, especially if they have limited savings.

HOMELESSNESS

Homelessness among post-9/11 veterans continues to be a concern. Just under 6 percent of warriors (5.6% in 2018 vs. 6.1% in 2017) were homeless or living in a homeless shelter during the past 24 months (Figure 72, left). Among them, 26.4 percent were homeless for less than 30 days, 49.1 percent were homeless for 1-6 months, 12.9 percent were homeless for 7-12 months, and 11.4 percent (10.1% in 2017) were homeless for 13-24 months. Female warriors showed somewhat higher rates of homelessness over the past 24 months than males (7.1% for females vs. 5.3% for males). Homelessness among female warriors was 7.2% in 2017 and 6.1% in 2016.

The mean number of days among all homeless warriors was 164 days over the last 24 months, or just over 5 months (159 days in 2017). 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 214, or about 7 months.

Figure 72. 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 – 42.6% (compared with 31.8% of all warriors)
- Have a positive score on the Primary Care PTSD scale in the survey – 87.3% (compared with 72.5% of all warriors)
- Experienced TBI during their military service since September 11, 2001 (self-reported in the survey) – 47.3% (compared with 41.2% 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 – 62.7% (compared with 50.9% of all warriors)

Also, among warriors who were homeless during the past 24 months, 21.2 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 increased slightly in 2017 for the first time in seven years (Leo Shane III, 2017).

Financial Management

The 15-question Financial Management Behavior Scale (FMBS) (Dew, 2011) 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 2017 with the exception of the insurance subscale score:

- Overall score = 3.1
- Savings and investment subscale score = 2.4
- Cash management subscale score = 3.6
- Credit management subscale score = 3.1
- Insurance subscale score = 3.7 (3.6 in 2017)

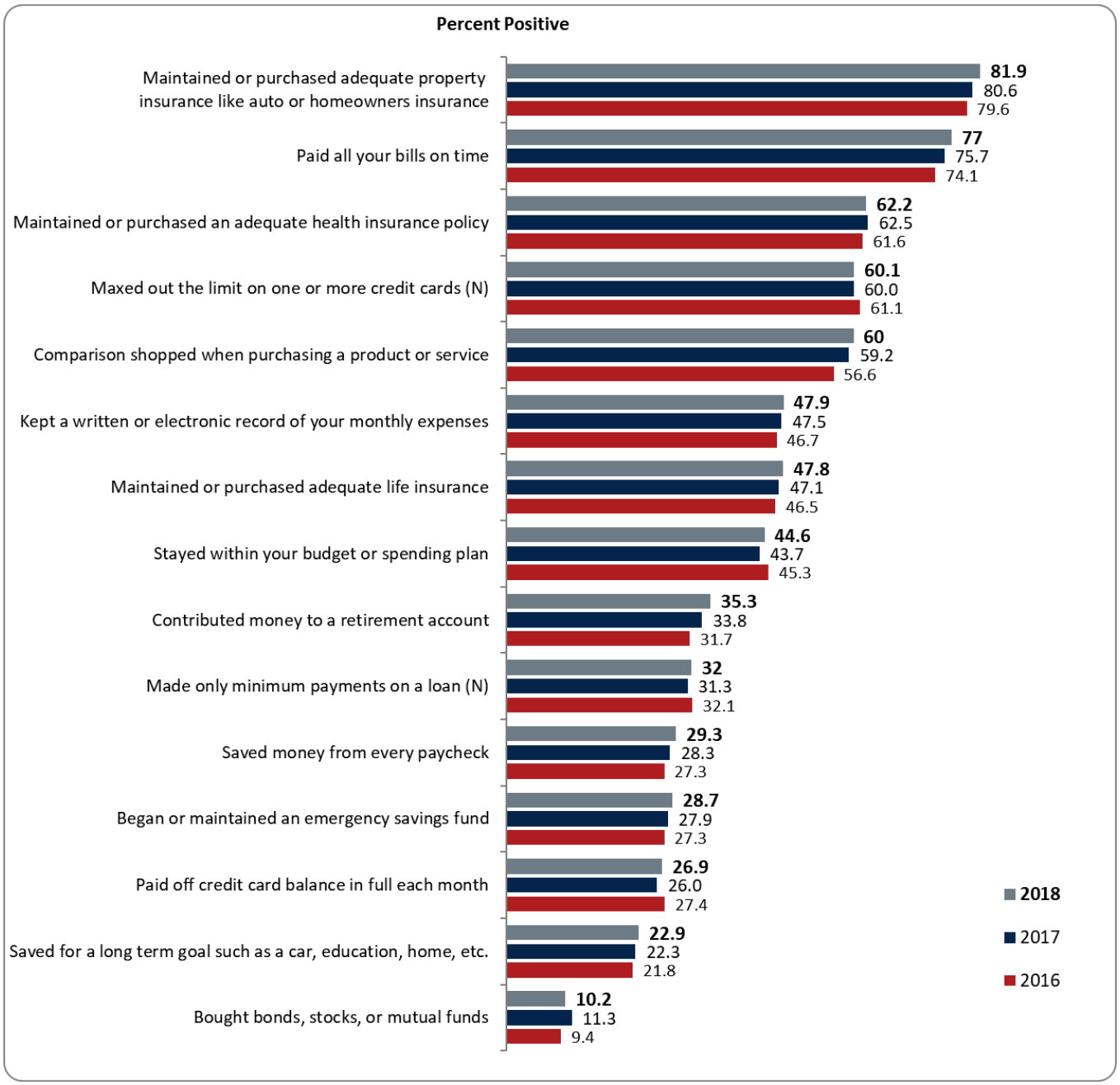
The overall score is quite a bit lower than that of a representative U.S. study which found an overall score of 3.58 (Dew & Xiao, 2013). However, the average age of the U.S. study population was about five years older than that of warriors and everyone in the U.S. study was married or cohabiting, which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

- About one-third (33.8%) of warriors often or always contributed money to a retirement account
- Over a quarter (27.6%) of warriors never maintained or purchased an adequate health insurance policy over the past year

Additionally, Figure 73 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). These findings are very similar to 2017.

Among those who answered Seldom, Sometimes, Often, or Always to beginning or maintaining an emergency savings fund, nearly a third (31.9%) said that fund would last them less than one month, and 28.5 percent said it would last them 1-2 months.

Figure 73. 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*.

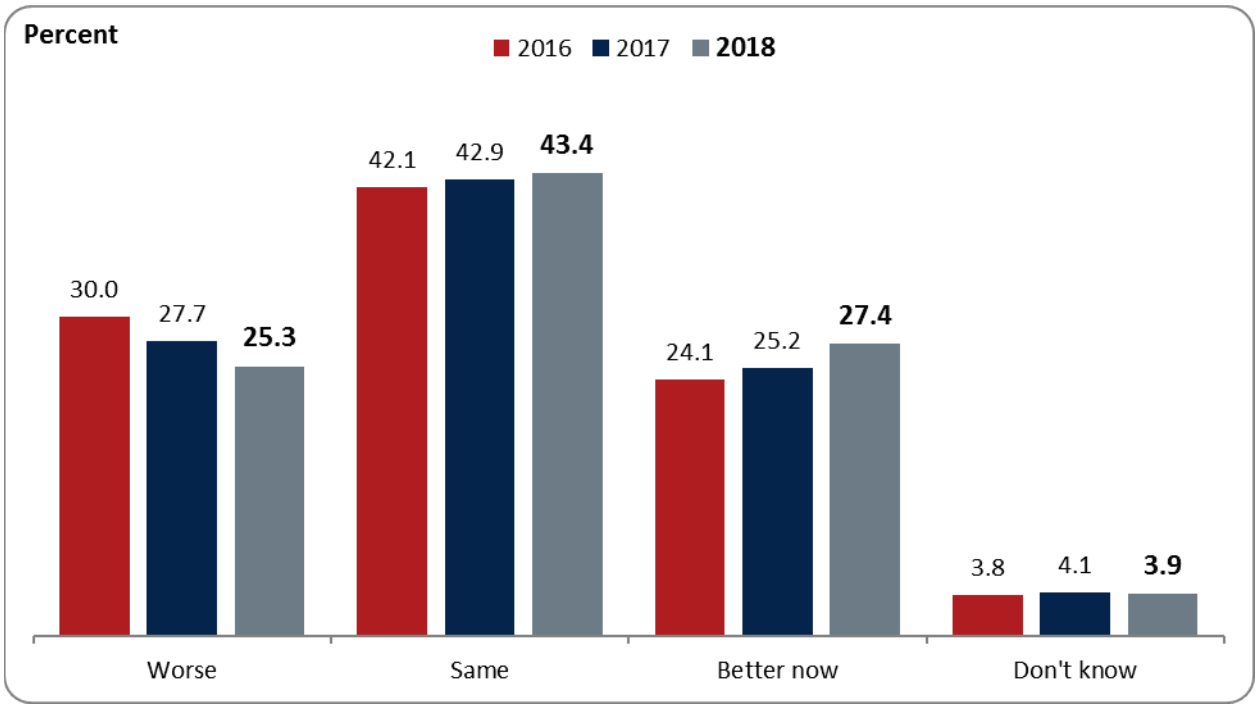
OVERALL ASSESSMENT OF FINANCIAL SITUATION

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 74):

- Financial status is better now – 27.4%
- Financial status is worse – 25.3%

The three year trend shows that this overall assessment of the financial situation among warriors is improving as the percentage indicating "worse" is decreasing and the percentage indicating "better now" is increasing.

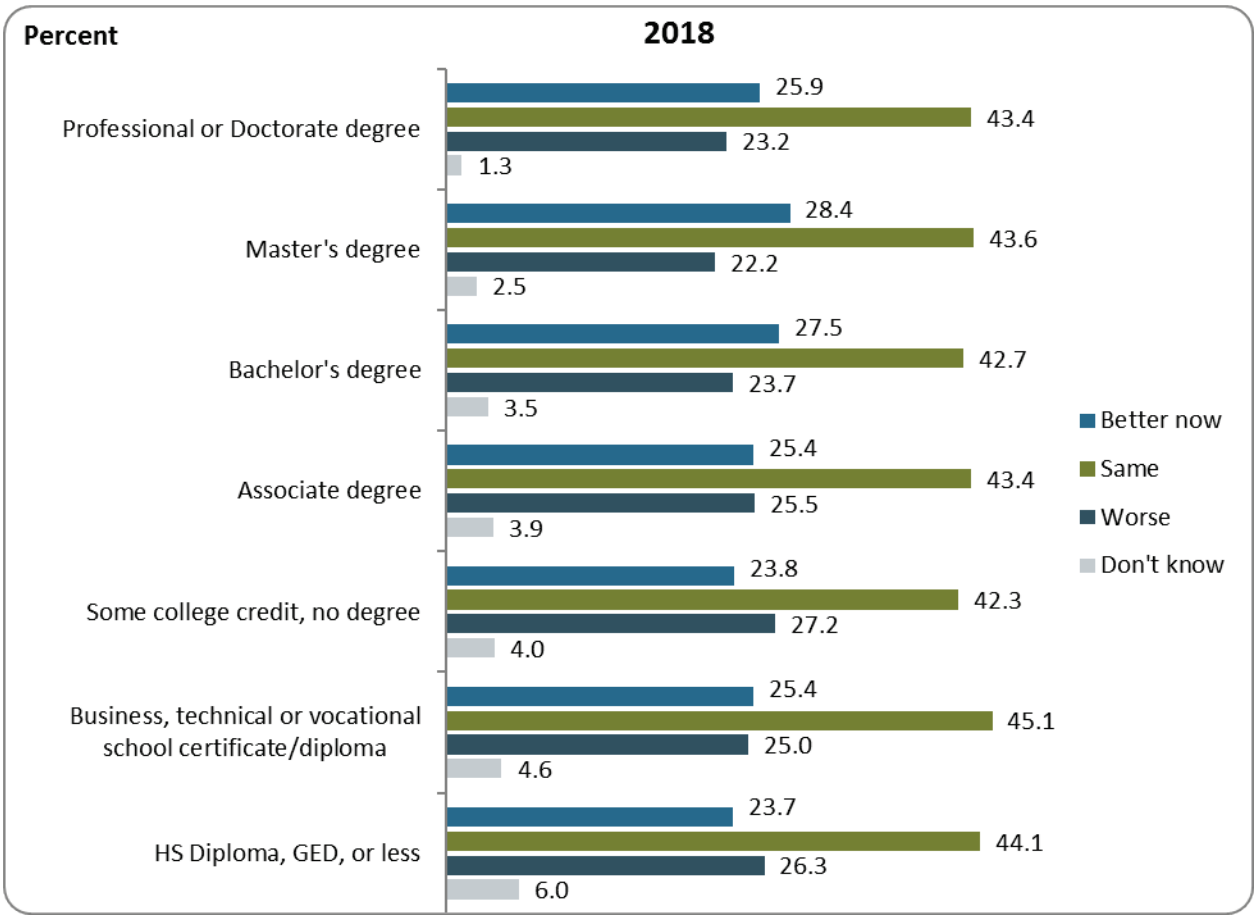
Figure 74. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?



OVERALL ASSESSMENT OF FINANCIAL STATUS BY HIGHEST DEGREE OF EDUCATIONAL ATTAINMENT. Figure 75 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 23.7% to 30.9%).
  - Percentages for warriors with professional or doctorate degrees continue to fluctuate greatly because of their small number in the survey population (30.7% in 2018 vs. 25.9% in 2017).
- Percentages among the various education groups who reported they are now financially worse off than a year ago range from 22.2 percent to 27.2 percent, which is overall somewhat lower than 2017.
- Across all education categories, the percentage of warriors who assess their financial status as worse off than a year ago decreased.

Figure 75. Overall Assessment of Financial Status by Highest Degree/Level of Education

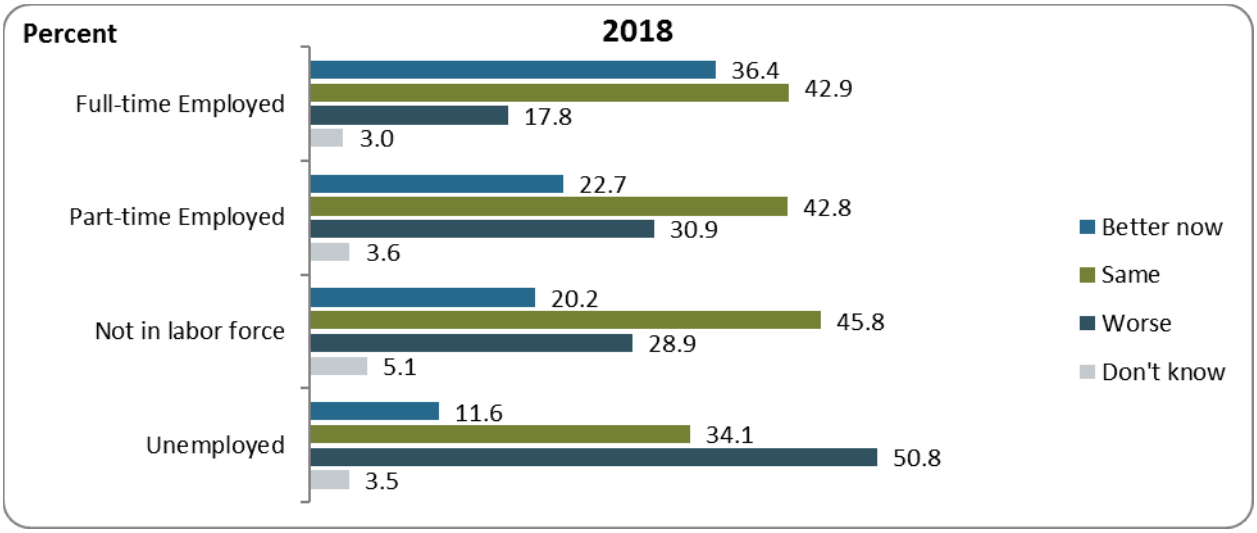


OVERALL ASSESSMENT OF FINANCIAL STATUS BY LABOR FORCE STATUS. When the overall financial assessment data were analyzed by labor force status, the main findings were changes for the part-time employed group (Figure 76). However, they represent a relatively small proportion of warriors (only 7.7% in 2018); thus, estimates over time are somewhat unstable:

- Among warriors employed part-time, 22.7 percent feel they are faring better financially since a year ago.
- Also, the percentage of warriors employed part-time who feel they are worse off financially than a year ago is 30.9 percent, down from 32.4 percent in 2017 and 35.2 percent in 2016.

About half of warriors who are unemployed (50.8% in 2018 vs. 55.7% in 2017) feel they are worse off financially than a year ago.

Figure 76. Overall Assessment of Financial Status by Labor Force Status



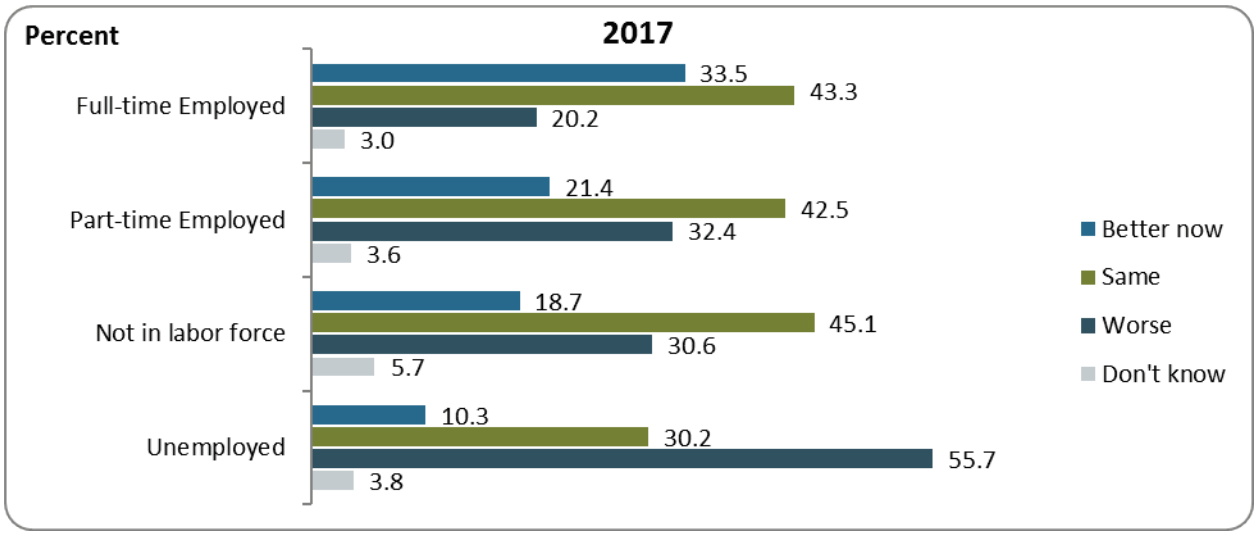
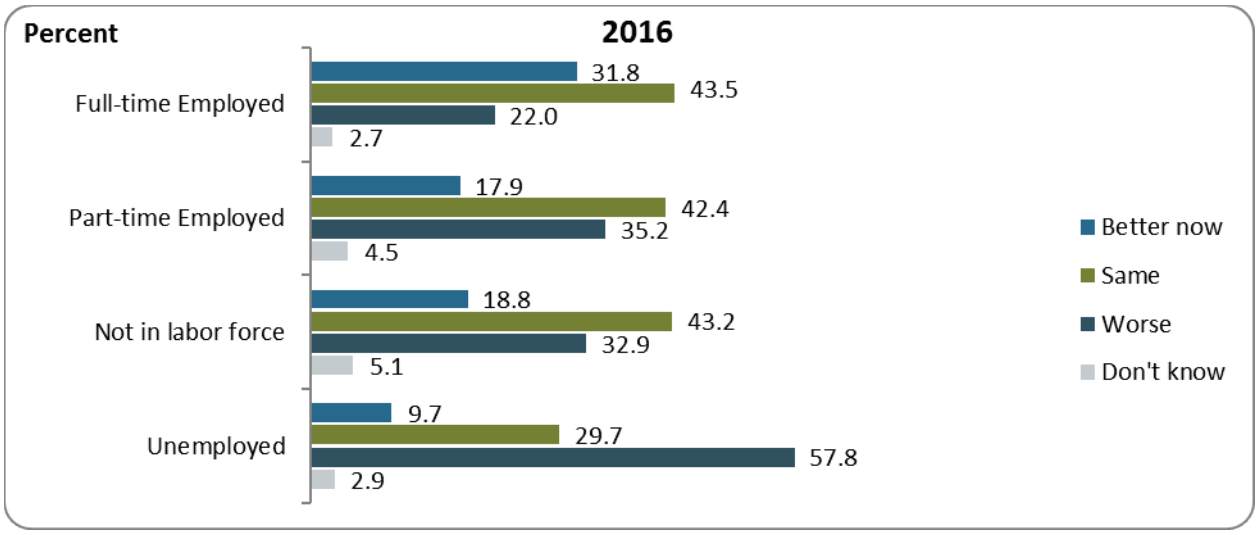


Figure 76. Overall Assessment of Financial Status by Labor Force Status (continued)



ASSESSMENT OF FINANCIAL STATUS BY TYPE OF INJURY OR HEALTH PROBLEM. The 2018 results for overall financial assessment by type of injury or health problem are presented in Figure 77. 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.

The percentage of warriors saying their financial status is worse than a year ago decreased slightly from 2017 for each injury/health problem.

Across all injuries/health problems, the percentage of warriors whose financial status is better than a year ago ranged from about 21 to 28 percent.

Figure 77. Overall Assessment of Financial Status by Type of Injury

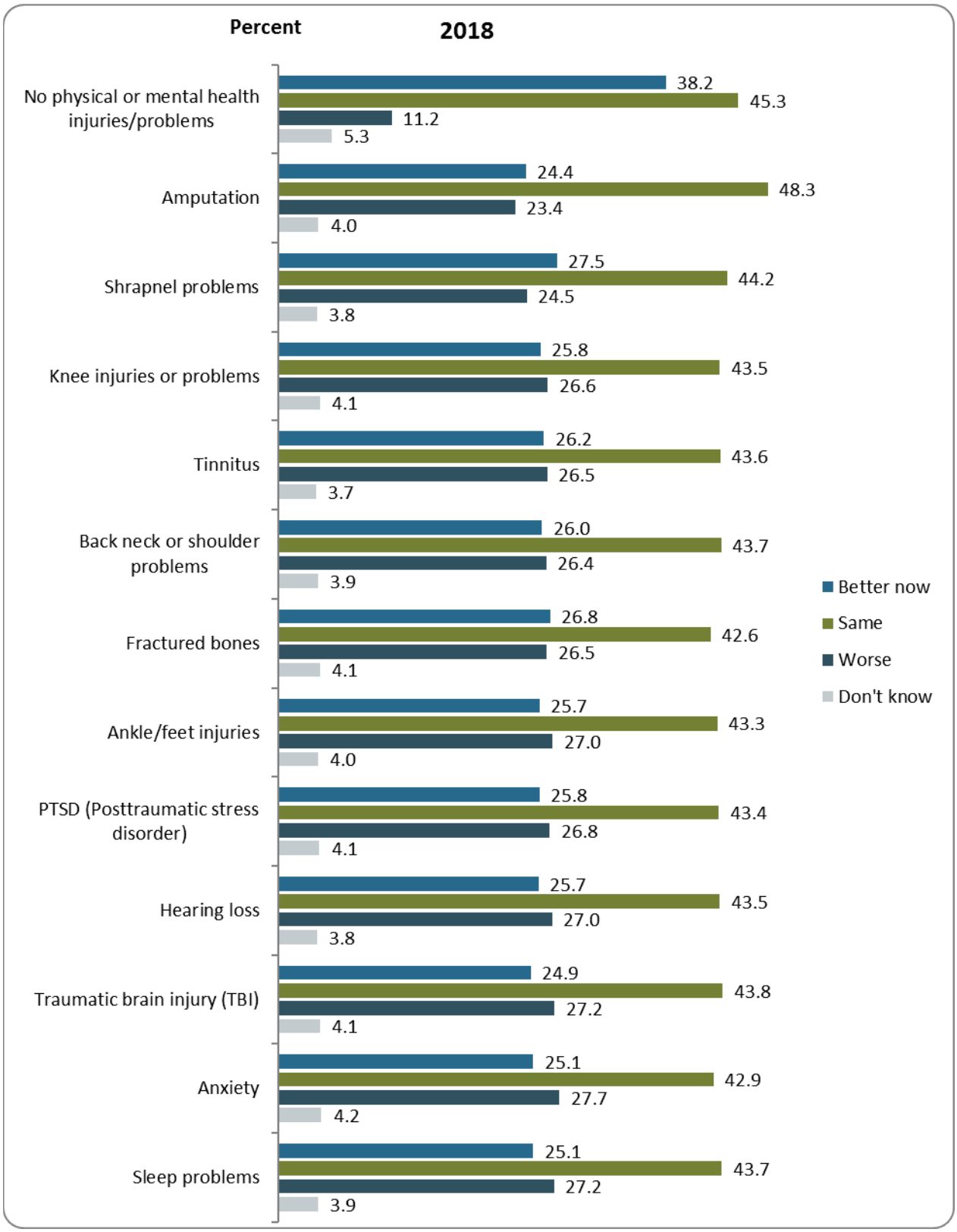
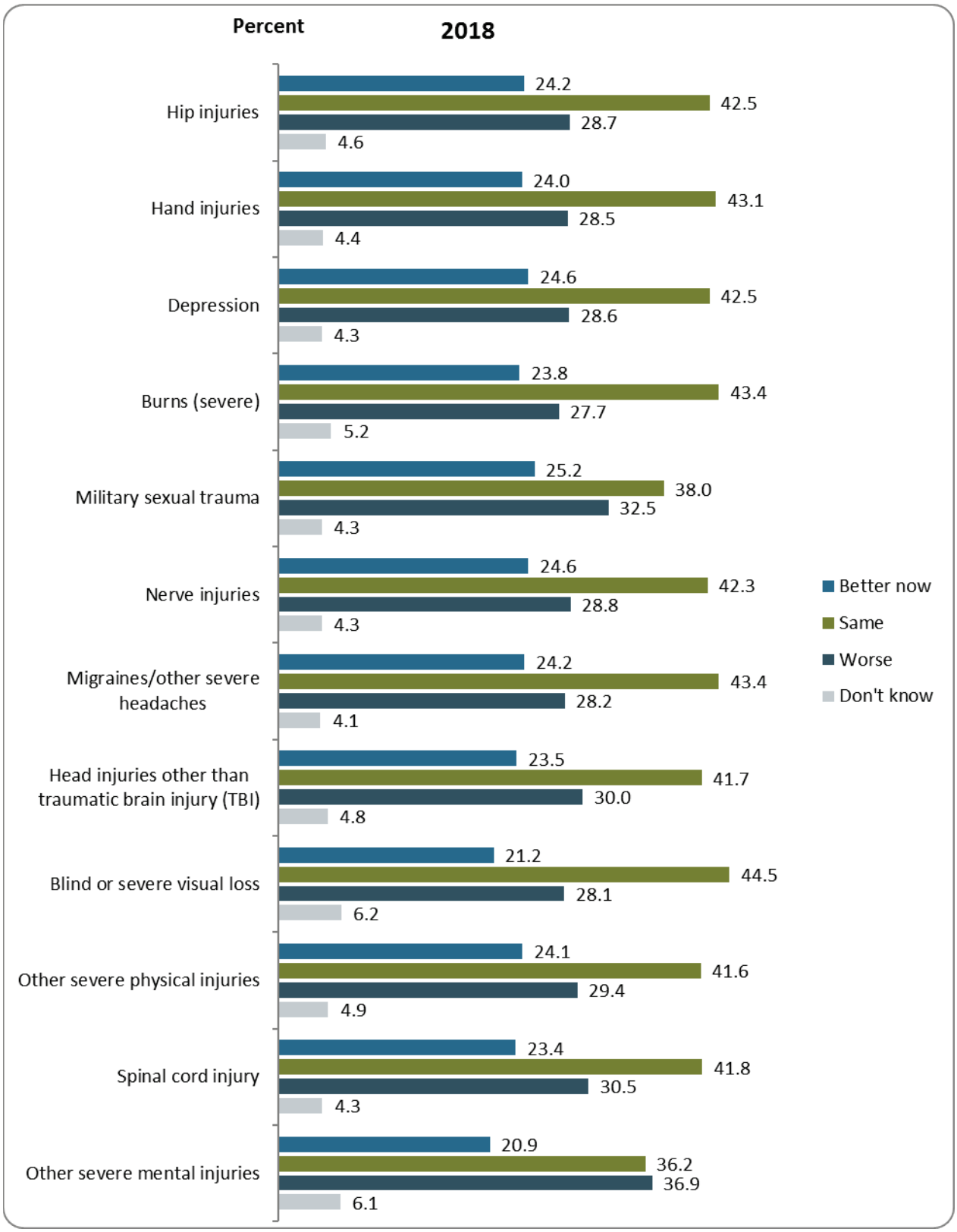


Figure 77. Overall Assessment of Financial Status by Type of Injury (continued)



2018 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.

A random sample of 1,000 comments were selected to be analyzed. In 2018, 9,237 warriors responded to this question in the survey. 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). Many of the warriors who respond 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 2018 survey comments that reflect specific interest of WWP this year, as well as 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. A small number of typos were edited, otherwise comments appear as received in 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

- **Opioid Use**
  - …I was detoxing from opiates, alcohol, DXM, you name it…
- **Marijuana**
  - The VA said I was ok and I was in poor health because i was a drug addict because I had marijuana in system…
  - Contact our Congressman to stop avoiding medical marijuana for veterans and get into a serious study of vets with PTSD accompanied and complicated by physical conditions that VA meds DO NOT HELP WITH. Tell Congress to take what we veterans say seriously about our daily struggles and how maybe we feel alternative options should be free choice… I want to try marijuana therapy since Army and VA meds nearly killed me and in some ways made me worse. Now...I just exist. 21-25 vets a day are ending it…
- **Alcohol/Drugs**
  - More service dogs and less drugs
  - I was an alcoholic
  - Alcohol
  - …I believe local group engagements among OIF OEF age vets on a monthly or bi monthly basis not centered around alcohol, would help bridge the gap that I felt…
  - The big problem is you have nowhere to turn when you only have Veteran organizations concentrated on alcohol like the VFW.
  - If you are an alcoholic (or any other substance abuser) I guarantee there is an "underlying" nervous system dis-regulation disorder, such as PTSD or bipolar.
  - Controlling my drinking.
  - The first month I was out I did nothing but drink all the time…
- **Service Animals**
  - I have a dog that keeps me calm. He is not a service dog so I can't take him anywhere I am around a lot of people. I would like very much to turn him into my service animal.
  - … I would love the opportunity to explore a service dog but have no idea how to begin the process.
  - I would please like…assistance with support animal caregiver…
  - I love animal therapy and I'm trying to find some in my area.
  - I would please like assistance with…support animal caregiver…

- **Racial Bias (VA, WWP and other)**
  - …[medical staff] have misdiagnosed me again and I avoid them altogether for horrible patient care and bedside manners that have racial overtones
  - I am afraid to participate in WWP events directly since then because I feel I am being racially discriminated and nobody will help me if I get injured.
  - Veterans do not get a fair opportunity in the VA and there is a lot of racial discrimination
  - It's hard to get in unions or a good paying jobs without experience because lot of jobs give the smoking illusion that they with train you but that far from what they hire black ex-military people and lay them off like it nothing to them…
- **Gender Differences**
  - More activities for female veterans or groups for female veterans and their families.
  - The VA is horrible with giving care, and I went 2 years without an endometriosis diagnosis from the VA to the point to where I went outside the VA and had a hysterectomy, but now i have medical bills I can't pay. All because my doctor at the VA didn't think anything of my condition. She didn't even diagnose me, she just let me be in pain for years. They really just don't care.
  - Higher Ground offered me a week of activities in [location], I attended and I still communicate with the Female Veterans that I met on that trip.
  - I especially feel as a female combat veteran, the DOD and other veteran service organizations failed to equally help transition me as compared to my male shipmates. Times have been changing lately, which is long overdue. However, even today there is still quite the inequality between male/female service members.
  - Being a female WW with invisible wounds the hardest part of transitioning is getting acknowledged and recognized by others as there is a stigma that you must be a certain way or look a certain way to be a WW and most are male not female. WWP can help fight that stigma by highlighting members who have invisible wounds and are women. Ask them how they manage and became successful in their lives while dealing with this stigma. Maybe have a poll asking key questions engaging Women Veterans directly and ask for potential advice from them on how they feel is the best way to overcome such stigmas.
  - As a female veteran, it is often difficult to find other veterans who have had similar experiences. The men simply haven't been through it, and the women are so few and far between…
  - Provide reliable, consistent resources. I have NO clue of resources, events that are in my area for women!

OVERARCHING THEME: DIFFICULTY ADAPTING TO LIFE AT HOME

- **General and Complex Adapting Challenges**
  - I miss the Army often and being a soldier.
  - I can never go back to that life I know.
  - I want to move forward with my life, finish college, become debt free, and start a new career with the federal government or the Commonwealth of Kentucky.
  - A lot of days however, life just feels hopeless and I feel like I'm never going to be able to reach those goals.
  - I want to grow closer to God and serve Him better and do His Will in my life.
  - I want to help my fellow veterans.
  - I want to be remembered for the good I did and not the mistakes I've made.
  - I believe the hardest thing I encountered during my transition was the psycho-social change. The difference between military mindset and civilian mindset is very large.
  - The most challenging thing for me was reintegration back into home life. I may have been over committed to doing my best during my deployment and when it's over it almost is hard to understand that it's over and you're leaving. It's like getting dumped by your high school sweet heart. You put so much into it and you work really hard and make so many sacrifices in your life for it that when it ends it feels like you've lost a big part of yourself.
  - Since getting out of the marines, I've had problems with concentrating and keeping jobs. I feel alone.
  - I need help and I keep getting deny benefits when I clearly have PTSD depression and anxiety.
  - I am tired and do not have the mental capacity to pursue this over and over. I don't know what to do.
  - I just got out of the hospital and I walk with a cane and I am 42. I use to could run 49 sec quarter miles and now I cannot walk to take my trash out. I feel hopeless and I wish they would just help me instead of putting me in the physc ward witch does nothing for me. I hate the VA.
  - I have struggled with PTSD as I came back from [country] a different person, much more irritable, anxious and on edge. I have had blackouts in public places and anxiety attacks. I have been to three different counselors, two through WWP's program. They seem to help some and I am going to continue to work at it until I get better.
  - Learning how to adapt is the most challenging. How to be social, just enough so friends and family don't jump to conclusions that something is wrong. Learning how to keep your mind so busy that there is no opportunity for intrusive thoughts. There is no alleviating this challenge. It's called sucking it up and pushing through. Talking about it doesn't help. Medication just makes me slow and stupid. Self-help books helped me learn how to rationalize. Understanding how to control emotions by realizing they are based on my perception. it doesn't help me feel comfortable around a group of people. Amazon is a great way to shop without having to go out.

- **Missing Military Way of Life/Camaraderie**
  - Losing the sense of unity and family with other military member. Being around people who understand what you've been through
  - There is no longer structure in my life. I have recently started setting my alarm each day when I am supposed to take my meds. It's a start on breaking out of the Military frame of mind.
  - The most challenging aspect of transitioning back into civilian life is letting go the military…
  - After leaving a structured environment like the military, it's difficult to be around people without a standard. I still don't have the patience to deal with civilians very well. I don't know how to help.
  - The most challenging aspect was discovering who I was without a uniform. My identity was wrapped in wearing a uniform every day and I wasn't sure what direction I was going after I retired.
  - I miss being deployed. I miss the routine. I miss the challenges. I miss my battle buddies.
  - I think I just miss the comradery. I miss being around other military members and having that common ground.
  - The closeness that you have with your brothers in the military cannot be duplicated and that is very difficult for me to grasp. I find myself longing to feel part of a bigger picture, bigger team.
  - Leaving what you love is beyond hard and disheartening. Just a like-minded group is always a nice thing to find. I wish for more social activities in the [specific metro] area.
  - learning to live outside the military I spent my whole adult live from high school on in the military it was a big transition to civilian life and I was coping with injuries as well
- **Problems Adapting to Civilian Workplace**
  - I only feel comfortable in combat. I do not feel comfortable in civilian life or trust it.
  - It would help if employers were educated on the benefits of hiring military persons and working with veterans to give them a chance instead of turning them away just because the company thinks the veteran is not qualified.
  - I think the most challenging thing is where in the Military you have a certain routine that everyone is used to and then you get out here in the civilian world and there's a whole Whirlwind of changes and getting acclimated as well as trying to find common ground with people you'll be exposed to on a daily basis…
  - Dealing with civilians & finding work that is flexible enough to permit me to go to my appointments.
  - Regarding difficulty in employment it is not that no one will hire me because of my injury or disability, but because they later will force me out of the job for that reason because I need to go to the hospital or appointments so much for my disabilities. Also, it is because I am over-educated without the corresponding required licensing. My work history requires an employer to think out of the box about who and why they are hiring.

- The social and rank structure of civilian employment to me has been the most difficult aspect of civilian life. There is little that any organization can do to prepair vets for this.
- I lost a job because of my medical condition, even though it is preexisting. And not asked to return tona seasonal job because i had to take shifts off because of pain.

- **Need for Public Awareness Around Military/Veteran Issues**
  - Not having Iraq and Afghanistan not recognized as conflict and not War fed stigmas at VFW AND AMERICAN LEGION as well as the severe age discrepancy that I wasnt as welcome as others. I felt like an outsider. Having a group of OIF AND OEF vets would possibly bridge that gap. Calling OIF AND OEF what they were may help this too.
  - I big issue for me and my family are the fireworks going off too much for activities other than the 4th of July and 2=3 weeks before and after the 4th, I regress and go back into combat with each rocket and cannot function during the 4th. I wish neighbors would quit setting off illegal rockets next door. I can't go to work have to hide under my blankets and pillow. Please do a story for the media and tell them to quit.
  - Dealing with people who've never been in the military before is very difficult. The general public has no clue what the military does and they always question you about what you did and where you did it.
  - …Not to mention it can be challenging to find comraderie with people who generally can't relate to you and the past or what you've gone through or had to do. I could probably write a small novel on my personal transition alone and if more civilian employers or civilians would read it, I feel like they might have a little bit better understanding of what we go through transition wise. Thanks again for hearing me out!
  - I feel like no one really understands anything about me anymore. I want to be involved but it feels like people are afraid of me.
  - …Are we still expendable after our tours or do we matter still? Asked members of Congress and State Legislators or Governors these questions. Especially like here in [state] where you can lose your home, family, freedom, and benefits. When I've called my officials offices there were no return calls. Thanks for your service [rank] now accept your fate is what it feels like. Special kind of Hell... it's Eternal.. it doesn't end.!

- **Stigma/Stereotyping of Veterans and Service Members**
  - …for officers. We are supposed to have it all together and the stigma for us to show weakness is much more than the enlisted.
  - My biggest obstetrical was encountering so many people that discriminated against me due to me being a veteran. I found it extremely difficult to find work and i feel that was because of my military history. Many people continued to ask questions like could i cope with normal life and how would i deal with difficult situations. And they asked these questions time and time again...
  - …(I) Keep fighting the stigma of only the weak ask for help.
  - … A stigma is surely attached and employers or other vets hear that I am disabled and it isn't something that can be seen or understood by it is apart of me, even if it is told to them I tend to feel like I am on my own island with my disabilities…

- **PTSD/TBI**
  - The stigma associated with mental health is a huge burden. Especially in light of recent events. It seems people assume that having PTSD makes you a psychopath that wants to harm people. In reality I just want to be left alone. The added stress of feeling like the government will reneg on benefits promised to all generations of veterans makes me weary. I'm unable to work as a result of my PTSD.
  - I believe the most challenging aspect is recognizing veterans with PTSD. Educating them about this disease and successfully treating veterans with PTSD. Since reintegration into the civilian world can cause adjustment disorder it is often confused with PTSD and veterans receive the wrong treatment which adds to the confusion to the reintegration process.
  - The toughest part is dealing with PTSD anxiety the guilt and not being able to adapt and reintegrate into society as a normal person.
  - The military and the VA just leave PTSD soldiers to die.
  - There is a stigma about having PTSD that can be overwhelming. It is an invisible scar and I feel like people judge me for calling myself wounded when I don't have the physical disabilities that others have (like missing limbs or havingh been blown up by an IED or something).
  - Overcoming ptsd in the workplace
  - Although, I do not have visible injuries, but do have them, from all the training, and though I did not get hurt in combat, I did experience mortars, getting shot at. I feel my transition is a work in progress and by going to PTSD classes and getting help I feel that I can make it.
  - The most challenging really is learning how to deal with people with my TBI and changes to everything dealing with Stress and Anxiety. I need outside help with traumatic brain injury treatment and Therapies.
  - Its hard for a member of the Coast Guard to sit in a PTSD group of combat veterans when your experiences were non-combat related but involved such events as decapitated children, boating accidents deaths, suicides of fellow service members and the stress over being over worked for years after Sept 11 and not taking any time for self help or to deal with all of it, a lot of tragedies over those years were buried and surfaced when you sit alone day after day because you can't work and feel isolated from society. Most just can't understand where you have been.
- **Physical Health Issues [Many references to physical health issues are found in other comments]**
  - I have some muscular skeletal injuries
  - Pain.

MENTAL HEALTH/EMOTIONS/ATTITUDE

- **Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety**
  - Having to learn all over in my own way how to reenter into civilian society and workforce.
  - feeling detached from everyone and talking about it honestly doesn't help
  - having a feeling of belonging, meaning, porpoise
- **Coping**
  - having a purpose and having my mental illness accepted and understood and something that will actually help me cope with it because meds and therapy aren't working
  - I believe that I have unique challenges…coping skills…
  - …coping skills all came after the transition.
- **Apathy/Lack of Purpose/Lack of Motivation**
  - Finding my purpose.
  - Finding purpose and direction is the most difficult.
- **Military Members/Families Not Feeling Cared For/Taken Care Of/Respected**
  - Everyone I know does not know how to feel empathy for mental illnesses, they figure either two things: one it is a "mental Illness" so it can't be that bad and two I am on medication so again it can't be that bad...
  - Losing the sense of unity and family with other military member. Being around people who understand what you've been through
  - The most challenging aspect of transitioning back into civilian life is, for disabled vets, is that you are now broken either physically or mentally, or both, and no one is aware of what you're dealing with, especially if you look normal. The expectation is that you're normal and sometimes you're really not.
  - Most folks have no idea what military life is like, and are clueless about combat experiences or situations, making it hard to relate to service members returning from harsh deployments.
  - Working as a DoD civilian, I was surprised that I had a difficult time building friendships like I had in the military. I supposed I assumed I would have had that military link; instead I am treated like an outcast. I don't feel like I fit well in regular civilian environments, but I also don't seem to fit well back in this particular military environment.
  - I for one feel very I helped, very out of sight/&/out of mind, not only with veteran organizations like yours, but empty hope for assistance from EVERY single group claiming to make the process and transition assistance we need.

- **Difficulty Finding/Keeping Job**
  - ..Arranging apprenticeship programs with employers would be a great way to get Vets involved in various fields of employment in the workforce.
  - It is difficult to fit in a job or career. To go back to work the income has to be enough for me to lose $2,000 a month of tax free disability and not seem to be paying the company out of my pocket to work for them. It needs to be at least a $25.oo hour start and no one wants to start anyone with that amount.
  - Career planning and resume services. Almost all are set up for junior enlisted with few skills tailored to entry level jobs.
  - The most challenging aspect of transitioning to civilian life is finding the right fit of dignifying work. WWP could help alleviate this by focusing as much time and resources into developing tools and skills for work as they do on mental health and physical health programs.
  - My most challenging aspect of transitioning back into civilian life is determining the career field and/or area that I want to work in. Life priorities have changed for me now - family is more important to me now, but I still want to work and provide for my family. I just struggle with which industry or area to focus job hunting so that I can continue to have a positive influence on the environment in which I live.
  - I cannot find a job because no one is hiring retirees.
  - Job placement
  - Currently unemployed and still trying to get a job.
  - I haven't worked in 5 years, and have not driven in 4. I am at 80 percent and i cannot get individual unemployment.
  - … I am currently unable to find fulfilling work in my desired career field. The resume and hiring process is the most challenging part of the transition.
  - I've had 2 jobs and six mos unemployment. The jobs stink, especially the one I have now.
  - i just wish i had a job that mattered or a business of my own.
  - …Finding a decent job with benefits is nearly impossible for some rates, the jobs I did find told me they couldn't take me until the 6 months after separation was up due to government nature.
  - finding work that is flexible enough to permit me to go to my appointments.
- **Difficulty Translating Military Training/Experience to Civilian World**
  - Retired and purchased a home in a location that had active military installations however due to BRAC they were closed/inactivated now its a challenge finding jobs that correlate to military skill sets in the civilian sector.
  - … translating my military experience to actionable skills or a career in the civilian sector.
  - How to get military experience translated into civilian terms for job resumes and such experiences.

- I feel that none of my experience or training are recognized and are invalidated by civilians. It is a profound source of frustration for me.
- The biggest challenges is to translate my military service into a resume to where civilians understand what my job was. Another difficult transition is to translate my DOD position into a resume where civilians understand what my position entailed.

- **Difficulty Finding a Local Support System (especially in states with no military base)**
  - Resources: knowing about the resources in and around the city or state that you live in is vital to the transitioning process, the lack of companionship and guidance can be the difference between life and death for many of our veterans.
  - I think WWP and other organizations can help veteran by giving them a place that may be familiar to them. In the area of the country I live in there is no strong presence from WWP or any other similar organizations.
  - Finding a group to be a part of…to get connected with civilians in local community who share same interests as me…
  - I could really use an active social support group here in [city]. People to play sports lift with watch tv play video games my life and motivation would probably turn up real fast.
  - … would have been nice to have local people to meet up for coffee or something.
  - …services aren't provided on the island of [U.S. Territory]
  - I am very disappointed that the [city] office was closed. After that, the activities just about stopped...
  - … If there was a presence or ability for the WWP to create events in colleges or universities for veterans I think most of us will show up and help each other to socialize with people we can understand.
- **Difficulty Getting/Asking for help**
  - I don't know where to go or who to see to become normal again.
  - Have a tape type class to take after getting out of military and a way to understand all the different civilian services that are available. I still do not understand how they all work and it takes me days just to find out if any services for the different organizations can help me. It is a full time job and very frustrating and confusing to adapt to from military life. It makes you feel there is no direct way to do things like in military we're you go to certain person for things.
- **Difficulty With Transition When Disabled/Injured**
  - if soldiers were injured or disabled we were no longer an asset --discharged services cut--soldiers had to figure out what to do on their own. soldiers injured/disabled were treated like a negative on a balance sheet by the dod/va/everyone.
  - My limitations to activity are due to my injuries, health care is slow at the Polytrauma location here…
  - Transitioning from active duty in perfect health to becoming a civilian and disabled at the same time.
  - The hardest thing for me is realizing I will never be able to work again do to my injuries. This has been the biggest challenge for me.

- Money available to get help with items needed like walk in tubs, adjustable beds. Why is money so limited. Why are dr and specialists so scarce at the VA should not take 4 to 8 months to get appointments.
- … having a disability that limits my life has completely changed my post military aspirations and employment.
- I have looked and still searching for the assistant to cope with the physical and mental limitation which for me are my most challenges.
- The most challenging really is learning how to deal with people with my TBI and changes to everything dealing with Stress and Anxiety.
- The most challenging aspects of transitioning back into civilian life are finding jobs that are willing to work with your disability…

- **Problems With Finances**
  - My situation is I lost 4000 dollars in income due to medical retirement. I had accounts go into collections. I have been seeking help to let these creditors know that my failing to meet my obligations was due to combat injuries and a loss of income. It would be nice if we had a group or persons that could help contact these creditors and come up with solutions to prevent them from there fico score to get damaged. My case is i am trying to get an approval for a retirement home and i am having troubles.
  - I needed help to pay for my monthly house payment
  - But I'm not obviously, overtly disabled to the point of immediately being granted social security disability & not having to worry about getting enough income.
  - The hardest part is when the VA cuts you from working and you fall behind waiting on benefits it's hard to get caught up
  - … I still struggle to pay rent, fees my family and pay my bills…
  - …I ca barely afford rent and will be facing eviction…
- **Transition Process, Military/ Department of Veterans Affairs (red tape, lack of information on benefits, denial of benefits)**
  - The VA is the most challenging problem with transition. Once out I was able to get established at a VA facility in [city, state]. That process was a nightmare, but thankfully they have a Post 9/11 warrior unit run by a nurse named [name]. Basically I went to him when I got the stiff arm and he was able to help me change providers, lodge complaints etc. with the inefficient system. Fast forward to August 2017, I relocated to [city, state]. One would think the VA here would be top notch....that statement is laughable. Still to this day…I still do not have my stuff transferred from the [city, state].
  - …Prior to departing military service, service members regardless of rank must know that they are entitled to receive all medical, physical and psychological treatment to address what was sustained on active duty – not told (or a senior officer bully telling them) it was best for them to get back home as soon as possible and utilize the V.A. system to get those treatments which is when their priority treatment goes from active duty to veteran status in a system so overwhelmed that it takes months or years to get approved for treatments…
  - I think the VA has this attitude that the veteran does not have really suffer from what he/she complains of. I have been complaining about foot pain since I got out of the Navy in 2010. I was finally sent for an MRI because I used going to an outside Dr. in

2017. The MRI shows a torn ligament in my upper foot. It's kind of the opposite of "innocent until proven guilty on our dime" it's like, "healthy until we finally do our job and send you for tests after several years of complaining until proven injured.

- An almost equally challenging aspect of transitioning back into civilian life is VA healthcare. I am young and stay active, but terrible healthcare for years in the military and the even worse healthcare at the VA equates to virtually not having healthcare since I joined at age 23. Now typical overuse injuries and injuries from when I was wounded are becoming more of a nuisance, and the VA personnel are unable and/or unwilling to apply even remotely adequate effort to diagnose and treat problems. Any injuries that cannot be diagnosed by eyeballing it for 1 minute, giving me a quick X-ray, and of course a blood test (they must have some weird incentive to blood test us all the time because they ask me to get redundant blood tests at every opportunity, even for a hurt ankle) are either misdiagnosed, or I'm told to just deal with it (like when I was told to just stop running entirely - without any further attempt to diagnose the actual problem - because my back repeatedly locks up when I run short a short distance or walk uphill). I have tried to get referrals to go to specialty care doctors, and they just keep me in a back and forth runaround cycle with months of delays in between, and they end up going nowhere. The sleep medication that I used to use is also no longer on the VA formulary, and my primary care doctor cannot prescribe me anything comparable so I have to pay out of pocket for 1. a private doctor to write the prescription because the VA doctor cannot write non-VA prescriptions and 2. the actual medication. I have had to pay out of pocket for any adequate healthcare beyond getting a flu shot or simple antibiotics for common flu/cold. Now simple orthopedic problems like my back and ankle are becoming significant hindrances to my day to day life and physical fitness, despite the fact that I am still young, generally try to eat healthy, and I still get much more exercise than the average person.
- Being disabled and lack of continuity of treatment at VA Medical Clinic and the constant difficulties from the VA benefits side. It reaches a point of diminishing returns. I had a meeting yesterday and my wife asked if they were just waiting for me to die. All we received for an answer was a stare.
- I have so many pains from military service I am still fighting the VA for several serious injuries and I do not know what I can do.
- The last issue is that I've gone to VA docs, besides the WWB, and no one was able to tell me why I gained over 50 lbs in less than two months I have going to over 15 quacks until I finally found a civilian endocrinologist who has helped me. In less than 3 months I've lost over 30 lbs and feel better.

- **Difficulty Getting Information (on/accessing programs, benefits, services, or other help)**
  - …My wife spends so much time assisting me with the OCD behavior. I really could use her being acknowledged as my caregiver. However because I can bath, cook, drive and/or whatever for myself, I have not been able to get her as my approved caregiver. I am not going to take my life. But I do not know how many times that I have felt that my family's life would be less stressful without me.
  - Attaining Benefits
  - Discovering the VA benefits that are in place.
  - As for help with Veteran benefits…Having to pay a Lawyer 25-35% fees of any back pay that a Vet might be entitled to, is not allowing 100% disabled Vets to receive the

total compensation from their voluntary service to their country. Lawyers' fees are an inhibitor not a helpful thing.

- Wish I received greater assistance with my claim. My claims officer has done nothing but provide random updates
- All of the VA programs are super-secret, and depending on who you talk to, no one know of them. NOT EVEN THEIR COUNSELORS.
- Getting up the motivation to do stuff in relation to the VA and job search.
- No pay. Then waiting for the pay makes u so behind u don't recover from.
- Transportation is my greatest barrier…our State Department of Rehabilitation Services extinguished the modified vehicle program completely. Any disabled person seeking transition outside of Goodwill and Department of Rehabilitation is denied service through "independence Centers for Disabled if they attempt to work
- It would be nice if someone would explain how all the benefits, health insurance and housing loan really works. These things are extremely confusing
- Navigating the benefits, the transition from DoD to VA healthcare or Tricare for DOD.
- priority treatment goes from active duty to veteran status in a system so overwhelmed that it takes months or years to get approved for treatments.
- When you are hospitalized and someone from SSA tells you to sign up for SSDI and walks you through the process, tell them HELL NO. What they didn't tell you is you are screwed from healthcare for 10 years. You cannot drop Medicare Part A, which means when you get medically retired, you can't get Tricare. If you decline Part A, you have to pay all the SSDI money you received while you were in the hospital and then ended it- adds up to 60K or maybe more. So like me, I was screwed and can't get Tricare until 2022, when they automatically drop your part a.
- We need more on filing our VA claim not just talking on the phone and trying to tell us on how to do the process.

- **Difficulty – Military/ VA Disability Program**
  - Va disability issues.
  - In my case I was severely injured in a training accident and was promised help by the VA, WWP, the DAV and others and received very little help if any. Fortunately my DOD civil service job was my anchor support during that transition period. They couldn't have been more accommodating and allowed me to employed for 5 years while endured surgery after surgery. Finally when my VA claims were sorted out after 5 years I was able to stop taking advantage of their generosity.
  - I feel like the VA looks for any excuse to cut benefits. Plus I have been stuck with $1200 ER bills because the VA is denying my claim for coverage when I injured my back and was unable to stand or walk.
  - Claims are falling behind because…Vet Service is overwhelmed (I've SMC and other things to update with VA). I've been in a state of limbo due to being TDRL & just got paperwork to transition to PDRL (hope it's permanent and total). Then I've to wait on VA paperwork to catch up. I've to get a DBQ completed for CRSC (rates at 90% but getting paid at 80%???)

- Lack of assistance, the VA hospital took over a year to see me, processing claims for medical issues clearly in my records was dismissed due to lack of treatment after scheduling/benefits being activated.
- Being in the Air Guard and being medically retired but not given a rating at your MEB, hurts

- **Difficulty Obtaining Care/MH Care for Military Member/Family**
  - My biggest challenge is getting the healthcare that I need. I'm so sick of the VA telling me there is nothing that they can do, but a civilian doctor can do it. I hurt every day, I wish they would help me out.
  - At least I only will have to travel 35 minutes to see a mental health appointment. But have traveled 3+ hours to get the help I need...
  - It's hard to coordinate my medical care with work so when I'm having health issues I cannot work.

SOURCES OF HELP

- **WWP**
  - I honestly have enjoyed everything WWP has done for me. From the day I arrived stateside in Bethesda till this day WWP has helped me and I am very thankful. I want all Veterans to be aware of what the WWP has done for me
  - Very good and know someone there always has my back
  - WWP gives us that sense of belonging. Wish you would hire us warriors
  - WWP has helped me in the social aspect of my life, I have been able to attend events and meet vets who also have similar issues. I am grateful to WWP for their assistance.
  - Need to have more activities in my area. Most activities are too far away.
  - WWP is a great program that gives me opportunity to learn or experience new things. If not WWP, I would not have the opportunity to try or gain new experiences in my life. I think WWP gives me hope and make me feeling a lot better despite my illness. The most challenging aspect of transitioning back into civilian life is letting go the military and how the WWP assisted in alleviating this challenge is letting go of the military. My mind is a constant marathon, always running for no reason. The WWP has assisted me in getting closer to my spouse and my children.
  - While on the Odyssey I was able to connect with God and other veterans who shared my experience. The program was amazing to everyone who attended and I'm thankful for the staff!
  - Upon joining WWP it allowed me to interact and get to know people in the same boat, we were going through the same struggles. I enjoy WWP and all it has to offer in helping the veteran community.
  - Wounded Warrior has opened a door to a sense of peace. Sometimes I see people I know at certain events and I get to catch up with them and ask question about what they are doing to adjust to civilian life. Once I hear their experiences I feel as I am normal once again.
  - The WWP introduced me to being open to new activities, Veterans with similar concerns, limitations and disabilities.

- Being part of the WWP gives me an opportunity to meet up with Veterans of all military branches and enjoy
- Wounded Warrior Project came to bat for my family and me, assisting me with improving my resume produced in the Soldier for Life Transition Assistance Program, having representatives in my area that was tied into the community giving solid employment advice, places looking for my skillset, and what to expect once in the interview process. Advised and assisted me through my disability claim process without me having to take what little money I had saved to pay someone to help me...
- …Bicycle riding events warrior Project were very helpful for me while I was in the warrior transition unit I was amazed At the time money and effort put into them including transportation food equipment but also enjoyed bow and arrow crossbow indoor target shooting events as well as 50 mm muzzleloading rifle and skeet shooting With shotguns. All these helped in Ways that help better than counseling…
- WWP and WWP Odyssey has assisted me and given me hope to reconnect to society. Since leaving the military, I have slowly removed myself from connections to the outside world due to an inability to connect and trust individuals who've not served. With connections to civilians removed, I also created distance between myself and veterans and created a difficult environment for my family. With WWP events and WWP Odyssey, I have begun to reach out again to other veterans and make a presence in social events.
- WWP has been my anchor point in my transition from uniform, it has given me purpose and meaning in my life.
- Continue P2P Program and Project Odyssey. Promote these two programs heavily!
- ...The greatest wounded warrior event that I attended was to run a half marathon with other wounded warriors and I'd pay to do that again as it helped me to know that I can achieve something with the right guidance and help from wounded warriors and fellow veterans...Thank You

- **Help [other than WWP]**
  - …I met with a group of sailors at a local vet center that has a monthly meeting and immediately we began talking shop and laughing and joking at all the time and energy we put into Our military service and how it affected our families and what we did for our country. I also served in the Navy by the way. Keeping us connected with other service person is very important to soldiers efforts to transition and return to civilian life.
  - …fortunately my DOD civil service job was my anchor support during that transition period. They couldn't have been more accommodating and allowed me to employed for 5 years while endured surgery after surgery…
  - I got help from the VA and the Vet Center. It has gotten better. It's still a working progress but I'm better now bc of the help and treatment that I've received. I also am fortunate to have a great support system with my girlfriend, family and friends.
  - Appreciate the WWP helping me as well as my wife, she has been a huge factor in me transitioning from ARMY to civilian, especially since she used to be in the Airforce. Without them I wouldn't be where I am today.
  - the other members in the local peer support group have helped with my concerns on the transition coming in the next 10 to 14 months

- The Student Veterans of America has helped me to adjust to civilian life and provided a safe place for me to talk with other veterans on the college campus.
- Thankfully, I found Samaritan's Purse this year.
- Group therapy has helped tremendously.
- Linking up with other veterans helped substantially with this, and probably helped prevent a crisis from happening.
- Hire Heroes has helped me with my resume.
- I had a good support system to help me along the way.
- When I had problems finding a job WWP was willing to help, along with VA assistance and VA programs.
- The only support I get is from the VA for medical.
- Being able to receive services from the VA has helped out a lot.
- I got help from the VA and the Vet Center.
- …I've already received assistance from the SOF Care Coalition at SOCOM. They hooked me up with a ton of points of contact who I've had the opportunity to reach out to and meet impromptu.
- if it weren't for my family and my support team I don't know where I would be.

CONCLUSIONS

Overall, the responses from warriors in the 2018, 2017, and 2016 surveys are quite similar. The results indicate continued challenges with physical and mental health problems, modest economic improvements, and an aging population. Indicators of well-being are less positive for many warriors, some much less positive, than they are for other veterans who have served since September 11, 2001. The transition to civilian life continues to remain challenging for many WWP wounded warriors. And as the wounded warriors attest in their comments at the end of the survey, their challenges extend to their family members and other caregivers.

There are more notable trends when examining survey results from six years ago to present. These historical findings help provide a better understanding of how warriors progressed. Some can be explained with changes in WWP's enrollment of warriors. Table 11 provides a comparison of these results from 2013 and 2015 to present. A declining percentage of active duty service members in the warrior population (down to 6.4% in 2018 from 25.5% in 2013) and an increasing percentage of warriors who have deployed three or more times (45.4%, compared with 34.3% in 2013).

Table 11. Notable Trends in the Survey Estimates Between 2013, 2015, and 2018

	Trend	2013	2015	2018
Population Changes				
Attained bachelor's degree or higher	↑	23.3%	27.2%	35.8%
Active duty	↓	25.5%	15.8%	6.4%
Deployed three or more times	↑	34.3%	44.3%	45.4%
Average age (mean)		35.5	36.2	39.7
VA Related Changes				
Receiving VA disability payments	↑	62.8%	78.5%	89.5%
Receiving VA disability ratings of ≥ 80%	↑	36.2%	48.1%	61.7%
Have VA claims pending/on appeal	↓	15.2%	6.4%	2.5%
Have VA health insurance	↑	52.7%	65.7%	75.2%
Most common resource used to cope with feelings of stress or emotional or mental health concerns – VA Medical Center	↑	54.1%	65.3%	71.2%
Employment and Income Related Changes				
Unemployment rate for non-active-duty warriors	↓	22.3%	16.6%	12.3%
Financial status worse than a year ago	↓	39.0%	31.7%	25.3%
Percentage of school enrollees pursing a bachelor's degree or higher	↑	59.7%	67.5%	70.2%
Changes in Reasons for Difficulty in Getting Care				
Inconsistent treatment or lapses in treatment of Mental Health Care	↓	40.7%	31.5%	30.4%
Health Related Changes				
Percentage of warriors who are obese (BMI)	↑	40.8%	46.0%	51.7%
Warriors who said "Yes" to "Accomplished less than you would like in the past 4 weeks" because of physical health problems	↑	64.3%	69.6%	85.4%
Need aid and attendance of another person because of injuries and health problems	↑	26.0%	29.2%	32.4%
Percentage of warriors who engaged in moderate-intensity physical activity less than once a week	↓	36.3%	36.0%	32.5%

General Health of Warriors. Warriors' self-rating of their health has remained virtually unchanged since 2013. In 2018, 49 percent of warriors rated their health as *good, very good*, or *excellent*, compared to 48 percent in 2013 and 2015. This small change is consistent with how warriors compare their physical health or emotional problems a year ago to now – 46.5 percent of warriors feel their physical health is about the same as a year ago, and 49 percent of warriors feel their emotional problems are about the same as a year ago.

Warriors are also asked about the importance of maintaining their physical health. While 85 percent of warriors feel it is very or moderately important to maintain their physical health, only 42 percent do moderate-intensity physical activity at least three times per week, and 46 percent of warriors do not eat any vegetables on a typical day. Despite 33 percent of warriors citing concerns about safety and re-injury as a barrier to exercise and sports, about half of warriors with certain injuries (including TBI and other head injuries, amputation, vision loss, spinal cord injuries, and nerve injuries) are uninterested in adaptive sports. Other top barriers to exercise and sports were discomfort in social situations (41.4%) and difficulty finding time (39%). Education and assistance with diet and exercise may be beneficial to warriors wishing to improve their health.

> *With my injuries mostly back and neck it seem I can only ride a recumbent bike to get the exercise I need. I would like to see a streamline way to be able to get a recumbent bike or at least assistance in getting one.*

Use of Health Care Services. About a quarter of warriors had no health care visits over a three month period in 2018 (23% in 2015 and 20% in 2013). The percentage of warriors having ten or more visits in a three month period has decreased quite a bit over the past 5 years – about 10 percent in 2018, down from 18 percent in 2013. Visits specifically for counseling has also decreased somewhat, with an average of 8.4 visits over a three month period in 2013 compared with 6.2 visits in 2018. Trends in access to care have been generally stable over the years, so the overall decrease in health care utilization may be because warriors do not feel they need the care as much, or are turning to other options.

VA Health Care. About 68 percent of warriors use the VA as their primary health care provider. About half of those warriors use VA because they can get care for a service-connected disability or because they feel entitled to VA care. The percentage of warriors with a 100% VA service-connected disability rating has been steadily increasing over the years (27.0% in 2016, 34.5% in 2018), so warriors may be more likely to rely upon the VA for their health care. Some of the top reasons warriors don't use the VA as their primary health care provider include difficulty accessing VA care (about 45.2%), red tape (43.0%), and bad prior experiences (44.5%).

Specific Mental Health Problems. The WWP Annual Warrior Survey provides an opportunity to self-report severe injuries or health problems experienced while serving in the military, and includes scales that indicate possible presence of various mental health issues.

In 2018, about 70 percent of warriors experienced depression during their military service, and according to the Patient Health Questionnaire, about 61 percent of warriors may still be experiencing major depression. These rates are similar to those dating back to 2013 (68.8%).

About 78 percent of warriors experienced PTSD during their military service, and most are still dealing with these effects, as 72.5 percent of warriors had positive scores for PTSD in 2018. This is somewhat higher than the 68 percent of warriors scoring positive for PTSD in 2013.

Warrior Wellbeing: Warriors continue to struggle with social support and resilience. About half of warriors feel they do not have a close personal relationship with other people. In two different scales examining social support, the Social Provisions Scale and the Social Isolation Scale, warriors' scores showed relatively low social support (score of 28.4 out of 40), or relatively high social isolation (score of 56.3, where a higher score indicates more social isolation).

> *The Wounded Warrior Project is a GREAT support for me being a single parent and most importantly not having any support system such as family to help me. Once you have left the service it's a very different and difficult time of transition.*

Resilience is examined in the WWP Annual Warrior Survey using the Connor-Davidson Resilience Scale. The average score in 2018 was 23.7, which is similar to past years but lower than the average score of 31.8 for the U.S population. Before 2016, the two-item version of this scale was used. In 2013, about 25 percent of warriors were able to adapt when changes occur nearly all the time, however that percentage has dropped to about 18 percent for the past three years. Similarly, in 2013, about 22 percent (18% in 2015) of warriors were able to bounce back after illness, injury, or hardship nearly all of the time, compared with only about 16 percent of warriors in the past three years.

WARRIOR EDUCATION AND ECONOMIC SITUATION

Education. Education is a major contributing factor to financial wellbeing, and warriors are continuing to obtain higher education. While the percentage of warriors enrolled in school has decreased over the years (33% in 2013, down to 23% in 2018), more of those who are enrolled are pursuing a bachelor's degree or higher – about 70 percent of warriors enrolled in school in 2018 are pursuing such a degree, up significantly from 60 percent in 2013. The decrease in pursuit of education is also explained by the increasing levels of education warriors have obtained over the past five years. In 2013, about a quarter of warriors had at least a bachelor's degree while this year about a third have completed a bachelor's degree or higher.

While the percentage of warriors who have unpaid student loans has remained around 28 percent over the years, the amount owed has increased quite a bit over the years. Since 2013, the percentage of warriors owing $30,000 or more increased by 11 percentage points, from 21.5 percent in 2013 to 32.5 percent in 2018. Student loan assistance could be hugely beneficial to warriors who are struggling with this kind of debt.

Debt. Student loan debt is just one of the top five forms of debt that warriors hold. Car loans, credit card debt, home loans and mortgage debt, and other household debt are all other major forms of debt for warriors. Only about three percent of warriors have no debt, which has remained about the same over the past five years.

With being separated upon retirement and going to school to learn a new field, struggling with student loans and trying to make ends meet is extremely challenging. Being able to get assistance or help with eliminating student loan and getting off to a new start would help out tremendously.

Excluding mortgages, over half of warriors with debt owe at least $20,000. About two-thirds of warriors with debt make monthly payments of less than $2,500; in 2013 over 70 percent were making monthly payments of less than $2,500.

For warriors with mortgages, about 38 percent make monthly payments of $1,500 or higher – in 2013 only 29 percent of warriors were making payments that high. Rising costs of homes could be putting more pressure on warriors.

Living Situation. Homeownership has increased over the years (up to nearly 60% in 2018 after a sharp drop to 44% in 2013) but homelessness is still a concern. Almost six percent of warriors experienced homelessness in the past 24 months, half of whom were homeless for one to six months. On average, warriors who were homeless were in that situation for just over five months. While there is a direct focus on addressing veteran homelessness, more could be done.

Stable housing is the most challenging aspect for me at the moment. I am constantly in fear of becoming homeless again and losing my son for good.

Income and Employment. A little over half of warriors are working full-time or part-time, which has held steady over the past several years. Unemployment among warriors is at 11 percent, much lower than the 17 percent unemployment rate in 2013, but still higher than the 4.5 percent unemployment rate of Gulf War-era II veterans in general. Mental health issues continue to be the biggest factor making it difficult for warriors to obtain employment or change jobs.

Warriors are however, earning more money. About 38 percent of full-time employed warriors earned less than $45,000 this year – in 2013, 49 percent of full-time employed warriors were earning the same amount of money.

In fact, in 2013, about one in five warriors felt their financial status was better than compared to a year prior. This year, over a quarter of warriors feel their financial status is better than a year ago. Similarly, about a quarter of warriors feel their financial status is worse than a year ago – while this is still a large percentage of the warrior population, it is a major improvement from the 39 percent of warriors assessing their financial status as worse off in 2013.

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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, telephone numbers, and other administrative information 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 98,055 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 2018 survey included 135 closed-ended questions, many of them multi-item questions. Not all questions were administered to all warriors because of automatic skips for questions that did not apply and 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 20, 2018, and continued through May 14, 2018—8 weeks.

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

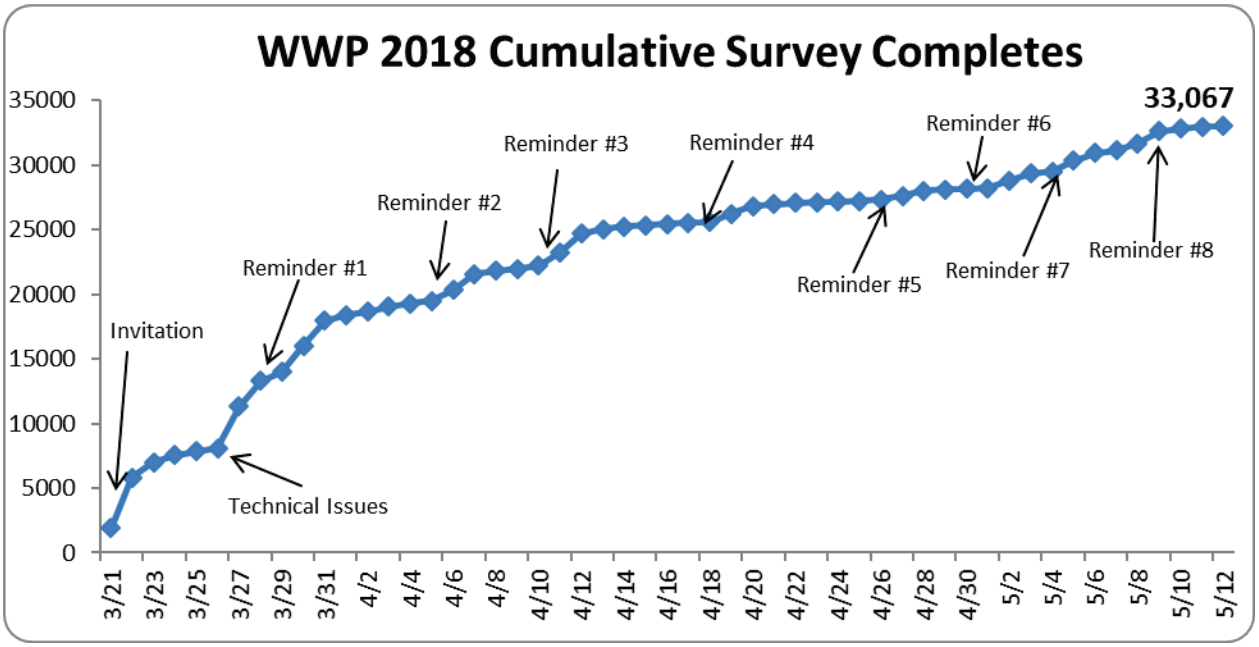
Table A1. List of Survey Communications Sent to WWP Warriors

Communications	Delivery method	Date sent
Survey invitation	Email	March 20, 2018
Technical Issues	Email	March 22, 2018
Thank you/reminder #1	Email	March 28, 2018
Thank you/reminder #2	Email	April 5, 2018
Thank you/reminder #3	Email	April 10, 2018
Thank you/reminder #4	Email	April 18, 2018
Thank you/reminder #5	Email	April 26, 2018
Thank you/reminder #6	Email	May 1, 2018
Thank you/reminder #7	Email	May 4, 2018
Thank you/reminder #8	Email	May 8, 2018

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 Resource Center and for the Westat WWP Survey Support Center. The email also informed warriors that when they submitted their completed surveys, they could provide a mailing address to receive a WWP Swiss Army multi-tool. Every email included a link to unsubscribe from future emails about the survey. Warriors were asked the reason for wanting to unsubscribe. The most common reasons, according to respondents, were not wanting to receive any emails from WWP, emails were too frequent, and not wanting to participate in the survey. 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 2018 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 for accessing the survey or to ask general questions about the survey.

Emails. Help Center staff received more than 400 emails. The majority of the emails were in response to a technical issue with the web survey on the second day of data collection. A handful of warriors wrote in stating they did not want to participate in the survey. Other emails asked WWP for assistance with receiving various services. The help center staff forwarded those requests to WWP. Some warriors provided address and email updates.

Other comments submitted were that the survey was too long and some questions were too personal; others asked when they could expect to receive their Swiss Army multi-tool.

In response to other emails, staff classified 18 warriors as refusals and removed them from the survey mailing list, and updated 23 email addresses and 7 addresses.

As mentioned earlier, a little more than 250 respondents emailed the Survey Help Center about an error accessing the web survey on the second day of fielding. The error occurred when the web survey did not allow some respondents access during a four hour period. Help Center staff responded to emails once the issues were corrected by providing warriors with their individual survey web site links that included their embedded

password. Approximately twenty warriors reported other problems such as 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, 31 phone calls or voice messages were received. Topics of the calls included technical issues with accessing the survey, uncertainty about how to answer a question, questions about WWP resources, length of the survey, updates to addresses or emails, 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. Cumulative reports with potential distressed comments were shared with WWP daily for review and followup. WWP staff contacted some of those 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 33.7 percent in 2018, compared with 37.5 percent in 2017 and 40.0 percent in 2016. The 2018 rate was calculated as follows:

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

= [33,067/ (33,067 + 6,162 + 18 + 58,807)] * 100

= [33,067/98,054] * 100

= 33.7 percent

Table A2. Final Disposition Codes

Number	Disposition value	Disposition code	Definition of disposition code
Eligible Respondents			
33,067	**C**	Complete	Completed web survey – Answered at least 18 of 25 core demographic questions as well as 21 of 47 core nondemographic items. Core questions were those that all respondents had a chance to answer (i.e., they were not prevented from answering them because of programmed skips).
Eligible Nonrespondents			
6,162	**P**	Partial Complete	Partially completed web survey – Did not answer at least 18 of the core demographic questions and 21 of the 47 core nondemographic items.
18	**R**	Refusal	Emailed or called and said "Do not email me again" and did not submit a survey.
58,807	**N**	No response	No survey submitted or started.
Ineligible Sample Members			
1	**I**	Ineligible	Was not eligible: One deceased warrior.

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, the 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 2018 WWP Warrior survey. For respondents, we also examined the relationship between these variables and the corresponding survey variables.

For the 2018 survey, we decided to create nonresponse adjustment cells similar to the way we created the nonresponse adjustment cells for the 2013 through 2017 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. 2018 Response Rates Disaggregated by Information Available for Both Respondents and Nonrespondents

Variable	Level	# Individuals in population	# Respondents	Response rate (%)
FRAME_STATUS	Active duty	14,615	4,279	29.3
	Not on active duty	74,023	26,316	35.6
	Missing	9,417	2,472	36.3
FRAME_REGION	Midwest	11,423	4,352	38.1
	Northeast	9,183	3,192	34.8
	South	48,115	16,277	33.8
	West	21,495	7,523	35.0
	Missing	7,839	1,723	22.0
FRAME_AGE_CAT	18-24	1,574	205	13.0
	25-30	14,858	3,414	23.0
	31-35	26,282	8,071	30.7
	> 35	52,403	20,769	39.6
	Missing	2,938	608	20.7

For the 2018 survey, we calculated a set of weights to be used with the data obtained from all the respondents to the 2018 survey. The resulting weighted estimates represent the 2018 population. These types of weights are called *cross-sectional weights*.

Previously, the same process was used since 2013. For the year 2018, 100 replicate weights were added during the construction of the base weights. This serves two purposes. First we can capture the variability due to the nonresponse adjustment procedure that was previously missing. Secondly, analysis can be done using Westat's WesDaX analysis system.

We initially created 3 x 5 x 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 52.

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 2018 Base Weights and 2018 Adjusted Weights

Characteristic	2018 Base weights		2018 Adjusted weights	
	Respondents	Nonrespondents	Respondents	Nonrespondents
Minimum	1.0	1.0	2.18	0.0
Maximum	1.0	1.0	4.48	0.0
Mean	1.0	1.0	2.97	0.0
Median	1.0	1.0	2.55	0.0
Sum	**33,068**	**64,987**	**98,055**	**0**
	98,055		**98,055**	

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. Of note, the Samsung Internet browser replaced Firefox for the first time as one of the top five browsers used by warriors to access the 2018 WWP web survey.

Visits to Web Survey from Top 8 Known Countries

2018	2017	2016
• United States (44,158 visits)	• United States (59,994 visits)	• United States (54,608 visits)
• Puerto Rico (273 visits)	• Puerto Rico (383 visits)	• Puerto Rico (338 visits)
• Germany (202 visits)	• Germany (281 visits)	• Germany (253 visits)
• Guam (64 visits)	• Guam (106 visits)	• Guam (86 visits)
• Afghanistan (46 visits)	• South Korea (82 visits)	• South Korea (76 visits)
• South Korea (44 visits)	• Japan (56 visits)	• Japan (49 visits)
• Japan (38 visits)	• Afghanistan (44 visits)	• United Kingdom (47 visits)
• Kuwait (30 visits)	• United Kingdom (47 visits)	• Italy (43 visits)

Top 10 Visits by Cities

2018	2017	2016
• New York (1,899 visits)	• Atlanta (1,849 visits)	• Atlanta (1,578 visits)
• Atlanta (1,371 visits)	• San Antonio (1,471 visits)	• Houston (1,495 visits)
• Houston (1,206 visits)	• Houston (1,387 visits)	• New York (1,321 visits)
• San Antonio (1,086 visits)	• Washington (1,263 visits)	• Los Angeles (1,148 visits)
• Dallas (1,059 visits)	• Dallas (1,244 visits)	• San Antonio (1,053 visits)
• Chicago (797 visits)	• New York (1,144 visits)	• Dallas (971 visits)
• Washington (766 visits)	• Los Angeles (1,103 visits)	• Washington (962 visits)
• Los Angeles (754 visits)	• Chicago (1,021 visits)	• Chicago (849 visits)
• Orlando(673 visits)	• Orlando (1,010 visits)	• Jacksonville (735 visits)
• Charlotte (647 visits)	• San Diego (713 visits)	• Colorado Springs
		• (661 visits)

Top Browsers Used by Visitors

2018	2017	2016
• Safari (41.4%)	• Chrome (44.2%)	• Chrome (43.1%)
• Chrome (39.3%)	• Safari (40.1%)	• Safari (36.0%)
• Samsung Internet (6.6%)	• Internet Explorer (7.3%)	• Internet Explorer (10.5%)
• Internet Explorer (5.2%)	• Firefox (3.5%)	• Firefox (4.3%)
• Edge (3.8%)	• Edge (3.2%)	• Edge (2.9%)