

2014 Wounded Warrior Project® Survey

Report of Findings

Authors

Martha Franklin
Wayne Hintze
Michael Hornbostel
Scott Smith
Chris Manglitz
Rebecca Noftsinger
Jafar Haider
Melissa Wilson
Elizabeth Manzella
April Fales

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A DECADE OF SERVICE.



A LIFETIME OF COMMITMENT.

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

Prepared by:

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

EXECUTIVE SUMMARY

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

ABOUT THE SURVEY

SURVEY OBJECTIVE. The 2014 WWP survey was the fifth administration of the survey. The first survey, in 2010, collected baseline data on WWP alumni membership. The subsequent surveys provide updates and allow WWP to identify trends among its alumni, to compare their outcomes with those of other military populations, and to measure the impact and mix of WWP services and programs. The survey is NOT intended to measure the impact of individual WWP programs. WWP uses each set of annual data to determine how it can better serve its members.

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

2014 SURVEY ADMINISTRATION. The survey was fielded via the web to 43,096 alumni in WWP's member database from March 11 to April 27, 2014 (7 weeks). Email communications included a prenotice message (sent on March 6, 2014), a survey invitation, and seven email thank you/reminder messages. In addition to the email communications, a postal reminder was sent by U.S. mail (first class) from March 1 to March 4, 2014. Respondents were offered an incentive for completing the survey. Those who submitted a completed survey had the option of providing a mailing address to receive a WWP 10-Year Anniversary Edition Tervis® Tumbler. The final unweighted 2014 response rate was 49.0 percent (21,120 completed surveys among 43,071 eligible warriors), compared with 51.9 percent in 2013, 42.5 percent in 2012, 39.4 percent in 2011, and 32.4 percent in 2010. After data collection, the survey data were weighted to produce estimates representative of the 2014 alumni population.

TOP-LINE FINDINGS

ALUMNI BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE. The 2014 demographic profile of alumni is mostly similar to the 2013 and 2012 profiles:

- 86.2 percent are male.
- 55.2 percent are younger than 35 years old (up from 49.5% in 2012); mean age is 35½ years.
- 64.9 percent are currently married.

- 71.3 percent are White, 16.1 percent are Hispanic, 10.2 percent are Black or African American, 4.0 percent are American Indian or Alaska Native, 2.8 percent are Asian, and 1.2 percent are Native Hawaiian or other Pacific Islander.
- Nearly half (49.0%) live in the South; 24.3 percent live in the West, 13.3 percent in the Northeast, and 13.5 percent in the Midwest.

MILITARY PROFILE. The 2014 military profile of alumni is also similar to that in 2013 and 2012. Alumni represent all four Services and the Coast Guard, including the National Guard and Reserve. Two-thirds have served or currently serve in the Army (66.1%). Most alumni were, or still are, enlisted service members (92.2%). About three-fifths of enlisted alumni achieved the equivalent rank of Sergeant (E5) or above (60.1%). About 6 percent of alumni have never deployed. Almost one-third (32.8%) deployed once, 27.3 percent deployed twice, and 33.7 percent deployed three or more times. Primary types of current health insurance include Veterans Affairs (59.2%, up from 52.7% in 2013) and other governmental health plans, such as TRICARE, CHAMPUS, and ChampVA.

SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS. Most alumni (98.0%) sustained serious injuries and health problems during their post-September 11 military service. Among those with injuries, more than three-fourths (78.9%) experienced between three and eight injuries or health problems. The percentage of wounded warriors receiving VA disability benefits is 72.0 percent (up from 62.8% in 2013). The percentage of alumni with a VA claim pending or on appeal is 10.3 percent (down from 15.2% in 2013). The percentage with a VA disability rating of 80 percent or higher rose to 42.6 percent in 2014, from 36.2 percent in 2013.

The most commonly experienced injuries and health problems reported in 2014 reflect the additional response options made to that select-all question in the 2013 and 2014 surveys. The four most commonly experienced injuries and health problems reported in 2014 were sleep problems – 75.8 percent (a new response option in 2014); post-traumatic stress disorder – 75.2 percent; back, neck, or shoulder problems – 72.3 percent (up from 57.4% in 2013); and depression – 67.1 percent. The estimated percentage of alumni who experienced anxiety, the second most commonly reported injury or health problem in 2013, declined from 73.9 percent in 2013 to 64.2 percent in 2014.

Among the group of deployed alumni who reported experiencing injuries or health problems in Iraq or Afghanistan, or both (82.0%), 26.2 percent sustained injuries or health problems only in Afghanistan (up from 15.1% in 2012), and 16.7 percent did so in both Iraq and Afghanistan (up from 9.7% in 2012). The Iraq-only group remained fairly stable at 57 percent, compared with about 60 percent in 2013 and 2012. These percentages reflect the shift in military operations to Afghanistan in recent years.

About 60 percent of alumni (59.8%) were hospitalized as a result of their injuries and problems (down from 68.4% in 2012), and 39.1 percent were assigned to a Warrior Transition Unit (WTU) or a Wounded Warrior Battalion (WWB) for treatment and rehabilitation (compared with about 44% in 2013). Length of stay in the WTU/WWB ranged from less than 6 months (18.2%) to more than 2 years (19.9%). The most common length was 13 to 24 months (30.3%). About 3 of 10 alumni (29.4%, compared with 26.0% in 2013) need the aid and attendance of another person because of

their post 9/11 injuries and health problems. Among them, more than one-fourth (28.0%) need more than 40 hours of aid per week.

PHYSICAL AND MENTAL WELL-BEING

HEALTH. In both 2014 and 2013, just under half of alumni (48.1%) assessed their health as *excellent, very good, or good.*

- Excellent – 2.5 percent
- Very good – 10.3 percent
- Good – 35.3 percent
- Fair – 39.2 percent
- Poor – 12.7 percent

EFFECTS OF PHYSICAL HEALTH AND MENTAL HEALTH/EMOTIONAL PROBLEMS ON ACTIVITIES. Alumni continue to have many health-related restrictions on their activities. Percentages for 2013 and 2014 are similar.

- Vigorous activities – For 53.7 percent of alumni, their health *limits them a lot* regarding vigorous activities (54.2% in 2013). Another 31.0 percent are *limited a little.*
- Moderate activities – Forty percent or more are *limited a little* for three types of activities: (1) moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf (44.7% vs. 43.7% in 2013); (2) bending, kneeling, or stooping (45.0% vs. 43.6% in 2013); and (3) lifting or carrying groceries (40.9% vs. 41.1% in 2013). One-fifth are *limited a lot* for moderate activities (20.1% vs. 21.5% in 2013).
- Bathing and dressing – Many alumni (71.7%) are not limited at all in bathing and dressing themselves, but 4.8 percent are *limited a lot* (4.7% in 2013) and 23.5 percent are *limited a little* with those activities.
- Physical health:
 - During the past 4 weeks:
 - The physical health of 50.8 percent of alumni interfered *extremely, quite a bit, or moderately* with normal social activities with family and friends and other support (compared with 49.7% in 2013).
 - The physical health of 50.1 percent of alumni caused them to cut down the amount of time they spent with their work or other regular activities, and physical health problems also caused difficulty for 60.5 percent of alumni in performing work or other activities.
 - During the past 4 weeks, bodily pain interfered with the *normal work* (work outside the home and housework) *moderately, quite a bit, or extremely* of 62.3 percent of alumni (60.8% in 2013).
- Emotional problems:
 - For 60.6 percent of alumni (vs. 59.0% in 2013), emotional problems interfered *extremely, quite a bit, or moderately* with normal social activities with family and friends during the past 4 weeks.

- During the past 4 weeks, as a result of their emotional problems:
 - More than half of alumni (57.5%) cut down the amount of time they spent on work or other regular activities (vs. 55.7% in 2013).
 - About two-thirds of alumni (66.0%) accomplished less than they would like (vs. 64.9% in 2013).
 - More than half of alumni (56.2%) didn't do their work or other activities as carefully as usual (vs. 55.0% in 2013).

HOW THEY HAVE BEEN FEELING. Many wounded warriors' military experiences are still adversely affecting them. They reported on problems they experienced during the 2 weeks prior to the survey. The results are similar to the 2013 findings. The top two issues that affect them *nearly every day* include:

- Sleep issues – 42.4 percent either had trouble falling or staying asleep or slept too much.
- Tiredness – 35.4 percent felt tired or had little energy.

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

- 50.4 percent have had either a poor appetite or overate.
- 49.4 percent had trouble concentrating on things such as reading the newspaper or watching television.
- 44.5 percent had little interest or pleasure in doing things.

In addition, nearly two-thirds of alumni (65.2%) had a military experience that was so frightening, horrible, or upsetting that they had not been able to escape from memories or the effects of it. For example, 73.7 percent thought about the experience when they did not want to.

HEALTH-RELATED MATTERS. Alumni were asked about their use of alcoholic beverages, smoking, importance of a healthy diet, physical activity/exercise, and sleep problems. Again, the results are quite similar to those in 2013 (differ by about 1 percentage point or less):

Alcoholic Beverages

- About one-fifth of alumni (19.8%) said they used more alcohol than they meant to in the past 4 weeks.
- Almost three-fourths of alumni (73.5%) either do not drink alcoholic beverages at all or did so no more than four times a month during the past 12 months.
- More than a fourth of alumni (28.7%) who reported drinking alcohol in the past 12 months have six or more drinks on one occasion at least once a month: *weekly* (11.3%), *daily/almost daily* (3.2%), or *monthly* (14.2%).

Tobacco Use

- In the past 12 months, 3 in 10 alumni smoked cigarettes (30.6%), one-fifth use smokeless tobacco products (20.2%), about 14.5 percent smoke cigars, and 3.2 percent smoke pipes.

Healthy Diet

- For 8 of 10 alumni (79.9%), it is *moderately important* or *very important* to maintain a healthy diet and good nutrition.
- The average height and weight of alumni who reported that information is 5'10" and 204 pounds (same as in 2013). The average body mass index (BMI) score is 29.6, at the high end of being overweight. About 4 of 10 alumni are obese (42.6%; BMI score of 30.0 or higher), and another 39.7 percent are overweight (BMI score of 25 to 29.9). In 2013, 40.8 percent of alumni were obese and 42.0 percent were overweight.

Physical Activity/Exercise

- Frequency of moderate exercise – 43.5 percent do moderate-intensity physical activity or exercise 3 or more days a week; 36.4 percent of alumni do so less than once a week (nearly identical to the 2013 results).

Sleep

As noted earlier, sleep is a problem for many alumni. During the 4 weeks prior to the survey:

- Only about one-fifth of alumni (18.3%) got enough sleep to feel rested upon waking in the morning a good bit of the time, most of the time, or all of the time (19.8% in 2013).
- A similar low percentage (19.7%) got the amount of sleep they needed at least a good bit of the time (20.6% in 2013).

MENTAL HEALTH CARE SERVICES: ACCESS/RESOURCES. Many wounded warriors have ongoing needs for mental health care services, but sometimes have difficulty getting services. Among alumni, 54.7 percent had visited a professional to get help with issues such as stress, emotional, alcohol, drug, or family problems. More than one-third of alumni (35.2%), however, had difficulty getting mental health care, or put off getting such care, or did not get the care they needed (compared with 34.2% in 2013). In 2014, the list of reasons for difficulties in accessing mental health care was expanded, and the results reflect that change. For alumni experiencing difficulties in accessing such care, the most common reasons were:

- Difficulty in scheduling appointments – 42.5 percent (a new response option in 2014)
- Inconsistent treatment or lapses in treatment (e.g., canceled appointments; switches in providers) – 39.4 percent (40.7% in 2013).
- Feelings that treatment might bring up painful or traumatic memories that alumni wanted to avoid – 39.0 percent (a new response option in 2014)
- Did not feel comfortable with existing resources within the DoD or VA – 35.3 percent (32.5% in 2013)

Some alumni selected reasons related to perceived adverse effects of seeking mental health care treatment, and the percentages were very similar to those in 2013:

- Concerned that your future career plans would be jeopardized – 27.5 percent
- Would be considered weak – 24.8 percent
- Would be stigmatized by your peers or family – 22.9 percent

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

- VA Medical Center – 62.5 percent (up from 54.1 percent in 2013)
- Talking with another OEF/OIF veteran – 59.2 percent (56.7% in 2013)
- Prescription medication – 50.6 percent (48.2% in 2013)

These three resources were also most commonly identified by alumni as the *most effective* resources in helping them (17.7% for both VA Medical Center and talking with another OEF/OIF veteran and 8.8 percent for prescription medicine).

New! PHYSICAL HEALTH CARE SERVICES: ACCESS. Nearly 4 of 10 alumni (39.4%) had difficulty in the past 12 months getting health care for physical injuries or problems, or they put off getting care, or did not get the physical health care they thought they needed. The two most common reasons for difficulties were the same logistical issues that created difficulties in getting mental health care: 48.7 percent had difficulty scheduling appointments, and 35.3 percent experienced lapsed and inconsistent treatment because of canceled appointments and switches in providers.

SOCIAL SUPPORT. For the 10-item Social Provisions Scale, more than half of alumni answered positively about their current relationships with friends, family members, co-workers, community members, and others. And for 8 of the 10 statements, the percentages answering positively in 2014 were the same or similar to those in 2013. The percentages ranged from 68.3 percent to 86.2 percent. The three statements with the highest percentages answering positively:

- There are people I can depend on to help me if I really need it – 86.2 percent *agreed or strongly agreed*.
- There is a trustworthy person I could turn to for advice if I were having problems – 80.5 percent *agreed or strongly agreed*.
- If something went wrong, no one would come to my assistance – 79.3 percent *disagreed or strongly disagreed*.

CURRENT ATTITUDES. Two survey questions addressed current attitudes about resilience in the face of changes or hardships. As in 2013 and 2012, just over half of alumni answered positively:

- 53.6 percent said it is *often true* or *true nearly all the time* that they are able to adapt when changes occur.
- 51.5 percent said that it is *often true* or *true nearly all the time* that they tend to bounce back after illness, injury, or other hardships.

A third question asked alumni to assess the extent to which 13 statements are true in describing their feelings now. For 11 of the 13 statements, at least half of alumni answered positively (percentages range from 50.0% to 70.6%). The percentage with a positive response to the statement “My life has very clear goals and purposes” is 53.1. The three statements with the lowest percentages of positive answers were:

- “I have feelings inside that I would rather not feel” (42.6%)

- “Doing the things I do every day is a source of pleasure and satisfaction” (44.7%)
- “I have very mixed feelings and ideas” (50.0%)

ECONOMIC EMPOWERMENT

EDUCATIONAL ATTAINMENT. Levels of educational attainment are similar to those in 2013 and 2012: 24.5 percent have a bachelor’s degree or higher (23.3% in 2013); 17.8 percent have completed a business, technical, or vocational school (with certificate/diploma) or obtained an associate degree (17.1% in 2013), and 39.6 percent have some college credit but no degree (40.8% in 2013).

PURSUIT OF MORE EDUCATION. A third of alumni (33.5%) are now enrolled in school—among those enrolled in school, nearly two-thirds are pursuing a bachelor’s degree or higher (65.6%, up from 59.7% in 2013); another 24.2 percent are pursuing an associate degree (22% in 2013); and 7.3 percent are enrolled in business, technical, or vocational school training leading to a certificate or diploma (6.4% in 2013).

The two primary benefits they are using to finance their educational pursuits are the same as in 2013 and 2012: Post 9/11 GI Bill and the VA’s Vocational Rehabilitation and Employment Program (VR&E). The percentage of alumni who are using the Post 9/11 GI Bill to pursue more education continues to increase a little each year. It is now 56.2 percent, up from 54.3 percent in 2013 and 53.0 percent in 2012.

Of the wounded warriors using the VR&E benefit, more than 8 of 10 are using Employment Through Long Term Services – Training/Education (83.0%, up from 80.7% in 2013, and 59.1% in 2012). Among alumni currently enrolled in school, 6.8 percent are using the Montgomery GI Bill to finance their education.

LABOR FORCE/EMPLOYMENT STATUS. Among alumni, 67.3 percent are in the labor force. About half (50.5%) of alumni are employed full time, and 7.4 percent are employed part time. Among employed alumni, 5.7 percent are self-employed. The estimated unemployment rate for all alumni is 13.9 percent. For non-active-duty alumni, the unemployment rate is 19.7 percent. The primary reasons alumni are not in the labor force include medical/health problems (59.3%), enrollment in school or in a training program (22.5%), or retirement (10.5%). In addition, 4.4 percent of alumni who are not in the labor force would like to work but have become discouraged about finding work and given up looking, and 3.4 percent had family responsibilities.

WAGES/HOURS AND WEEKS WORKED. Median wages, mean number of weeks worked in the past 12 months, and mean weekly hours show only minor or no changes from 2013 and 2012. Among those who are employed, the median income is \$800/week for full-time employees and \$200/week for part-time employees. Mean number of weeks worked is 43 for full-time employees and 29 weeks for part-time employees. Average weekly hours worked is 42 for full-time employees and 25 hours for part-time employees. Alumni reported working in many different industries, but the highest proportions continue to work for the military (35.1%), the federal government (17.5%), and state and local government (8.2%).

JOB SATISFACTION. Full-time employees are more satisfied with their employment than are part-time employees. In 2014, half of the full-time employed alumni (50.3%) said they are *satisfied, very satisfied, or totally satisfied* with their jobs, compared with about one-third of part-time employed alumni (33.1%).

BARRIERS TO EMPLOYMENT. Many factors make it difficult for alumni to obtain employment or change jobs. Except for a new response option, the findings changed little from 2013 – same order of most common factors and quite similar percentages. For 2014, the top 7 of 17 specific factors listed in the survey were:

- Mental health issues – 31.2 percent
- Difficult for me to be around others – 29.9 percent (new response option in 2014)
- Not qualified – lack education – 22.0 percent
- Not physically capable – 20.2 percent
- Pursuing an education – 19.2 percent
- Not enough pay – 18.5 percent
- I lack confidence in myself and my abilities – 15.3 percent

PARTICIPATION IN TRANSITION ASSISTANCE PROGRAM (TAP). Forty-six percent of alumni in 2014 participated in TAP (up from 39.4% in 2013). Forty percent of TAP participants in 2014 (39.5%) said the Veterans Benefit Overview was the most beneficial component of TAP. Only 5.5 percent cited the Department of Labor Employment Workshop as the most beneficial component of TAP in assisting them with their transition to work or school.

INCOME. Alumni reported on income they received from work (a category including wages, salary, bonuses, overtime, tips, commissions, profit, second jobs), service in the military Reserve, and rent from roomers or boarders. Just over half the alumni working full time (51.3%) received less than \$45,000 in work-related income during the past 12 months (compared with 48.5% in 2013). More than half of alumni (55.5%) working part time reported work-related income of less than \$15,000 during the past 12 months (this percentage increased from 49.9% in 2013).

Alumni also reported on income received in the past 12 months from various benefit, cash assistance, and disability programs. About 3 of 10 alumni (32.5%, up from 29.7% in 2013 and 21.5% in 2012) received \$20,000 or more in income from those sources, and 24.5 percent received no income from those sources.

Nearly 59 percent of alumni are sharing household expenses with a spouse or partner. For 14.3 percent of them, their spouse/partner had no income, for 35.5 percent, their spouse/partner had income ranging from one dollar to less than \$25,000, and about one-fourth (25.7%) said their spouse/partner income was at least \$25,000 but less than \$50,000.

CURRENT LIVING ARRANGEMENT. Among home owners, 43.0 percent currently own their own homes with an outstanding mortgage (similar to the 43.6% in 2013, but down from 48.0% in 2012), and 3.4 percent own their homes with no mortgage balance. One-third of alumni (33.5%) rent their homes.

New! HOMELESSNESS. Almost 6 percent of alumni (5.8%) were homeless or living in a homeless shelter during the past 24 months. More than two-thirds of them (68.9%) were homeless for 1 to 24 months, and the remaining 31.1 percent were homeless for less than 30 days. The mean number of days alumni were homeless was 139 (about 4½ months). Among those who were homeless, 15.2 percent received government housing assistance.

TOTAL DEBT. Alumni were asked about monthly mortgage payments and monthly payments toward total debt that the wounded warrior and spouse/partner pay. Nearly 70 percent of alumni with mortgage debt (69.5%) pay less than \$1,500 a month. Among alumni with other forms of debt, one-third (33.1%) pay less than \$1,000 per month on total household debt they owe, and another 39.8 percent make monthly debt payments ranging from \$1,000 to less than \$2,500. As in previous years of the survey, car loans and credit card debt are the most common forms of debt in 2014, followed by home loans/mortgage debt, student loan debt, and other household debt.

RATIO OF MONTHLY HOUSEHOLD DEBT PAYMENTS TO MONTHLY HOUSEHOLD INCOME. Among all alumni, the percentage who own their homes with outstanding mortgages and who answered the three income questions in the survey is 35.3 percent. Among this group, 63.8 percent have a debt-to-income ratio > 41 percent, the general VA mortgage qualification ratio. Among alumni who currently do not own their homes (with or without a mortgage) and who answered the income questions (40.6% of alumni), 90.3 percent have a “non-housing” debt-to-income ratio of 8 percent, a common ratio used by commercial mortgage lenders for non-housing-related debt when “housing-related costs” will be about 28 percent of income.

EMERGENCY FUNDS. Slightly more than 3 in 10 alumni (31.2%) have an emergency fund. Within this group, 59.7 percent said their fund would cover 3 or more months of household expenses. This group with 3 or more months of “rainy day” savings makes up 18.5 percent of the total alumni survey population (about the same as in 2013:18.2%).

OVERALL ASSESSMENT OF FINANCIAL STATUS. Alumni were asked whether they would say their financial status (and that of family living with them) is *better now*, *the same*, or *worse* than a year ago. Results are similar to 2013 results, but somewhat more positive in 2014:

- Worse – 34.9 percent (down from 39.0% in 2013)
- Same – 38.2 percent (37.0% in 2013)
- Better now – 22.9 percent (19.9% in 2013)
- Don’t know – 4.0 percent

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WOUNDED WARRIOR PROJECT

Wounded Warrior Project (WWP) plays an important role in improving the lives of severely injured service members through efforts to increase public awareness about this population's needs, to bring about legislative and policy changes to address those needs, and to augment the services available to them through the Department of Defense (DoD), the Department of Veterans Affairs (VA), Veterans Services Organizations, and other agencies and organizations. WWP offers many services, including benefits, peer and emotional support, as well as support for caregivers. In addition, WWP offers career guidance through Warriors to Work, as well as IT training through the Transition Training Academy (TTA). WWP offers multiple programs to support Wounded Warriors in a comprehensive and holistic programming model. WWP's work in the legislative arena led to the creation of the Traumatic Injury Protection program (TSGLI), which provides much-needed financial support for severely injured service members, and the creation and passage of the Caregiver Legislation (Caregiver and Veterans Omnibus Health Services Act of 2010). The ultimate goal of the WWP is to foster the most well-adjusted generation of American warriors by supporting their mental health, promoting their physical health, and encouraging their economic empowerment.

WOUNDED WARRIOR PROJECT SURVEY

SURVEY OBJECTIVE

WWP maintains a database of wounded warriors registered as WWP alumni. Eligible alumni include service members and veterans who incurred a physical or mental injury, illness, or wound, which was not due to their own misconduct, co-incident to their military service on or after September 11, 2001. WWP designed its survey to assess current alumni demographics, mental and physical well-being, and economic empowerment across a number of outcome domains. WWP has conducted this survey annually over the past 5 years to establish baseline data on its alumni membership and then to identify trends among WWP alumni and compare their outcomes with those of other military populations (the survey was first administered in 2010). The survey is NOT intended to measure the impact of individual WWP programs.

SURVEY CONTENT AND DEVELOPMENT

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

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

DEVELOPMENT PROCESS. For the 2010 survey, WWP worked with RAND to develop the outcome domains and survey items. Westat appraised the draft survey to identify potential problems for alumni in understanding and answering the questions, and WWP subsequently approved various revisions to the questionnaire. WWP then recruited four of its alumni and one

alumni caregiver to participate in cognitive interviews to pretest selected items from the revised draft survey. Experienced cognitive interviewers at Westat conducted the pretest (three in-person interviews at WWP’s Washington, DC, office and two telephone interviews in December 2009). WWP and a RAND representative discussed the interview findings and recommendations during a conference call with Westat, and WWP decided on final changes to the survey.

Over the years, the survey has been revised to collect information on new topics, more details about a topic already covered in the survey, or to update questions related to WWP programs. For the 2011 survey, additional questions were asked about active duty status and deployment to a combat area, some of the employment-status questions were revised to align them more closely with employment-status questions in the Current Population Survey, and some response options were added to a few questions. For the 2012 survey, a new response option was added to the list of WWP programs (“WWP Restore”), two WWP program names were revised (changed “Caregivers” to “Family Support” and “WW Disabled Sports Project” to WWP Adaptive Sporting Events”), and the response options for two questions were programmed to allow alumni to mark all that apply rather than mark one only. Also, two “fill-in” responses were modified to have closed response sets. Finally, the question asking about the year an injury or health problem was experienced was revised to ask about the years in which injuries or health problems were sustained, to measure sustained total injuries and health problems more accurately.

The 2013 survey included several substantive changes, including new and revised questions about income, debt, and emergency savings.¹ These changes were made to provide additional measures to track alumni’s status and progress in achieving economic empowerment. In addition, to gain a better understanding of the differing effects of physical and emotional problems/mental health on alumni activities, WWP revised several questions that asked about the extent to which “physical health or emotional problems (or mental health)” affected alumni activities into two separate questions. Also, new categories of injuries and health problems were added to the question about alumni experience with such problems during their military service after September 11, 2001. Any alumni who marked that they experienced “Other severe physical injuries” or “Other severe mental injuries or problems” during that period of service were asked to specify what those injuries and problems were. A few other questions were added or removed.

Two new topics were added to the 2014 survey—alumni experiences with homelessness and reasons for difficulties in accessing health care for physical injuries or problems. In addition, new response categories were added to the question about reasons for difficulties in accessing mental health care and to the question about severe injuries and health problems experienced

¹ The income and debt questions in this survey were not pretested with any alumni to determine if they were easy to understand and answer accurately. Also, questions on income and other financial matters are considered sensitive by many survey respondents. Estimates related to these items may be subject to more response error than estimates on other topics.

by alumni during their post 9/11 military service. The 10 new severe injury/health problem response options were selected from those specified most often by alumni in the new 2013 survey questions about “other” severe mental health and “other” severe physical health problems and injuries they had experienced. Also, the list of WWP programs in the first question in the survey was updated.

WEB INSTRUMENT. Westat used WebSurveyor (Enterprise Feedback Management), also known as Vovici, to program the web survey. Project team members tested the web instrument across two platforms (Windows and Mac OSX); iOS, Android, and Window mobile devices; multiple browsers (Internet Explorer, Firefox, Safari, Opera, and Chrome—all five on Windows and the first three on Mac OSX); and popular screen resolution settings.

2014 SURVEY ADMINISTRATION

Westat administered the survey to 43,096 alumni in WWP’s member database (up from 26,892 alumni in 2013, 13,385 alumni in 2012, 5,870 alumni in 2011, and 3,464 alumni in 2010). Data collection continued for 7 weeks, from March 11 to April 27, 2014. Most communications with the wounded warriors were via email and included a prenotice message, a survey invitation, and seven email thank you/reminder messages that were sent to survey nonrespondents. A postal mail reminder letter was also sent during the 4th week of data collection. As an incentive to promote higher survey response, those who answered and submitted a 2014 survey could choose to receive a WWP Tervis® Tumbler. (Nonmonetary incentives were also offered in 2011, 2012, and 2013; no incentive was offered in 2010.)

Westat’s WWP Survey Help Center provided technical assistance to sample members throughout data collection. The final response rate was 49.0 percent (21,120 completed surveys among 43,071 eligible warriors in the survey population), up from 32.4 percent in 2010, 39.4 percent in 2011, and 42.5 percent in 2012, but slightly down from the 2013 rate of 51.9 percent. Appendix A includes more details on survey methods and administration.

CAREGIVER ASSISTANCE WITH SURVEY. Eighty caregivers (0.6%, unweighted) reported that they completed the survey for their wounded warriors, and 1,247 caregivers (9.6%, unweighted) helped responding alumni to complete the 2013 survey.

2014 REPORTED DATA

WWP SURVEY. The estimates provided in the findings section of this 2014 report are weighted data. The survey results were adjusted to reduce bias in survey estimates that might occur when not everyone who was invited to complete the survey did so. Such bias is likely to occur if there is a relationship between response propensity and the values of the survey data. For example, if employment status in nonrespondents was systematically different from the employment status of those who completed the survey, this could have introduced bias.

When calculating weights, statisticians need to have information about both respondents and nonrespondents to determine if the characteristics of respondents are different from those of nonrespondents. This year, as in 2013, there was sufficient information in the WWP alumni

database on military status (active duty versus not active duty), age, and geographic region to use those variables to adjust the collected survey data for survey nonresponse. Thus, the generalizability of the survey estimates in this report to the overall 2014 survey population of WWP alumni is likely better than it was for the estimates from the 2012, 2011, and 2010 surveys. More details on the weighting process used for the 2014 survey are included in Appendix A: Survey Methods.

The analytic data set includes completed cases for 21,120 alumni. For a survey to be considered “complete” and included in the analytic data set, the respondent had to answer at least 18 of the 21 core demographic questions as well as 22 of the 46 core nondemographic items. Core questions were those that all alumni had a chance to answer (i.e., they were not prevented from answering them because of programmed skips). Whenever percentages were calculated, missing responses were removed from the denominators. Denominators thus vary across questions because warriors could choose to skip any questions they did not want to answer. Missing responses also include items that were skipped according to questionnaire programming. Also, there are a few slight differences between estimated percentages for combined response options between the text and figures (when only single response percentages appear in the figures) because the text estimates are less subject to rounding errors.

The estimated data we report represent the findings for WWP alumni surveyed in 2012, 2013, and 2014. Most, but not all, figures and tables include data for all 3 years (some of the charts showing demographic characteristics include only 2014 findings for alumni, and some questions were added or substantively revised in the 2014 or 2013 surveys and there are no comparable data from earlier years). Please note that the sample sizes have increased each year since 2010. The 2014 survey population was much larger than in 2013 and 2012 (43,096 in 2014 vs. 26,892 in 2013 and 13,385 in 2012). Because the survey populations were not identical across those years, differences in results from one year to the next do not reflect how a specific group of respondents changed between 2012 and 2014. In the text, we highlight changes of about 5 percentage points or more between the 2014 and 2013 survey results as well as some patterns of change since 2012 and other notable changes in trends. The data do reflect the physical and mental well-being, as well as the economic well-being and demographic characteristics, of WWP alumni in each year. As noted, WWP uses the yearly data when developing and improving its annual strategic plan for WWP programs and services for alumni and their family members.

U.S. BUREAU OF LABOR STATISTICS COMPARISON DATA. The U. S. Bureau of Labor Statistics (BLS) collects data on veterans as part of the Current Population Survey (CPS)—a monthly survey of about 60,000 households—as well as through a monthly supplement on special topics, such as veterans with disabilities. The supplement is administered annually (in August). Veterans are identified by their service period in the BLS data and reports. In various sections of this report, we include 2013 BLS data on Gulf War-era II veterans—defined as those who have served in the military since September 2001—as well as some BLS comparison data for Gulf War-era I veterans (served August 1990–August 2001), all veterans, and nonveterans. Veterans who served in more than one service period are classified in the most recent one. Note

that the WWP survey population includes not just veterans, but also active duty service members who have been injured during military service since September 1, 2011. This difference in survey populations should be kept in mind when comparing results with the BLS data.

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

COMPARISON DATA FOR PHYSICAL AND MENTAL HEALTH SCALE SCORES. The primary sources of comparison data on physical and mental health status cited in this report are publications related to RAND’s Invisible Wounds of War study (2008; the study population included returned service members from Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]), the Department of Defense Millennium Cohort (MC) study (the initial 2001 Cohort population cited in a few places in this report included U.S. service members, many of whom had never been deployed), and the Post-Deployment Health Assessment/ Reassessment (PDHA/PHDRA) study (study population results are reported for Army soldiers who had served in the Iraq War or been deployed to other locations). Other sources of comparison data are cited as well.

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

ORGANIZATION OF REPORT FINDINGS

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

Overall Alumni Background Information

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

Physical and Mental Well-Being

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

Economic Empowerment

- Education
- Employment Status

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

Major Themes in Survey Comments

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

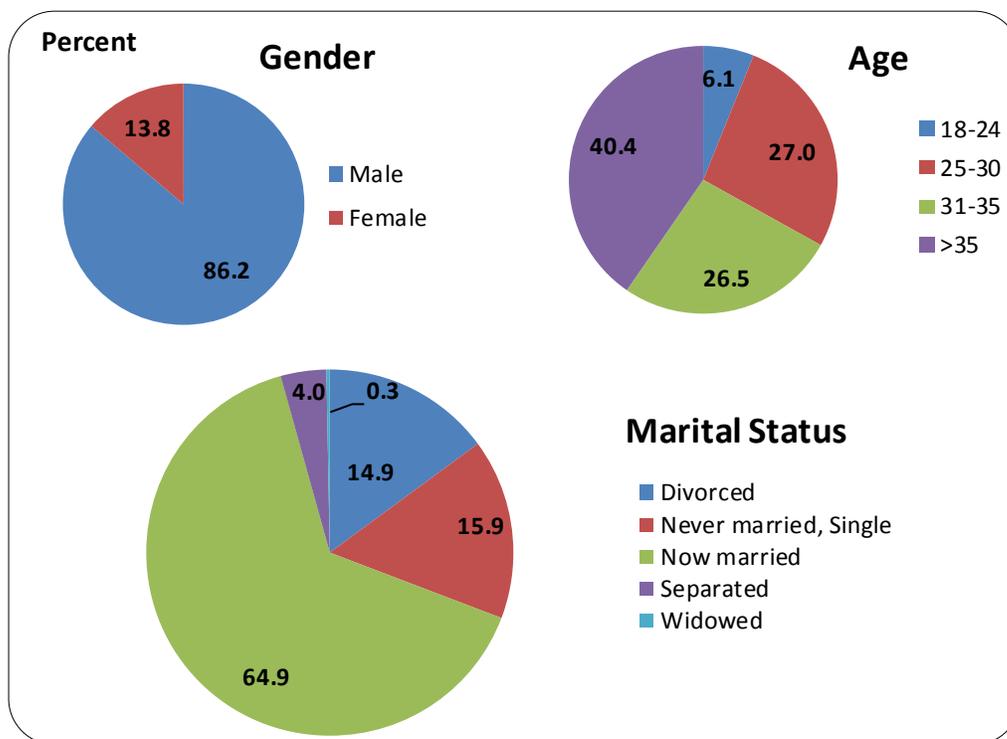
- Appendix A: Survey Methods and Administration Details
- Appendix B: Figures With Additional 2014 Data

ALUMNI BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE

GENDER, AGE, MARITAL STATUS. The 2014 demographic profile for alumni is similar to the 2013 and 2012 profiles. Most alumni are male (86.2%), 64.9 percent are currently married, and 15.9 percent are single and have never married (Figure 1). Among the 18.9 percent who are divorced or currently separated, most (85.3%) became legally separated or divorced from their spouses after deployment. Their mean age is 35½ years old, with 33.1 percent younger than 31. The percentage of alumni younger than 35 is 55.2 percent (compared with 54.8% in 2013 and 49.5% in 2012).

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



Note: 2014 data are weighted.

BLS, Current Population Survey, Annual Averages 2013

Gulf War era II veterans: Served since September 2001

- 79.6 percent are male
- 59.3 percent are younger than 35 years old

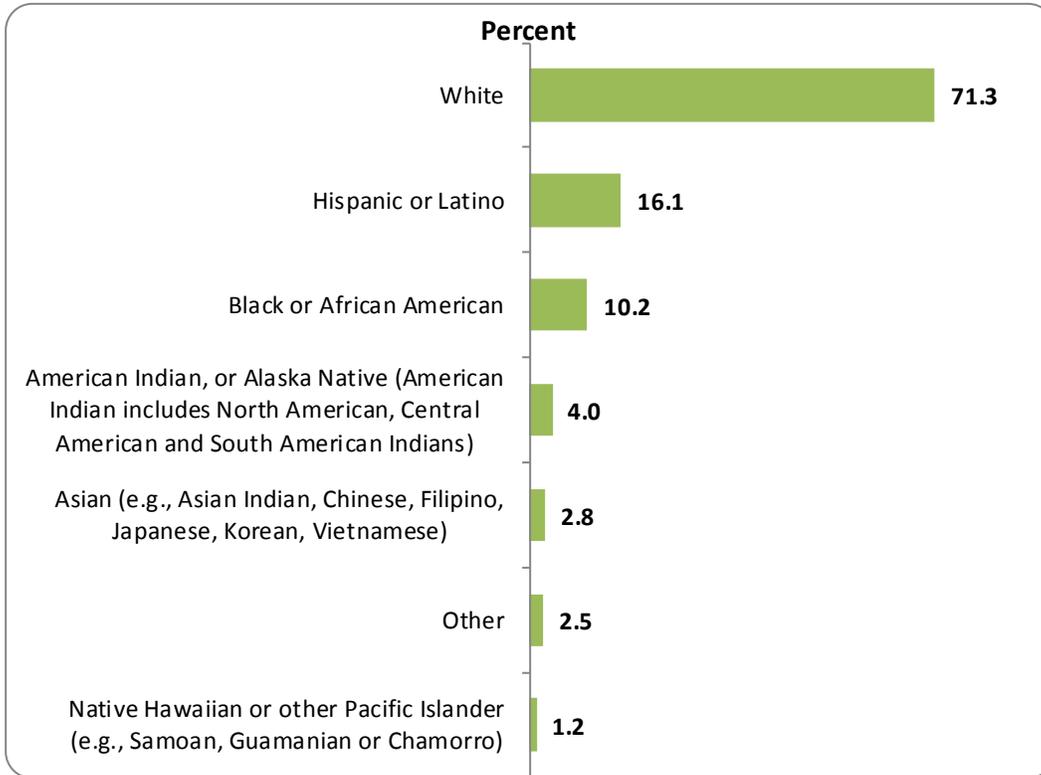
Gulf War era I veterans: Last served August 1990 to August 2001

- 81.2 percent are male
- 8.7 percent are younger than 35 years old

Source: August 2013 Veterans Supplement (BLS, March 2014, USDL-14-0434); Tables 1 and 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>

RACE/ETHNICITY. Most alumni are White (71.3%; Figure 2). Nearly 7 percent of alumni (6.9%) marked more than one race/ethnicity category.

Figure 2. Alumni Breakout by Race/Hispanic Ethnicity



Note: 2014 data are weighted. Percentages do not sum to 100% because alumni could mark more than one race/ethnicity category.

BLS, Current Population Survey, Annual Averages 2013

Gulf War-era II veterans: Served since September 2001

- 76.7 percent—White
- 15.3 percent—Black
- 13.0 percent—Hispanic

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

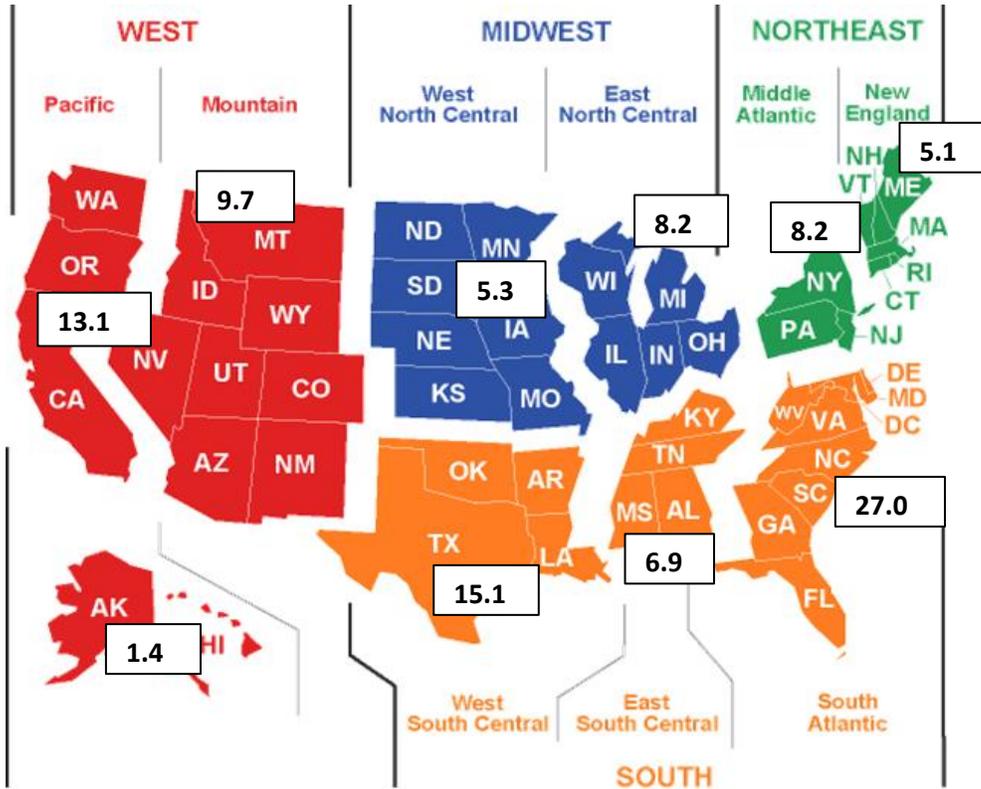
- 75.5 percent—White
- 18.3 percent—Black
- 8.9 percent—Hispanic

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

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

GEOGRAPHIC RESIDENCE. As in 2013, nearly half of alumni (49.0%) live in the South, 24.3 percent live in the West, 13.3 percent in the Northeast, and 13.5 percent in the Midwest. The 10 Census regions shown in Figure 3 map to the regions in the WWP strategic plan except for one state—Montana.

Figure 3. Regional Distribution (%) of 2014 WWP Alumni



The 10 states with the highest numbers of WWP alumni remained the same in 2014, but Virginia and Georgia moved ahead of Washington, and Colorado moved ahead of Pennsylvania. (Table 1). A total of 55.1 percent of alumni currently reside in these 10 states.

Table 1. Top 10 States With WWP Alumni

State	2014 Count	2013 Count
1. Texas	4,755	3,331
2. California	3,365	2,137
3. Florida	3,302	1,961
4. North Carolina	2,488	1,581
5. Virginia	1,865	1,119
6. Georgia	1,755	967
7. Washington	1,653	1,865
8. New York	1,587	933
9. Colorado	1,353	811
10. Pennsylvania	1,261	834

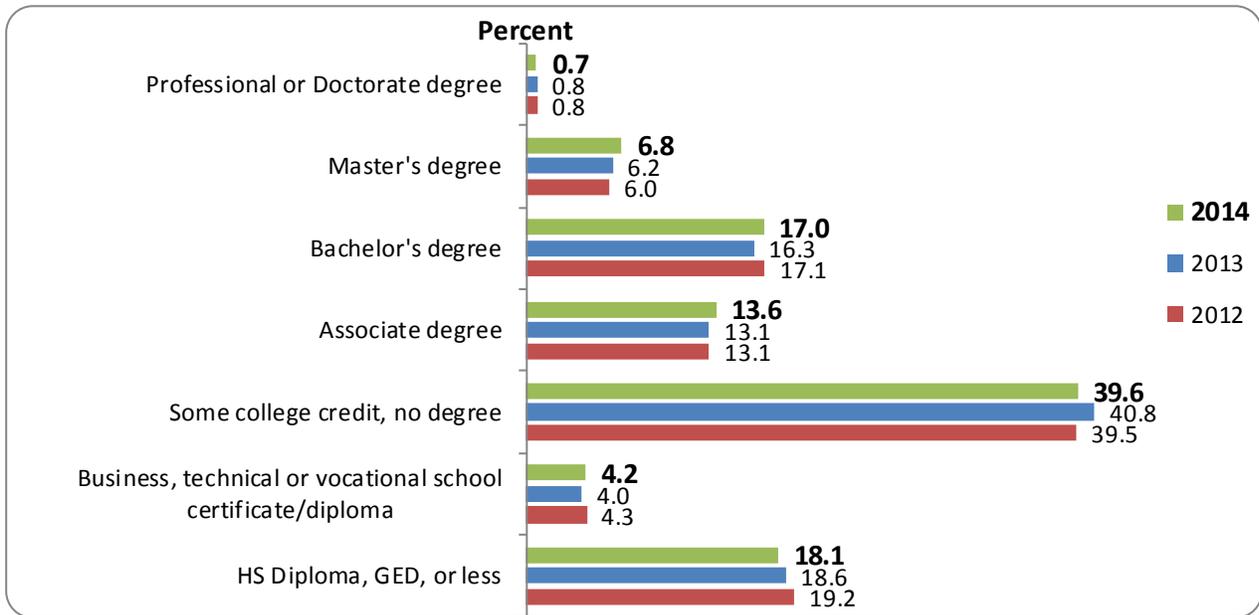
Note: 2013 and 2014 data are weighted.

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

- 24.5 percent have a bachelor’s degree or higher.
- 53.2 percent have an associate degree or some college.
- 22.3 percent have no college credit (but 4.2% of these have a business, technical, or vocational school certificate/diploma).

The 2014 results are similar to those in 2013 and 2012.

Figure 4. Highest Degree or Level of School Completed



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

BLS, Current Population Survey, Annual Averages 2013

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

- 31.4 percent—college degree or higher (nonveterans: 32.0%)
- 44.1 percent—an associate degree or some college (nonveterans: 25.8%)
- 24.5 percent—no college credit—had a high school diploma, GED, or less (nonveterans: 42.2%)

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

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

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

EMPLOYMENT STATUS/VOLUNTEER ACTIVITIES. Among all alumni, 57.9 percent are employed either full time or part time in paid work. Alumni who reported they were not currently employed but actively looked for work in the past 4 weeks and could have accepted a job in the previous week or could have done so except for a temporary illness are classified as unemployed. The groups of employed and unemployed alumni make up the alumni labor force. The alumni labor force participation rate in 2014 is 67.4 percent (number in alumni labor force/number in alumni population). The unemployment rate = the number of unemployed/the number in the alumni labor force. The estimated unemployment rate for 2014 alumni was 13.9 percent (see the Note below discussing this estimated rate).

Wounded warriors who are neither employed nor unemployed are asked to select the “best” among five reasons for not being in the labor force. The results in 2014 are similar to the 2013 results:

- 59.3 percent – Medical/health conditions (or treatment) prevent them from working
- 22.5 percent – In school or in a training program
- 10.5 percent – Retired
- 3.4 percent – Family responsibilities
- 4.4 percent – Would have liked to work but have become discouraged about finding work and did not look for work in the past 4 weeks

Warriors in this relatively small group of discouraged workers were asked to select from among four possible reasons the main reason they did not seek work in the past 4 weeks. About 56 percent answered the question. Their main reasons for not looking for work in the past 4 weeks follow:

- 38.2 percent - Do not have the necessary schooling, training, skills, or experience
- 28.5 percent - Have been unable to find work and quit looking
- 24.4 percent - Employers discriminate against them because of age or disability or some other reason
- 8.9 percent - No job available in their line of work or area

More than one-third of alumni (37.5%) currently participate in unpaid volunteer activities in their communities.

NOTE: In late 2013, we began reviewing prior years’ survey data on how active duty status may affect some of the survey estimates. During that review, we found that not all active duty alumni reported they were employed, and their subsequent answers to followup survey questions about actively seeking a job and being able to accept a job in the next week led to their classification as either “not in the labor force” or “unemployed.” In 2014, all active duty alumni were counted as employed in paid work. That 2014 change affected the estimated employment percentage, labor force participation rate, and unemployment rate.

The table on the next page includes information to put the 2014 change in estimation in context with the estimates for 2013, 2012, and 2011. The top of the table shows employment percentage and labor force participation and unemployment rates for 2014, 2013, 2012, and

2011 when all alumni are included and all active duty alumni are counted as employed. The bottom rows of the table show the same rates when applied to only non-active-duty alumni. As expected, for the subgroup of non-active-duty alumni, in each of the 4 years the percentage employed and the labor force participation rate are lower and the unemployment rate is higher than the corresponding rates that include active duty alumni. The unemployment rate for non-active-duty alumni reflect some improvement between 2013 (22.3%) and 2014 (19.7%).

2014 and 2013 Estimated Employment, Labor Force Participation, and Unemployment Rates for All Alumni and for Non-Active-Duty Alumni

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

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

The BLS data below and on the following page are for veterans only and are thus not comparable to the all-alumni rates reported in Table A. The large subgroup of non-active-duty alumni is a better comparison group to use with the BLS data.

BLS, Current Population Survey

Annual Averages 2013 (Civilian noninstitutional population, 18 years and over)

Gulf War era II veterans: Served since September 2001

- 80.6 percent—labor force participation rate
- 9.0 percent—unemployed
 - 21.4 percent—unemployment rate for those 18-24 years old
 - 9.5 percent—unemployment rate for those 25-34 years old

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

- 83.5 percent—labor force participation rate
- 5.6 percent—unemployed

Source: BLS, March 2014, USDL-14-0434, Tables A, 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>

August 2013 BLS Supplement

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

70.5 percent—labor force participation rate (vets without disabilities: 85.4%)

- 8.6 percent—unemployed (not statistically different from the rate for veterans without disabilities—11.1%)

Gulf War era I veterans with disabilities (about 19 percent reported having a Service-connected disability)

- 71.3 percent labor force participation rate (vets without disabilities: 86.8%)
- 4.1 percent—unemployed (not statistically different from the rate for nondisabled veterans—6.5%)

Source: BLS, March 2014, USDL-14-0434, T6: <http://www.bls.gov/news.release/pdf/vet.pdf>

**BLS, Current Population Survey – Veterans/Civilians – Disability Data
August Supplement, 2013**

Employment rate = percent of population who are employed

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

- Overall employment rate for veterans with a disability: 64.5 percent
 - Less than 30 percent disabled: 79.1 percent employed
 - 30 to 50 percent disabled: 65.5 percent employed
 - 60 percent disabled or higher: 47.6 percent employed
- Overall employment rate for veterans without a service-connected disability: 75.9 percent

Employment rate of Gulf War era I veterans, by service-connected disability status (about 19 percent of Gulf War era I veterans reported having a service-connected disability)

- Overall employment rate for those with a disability: 68.4 percent
 - Less than 30 percent disabled: 75.2 percent employed
 - 30 to 50 percent disabled: 69.2 percent employed
 - 60 percent disabled or higher: 52.9 percent employed
- Overall employment rate for those without a service-connected disability: 81.1 percent

Source: August 2013 Veterans Supplement (BLS, March 2014, USDL-14-0434, T6), Table 7 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

Civilian noninstitutional population, 16 years and over (April 2014)

Persons with a disability:

- Labor force participation rate = 20.7 percent
- Employment – population ratio = 16.1 percent
- Unemployment rate = 14.5 percent

Persons without a disability:

- Labor force participation rate = 68.7 percent
- Employment-population ratio = 64.2 percent
- Unemployment rate = 6.5 percent

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

MILITARY SERVICE EXPERIENCES

MILITARY DUTY STATUS. About one-fifth of alumni are currently on full-time active duty (19.7%, compared with 25.5% in 2013; Figure 7). Among those on active duty, 71.1 percent are active duty service members and 28.9 percent are activated National Guard or Reserve

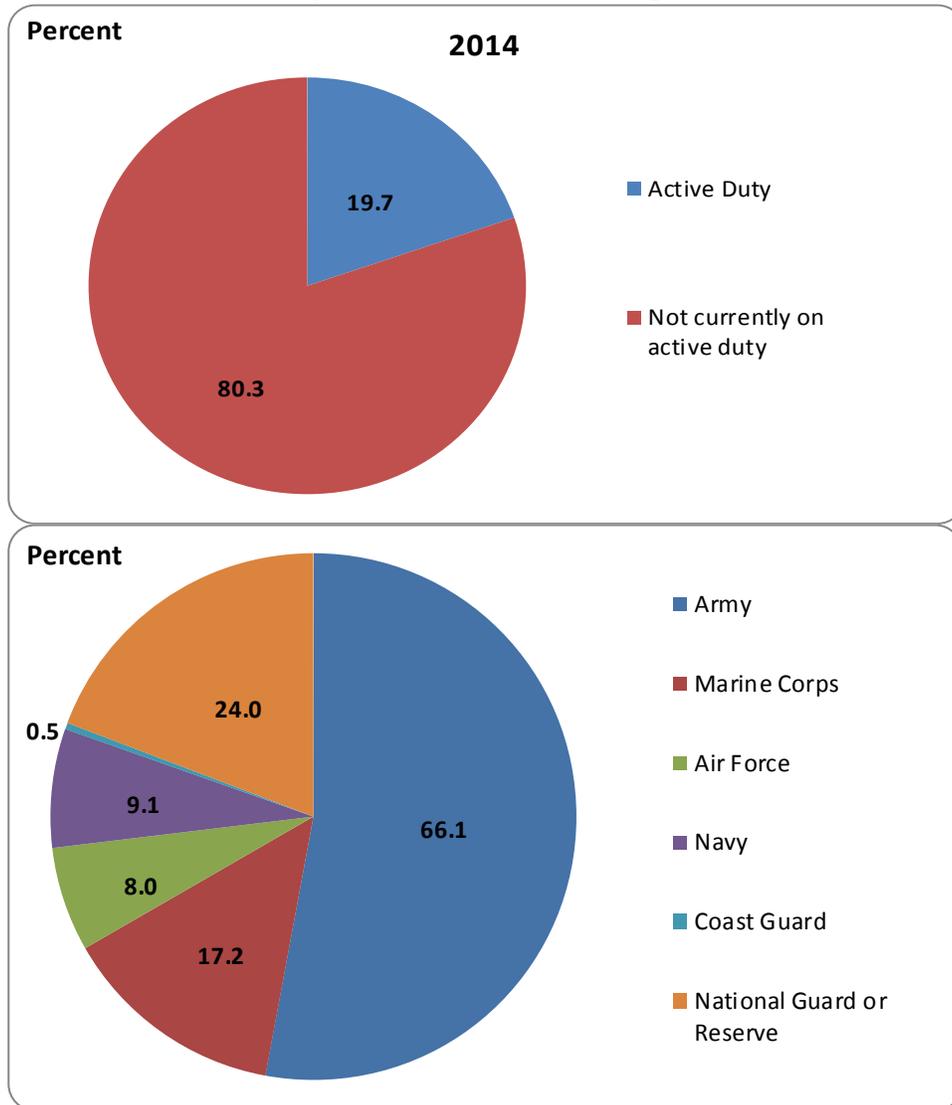
members. Among those not on active duty, 11.4 percent are members of the National Guard or Reserve.

Other alumni reported their status as follows:

- 45.8 percent are retired for medical reasons
- 44.8 percent are separated or discharged
- 9.4 percent are retired for nonmedical reasons

SERVICE BRANCH. Figure 5 also shows the distribution of alumni across Service branches and National Guard/Reserve. The distribution is similar to that in 2013 and 2012. Approximately two-thirds (66.1%) of alumni have served in the Army, and 17.2 percent are Marines. Almost one-fourth of alumni (24.0%) have served in the Reserve Component. Also, 22.3 percent of alumni have served in more than one branch or component.

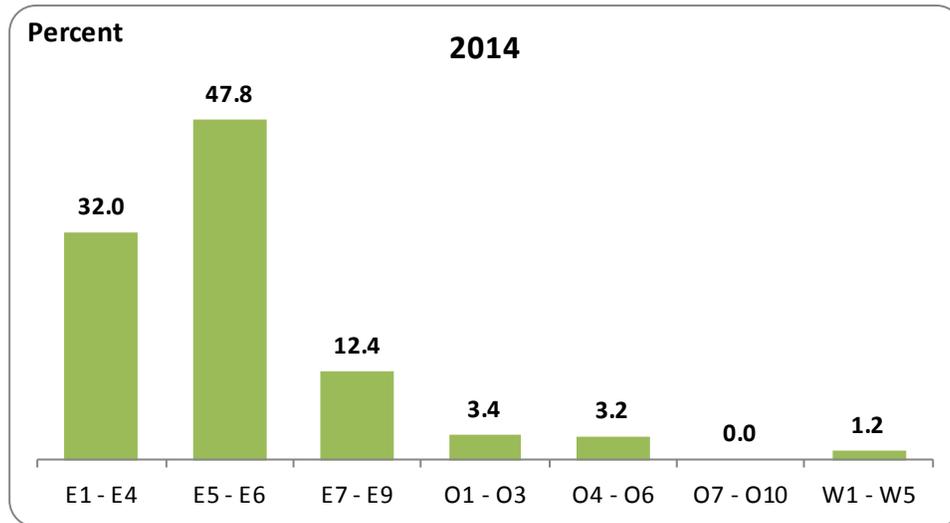
Figure 5. Distribution of Alumni by Active Duty Status and Distribution by Service or Reserve Component



Notes: 2014 data are weighted. Percentages do not sum to 100% because alumni could mark more than one Service/Reserve Component.

HIGHEST PAY GRADE. Highest pay grades for WWP alumni indicate that most were (or are) enlisted personnel (92.2%), including 60.2 percent who achieved the equivalent rank of sergeant or above—E5–E9. About 1 percent (1.2%) of alumni achieved the rank of warrant officers at separation from the military, and 6.6 percent were commissioned officers (Figure 6).

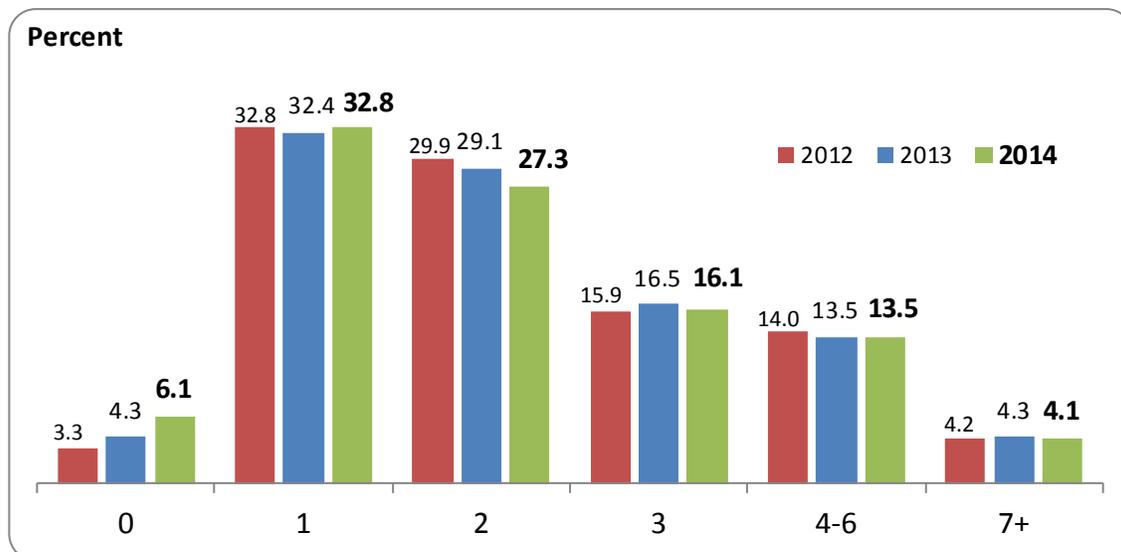
Figure 6. Highest Pay Grade Attained



Note: 2014 data are weighted.

TOTAL NUMBER OF DEPLOYMENTS. About one-third of alumni (33.7%) have deployed three or more times (includes possible training deployments), 60.1 percent of alumni have deployed once or twice, and 6.1 percent have never deployed (Figure 7a).

Figure 7a. Number of Deployments

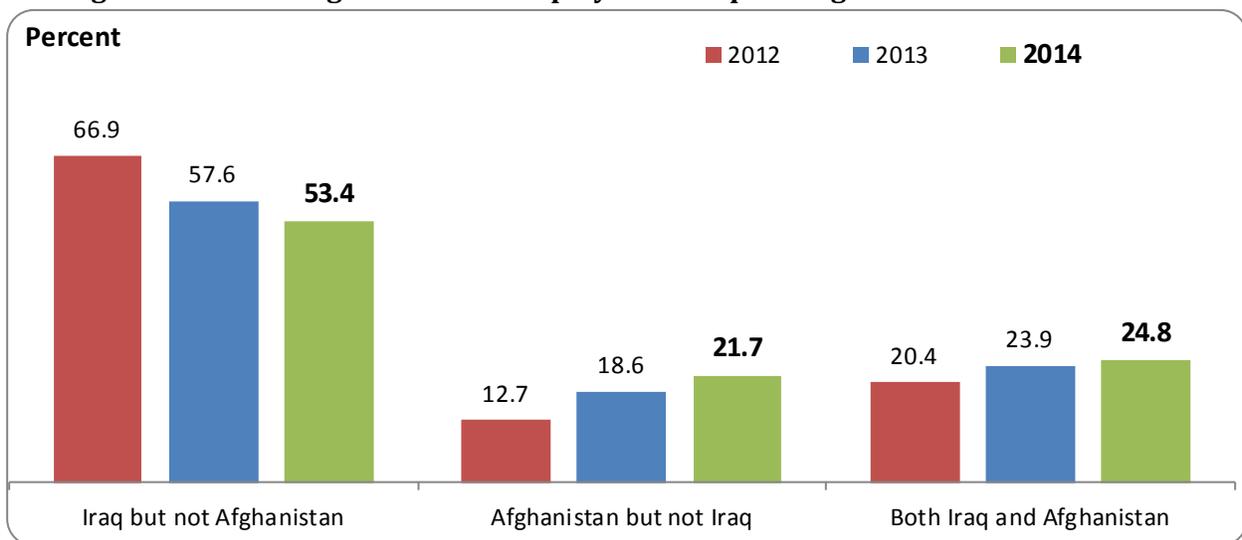


Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Alumni were asked how many of their deployments were to Iraq, Afghanistan, or other combat areas. Among alumni with any deployments to Iraq, most deployed there once (57.7%) or twice (29.8%). Among alumni with any deployments to Afghanistan, most also deployed there once (75.5%) or twice (18.1%). Similar results apply to those with any deployments to other combat areas—63.8 percent deployed once to other combat areas, and 19.3 percent deployed twice.

Among alumni deployed to Iraq but not Afghanistan, Afghanistan but not Iraq, or to both countries, the majority were deployed to Iraq but not Afghanistan (53.4%, down from 57.6% in 2013 and 66.9% in 2012). The 2014 data continue to reflect the shift in military operations to Afghanistan (Figure 7b).

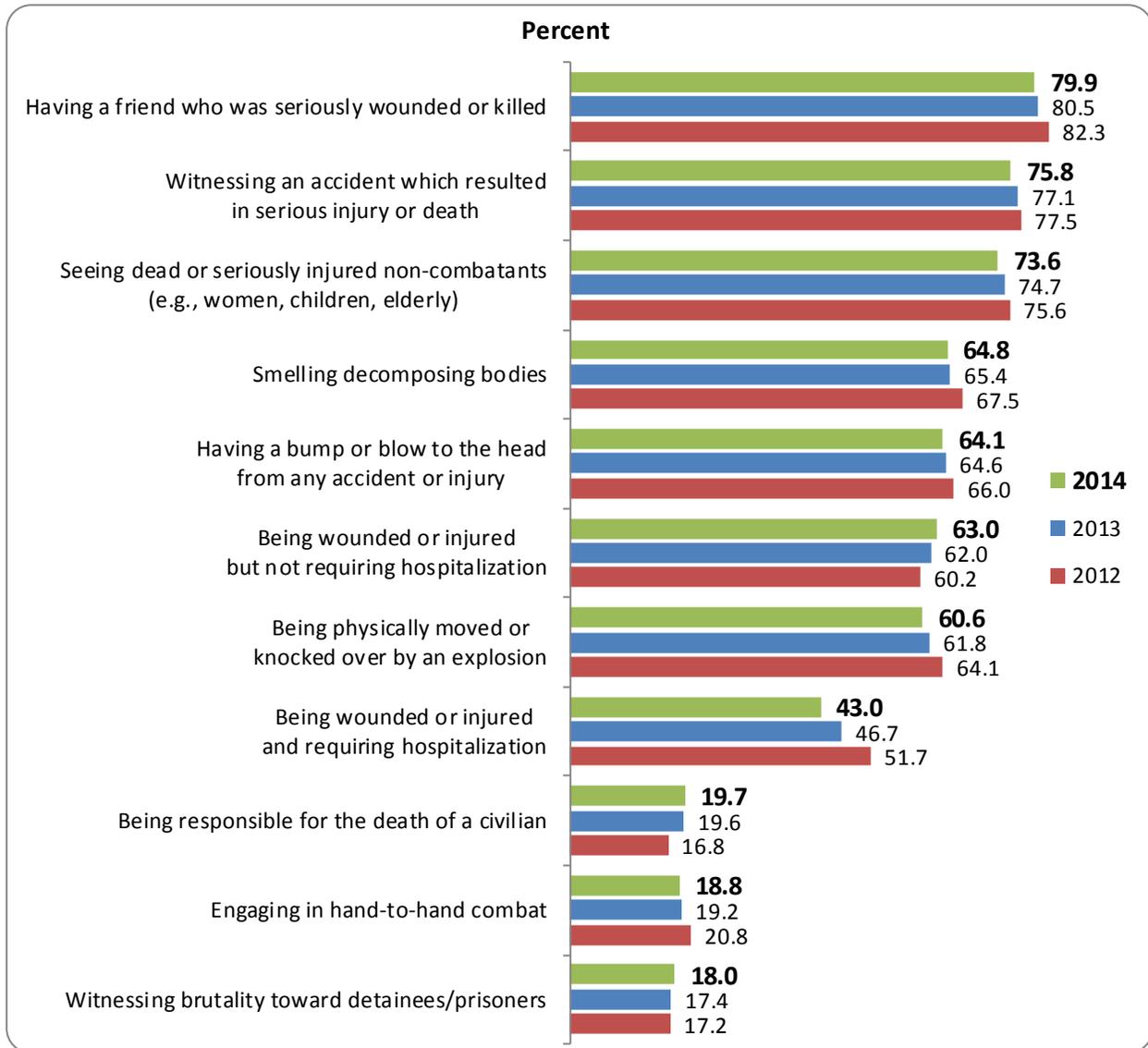
Figure 7b. Percentages of Alumni Deployed to Iraq and Afghanistan



Note: 2013 data are weighted; 2012 data are unweighted.

EXPERIENCES DURING DEPLOYMENT. After September 11, 2001, deployed alumni experienced or witnessed many of the harsh realities of war-time combat service. Among those who experienced/ witnessed at least one of the situations described in Figure 8 (96.3%), more than half (56.8%) had experienced six or more of the situations. The results for 2014 were similar to those for 2013.

Figure 8. Experiences During Post 9/11 Deployments



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

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

RAND's Invisible Wounds study administered the same trauma exposure items appearing in Figure 10 to service members returning from OEF and OIF, although the wording in a few items was changed slightly in the WWP survey. Any differences in results attributable to the wording

changes are likely to be minor. Weighted results from the Invisible Wounds study include the following (Schell & Marshall, 2008):

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

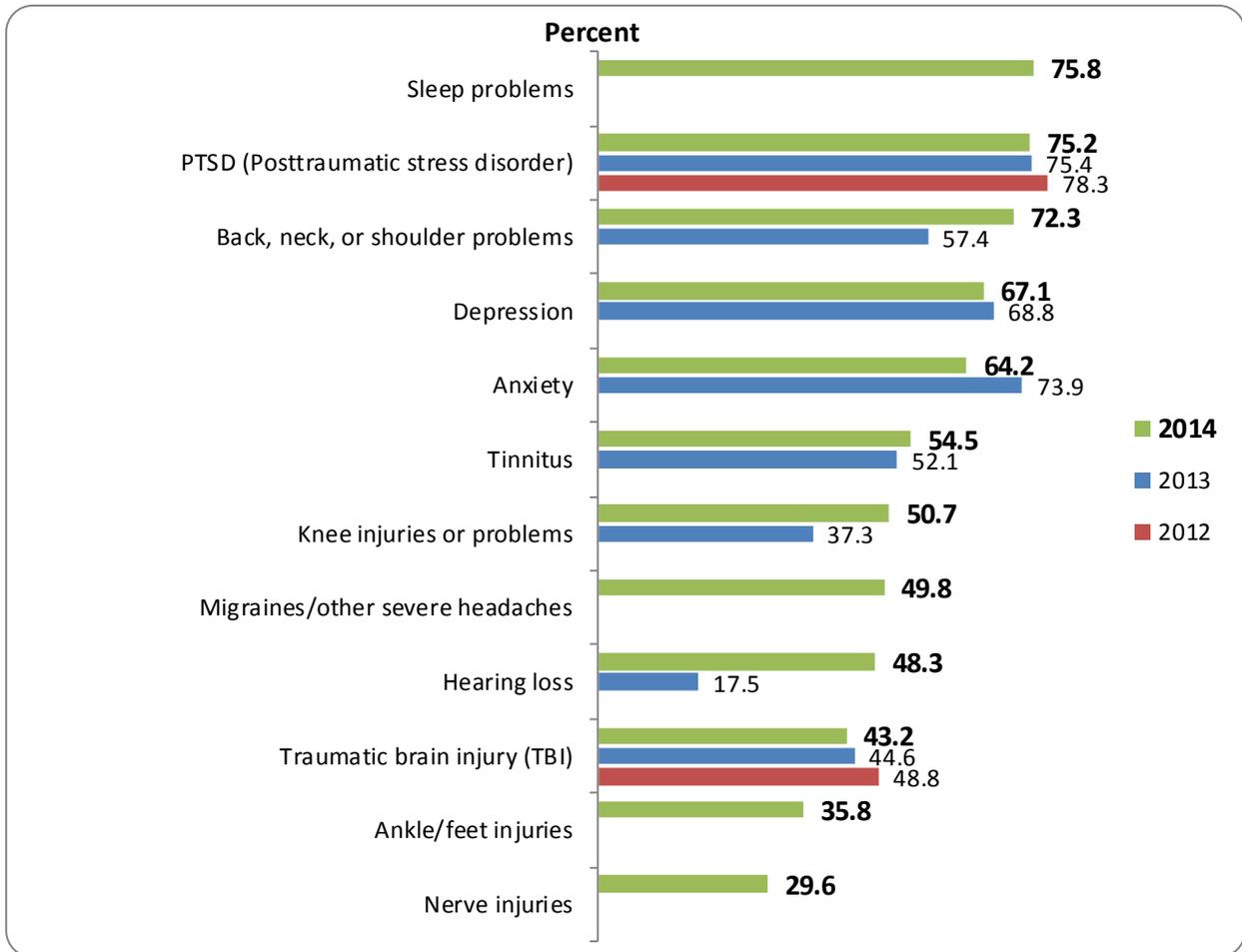
The proportions of WWP alumni with trauma exposures are notably higher than the proportions reported in the Invisible Wounds study. This is likely due to the fact that many alumni have experienced more deployments and combat experiences than service members in the Invisible Wounds Study did.

INJURIES AND HEALTH PROBLEMS EXPERIENCED DURING MILITARY SERVICE. To gain a better understanding of both other physical and mental injuries experienced by alumni during their military service after September 11, 2001, WWP has continually made changes in its annual survey to the question asking about injuries and health problems alumni experienced during their service after September 11, 2001. In the 2013 survey, alumni were asked to please specify other serious mental and physical injuries or health problems they had sustained. As a result of the responses to those questions, the list of severe injuries and health problems, particularly physical injuries, was expanded in the 2014 survey. Figure 9 reflects the revised response list and results for the 2014 survey.

Nearly all alumni experienced at least one severe injury or health problem during their post 9/11 military service. Among those with multiple injuries or health problems, more than three-fourths (78.9%) experienced between three and eight severe injuries or health problems.

Post-traumatic stress disorder continues to rank high on the list of health problems experienced by alumni (75.2%). The percentage of alumni coping with serious anxiety declined from 73.9 percent in 2013 to 64.2 percent in 2014, but the percentage of alumni suffering from depression remained stable (67.1% in 2014, compared with 68.8% in 2013). More than 40 percent of alumni experienced traumatic brain injury (43.2% in 2014). Sleep problems are prevalent for many alumni (75.8%). Also, many alumni experienced physical injuries and health problems during their military service after September 11, 2001. Relatively high percentages experienced back, neck, or shoulder problems (72.3%); tinnitus (54.5%) and hearing loss (48.3%); knee injuries or problems (50.7%); and migraine/other severe headaches (49.8%). Military sexual trauma (MST) was experienced by 6.0 percent of alumni. Among female alumni, 31.7 percent experienced MST, compared with 1.9 percent of male alumni.

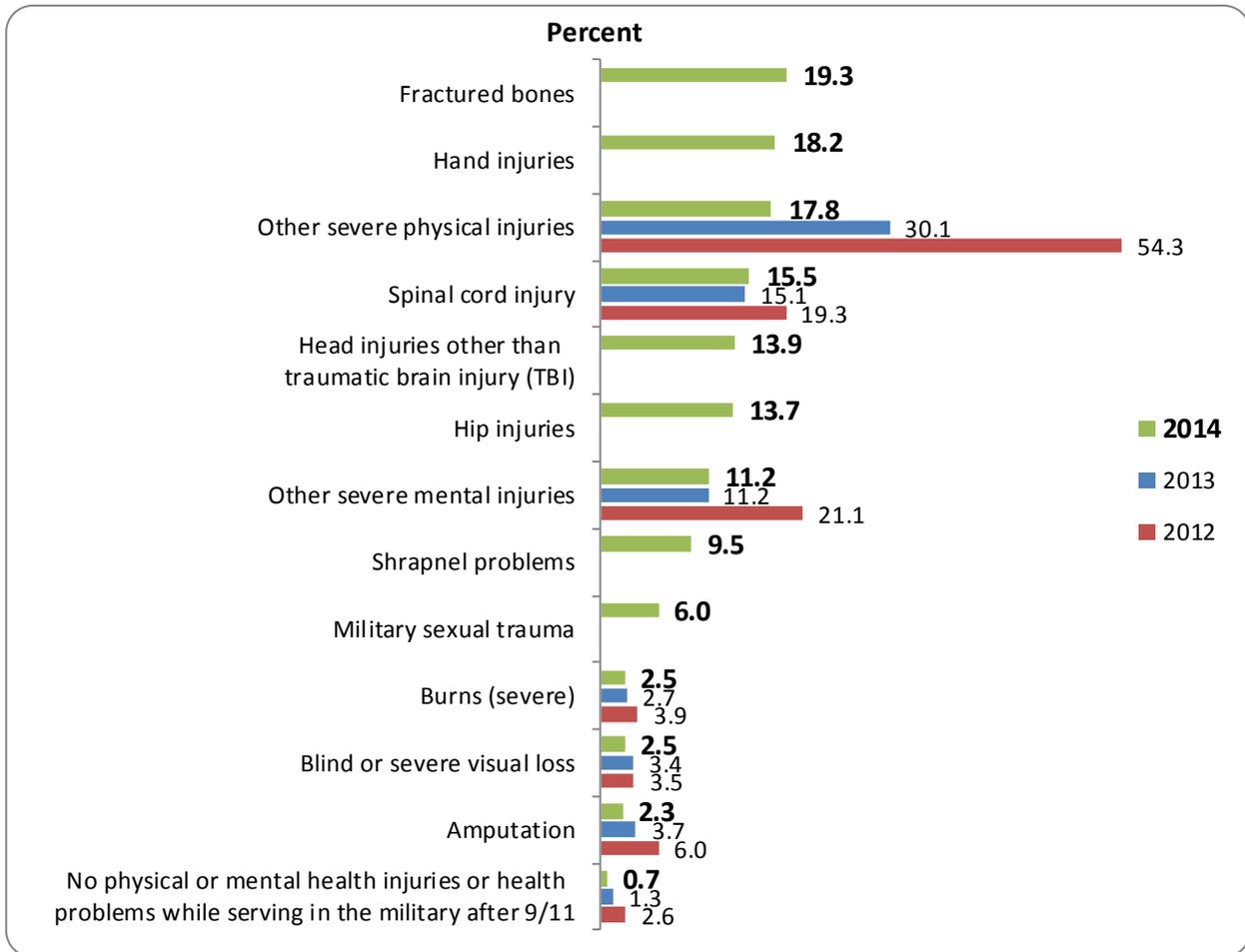
Figure 9. Injuries and Health Problems During Military Service Since 9/11



Notes: 2013 and 2014 data are weighted; 2012 data are unweighted. Several response options were added in 2013 and 2014.

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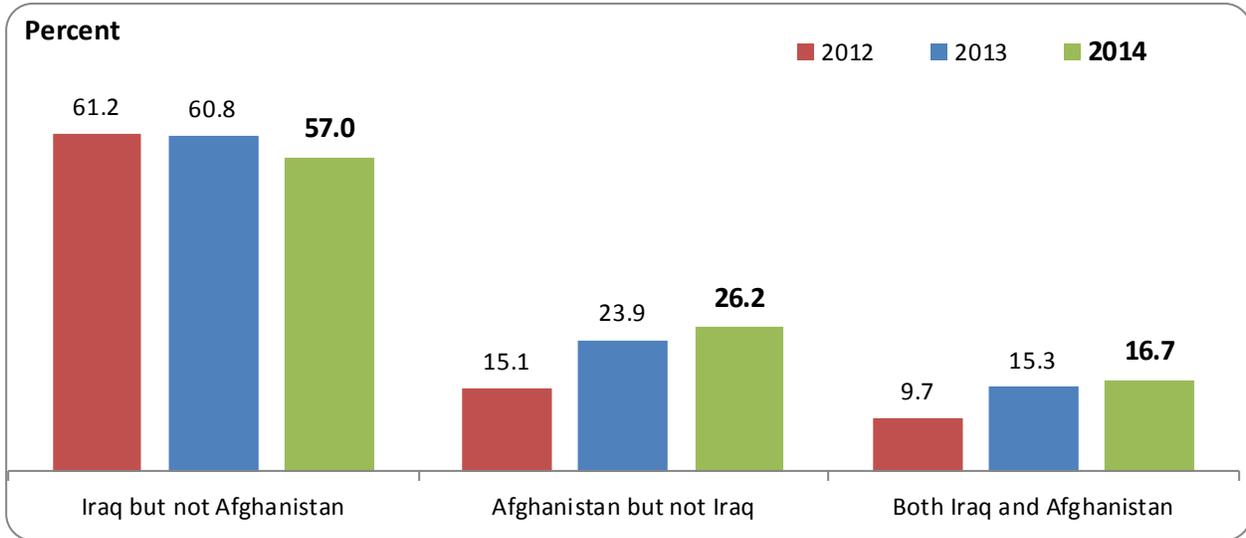
Figure 9. Injuries and Health Problems During Military Service Since 9/11 (Continued)



Notes: 2013 and 2014 data are weighted; 2012 data are unweighted. Several response options were added in 2013 and 2014.

In the survey, alumni report where they experienced an injury or health problem while serving after September 11, 2001. The bar chart in Figure 10 displays the percentages who experienced injury or health problems in Iraq but not Afghanistan, Afghanistan but not Iraq, and both Iraq and Afghanistan. The data continue to reflect the increase in injuries sustained in Afghanistan as military operations shifted to that area. Nearly 18 percent of alumni (17.9%) experienced an injury or health problem only in an area other than Iraq or Afghanistan.

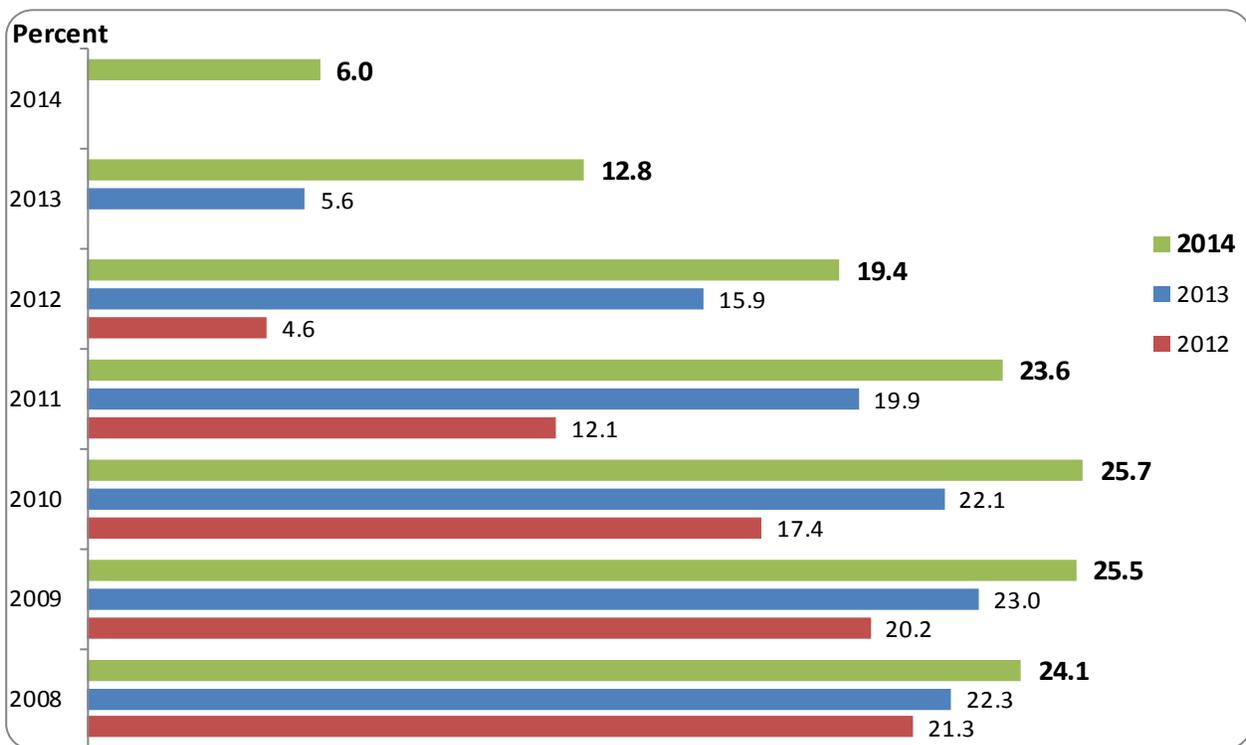
Figure 10. Place Where Injury or Health Problem Was Experienced



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Alumni were also asked to indicate the years they sustained their injuries or health problems. Alumni in 2014 most commonly reported 2005 through 2010 as the years in which they sustained an injury or health problem (Figure 11). Among those who sustained an injury, more than three-fourths (76.7%) did so in only 1 year (35.1%), 2 years (26.6%), or 3 years (15.0%). About one in three alumni (31.2%) sustained injuries or health problems in two geographic areas.

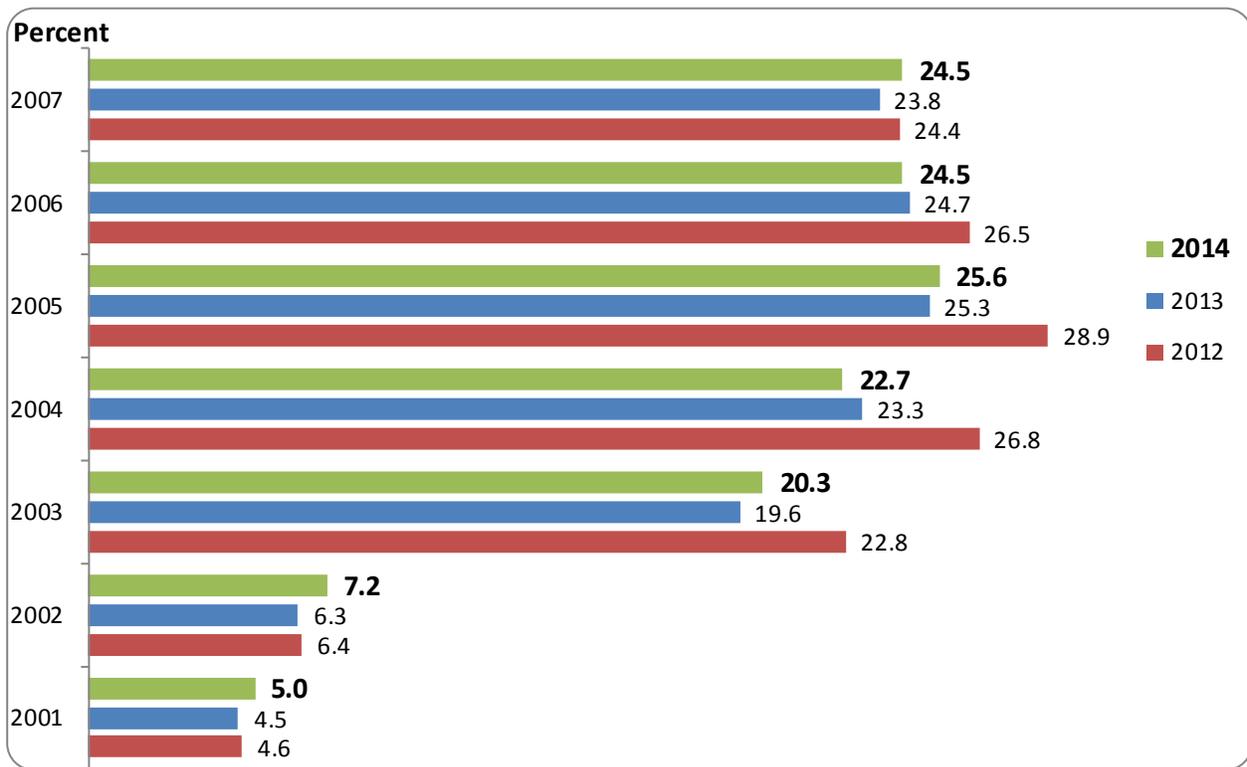
Figure 11. Year(s) Sustained Injury



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

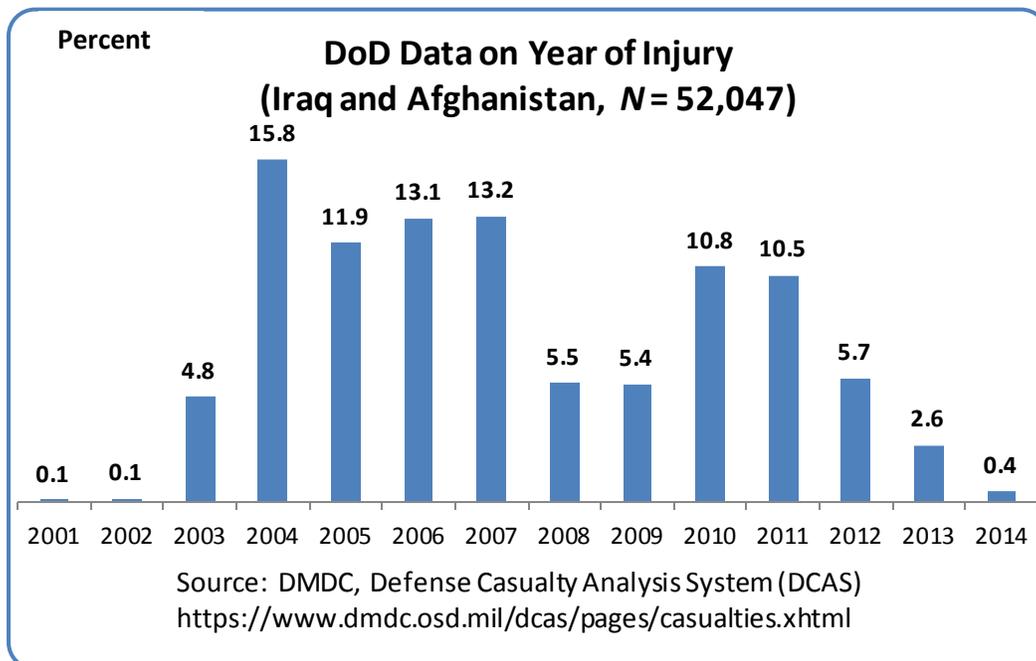
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Figure 11. Year(s) Sustained Injury (Continued)



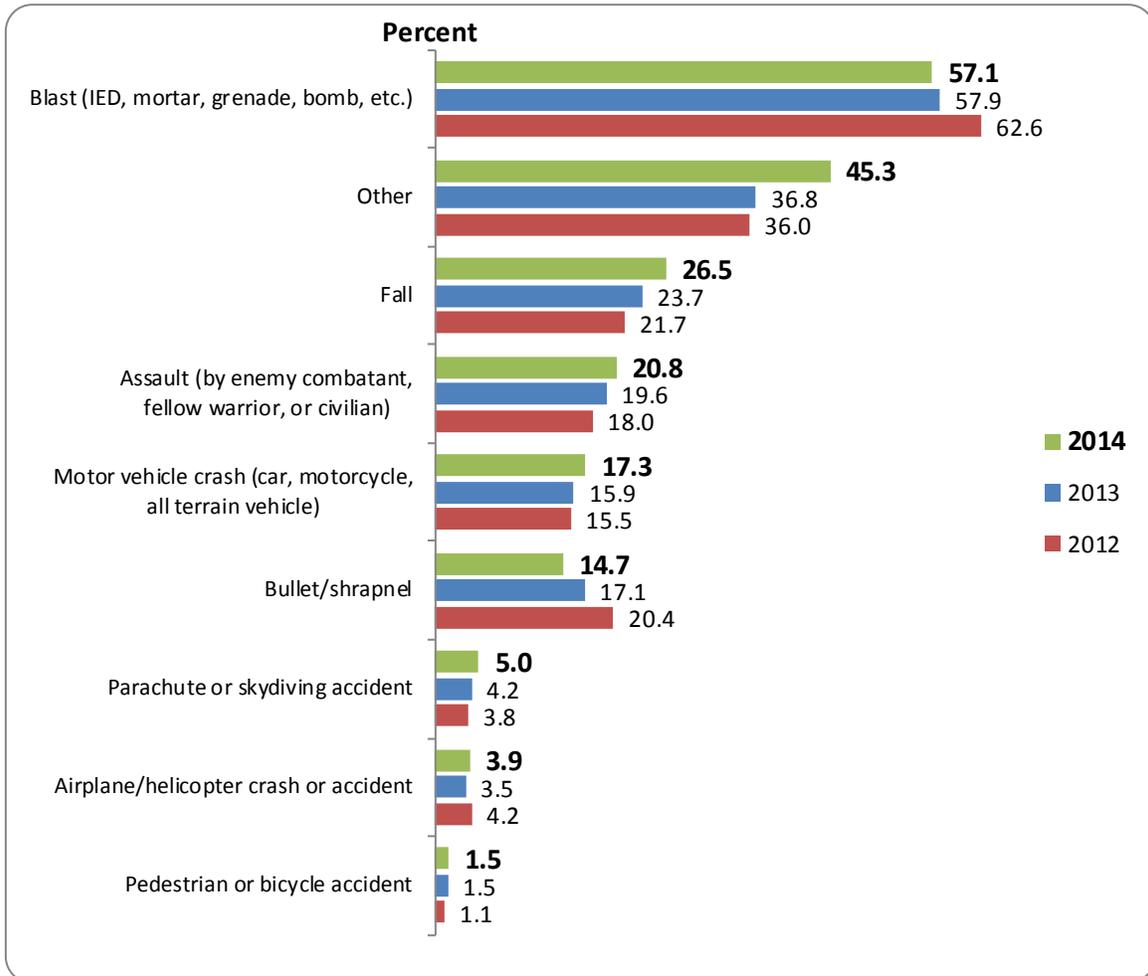
Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

For comparison, Department of Defense data on year of injury for service members deployed to Iraq and Afghanistan from October 2001 through June 18, 2014, are provided in the following chart. Overall, about two-thirds of injuries occurred in Iraq (61.9%). Since 2009, most of the injuries have occurred in Afghanistan (93.0%).



Blasts were the most common cause of injury/health problems among alumni (57.1%; Figure 12). Falls were next in prevalence (26.5%). Injuries from bullets or shrapnel continue to decline. For most warriors, there were one or two causes of their injuries (75.5%). Another 16.6 percent of alumni experienced three causes.

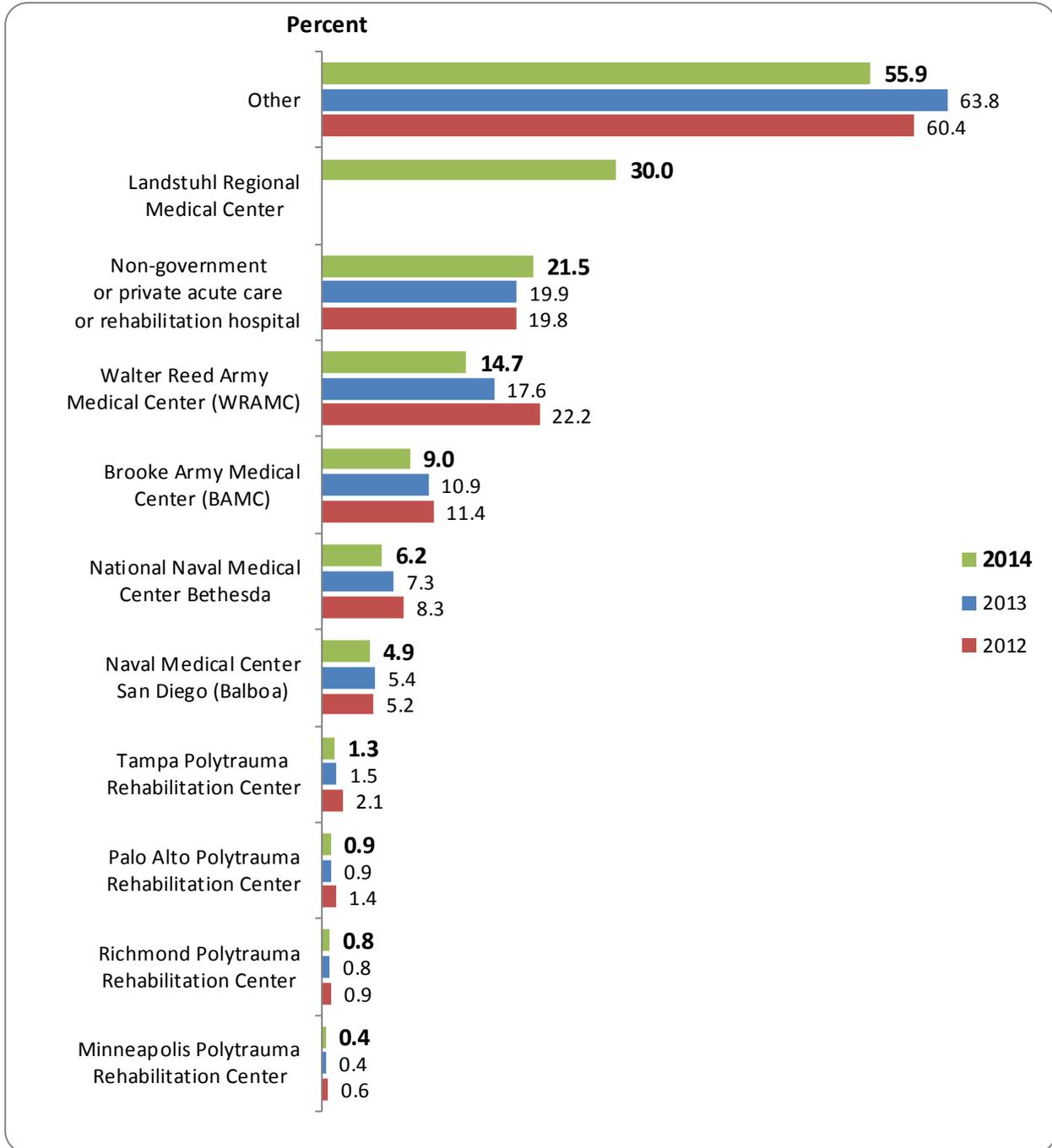
Figure 12. Causes of Injuries/Health Problems



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Nearly 60 percent of alumni were hospitalized as a result of their injuries (59.8%, down from 63.0% in 2013 and 68.4% in 2012). Figure 13 shows where the warriors were hospitalized during their care and recovery. Thirty percent of alumni were hospitalized at Landstuhl Regional Medical Center, a new response option in 2014. Among those who were hospitalized, more than one-third were hospitalized in more than one location (34.2 %).

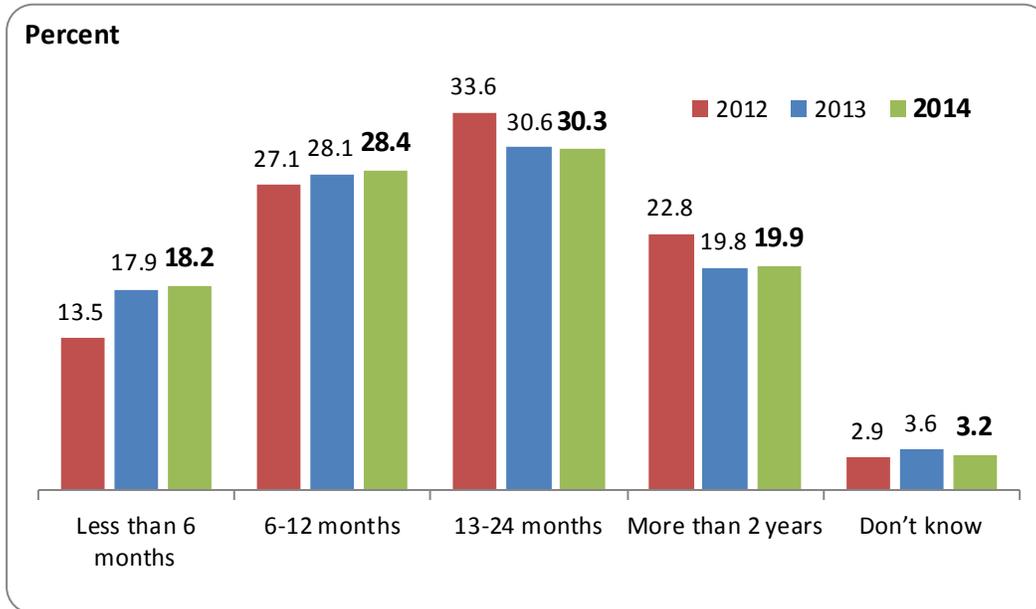
Figure 13. Sites Where Hospitalized



Notes: 2013 and 2014 data are weighted; 2012 data are unweighted. New response option was added in 2014.

ASSIGNMENT TO A WARRIOR TRANSITION UNIT (WTU) OR A WOUNDED WARRIOR BATTALION (WWB). Service members needing extensive rehabilitative care may be reassigned to either a WTU or a WWB (depending on their branch of service). About 40 percent of alumni (39.1%) were assigned to a WTU or WWB because of their medical conditions. The length of alumni WTU/WWB assignments ranged from less than 6 months to more than 2 years (Figure 14). The most common length was 13 to 24 months (30.3%), followed closely by 6 to 12 months (28.4%).

Figure 14. Length of Stay in WTU/WWB

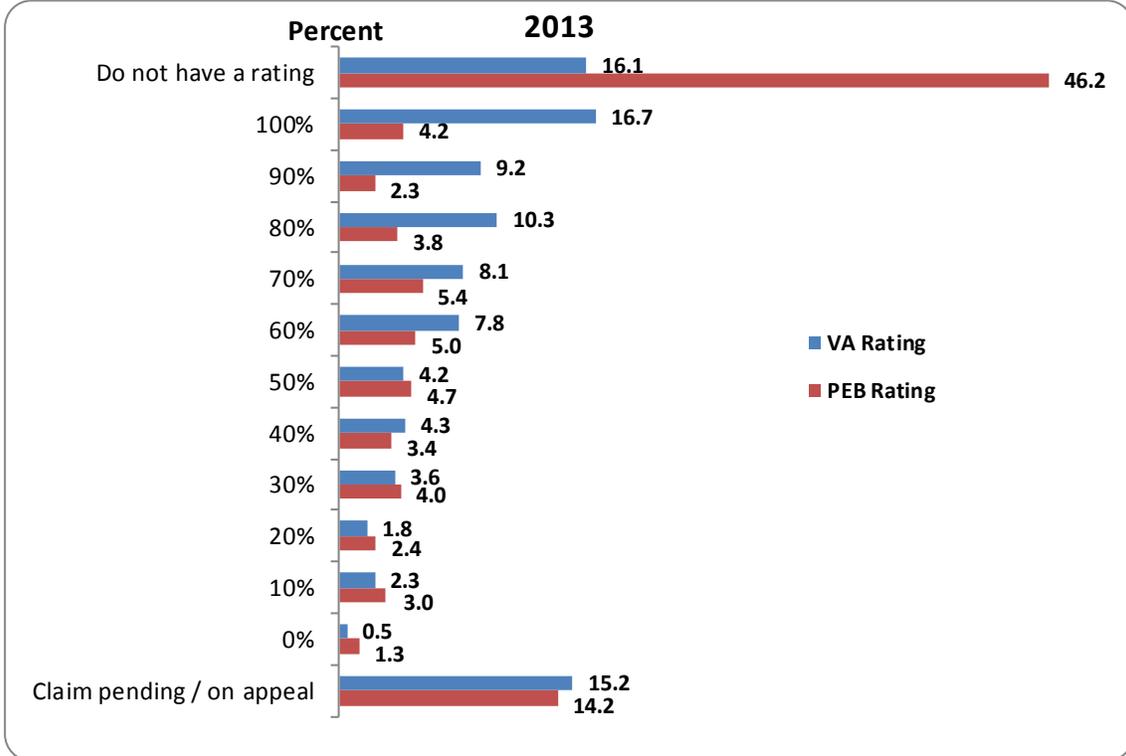
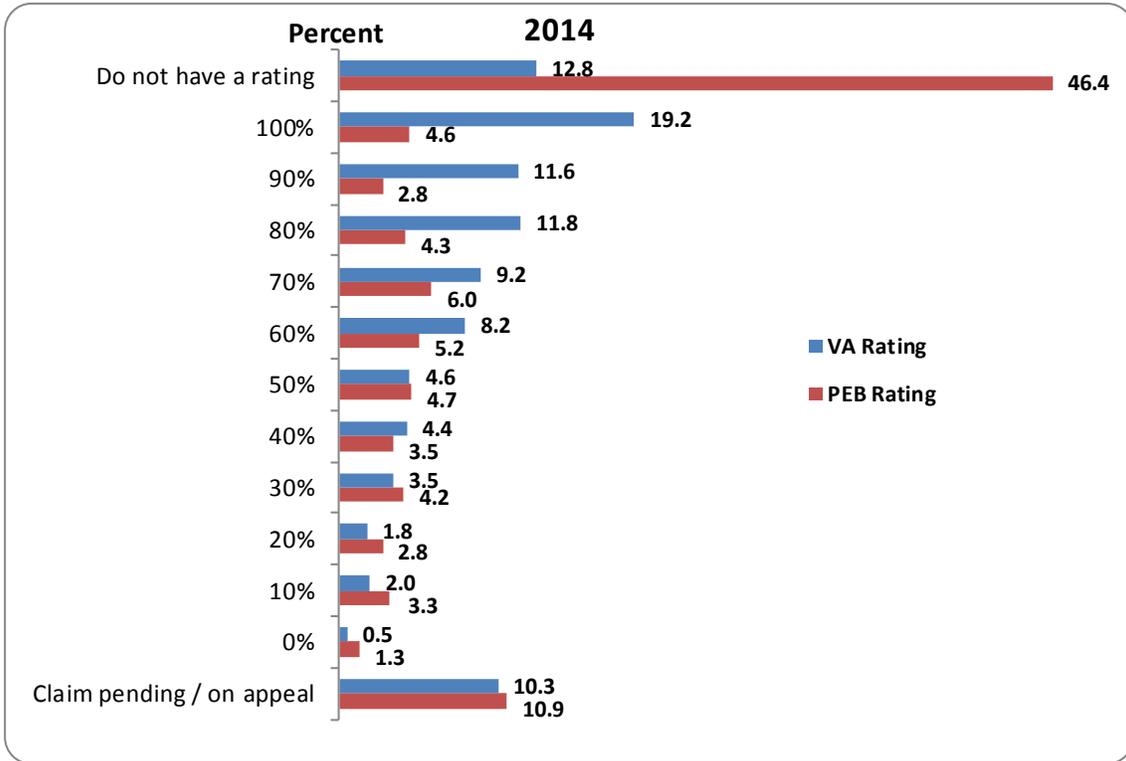


Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

DISABILITY BENEFITS AND RATINGS. The percentage of alumni receiving VA disability benefits rose to 72.0 percent in 2014, up from 62.9 percent in 2013 and 63.3 percent in 2012. The percentage with disability ratings of 80 percent or higher also increased—42.6 percent, compared with 36.2 percent in 2013 (Figure 15).

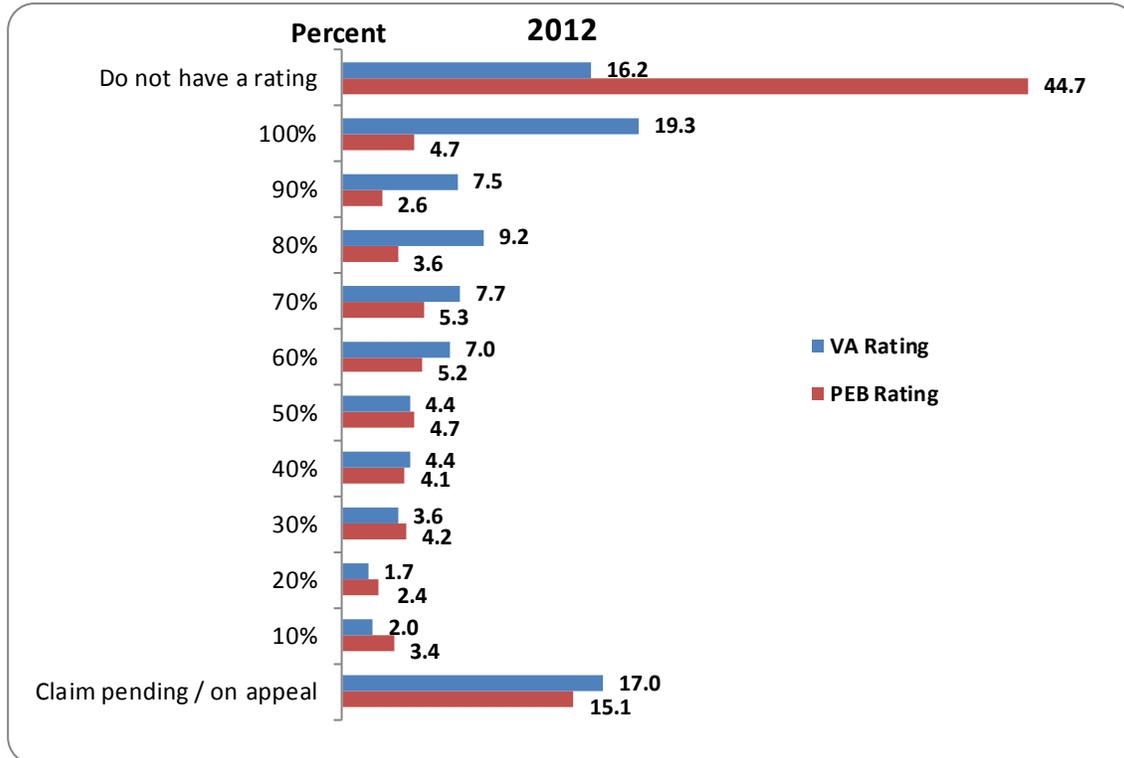
PEB disability ratings remain less common than VA ratings among alumni. Only 12.8 percent of alumni in 2014 do not have a VA disability rating, compared with 46.4 percent who do not have a PEB disability rating. The percentage of alumni with a PEB rating of 80 percent or higher is similar for 2014 (11.7%), 2013 (10.3%), and 2012 (10.9%).

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



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

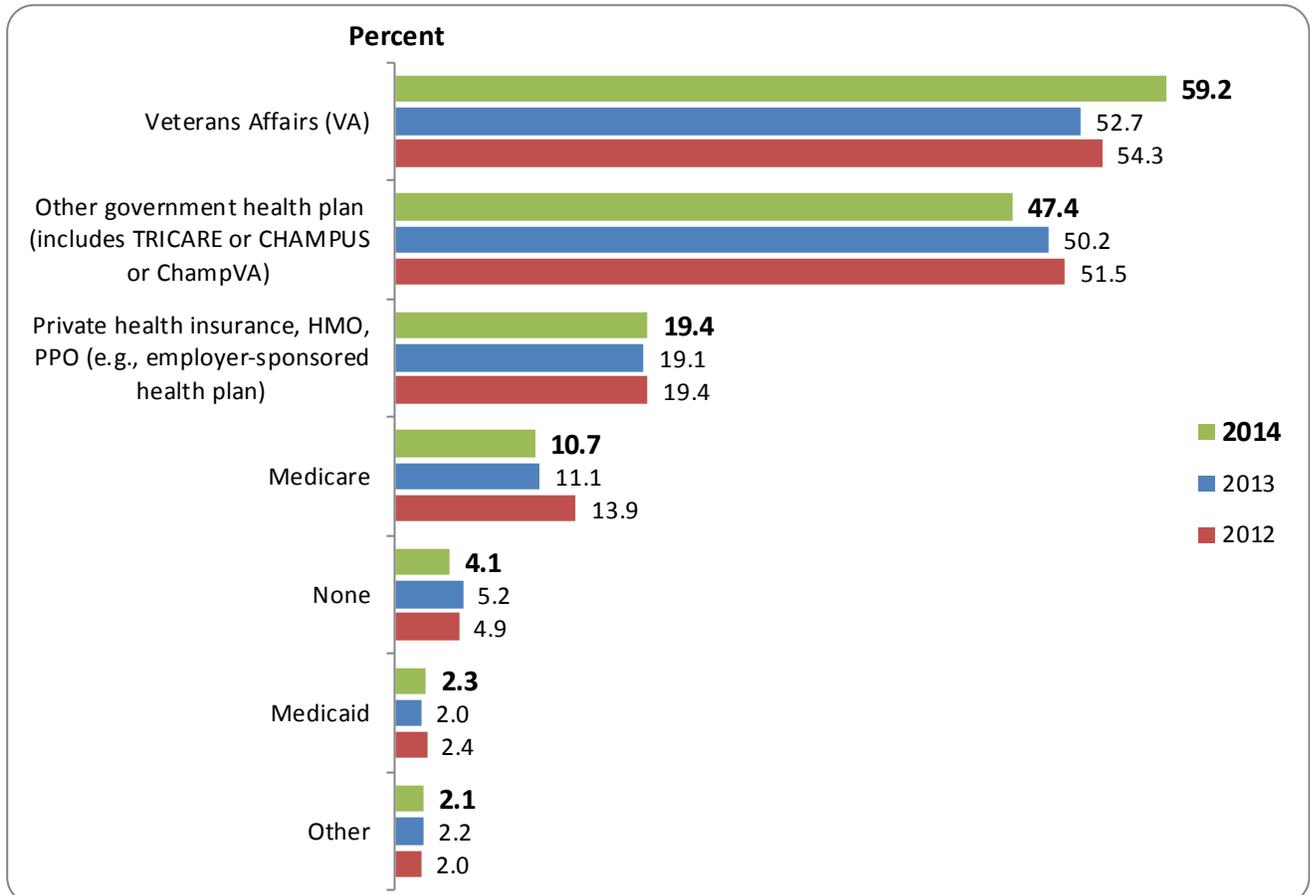
Figure 15. Disability Ratings (VA Service-Connected and Military's PEB)
(Continued)



Note: 2012 data are unweighted.

TYPE OF HEALTH INSURANCE. The most common types of health insurance among alumni are VA health insurance (59.2%, up from 52.7% in 2013) and other government health plans such as TRICARE, CHAMPUS, or ChampVA (47.4%; Figure 16). About 4.1 percent have no health insurance. Among alumni who do have health insurance, 38.6 percent have two or more types of health insurance.

Figure 16. Current Types of Health Insurance



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

NEED FOR ASSISTANCE IN DAILY ACTIVITIES. As a result of injuries or health problems related to their post 9/11 military experience, 7.0 percent of alumni are permanently housebound. All alumni were asked to indicate their current requirements for assistance from another person for a range of daily living activities (Table 2). Four activities require more assistance than others—doing household chores, managing money, taking medications properly, and preparing meals.

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

	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)	I do not do this activity (%)
Doing household chores				
2014	58.5	30.3	8.4	2.8
2013	60.1	29.6	7.8	2.5
2012	58.6	30.0	8.5	2.0
Managing your money				
2014	59.8	24.1	12.1	4.0
2013	61.4	23.6	11.4	3.6
2012	58.8	24.5	11.9	4.8
Taking medication properly				
2014	61.0	25.2	11.5	2.3
2013	64.6	24.2	9.2	2.0
2012	62.6	25.2	10.0	2.2
Preparing meals				
2014	71.6	18.6	7.1	2.8
2013	73.5	18.3	5.7	2.5
2012	72.6	18.4	6.1	2.8
Dressing				
2014	82.2	15.2	2.3	0.3
2013	83.4	14.2	2.2	0.2
2012	82.8	14.8	2.2	0.2
Bathing				
2014	84.9	12.6	2.1	0.4
2013	86.2	11.4	2.1	0.3
2012	85.4	11.9	2.5	0.2
Walking around your home				
2014	86.0	10.9	2.1	0.9
2013	87.1	10.1	1.9	0.9
2012	85.4	11.1	2.2	1.3
Transferring from a bed or chair				
2014	87.5	8.9	2.0	1.6
2013	89.1	7.8	1.7	1.3
2012	88.0	8.6	2.1	1.2
Using the telephone				
2014	90.8	6.2	2.3	0.8
2013	92.0	5.3	2.0	0.7
2012	91.2	6.0	2.1	0.7
Eating				
2014	91.8	5.9	2.0	0.3
2013	92.8	5.1	1.8	0.3
2012	92.6	5.1	2.1	0.2
Using the toilet				
2014	92.4	5.4	1.9	0.4
2013	93.2	4.6	1.8	0.3
2012	92.9	4.6	2.1	0.4

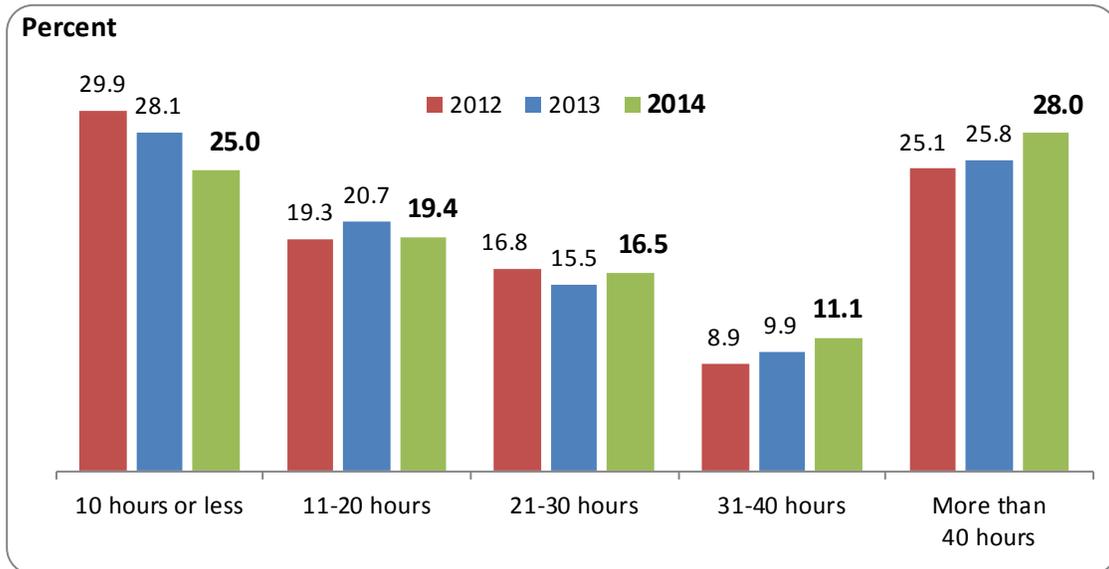
Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Among alumni who need assistance, 62.4 percent need help with three or more activities:

- One activity – 19.6 percent
- Two activities – 18.0 percent
- Three activities – 16.4 percent
- Four activities – 13.1 percent
- Five to eight activities – 24.3 percent
- Nine to all eleven activities – 8.6 percent

In a separate overall question about current need for the aid and attendance of another person because of post 9/11 injuries or health problems, 29.4 percent of alumni do need such help. One-fourth (25.0%) need the help for 10 or fewer hours per week, on average; however, 28.0 percent of this group need more than 40 hours of aid per week (Figure 17).

Figure 17. Average Hours per Week Aid and Attendance Are Needed Among Those Needing Assistance

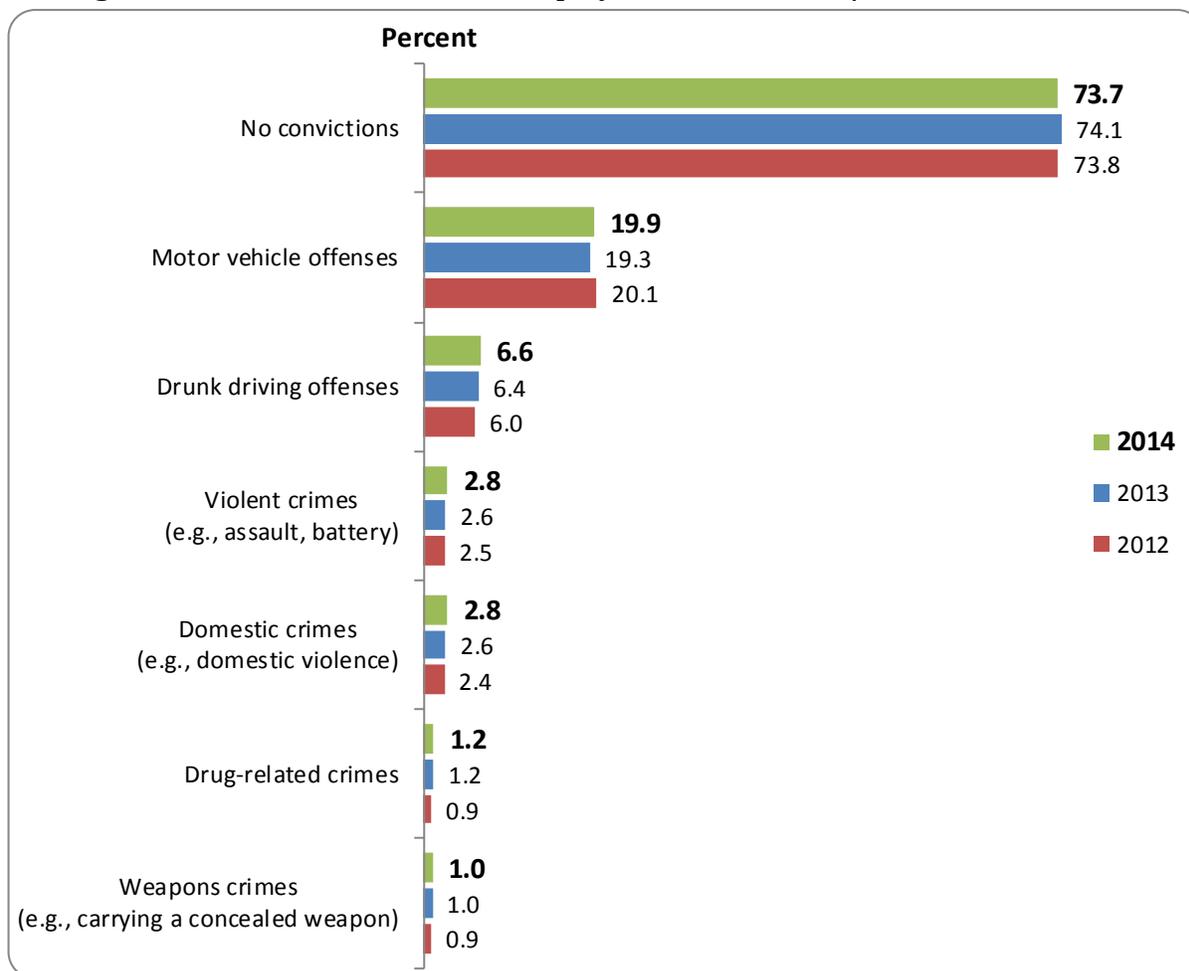


Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

OFFENSES/CONVICTIONS SINCE FIRST DEPLOYMENT

WWP alumni were asked if they have been convicted of six types of offenses/crimes since their first deployment. Almost three-fourths of alumni (73.7%) have *not* been convicted of any of the offenses (Figure 18). Nearly one-fifth of alumni overall (19.9%) have been convicted of motor vehicle offenses (e.g., traffic violations). Of those with any convictions, 77.7 percent were convicted of only one type of offense and 16.1 percent of two types of offenses.

Figure 18. Convictions Since First Deployment for Offenses/Crimes

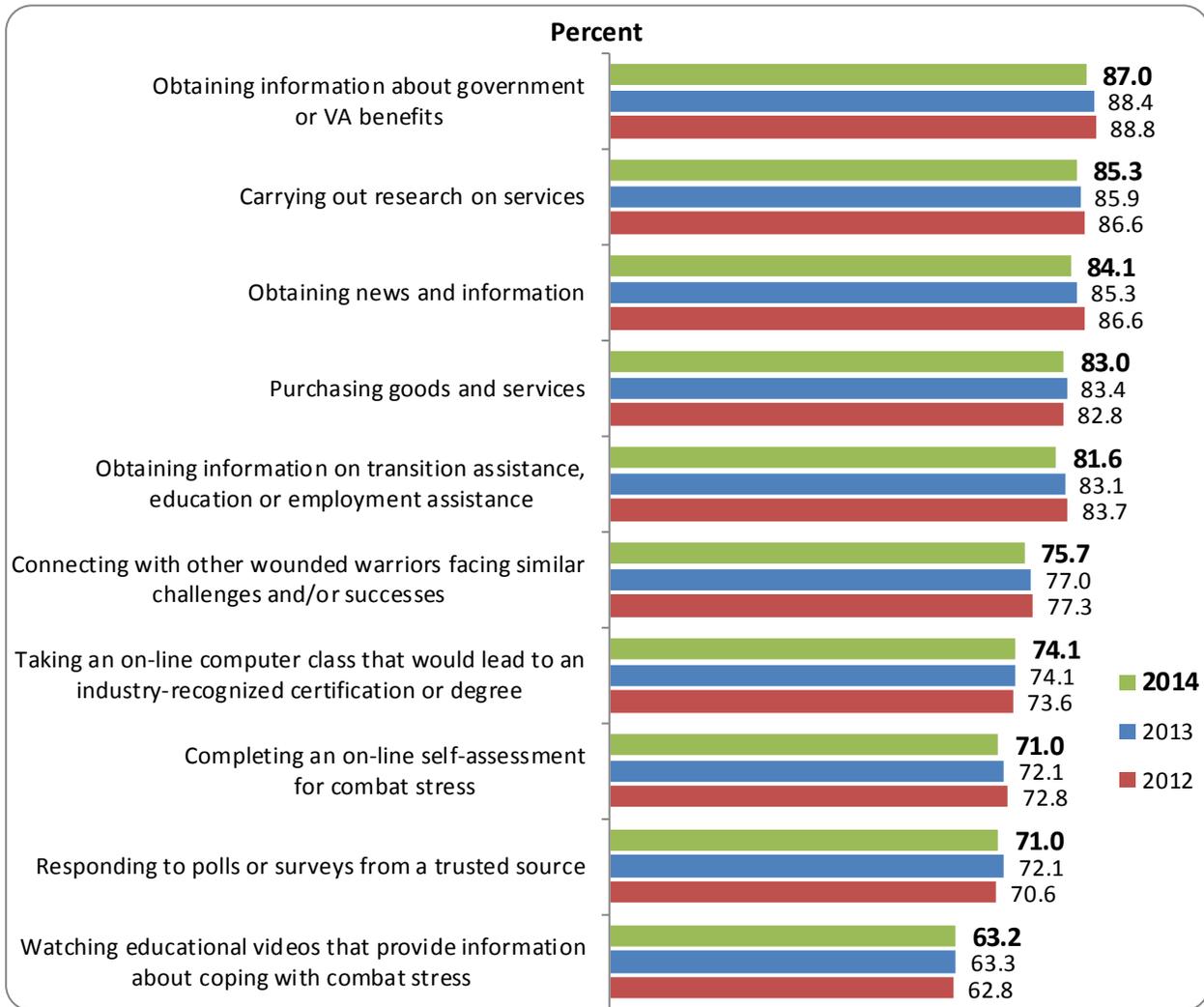


Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

INTERNET USE

Alumni are increasingly using mobile devices to use the Internet (78.7% in 2014, up from 72.4% in 2013 and 66.6% in 2012). They continue to access the Internet primarily at home (87.6%). One-third (33.5%) access the Internet at work. Figure 19 shows the percentage of Internet-using alumni who are either *very willing* or *somewhat willing* to use the Internet for various activities. The estimates are similar to those in 2013 and 2012.

Figure 19. Alumni Who Are Somewhat Willing or Very Willing to Use the Internet, by Activity



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

PHYSICAL AND MENTAL WELL-BEING

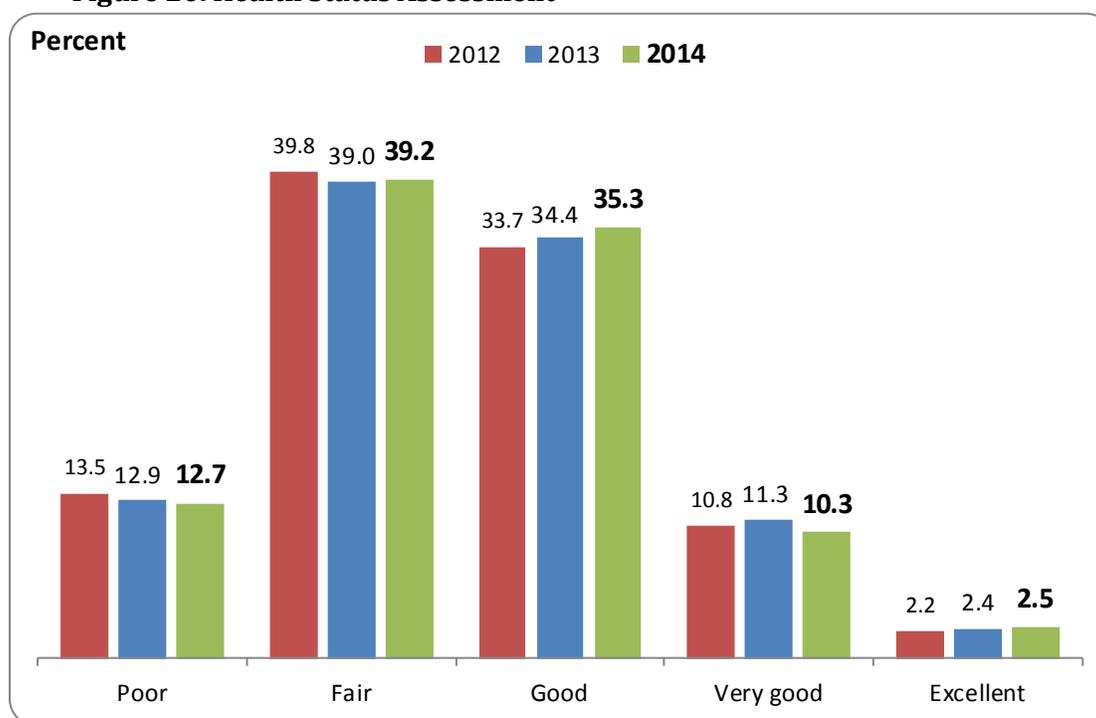
This section of the report addresses alumni views about their health.

HEALTH AND DAILY ACTIVITIES

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

HEALTH ASSESSMENT. As in 2013, slightly more than half of alumni (51.9%) rate their health as being *fair* or *poor*; 12.8 percent rate it as *very good* or *excellent* (Figure 20).

Figure 20. Health Status Assessment



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Baseline ratings for the Millennium Cohort were much more positive than those for WWP alumni:

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

For 2014, the results of crossing health assessments by type of injury or health problem reflect the new response categories in the 2014 and 2013 surveys (Figure 21). As in 2013, the 2014 percentages of alumni rating their health as *poor* or *fair* are high in many injury categories.

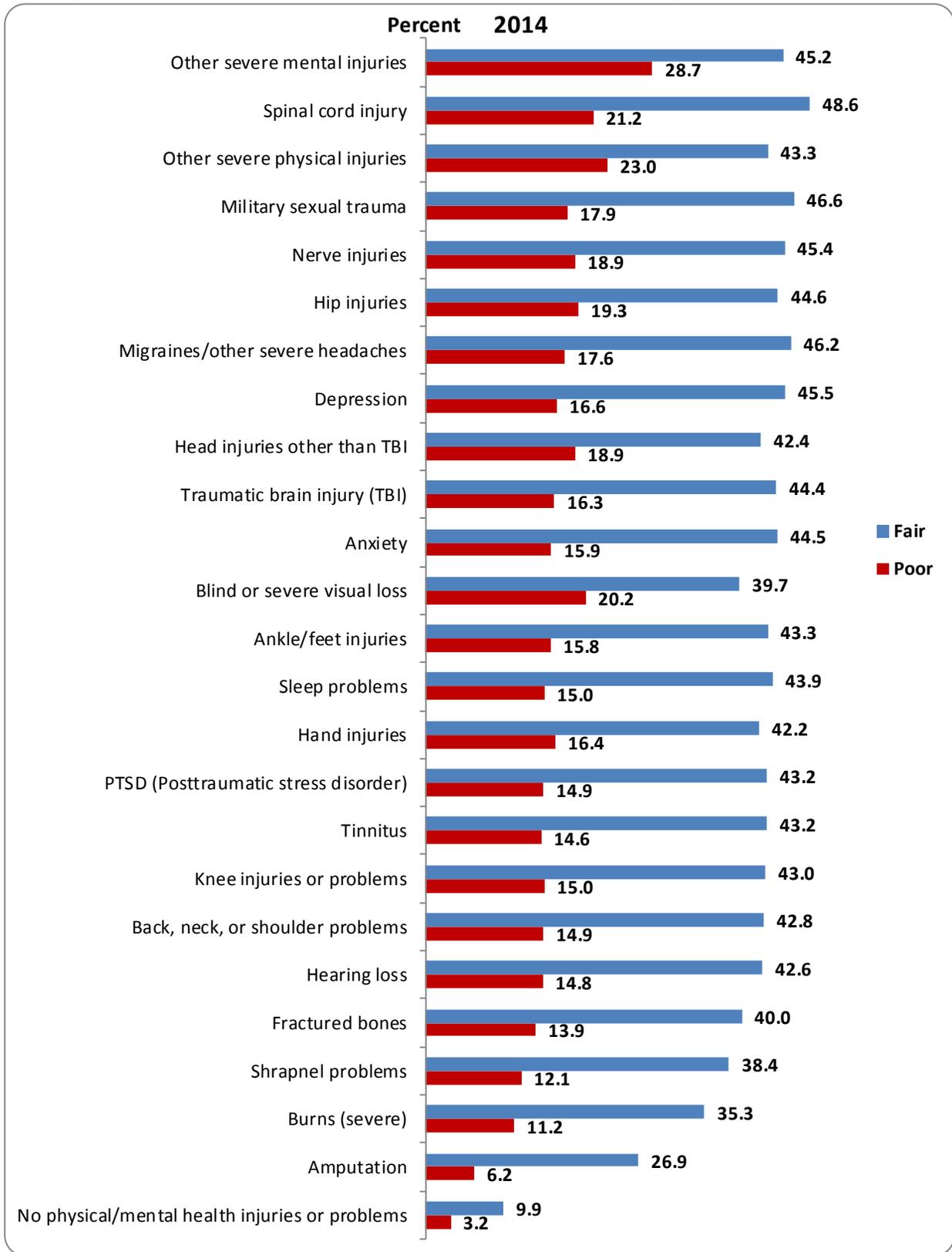
At least 60 percent of alumni with the following types of injuries rate their health as *poor* or *fair*:

- Spinal cord injuries – 69.8 percent
- Military sexual assault – 64.5 percent (new category)
- Nerve injuries – 64.3 percent (new category)
- Hip injuries – 63.9 percent (new category)
- Migraines/other severe headaches – 63.8 percent (new category)
- Depression – 62.1 percent
- Head injuries other than traumatic brain injury (TBI) – 61.3 percent (new category)
- TBI – 60.7 percent
- Anxiety – 60.4 percent

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

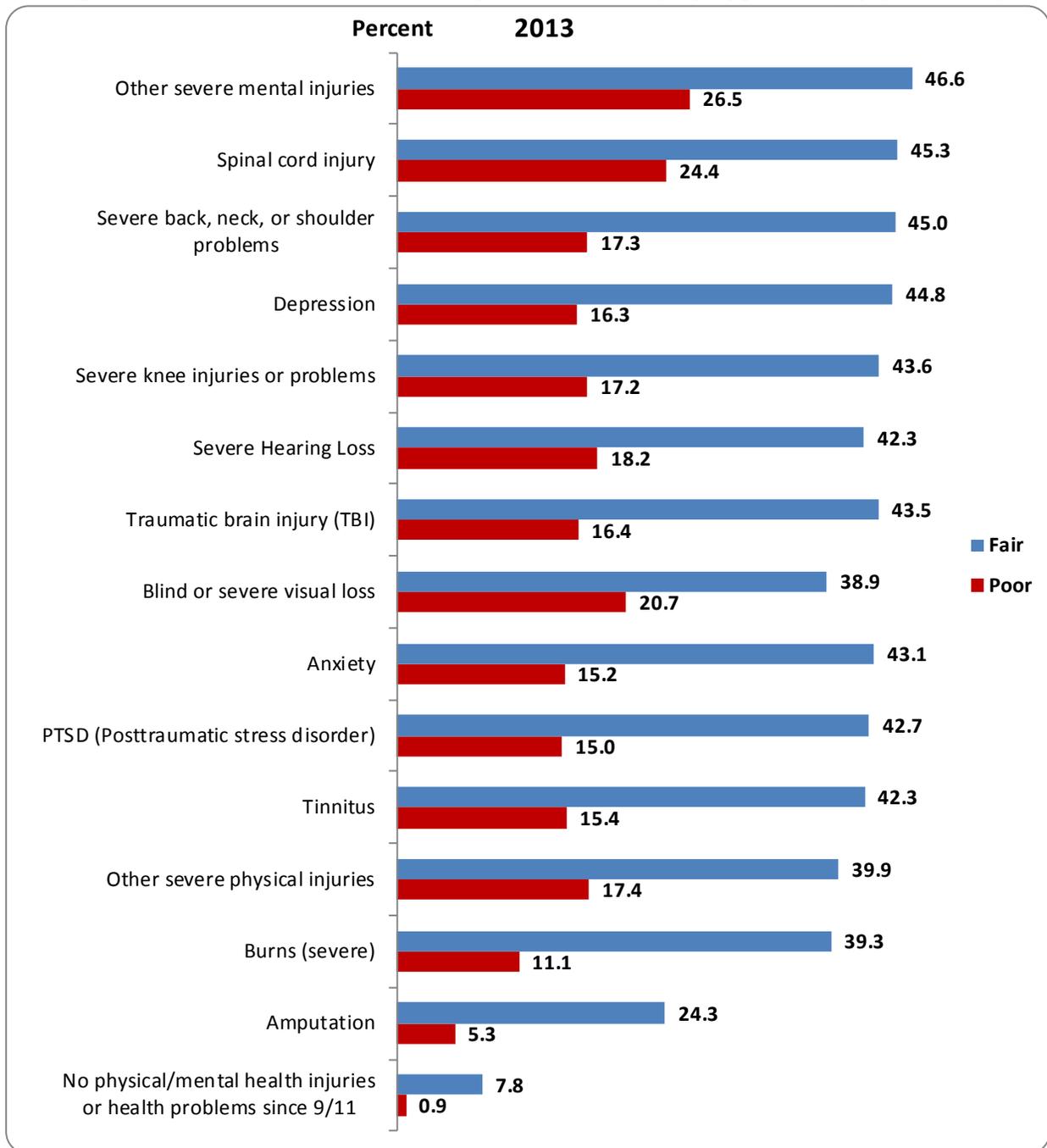
In the more general injury categories of “Other severe mental health injuries” and “Other severe physical health injuries,” high percentages of alumni rate their health as *poor* or *fair* (73.9% and 66.3%, respectively).

Figure 21. Health Status Assessment (“Poor” or “Fair”), by Type of Injury



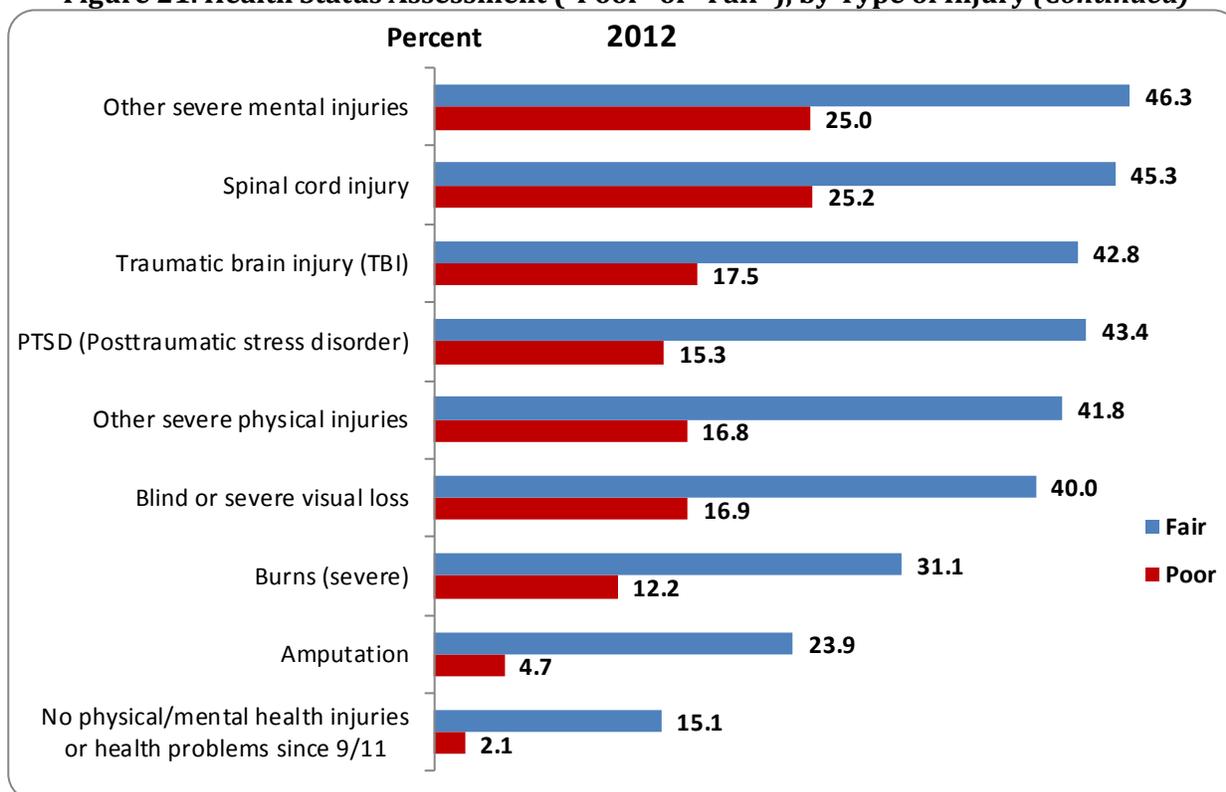
Note: 2014 data are weighted.

Figure 21. Health Status Assessment (“Poor” or “Fair”), by Type of Injury (Continued)



Note: 2013 data are weighted.

Figure 21. Health Status Assessment (“Poor” or “Fair”), by Type of Injury (Continued)

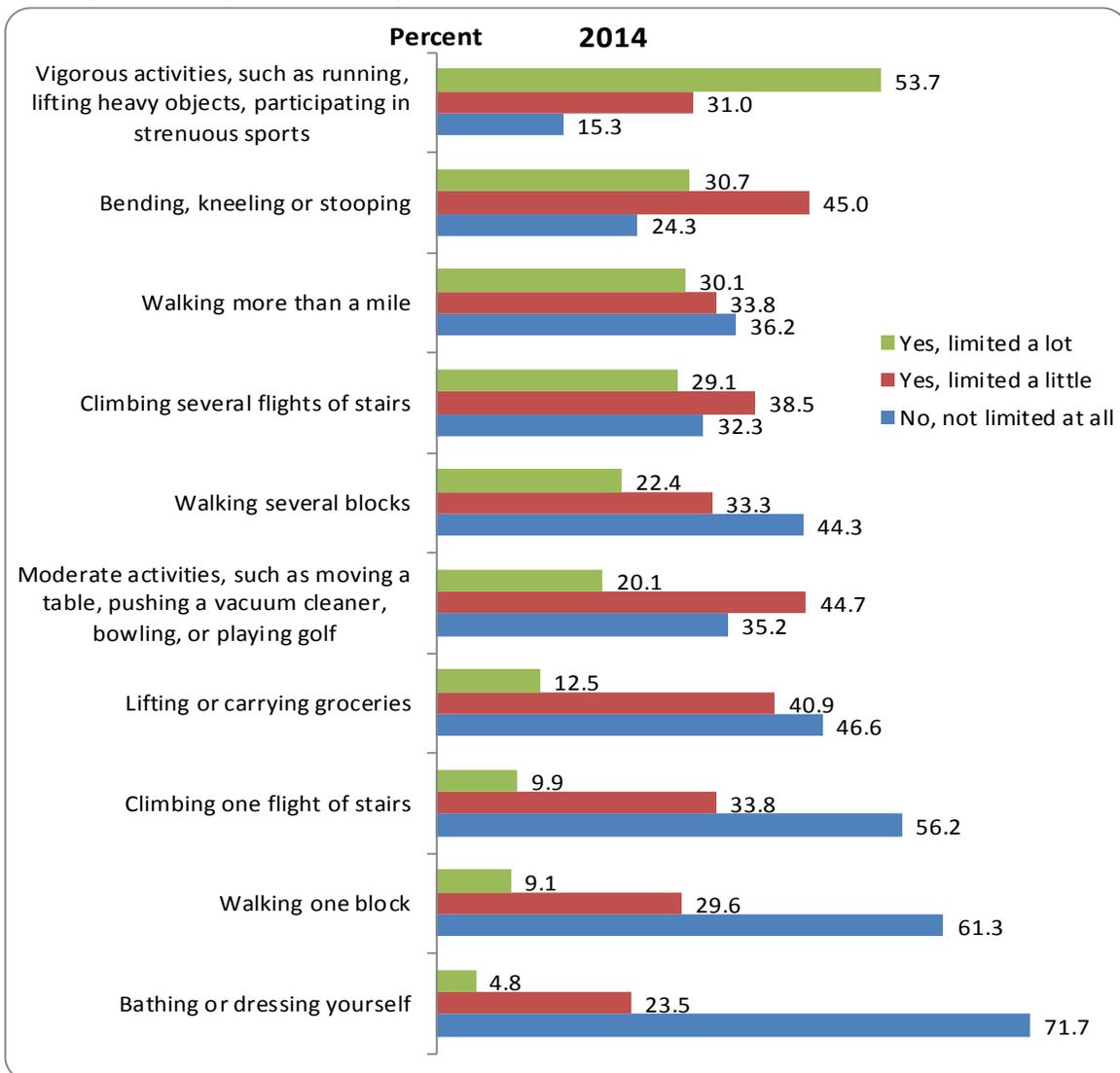


Note: 2012 data are unweighted.

LIMITATIONS IN PHYSICAL ACTIVITIES. WWP alumni were asked to assess how their health now limits them in a range of typical daily activities—Does their health limit them a lot or a little, or are they not limited at all? The 2014 results are similar to those for 2013 and 2012.

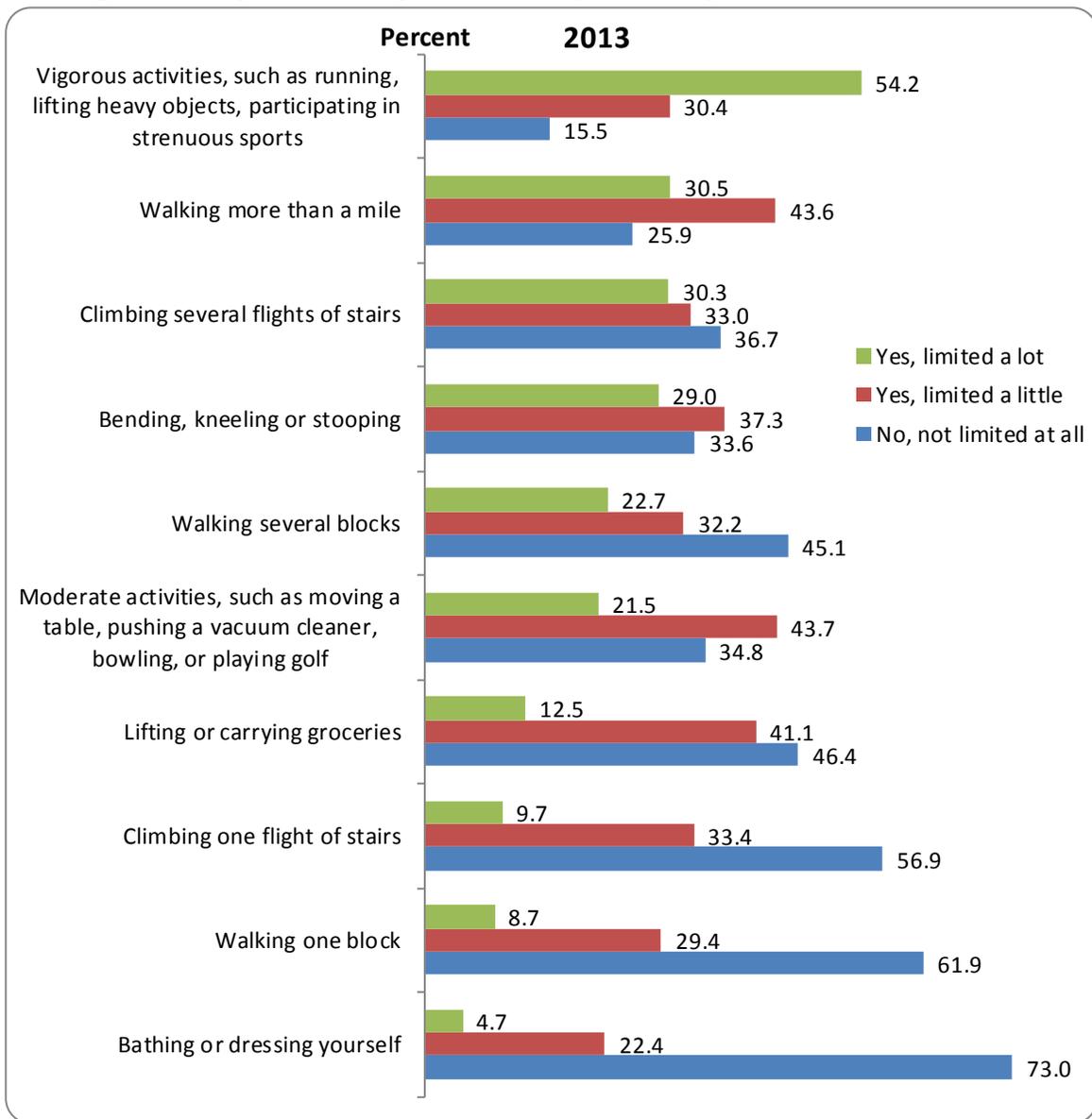
- The health of more than half the alumni (53.7%), currently *limits them a lot* regarding vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports (Figure 22).
- Forty percent or more are currently *limited a little* for three types of daily activities: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf—44.7percent; bending, kneeling, or stooping—45.0 percent; and lifting or carrying groceries—40.9 percent.
- More than half of alumni are *not limited at all* in bathing or dressing themselves (71.7%), walking one block (61.3%), or climbing one flight of stairs (56.2%).

Figure 22. Physical Activity Limitations



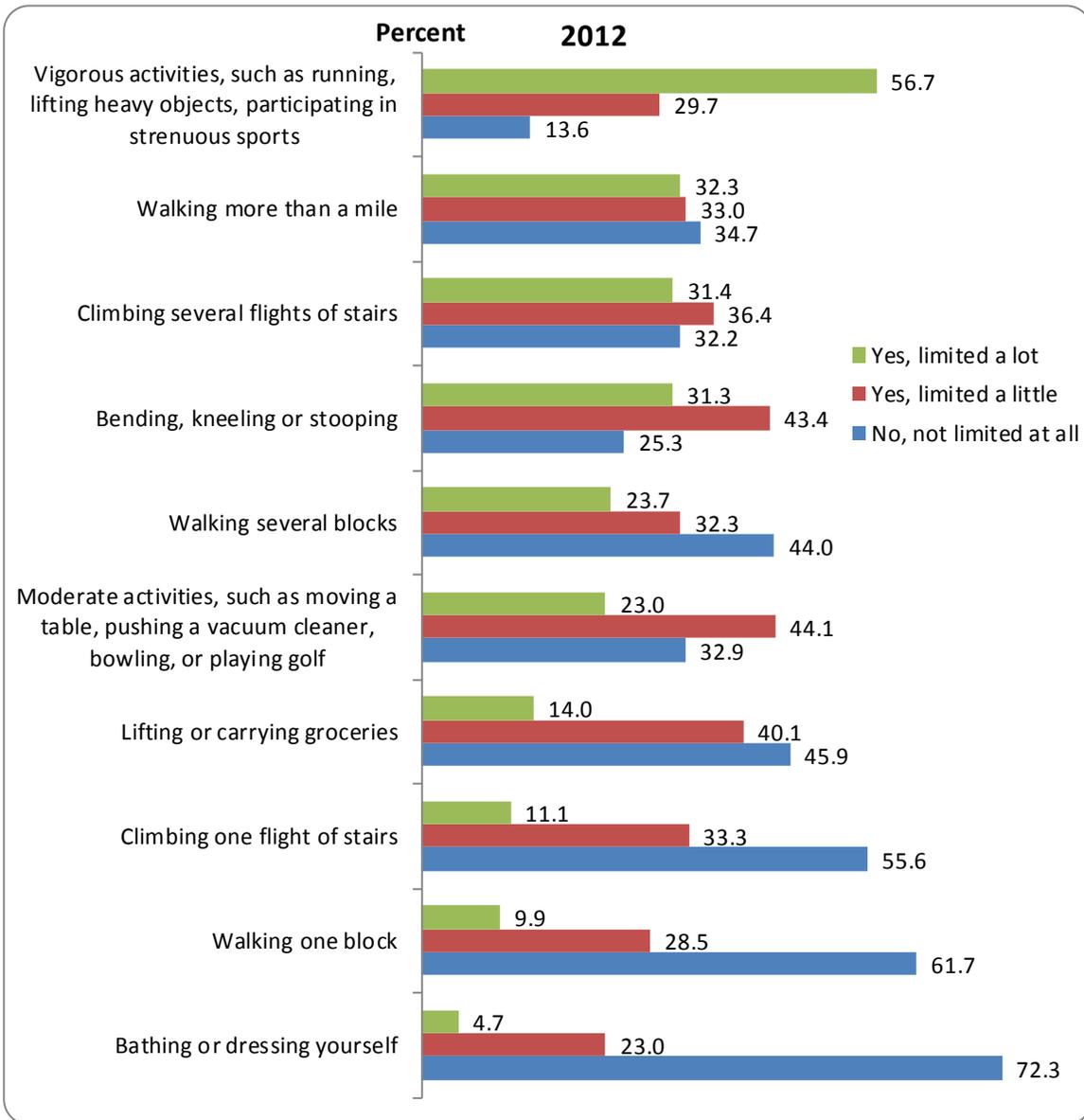
Note: 2013 data are weighted.

Figure 22. Physical Activity Limitations (Continued)



Note: 2013 data are weighted.

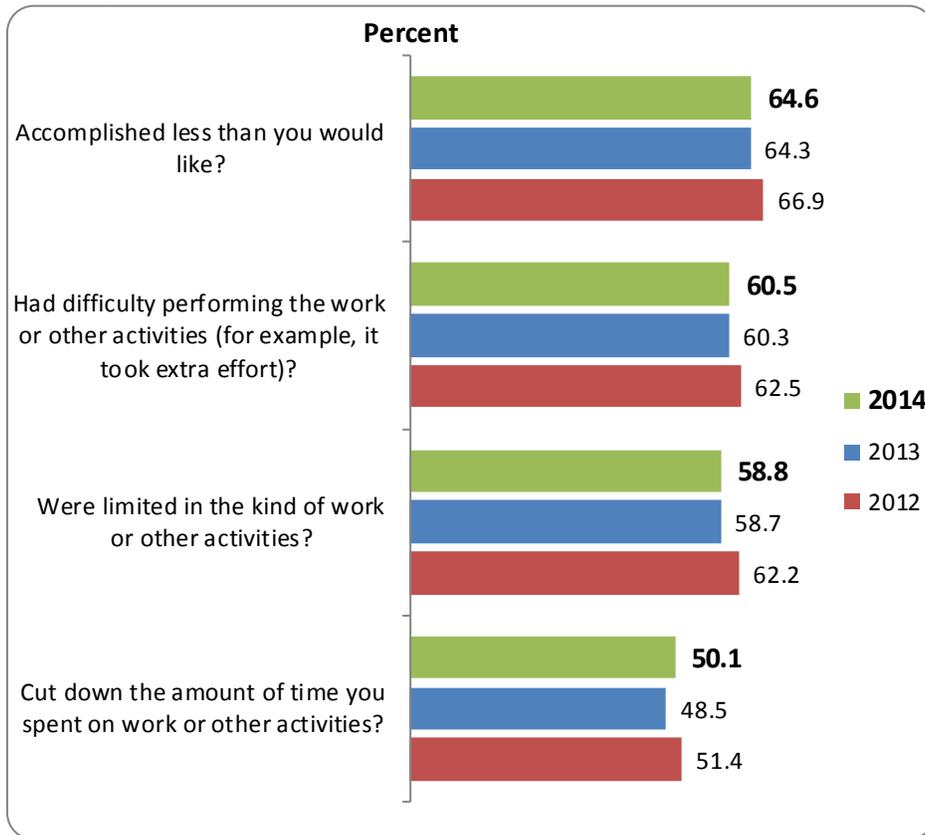
Figure 22. Physical Activity Limitations (Continued)



Note: 2012 data are unweighted.

PHYSICAL HEALTH AND RECENT PROBLEMS WITH WORK OR REGULAR DAILY ACTIVITIES. As in prior years, half of alumni (50.1%) cut down the amount of time they spent during the past 4 weeks with their work or other regular daily activities as a result of their physical health, and 64.6 percent accomplished less than they would like (Figure 23).

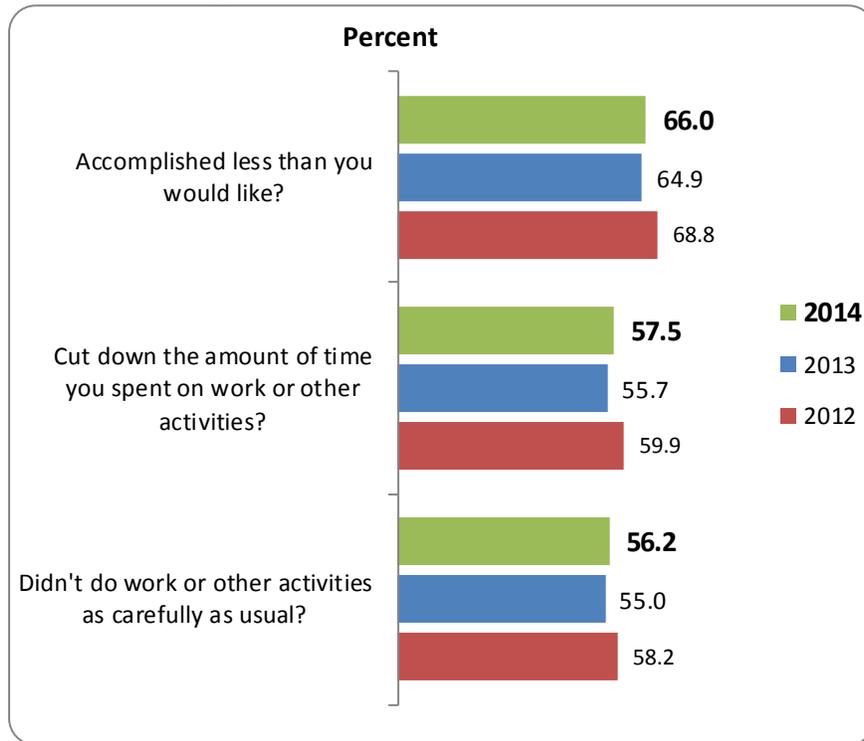
Figure 23. Percentages of Alumni Reporting “Yes”—Physical Health Problems Have Interfered in Last 4 Weeks With Work or Regular Activities



Note: 2013 and 2014 data are weighted; 2012 are unweighted.

EMOTIONAL PROBLEMS AND RECENT PROBLEMS WITH WORK OR REGULAR DAILY ACTIVITIES. For many alumni, emotional problems (such as feeling depressed or anxious) contributed to each of three types of problems with their work or other regular activities during the past 4 weeks (Figure 24). The percentage of alumni with emotional problems that contributed to cutting down on time spent on work and other activities (57.5%) was higher than the percentage of alumni with the same effects from physical problems (50.1%).

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



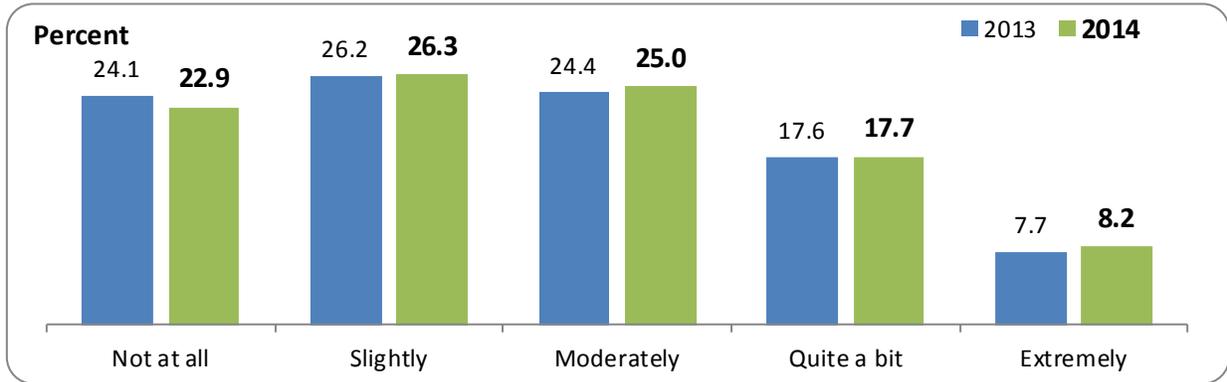
Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

INTERFERENCE OF PHYSICAL HEALTH OR EMOTIONAL PROBLEMS ON RECENT SOCIAL ACTIVITIES. In the 2013 survey, the question asking to what extent has physical health or emotional problems interfered with normal social activities with family, friends, neighbors, or groups during the past 4 weeks was revised as two similar but separate questions: One asked only about physical health, and the other asked only about emotional problems. This change was made to gain a better understanding of whether the two sets of health problems affect activities differently. However, the change precludes direct comparisons with results in 2012. Figures 25a and 25b show the results for 2014 and 2013.

The results in 2014 are quite similar to those in 2013. Clear differences remain between the effects of physical health and emotional problems on normal social activities:

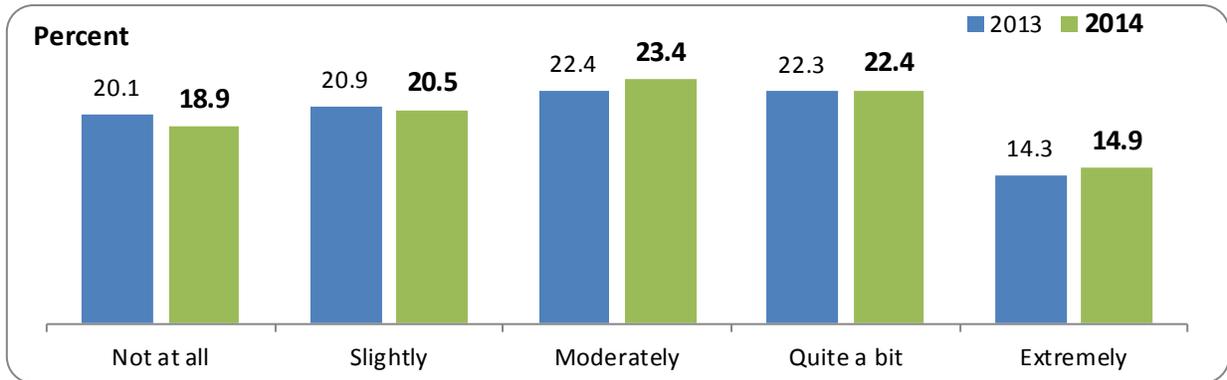
- 50.8 percent of alumni said their physical health interfered *moderately, quite a bit, or extremely* with normal social activities.
- 60.6 percent of alumni said that their emotional problems interfered *moderately, quite a bit, or extremely* with normal social activities.

Figure 25a. Extent to Which Physical Health Has Interfered With Normal Social Activities in Past 4 Weeks



Note: 2013 and 2014 data are weighted.

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

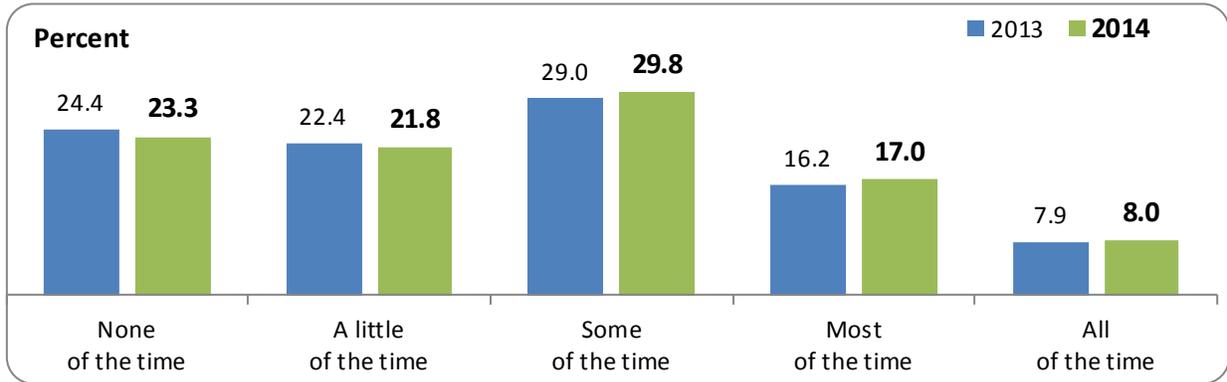


Note: 2013 and 2014 data are weighted.

A similar revision into two separate questions was made in the 2013 survey for the question asking alumni how much of the time during the past 4 weeks physical health or mental health interfered with their social activities (visiting with friends, relatives, etc.). Again, the change in the question means the results cannot be directly compared with those from 2012. The results for 2014 and 2013 are displayed in Figures 26a and 26b. The results in 2014 are similar to the 2013 results and show differences between the effects of physical and mental health problems:

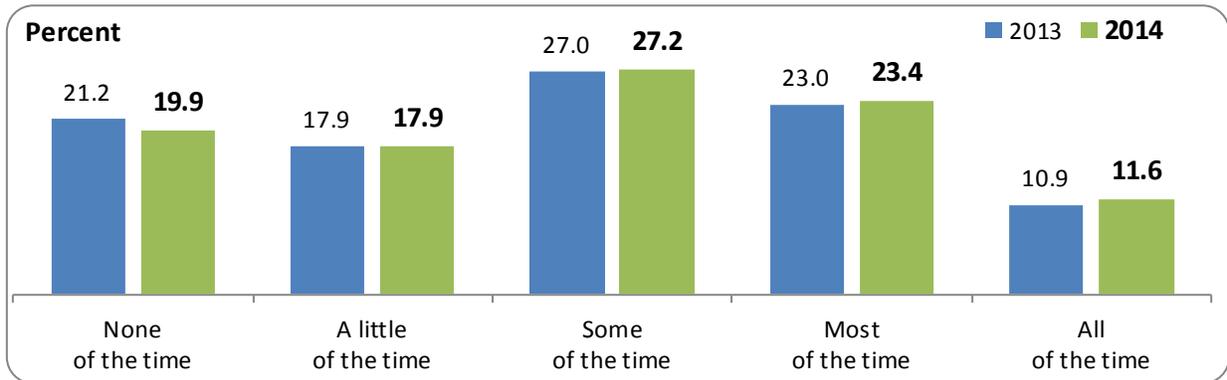
- The physical health of one-fourth of alumni (25.0%), interfered with their social activities during the past 4 weeks *all of the time or most of the time*.
- The mental health of more than a third of alumni (35.0%), interfered with their social activities during the past 4 weeks *all of the time or most of the time*.

Figure 26a. Amount of Time Physical Health Has Interfered With Normal Social Activities in Past 4 Weeks



Note: 2013 and 2014 data are weighted.

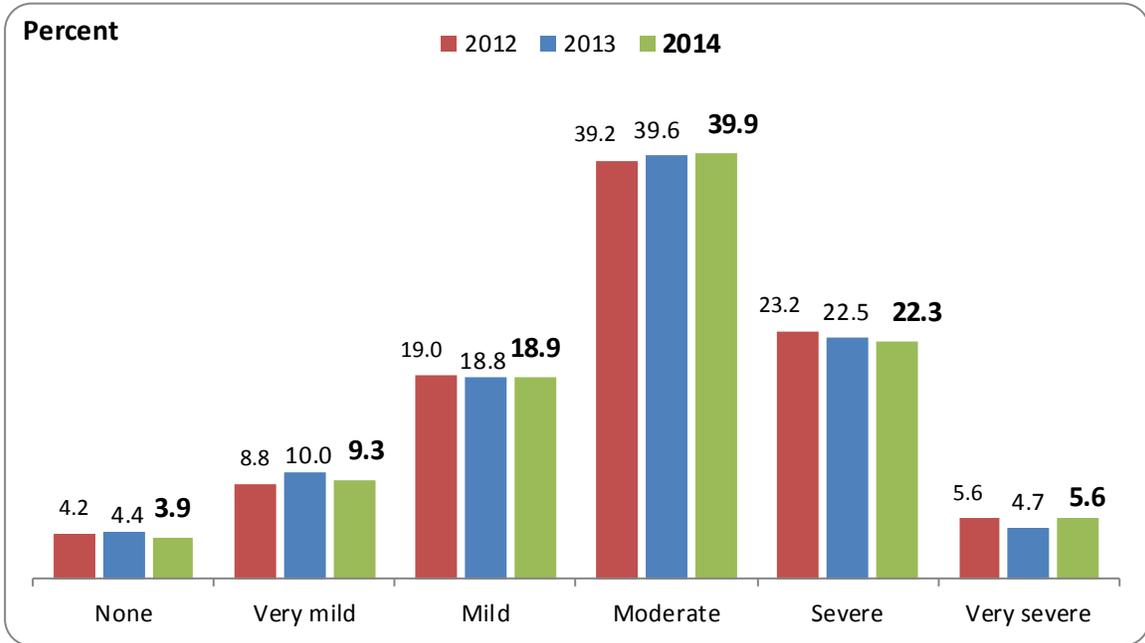
Figure 26b. Amount of Time Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks



Note: 2013 and 2014 data are weighted.

RECENT BODILY PAIN AND INTERFERENCE OF PAIN WITH NORMAL WORK. Two-thirds of alumni (67.8%) had *moderate, severe, or very severe* bodily pain during the past 4 weeks (Figure 27).

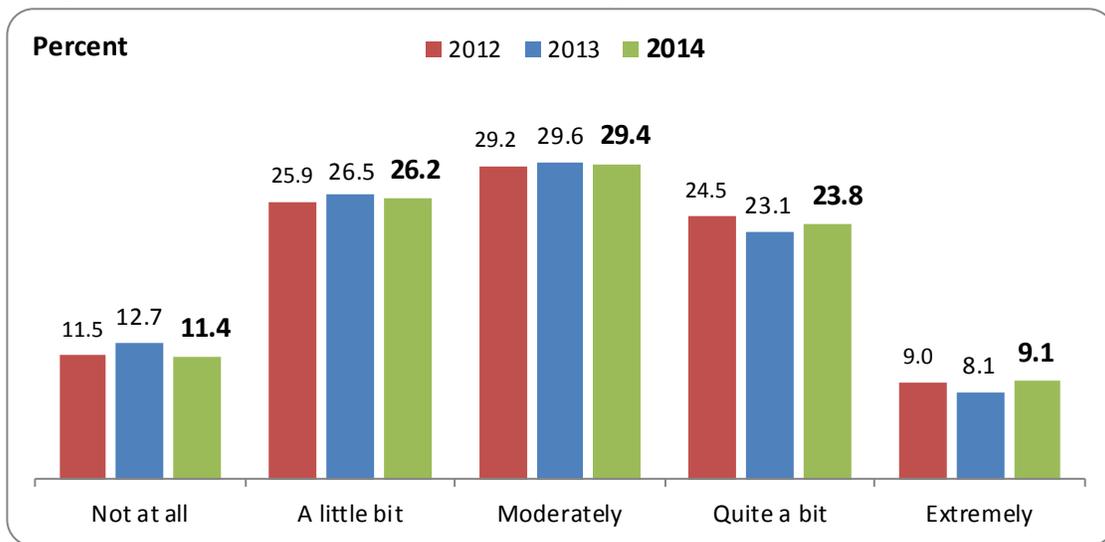
Figure 27. Extent of Bodily Pain in the Past 4 Weeks



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

For more than 6 of 10 alumni (62.3%), bodily pain interfered with their normal work more than a little bit—including work outside the home and housework (Figure 28).

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



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

FEELINGS DURING THE PAST 4 WEEKS. Feeling tired and feeling worn out during the past 4 weeks continue to be common feelings among many alumni (Table 3). About 7 of 10 alumni (71.7%) felt tired and 66.0 percent felt worn out *all the time, most of the time, or a good bit of the time* during the past 4 weeks. Also, 47.7 percent felt nervous *all the time, most of the time, or a good bit of the time*. Only 15.5 percent did not feel downhearted or blue at all.

Table 3. Frequency of Feelings During the Past 4 Weeks

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?						
2014	2.1	9.0	12.1	25.2	29.5	22.1
2013	1.9	9.4	12.2	24.6	29.9	22.0
2012	1.4	9.6	11.6	25.8	30.2	21.3
Have you been a very nervous person?						
2014	10.6	19.1	18.0	20.6	17.2	14.5
2013	10.0	18.5	18.0	19.9	18.1	15.4
2012	10.3	20.1	17.8	19.3	17.8	14.6
Have you felt so down in the dumps that nothing could cheer you up?						
2014	6.5	15.0	17.3	20.3	19.0	21.9
2013	6.7	14.5	16.5	19.6	19.7	23.0
2012	6.6	15.0	17.2	21.2	19.4	20.5
Have you felt calm and peaceful?						
2014	2.4	11.2	13.0	23.6	32.0	17.9
2013	2.4	11.6	12.9	23.3	31.7	18.2
2012	2.0	11.3	12.1	22.8	31.9	20.0
Did you have a lot of energy?						
2014	2.2	8.0	11.4	23.4	31.1	23.9
2013	2.2	8.4	11.5	23.2	30.9	23.7
2012	1.7	8.3	11.4	23.2	30.7	24.7
Have you felt downhearted and blue?						
2014	7.3	17.1	17.2	22.7	20.1	15.5
2013	7.4	16.7	16.2	22.1	21.1	16.5
2012	7.3	18.1	17.1	22.9	20.3	14.3
Did you feel worn out?						
2014	17.2	26.7	22.1	19.1	10.5	4.4
2013	17.0	25.2	21.5	19.8	11.4	5.1
2012	16.8	26.3	22.0	19.5	11.4	4.0
Have you been a happy person?						
2014	3.6	15.5	16.0	28.3	27.6	9.1
2013	3.8	16.0	15.9	27.3	27.7	9.2
2012	3.3	15.7	15.3	27.4	28.9	9.4
Did you feel tired?						
2014	24.2	27.3	20.2	17.7	8.3	2.3
2013	23.2	25.9	20.5	18.6	9.2	2.5
2012	23.3	27.0	20.0	18.3	9.5	1.9

Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

ASSESSMENT OF OWN HEALTH. Alumni were asked to assess how true or false four statements are about their health. Six of 10 said it was *definitely* or *mostly false* that they get sick a little easier than other people (60.7%). A slightly higher percentage of alumni (63.9%), however, do not think their health is excellent, and more than half (55.6%) do not think they are as healthy as anybody they know (Table 4). Also, 43.4 percent expect their health to get worse (said the statement is *definitely true* or *mostly true*); 15.9 percent don't know whether their health will get worse.

Table 4. Assessment of Own Health

	Definitely True	Mostly True	Mostly False	Definitely False	Don't Know
I seem to get sick a little easier than other people.					
2014	8.9	17.7	25.8	34.9	12.8
2013	8.9	17.8	25.6	34.8	13.0
2012	9.7	18.8	25.7	32.4	13.3
I am as healthy as anybody I know.					
2014	7.0	29.2	23.4	32.2	8.2
2013	7.5	30.1	22.7	31.3	8.4
2012	6.5	28.7	23.4	33.2	8.1
I expect my health to get worse.					
2014	13.9	29.5	21.9	18.9	15.9
2013	12.9	29.0	22.4	19.4	16.4
2012	14.4	30.1	20.5	18.6	16.4
My health is excellent.					
2014	4.0	26.4	21.8	42.1	5.7
2013	4.1	27.4	21.8	40.6	6.1
2012	4.2	26.2	21.0	43.0	5.7

Note: 2013 and 2104 data are weighted; 2012 data are unweighted.

NUMBER OF DAYS POOR PHYSICAL HEALTH AND MENTAL HEALTH RESTRICTED ACTIVITIES. In the 2010–2012 WWP surveys, alumni were asked how many days physical or mental health issues restricted them from doing their usual activities (such as self-care, work, school, volunteer, or recreation) during the past 4 weeks. The question was revised in 2013 to ask separately about physical health and mental health.

In 2012, more than three-fourths (78.3%) of the respondents said they experienced restrictions on their usual activities because of their physical or mental health. For those who experienced restrictions for at least 1 day, the mean number of days their health kept them from doing their usual activities during that period was 13.4 (range was 1 to 28).

The results for 2014 and 2013 indicate that physical health and mental health had relatively similar restrictive effects on usual activities during the past 4 weeks:

- In 2014, 71.7 percent of alumni indicated that their physical health issues restricted them from doing their usual activities for one or more days during the past 4 weeks. The mean number of days reported was 12.4 (range was 1 to 28).

- In 2014, 70.1 percent of alumni indicated that their mental health issues restricted them from doing their usual activities for one or more days during the past 4 weeks. The mean number of days reported was 13.7 (range was 1 to 28).

Another question in the WWP alumni survey during the first 3 survey years asked wounded warriors if they had missed work because of their poor health during the past 4 weeks. That question was also revised in 2013 to ask separately about physical health and mental health. We present the finding for two groups: (1) all alumni and (2) the subgroup of alumni classified as currently employed in paid work:

2014 Results for All Alumni

The results for the 2014 survey indicate that, among all alumni, poor physical health and poor mental health had a similar effect on mean days of work missed:

- Physical health problems – 9.0 days
- Mental health problems – 9.9 days

2014 Results for Currently Employed Alumni

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

- Physical health problems – 7.0 days
- Mental health problems – 7.3 days

RAND-36 ITEM SHORT FORM SCALE SCORES. Scale scores for the RAND SF-36 items were calculated as follows: First, item values were recoded according to RAND's scoring key; second, total scores were calculated for each item making up a health functional area; third, item scores were averaged together to produce a final mean score for that health functional area. The maximum score for each health functional area is 100. Higher scores represent a more favorable health status. Mean scale scores for the WWP alumni are presented below. The 2014 means scores are similar to the 2013 scores and most of the 2012 scores:

- Physical Functioning = **60.0** in 2014 (60.3 in 2013 and 59.0 in 2012) (WWP Health and Daily Activity items 2a-j).
- Bodily Pain = **41.3** in 2014 (42.5 in 2013 and 41.1 in 2012) (WWP Health and Daily Activities items 6 and 7).
- Energy/Fatigue = **33.8** in 2014 (34.5 in 2013 and 34.0 in 2012) (WWP Health and Daily Activities items 8a, e, g, i).
- Emotional Well-Being – **48.7** in 2014 (49.4 in 2013 and 48.1 in 2012) (WWP Health and Daily Activities items 8b, c, d, f, h).
- Social Functioning – (WWP Health and Daily Activities survey items 5 and 9). Unable to calculate in 2014 and 2013 because these items were revised as two questions each in the 2014 and 2013 surveys (the score was 42.9 in 2012).
- General Health Assessment – **46.0** in 2014 (46.6 in 2013 and 44.0 in 2012) (WWP Health and Daily Activities items 1, 10a, b, c, d).

- Role Limitations Due to Physical Health – **41.5** in 2014 (42.1 in 2013 and 39.3 in 2012) (WWP Health and Daily Activities items 3a, b, c, d).
- Role Limitations Due to Emotional Problems – **40.1** in 2014 (41.4 in 2013 and 37.7 in 2012) (WWP Health and Daily Activities items 4a, b, c).

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

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

The comparison indicates less favorable quality-of-life health outcomes for WWP alumni. As noted earlier, most of the initial cohort in the Millennium Cohort study had not been deployed at the time baseline data were collected.

HOW HAVE YOU BEEN FEELING?

The survey included one question on problems that may have bothered alumni in the past 2 weeks and another question on frightening military experiences that affected them in the past month. Alumni military experiences continue to affect them in adverse ways.

HOW OFTEN PROBLEMS BOTHER THEM. Among problems bothering respondents nearly every day, the most common problems for the past 3 survey years are various types of sleeping problems (42.4%) and feeling tired or having little energy (35.4%; Table 5). Many other problems bothered them as well during the 2 weeks prior to the survey. Results are similar to those for 2013 and 2012.

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

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
2014	22.7	32.8	23.5	21.0
2013	23.8	32.8	23.0	20.4
2012	21.7	33.6	24.2	20.5
Feeling down, depressed, or hopeless				
2014	26.1	33.8	21.9	18.3
2013	28.2	32.8	21.7	17.3
2012	25.5	35.0	21.9	17.6
Trouble falling or staying asleep, or sleeping too much				
2014	11.2	22.2	24.2	42.4
2013	11.9	21.6	23.6	42.8
2012	11.0	20.9	23.4	44.7
Feeling tired or having little energy				
2014	9.6	26.9	28.1	35.4
2013	10.8	27.7	26.9	34.6
2012	9.4	27.4	28.0	35.2
Poor appetite or overeating				
2014	24.0	25.7	24.3	26.1
2013	24.9	26.3	23.3	25.5
2012	23.4	25.9	24.6	26.1
Feeling bad about yourself—or that you are a failure or you have let yourself or your family down				
2014	31.3	28.9	19.7	20.2
2013	32.7	29.0	19.2	19.0
2012	30.0	29.6	20.2	20.2
Trouble concentrating on things such as reading the newspaper or watching television				
2014	22.7	28.0	23.7	25.7
2013	23.7	28.0	23.2	25.1
2012	22.3	27.6	23.8	26.3
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				
2014	42.1	26.3	17.4	14.2
2013	42.6	25.4	18.3	13.7
2012	39.6	25.9	19.0	15.5

Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

The items in this question make up the Patient Health Questionnaire eight-item depression scale (PHQ-8). The calculated scale scores indicate that **60.6** percent (59.6% in 2013) of alumni are experiencing current major depression, represented by a scale score of 10 or higher:

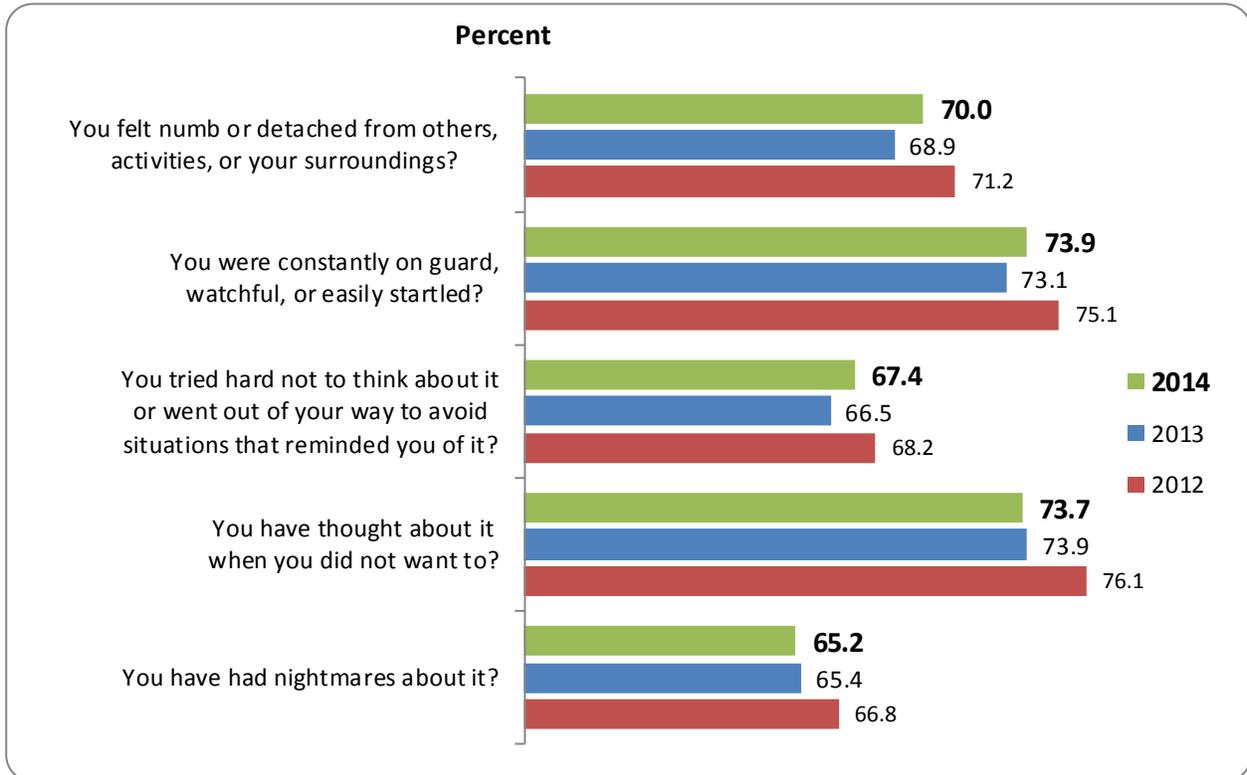
- No significant depressive symptoms (score of 0 to 4) – **17.3** percent (18.9% in 2013)
- Mild depressive symptoms (score of 5 to 9) – **22.1** percent (21.6% in 2013)
- Moderate (score of 10 to 14) – **22.6** percent (22.8% in 2013)

- Moderately severe (score of 15 to 19) – **20.8** percent (20.4% in 2013)
- Severe (score of 20 to 24) – **17.2** percent (16.4% in 2013)

These findings are mostly similar to the 2013 and 2012 results. In the general U.S. civilian population, the comparable percentage for persons experiencing current depression is 8.6 percent (Kroenke et al., 2009). RAND used the same scale in its Invisible Wounds study (the data were collected by telephone between August 2007 and January 2008) and reported that nearly 14 percent of OIF/OEF veterans met the criteria for major depression (RAND, 2008).

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

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



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

The survey items in Figure 29 are from a scale designed to screen for post-traumatic stress disorder: Primary Care PTSD Screen (PC-PTSD). This four-item screen is used in primary care and other medical settings and is being used by the VA to screen for PTSD in veterans. Generally, the results of the PC-PTSD are considered “positive” for PTSD if a patient answers yes to any three of the four items (Prins, Ouimette, Kimerling, et al., 2003). A positive response to the screen, however, does not necessarily indicate that a person has PTSD. Nevertheless, a

positive response does indicate that a person may have PTSD or trauma-related problems and may warrant further examination by a mental-health professional.

In the WWP survey, the first item in the scale was revised as two items because the item asked about two possible situations (original item: You have had nightmares about it or thought about it when you did not want to?). Responses to those two items were combined (included respondents who answered *yes* to either of the items but counted them only once if they said *yes* to both) when the PC-PTSD scale score was calculated for WWP respondents. The WWP survey results indicate that **69.0** percent of alumni tested positive for PTSD (similar to the percentages from 2013 (68.6%) and 2012 (69.5%).

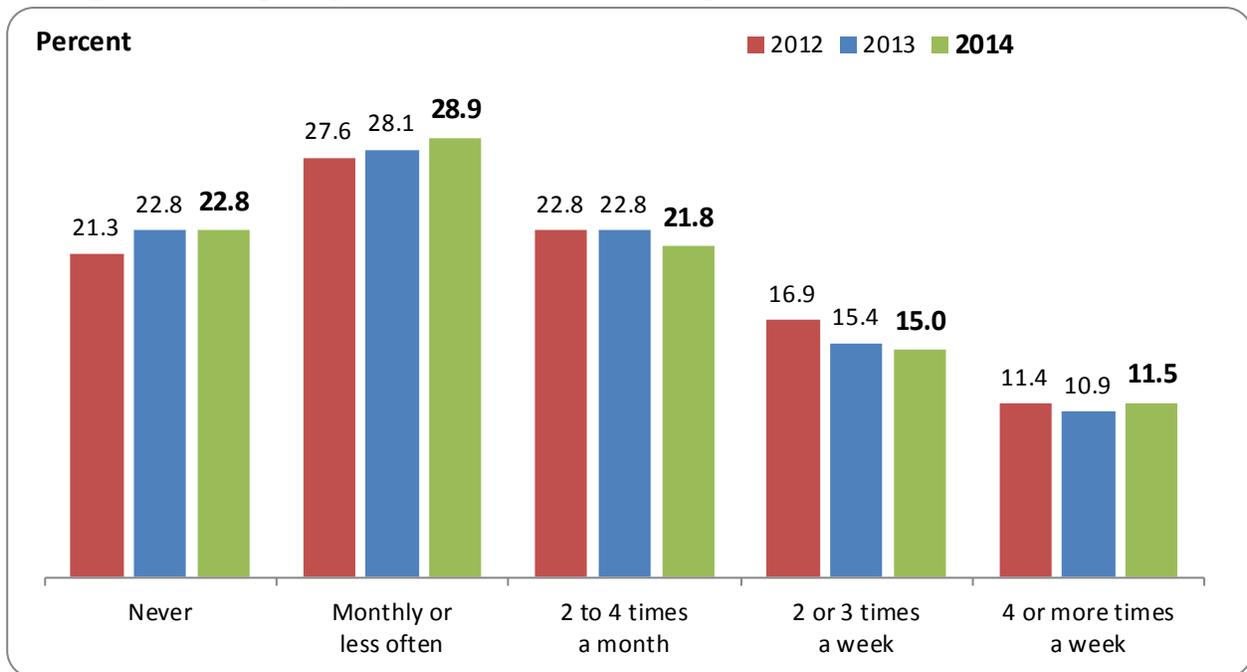
Comparison data from the Post-Deployment Health Assessment (PDHA: Hoge, Auchterlonie, & Milliken, 2006) indicate that 4.8 percent of OIF veterans and 2.1 percent of OEF veterans answered *yes* to at least three items. In a study of Post-Deployment Health Re-Assessment (PDHRA) data, Milliken, Auchterlonie, and Hoge (2007) reported that 40.8 percent of Army active duty soldiers and 52.2 percent in the Reserve Component screened positive for PTSD. The relatively high prevalence of PTSD in the military and veterans communities is likely associated with the frequency and types of trauma seen in the combat zone.

HEALTH-RELATED MATTERS

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

USE OF ALCOHOLIC BEVERAGES. The 2014 data on alcohol use are quite similar to the data for 2013. In the past 12 months, use of alcoholic beverages (i.e., beer, wine, or hard liquor) varied among alumni. About one-fifth (22.8%) did not drink at all during the past 12 months, and more than one-fourth (28.9%) drank monthly or less often; 26.5 percent reported having drinks containing alcohol two or more times a week (Figure 30).

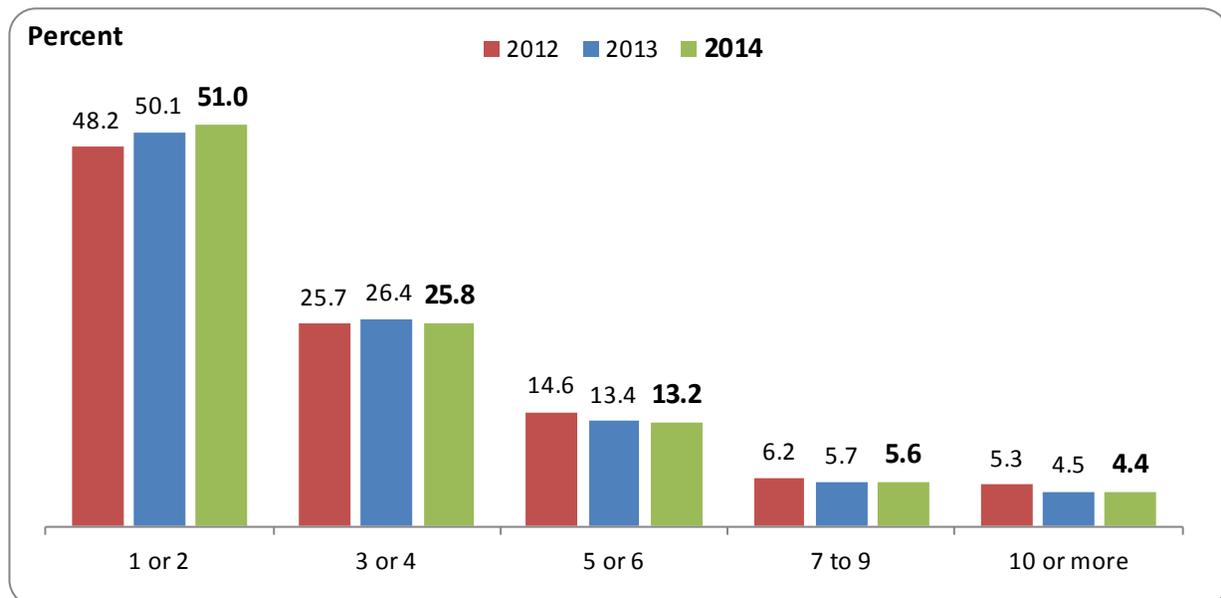
Figure 30. Frequency of Use of Alcoholic Beverages



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Also, on a typical day when alumni did have a drink with alcohol, most alumni had one or two drinks (51.0%) or three or four drinks (25.8%) (Figure 31). The remaining alumni reported varying numbers of drinks on a typical day.

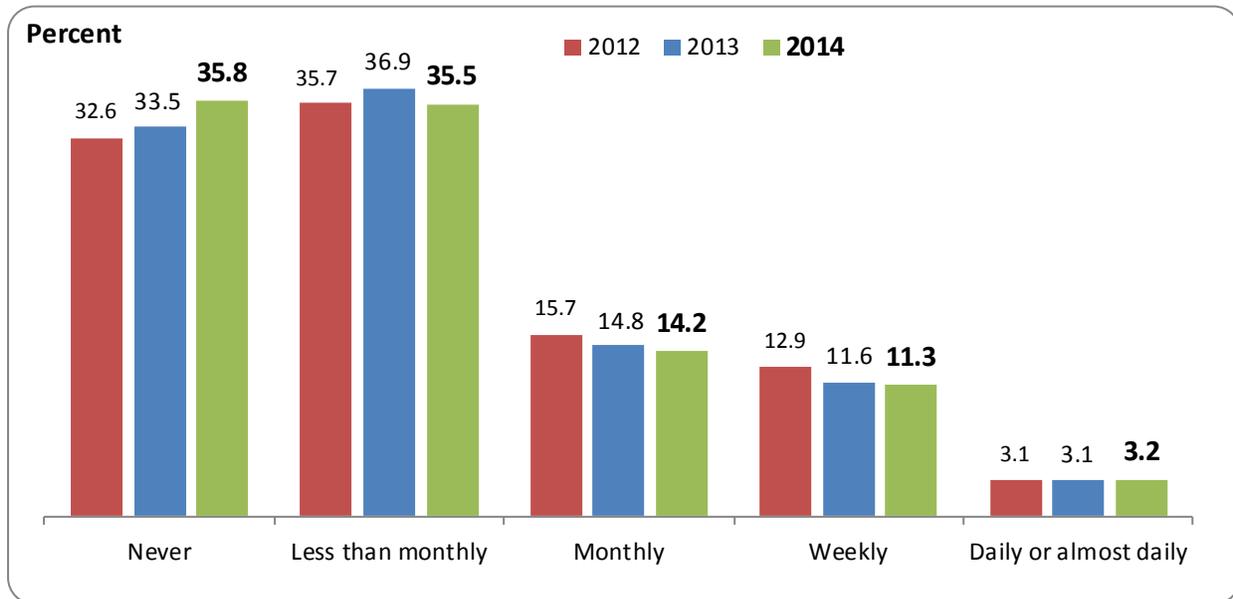
Figure 31. Number of Alcoholic Drinks Consumed on a Typical Day



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Relatively small percentages of alumni who reported drinking alcohol in the past 12 months had six or more drinks on one occasion weekly (11.3%) or *daily/almost daily* (3.2%) (Figure 32).

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



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

The three questions about alcohol use in the past 12 months are from the AUDIT-C scale. Scores on the AUDIT-C can range from 0 to 12. A score of 4 or higher represents a positive alcohol screen for at-risk drinking for males, and a score of 3 or higher is positive for females (Dawson, Grant, Stinson, & Zhou, 2005). The WWP mean score for male alumni is **3.3**, and the mean score for WWP female alumni is **2.2**. Those scores are the same as the scores in 2013.

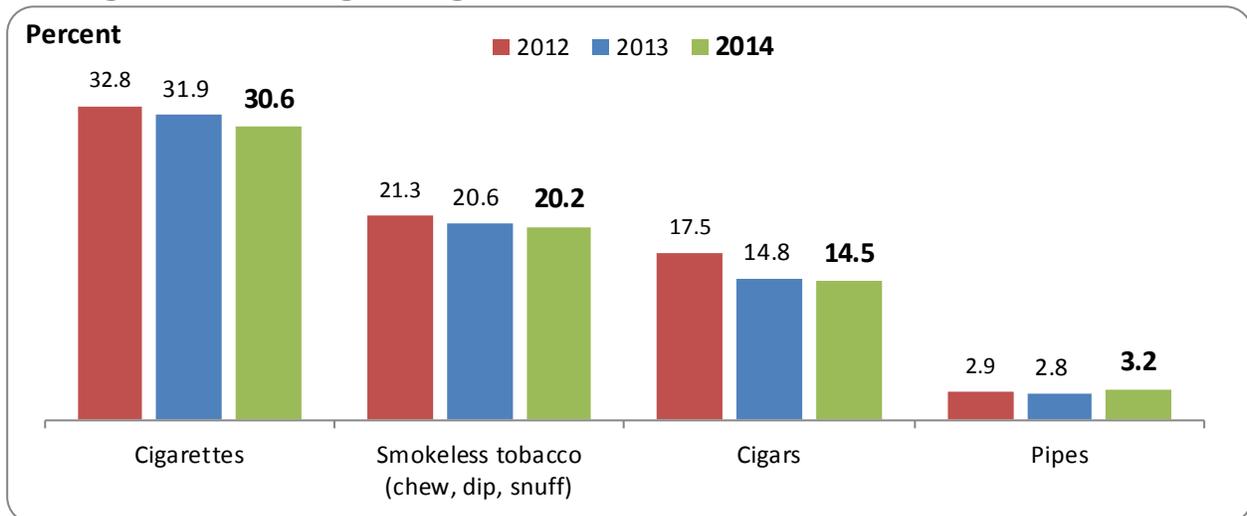
The survey included two questions about the use of alcohol in the past 4 weeks. About one-fifth of alumni (19.8%) used alcohol more than they meant to in the past 4 weeks. Also, 15.4 percent felt they wanted to or needed to cut down on their drinking in the past 4 weeks. These two alcohol questions are from the Post-Deployment Health Assessment/Post-Deployment Health Reassessment (PDHA/PDHRA) alcohol screen. An answer of *yes* to both questions is coded as a positive alcohol screen. In 2014, 12.6 percent of WWP alumni in 2014 had a positive alcohol screen (12.7% in 2013).

The findings from the 2011 *Department of Defense Health Related Behaviors Survey of Active Duty Military Personnel* (HRB) include data on the prevalence of drinking alcoholic beverages among Army, Navy, Marine Corps, Air Force, and Coast Guard active duty service members (Barlas, Higgins, Pflieger, & Diecker, 2013). The results are not directly comparable to the WWP findings not only because of the differences in survey populations but also because the HRB asks different questions from those asked in the WWP survey and the reference periods for the questions differ. We report the findings, though, because they do provide additional information about active duty service members' use of alcohol. According to the HRB findings:

- The percentage of active duty personnel reporting they did not drink alcoholic beverages at all in the past 12 months was 15.6 percent (compared with 22.8 percent of WWP alumni).
- Active duty personnel who did drink alcoholic beverages in the past 12 months reported an average of 6.2 drinking days per month.
- Nearly 4 of 10 active duty personnel (39.6%) said they had at least one binge drinking episode in the past 30 days. Binge drinking for the HRB is defined as consuming five or more drinks for males and four or more for females on the same occasion.

USE OF TOBACCO PRODUCTS. About 3 of 10 alumni (30.6%) used cigarettes during the past 12 months, and lower percentages of alumni used other tobacco products (Figure 33). Findings from the 2011 HRB of active duty personnel indicate that 24.0 percent were current cigarette smokers (Barlas, Higgins, Pflieger, & Diecker, 2013).

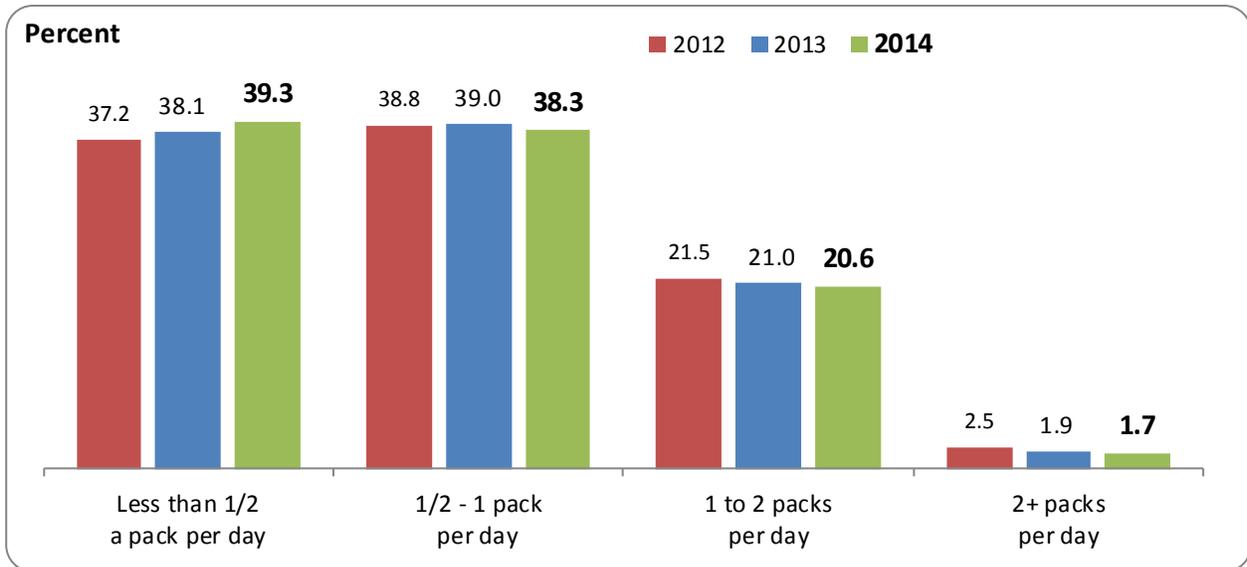
Figure 33. Percentages Using Tobacco Products in the Past 12 Months



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Just over half of alumni (54.2%) have smoked at least 100 cigarettes (5 packs) in their lifetimes. (Baseline data from the Millennium Cohort Study indicate that 40.8% smoked more than 100 cigarettes in their lifetimes [Ryan et al., 2007], and more recent data from the 2011 HRB indicate that 41.3% of active duty personnel have smoked at least 100 cigarettes [Barlas, Higgins, Pflieger, & Diecker, 2013].) WWP alumni were also asked about how many packs per day they smoke. More than 4 of 10 of WWP alumni (42.5%) have never smoked. Among the alumni who have ever smoked, 22.3 percent smoke 1 pack or more per day (Figure 34). Among ever smokers who had tried to quit smoking, 67.7 percent succeeded.

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



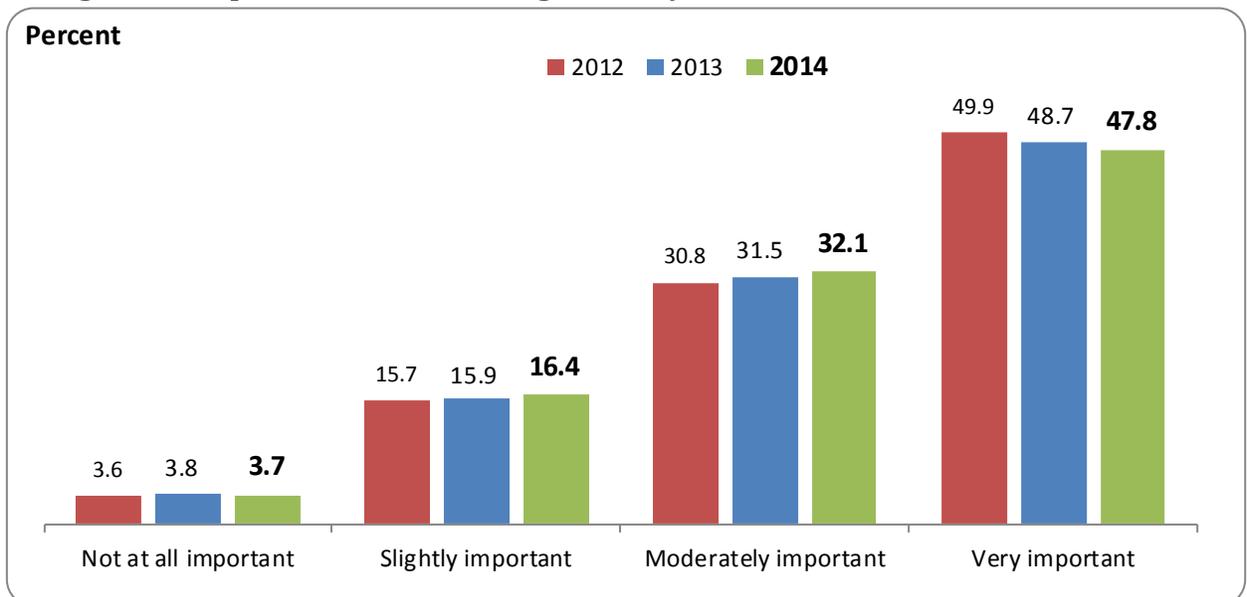
Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

The 2014 Millennium Cohort Smoking Scale scores for WWP alumni are similar to the 2013 scores:

- **46.3%** – nonsmokers (45.8% in 2013)
- **33.6%** – past smokers (33.2% in 2013)
- **20.1%** – smokers (21.0% in 2013)

IMPORTANCE OF A HEALTHY DIET AND GOOD NUTRITION. Most alumni (79.9%) said it is either *very important* or *moderately important* to them to maintain a healthy diet and good nutrition for their overall health and wellness (Figure 35).

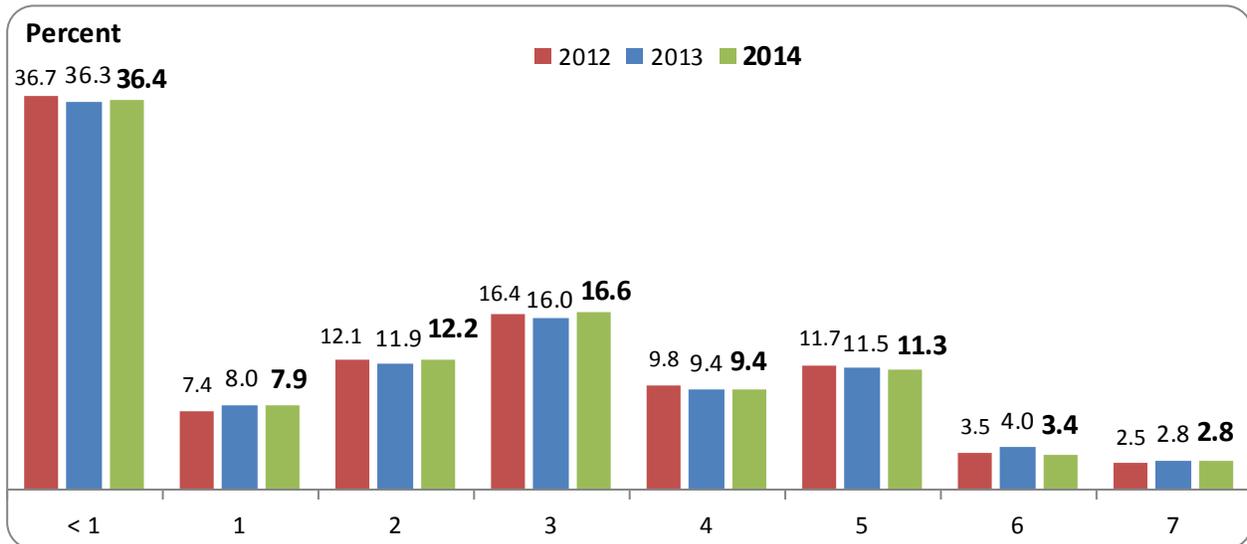
Figure 35. Importance of Maintaining a Healthy Diet and Good Nutrition



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

PHYSICAL ACTIVITY AND EXERCISE. Less than half (43.5%) of alumni do moderate-intensity physical activities or exercise (such as a brisk walk, jog, cycle, play adapted sports, swim . . .) 3 or more days a week; 36.4 percent do such physical activity less than once a week (Figure 36). The 2014 survey results are quite similar to those for 2013.

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

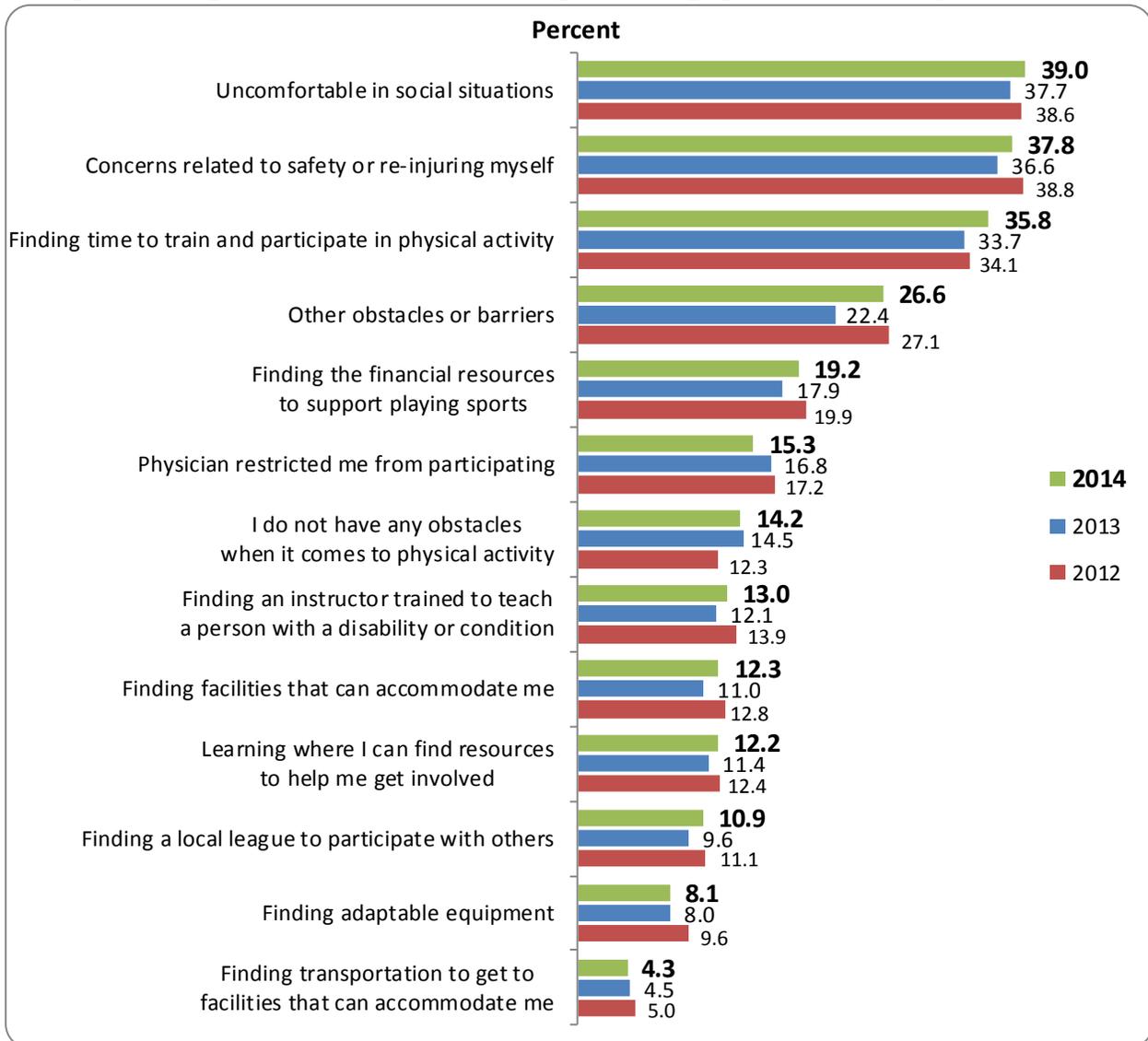


Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Alumni were presented with a list of 13 possible reasons that make it difficult for them to exercise or participate in sports or other physical activities. They were instructed to choose all that apply. The top three reasons chosen were the same as those chosen in 2013: (1) “uncomfortable in social situations” (39.0%), (2) “concerns related to safety or re-injuring myself” (37.8%), and (3) “finding time to train and participate in physical activity” (35.8%; Figure 37). Only 14.2 percent have no obstacles to physical activity.

Among those who did report barriers, 29.9 percent reported one barrier, 25.2 percent reported two barriers, 18.9 percent reported three barriers, 11.2 percent reported four barriers, and lower percentages (6.5% to a low of 0.1%) reported 5 to 12 barriers.

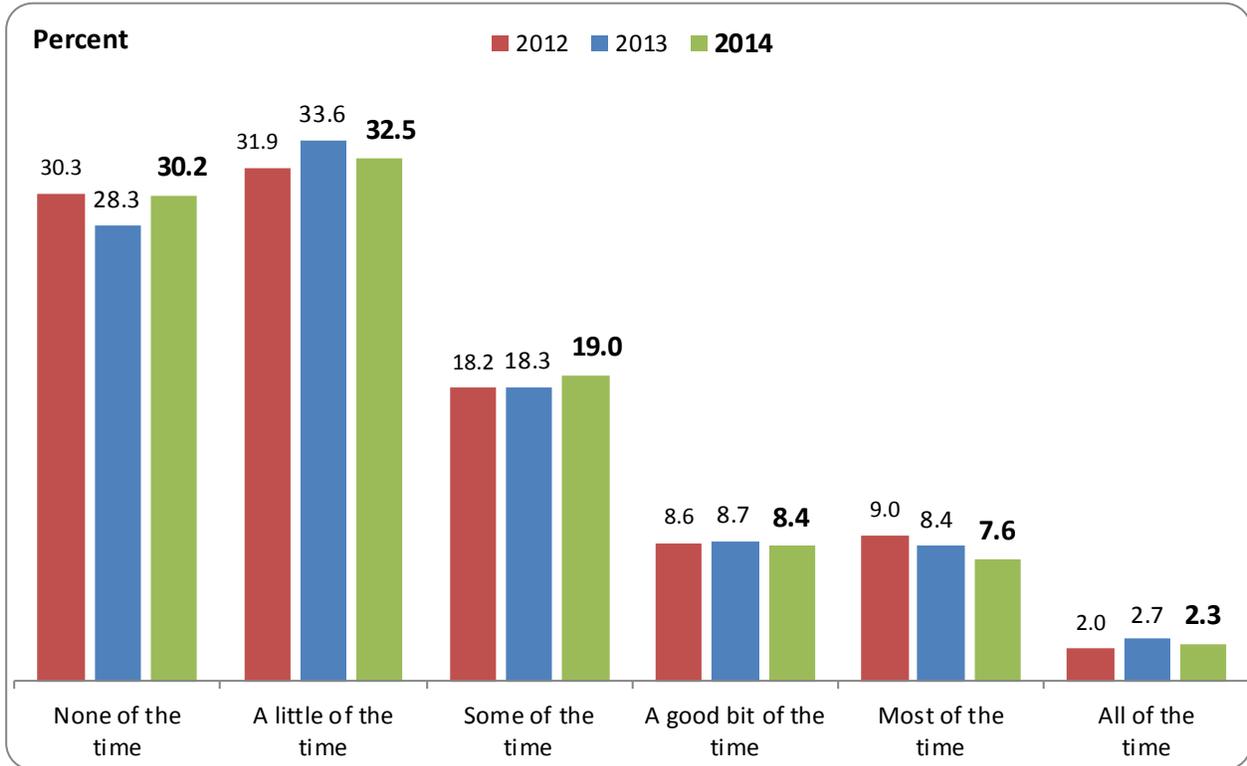
Figure 37. Reported Barriers to Exercising and Doing Sports or Other Physical Activities



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

AMOUNT OF SLEEP. Many alumni reported getting insufficient sleep. When asked if they got enough sleep during the past 4 weeks to feel rested upon waking in the morning, only 18.3 percent of the alumni answering this question said they did a *good bit of the time, most of the time, or all of the time*; Figure 38).

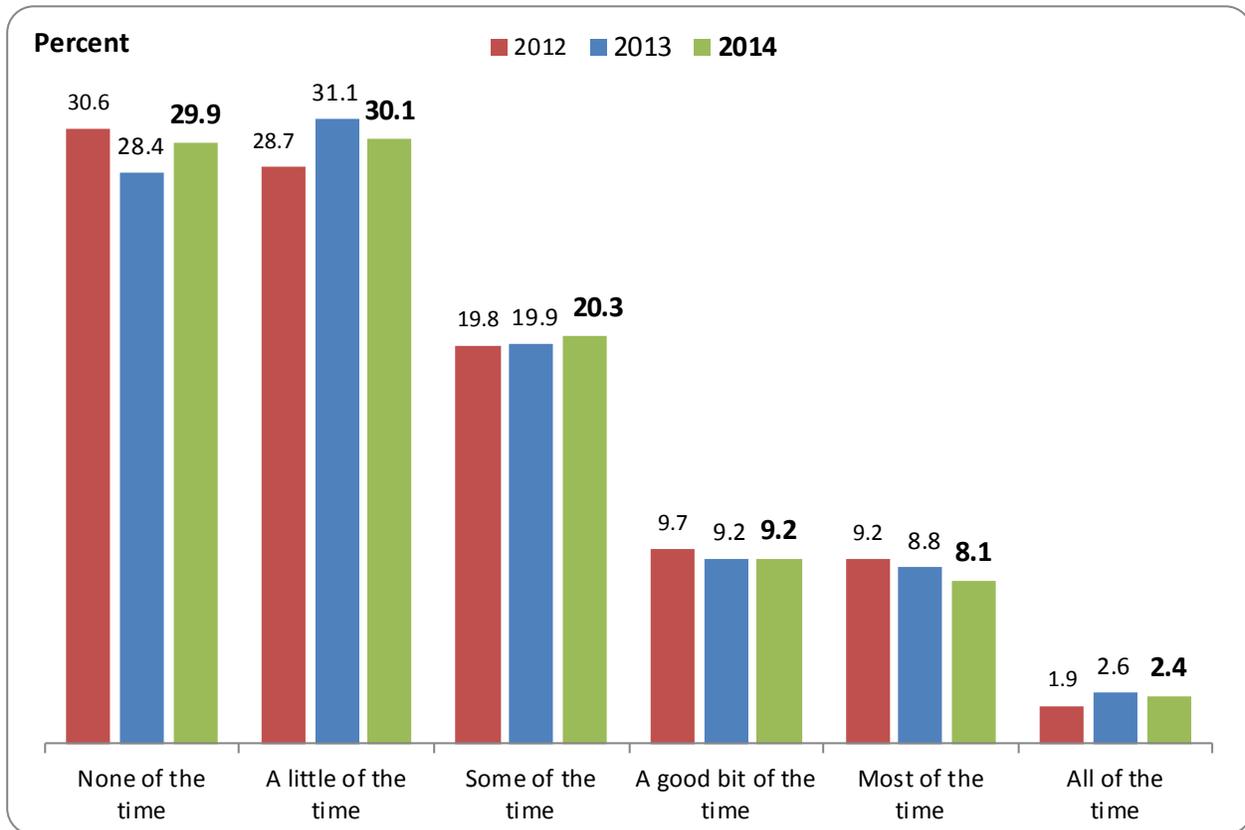
Figure 38. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

A similar low percentage (19.7%) said they got the amount of sleep they needed at least a good bit of the time or more during the past 4 weeks (Figure 39).

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



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

The two questions on sleep make up a Sleep Adequacy Scale from the Medical Outcomes Study Sleep Scale. The mean score for the WWP alumni is **28.0** (median score = 20.0; in 2013, the mean score was 29.0 and the median score was 20.0). The range of possible scores is 0 to 100, with higher sleep scores representing less of a problem sleeping (Hays & Stewart, 1992). In 2005, Hays and others reported that the mean score for a nationally representative sample was 60.5.

Additional information on sleep issues by past and current service members was reported by Seeling et al. (2010). This group of researchers used data from 41,225 Millennium Cohort members who completed baseline (2001–2003) and followup (2004–2006) surveys. They found that deployment to Iraq and Afghanistan significantly affected sleep quality and quantity—sleep duration was significantly shorter and trouble sleeping was more likely among deployed and postdeployed groups compared with those who did not deploy. The survey items asked: “Over the past month, how many hours of sleep did you get in an average 24-hour period?” (from the Patient Health Questionnaire [PHQ]) and “Over the past 4 weeks, how often have you experienced trouble falling asleep or staying asleep?” (from the PTSD Checklist-

Civilian Version [PCL-C]). Also, personnel who reported combat exposures or mental health symptoms (PTSD, depression, anxiety, or panic) had increased odds of trouble sleeping.

HEIGHT AND WEIGHT. Results for mean height, weight, and body mass index (BMI) are the same as or similar to those in 2013 and 2012. The average (mean) height and weight among 2014 alumni are 5'10" and 204 pounds. The average BMI for alumni is 29.6, which is at the high end of the range for being overweight (BMI = 25 to 29.9). The BMI range for obesity is 30 or greater; 42.6 percent of WWP alumni fall in the obesity range (compared with 40.8% in 2013), and another 39.7 percent are overweight (compared with 42.0% in 2013). According to age-adjusted data from the *National Health and Nutrition Examination Survey* (NHANES), 34.9 percent of U.S. adults age 20 and older were obese in 2011-2012 (Ogden, Carroll, Kit, & Flegal, 2012). The NHANES data show that the prevalence of obesity was higher among men aged 40 to 49 (39.4%) than among those aged 20 to 39 (29.0%). Similarly, 31.8 percent of women aged 20 to 39 were obese, compared with 39.5 percent of women aged 40 to 49.

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

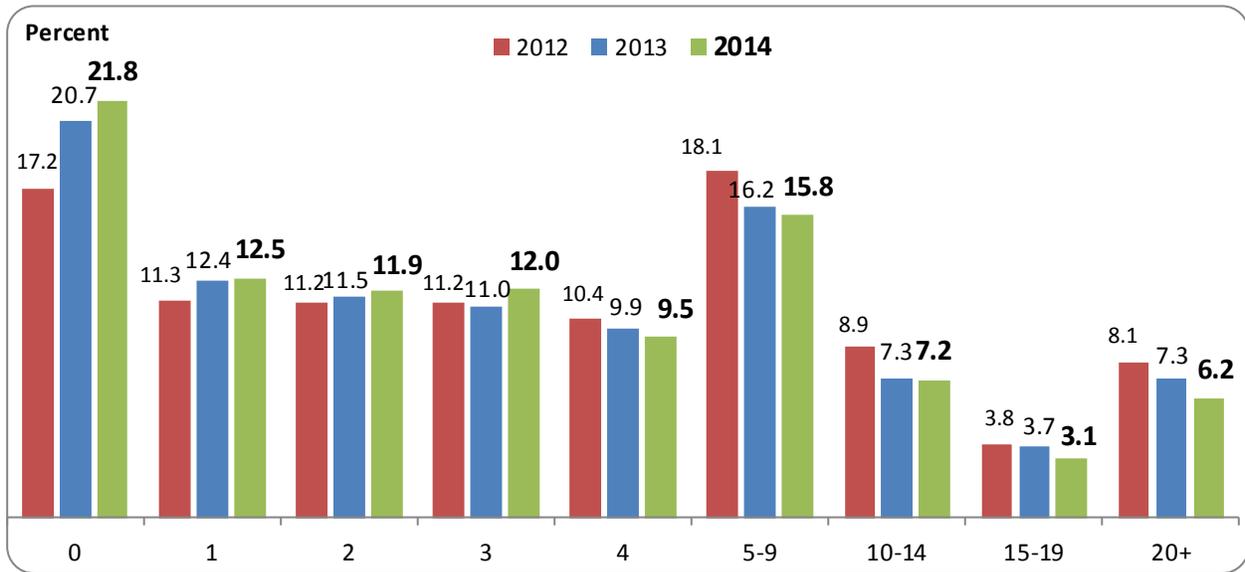
Littman and his co-researchers concluded that more information is needed to understand the behaviors that lead to weight gain in this population. They suggest that discharge "presents a window of risk and opportunity to prevent unhealthy weight gain in military personnel and veterans." In the WWP alumni population, injuries that limit physical activity before and after discharge and stress from emotional problems and the transition to civilian life as wounded warriors are likely to be contributing factors to weight gain.

HEALTH CARE SERVICES

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

HEALTH CARE VISITS FOR SELF. Alumni were asked to report how many times they went to a doctor's office or clinic to get health care for themselves (not counting times they went to emergency rooms) during the past 3 months. Just over one-third of alumni had one to three visits (36.4%); 21.8 percent reported no visits. Frequency of visits was relatively high (10 or more visits) for 16.5 percent of alumni (Figure 40).

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



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

HEALTH CARE VISITS TO ANY PROFESSIONAL FOR MENTAL HEALTH/EMOTIONAL PROBLEMS.

Alumni were also asked if they had visited any health care professional (such as a doctor, a psychologist, or a counselor) in the past 3 months to get help with issues such as stress or emotional, alcohol, drug, or family problems. Nearly 55 percent (54.7%) made such a visit. Among those alumni, 80.6 percent visited a regular medical doctor or primary care physician for those problems. During those past 3 months, about half (52.3%) visited their doctors from one to three times about mental health issues. A relatively small percentage of alumni (5.8%), however, had 20 or more visits, contributing to a mean number of visits during the past 3 months of 6.2.

HEALTH CARE VISITS TO MENTAL HEALTH SPECIALISTS. Alumni who had visited any health care professional about issues with stress or emotional, alcohol, drug, or family problems also reported on visits to a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor, in the past 3 months. Among them, 91.7 percent made such a visit. Nearly 6 of 10 (58.6%) visited a specialist about such issues 1 to 5 times in the past 3 months. The mean number of visits was 7.1.

MEDICATION USE FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among alumni who had visited any health care professional in the past 3 months about issues such as stress, emotional, alcohol, drug, or family problems, 77.7 percent had been prescribed medication for a mental health or emotional problem. Most of them (90.1%) took the medications for as long as their doctor wanted them to.

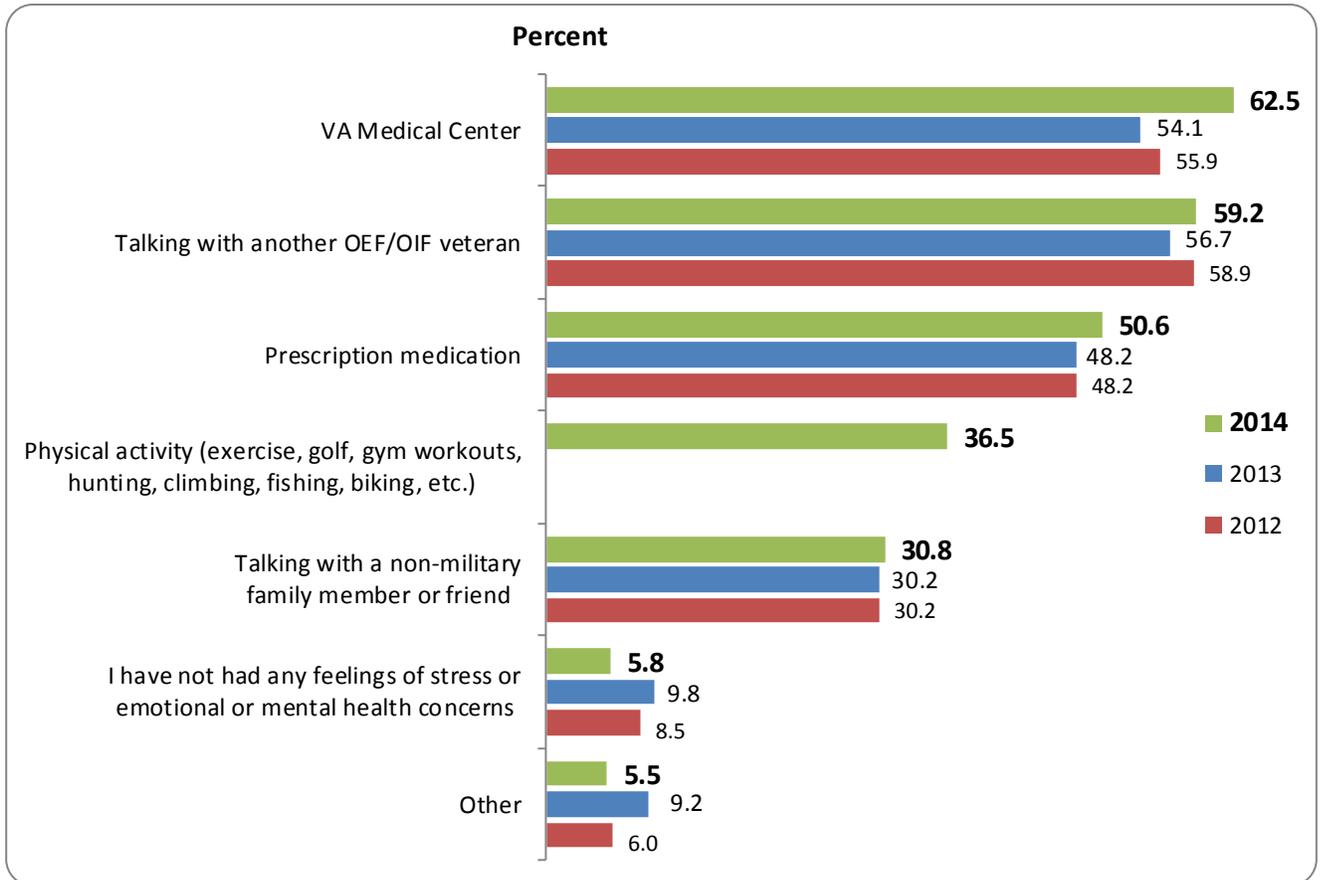
COUNSELING FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among alumni who reported visiting any health care professional in the past 3 months, 78.6 percent had received counseling—individual, family, or group—for a mental health or emotional problem. More than

half of them (53.4%) had made 5 or fewer visits in the past 3 months. About 4.6 percent made more than 20 visits during that time. The mean number of visits was 7.7.

RESOURCES AND TOOLS USED TO HELP COPE WITH FEELINGS OF STRESS OR EMOTIONAL OR MENTAL HEALTH CONCERNS. Seven new response options were added in 2014 to the question about types of resources and tools used to help with feelings of stress or emotional or mental health concerns. Nevertheless, the top three resources or tools used by alumni remained the same as in 2013 (Figure 41).

- The most common resource was the VA Medical Center (62.5%, up from 54.1% in 2013).
- Other resources and tools beyond the top five that were used by more than one-fourth of alumni since deployment included talking with another veteran not OEF/OIF (29.7%), prayer/church/God/religion (28.4%), and self-education through the Internet, pamphlets, and books (26.9%).
- In the past 3 survey years, about 20 percent of alumni with concerns said they used the Vet Center—22.3 percent in 2014, 20.2 percent in 2013, and 21.9 percent in 2012.

Figure 41. Top 5 Resources and Tools for Coping With Stress or Concerns



Notes: 2013 and 2014 data are weighted; 2012 data are unweighted. In 2014, 22.3% used the Vet Center as a resource for coping; 20.2% did so in 2013, and 21.9% did so in 2012. New responses were added in 2014.

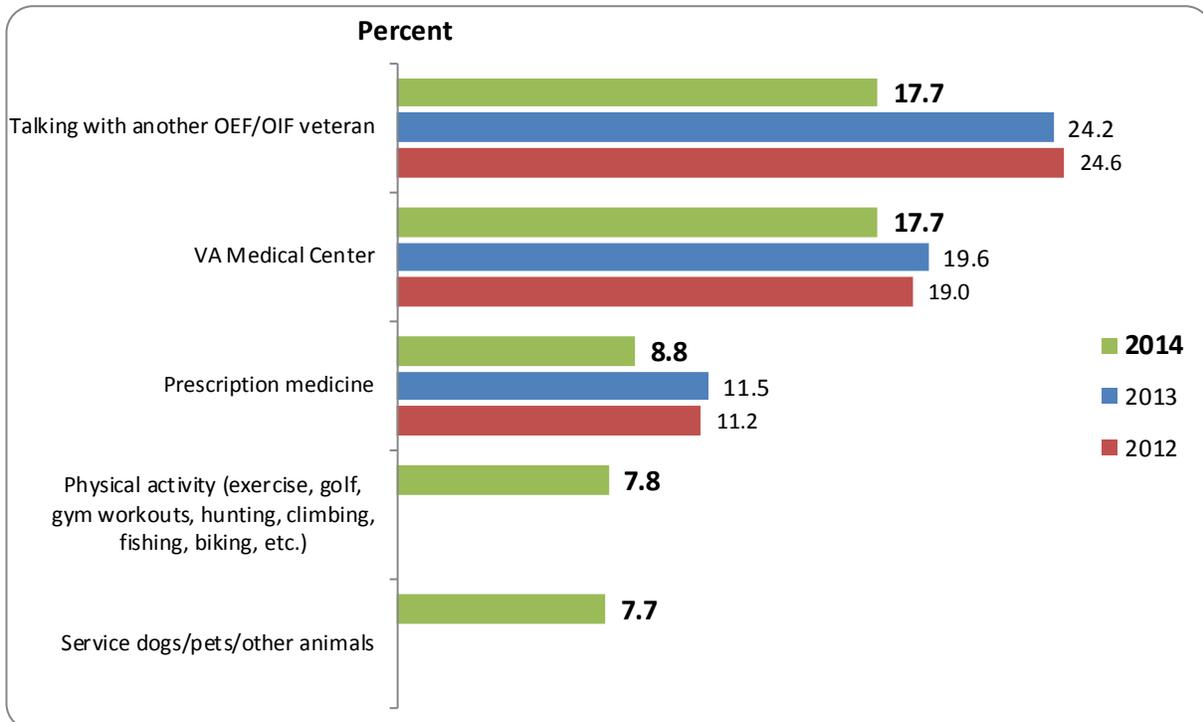
Common “*Other, specified*” resources and tools used included the following (in alphabetical order):

- Acupuncture/Massage/Alternative medicine
- Art/Art therapy/Photography/Crafts/Building models
- Camping/Nature/Being outdoors/Gardening
- Music/Playing an instrument/Music therapy
- Riding motorcycles
- Watching video games

The mean number of listed tools selected by alumni was 3.9 (the range was 1 to 13 resources/tools). Only 5.5 percent of alumni have not had any mental health concerns since deployment (compared with 9.8% in 2013).

The alumni who identified resources they had used were asked which ONE has been the most effective in helping them. In 2014, two resources tied for being most effective—talking with another OEF/OIF veteran and VA Medical Center (17.7% for each; Figure 42). Prescription medicines was third, and two new responses in 2014 were fourth and fifth: physical activity and service dogs/pets/other animals. Changes in percentages for this question since 2013 may be partly attributable to the seven new response categories for the previous question in the 2014 survey. Common *Other* responses are similar to those noted for the previous question.

Figure 42. Most Effective Resources and Tools for Coping With Stress or Concerns (Top 5)



Note: 2013 and 2014 data are weighted; 2012 data are unweighted. New response options were added in 2014.

DIFFICULTY IN GETTING MENTAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE. About a third of alumni (35.2%) had difficulty getting mental health care, or put off getting such care, or did not get the care they needed during the past 12 months. These alumni were then asked about a list of possible reasons for their difficulties in getting mental health care. Six response options were added to this question in the 2014 survey to understand better the difficulties represented by the *Other* response option in previous years. Alumni could mark more than one response.

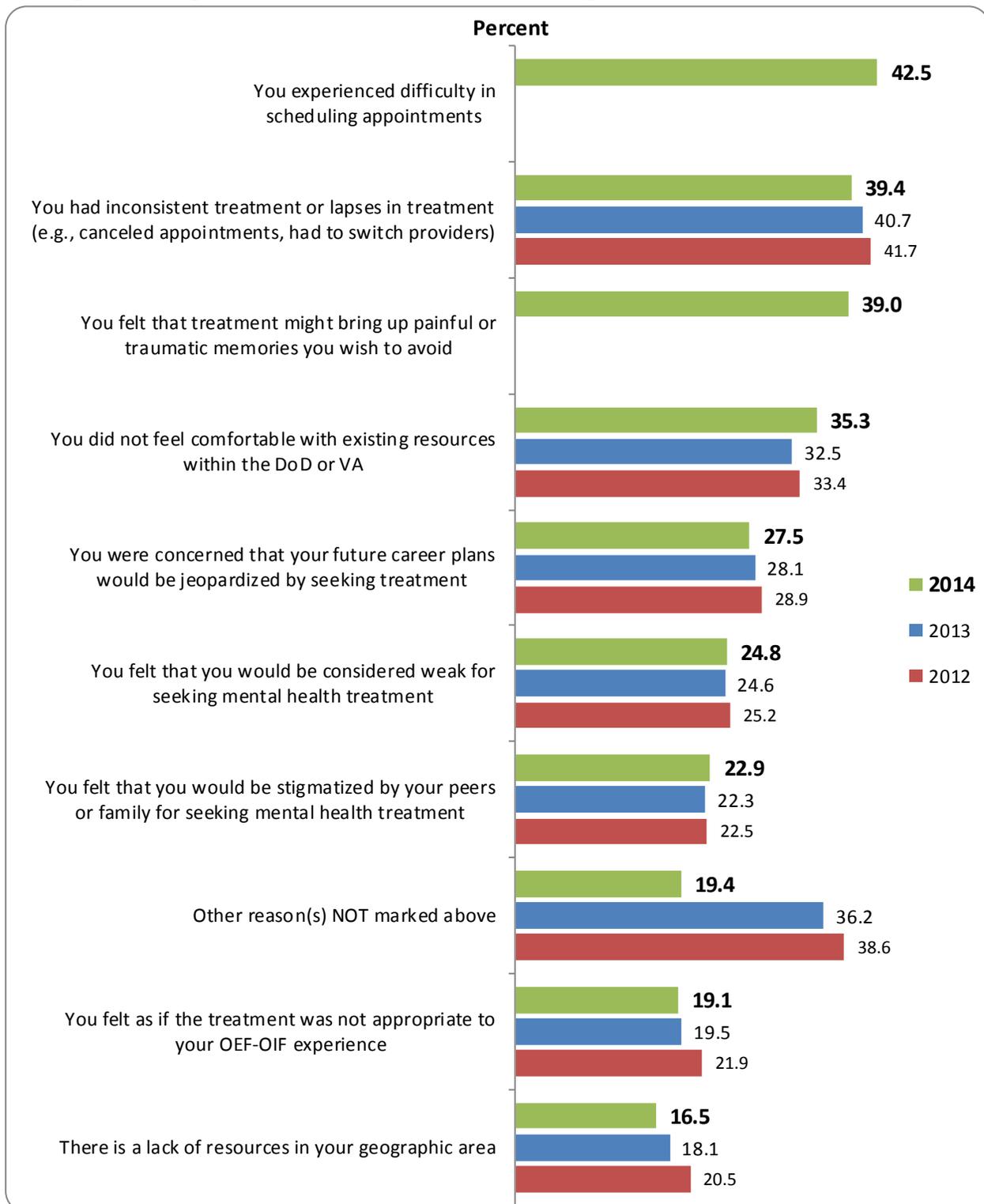
MOST COMMON REASONS. The top four reasons for difficulties included logistical issues and negative treatment attitudes (Figure 43). Just over 4 in 10 alumni (42.5%) had problems in scheduling appointments (a new response option in 2014), and 39.4 percent had inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments and switches in providers). Nearly 4 in 10 alumni (39.0%) cited as reasons their feelings that treatment might bring up painful or traumatic memories that they wanted to avoid, and 35.3 percent did not feel comfortable with existing resources within the DoD or VA (see Figure 43).

ADVERSE EFFECTS ON CAREER/STIGMA. The next three most common reasons for difficulties centered on possible adverse career effects and stigma. More than one-fourth (27.5%) were concerned that their future career plans would be jeopardized, 24.8 percent felt they would be considered weak for seeking mental health treatment, and 22.9 percent felt they would be stigmatized by peers or family for seeking mental health treatment.

“OTHER, SPECIFIED” REASONS. Nearly one-fifth of alumni (19.4%) experienced difficulties for reasons not included in the response options. Among their specified reasons, the most common included the following (in alphabetical order):

- Being too busy to get care
- Childcare responsibilities
- Financial issues (not being able to afford the care/not having the money for co-pays and other treatment costs not covered by health insurance)
- Work demands

Figure 43. Top 10 Reasons for Difficulties in Getting Mental Health Care



Note: 2013 and 2014 data are weighted; 2012 data are unweighted. New response options were added in 2014.

DIFFICULTY IN GETTING PHYSICAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE.

New! In the 2014 survey, two new questions were added asking if alumni had difficulty in the past 12 months getting physical health care, or put off getting such care, or did not get the physical health care they thought they needed and, if so, what were the reasons. About 4 in 10 alumni (39.4%) experienced such difficulty.

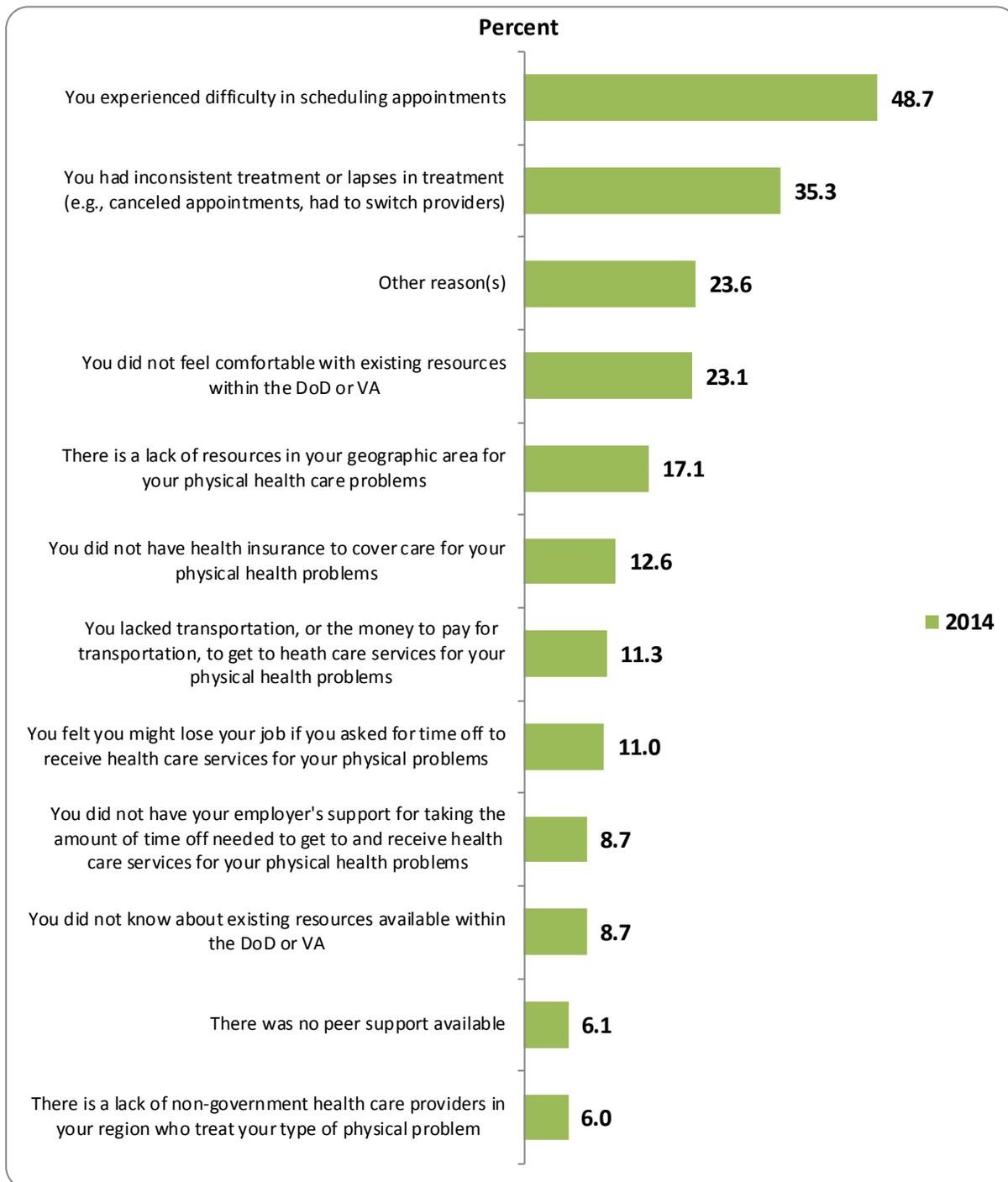
MOST COMMON REASONS. The two most common reasons for their difficulties were the same logistical issues experienced by alumni in getting mental health care: Nearly half (48.7%) had trouble scheduling appointments, and more than a third (35.3%) experienced lapsed and inconsistent treatment because of canceled appointments and switches in providers (Figure 44).

VARIOUS OTHER REASONS. Among alumni who experienced difficulty in getting physical health care, 23.1 percent did not feel comfortable with existing resources within the DoD or VA, 17.1 percent reported a lack of resources in their geographic area, 12.6 percent did not have health insurance to cover needed care, 11.3 percent had transportation-related problems, and 11.0 percent felt they might lose their jobs if they asked for time off to get physical health care.

“OTHER, SPECIFIED” REASONS. Nearly a fourth of alumni (23.6%) experienced difficulty for reasons other than, or in addition to, those listed in the survey. Among the “Other, specified reasons” group, the most common reasons for difficulties included the following (in alphabetical order):

- Cannot afford co-pays
- Cannot take off from work/do not have enough leave to go to appointments
- Disappointment with VA doctors
- Feelings that no one cares/VA doesn’t care/no one wants to help
- Requirements for and difficulties in getting referrals: need referrals/VA is slow to give referrals

Figure 44. Reasons for Difficulties in Getting Physical Health Care



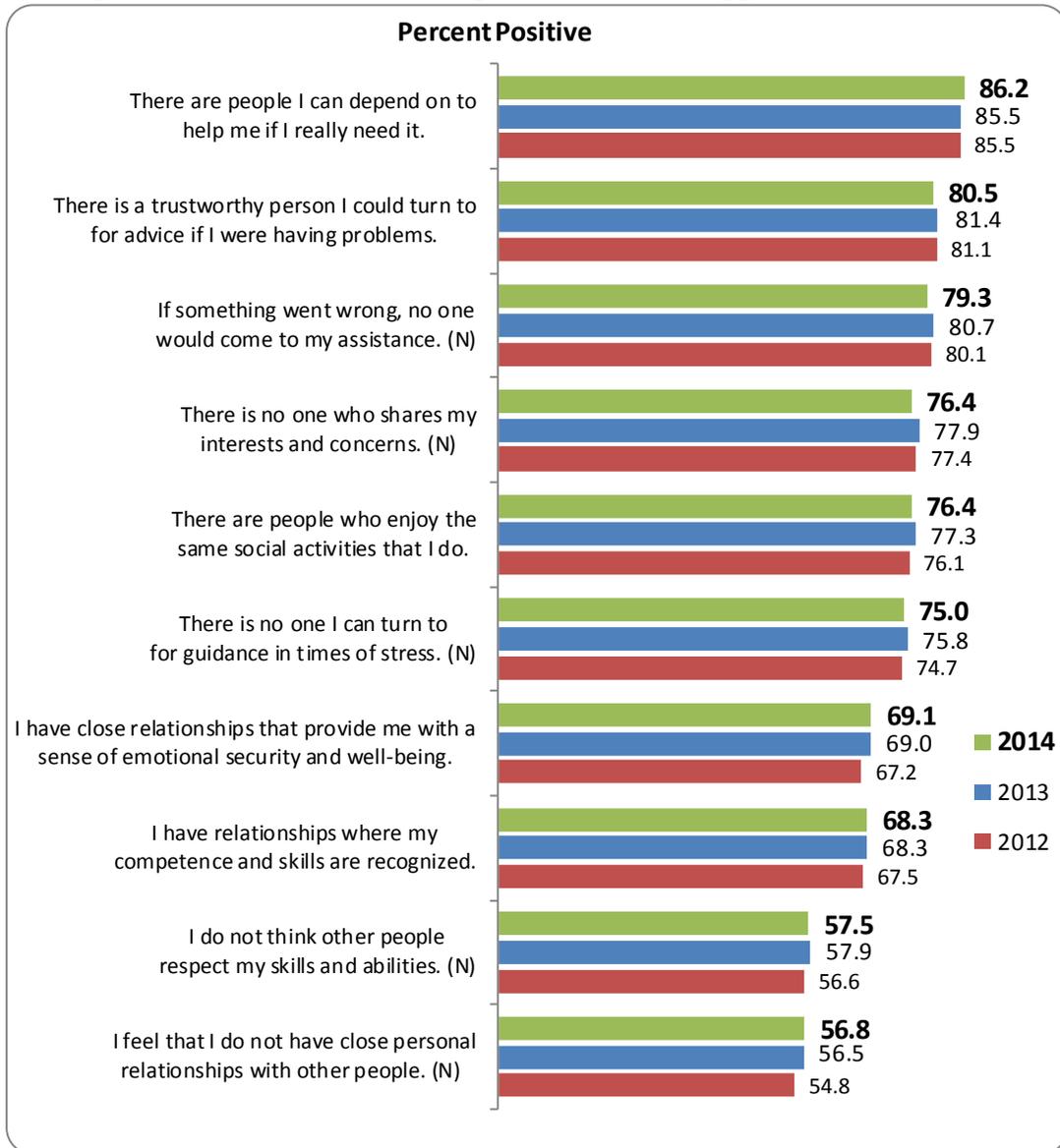
Note: 2014 data are weighted.

SOCIAL SUPPORT

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

RESPONSE FREQUENCIES. A positive answer to the current relationship statements means that the respondent *agreed* or *strongly agreed* with positively worded statements and *disagreed* or *strongly disagreed* with negatively worded questions (N). Once again, more than half of alumni gave positive answers for each of the 10 statements (Figure 45). And for 8 statements, the positive percentages ranged from 68.3 to 86.2. The 2 statements with the lowest percent positive responses continue to be “I feel that I do not have close personal relationships with other people” (56.8% positive) and “I do not think other people respect my skills and abilities” (57.5% positive).

Figure 45. 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. 2013 and 2014 data are weighted; 2012 data are unweighted.

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

- Guidance (advice or information) – **6.0** (6.1 in 2013, 6.0 in 2012)
- Reassurance of Worth (recognition of one’s competence, skills, and value by others) – **5.4** (5.4 in 2013 and 2012)

- Social Integration (a sense of belonging to a group that shares similar interests, concerns, and recreational activities) – **5.8** (5.9 in 2013 and 2012)
- Attachment (emotional closeness from which one derives a sense of security) – **5.5** (5.5 in 2013 and 5.4 in 2012)
- Reliable Alliance (assurance that others can be counted on in times of stress) – **6.2** (6.3 in 2013 and 6.2 in 2012)
- **Total Social Provisions Score – 28.9** (29.1 in 2013 and 28.9 in 2012)

Alumni scores for the Social Provisions Scale have remained nearly identical since the 2011 survey.

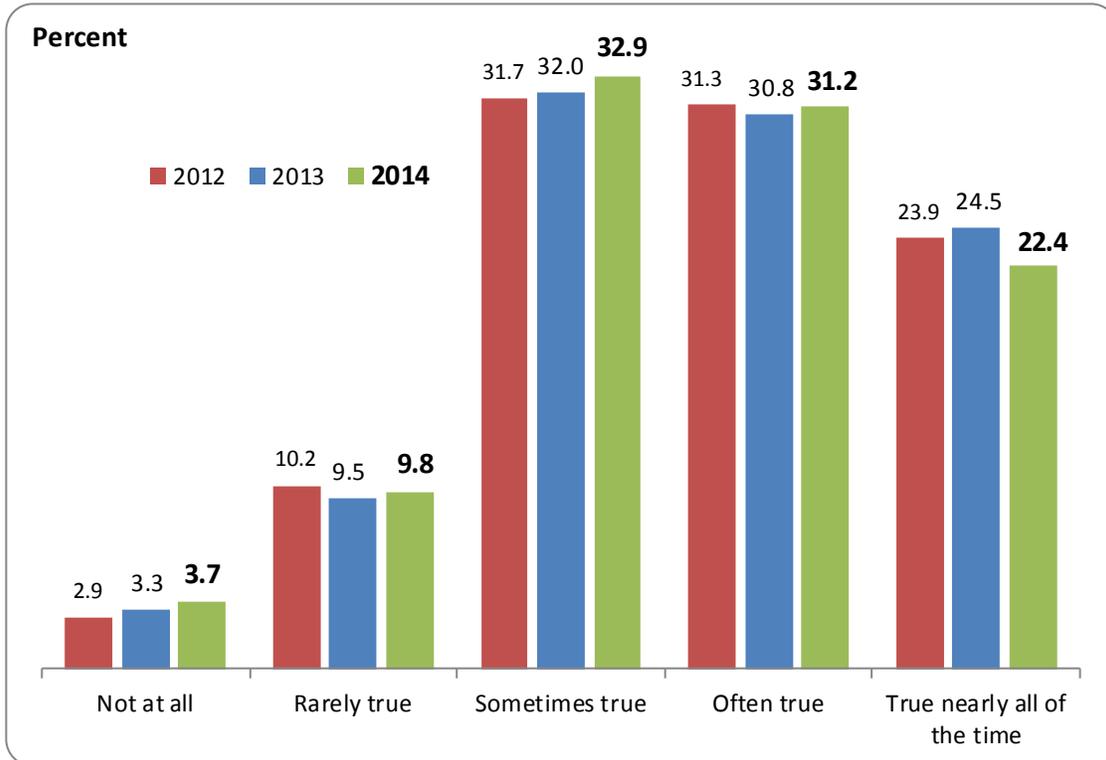
ATTITUDES

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

RESILIENCE. More than half of alumni (53.6%) think it is *often true* or *true nearly all the time* that they are able to adapt when changes occur (Figure 46), and 51.5 percent said it is *often true* or *true nearly all the time* that they tend to bounce back after illness, injury, or other hardships (Figure 47). For each question, the percentages of alumni who think those statements are *rarely true* or *not at all true* are relatively low (about 14%).

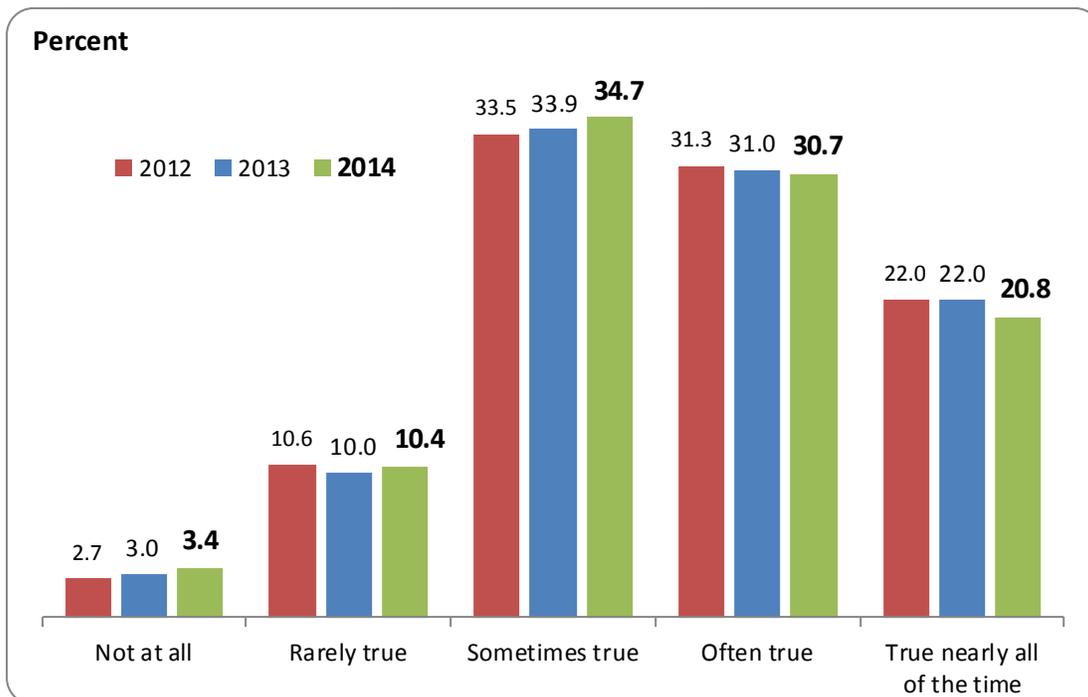
The Connor-Davidson 2-Item Resilience Scale mean score for WWP alumni is **5.1** (5.2 in 2013 and 2012). A score of 4 or lower is often found for individuals suffering from PTSD. Alumni with a positive score on the self-reported Primary Care PTSD screen in the 2014 WWP Alumni Survey have a Connor-Davidson 2-Item Resilience Scale mean score of **4.6**. In the general U.S. population, according to a report published in 2007, the average score is 6 to 7, but 4.7 among PTSD patients (Vaishnavi et al., 2007).

Figure 46. Ability to Adapt When Changes Occur (How True Is It That They Can Adapt to Change?)



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Figure 47. Ability to Bounce Back After Illness, Injury, or Other Hardships (How True Is It That They Tend to Bounce Back?)



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

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

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

Figure 48 presents percent positive responses to the statements—that is, the percentage responding *Often true, Usually true, or Almost always true* to positively worded statements and the percentage responding *Rarely true or Occasionally true* to negatively worded statements. For all administrations of this survey, the two items with the lowest positive responses continue to be:

- “Doing the things I do every day is a source of pleasure and satisfaction” (44.7% positive in 2014)
- “I have feelings inside that I would rather not feel” (42.6% positive in 2014)

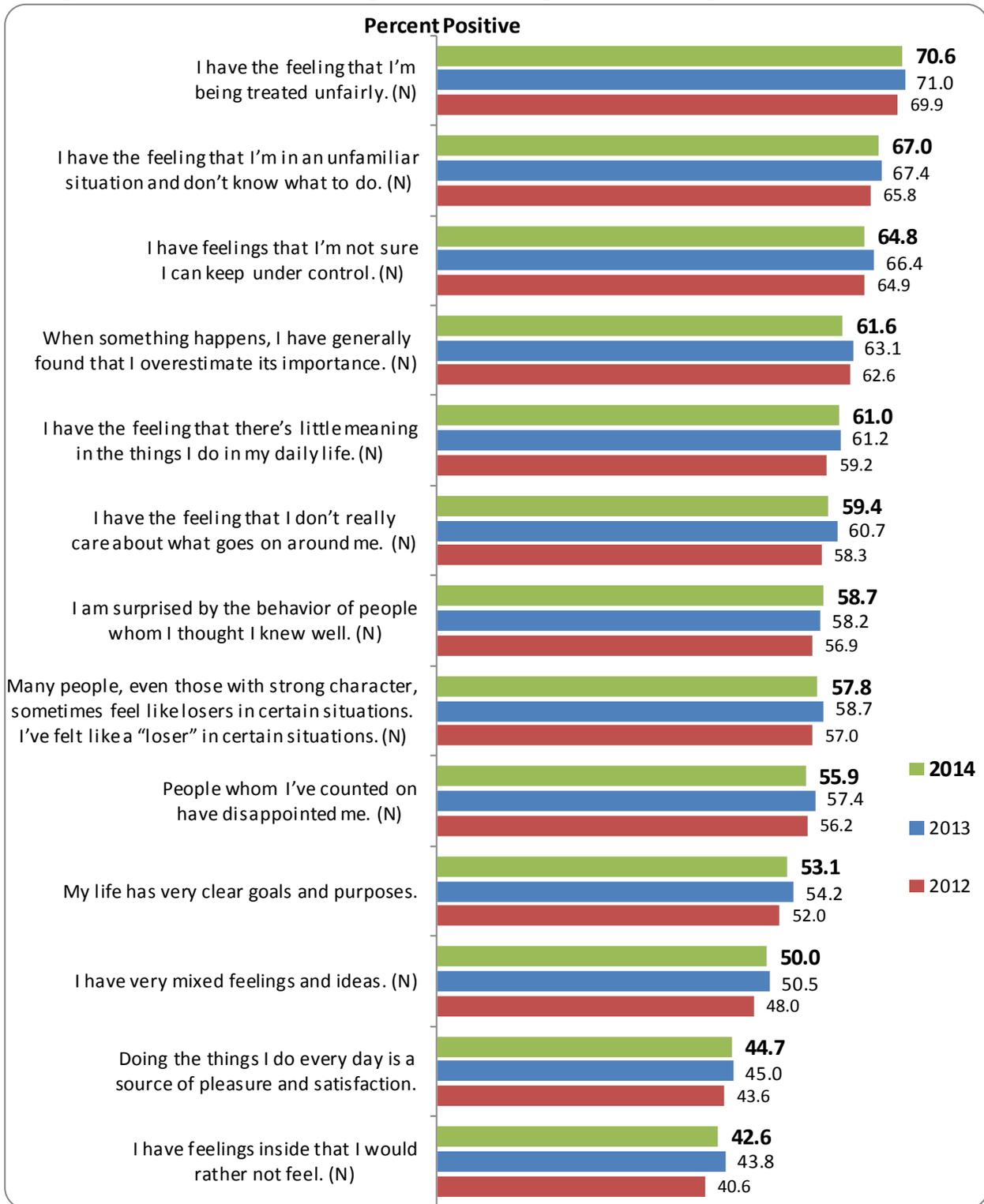
Scale scores for alumni were calculated for the Overall score 13-item version of the OLQ Scale (maximum possible score = 65), as well as for three subscales: Meaningfulness (maximum possible score = 20), Manageability (maximum possible score = 20), and Comprehensibility (maximum possible score = 25). Given the minor adjustments to the scale when it was incorporated into the WWP survey, users of the data should be aware that comparisons of the following scale score results with other reported OLQ scores may be problematic.

OLQ mean scores for WWP respondents follow:

- Meaningfulness – **12.8** (12.8 in 2013 and 12.2 in 2012)
- Manageability – **11.2** (11.2 in 2013 and 2012)
- Comprehensibility – **13.5** (13.4 in 2013 and 13.7 in 2012)
- Overall OLQ Scale – **36.8** (36.8 in 2013 and 37.1 in 2012)

As indicated, these OLQ scores are quite similar to the score results for previous WWP alumni surveys.

Figure 48. 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. 2013 and 2014 data are weighted; 2012 data are unweighted.

ECONOMIC EMPOWERMENT

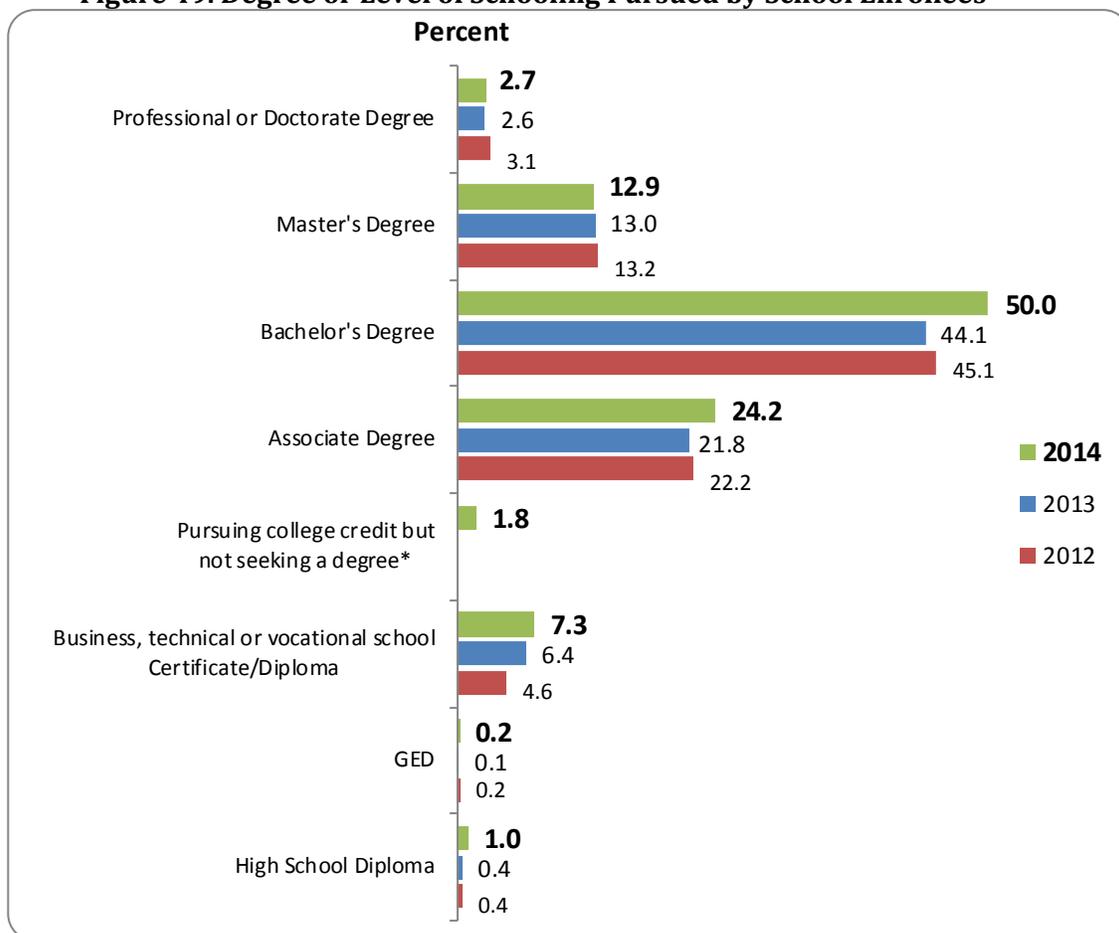
WWP is dedicated to promoting the economic empowerment of wounded warriors. The alumni survey includes questions to measure the economic and financial status of WWP alumni. In addition, the survey addresses ways in which wounded warriors are pursuing more education and marketable job skills.

EDUCATION

CURRENT SCHOOL ENROLLMENT. As noted earlier in this report, about three-fourths of WWP alumni (75.5%) have less than a bachelor’s degree. But about a third of the alumni—33.5 percent—are now enrolled in school (Figure 49):

- 65.6 percent (up from 59.7%) are pursuing a bachelor’s degree or higher.
- 24.2 percent are pursuing an associate degree.
- 7.3 percent are pursuing business, technical, or vocational school training leading to a certificate or diploma.

Figure 49. Degree or Level of Schooling Pursued by School Enrollees

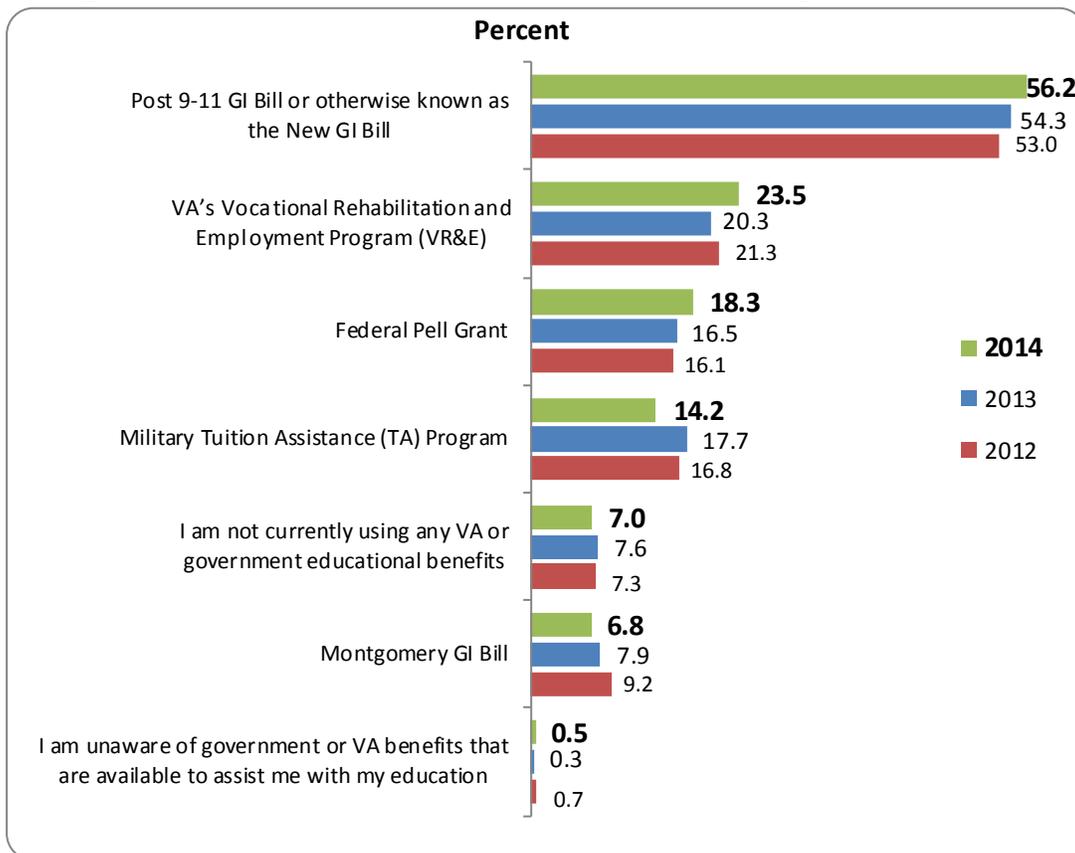


Notes: 2013 and 2014 data are weighted; 2012 data are unweighted. *In the 2014 survey, two existing response options were combined as one: “Pursuing college credit but not seeking a degree.”

Alumni currently pursuing more education are using various government benefits to advance their education (Figure 50). For example:

- 56.2 percent are using the Post 9/11 GI Bill.
- 23.5 percent are using the VA’s Vocational Rehabilitation and Employment Program (VR&E).
 - Of the alumni enrolled in the VR&E program, 83.0 percent are using “Employment Through Long Term Services – Training/Education” (up from 80.7% in 2013 and 59.1% in 2012).

Figure 50. VA or Government Education Benefits Used by School Enrollees

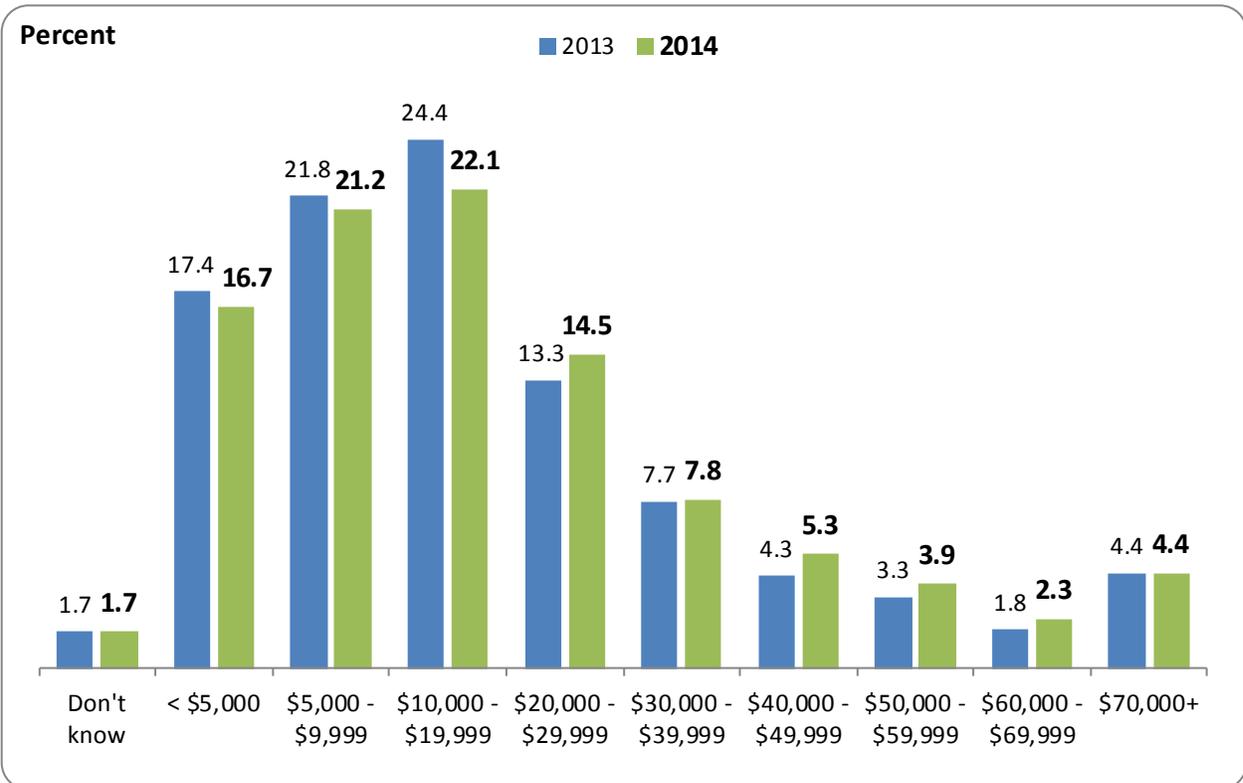


Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

ALUMNI STUDENT LOAN DEBT. About 28 percent of alumni currently have unpaid student loans (Figure 51). Among that group:

- 16.7 percent owe less than \$5,000.
- 57.8 percent owe at least \$5,000 but less than \$30,000.
- 23.7 percent owe \$30,000 or more.

Figure 51. Alumni Student Loan Debt



Note: 2013 and 2014 data are weighted.

MORE ON UNEMPLOYMENT AND EMPLOYMENT

The economy's gradual recovery is reflected in a lowering of the unemployment rate among civilians, but less improvement has occurred among veterans, particularly among the WWP alumni population. We reported some BLS employment-related data earlier in the Demographic Section of this report. We add more data here to highlight differences with the 2014 WWP survey population. The BLS findings (U.S. Bureau of Labor Statistics, May 2014) draw from 2013 annual averages for the monthly Current Population Survey and from the 2013 August special supplement on veterans:

2013 Annual Averages

- The unemployment rate for Gulf War-era II veterans was 9.0 percent in 2013 (similar to the 2012 rate of 9.9 percent).

August 2013 Special Supplement on Veterans

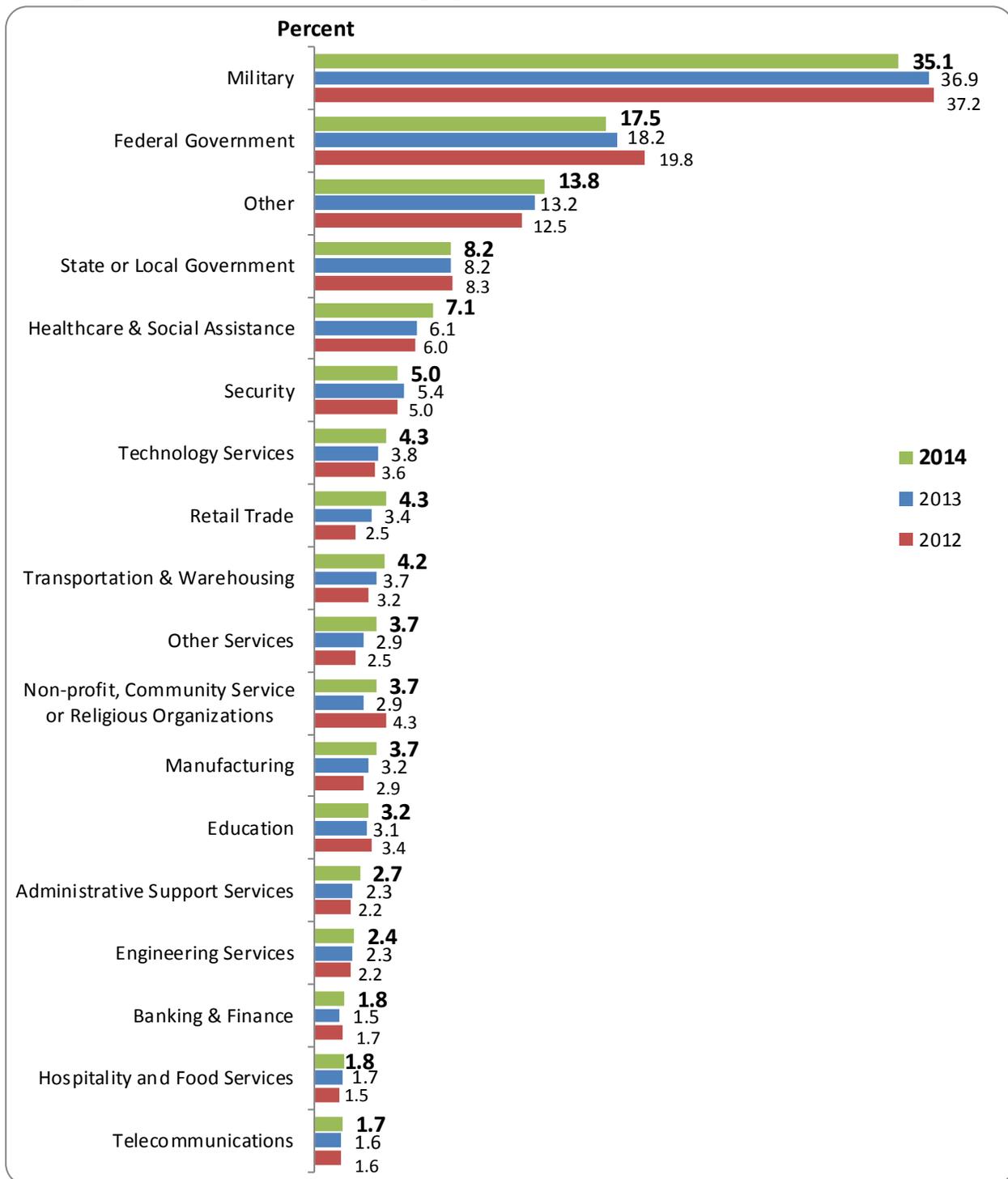
- In August 2013, approximately 40 percent of Gulf War-era II veterans reported they had served in Iraq, Afghanistan, or both. These veterans had an unemployment rate of 10.2 percent in August 2013 (similar to the rate for Gulf War-era II veterans serving elsewhere—10.9%).
- Among Gulf War-era II veterans in August 2013, those who were current or past members of the National Guard or Reserve had a higher labor force participation rate than veterans who had never been members (85.4% vs. 77.4%), but unemployment rates were similar for the two groups.
- Nearly 3 in 10 of Gulf War-era II veterans reported having a service-connected disability in August 2013. Their unemployment rate was 8.6 percent, which was not statistically different from Gulf War-era II veterans with no disability (11.1%).

UNEMPLOYED. As noted earlier in this report, 13.9 percent of WWP alumni are unemployed. Among unemployed WWP alumni who answered how long they have been looking for work, 13.9 percent have been looking for work for an average of 28.4 weeks. About half of unemployed alumni (50.4% of them) looked for a job 16 weeks or less. More than a fourth of unemployed WWP alumni (35.6%) meet the Bureau of Labor Statistics definition of long-term unemployed (persons who were jobless for 27 weeks or longer), and 21.6 percent have spent a year or more looking for work.

Although these duration rates for currently unemployed alumni are high, they are somewhat lower than the 2013 estimates for the civilian population overall—37.6 percent of civilians were unemployed for 27 weeks or more; 25.9 percent for 52 weeks or more (U.S. Bureau of Labor Statistics (February 2014)). Many long-term unemployed civilians, like WWP unemployed alumni, are still feeling the adverse effects of the Great Recession and the continuing shortage of job vacancies.

EMPLOYED AND SELF-EMPLOYED. Among the 57.9 percent of alumni working either full time or part time, 5.7 percent are self-employed. Figure 52 shows the distribution of employed alumni by industry. The most common “industries” are the Military (35.1%) and the federal government (17.5%). A total of 25.7 percent work in the public sector (federal, state, and local government).

Figure 52. Industries in Which Employees Work



Note: 2013 and 2014 data are weighted; 2012 are unweighted.

BLS, Current Population Survey (Annual Averages 2013; August 2013)

Gulf War era II veterans: Served since September 2001

- Much more likely than nonveterans to work in the public sector:
 - 28.0 percent vs. 13.7 percent of nonveterans
- Employed veterans much more likely than employed nonveterans to work for the federal government:
 - 16.3 percent vs. 2.0 percent of nonveterans

Gulf War era II veterans with a service-connected disability (August 2013):

- 33.6 percent worked in federal, state, or local government, compared with 29.6 percent of veterans without service-connected disabilities
- 20.9 percent worked for the federal government, compared with 15.5 percent of veterans without service-connected disabilities

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

The 2014 WWP survey results on weeks worked in the past 12 months and weekly hours and wages are mostly similar to the 2013 and 2012 results (Table 6):

- 50.5 percent (compared with 45.5% in 2013) are employed full time, and 7.4 percent are employed part time.
- Median weekly wage for full-time employees has remained the same for the past few years, but has fluctuated slightly for part-time employees.
- Both full- and part-time employees, respectively, reported a similar number of hours worked each week for 2013 and 2014.
- Part-time employees worked 14 fewer weeks, on average, in the past 12 months than the full-time employees did (29 vs. 43 weeks).

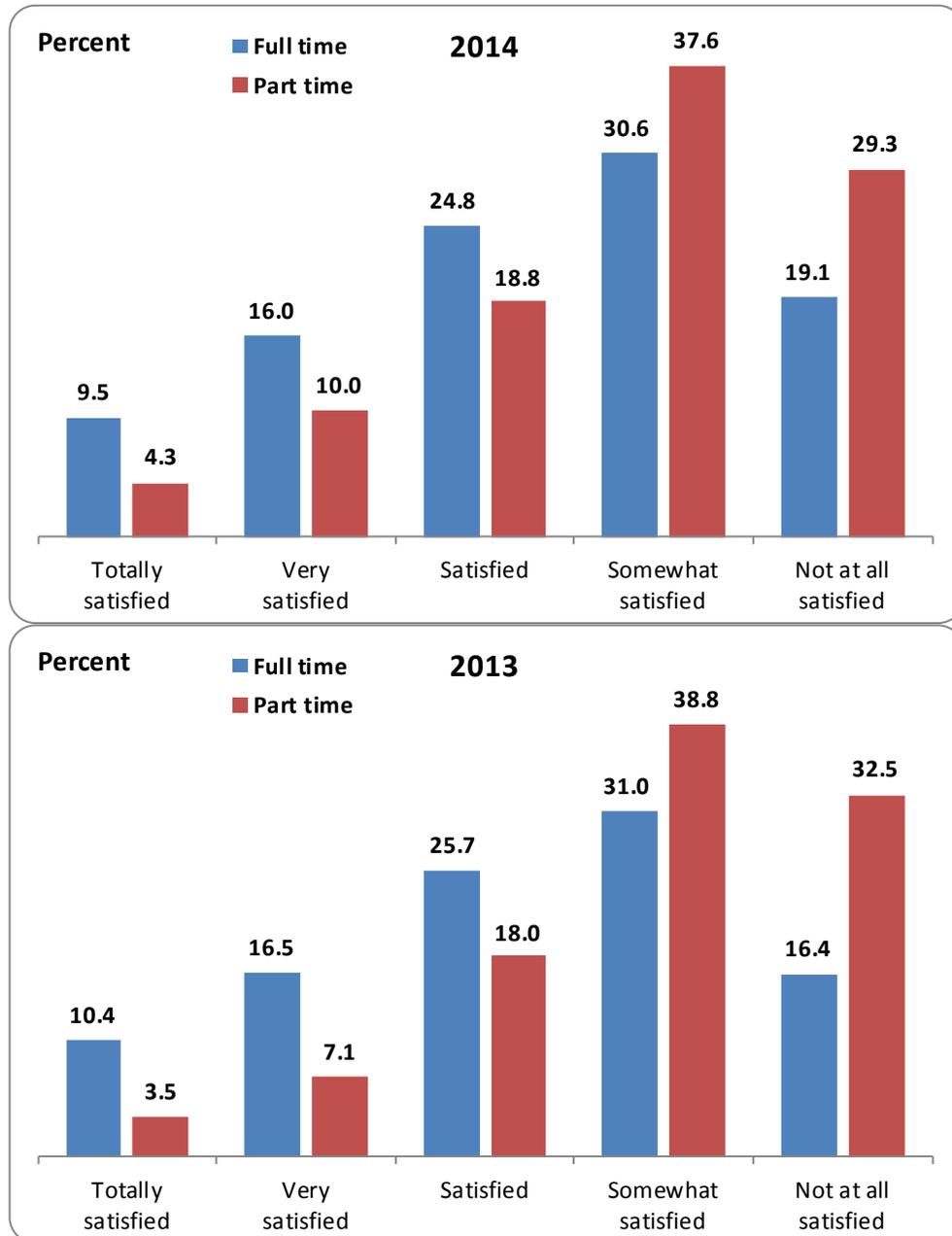
Table 6. Summary Employment Information, by Full-Time and Part-Time Work Status

	Mean	Median
Employed Full Time		
During the past 12 months, how many weeks did you work?		
2014	43 weeks	
2013	44 weeks	
2012	43 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2014	42 hr/wk	
2013	43 hr/wk	
2012	41 hr/wk	
How much is your current weekly wage?		
2014		\$800/wk
2013		\$800/wk
2012		\$800/wk
Employed Part Time		
During the past 12 months, how many weeks did you work?		
2014	29 weeks	
2013	29 weeks	
2012	29 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2014	25 hr/wk	
2013	26 hr/wk	
2012	24 hr/wk	
How much is your current weekly wage?		
2014		\$200/wk
2013		\$220/wk
2012		\$200/wk

Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

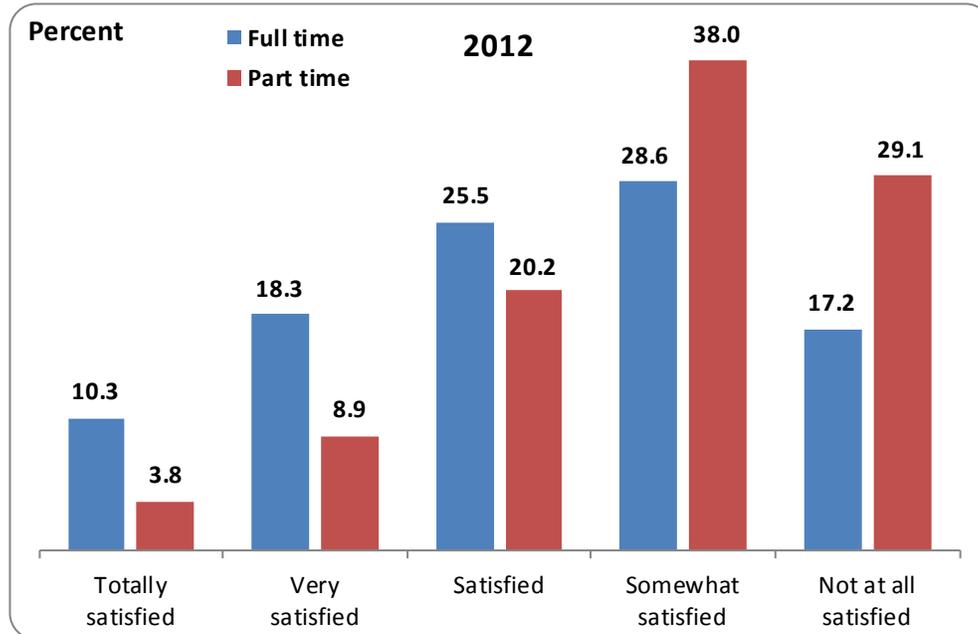
About half of full-time employed alumni (50.3%) are *satisfied*, *very satisfied*, or *totally satisfied* with their employment, compared with 33.1 percent of part-time employed alumni (Figure 53).

Figure 53. Level of Satisfaction With Employment, by Full-Time and Part-Time Status



Note: 2013 and 2014 data are weighted.

Figure 53. Level of Satisfaction With Employment, by Full-Time and Part-Time Status (Continued)



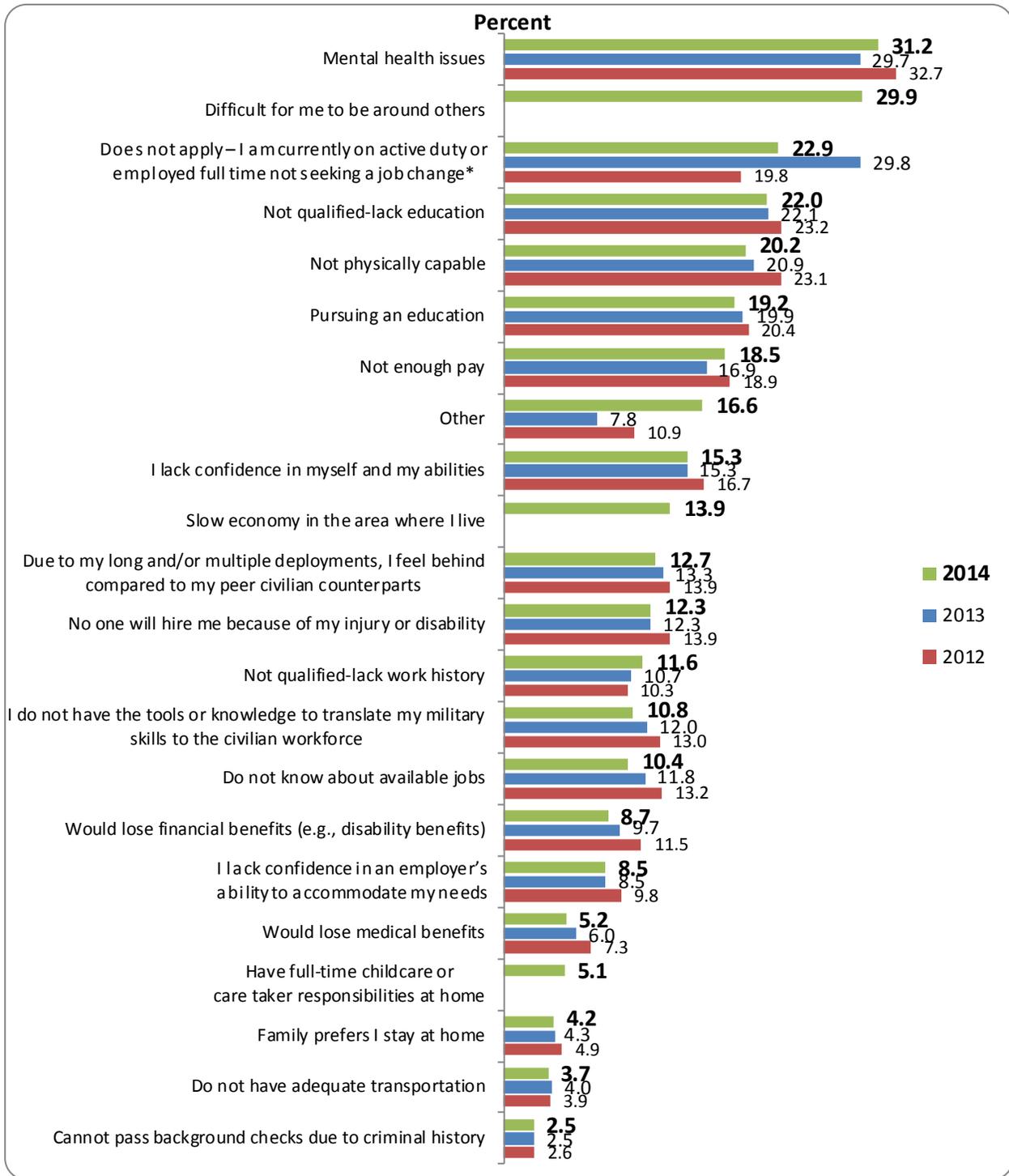
Note: 2012 data are unweighted.

ALL ALUMNI. All alumni were asked which of a list of factors make it more difficult for them to obtain employment or change jobs. In the 2014 survey, the *Does not apply* response was expanded from “I am currently employed and not seeking a job change” to “I am currently on active duty or employed full time in the civilian sector,” to clarify the response option for active-duty alumni. In addition, three response options were added that were most commonly mentioned in the “Other, specify” responses to the 2013 survey.

Among alumni, 77.1 percent experienced difficulties in obtaining employment or changing jobs. The mean number of factors contributing to their difficulties was 3.7. The results for this question are presented in Figure 54. Findings include the following:

- For about 3 in 10 alumni (31.2%) “mental health issues” was a factor making it difficult to obtain or change jobs.
- The new factor “Difficult for me to be around others” was a problem for 29.9 percent of alumni.
- The newly revised *Does not apply* response applied to 22.9 percent of alumni.
- For 19 to 22 percent of all alumni in 2014 (as in 2013 and 2012), the following factors contributed to difficulties in getting or changing jobs: “not physically capable,” “not qualified—lack education,” and “pursuing an education.”

Figure 54. Factors Making It Difficult to Obtain Employment or Change Jobs



Note: 2013 and 2014 data are weighted; 2012 data are unweighted. *Response option changed in 2014.

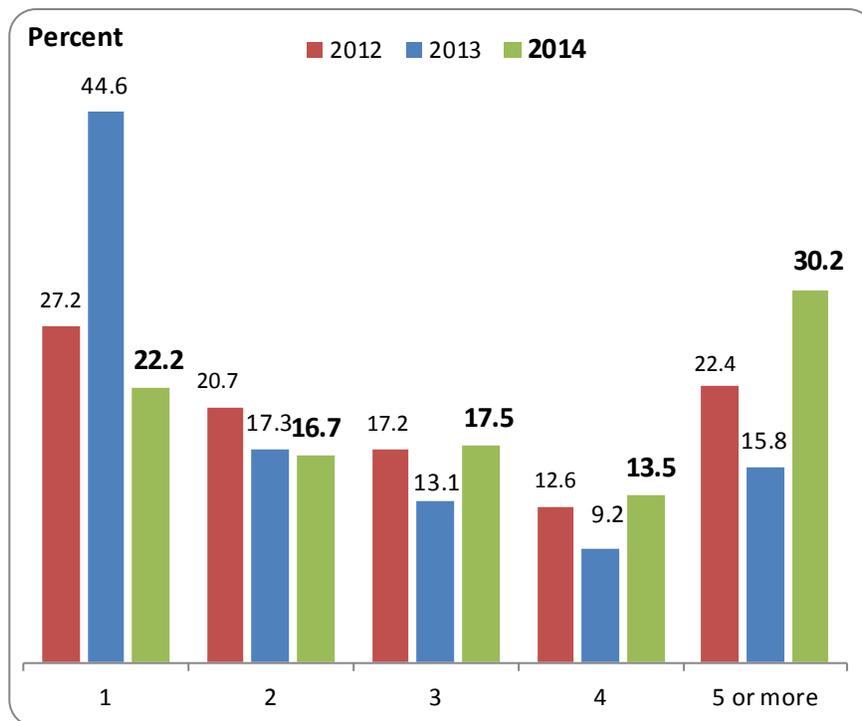
Top Two Factors Making It Difficult to Obtain Jobs or Change Jobs, by Labor Force Status

The results for reported factors were analyzed by labor force status. The findings varied by labor force status. The two most common factors for full-time and part-time employed alumni in 2014 were the same in 2013 and 2012 for each group:

- Employed full time: “not qualified-lack education (19.4%) and “not enough pay” (19.2%),
- Employed part time: “pursuing an education” (35.4%), “not qualified – lack education” (30.6%)
- Unemployed: “slow economy in the area where I live” (36.5%, a new response option in the 2014 survey) and “difficult for me to be around others” (34.5%), a new response option in the 2014 survey)
- Not in the labor force: “mental health issues” (59.3%, up from 52.8% in 2013) and “not physically capable” (41.5%)

Among all alumni who reported factors, the mean number of factors causing difficulty for alumni was 3.7 (Figure 55). More than 4 in 10 alumni (43.7%) checked four or more factors that make it difficult to obtain employment or change jobs (up from 25.0% in 2013 and 35.0% in 2012).

Figure 55. Percentage of Alumni by Number of Factors Selected



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

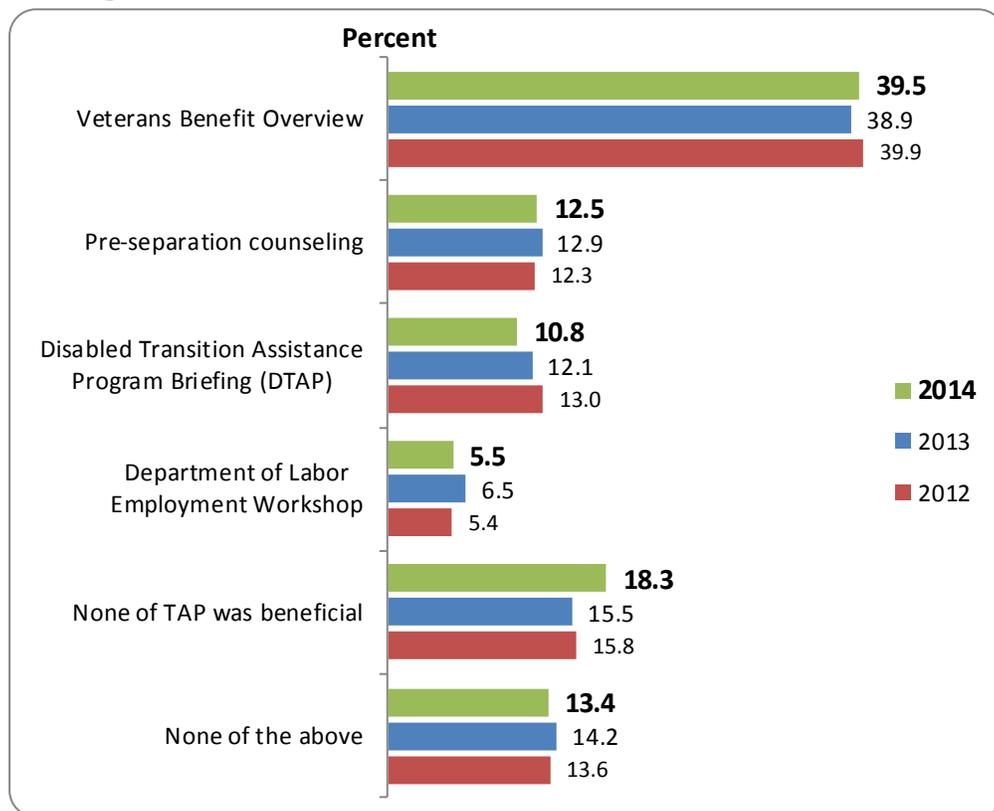
PARTICIPATION IN THE TRANSITION ASSISTANCE PROGRAM (TAP)

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

The survey asks if alumni used TAP and, if so, what part of the TAP was most beneficial to them. In the 2014 survey, all current active duty alumni and all members of National Guard and Reserve were skipped out of the TAP questions.

Nearly half of alumni participated in TAP (46.0%, up from 39.4% in 2013). For 39.5 percent of TAP participants, the Veterans Benefit Overview was the most beneficial part of the TAP (Figure 56). For 10.8 percent, the Disabled Transition Assistance Program Briefing (DTAP) was most beneficial. Only 5.5 percent considered the Department of Labor Employment Workshop most beneficial, and 18.3 percent did not find any part of TAP beneficial.

Figure 56. Parts of TAP That Were Most Beneficial to Alumni



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

INCOME

As in the earlier WWP annual alumni surveys, alumni were asked to report two types of income received in the past 12 months: income they earned from work (includes wages, salary, bonuses, overtime, tips, commissions, profit from self-employed professional practice or trade, second jobs), military reserves, and rent from roomers or boarders; and (2) income received in the past 12 months from various benefit, cash assistance, and disability programs. Figure A in Appendix B provides more income response categories.

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

- Less than \$10,000 – 34.0 percent, compared with 28.4 percent in 2013
- \$10,000 to \$24,999 – 14.1 percent
- \$25,000 to \$39,999 – 16.7 percent
- \$40,000 to \$59,999 – 16.4 percent
- \$60,000 or higher – 13.4 percent
- Don't know – 5.5 percent

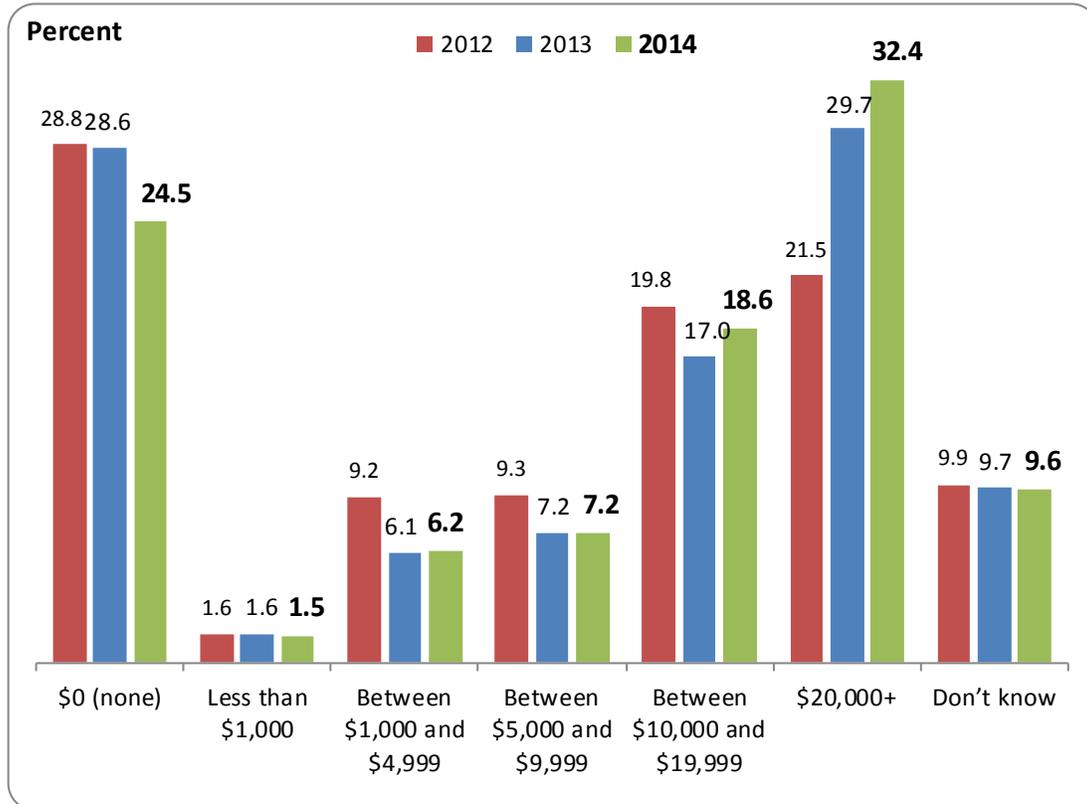
Income data were analyzed separately for full-time employees and part-time employees. Among alumni employed full time who reported their income for the past 12 months, just over half (51.3%) earned less than \$45,000. Among alumni employed part-time, more than half earned less than \$15,000 (55.5%, up from 49.9% in 2013).

OTHER INCOME. WWP alumni were asked to report on money received in the past 12 months from various benefit, cash assistance, and disability programs. Just over 30 percent of alumni (32.5%) received \$20,000 or more in income from those sources (up from 21.5% in 2012; Figure 57). Additional response categories were added to the 2013 survey that provide more information on higher amounts received. The corresponding data for 2014 show the percentages that received the following income amounts:

- \$20,000 to \$39,999 – 20.1 percent
- \$40,000 to \$59,999 – 8.5 percent
- \$60,000 or more – 3.9 percent

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

Figure 57. Money Received in Past 12 Months from Various Benefit, Cash Assistance, and Disability Programs



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

Two new questions were included in the 2013 survey to make it possible to estimate household income: One question asked if the wounded warrior was currently sharing household expenses with a spouse or partner; if *yes*, the warrior was asked to estimate the spouse's or partner's total income in the past 12 months. Nearly 59 percent of WWP alumni (58.7%) are currently sharing household expenses with a spouse or partner. They reported the following amounts of spouse/partner income:

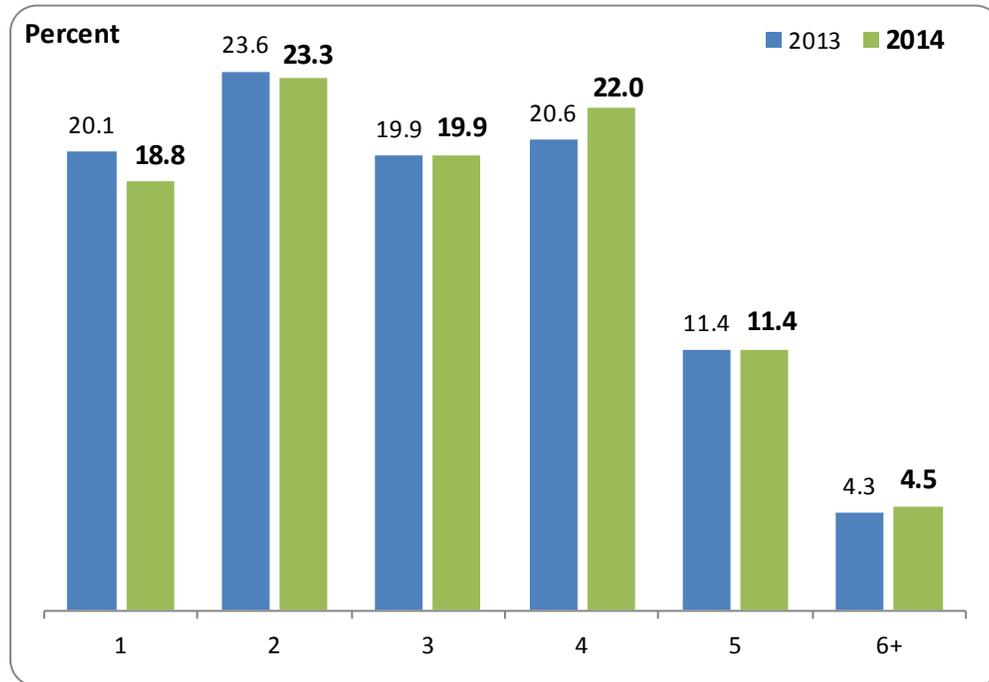
- \$0 – 14.3 percent
- \$1 to less than \$5,000 – 5.5 percent
- \$5,000 to less than \$25,000 – 30.0 percent
- \$25,000 to less than \$50,000 – 25.7 percent
- \$50,000 or more – 13.3 percent

Figure C in Appendix B shows more categories of income and associated percentages. About 11 percent did not know their spouse/partner's income.

HOUSEHOLD SIZE. Another question in the 2013 survey was modified from asking about how many persons in the household are supported by the income of the warrior respondent to asking how many persons in the household are supported by *household* income. We display the 2013 and 2014 results in Figure 58. The number of people in the warrior's household supported by household

income is usually four or fewer. The percentage of such households with six or more persons is 4.5 percent.

Figure 58. Number in Household Supported by Household Income



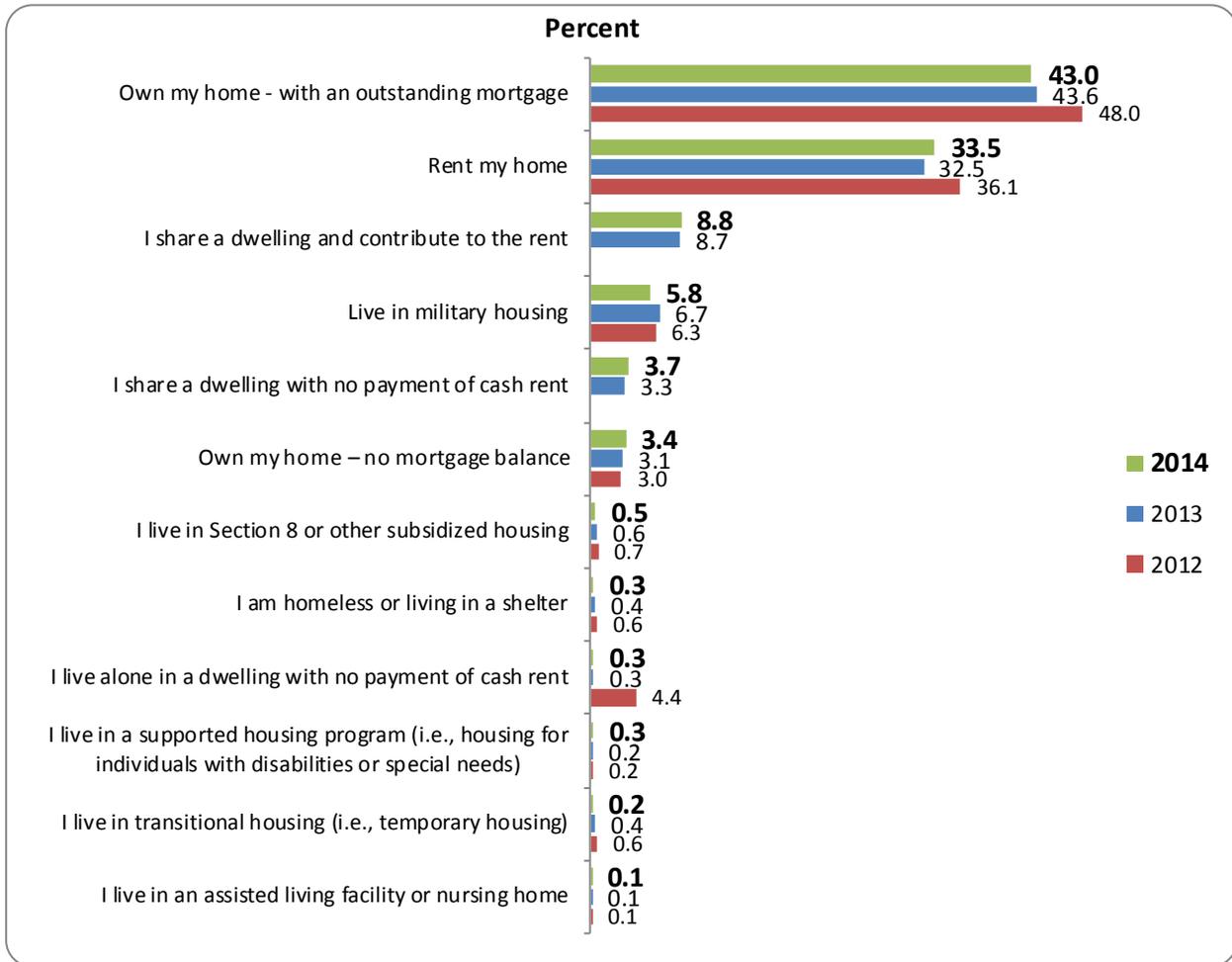
Note: 2013 and 2014 data are weighted.

CURRENT LIVING ARRANGEMENT

Several changes were made to the list of possible living arrangements in 2013: One new response option was added (“I share a dwelling and contribute to the rent”), and another response option (“I occupy a dwelling with no payment of cash rent) was revised as two separate response options (“I share a dwelling with no payment of cash rent” and “I live alone in a dwelling with no payment of cash rent”).

Most alumni continue to own their own homes or rent their homes (Figure 59). The homeownership rate among alumni is 46.4 percent. Forty-three percent of alumni currently own their own homes with an outstanding mortgage (similar to the 43.6% in 2013, but down from 48.0% in 2012). Only 3.4 percent of alumni own their homes with no mortgage balance. One-third of alumni (33.5%) rent their homes. Alumni home ownership with a mortgage varies by age group: 35 years and older—57.2 percent; less than 35 years old—31.5 percent.

Figure 59. Current Living Arrangement



Note: 2013 and 2014 data are weighted; 2012 data are unweighted. New/revised response options added in 2013.

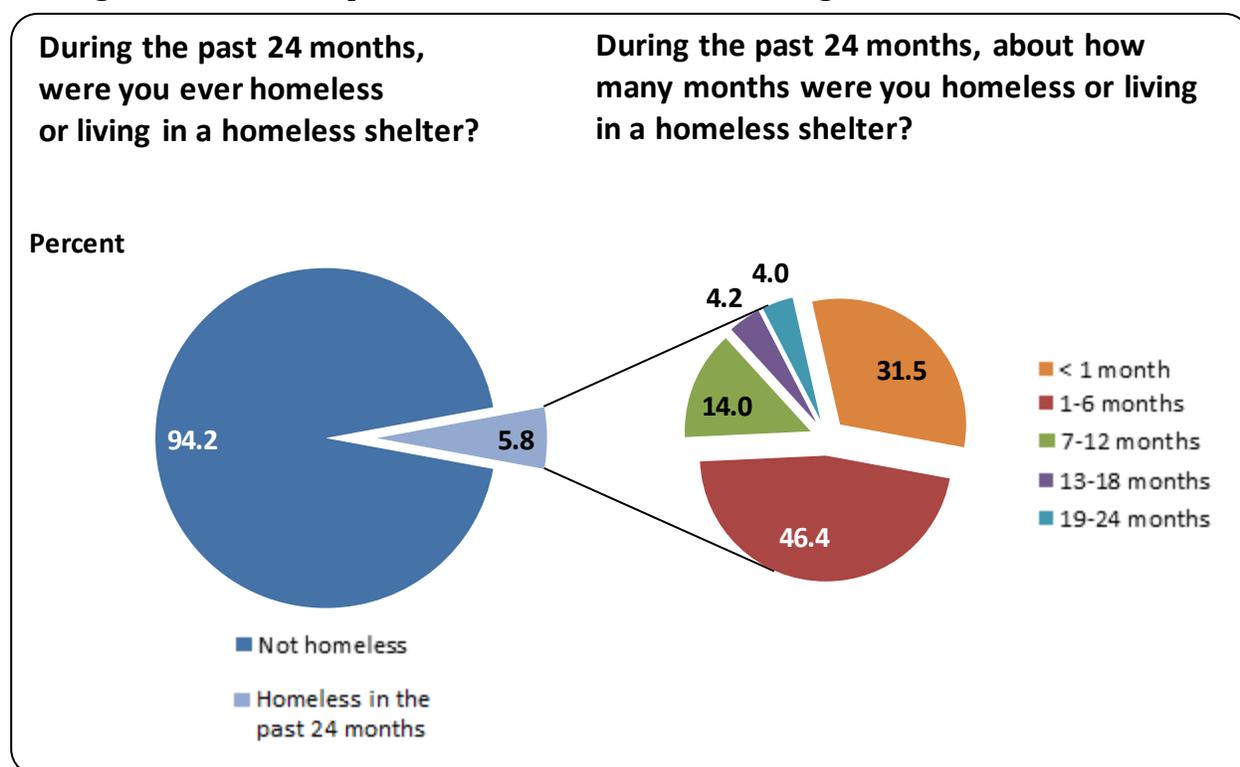
The homeownership rate among alumni is lower than the rate for the United States overall (excludes Puerto Rico and the U.S. territories), which has remained stable at slightly higher than 65 percent in the past 3 years (down from its most recent peak in 2004—69.2%; Hale, 2014). The decline in home ownership with a mortgage has been attributed to a number of factors, including stricter mortgage lending requirements in response to the collapse of the housing market, the slowly recovering economy, delayed marriage among young adults, and rising debt from school loans. The finding that home ownership is lower among younger alumni is true as well among the general population. A 2013 report from the Pew Research Center indicated that from 2007 to 2010, the share of households headed by adults younger than 35 who own their primary residence declined from 40 percent to 34 percent (Fry, 2013). This decline was part of an overall finding that from 2007 to 2010 younger adults were shedding debt, mainly by owning fewer homes and cars.

HOMELESSNESS

New! Homelessness among OIF/OEF veterans continues to be a concern. Several questions were added to the 2014 survey about alumni experiences with being homeless during the past 24 months. Nearly 6 percent of alumni (5.8%) were homeless or living in a homeless shelter during the past 24 months (Figure 60). Among them, 31.1 percent were homeless for less than 30 days, and 68.9 percent were homeless for 1 to 24 months.

The mean number of days among all alumni who were homeless was 139, or just over 4½ months. For those homeless for less than 30 days, the mean number of homeless days was 16; for those homeless for 1 to 24 months, the mean number of homeless days was 202, or between 6 and 7 months.

Figure 60. Alumni Experience With Homelessness During the Past 24 Months



Among alumni who were homeless during the past 24 months:

- 63.6 percent were younger than 35 years old (compared with 55.2% of all alumni).
- 83.3 percent were male (compared with 86.2% of all alumni).
- 87.5 percent have a positive score on the Primary Care PTSD scale in the survey (compared with 69.0% of all alumni).
- 50.5 percent self-reported they had experienced TBI during their military service since September 11, 2001 (compared with 43.2% of all alumni).
- 20.0 percent of homeless alumni have a positive score on the PDHA/PDHRA alcohol screen (compared with 12.6% of all alumni).

- 70.0 percent 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 (compared with 54.7% of all alumni)

Also, among alumni who were homeless during the past 24 months, 15.2 percent received government housing assistance, such as rental assistance vouchers, transitional housing, supportive housing, or participation in a Housing First program.

The profile of alumni who have experienced homelessness in the past 24 months is similar to characteristics of homeless veterans reported by others. The National Coalition for Homeless Veterans website includes the following information:

- According to the U.S. Department of Veterans Affairs (VA), homeless veterans in this nation are predominantly male; about 8 percent are female. A majority are single; live in urban areas; and suffer from mental illness, alcohol and/or substance abuse, or co-occurring disorders. Homeless veterans are younger on average than the total homeless population.
- About 12 percent of the adult homeless population are veterans.
- Approximately 12,700 veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) were homeless in 2010.

The *2013 Data Report from the National Survey of Homeless Veterans in 100,000 Homes Campaign Communities* (2013) indicates that age, military service, and substance abuse are strong predictors of homelessness. Veterans (of all ages) are overrepresented among the homeless populations in the communities included in the survey and have experienced longer durations of homelessness than nonveterans.

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

- 27 percent reported traumatic brain injury, compared with 19 percent of other veterans.
- 46 percent reported some form of mental health treatment, compared with 41 percent of other veterans.

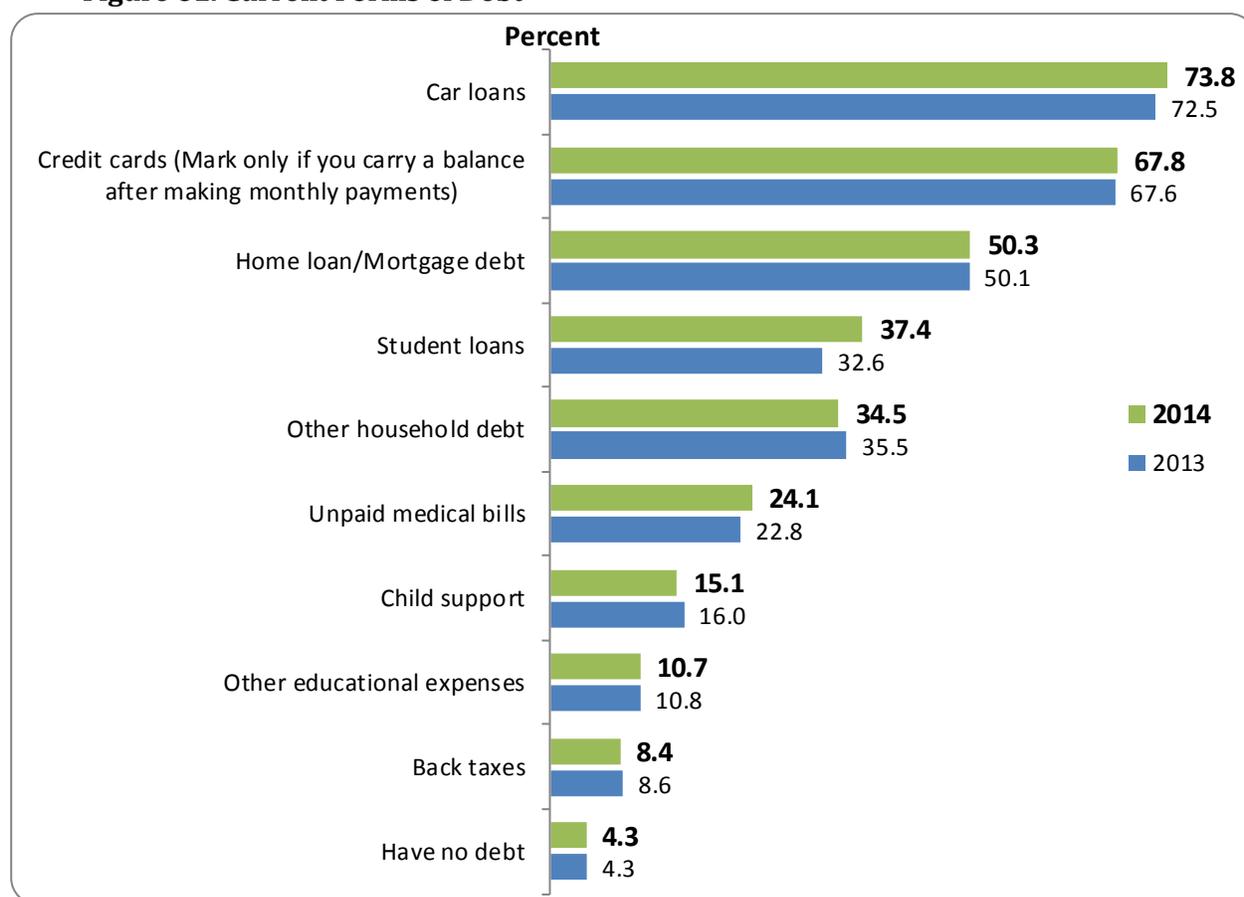
The VA and the Department of Housing and Urban Development have been collaborating with communities in their HUD-VA Supported Housing program (HUD-VASH), and the VA has sponsored other programs with the goal of ending veteran homelessness by 2015. Although much progress has been made in recent years in reducing veteran homelessness, that goal was recently amended to 2016, with the “explicit acknowledgment that achieving that goal would be contingent on appropriations” (United States Interagency Council on Homelessness, 2014).

DEBT

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

FORMS OF DEBT. The question asking about forms of debt was modified in 2013 to include a definition of debt (“Debt is the amount owed to persons or organizations”) and to ask about total *household* debt (the warrior’s debt as well as spouse/partner debt). In addition, a new form of debt was added (“Student loans”), and the response option immediately following that one was revised to say “Other educational expenses.” Finally, an instruction was added to the response option of “Credit cards”—it stated that alumni should mark this type of debt only if they carry a balance after making monthly credit card payments. Figure 61 includes the 2014 and 2013 findings. As in 2013, car loans and credit card debt are the most common forms of debt in alumni households, followed by home loans/mortgage debt, student loan debt, and other household debt. A small percentage of alumni said they had no debt (4.3%).

Figure 61. Current Forms of Debt



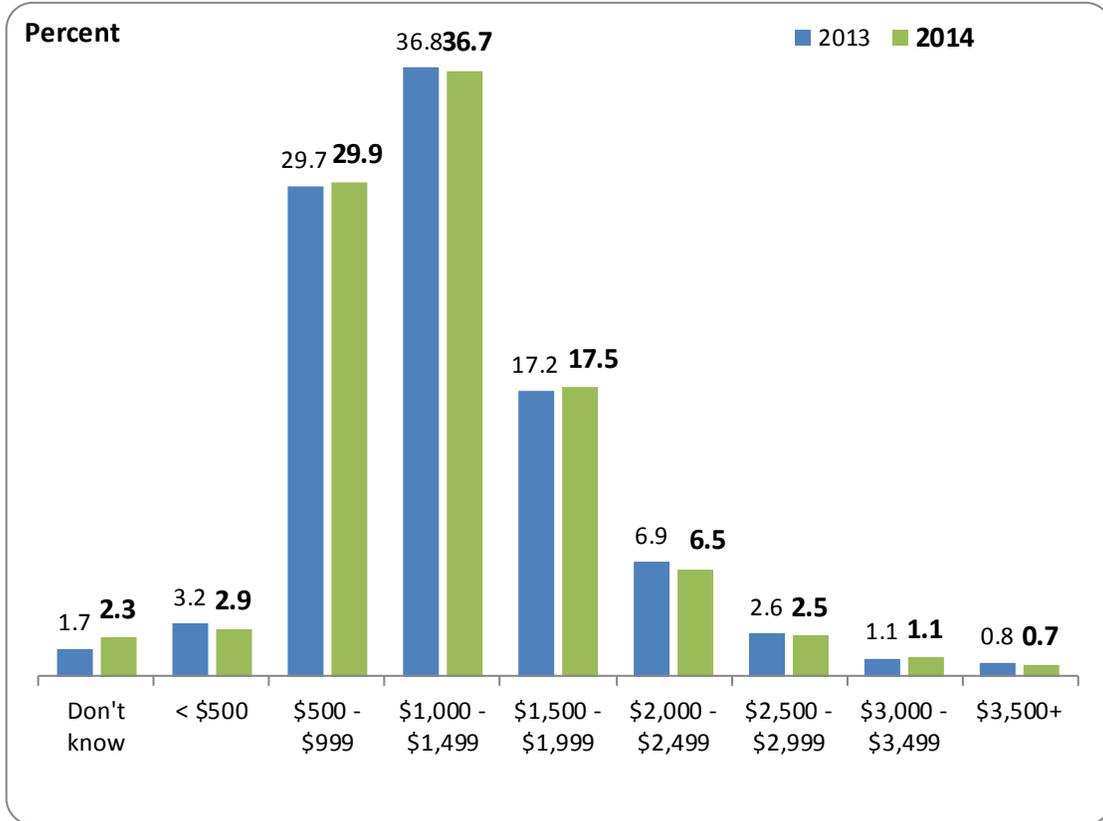
Notes: 2013 and 2014 data are weighted.

TOTAL DEBT. A new question in the 2013 survey was added for alumni who had reported that they owned their own homes with an outstanding mortgage: “What is your monthly home mortgage payment?” In addition, the question on amount of debt was modified to ask: “Excluding the mortgage debt on your primary residence, about how much do you pay each

MONTH on the total debt you (and your spouse/partner) owe?" These changes, as well as the other changes in various income and debt questions in the 2013 survey, were made so that WWP could estimate a ratio of monthly household debt to monthly household income. WWP will track this ratio as one indicator of change in alumni's economic empowerment.

Figure 62 shows the monthly mortgage payments paid by alumni with that form of debt. Nearly 70 percent (69.5%) pay less than \$1,500 a month.

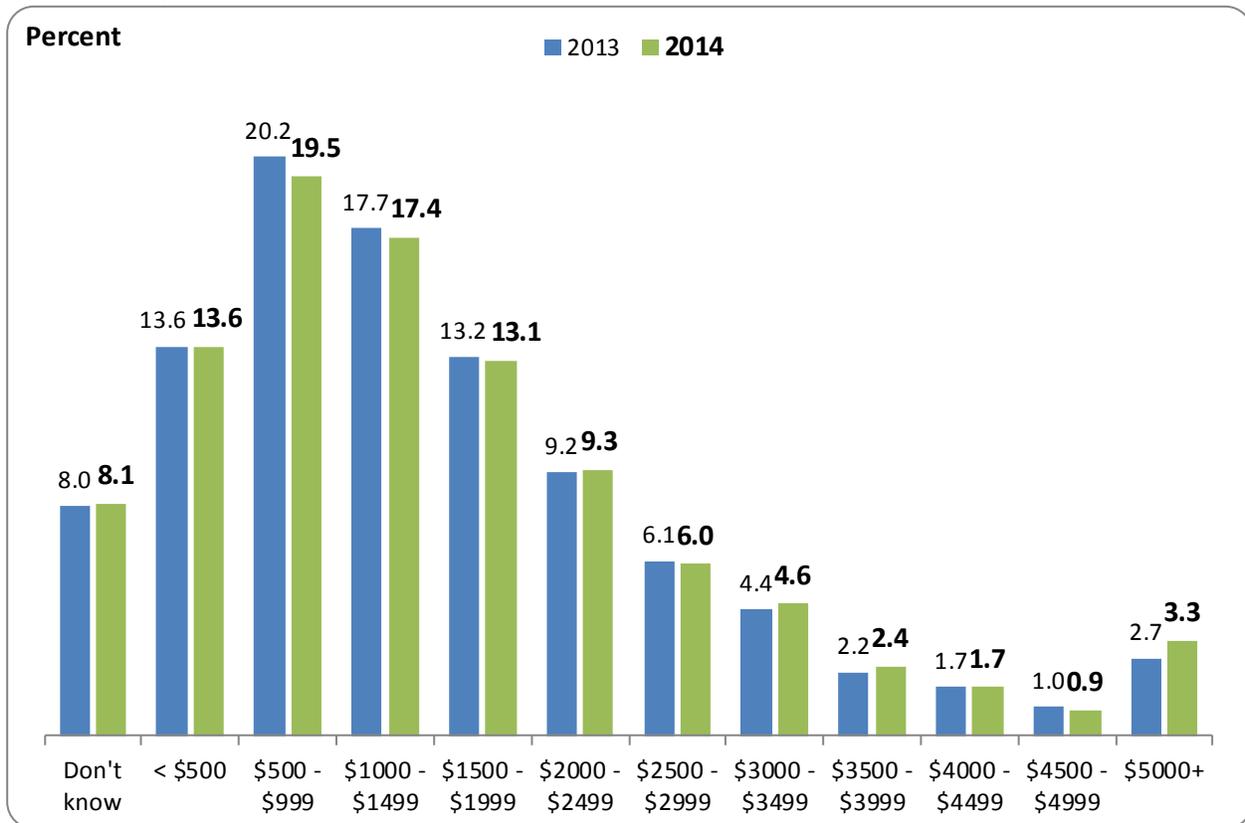
Figure 62. Monthly Home Mortgage Payments



Note: 2013 and 2014 data are weighted.

Among alumni with debt, excluding mortgages on primary residences, about a third (33.1%) pay less than \$1,000 per month on total household debt they owe, and another 39.8 percent make monthly payments ranging from \$1,000 to less than \$2,500 (Figure 63).

Figure 63. Monthly Payments on Total Debt Owed, Excluding Mortgage Debt on Primary Residence



Note: 2013 and 2014 data are weighted.

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

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

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

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

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

As indicated in the formula, this ratio was estimated only for alumni who own their homes with an outstanding mortgage who also provided responses about their income, or lack of income, from the sources specified in the formula (35.3% of all alumni).

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

- Among all alumni with an outstanding mortgage who also provided responses about their household income, **63.8** percent (62.1% in 2013) have a debt-to-income ratio > 41 percent.
 - Among the subgroup of alumni with an outstanding mortgage who answered the question about spouse/partner income, **56.9** percent (55.0% in 2013) have a debt-to-income ratio > 41 percent.
 - Among the subgroup of alumni with an outstanding mortgage with no spouse/partner (or did not answer the question about spouse/partner income), **74.6** percent (73.6% in 2013) have a debt-to-income ratio > 41 percent.

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

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

Many non-VA mortgage financing organizations separate the debt-to-income ratio into two parts—the front-end ratio and the back-end ratio, such as 28/36 or 33/45. The 28 represents the percentage of income that goes toward housing costs, and the 36 represents the percentage of income that goes toward paying all recurring debt payments, including front-end housing payments. The difference between the two ratios represents “non-housing-related” household debt payments, or other monthly household debt payments. Thus, for the first example, other monthly household debt payments should not exceed approximately 8 percent of monthly income if their front-end housing costs are 28 percent of income, and for the second example, other debt payments should not exceed approximately 12 percent of income if housing costs are about 33 percent. We used these two benchmarks of 8 percent and 12 percent to assess the debt-to-income ratio for alumni who they do not currently own their home (with or without a mortgage) and who answered the income questions (40.6% of all alumni):

- 90.3 percent (90.1% in 2013) of this group of alumni have a “nonhousing” debt-to-income ratio > 8 percent.
- 82.4 percent (82.8% in 2013) of this group have a “nonhousing” debt-to-income ratio > 12 percent.

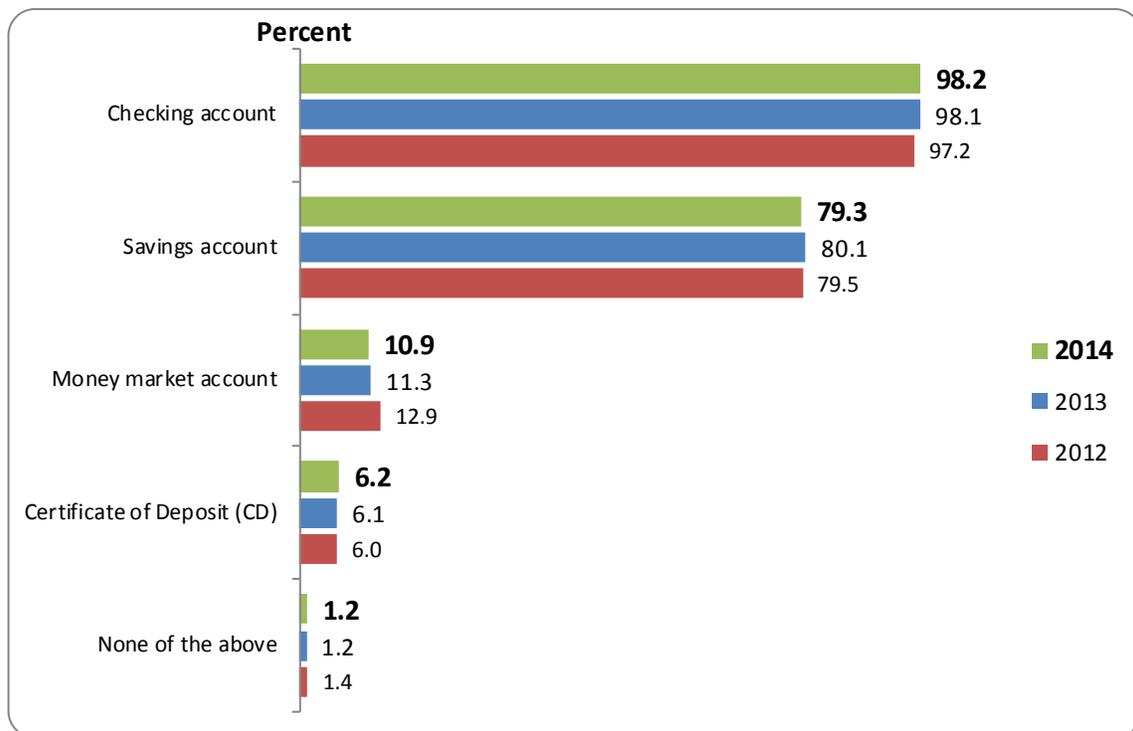
Alumni who would like to buy a home may find it difficult to qualify for a mortgage if their nonhousing debt-to-income ratios exceed 8 percent, especially if they have limited savings.

FINANCIAL ACCOUNTS

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

ACCOUNTS WITH BANKS OR OTHER FINANCIAL INSTITUTIONS. Nearly all alumni (98.2%) currently have checking accounts, and more than three-fourths have saving accounts (79.3%; Figure 64). Among those with accounts, two-thirds (66.3%) have two accounts and 11.9 percent have three accounts. Only 1.2 percent of alumni reported they have no current accounts with financial institutions.

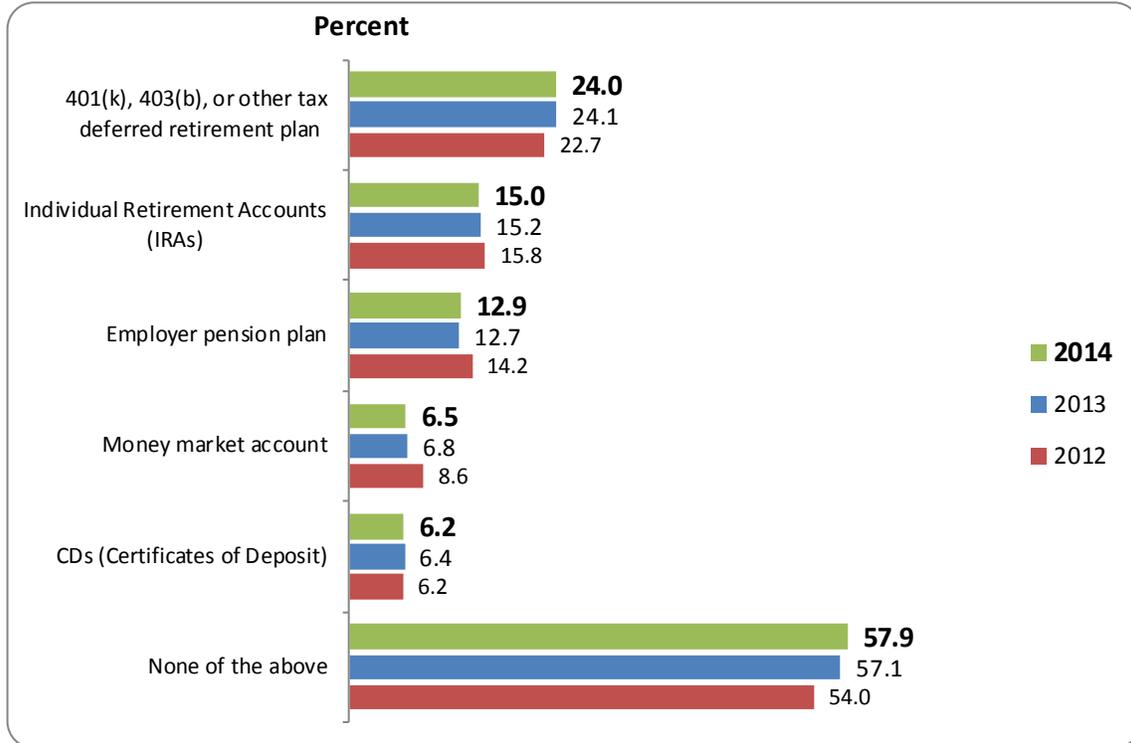
Figure 64. Types of Accounts With Banks or Other Financial Institutions



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

SAVINGS PLAN PARTICIPATION. More than half of alumni (57.9%) are not currently participating in any longer term savings plans (Figure 65). Nearly one-fourth (24.0%) participate in some type of retirement plan (tax-deferred retirement plan), 15 percent have IRAs, and 12.9 percent participate in employer pension plans). Among savings plan participants, most have either one plan (62.5%) or two plans (25.4%).

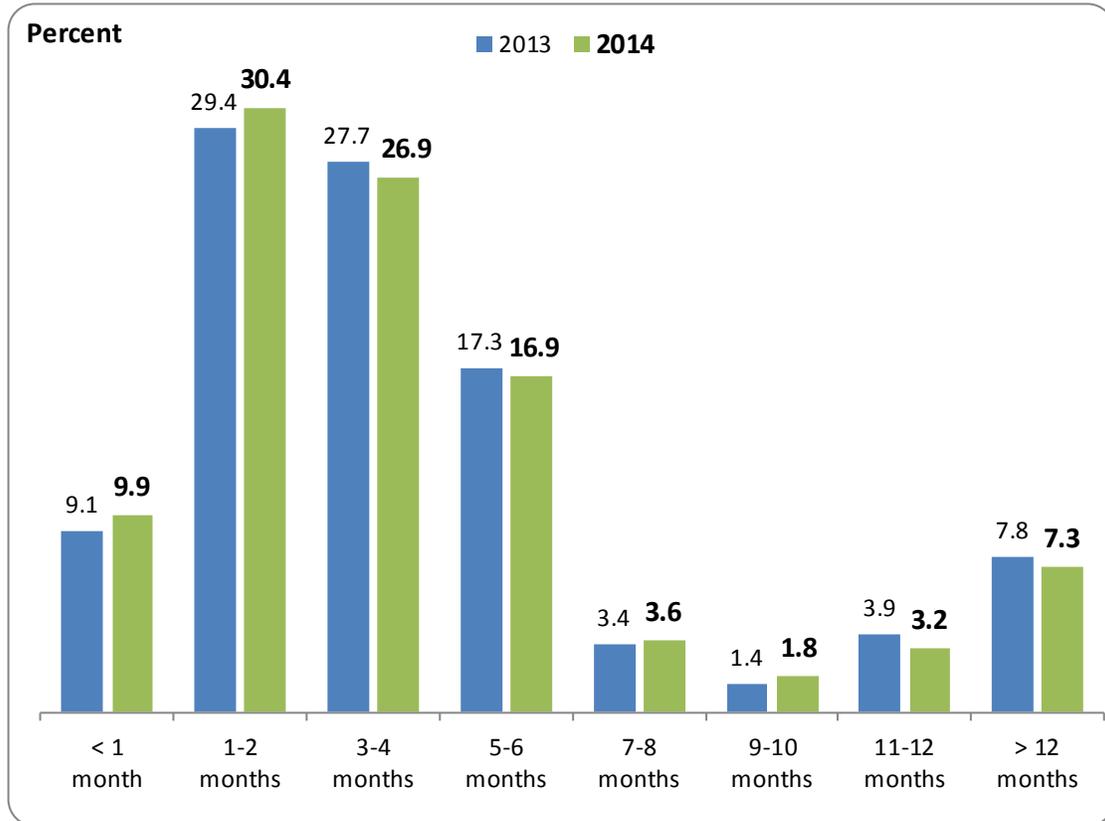
Figure 65. Current Participation in Savings Plans



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

EMERGENCY FUND. A new question in the 2013 WWP Alumni Survey defined *emergency fund* and asked alumni if they currently have such a fund. Those with a fund were asked how many months of household expenses their emergency fund will cover. About 30 percent of alumni (31.2%) have an emergency fund (separate from longer term savings and investments) that provides a safety net of income to pay for unplanned financial emergencies, such as major car or home repairs, replacing appliances that no longer work, or job losses. Within this group, 59.7 percent said their fund would cover 3 or more months of household expenses (Figure 66). This group with 3 or more months of “rainy day” savings makes up 18.5 percent of the total alumni survey population.

Figure 66. Number of Months That Emergency Fund Will Cover Household Expenses



Notes: 2013 and 2014 data are weighted. Questions on emergency fund were added in 2013.

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

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

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

- Fifty-four percent of military service members have a rainy day fund to cover expenses for 3 months.

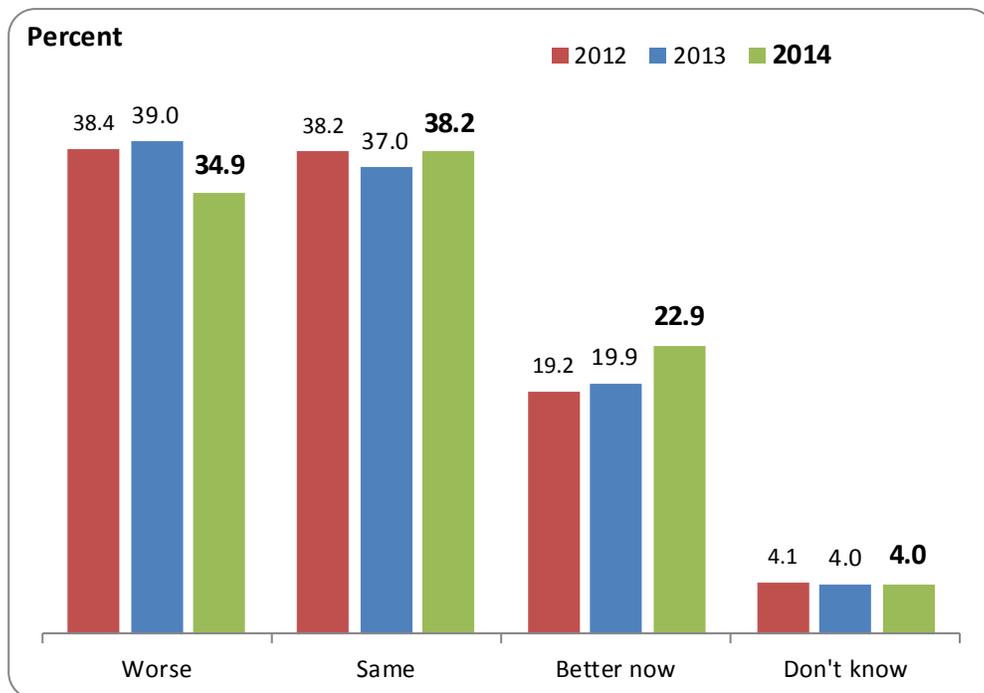
- Higher pay groups were more likely to have rainy day funds (across all service branches):
 - W1-010: 69 percent
 - E7-E9: 56 percent
 - E5-E6: 51 percent
 - E1-E4: 49 percent

OVERALL ASSESSMENT OF FINANCIAL SITUATION

Alumni were asked whether they would say their financial status (and that of family living with them) is better now, the same, or worse than a year ago (Figure 67):

- For 22.9 percent of alumni, their financial status is better now.
- But for 34.9 percent, their financial status is worse.

Figure 67. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

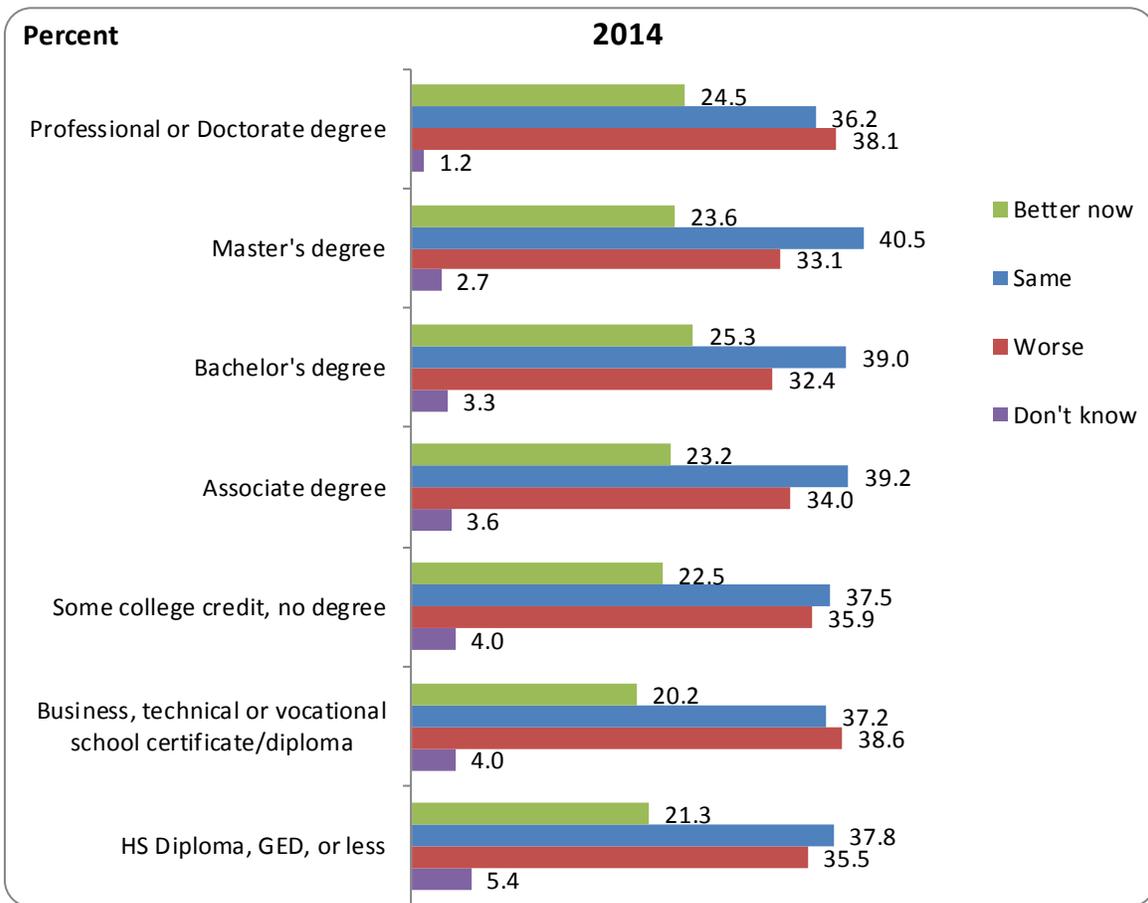
Overall Assessment of Financial Status by Highest Degree of Educational Attainment

Figure 68 shows the results for current financial status relative to a year ago by highest degree or educational attainment. Major findings include the following:

- In all education categories, at least 20 percent of alumni said their financial status is better off than a year ago (ranges from 20.2% to 25.3%).

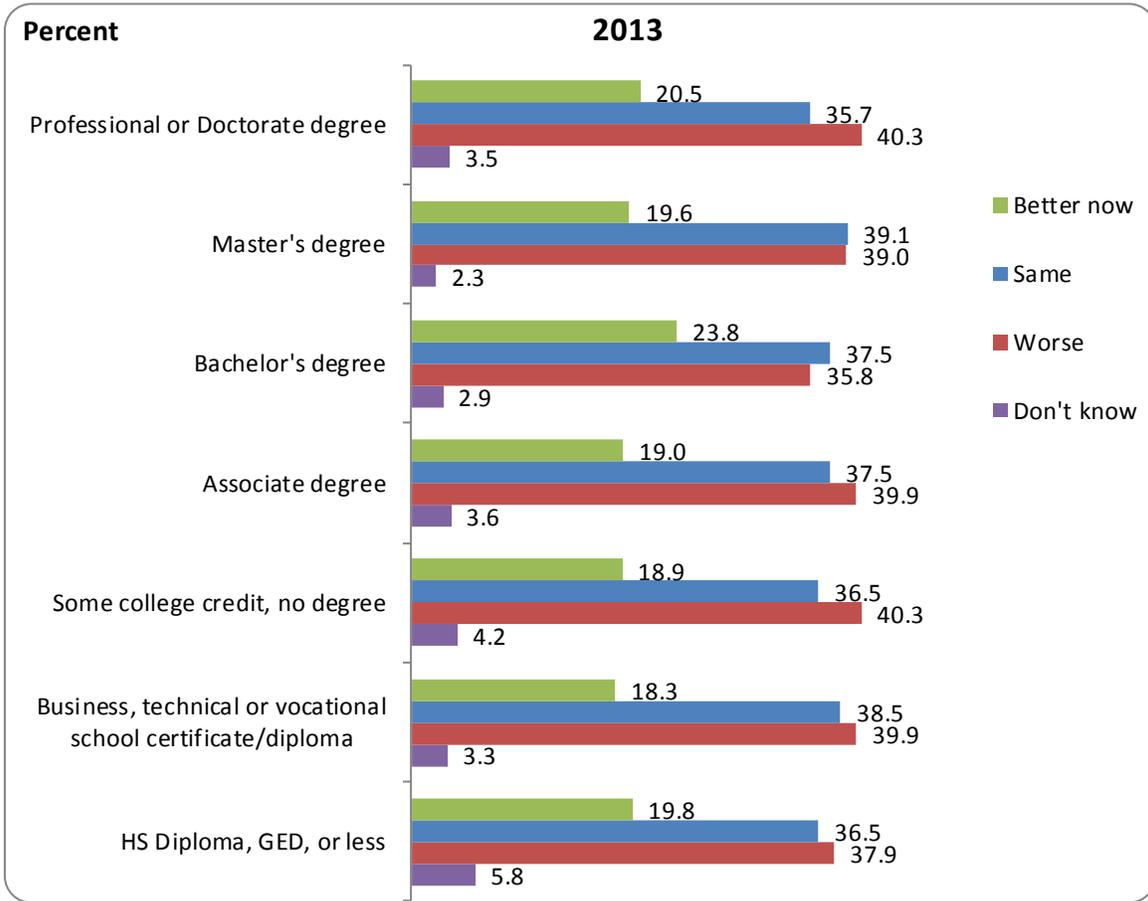
- Those results reflect improvement since 2012 for the group of alumni whose highest degree of educational attainment is a bachelor's degree (25.3% in 2014, compared with 23.8% in 2013 and 20.4% in 2012).
- The results also reflect some improvement for alumni with an associate degree (23.2%, compared with 19.0% in 2013 and 19.0% in 2012).
- Percentages for alumni with professional or doctorate degrees continue to fluctuate greatly because of their small number in the survey population.
- Despite the noted improvements, percentages among the various education groups who reported they are now financially worse off than a year ago range from 32.4 percent to 38.6 percent.

Figure 68. Overall Assessment of Financial Status by Highest Degree/Level of Education



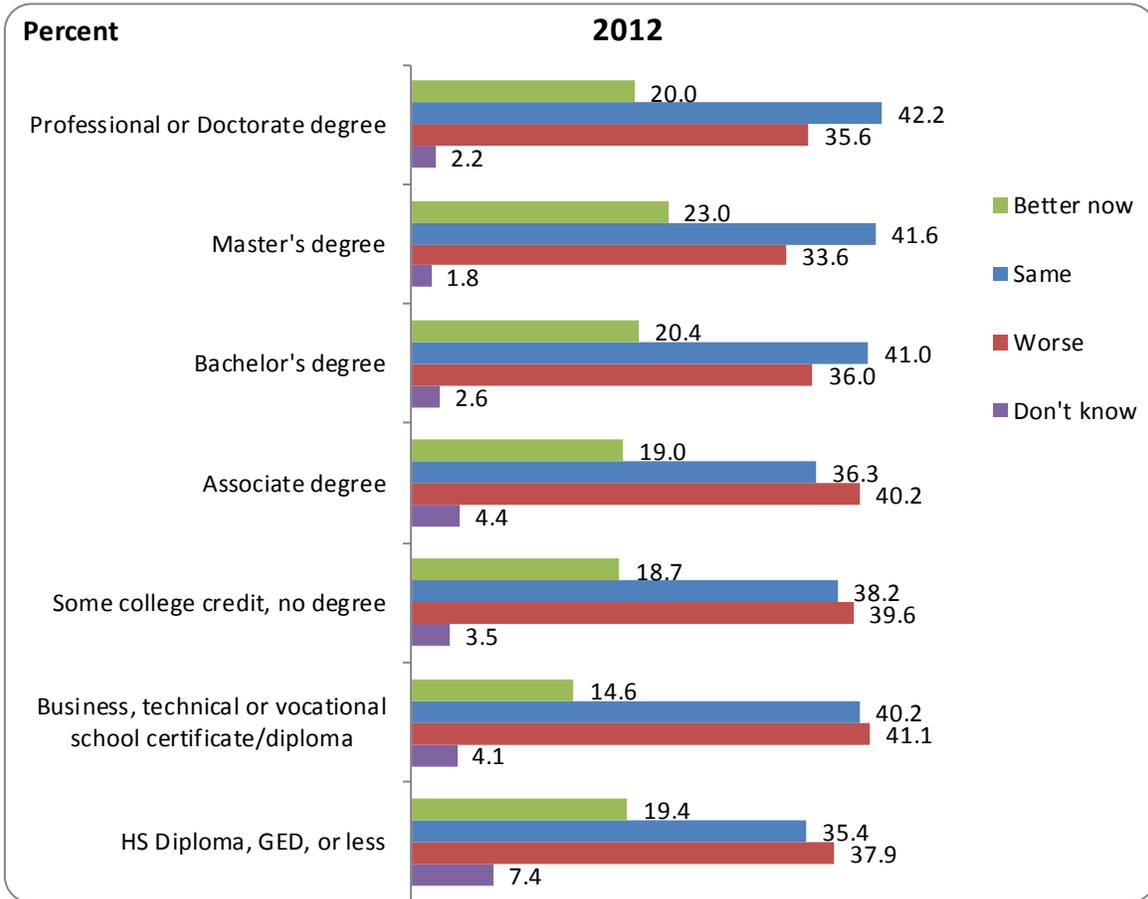
Note: 2014 data are weighted.

Figure 68. Overall Assessment of Financial Status by Highest Degree/Level of Education (Continued)



Note: 2013 data are weighted.

Figure 68. Overall Assessment of Financial Status by Highest Degree/Level of Education (Continued)



Note: 2012 data are unweighted.

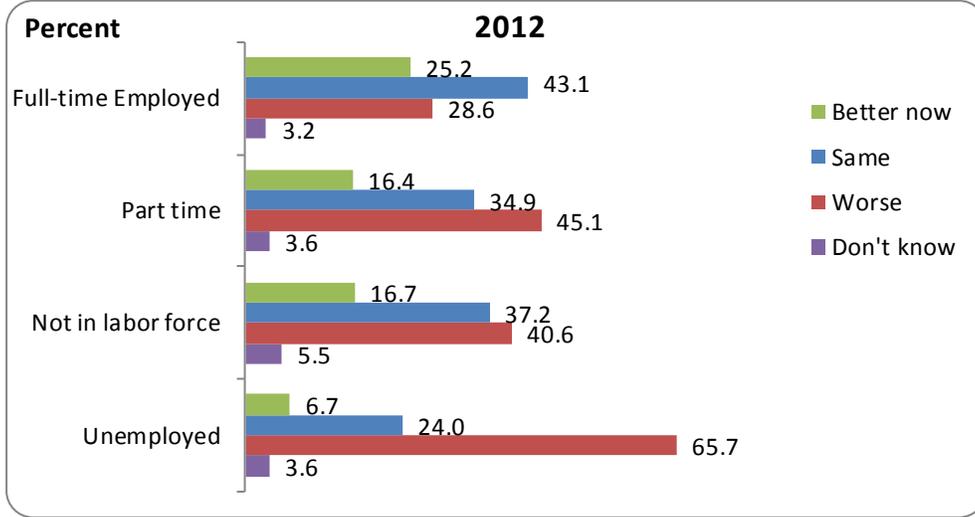
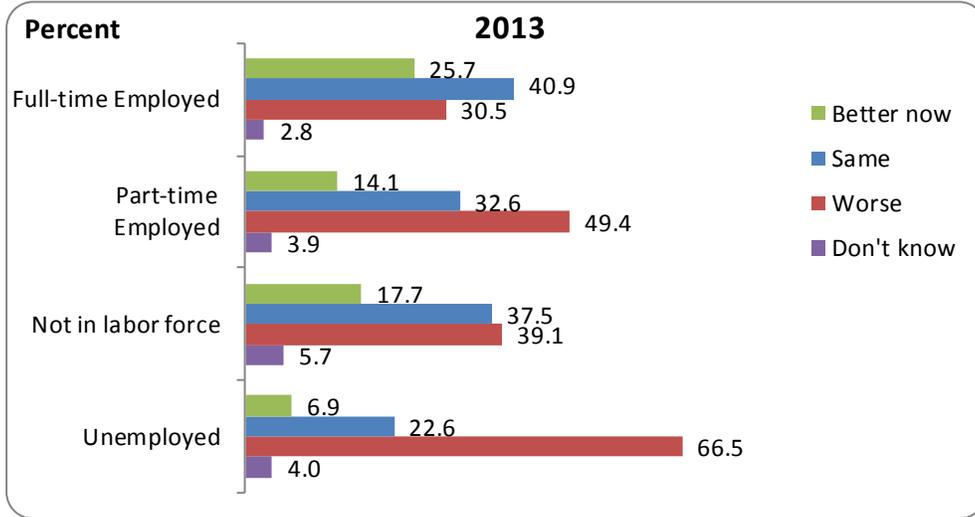
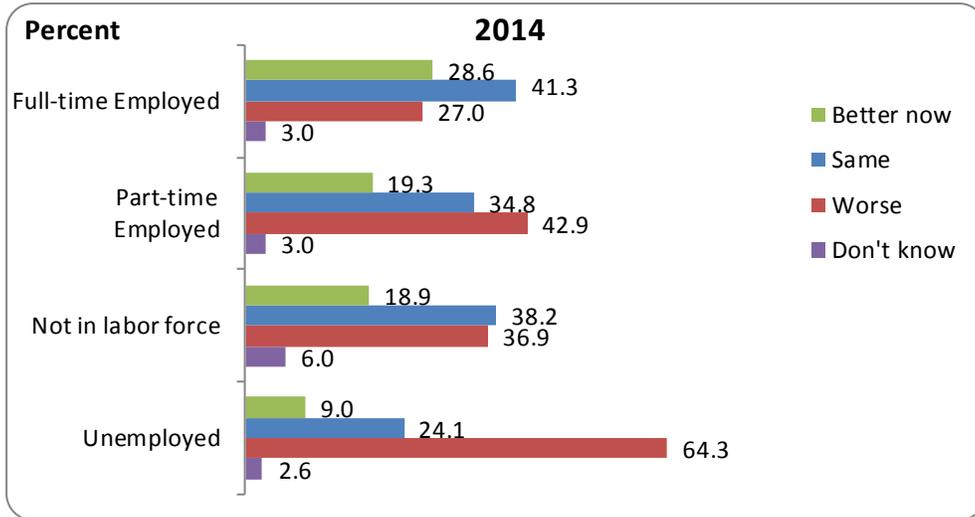
Overall Assessment of Financial Status by Labor Force Status

When the overall financial assessment data were crossed by labor force status, the main findings were changes for the part-time employed group (Figure 69). However, they represent a relatively small proportion of alumni (only 7.4% in 2014) and thus estimates over time are somewhat unstable:

- Among alumni employed part time, 19.3 percent feel they are faring better financially since a year ago, compared with 14.1% in 2013 and 16.4% in 2014).
- Also, the percentage of alumni employed part time who feel they are worse off financially than a year ago is 42.9 percent, down from 49.4 percent in 2013 and 45.1 percent in 2012.

Just under two-thirds of alumni who are unemployed (64.3%) and about 37 percent of alumni who are not in the labor force (36.9%) continue to feel they are worse off financially than a year ago.

Figure 69. Overall Assessment of Financial Status by Labor Force Status



Note: 2013 and 2014 data are weighted; 2012 data are unweighted.

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

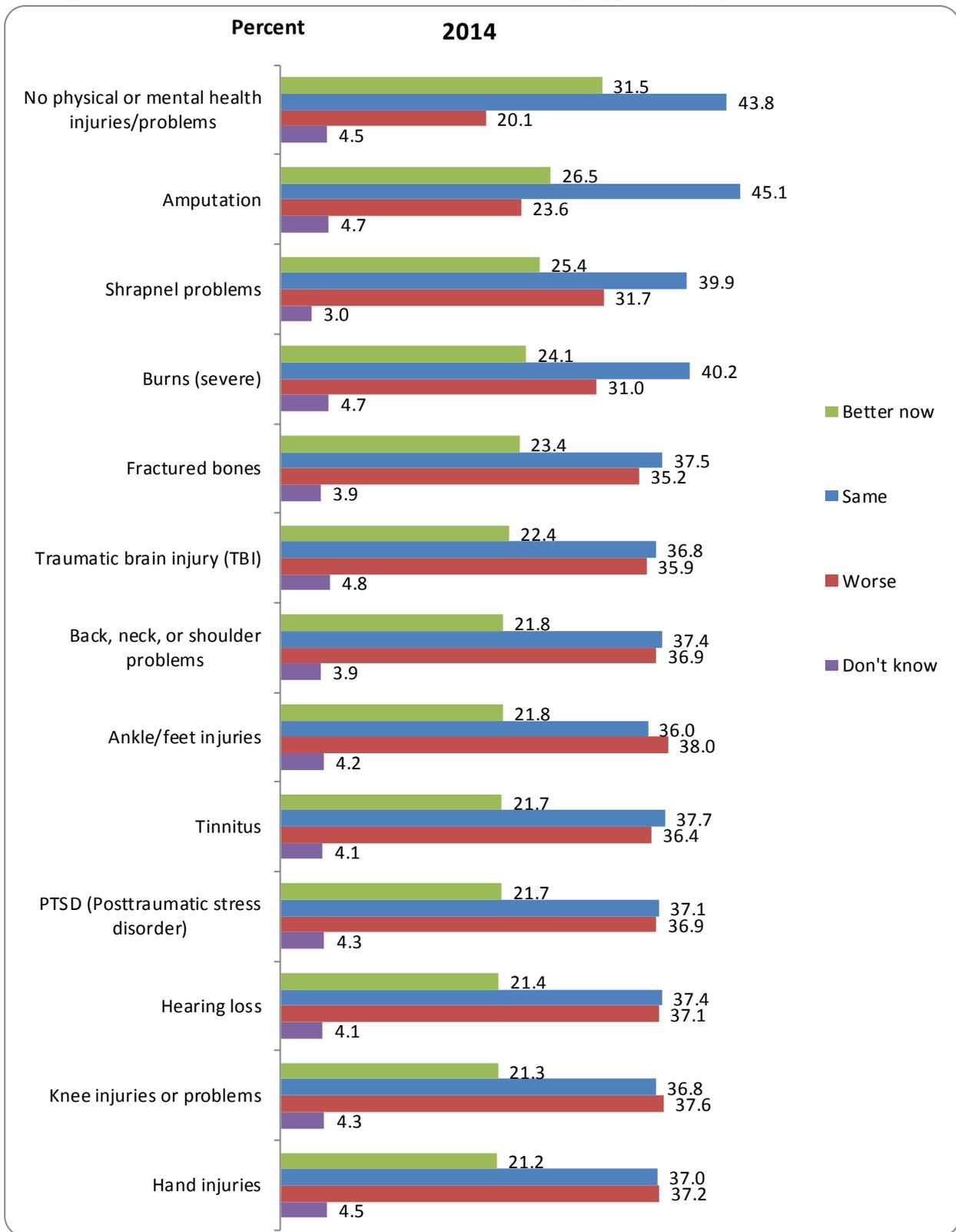
The 2014 results for analyzing overall financial assessment data by type of injury or health problem are presented in Figure 70. They clearly reflect the longer list of physical and mental injuries and health problems that appeared in the 2014 and 2013 surveys. Because alumni could check more than one type of injury or health problem, many alumni are represented in more than one type:

- Within nearly all types of injuries/health problems, the percentage of alumni saying their financial status is worse than a year ago was 35 percent or higher. The exceptions are:
 - Amputation (23.6%)
 - Severe burns (31.0%)
 - Shrapnel problems (31.7%)

The types of injuries/health problems with the highest percentages of alumni (about 39% to 46%) saying they were worse off include the following:

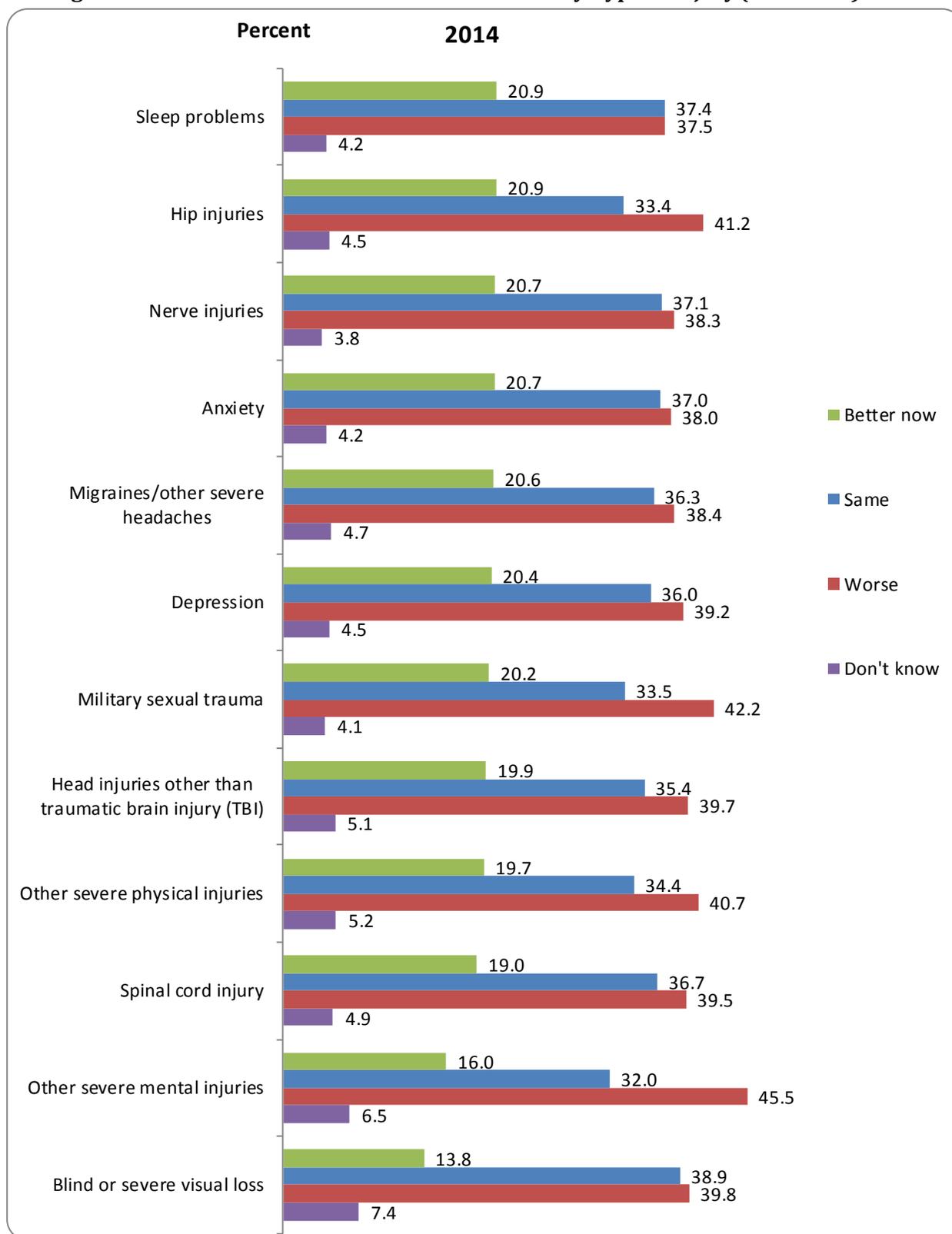
- Other severe mental injuries or health problems (45.5%)
 - Military sexual trauma (42.2%)
 - Hip injuries (41.2%)
 - Other physical injuries or health problems (40.7%)
 - Blind or other severe visual loss (39.8%)
 - Head injuries other than TBI (39.7%)
 - Spinal cord injury (39.5%)
 - Depression (39.2%)
- Within the types of injuries/health problems, the percentages of alumni whose financial situation is better than a year ago was greater than 25 percent for only two groups:
 - Amputation (26.5%)
 - Shrapnel problems (25.4%)

Figure 70. Overall Assessment of Financial Status by Type of Injury



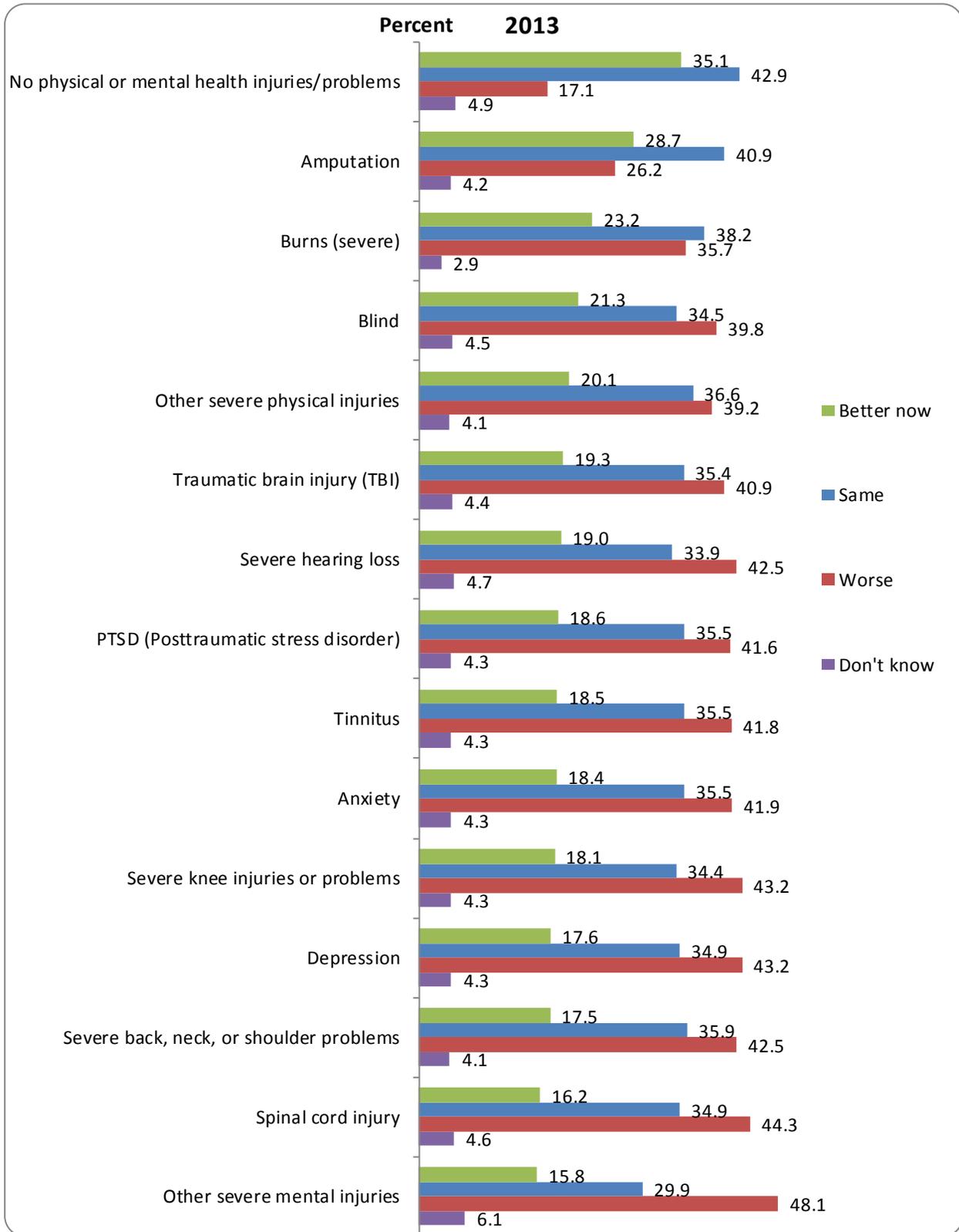
Note: 2013 and 2014 data are weighted.

Figure 70. Overall Assessment of Financial Status by Type of Injury (Continued)



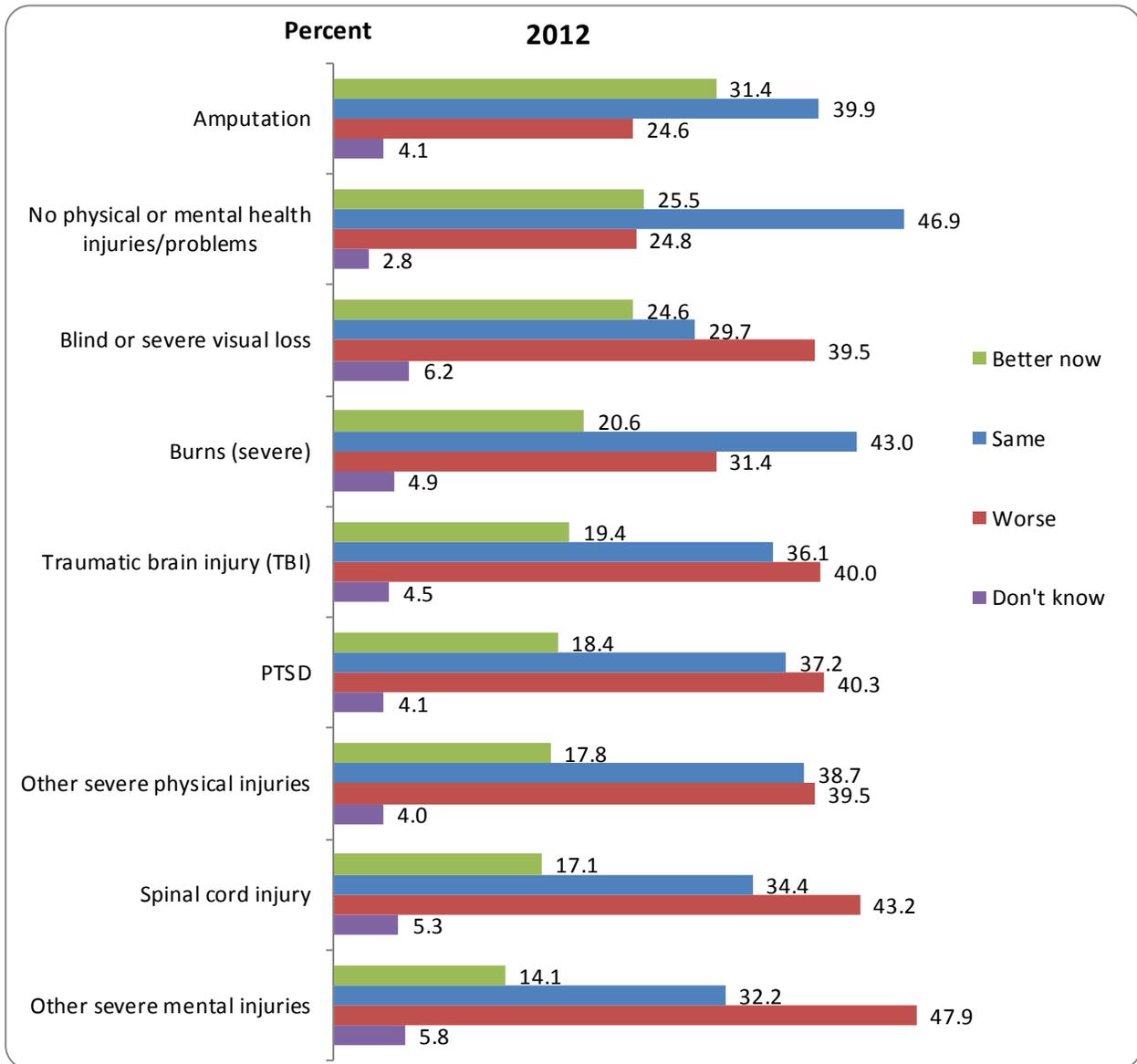
Note: 2013 and 2014 data are weighted.

Figure 70. Overall Assessment of Financial Status by Type of Injury (Continued)



Note: 2013 and 2014 data are weighted.

Figure 70. Overall Assessment of Financial Status by Type of Injury (Continued)



Note: 2012 data are unweighted.

Overall Assessment of Financial Status by VA Disability Rating

Overall assessment of financial status was also crossed by VA disability rating (Table 7). The 2014 findings indicate:

- In the 30, 40, 50, 70, and 80 percent disability groups and in the group with a VA disability claim pending or on appeal, the percentage of alumni whose financial status was worse off in 2014 declined from about 5 to 10 percentage points from the 2013 percentages.
- For eight of the disability groups, including the 100 percent VA disability rating group and the group with no disability rating, the most commonly reported status for eight groups was the same now as a year ago.

- In no groups did the highest percentage report that their financial status was better than a year ago.

Table 7. Overall Assessment of Financial Status by VA Disability Rating

VA Disability Rating	Current Financial Status Relative to a Year Ago			
	Same (%)	Worse (%)	Better now (%)	Don't know (%)
VA claim pending or on appeal				
2014	36.8	39.0	19.2	5.0
2013	34.7	45.3	15.6	4.3
2012	36.9	45.0	13.2	4.9
0%*				
2014	38.4	36.6	23.8	1.2
2013	36.5	37.4	26.1	0.0
10%				
2014	36.9	36.9	24.8	1.4
2013	37.7	33.8	24.6	3.9
2012	41.1	33.9	21.4	3.6
20%				
2014	33.6	37.1	26.3	3.0
2013	37.6	38.7	19.4	4.4
2012	39.8	37.6	18.3	4.3
30%				
2014	36.6	35.6	25.5	2.3
2013	35.4	41.6	19.4	3.6
2012	38.0	41.0	19.0	2.0
40%				
2014	37.6	35.7	24.0	2.7
2013	34.2	41.8	20.9	3.1
2012	38.7	39.4	19.1	2.8
50%				
2014	37.5	35.9	23.1	3.6
2013	33.0	46.5	17.7	2.7
2012	36.0	42.9	19.8	1.2
60%				
2014	36.5	38.1	23.6	1.9
2013	35.7	40.9	20.5	3.0
2012	35.2	44.2	18.3	2.3
70%				
2014	39.3	35.9	21.0	3.8
2013	38.6	41.0	17.4	3.0
2012	37.9	38.6	18.6	4.8
80%				
2014	34.7	38.9	21.6	4.8
2013	32.5	44.5	19.5	3.5
2012	38.5	38.5	19.9	3.1
90%				
2014	36.7	40.1	19.5	3.6
2013	34.5	44.4	15.8	5.3
2012	33.3	42.9	19.8	4.0

(Continues)

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

VA Disability Rating	Current Financial Status Relative to a Year Ago			
	Same (%)	Worse (%)	Better now (%)	Don't know (%)
100%				
2014	40.8	29.1	23.9	6.2
2013	40.7	31.6	22.5	5.2
2012	37.8	32.5	24.1	5.6
I do not have a disability rating				
2014	42.4	27.8	27.3	2.4
2013	41.5	29.8	24.6	4.1
2012	43.0	32.7	20.0	4.3

Notes: 2013 and 2014 data are weighted; 2012 data are unweighted. Percentages in boldface type are the highest percentage responses within the specified disability rating. *The rating of 0% disability was added in 2013.

MAJOR THEMES IN SURVEY COMMENTS

The following question appeared at the end of the survey:

If you have time, please feel free to tell us your opinion of the most challenging aspect of transitioning back into civilian life and how the Wounded Warrior Project or other Veterans service organizations can help in alleviating this challenge.

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

As an introduction to the major themes, we list notable differences in the 2014 survey comments that reflect different topics or changing topic emphasis from those observed in the surveys of previous years. These do not necessarily appear in large numbers in the sampled comments. They do reflect new topics raised by alumni, topics commented upon in a different way, or things to be attentive to going forward.

- **Stigma toward veterans and service members.** Although we have seen comments in previous years about stigma in hiring and about mental health issues, more comments this year focused on a more general sense of stigma, as described in the example that follows. There was one comment about being spat upon in a U.S. airport while serving in Iraq and returning home on R&R. Perhaps the clearest expression about stigma toward veterans is the one that follows:

Sometimes there is a stigma or negative opinion about Veterans. I think that there should be more awareness which highlights the positive qualities, skills and abilities that we have to reenter the civilian world.
- **Healing, wholeness, and an interest in wellness and self-care.** Alumni remarks referred to the concept of wanting to achieve healing/wholeness and recognizing that healing includes aspects of body, mind, and spirit. Others mentioned wanting to work on wellness and use of natural methods for healing, versus just use of medication.
- **Difficulty connecting/reconnecting or making contact with others.** Loneliness is clearly an issue for many, and finding some sense of community with others seems to be a real need.
- **The need for mentors and ombudsmen, especially those who are veterans or have been in the military.** Roles mentioned for these individuals included having someone to talk to who understands and can help in negotiating systems and advocating for alumni.

- **The need for an environment friendly to military/veterans.** Comments addressed various environments: the workplace, the community at large, and even within the DoD and VA.
- **Different aspects of emotional healing.** The sense of grief was present in terms of what was done to civilians, loss of comrades, and, in particular, the loss of a way of life. One wounded warrior specifically mentioned veterans going through a period of grieving and that grief counseling might be helpful.
- **The need for public awareness of physical health issues.** These comments referred to people staring when they see a wheelchair or being frightened by a veteran having reactions during flashbacks. Other alumni mentioned people not recognizing hidden injuries like physical or emotional problems that are not necessarily visible. Alumni also commented on the failure to recognize that veterans with disabilities need a supportive environment.
- **Military awards.** Some alumni felt they deserved to receive military awards, such as the Purple Heart, but were not awarded them.
- **Need for classes.** Alumni cited the need for more classes, with greater specificity than in previous years. Suggested topics range from how to cope with physical and emotional pain to how to plan and manage finances. Classes related to decisions on choosing a career and how to write a resume and find a job were mentioned often. Classes for spouses and family members were also mentioned.
- **Housing problems/Homelessness.** Specific comments included finding affordable housing, finding appropriate housing, being homeless, fear of being homeless, having at some time experienced homelessness, and the need for home modifications to accommodate disabilities.
- **More comments from active duty service members.** Comments from active duty alumni seemed more prevalent. They addressed difficulties in WTUs, problems with the military disability process, and transition activities.
- **Service dogs.** Comments addressed how helpful service dogs are and the difficulty in obtaining them.
- **Thoughtful suggestions.** This was not a new category, but alumni continue to share their insights about what might help solve their transition problems.

The number of comments received per theme on the following pages is provided in parentheses following the theme topic. Open bullets represent selected quotes that provide examples of comments on a given topic. These are not copy edited and appear as written on the surveys. We did delete some words to shorten the comments or to remove information that could possibly be used to identify the respondent. Those changes are represented by ellipses (. . .) or by words in brackets indicating the type of information we removed.

Overarching Theme: Difficulty Adapting to Life at Home (526 comments)

- Problems adapting to civilians/civilian life (converse problem – leaving structure of the military)
 - I honestly feel that I will never be able to assimilate into society overall. I will never be able to fit in. It is what it is
 - Honestly i cannot pinpoint one aspect of transitioning into civilian life that is worse than the other. I believe that it's the combined situations that make transitioning back into civilian life so difficult. The lack of camaraderie, the lack of good healthcare, the lack of understanding from civilians the list could go on and on.
 - Dealing with civilians has been pretty hard. Have not found anything that can help just have to practice my patients.
 - The most challenging aspect to me was reintegrating myself back into the community and my family. It seems as I have changed, but in actuality I believe I've grown. It's hard with all of the nightmares and cold sweats. No one seems to understand me, and I hate to be considered crazy or coo-coo.
 - There is a grieving process that I think veterans go through when we try to come back to the civilian world. Especially when the change is abrupt. I think grief counseling would be helpful.
 - People DON'T think about the things THEY HAVE. So unappreciated of all the freedom they have. I'm so sick of watching people take advantage of the system. Everyone believes the news stories, they think we are CRAZY and label us.
 - Most challenging aspect would have to have been the ways civilians behaved. They all seemed to be very self-entitled, greedy, and more concerned with meaningless crap such as latest fashion and technology than what was happening right next to them.
 - Some sort of boot camp to train us back to adjust to society, at the same time train us in a field he/she is interested in that is an asset to the available community jobs.
 - We all was trained for combat for 3 months minimum and only a week to readapt for civilian life... This is not enough time to balance out from combat. Our debriefing should be longer and incorporated with introduction back to the civilian world.

- Need for public awareness around issues of those in military and returning vets
 - the biggest challenge is having the general public accept you for you.
 - People just don't understand us and there is nothing any of us can do about it. I don't mind being recognized, but I don't want to be part of a stigma or have people assume I'm crazy for going to war.
 - having people tell you they understand when you know they don't have a clue
 - The looks I get in my wheelchair. And when I have a flashback in public people don't understand and get scared to be around me.
 - Civilians don't understand. I think there needs to be more community outreach to the non military community. Maybe WWP could do some education for employers on the fact that just because we went to war we are not all crazy and going to snap.

- ... coming back home to the city life may not be the right move for some vets who deal with issues in crowds. ...
- when people look at you they don't see a person that has a physical injury but yet they don't know of the unseen Ones you have an the inside ones?
- Most difficult part is that everyone says that they understand and they do not. You have people saying that they want to help and do not. Warriors need companies that are willing to actually hire and train them to do a job, not just show up a job fair and say your not qualified.
- I THINK TRANSITIONING BACK IS NOT BEING SEEN OF MUCH IMPORTANCE. I KNOW THE CIVILIAN WORLD DOES NOT UNDERSTAND HOW IT IS TO COME HOME AFTER DEPLOYMENT. I WOULD SUGGEST MORE EDUCATION TO THE FAMILY'S AND PUBLIC ON HOW TO TRY TO HELP US TRANSITION.

Specific (Mental Health and Medical) Diagnoses (62 comments)

➤ PTSD/TBI

- explaining PTSD and all of my symptoms to friends and family which is why all of my friends have left me.
- With my TBI, Not recognizing myself is tough. My confidence is non-existent. I started trying Stand-up comedy and if I can make someone laugh, I hate myself less.
- ... regarding Warriors with PTSD. There is a stigma and I think it costs me jobs to the point that I'm afraid to disclose that I am a Veteran in some cases.
- Getting people to understand the effects of my PTSD because the scars are not visible and I was not exposed to a direct combat experience.
- Helping Veterans with PTSD and TBI are routinely engaged and assisted. I know myself and main of my friends think we are doing fine but our families suffer as we regress.
- After[deployment] it's been hard for me to transition back to civilian because of PTSD ,[body part] and lower back issues. ...
- The most challenging aspect of the transition is the not a whole lot of people understand all the different behavior i can express due to the ptsd. ...
- ... my PTSD is in full effect. I don't leave my house and I don't want to be around anyon. ... I really just don't want to wake up in the morning ...
- If a veteran who suffers from PTSD, a TBI, or other injury is separated from the service it is a monumental challenge to assimilate back into regular civilian society. People with similar backgrounds and experiences are few and far between. ...
- ... It was not what I seen that caused my PTSD, but what I thought may happened. The plane I was in was fired on and received bullet holes, when we where leaving [country of deployment]. I couldn't get thta out of my head and have night terrors about it almost evey night. I also stayed in a tent that was a arms throw fromn the interior fence line and thought about someone throwing a grenade into my tent everytime I went in it to sleep. ...
- Getting help for PTSD when a doc does not understand and just wants to judge you.
- I suffer from PTSD and a lot of other conditions. And the VA is unhelpful and they make it that way so Veterans will stop trying and self medicate elsewhere.

- Dealing with PTSD and maintaining a security clearance. Low quality of VA health care for women - and being misdiagnosed for things > which leads to high costs of non-DoD/VA care and treatment.
- Mental/emotional health/cognition issues
 - ... Remembering appointments and dates.
 - I have a very hard time functioning and I am trying to improve but I definitely have problems and need guidance. ... I do not know the level of cognitive and social functioning expected but I would rather go through this painful relearning with someone than by myself because it is really taking a toll on me.
 - Finishing my resume or other tasks that require a lots of concentration from myself. It feels like there's this concrete wall in front of me that stops me from achieving even some basic requirements.
 - I think the most difficult part for me was going from a highly functional person to a not only physically but cognitively dysfunctional individual. It is very hard work to continually 24/7 pretend that everything is okay when you are in constant pain and you forget everyone's name/face and wonder if someone will think about you are stupid. Staying at home is the best place for me.
- Physical Health Issues
 - I have a spinal injury and was paralyzed and had to relearn to walk. At this time I have a lot of nerve damage in my lower body including my feet that makes it hard to walk without pain.
 - I am the veterans spouse, as he has severe vision loss ...
 - Finding gainful employment is difficult. ... I also don't wear my eye patch as they see that a disability that they may have to deal with or see as a liability down the road.
 - ... everyone assumes that every veteran suffers from some sort of PTSD. I have extensive back pain which affects my daily life in most aspects. It is not a mental issue. It is back pain.
 - As a wounded Veteran, the most challenging aspect is the fact that I can not do the things I once could. I was brought up all my life, and throughout my [number] year military career, to be a "type A" personality. To get things done. My spinal injury and PTSD has left me a shadow of my former self. It has left me with a pain killer dependence, constant pain, legal battles and constant anxiety. For me, the most challenging part has been feeling like I can add something or be part of something again. And not feel guilty for my injuries.
 - The challenge for me is not my education but my ability to work in my field of education due to physical/mental health conditions. I've thought of online education but have not really figured out the complete process in getting started. Additionally, b/c of some of my conditions both physically/mentally I'm not sure I would be able to complete schooling once initiated. Migraines, focus, memory, lack of concentration and depression are some of the reasons I feel I will fail in an attempt with online training.

Mental Health/Emotions/Attitude (486 comments)

- Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety
 - i have nothing to do in life tjat matters.
 - My stress and anxiety levels are way to high when I go out in public.
 - . . . I feel out of place and that I have nothing to strive for anymore. . . .
 - not being able to connect to people, feeling cold towards people. . . .
 - Most of the time I feel soo alone, even when I'm near my fiance. I've been out two years, jobless and nothing to show.
 - I feel disconnected from my surrounding social groups and unable to find common ground.
 - I feel lost at times and it's brought me to severe depression.
 - Being alone
 - . . . So I just live day to day and hope that soon something tragic will happen and I can move on out of this life. I'm just say'in.
 - I felt as though I was alone in my thoughts and was afraid that people would not understand what I was going through and I would continue to live my life with little pleasure in doing things the rest of my life.
 - slowly but surely helping me to come out of my shell of wanting to be just left alone to cope with my sadness, depression, fears, and anxieties
 - There is no coming back, they say we transition, but we don't. I still feel like I'm stuck in Iraq. As if I was left there personally and just my body came home. I'm lost to these ways, I broke, nothing to good in my life. I'm always losing something or someone now of days and it's a never ending since of hitting rock bottom.

- Apathy/Lack of Purpose/Lack of Motivation
 - I've just had a hard time finding purpose after getting out of the military.
 - Loss of purpose and sense of service... Put us into situations or positions where we can have a visible beneficial impact on something.
 - I miss being in the military and having a purpose. Civilian life feels like a never-ending drift through a sea of emptiness.
 - I feel that the hardest part overall for me was losing the feeling of accomplishment. When I was in the marines, I felt like I was doing something for a purpose greater than my own. When I got out and started school/working, I felt as though I was in a rut and unable to move forward. . . .
 - Finding a new sense of purpose
 - For me the greatest challenge . . . is the sense of having a worth full or meaningful existence. After all the missions are done, civilian life just can't compare to the sense of accomplishment and worth. . . .
 - Being in the military for over [number] years, being a team leader, supervisor. Shift leader, etc leaves you feeling like you don't have a purpose anymore. . . .
 - I was a practicing [health professional] for [number] yrs before I deployed to [country]. Due to my combat injuries my life has changed dramatically. Instead of

being a successful outgoing professional in my community, I now live a sedentary life due to my chronic pain and lack of motivation.

- I have lost my sense of meaning. . . .

➤ Difficulty Coping

- . . . I wish that the family's could get some kind of training before there loved one returned from deployment to help the family cope with what the soldier or sailor had to go through. . . .
- Biggest challenge is coming to terms that the challenges will always be there, you just have to learn how to cope . . . and that takes time!
- Coping with my emotional disconnect has been most difficult.
- Sometimes I wish I would've stayed in the military. It was much easier to cope with everyday situations. Now I feel alone, and unsure of what to do next.
- I have neurological issues, which to many are not apparent. I got sick in Iraq and no I deal with chronic pain, while I look to my peers, few who serve, lived life like Iraq never happened. I think over time I have lived to cope with this reality. . . .
- . . . I feel I was isolated upon returning home and did not know how to cope with such a drastic transition. . . .

➤ Feelings of rage/anger

- . . . once you get out your are supposed to express emotions but the only emotions that come out are anger and frustration. . . .
- . . . You find yourself crying or angry over things other may think are small. . . .
- . . . It made me sad and angry. Feel like I am just another number.
- . . . My challenging aspects were . . . and trying not to lose my temper.
- . . . If she could have gone to classes or support groups as well to get answers on what issues wives go through with someone with pain or anger issues.
- . . . Not knowing what's coming next or what to expect leads to anger and frustration.
- . . . VA groups sessions (including within our local Vet Center) that involve other OIF/OEF Vets, focusing on dealing with soldier's anger issues within & responding our society have helped very much. . . .

➤ I have changed or lost part of myself

- Coming back home and feeling everything changed and lost . . .
- . . . It seems as I have changed, but in actuality I believe I've grown. . . .
- . . . I just couldn't go back to the way I was for some reason and I lost it all trying. . . .
- . . . I feel like part of me never came back after [deployment] emotionally. . . .
- . . . Worst is if they knew you before -- they hold you in high regard . . . Now its a matter of are they too hard on me or am i too hard on me an my new norm. . . .
- I went to a foreign country and when I came back, this was the foreign country. I am lost and scared and don't know what to do to make it better.
- Having such a change in my life, I found that my biggest issue was I had changed from my experience and injuries and the people around me changed in a different

way. That change and separation happens at a different pace and usually in life this change isn't as noticeable when you're together. . . .

- They don't understand that you are not the same person you were know matter how many times you explain it. We've lost all our friends and most of our family.

- Trust Issues
 - I don't feel safe at all in my civilian life, I don't trust anyone, only feel safe being alone. . . .
 - . . . It is ver difficult to trust most people.
 - Lack of trust in people that haven't experienced what I have. . . .
 - . . . I still have trust issues with large groups and being in places I'm not familular with. I have trust issues with muslims. . . .
 - No one to Trust.

- Military members/families not feeling cared for/taken care of (refers to society in general as well as to service providers—especially military and VA)
 - to feel some one truly cares. that I am not just another number
 - . . . 2. Actually listen to the veterans that they claim to support. 3. IF an organization wants to assist a veteran then actually do it and not just pay lip service.
 - . . . Service organizations could help by taking the time to actually work with each veteran.
 - . . . I am frustrated by the abondonment of my unit and the lack of overall concern for my well being by the command. I wish some one could aid . . .
 - . . . Citizens and our elected officials really do not care because we are a deficit they would really not publicly discuss for solution . . . We will not be able to get the services needed to the veterans that really need it until we change our own mindset. . . .
 - If you can figure out a way to keep us from feeling judged for the thing we had to do. Make us feel more protected at home like a security system.
 - . . . I need to have surgery . . . but I am being denied surgery. The surgery . . . is what brought me to the Warrior Transition Battalion (WTB) and has been justified and recommended by my [type of surgeon]. I am being denied the surgery on my [body part] and have been told it is because the surgery is not an emergency . . . Not treating my injuries is jeopardizing my health and recovery and not taking care of the soldier. It is also subjecting me to further injuries . . .

Transition Process, General (750 comments)

- Financial issues
 - . . . I wish VA loans were a little more forgiving . . . I wish the VA would restructure their loan requirements.
 - The biggest challenge that I'm having so far is the financial part. Having to pay my own mortgage after 18 years and not being able to afford insurance for m daughter and pay bills.

- The most challenging aspect of transitioning back into civilian life was not being financially prepared and having to face all the bills.
 - Finding decent pay for the area in which I live that would allow me to support my family. I make too much for gov assistance, but not enough to not need it either.
 - ... Its not the vets faults that these things happen, or \$\$ isnt coming in, or are homes are being Taken or trying, or going to be taken away from vets and families.
 - Financial hardships that set me back were the worst to come back from. it is hard to take a hand up, however when you ask for help, are made to feel like you want a hand out and you only get flack for asking, it kills you inside and i will never ask for help again if i think you approach me as a peace of shit.
 - ... I did not have the funds saved up to get me moved down here & get a place of my own in the same month. (didnt think it was going to cost this much) Plus VA funds & school funds probably will not really kick in for another month or so. I think it would be important for all Warriors to know just how much its going to cost ...
 - ... I had no source of income and the GI Bill takes months to pay you. My compensation took 3 years to finalize. My challenging aspects were financial ...
 - The financial aspects, the last few years have taxed my finances beyond repair and I will end up declaring bankruptcy soon after I get separated or retired.
 - My current situation right now is paying back student loans in the amount of about [money amount] for graduate school. Because of this and having to pay child support, I am financially troubled. I had to go to college due to combat and service disabilities to obtain a job that does not cause additional injury.
 - ... My marriage is on the edge of divorce, We are indeed having some small financial problems that are dragging us down. I'm running out of options I'm sure we will be homeless soon
 - Making sure one has enough money as an emergency fund and enough to live on and maintain ones financial setting while looking and obtaining employment. Ensure if possible one has their VA benefits starting during the transition or once retired no later 1 to 2 months post retirement.
 - I went over 8 months no pay and no help from anyone. My house burned down to the ground still no help . My house was rebuilt and now full off mold and still no help. These are the things I wish I could had help with and hardly no one to depend on.
 - For me finance is major factor that is lacking in my life. I support my mother and father whom are elderly. I also have a [age] daughter that also take care of. These are stressors that have consumed me.
- Timing/Uncertainty around discharge and transition
- As a MEB/PEB, I was unable to prepare for transition ahead of time. As a result, I am scrambling while on transitional leave to locate suitable employment. I am not sure what the best solution is but it's an incredibly frustrating and unfair situation.
 - hardest thing is waiting on my service connection decision which took over 20 months within those months I had a separation from my wife ended up homeless my credit score dropped failed my classes in college. remained unemployed till this

day I just feel a lot of those issues could had been avoided if the va would have made there decision sooner. . . .

- Just the gap from receiving benefits and a fair and reasonable decision for ratings from DVA. It seems that year was never going to end when i was receiving just a third of what my income was the month before seperating.
 - I have a family of 5. Transitioning into the unknown is very hard on a father and husband, especially the only bread winner. Not knowing a timeline is the worst. Projected days and months . . . Now I am looking for a job and trying to get one without an end in sight. Employers ask for a dd 214 and a discharge date. To that I have to reply with I don't know, or here's a memo from my commander. It's hard for a employer to be interested in me when I cant tell them any information. I have lucked out on a job or two and know countless soldiers in my situation going through the same thing. It's just frustrating thats all. Give me a date, something solid so I can go get employment to take care of my family. It's not the countries job to take care of me on unemployment. . . .
 - Not getting the truth or getting several differant answers to the same question concerning everything from the process itself to VA Benefits. It's hard to believe that by accident the Army has not stumbled on a better way to comunicate the process and the benefits to Soldiers. Not knowing what's coming next or what to expect leads to anger and frustration.
 - During my transition back into civilian life, I was just so confused about what was suppose to happen now in my life and what all benefits that I was intitled to when I got out because so many different people was telling me different things and I didnt know what was true.
 - to be honest with you I am terrified, I am getting out of the military here soon and I have no idea what I am supposed to do, I have been very successful in the military thus far but its all I have known really so I am just bnot too sure what I can do when I get out.
 - ...I am VERY CONCERNED about my disability payments from the VA, Social Security, and the Marine combat disability. I can not balance anything right now because I do not know what I will be receiving and when it will actually click in to my bank. . . . I have not worked as a civilian sence my mob in [year range]. I have been on orders from [year] untill i was injured in [year] and am now in the WTB, awaiting my relese soon. I not sure what the jobs in the real world are like anymore.
- Need more transition assistance for families, as well as military member or Vet
- One thing I say now and I have heard other veterans say is, "I wish someone would have told me that when I was getting out of the military." Overall I feel that I was not informed enough of my options when leaving the military.
 - having a call center that can guide us throught all programs and services. by use of an actual person and not some automated machine....
 - Getting benefits set up is the most difficult part. WWP can help by guiding service members once they get out. When I was transitioning no one knew what a PEB was or how to help me with my transition. I had difficulty getting my benefits started

and really did not know where to start with the whole process. TAP worries more about finding a job not so much as just helping with the transition.

- Nobody followed up once I transitioned back to the civilian world. It seemed like once I was out, nobody cared. I fell through the cracks. No one reached out a helping hand when I needed it.
- I THINK TRANSITIONING BACK IS NOT BEING SEEN OF MUCH IMPORTANCE .I KNOW THE CIVILIAN WORLD DOES NOT UNDERSTAND HOW IT IS TO COME HOME AFTER DEPLOYMENT .I WOULD SUGGEST MORE EDUCATION TO THE FAMILY'S AND PUBLIC ON HOW TO TRY TO HELP US TRANSITION.
- feeling like family and friends don't know and can't know what you had to go through. I wish that the family's could get some kind of training before there loved one returned from deployment to help the family cope with what the soldier or sailor had to go through, information for ptsd and other things, tips and places where they can get there family member help.
- Get a hold of troops immediately upon returning from combat, start educating and informing them, their spouses and children immediately, before it's too late! My service in [location of deployment] is one of my proudest accomplishments. However, it cost me the thing I cherish the most, my family! Not to mention my career and my home. I just couldn't go back to the way I was for some reason and I lost it all trying. It breaks my heart every time I hear another soldiers is going through a divorce. The children are the ones who lose the most and it kills me!
- . . . I wish there were more assistance for my wife when I was having my anger issues. If she could have gone to classes or support groups as well to get answers on what issues wives go through with someone with pain or anger issues.
- Nothing is as TAPs warned. There is a disconnect between what we did in the military and what we can do as civilian. All military should leave with some sort of funds to survive while job hunting. Never-mind exit the military with a reasonable set of skills, or even connections for local interviews and jobs.
- There were no resources for families to understand what was going on with their service members when they returned. Still feel there are shortcomings in that area and many relationships and marriages could use this help.
- The most challenging aspect is that of fear the lack of assistance from the military to ensure you are successful in that transition. The military services do an excellent job breaking you down then rebuilding you into what the soldier they want, but do a terrible job helping you readjust when leaving the service. The transition programs are non-realistic, last too short and don't address the specific needs of the transitioning service member and their family . . .
- The military spends millions of dollars training us and preparing us for combat but the do not spend any money on our transition to civilian life. I had to fight my chain of command to get the time to attend TAP. . . .
- Hardest aspect is the time to transition. You come home and have to get right back into civilian life, work, chores, relationships with feelings etc. There is no set schedule to assist with when or how to transition. Just go home like you never left.

- I find most of your transition advice applies to young enlisted people and not the higher more educated group. We obviously does not need as much help but we do need help.
- Difficulty finding/keeping job
 - After finally graduating from a major university, it's still hard to find employment. Even with a outstanding military record. And a BA. Businesses say they want to hire Vets but I find it hard to believe
 - I have trouble keeping a job. I live in a motel. My mail doesnt go where I'm living.
 - I feel the most challenging thing about transitioning is finding work. I believe that if you were trained in the civilian certificates as well as the military certificates it would make the transition so much easier.
 - The biggest challenge is getting a job, however I did choose to further my education because that seems like the only way for me to get a job. I have 8 years of military experience but that is not enough to qualify you for a decent paying job.
 - I lost two jobs not because of poor performances just because they found out I have ptsd
 - I really thought I would not be struggling like I did before I joined the service. I have almost been homeless, had a difficult time obtaining employment, ...
 - There were several good job prospects that dried up when I called to inquire about openings.
 - Finding meaningful employment. I am very smart and willing to work, but I have a hard time finding work that pays a decent wage. I feel like I can do more for a company and am worth more than \$15/hour. I wouldn't mind a lower paying job if I wasn't a single parent, but it is difficult to support a 4 year old alone
 - The biggest challenge I had was finding work. I applied and applied everywhere I could. I kept getting emails after email telling me positions had been filled. Leaving the military things were put in a perspective that it would be easy for me to transition into a good federal/government job. Yet there were none available to me upon coming home. Finally I was able to find work . . . well kind of. I work a job that is part time working 22.5 hours a week. . . .
 - . . . After years of a mental and physical ailments and finally getting my degree it seems the job I want is never available. And if it ever is the first thing they will see is that my DD-214 shows a medical discharge. Honorable, but they see medical and that's it! . . .
 - I have had 5 jobs in the past year. At one point I was put in contact with a rep in [city] (3 hours away) who sent me random job opportunities that were not local to me. I just started at [store] so I'm good now (if I can keep the job). But my mental health issues seem to leave me unable to maintain employment (I always end up convinced that a fellow employee is trying to "destroy" me). . . .
 - I never anticipated when I joined that I would have to get out so young due to an injury. Im now a [age] medically retired MP and due to my injury I cant physically work in Law Enforcement any longer. The hardest part is not knowing what to do for a career now since the one I loved was taken from me.

- finding a job! USAJOBS [is not helpful] trying to get through the computer portion and having your resume sent to the selecting official
 - . . . Further, I feel overwhelmed looking for work. Application processes are so complex and time consuming that I lose patience and focus quickly. Moreover, I'm afraid that if I don't continue to hide how I truly feel most of the time I'd be completely unemployable. . . .
 - Finding a job and seeing that what I did in the Army means nothing. I needed to start out at the bottom even though I spent 16 years doing my job in the Army.
 - Finding gainful employment is difficult. Most employers do not like reservists cuz we are drilling 1 weekend a month & then gone 2 weeks a yr. Most see it as lost revenue. I also don't wear my eye patch as they see that a disability that they may have to deal with or see as a liability down the road.
 - Finding work that is both self actualizing/meaningful and financially rewarding.
- Difficulty translating military training/experience to civilian world
- The most difficult part for me was learning to transfer my skills as a grunt to a civilian part time job that wasn't law enforcement, contracting, etc. also dealing with civilians daily instead of fellow combat veterans.
 - Its hard because i want to pursue my dream of working in the medical field because i was a combat medic and no school accepts my credits now i work for an automotive company and am miserable
 - I think the biggest challenge is that employers don't see how your military experience can translate in to fields outside of the area you were in the military for. . . .
 - Military experience not translating to civilian paperwork
 - Being able to obtain a degree after separating for the service is great. But it didn't change the fact that most employers view time in uniform at time not gaining the applicable skills they are looking for to fill a position. Military skills are transferable to civilian employment but hiring managers are more likely to see military experience as a lack of corporate experience. Therefore you are a liability. Another difficult aspect of the transition, you are out there trying to work and go to school and take care of yourself by utilizing the VA healthcare system because it's all you can afford but they can only schedule appointments in the middle of the day when you have to work. How about a little flexibility there!?. . .
 - Our skills are over looked and sometimes punished. Employers don't want combat veterans. I feel as if we threaten them. More often than I would like to hear I have been turned down for being a sniper and having skills related to death.
 - The most challenging thing that I have ran into is convincing employers that I have the skills needed for the jobs that I apply for. Civilian employers do not understand the managerial and supervisory skills that I have obtained from the military.
 - Lack of military to civilian education transfer. I was a [position] with [type of certification] tthrough the army but it was unusable in the civilian sector.
 - The civilian people don't understand what we can bring to a company or organization. Translating skills into something corporate america appreciates. . . .

- Ensuring your military training and experience are credited and documented into related civilian career. I had to start at the bottom after 20 years and has taken me several years to move back up but with hard work was able to do this.
 - I find it hard to find a job because my specialization is too narrow. I wish I could get assistance to write my resume and cover letters in a way that would best display my experience over so many years of service. I also would like to take classes that would help me strengthen my knowledge required for civilian jobs.
- Difficulty finding a local support system, especially in states with no military base
- Lack of people willing to help in this area . . .
 - the most challenging thing for me was that I though other people would not understand the things I have seen or the things that happened to me or the things I was feeling. if there was a program to take the edge off and make us not so on guard.
 - I served early in the war, and when I came home there was little support. I was also harassed continually in my squadron for being gay. I learned about WWP and became a peer mentor. I have devoted my time, money, and emotional support for veterans. Please help me open a vet center in [city].
 - The biggest stuggle I've encountered is organizations only being open Monady through Friday. I also struggle to utilize services due to caring for my young child and not being able to afford child care.
 - . . . Because I live overseas everything is difficult and seems to be getting harder. As i live in the United Kingdom it is difficult to get in contact with anybody for assistance from the VA or WWP. It seems that these challenges make it more difficult in my daily life because it aggravates my mental health problems and causes me to procrastinate and feel more depressed, and it makes it harder on my claim because some of the appeals are time sensitive. And I can not get anyone to help.
 - Currently using my VA Voc Rehab attending school in [area of state]. My support system is still in [state]. This is the first time I have lived alone since getting hurt. Issues I was not expecting have come up. VA System is so back logged it literally is a two month delay to get appointments. I was in the VA System in [state], why do I have to start over? This system seems real broken. I have slid backwards and feel that I have lost a couple of years of the Behavioral Health help that I did get.
 - The biggest challenge has been lack of resources in rural or mountain communities such as mine . . .

Transition Process, Military/VA (176 comments)

- Difficulty getting information on/accessing programs, benefits, services/other help
- Veterans need more help with legitimate claims and be able to understand everything. The VA asks for things that seem to be a foreign language.
 - It seems like there is so much out there but I need help navigating in order to use it. I get overwhelmed and when I find something to attend, do or apply for I either don't get it or there's so much more to do, I know I'm going to miss out on opportunities only because I'm too late or uninformed.

- I think as a vet the hardest problem that I face, is finding all the resources that are available to me.
 - It was hard for me when I transitioned out because my WTU chain of command failed to inform me of all that was out there for me.
 - Often I am unaware of any programs that are out there...
 - I never received a TAPs class and had to out process the military in one day after I came back from [deployment location]. . . . I never knew that I could get counseling from the VA when I was out of the service. Giving Vets information on various services available to them is important.
 - . . . almost everything i find out is either from another vet or by accident.
 - Promised benefits never fully materialize or take years to receive. The government does not care about the military.
- Services delivered by others with military experience would be helpful/Advocates/Mentors needed
- The employees who work in the Veterans Health Administration are mostly civilians who have never served in the Armed Forces. They don't understand our background or pain. Being a veteran and going to the VA as a patient is challenging enough, but working there is even worse with all the poor supervisors and managers who don't understand the military or veterans culture.
 - Education assistance , peer assistance , activities. Etc
 - HIRE MORE QUALIFIED VETS WHOM HAVE EXPERIENCED THE SAME OR SIMILAR EXPERIENCE LEAD THE GROUP DISCUSSIONS, PROVIDE MED DIAGNOSIS, SERVE IN ADVISORY POSITIONS TO HELP SHED LIGHT INTO WHAT STILL SEEMS/IS A DARK UNFAMILIAR TUNNEL -- LIGHT IS BEYOND YOUR ABILITY/REACH.....
 - Financial assistance, money management and mentorship from reputable mentors is key.
 - More peer connection to help out with advice.
 - Having a place to be able to go for help and speaking with other military personal who might understand how we feel or being able to relate.
 - connect each warrior with a sponsor who has transitioned sucessfully or has developed positive coping mechanisms
 - Working with Veterans to navigate the VA Disability process would have helped me tremendously.

Sources of Help (139 comments)

- WWP
- I did a Summit with the [state] WWP and it was a game changer for me. I met some really good people while I was there and I am still friends with them to this day. Great program!
 - The hardest part of transition for me is caring about others, going to WWP events have helped me show more compassion for others.
 - I feel that the wounded warrior project offers great activities and resource for soldiers and there families to succeed after combat.

- Wounded Warriors Project has helped me tremendously with taking my mind off of the emotional battle of PTSD, stress, and anxiety.
 - I attended a Project Odyssey and got to talk, somewhat in depth, with other Vet's who have been in similar situations.
 - . . . WWP has given me a great opportunity to participate in fun activities while getting to know other wounded warriors and feeling like I'm part of a group of friends.
 - . . . The WWP has helped me through the Transition Training Academy.
 - . . . The WWP helps connect people and resources. They've helped me without being pushy. I want to say thank you and keep it up. You seem to care and for some of us who don't always get to see that, it helps.
 - . . . The WWP has provided me with opportunities to attend events with my family that help me to feel like a better husband and father since I have difficulty interacting with my young children due to lack of patience and mood disorders. The WWP also helped me get into the government internship program, which will allow me to work towards providing a better life for my family financially and work towards retirement at a fairly young age...
 - . . . Just logging on the WWP site has pulled me out of some pretty dark places. I am going to a Veteran OUTWARD bound retreat in Fla. soon but have been unable to attend a WWP event.
 - . . . I was able to get an assistance through wounded warrior sherris project for service dog which helps me deal with big crowds in public places.
 - . . . WWP has given me a chance to regain much of my past confidence in dealing with my current physical and mental abilities. They have become my new friends and people I socialize with.
- Military and Veteran Buddies
 - The other help has been neighbors, Viet Nam, Dessert Storm, OEF vets with lots of evenings drinking tea and eating burgers . . . long conversations.
 - I find it useful to rely on my veterans friends for support and ideas for success.\
 - I feel that learning about and participating in social group groups where veterans live is very important.
 - It is easier to discuss issues with other combat veterans who understand and are sympathetic to what I have seen and been through.
- VA and Vet Centers
 - The (VA) independence program has been helpful
 - . . . the VA is helping
 - . . . using the va system to get some mental health help that I need
 - I also attend weekly group sessions with a Vet Center and have found that to be very helpful.
 - VA groups sessions (including within our local Vet Center) that involve other OIF/OEF Vets, focusing on dealing with soldier's anger issues within & responding our society have helped very much. . . .

- Some specific individuals/programs in military and community settings
A growing number of programs and individuals were mentioned. These are in a variety of public and private organizations.

Barriers and Roadblocks Encountered (171 comments)

- Department of Veterans Affairs (red tape, lack of information on benefits, denial of benefits)
 - The VA should employ/train combat vets to help other vets, or at least have people with some common sense.
 - . . . limited/low quality VA support.
 - 1. Finances; The military, VA . . . could make this easier by cutting out a lot of the red tape and legal-speak...
 - I also use the Veterans Affairs but I usually get the run around from them so I do not do to much there.
 - My biggest problem has been with the VA medical center. I don't have any other health care. The VA, I thought, was suppose to be there for the Veterans after they get out of the military. I have found that it is more political and cover your ass type care. This has been very difficult. . . .
 - Finding counseling for people who wish to receive it, but due to the over abundance of people Visting the va, and the lack of appointments, my therapy went from once a week to once a month when I moved to this area. Luckily my wife has been managing my symptoms the best she can with little to no outside help. Been taking care of me 2 years, just now found out about the home health aid program, thanks a lot VA, thanks a lot everyone, still can't get CHAMPVA till they finally accept her application until then still [without help] on many levels.
 - one of the biggest problems i have seen is getting adequate care in a timely manner for example i have been trying to see a mental health provider from the va for about 3 months and have been told it will take 6 months to even get an appointment scheduled and to go to the va ER if i have an emergancy yet i live 30 minutes away and often dont have gas to even get to the va its scary how long you have to wait for any help even tele-behavioral aswell it is similar for normal medical care from what i have seen
 - . . . Fighting with the VA is also stressful . . .
 - I contacted the VA medical center near me to schedule my medical intake. I had a set appointment that was canceled by the VA. When I called to reschedule, I was given a new appointment. This was again canceled by the VA because they said I was missing paperwork which I had already given to the VA. When I called to reschedule again, they instructed me since I missed two appointments, which were canceled by the VA, I would have to restart the entire medical intake process. I have not yet been through the VA medical intake. I am in constant pain and see a chiropractor at least once a week. The VA disability states my issue is non-permanent and I will lose my rating. My pain limits me from working out and enjoying the things I used to before this pain began.
 - The VA takes so long to process information

- ... The VA slams doors in your face. I tried to get into an OEF group at VA but unfortunately by the time they finally scheduled me the group had already started so maybe next time. ... f you have a problem one time with one thing then in the eyes of the VA you have a history of it. ...
- ... you are out there trying to work and go to school and take care of yourself by utilizing the VA healthcare system because it's all you can afford but they can only schedule appointments in the middle of the day when you have to work. How about a little flexibility there!? And most people employed at the [location] VA are inept and vile excuses for humans.
- I think the biggest issue is the transition of health care. I always am told by VA doctors that it's "my healthcare", but it seems like they do very little on their end. I can't ever seem to get the appointments I need, they switch my providers constantly, dragging out even the most basic of medical issues for years now.
- Finding a constant physician in the VA to treat me. I have constant terrible pain and I feel that I am constantly passed from Dr. To Dr. With no one actually taking the time to do what is necessary to assist me
- how about having ... va at the demob sites tell the truth and give all the information to everybody and assist with paperwork
- LACK OF ASSISTANCE,CARE,TREATMENT FROM VA.
- Issues with the VA are a norm. Been trying FOREVER to get my disability rating to 100% with unemployability. My VA doctors have told me several times I'll never work again yet the VA is still, "Seeking Evidence."
- Getting help putting in a claim. The Va Claims Reps in [city] are too busy to return Emails or phone messages. And when I lived in [state] the VA closed my claim unfairly, that was in [year]. I suffer from PTSD and a lot of other conditions. And the VA is unhelpful. ...
- I had to learn the VA directives and Army regulations myself.
- A counselor at the V.A. was sexually inappropriate, which because I was out of the military is not MST, but might as well have been. Having no where to go to deal with that due to the interconnectedness of the V.A. made things miserable and nearly deadly. WWP and other organizations should not just ask about MST while in service, but through the V.A. as well and help victims find help!

➤ Problems With the Military

- My transition was sign here sign and if you don't we willl make your life living hell until you do. Now that you have signed you have till noon to get off the base. ... That was the whole transition.
- When I RELAD'd (x2, [year] and [year]), there were no transition programs. I had to figure it out for myself. I would have loved to have stayed in the military, but I felt that no one cared whether I stayed or not, so I requested to resign my commission. To this day, I view this as a crowning failure in my life.
- ... As a Reservist me being sent home to have surgery through the VA causes me problems; (1) my unit is going to ask why did the military not treat me on active duty since I was injured in the line of duty; (2) the unit is not going to put me back

on active duty to pay me while I have surgery and recover which is going to come out of their budget, (3) if the surgery is done by the VA and I am not put on active duty to be compensated while I recover, I risk losing my job and home due to not having the required time to take leave to recover.

- As a female WW whose Commanders both never filled out the PH forms--as I was only briefly attached to many units and it would NOT help their units rankings for medals--so no one BOTHERED to write me up. So I lost my medical career with TBI, shrapnel to the leg, SELF treated in the field and kept working until the TBI made me forget people's names ([year]--we didn't really 'get' TBI yet). . . . So I have been kicked out, medical license PERMANENTLY retired and never got my PH.
 - females get burned if we get wounded--no one wants to admit we DO see combat. Docs who are single deployed don't get 'claimed' by anyone. MEDCOM SHOULD HAVE WRITTEN ME UP FOR A PH. I feel robbed and disrespected. When retired, I NEVER MET THE WTB commander and a flag in a BOX (the one you buy a flag in) was TOSSED at me by the civ at the desk. I was spat on. I vetered [number] tours of [number] months when all I was req was 90 DAYS as a doc--because I was needed. I did it for the guys--NOT the Command!!! SHAME on MEDCOM.
 - . . . The Air Force process for getting my Purple Heart was almost as bad. However, once the Chairman of the Joint Chiefs of Staff ([name]) got involved I was quickly awarded my Purple Heart; honor restored.
 - I feel that I got forced to take my ETS Complete Honorably, after [number] yrs and [number] mons. I feel that I should have gotten an medical retired w/ Honorably
- Military/VA disability process (slow, questions about fairness)
- Going through the MEB / PEB . . . Navigating the va system . . . Identifying and access to what benefits are out there . . . Social security disability . . .
 - The Air Force Medical Evaluation Board process was atrocious: slow, inaccurate, reinforced incorrect decisions, and was exceptionally biased against the warrior. I had to get the Air Force Chief of Personnel involved before they corrected my MEB (not 100% correct, but good enough that I don't want to go back and fight them again). . . .
 - well I'm still in active duty but I'm struggling I'm fighting to get my med board but it is being so hard to get it what can I do ?
 - MEB process is maybe the worst system we have still use. I have been on a MEB for a year, not being able to retire, look for a house or job because I am still in a pending status. . . . I am still waiting on a MEB decision that rarely has any meaningful updates to me, the service member. . . . Military professionals that cannot relate with my experiences. I PCS'd to my current base after the losing unit called and set up follow on care instructions, once I arrived at the gaining unit, they were unwilling to take me on with continued care and had me start over from the beginning. It took 8 months for me to be seen by a psychiatrist and then he was dismissive of my experiences, I never went back.
 - I am currently in the WTU and this process takes way too long to transition a soldier. The mental stress of still being away is almost unbearable at times. I left home in

[month] of [year] from deployment to the WTU [number] months so far. Some soldier are here even longer. The VA needs to handle the IDES process more efficiently to assist these soldiers with their transition which will eliminate alot of stress on soldiers that already have copeing issues

- Federal employment
 - Working for the Federal government as it is a rough switch when dealing with older people stuck in their ways. They also do not have any motivation.
 - In addition why is it so difficult for a former service member to get a civil service job with the government, although all requirements and skills are met?
 - To become a veteran benefits officer/counselor, even to volunteer seems unattainable. People understand and listen to this inquiry but do it provide practical steps leading to this work.

- WWP (these continue to be about lack of WWP services/activities in respondent's locality, lack of return calls to alumni, and need for more timely information about WWP events)

CONCLUSIONS

WWP alumni include men and women who have served in the military since September 11, 2001, and have sustained an injury or health problem related to their service. The 2014 WWP survey population included 43,071 eligible alumni, most of whom were (or are) enlisted personnel (92.2%) and veterans (about 80%). Among the 2014 survey population of alumni who deployed to combat areas, about 94 percent deployed to Iraq or Afghanistan, or both. Multiple deployments (which include some training deployments) are characteristic of alumni: 33.7 percent deployed three or more times, and 27.3 percent deployed twice. During their deployments since September 11, 2001, more than half of alumni experienced or witnessed 6 or more of 11 traumatic events often associated with post-traumatic stress disorder and other mental health problems. Many also survived a wide array of serious physical injuries, in some instances surviving only because of notable advances in their gear and equipment and the responsiveness and quality of medical care available to them. Nearly 60 percent of alumni were hospitalized for their health injuries and problems, and nearly 40 percent were reassigned to Warrior Transition Units (WTUs) or Wounded Warrior Battalions (WWBs) for extensive rehabilitation. Most of those seriously wounded warriors (81.8%) spent 6 or more months in a WTU or WWB.

These WWP alumni characteristics and experiences help to frame the survey results—indicators of well-being are less positive for many alumni, 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.

Changes since 2013. What has changed about WWP alumni in the past year? Despite a large increase in the number of WWP alumni over the past several years, the demographic profile and annual survey estimates on health and economic status have generally remained similar or nearly identical from year to year. Notable changes of about 5 percentage points or more between the 2014 and 2013 estimates include the following:

	<u>2014</u>	<u>2013</u>
• Lower percentage - active duty alumni	19.7%	25.5%
• Higher percentage - receiving VA disability payments	72.0%	62.9%
• Higher percentage - receiving VA disability ratings of \geq 80%	42.6%	36.2%
• Lower percentage - have VA claims pending/on appeal	10.3%	15.2%
• Higher percentage - with VA health insurance	59.2%	52.7%
• Lower percentage - with severe anxiety	64.2%	73.9%
• Higher percentage - with severe knee injuries/problems	50.7%	37.3%
• Higher percentage - with a hearing loss	48.3%	17.5%
• Higher percentage - participation in TAP	46.0%	39.4%
• Higher percentage - use mobile devices to access the Internet	78.7%	72.4%

The stability in most estimates related to health and economic empowerment signals that, for many wounded warriors, achieving a purposeful life that offers dignity, the opportunity to be

useful, and the ability to provide for their own needs and those of other family members will require a mix of high-quality medical care, more marketable skills and education, persistence and social support from others, appropriate and timely disability ratings and payments, and additional financial support for those with highly severe injuries and health problems that keep them dependent on full-time care.

HEALTH AND WELL-BEING

HEALTH STATUS

The WWP Alumni Survey includes many scales to assess the mental and physical health and well-being of alumni. As noted, alumni generally have had less positive scores on the scales than have others in the civilian population as well as veterans who have had less exposure to combat trauma and have experienced fewer or less severe physical injuries. So what do the scale scores tell us about the current health status of WWP alumni?

Self-assessment of health-related quality of life. The RAND SF-36 scale is a 36-item assessment of one's health-related quality of life. According to one item in the inventory, just over half of alumni assess their current health as being *fair* or *poor* (51.9%). The overall mean scale score for general health assessment is 46, on a 100-point scale in which higher scores represent a better health status. Other RAND SF-36 mean scale scores help explain that assessment: Scores range from a low of 33.8 for energy/fatigue to a high of 60.0 for physical functioning. The mean scale score for role limitations due to physical health is 41.5; for role limitations due to emotional problems, it is 40.1.

The following information is based on items from the RAND SF-36 that were revised in the WWP Alumni Survey in 2013 to examine and compare the separate effects of physical and mental/emotional health problems on daily activities, work, and social activities.

Physical and mental health problems affect alumni to a similar extent in terms of:

- Restricting them from doing their work or other regular daily activities during the past 4 weeks (mean number of days they were restricted: physical health—12.4 days; mental health—13.7 days)
- Missing days of work among employed alumni (mean number of days missed: physical health—7.0 days; mental health problems—7.3 days)

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

- Physical and emotional health problems interfered *moderately, quite a bit, or extremely* with normal social activities (physical health—50.8 percent of alumni; mental health—60.6 percent of alumni)
- Physical and mental health problems interfered with social activities, such as visiting friends, relatives, etc., *most of the time* or *all of the time* during the past 4 weeks (physical health—25.0%; mental health—35.0%)

Results from items in the RAND SF-36 inventory also indicate that just over two-thirds of alumni (67.8%) had *moderate, severe, or very severe* bodily pain during the past 4 weeks, and for nearly a third of alumni (32.9%), their bodily pain interfered with their normal work (including work outside the home and housework) *quite a bit or extremely*. In their own words:

The most challenging part of transitioning back to civilian life is deciding to attend school or work. I haven't been able to do either (15 months after retiring) because of physical and mental pain. It's slowly getting better . . .

I was a [job title] for 20 yrs before I deployed to Iraq. Due to my combat injuries my life has changed dramatically. Instead of being a successful outgoing professional in my community, I now live a sedentary life due to my chronic pain and lack of motivation.

The relatively low alumni mean scores on the RAND SF-36 have remained quite similar for several years and clearly reflect the severe injuries and health problems experienced by WWP wounded warriors during their military service and their ongoing pain and rehabilitation.

PTSD. The survey also includes a screening scale for PTSD (the Primary Care PTSD Screen). The self-reported answers of alumni to the scale items in the survey indicate that 69 percent tested positive for PTSD, a disorder that can affect all aspects of a person's life. Other studies report a much lower incidence of PTSD among OIF/OEF veterans. In a recent report, the Institute of Medicine (2014) stated that it is estimated that 7 to 20 percent of veterans and service members who served in OIF and OEF may have PTSD. The VA reported that 24.4 percent of all OIF and OEF veterans *who used VA health care* [emphasis added] in FY2011 had a diagnosis of PTSD. In a study published in 2007, Milliken, Auchterlonie, and Hoge, using Post Deployment Health Re-Assessment data, reported that 40.8 percent of Army *active duty soldiers* and 52.2 percent in the *Reserve Component* screened positive for PTSD. Usually, estimates about the incidence of PTSD come with caveats about limitations in VA and DOD data and the fact that many veterans seek health care outside of the VA system for their PTSD symptoms.

The differences in PTSD estimates likely stem from differences in the study populations (e.g., veterans vs. active duty; users of VA health care services, and other populations such as a mix of veterans and active duty service members and/or a mix of users and nonusers of VA health services), differences in the number and types of trauma-related events experienced during combat deployments by the various study populations, the timing of the screenings after exposure to traumatic events (symptoms can be delayed), the method of conducting the screening and diagnosis of PTSD, and concerns among active duty service members and veterans about adverse effects on their careers and the fear of being stigmatized (Bagalman, 2013; Milliken, Auchterlonie, & Hoge, 2007).

Depression. Another scale in the survey is the eight-item Patient Health Questionnaire (PHQ-8), which screens for depression. The results show that depression is also prevalent among alumni—about 6 of 10 alumni (60.6%) scored positive for major depression on the PHQ-8. This result is not surprising, for depression and PTSD have been shown to be associated. Again, other studies of service members and veterans of OIF/OEF indicate a lower incidence of depression. For example, in its Invisible Wounds Study (2008), in which the survey was

administered by telephone, RAND used the same depression scale and reported that nearly 14 percent of OIF/OEF veterans met the criteria for major depression. Possible reasons for differences in depression scores between WWP alumni and the RAND study population likely include some of the reasons for reported differences in the incidence of PTSD.

Sleep problems. The survey also includes the Sleep Adequacy Scale (from the Medical Outcomes Study Sleep Scale), which provides more information about sleep problems. Given the extent of their bodily and mental pain and their insecurities about jobs and financial concerns, it is not surprising that the mean sleep scale score for alumni was 28.0, out of a range from 0 to 100, with higher scores representing fewer problems.

Alcohol abuse. The WWP also includes two questions to assess alcohol abuse (used alcohol more than they meant to/felt they wanted to or needed to cut down on their drinking) during the past 4 weeks (from the Post-Deployment Health Assessment/Post-Deployment Health Reassessment alcohol screen). The 2014 findings indicate that 12.6 percent of alumni had a positive alcohol screen.

Smoking and obesity. The findings for other health status questions in the WWP survey indicate that one-fifth of alumni are current cigarette smokers (according to the Millennium Cohort Smoking Scale), 42.6 percent of alumni are obese, and another 39.7 percent are overweight. Data from the *National Health and Nutrition Examination Survey* show that 34.9 percent of U.S. adults age 20 or older were obese in 2011–2012. The weight findings continue to be a serious health issue for many alumni. A better diet and more physical exercise for those capable of such exercise are clearly needed. The efforts by the WWP and many other organizations to provide and encourage accommodations when needed for physical activities are warmly appreciated by alumni, but remain insufficient, as they noted in their comments:

Finding things that adapt to my condition. I miss working out and finding things to keep me in shape and spark my interest is hard to fit my accommodations

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

Use of services. Most alumni have sought help from doctors and other professionals for their health problems. Only 21.8 percent have not visited a doctor's office or clinic during the past 3 months to get health care for themselves. And nearly 55 percent have sought help from a doctor, psychologist, or counselor during the past 3 months for help with issues such as stress or emotional, alcohol, drug, or family problems. Among this latter group, almost all (91.7%) visited a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor. The mean number of visits they made during the past 3 months was seven.

Reasons for difficulty in accessing health care. In the 2014 survey, separate sets of questions asked about difficulties in accessing mental health care and physical health care, including specification of "Other" responses, to understand better the barriers to care. Just over a third of alumni (35.2%) had difficulty getting **mental health care**, or put off getting such care, or did not get the care they needed during the past 12 months, compared with 39.4 percent of alumni seeking **physical health care**. For both groups, the two top reasons for their difficulties were

logistical reasons that are making headlines in the news media and receiving attention from the White House and Congress:

- Difficulty in scheduling appointments: 42.5 percent in the mental health group and 48.7 percent in the physical health care group
- Inconsistent treatment or lapses in treatment because of canceled appointments and switches in providers: 39.4 percent in the mental health care group and 35.3 percent in the physical health care group

The next two top reasons in the **mental health** care group stemmed from negative treatment attitudes:

- 39.0 percent felt that treatment might bring up painful or traumatic memories that they wanted to avoid.
- 35.3 percent did not feel comfortable with existing resources within the DoD or VA.

The next set of most common reasons for the **mental health** group centered on concerns about adverse effects on their careers, fear of being considered weak, and stigma. The prevalence of such attitudes among alumni who experienced difficulties in accessing mental health care ranged from 22.9 percent to 27.5 percent.

Additional reasons among the **physical health** care group included the following: 23.1 percent did not feel comfortable with existing resources within the DoD or VA, 17.1 percent reported a lack of resources in their geographic area, 12.6 percent lacked health insurance to cover needed care, and 11.3 percent had transportation-related problems.

Clearly, there are many contributing factors to the shortcomings in providing timely, effective mental and physical health care for the growing population of veterans in need of such care, as well as for injured and ill active duty members undergoing assessment and rehabilitation. Improvements in their health care require more health care resources, changes in culture within the VA and DoD, a better understanding of how to motivate veterans and service members needing care to seek that care while ignoring fears of stigma, more and better assessment of the most effective treatments for their problems, more timely assessment and treatment of injuries and illnesses by DoD and the VA, and a fundamental rethinking of the best ways to meet the growing demand among veterans for easily accessible, quality health care given health care professional shortages in many parts of the country.

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

Alumni rely on a wide variety of resources and tools to cope with their mental and emotional concerns and problems. For the past several years, the resources and tools most commonly used by alumni to help with these issues remain the VA Medical Center (62.5% of alumni, up from 54.1% in 2013), talking with another OEF/OIF veteran (59.2%), and prescription medications (50.6%). The next most common resource in 2014 was physical activity, one of seven new response options in the 2014 survey (36.5%). But individual alumni rely on many

other resources and tools. Two resources—the VA Medical Center and talking with another OEF/OIF veteran—were each cited as the single most effective resource by 17.7 percent of alumni.

The many health problems of alumni are reflected in their efforts to become economically empowered. The relationship between the two is clearly apparent in the next section.

ECONOMIC EMPOWERMENT

Employment and unemployment. The employment situation is improving gradually for alumni overall, but the story is less optimistic when looking only at non-active-duty alumni (who represent about 80% of 2014 WWP alumni). Currently, 57.9 percent of all alumni are employed, but only 47.6 percent of non-active-duty alumni are employed. Also, among all alumni, 13.9 percent are unemployed, compared with 19.7 percent of non-active-duty alumni. Both of these alumni unemployment rates are notably higher than the rate recently reported by the Bureau of Labor Statistics (BLS): a seasonally unadjusted April unemployment rate of 5.3 percent for Iraq and Afghanistan veterans (BLS, May 2014).

In their self-assessments of difficulties in getting or changing jobs, alumni overall most commonly addressed their health problems and education deficiencies: For about 3 in 10 alumni, “mental health issues” and “difficult for me to be around others” were factors. For about 1 in 5 alumni, “not physically capable,” “not qualified—lack education,” and “pursuing an education” were factors. Among the subset of alumni not currently in the labor force, the most common factors were “mental health issues” (59.3%) and “not physically capable” (41.5%).

The improving economy and the many efforts by government and the private sector to hire more veterans have contributed to the overall decline in the unemployment rate for veterans. But ensuring that wounded warrior alumni will share in any future employment gains for veterans remains challenging, particularly if the drawdown in Afghanistan results in additional service members leaving the military and competing for jobs in the civilian sector.

The pursuit for more education. Many alumni recognize that educational attainment and technical skills are strongly associated with success in the labor market and financial security. Currently, only 24.5 percent of alumni have a bachelor’s degree or higher. But about one-third of alumni are now enrolled in school, pursuing additional education. Among them, 65.6 percent (up from 59.7%) are pursuing a bachelor’s degree or higher. Another 24.2 percent are seeking an associate degree, and 7.3 percent are pursuing business, technical, or vocational school training leading to a certificate or diploma.

Despite the availability and use of various government education benefits, many alumni have unpaid *personal* student loans (28.2%). Among alumni with such debt, 57.8 percent owe between \$5,000 to \$29,000 and 23.7 percent owe \$30,000 or more. Although alumni recognize the importance of attaining more education and skills, returning to school can be not only a financial struggle for them, but also a difficult transition. The following comment on this topic speaks to the challenges:

. . . But when I started [type of program] school, I was not only an older student, I had experienced things many others didn't even understand. I felt isolated and deficient as a student. WWP has made me realize that I am not alone, that there are many programs available for me, and that I should be proud of what I am doing.

WWP helps to address these challenges through its Education Services program. WWP provides outreach, information, and self-advocacy skills training to alumni seeking a degree or other vocational training program through Pathfinder Education Boot Camps. It is supporting alumni who are currently enrolled in school as well as helping alumni interested in returning to school.

Financial insecurity. The following comment reflects the insecurity felt by many alumni about their current and future financial well-being.

The greatest challenge is the fear of the unknown. Having lost my military career due to severe medical illness, not knowing what lies ahead for me or my family in regard to final benefits, retirement or health prognosis is fearful.

For some alumni, current income is insufficient and debt is a problem. Others are getting by, but are low on savings. The number of persons in alumni households supported by household income has remained fairly stable since 2013: 42.1 percent support one or two persons, 41.9 percent support three or four, and 11.4 percent support five persons. The following economic indicators, as measured in the WWP survey, suggest that concerns about financial insecurity are not misplaced for many alumni.

Income. Among alumni employed full time who reported their income for the past 12 months, just over half earned less than \$45,000. Among alumni employed part time, more than half earned less than \$15,000. Nearly two-thirds of alumni received income in the past 12 months from various benefit, cash, and disability programs. Just under one-third of alumni received \$20,000 or more and another third received \$1 to less than \$20,000. The 2014 data show a notable increase in the percentage of alumni receiving VA disability payments, as well as a notable increase in those receiving disability ratings of 80 percent or more. Almost 6 of 10 alumni have spouses or partners with earned income in the past 12 months, including 30 percent earning \$5,000 to less than \$25,000 and about 26 percent earning \$25,000 to less than \$50,000

Debt. The percentages of alumni with various types of debt were quite similar to the 2013 percentages. Car loans are most common (73.8%), followed by credit card debt (67.8%), home loan/mortgage debt (50.3%), and student loans for family members (37.4%). Many alumni spoke of their debt problems in their comments about the challenges they are facing—for example:

Financially would be the most burden with myself being a sole provider for a family of 6. I hear I wont see my VA disability for over 90 days from separation. With a mortgage and a car payment and kids to feed along with utilities is already a heavy burden on my mind. I am not sure how we are going to make it. Saving money isnt much of an option because there is nothing left of my check to save.

Current living arrangement and homelessness. Forty-three percent of alumni currently own their own homes with an outstanding mortgage (similar to the 43.6% in 2013), and 3.4 percent own their own home with no mortgage. One-third of alumni (33.5%) rent their homes, and 8.8 percent share a dwelling and contribute to the rent.

A new set of questions about alumni homelessness was added to the 2014 survey as another indicator of need and economic well-being. An estimated 5.8 percent of alumni experienced homelessness during the past 24 months. Almost a third were homeless for less than 30 days, and the remainder for 1 to 24 months. The mean number of days of homelessness among all of them was 139 days during the 2-year period (approximately 4½ months). About 15 percent of the homeless alumni received government housing assistance. Data from the 2014 survey indicate that more than 6 of 10 alumni who experienced homelessness were younger than 35 (63.6%), most (87.5%) had a positive score on the Primary Care PTSD scale, about half had self-reported TBI, and one-fifth had a positive score on the alcohol screen. Homeless alumni clearly need a multipronged approach that includes health care services to address their homelessness.

Savings. As in 2013, nearly 80 percent of alumni have savings accounts. But just 30 percent of alumni have an emergency fund (separate from longer term savings and investments) for unplanned financial emergencies, and only 60 percent of this subgroup have enough rainy day funds to cover 3 or more months of household expenses. Also, longer term savings is a problem for many. Only about one-fourth of alumni participate in tax-deferred retirement plans (such as 401k and 403[b] plans); 12.9 percent have employer pension plans. Nearly 6 of 10 alumni do not participate in any type of savings plan.

Some of the problematic 2014 survey findings regarding financial well-being are related to the relatively young age of many alumni (about 55% are younger than 35 years old). But alumni do recognize the need for a better understanding of how to handle their finances:

I have lots of issues controlling my money spending and budgeting and paying my bills on time, as it is new for me. Having a counselor who can help budget for bills, savings, and debt relief would be nice...

The 2014 data indicate slight improvements in alumni assessments of whether their financial status is better now, the same, or worse than a year ago: 22.9 percent say it is better now (compared with 19.9 percent in 2013), and 34.9 percent say it is worse, down from 39.0 percent in 2013. Improved assessments were most apparent among alumni in nearly all education attainment categories, among full- and part-time employees, among alumni with amputations, and among alumni in various disability rating categories (20%, 30%, and 50%).

SOCIAL SUPPORT AND PERSONAL RESILIENCY

Social support. Many WWP alumni are clearly struggling with health and economic issues. But results from the Social Provisions Scale-Short Version in the WWP alumni survey indicate that many have support in their efforts. The Total Social Provision mean score for alumni has been about 29 for the past 4 years, from a possible range of 10 to 40, with higher scores indicating more perceived support. Alumni 2014 mean scores for the five provisions assessed in the scale range from 5.4 (reassurance of worth) to 6.2 (reliable alliance), from a possible range of 2 to 8. Most alumni *agreed* or *strongly agreed* that there are people they can depend on to help them when needed (86.2%) and there is a trustworthy person they can turn to for advice about problems (80.5%).

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

I have heard that there are resources available to allow vets and their spouses to reconnect and learn how to communicate better. . . . This would hopefully lead to better understanding, and allow the couples to be there for each others' support when needed.

I came home to a wife and a child after being gone for almost 3 years strait. i had very little understanding of what my role would be in the new dynamic of home or what to do in my role.

Resiliency. Perhaps another factor that is helping about half of alumni to persist in making a successful transition to civilian life is their strong sense of personal resiliency. For more than half of alumni (53.6%), it is *often true* or *true nearly all the time* that they can adapt to change. And for 51.5 percent, the same is true about being able to bounce back after illness, injury, or other hardships. These items make up the Conner-Davidson two-item Resilience Scale. The mean score for all alumni is 5.1, which is lower than the average score in the general population (6 to 7) that was reported in 2007. Persons suffering from PTSD tend to have lower mean scores. Alumni with a positive score on the PTSD scale in the survey had a mean score of 4.6 on the resiliency scale. Clearly, there are many alumni who could use more support and encouragement about their personal situations.

Closing Comments

The scale findings as well as other results in the WWP alumni survey clearly help to define the health care needs and economic challenges currently confronting alumni. WWP, through its programs, services, and advocacy on their behalf, has been helping to empower its alumni to overcome these challenges and attain a better quality of life in body, mind, and spirit. Some alumni are succeeding in these respects in their transition to civilian life, but many others are still struggling. What are some of the notable findings from this survey, including findings from alumni comments, that stand out for continued or more attention from WWP?

- The injuries and health problems sustained by many alumni are closely associated with their civilian labor force experiences and thus their economic security. For them, improved access to care is essential—not only in terms of much quicker access but also

in terms of available care hours that can accommodate those with demanding work and childcare schedules and responsibilities. Also, more continuity in treatment is needed with their health care professionals. In addition, alumni spoke of difficulties within both DOD and the VA system in getting needed treatment referrals. As some said, their conditions often worsened during the long wait for referrals for surgery and other treatments and that had a serious adverse impact on their employability and financial situations. WWP will continue to have an important advocacy and supportive role regarding these issues, particularly now when the nation's attention is focused on failures in providing timely and appropriate health care to many veterans.

- The lack of education credentials and marketable skills that match civilian labor market requirements continues to prevent many alumni from succeeding in their job searches. WWP already sponsors important employment-related programs and services. It may perhaps want to increase support for more changes in the TAP program, including 100 percent enforcement among commanders who do not recognize that active duty service members leaving the military are not just required but also entitled to attend TAP.

Also, from their comments, a number of alumni go into debt to acquire education credentials and certificates that they subsequently learn do not meet employer requirements for the jobs they are seeking. More advice and guidance are needed about investigating employer certificate and credential requirements before enrolling in education and training programs.

- Also, WWP may find it useful to talk with demobilized National Guard and Reserve members among its alumni to identify ways they can be better helped during their transitions back to civilian life and the workplace. Survey comments from National Guard and Reserve alumni indicated some felt shortchanged and were left to fend for themselves after demobilizations.
- In their survey comments and in response to items about their current feelings (from the Orientation to Life Questionnaire), it is clear that some wounded warriors no longer feel a strong sense of worth and purpose in their lives. WWP should continue all if its current efforts to address this most basic human need.
- Many wounded warriors spoke of the burdens they place on their family members and the need for more classes and assistance for them in understanding how to cope effectively in their unexpected and often-demanding roles as caregivers and advocates. Alumni also would like to see more WWP-sponsored family activities. WWP should clearly continue to address these needs, particularly its efforts with those most dependent on the care and assistance of others in their daily lives.

A topic not addressed in the survey items but that has appeared in recent years in alumni comments is the need for help in successfully reintegrating into family life. WWP may wish to specifically address this topic with alumni and their spouses or partners in ways that reach many alumni families.

We close this report with some additional thoughtful suggestions from alumni about what would help in their transition to civilian life. Alumni themselves are the best communicators on this topic:

Though I have not yet had to transition to civilian life, one of the challenges I expect is translating military skills and experiences into something that civilian hiring authorities can understand. Twenty five years ago, the veteran base was large enough that there was a good chance someone would understand what "company command" meant, or how broad a platoon sergeant's duties are, or the level of importance of work on a general's staff. This is especially true for the combat arms. Today, most people have never served and many do not even know someone that has. A "military to civilianese translator" would probably help many of us.

Learning how to incorporate my new self into my family and having my family accept and understand my challenges. Advocating for my benefits with the VA would be helpful. Retreats for families and couples (more available ones not during school time) would be helpful in understanding our new life as a family and accepting challenges. It's nice to be around other veterans who understand the challenges we face. Thank you

I don't even know where to begin. Classes about how to deal with physical and emotional pain would be AWESOME where I can meet with peers and talk about how to deal with things that happen day to day.

As a caregiver for a 100% retired disabled combat veteran, the transition was difficult. We lost the continuity of care. With the severity of my husband's PTSD, along with an inoperable brain tumor, feeding tube, & vocal chord implant, he was comfortable with the doctors who cared for him. They were a very positive experience for him. We moved back to [STATE] from [STATE], & had to start from scratch. Because of the meds he takes, we had difficulty getting them refilled, & we were in between active duty at a non-duty station & waiting for the VA to kick in. Help in newly transitioning wounded warriors & their families to their new environment, change in their capabilities, & getting them situated is important. The sudden lack of funds due to pay changes, bill collectors, & personal issues seem to be typical of those who have had dramatic & traumatic changes in their lives. Displacement/replacement counselors could be a strong benefit for many. Continuity, & follow through are a necessity. The ads on TV & internet are wonderful ways to show the world what our soldiers & their families are going through, & the assistance that WWP is providing them. Thank you.

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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 alumni names, email addresses, and telephone numbers to Westat. Westat removed duplicate alumni listings, names of alumni who had requested that they not receive email from WWP, and fake email addresses. The resulting survey population included 43,096 wounded warriors registered as Wounded Warrior Project (WWP) alumni.

QUESTIONNAIRE

The survey was designed to address the following broad topics:

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

The final version of the 2014 survey included more than 125 closed-ended questions, but not all questions were administered to all alumni as a result of automatic skips for questions that did not apply given answers to previous questions. Also, because many of the questions in the survey included sub-items, many wounded warriors were asked to provide more than 125 responses to the questions/sub-items. 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 two platforms (Windows and Mac OSX); multiple browsers (Internet Explorer, Firefox, Safari, Opera, and Chrome—all five on Windows and the first three on Mac OSX); iOS, Android, and Windows 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 11, 2014, and continued through April 27, 2014—7 weeks.

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

Table A1. List of Survey Communications Sent to WWP Alumni

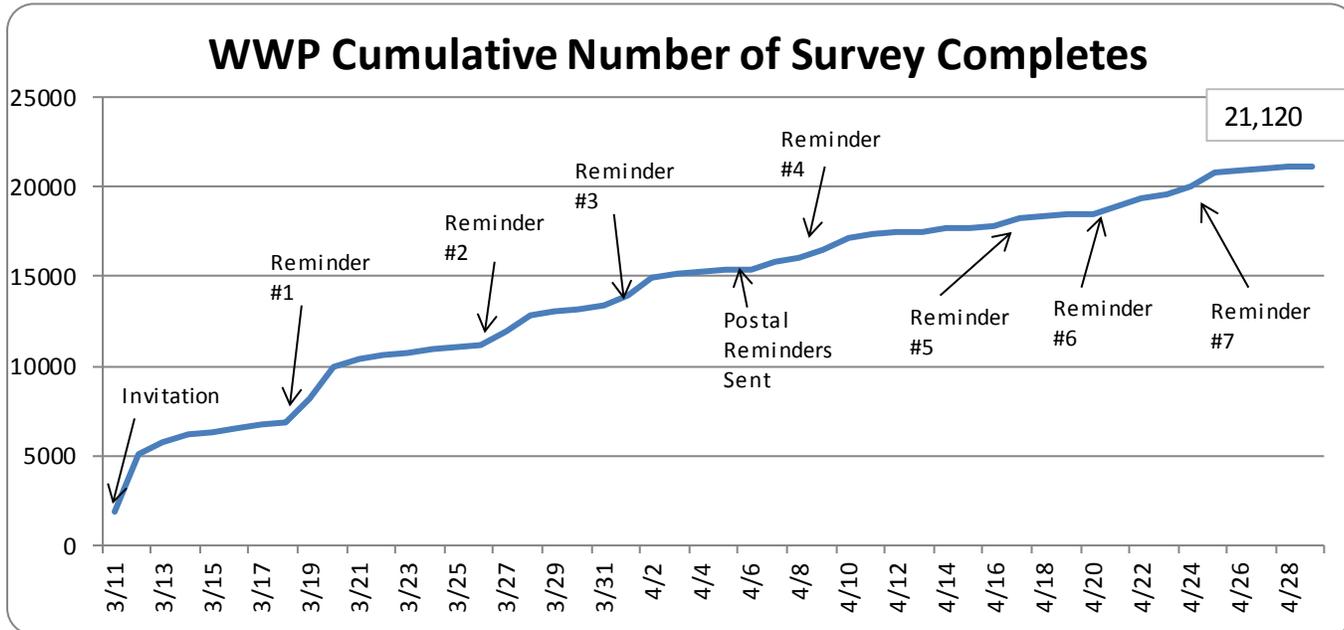
Communications	Delivery Method	Date Sent
Prenotice	Email	March 6, 2014
Survey invitation	Email	March 11, 2014
Thank you/reminder	Email	March 19, 2014
Thank you/reminder	Email	March 27, 2014
Thank you/reminder	Email	April 1, 2014
Thank you/reminder letter	USPS mail	April 1–4, 2014
Thank you/reminder	Email	April 9, 2014
Thank you/reminder	Email	April 17, 2014
Thank you/reminder	Email	April 21, 2014
Thank you/reminder (last weekend to complete)	Email	April 24, 2014

The prenotice email informed wounded warriors about the upcoming survey, explained the purpose of the survey, introduced Westat as the survey administrator, and encouraged participation in the survey. It also stated that caregivers could assist in completing the survey, assured alumni that all responses would be treated as confidential, and provided contact information for WWP and for the Westat WWP Survey Support Center. The email also informed alumni that when they submitted their completed surveys, they could provide a mailing address to receive a WWP 10-year Anniversary Edition Tervis® Tumbler.

The survey invitation contained a link to the survey as well as a unique user ID for accessing the survey. During the field period, Westat emailed seven thank you/reminders about the survey to all nonrespondents. Westat sent the reminder letters by first-class mail to 29,473 nonrespondents with complete postal addresses (postal addresses were included in the database provided by WWP). WWP provided a digital file with WWP letterhead for the postal reminder letter. Each letter was personalized to include the name of the warrior and included instructions on how to access the web survey.

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

Figure A1. Cumulative Number of 2014 WWP Survey Completes Throughout Data Collection



SURVEY HELP CENTER. During the field period, Westat maintained a toll-free telephone number and a project email box that WWP alumni and their caregivers could use to request technical assistance in accessing the survey or to ask general questions about the survey. The total amount of technical assistance provided by email and phone was slightly more than the amount of assistance provided for the 2013 survey.

Emails. Help Center staff received about 400 emails, one-third of which they forwarded to the WWP Resource Center (resourcecenter@woundedwarriorproject.org). A frequent comment from those sending emails was that the survey was too long. A few alumni said they thought some of the questions were too personal. They were advised that all responses are kept confidential but that they also had the option of skipping questions they did not wish to answer. Sixty-six alumni who did not submit a survey asked that they be removed from the survey mailing list. Staff complied and classified them as survey “refusals.”

Twenty-four respondents wrote in that they had already completed the survey, but when we checked the status of those cases, completed surveys had not yet been submitted. We provided them with their direct link to the survey again. Thirty-seven alumni wrote in that they were unable to access the survey with their ID or that they experienced difficulty connecting to the survey. Most cases were quickly resolved by providing the alumni with their direct link to the survey. The remaining did not contact us again about their issues.

Connectivity issues were often vaguely described in emails to the Help Center. Unless their emails had an obvious military account extension, which usually indicated the connectivity problem was a firewall block, Help Center staff were generally able to resolve the issues by sending an individual survey web site link with an embedded password to each of them.

Last, there were many inquiries about when alumni could expect to receive their Tervis® Tumblers. They were informed that their Tervis® Tumblers would be delivered 6-8 weeks after they submitted their surveys.

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., ET). Voicemail was available to anyone calling after business hours or on weekends, and messages were answered within 1 business day. During the field period, 35 voicemail messages were received at the Help Center. Most of the callers (20) said they were having problems accessing the survey. Four callers stated that they had already completed the survey. Help Center staff resolved those issues over the phone or by emailing a direct link to the web survey. Two callers updated their addresses for correct delivery of the incentive. Other callers asked for WWP sponsorship, to say that the survey was too long, to ask if a proxy could fill out the survey, and to learn the status of their tumblers. One alumnus asked if the survey could be administered by phone. That request was honored.

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.

Table A2. Final Disposition Codes

Number	Disposition Value	Disposition Code	Definition of Disposition Code
Eligible Respondents			
21,120	C	Complete	Completed web survey – Answered at least 18 of 21 core demographic questions as well as 22 of 46 core nondemographic items. Core questions were those that all respondents had a chance to answer (i.e., they were not prevented from answering them because of programmed skips).
Eligible Nonrespondents			
2,392	P	Partial Complete	Partially completed web survey – Did not answer at least 18 of the core demographic questions and 22 of the 46 core nondemographic items.
66	R	Refusal	Emailed or called and said “Do not email me again” and did not submit a survey.
19,493	N	No response	No survey submitted or started; includes about 500 emails returned because of invalid addresses.
Ineligible Sample Members			
25	I	Ineligible	Was not eligible: Included 2 deceased alumni, 21 sample members who had duplicate records in the frame file, an alumnus in long-term care who was unable to participate, and a duplicate submission for one survey ID.

RESPONSE RATE. The response rate for the survey was 49.0 percent in 2014, down from 51.9 percent in 2013, but higher than the rates in the first 3 years: 42.5 percent in 2012, 39.4 percent in 2011, and 32.4 percent in 2010. The 2014 rate was calculated as follows:

$$\begin{aligned}\text{Response rate} &= [\text{Number of completes}/(\text{Number of eligible respondents} + \text{number of eligible nonrespondents})] * 100. \\ &= [21,120/(21,120 + 2,392 + 66 + 19,493)] * 100 \\ &= [21,120/43,071] * 100 \\ &= 49.0 \text{ percent}\end{aligned}$$

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

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

- Response rates should be different in different nonresponse adjustment cells. (If there are only small differences in response rates among the created nonresponse adjustment cells, weighted estimates will not be very different from unweighted estimates.)
- Variables used to create nonresponse adjustment cells should have a relationship with one or more survey variables. (For survey variables that have no relationship with variables used to define the nonresponse adjustment cells, the differences between weighted and unweighted estimates will be very small.)

Because the nonresponse adjustment cells must be defined with information available for both respondents and nonrespondents, we examined the response rates at the different levels of the variables on the list of all the alumni who were asked to participate in the 2014 WWP Alumni survey. For respondents, we also examined the relationship between these variables and the corresponding survey variables.

For the 2014 survey, we decided to create nonresponse adjustment cells similar to the way we created the nonresponse adjustment cells for the 2013 survey—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. Response Rates Disaggregated by Information Available for Both Respondents and Nonrespondents

Variable	Level	# Individuals in population	# Respondents	Response rate (%)
FRAME_STATUS	Active duty	8,502	3,263	38.4
	Not on active duty	31,538	17,854	56.6
	missing	3,030	3	0.1
FRAME_REGION	Midwest	5,696	3,099	54.4
	Northeast	5,586	2,733	48.9
	South	20,639	19,170	49.3
	West	10,222	4,963	48.6
	missing	927	155	16.7
FRAME_AGE_CAT	18-24	2,650	843	31.8
	35-30	9,317	4,187	44.9
	31-35	11,251	5,919	52.6
	> 35	17,372	10,163	58.5
	Missing age	2,480	8	0.3

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

We initially created $3 \times 5 \times 5 = 75$ nonresponse adjustment cells. Adjustment cells containing fewer than 30 respondents were collapsed with cells having similar response rates. The final number of nonresponse adjustment cells was 33.

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

Table A4 includes the characteristics of the base weights and adjusted weights for respondents and nonrespondents. Note that the sum of the adjusted weights for respondents equals the sum of the

base weights for all individuals in the population, which is equal to the number of individuals in the population.

Table A4. Characteristics of 2014 Base Weights and 2014 Adjusted Weights

Characteristic	2014 Base weights		2014 Adjusted weights	
	Respondents	Nonrespondents	Respondents	Nonrespondents
Minimum	1.0	1.0	1.5	0.0
Maximum	1.0	1.0	10.2	0.0
Mean	1.0	1.0	2.0	0.0
Median	1.0	1.0	1.8	0.0
Sum	21,120	21,950	43,070	0
		43,070		43,070

HIGHLIGHTS FROM GOOGLE ANALYTICS

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

Visits to Web Survey From Top 8 Known Countries

2014	2013	2012
<ul style="list-style-type: none">• United States (35,567 visits)• Germany (230 visits)• Puerto Rico (123 visits)• Japan (35 visits)• Afghanistan (28 visits)• South Korea (27 visits)• Guam (23 visits)• Italy (17 visits)	<ul style="list-style-type: none">• United States (21,692 visits)• Germany (223 visits)• Puerto Rico (49 visits)• Japan (28 visits)• South Korea (20 visits)• Afghanistan (11 visits)• Italy (10 visits)• Bahrain/United Kingdom (9 visits each)	<ul style="list-style-type: none">• United States (8,463 visits)• Germany (60 visits)• Puerto Rico (32 visits)• United Kingdom (7 visits)• Afghanistan (4 visits)• Kuwait (4 visits)• Japan (4 visits)• Guam (3 visits)

Top 10 Visits by Cities (4,564 cities overall)

2014	2013	2012
<ul style="list-style-type: none">• San Antonio (785 visits)• New York (731 visits)• Austin (586 visits)• Atlanta (502 visits)• Colorado Springs (490 visits)• Houston (468 visits)• Chicago (462 visits)• Los Angeles (427 visits)• Jacksonville (418 visits)• Fayetteville (332 visits)	<ul style="list-style-type: none">• New York (649 visits)• San Antonio (627 visits)• Jacksonville (334 visits)• Houston (326 visits)• Seattle (315 visits)• San Diego (311 visits)• Colorado Springs (275 visits)• Los Angeles (270 visits)• Washington (269 visits)• Dallas (261 visits)	<ul style="list-style-type: none">• San Antonio (291 visits)• New York (208 visits)• Houston (146 visits)• Jacksonville (144 visits)• Chicago (141 visits)• Washington (121 visits)• Seattle (117 visits)• San Diego (101 visits)• Fayetteville (94 visits)• Austin (90 visits)

Top Browsers Used by Visitors

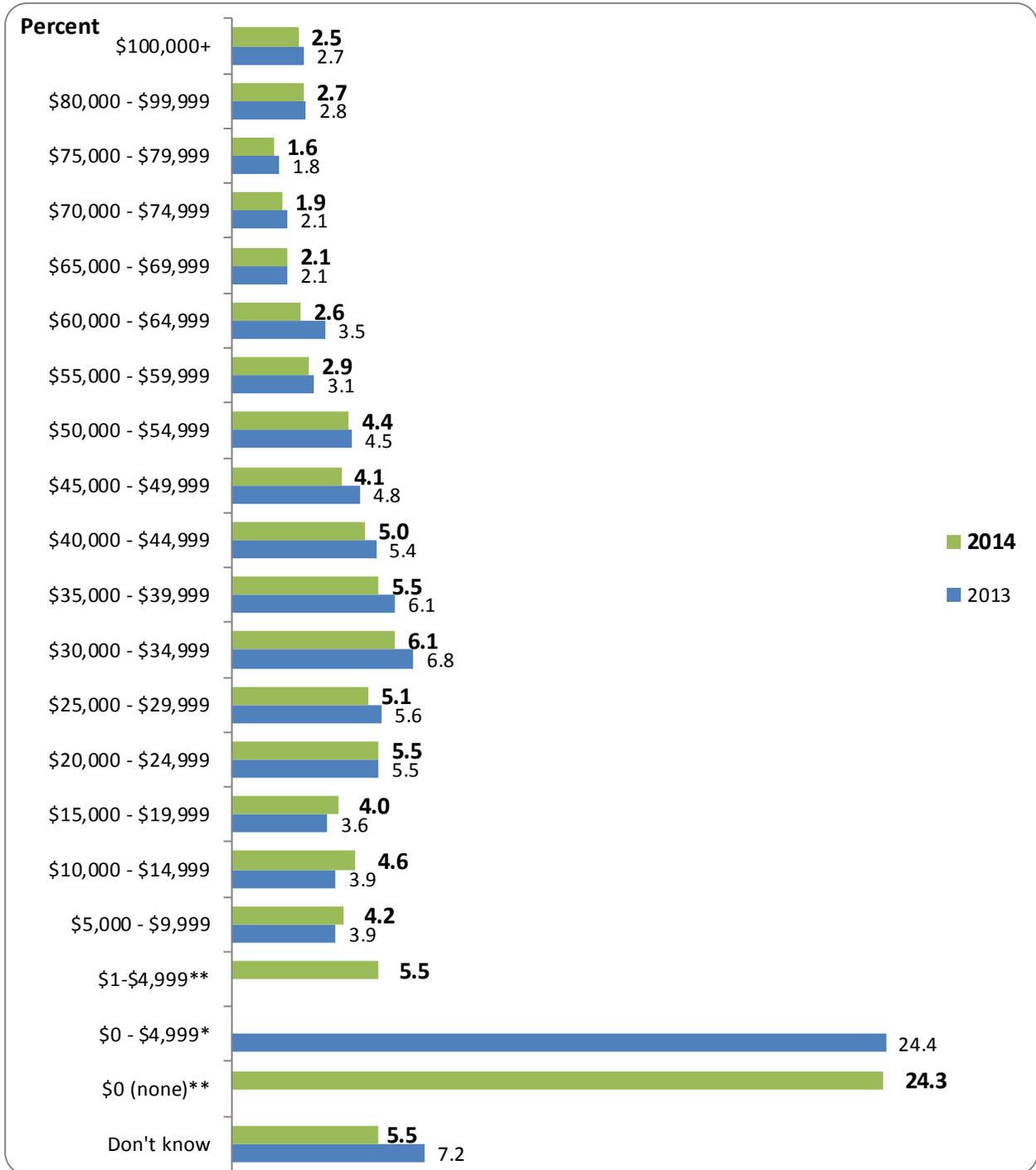
2014	2013	2012
<ul style="list-style-type: none">• Safari (33.6%)• Chrome (27.7%)• Internet Explorer (20.8%)• Android Browser (10.1%)• Firefox (6.4%)	<ul style="list-style-type: none">• Safari (31.2%)• Internet Explorer (30.3%)• Android Browser (14.5%)• Chrome (14.0%)• Firefox (9.1%)	<ul style="list-style-type: none">• Internet Explorer (42.1%)• Safari (23.8%)• Firefox (13.1%)• Android Browser (10.3%)• Chrome (9.9%)

Appendix B

Figures With Additional 2014 Data

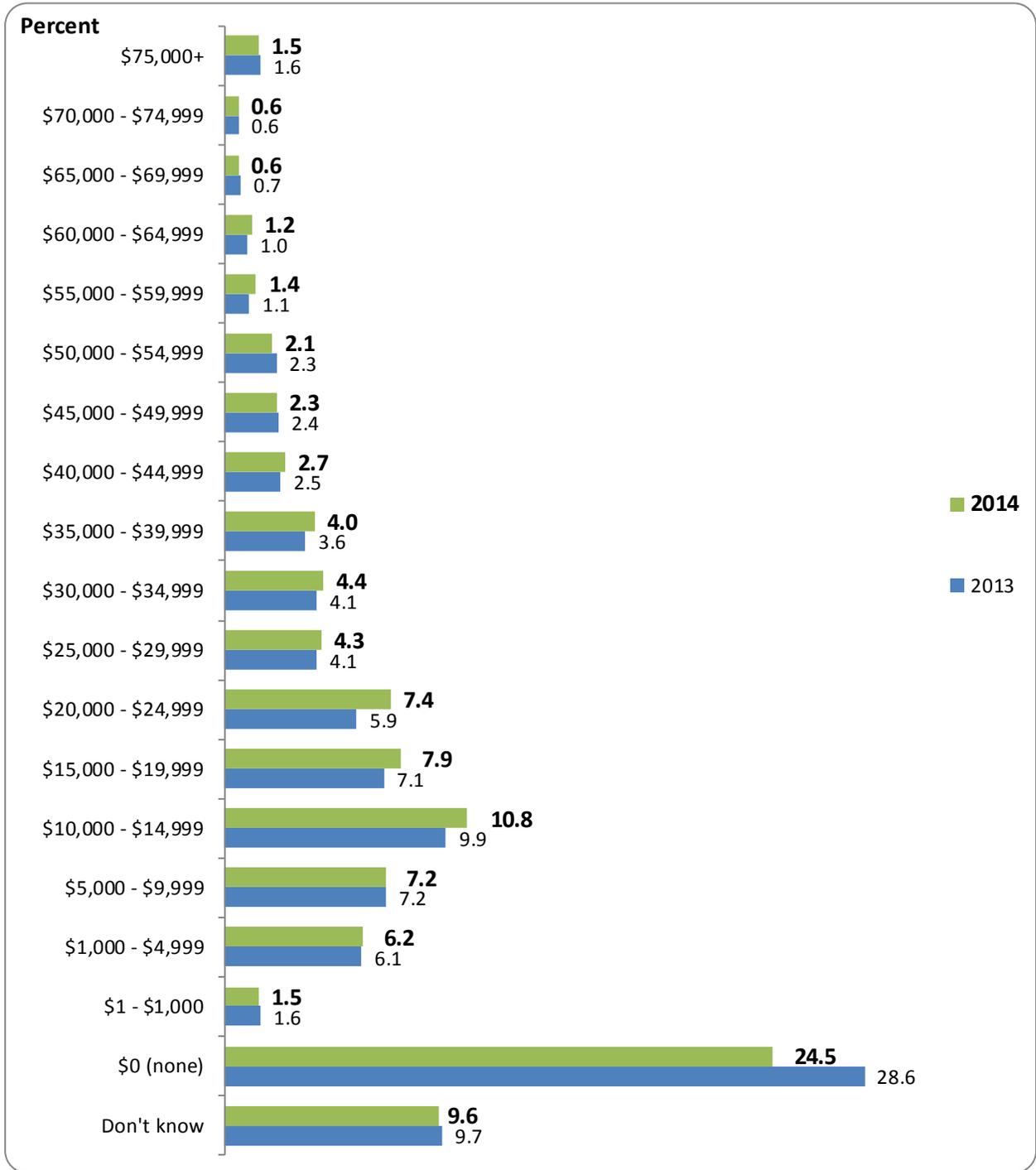
APPENDIX B: FIGURES WITH ADDITIONAL 2014 DATA

Figure A. Income Earned From Work in Past 12 Months



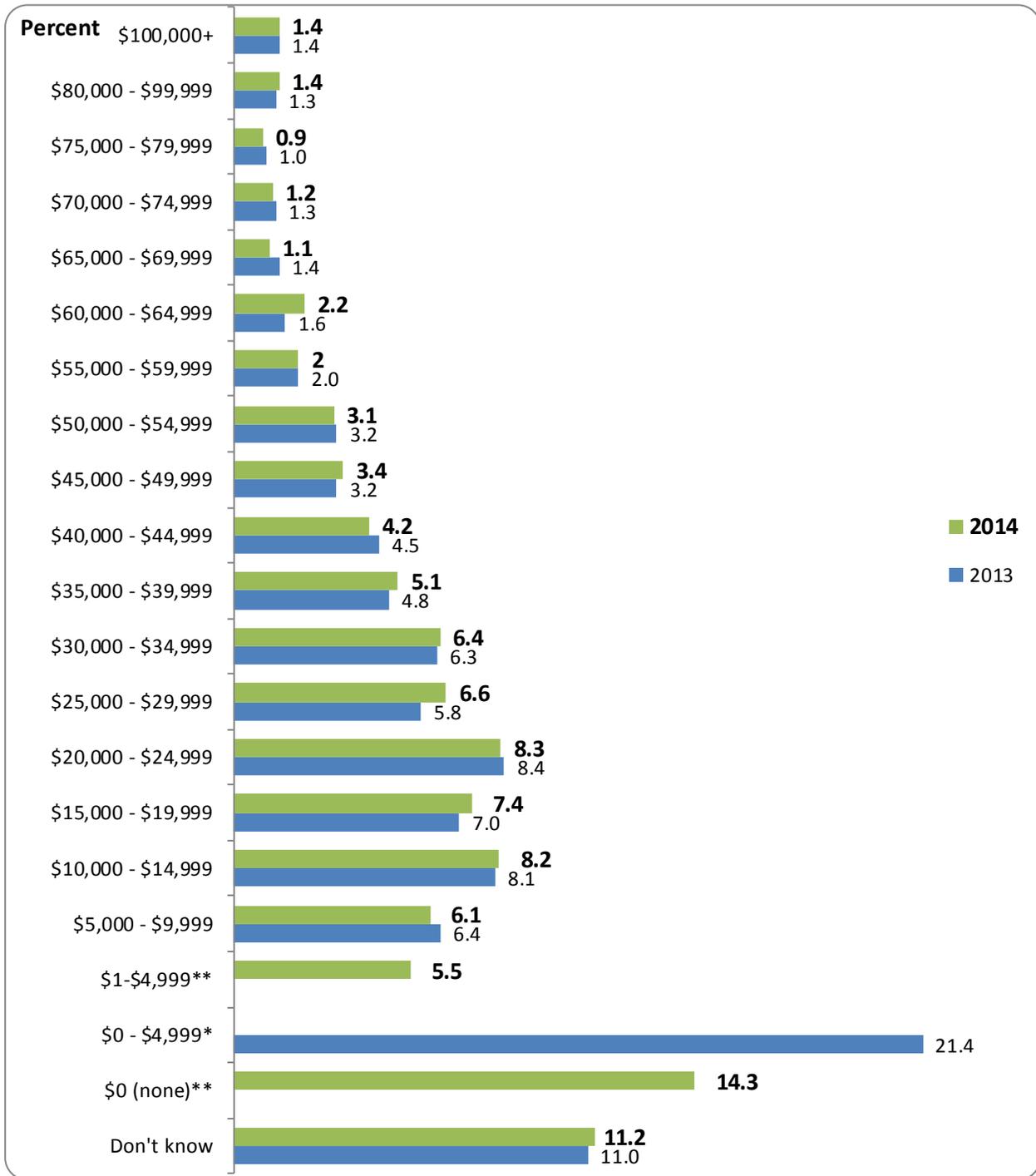
Note: 2013 and 2014 data are weighted. *This response was removed in 2014. **These responses were added in 2014.

Figure B. Money Received in Past 12 Months From Various Benefit, Cash Assistance, and Disability Programs (corresponds to Figure 59 in 2014 report)



Note: 2013 and 2014 data are weighted.

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



Note: 2013 and 2014 data are weighted. *This response was removed in 2014. **These responses were added in 2014.

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



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