

★ **2019** ★
**ANNUAL
WARRIOR
SURVEY**

REPORT OF FINDINGS



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. More detailed information can be found in the body of the report.

ABOUT THE SURVEY

SURVEY OBJECTIVE. The 2019 Wounded Warrior Project® (WWP) Annual Warrior Survey was the 10th annual administration of the survey. The first survey, in 2010, collected baseline data on WWP warriors. The subsequent surveys provide updates and allow WWP to identify trends among its warriors and to compare their outcomes with those of other military and veteran populations. The survey is NOT intended to measure the impact of individual WWP programs. WWP uses the annual survey data to determine how it can better serve its warriors.

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

2019 SURVEY ADMINISTRATION. The web survey was fielded to 109,968 WWP warriors from March 26 to May 22, 2019, and 35,908 warriors completed the survey. Email communications included a prenotification, survey invitation, and nine reminders. Warriors who completed the survey were offered a WWP Warrior Tactical Patch as a small token of appreciation for their participation.

The final unweighted response rate for the 2019 survey was 32.7 percent (35,908 completed surveys among 109,968 eligible warriors), which was one percentage point lower than last year's 33.7 percent response rate. After data collection, the survey data were weighted to allow the production of estimates that are representative of the 2019 WWP population.

ACKNOWLEDGMENTS

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TOP-LINE FINDINGS

WARRIOR BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE. The following presents a 2019 demographic profile of WWP warriors. (All estimates are based on weighted data.)

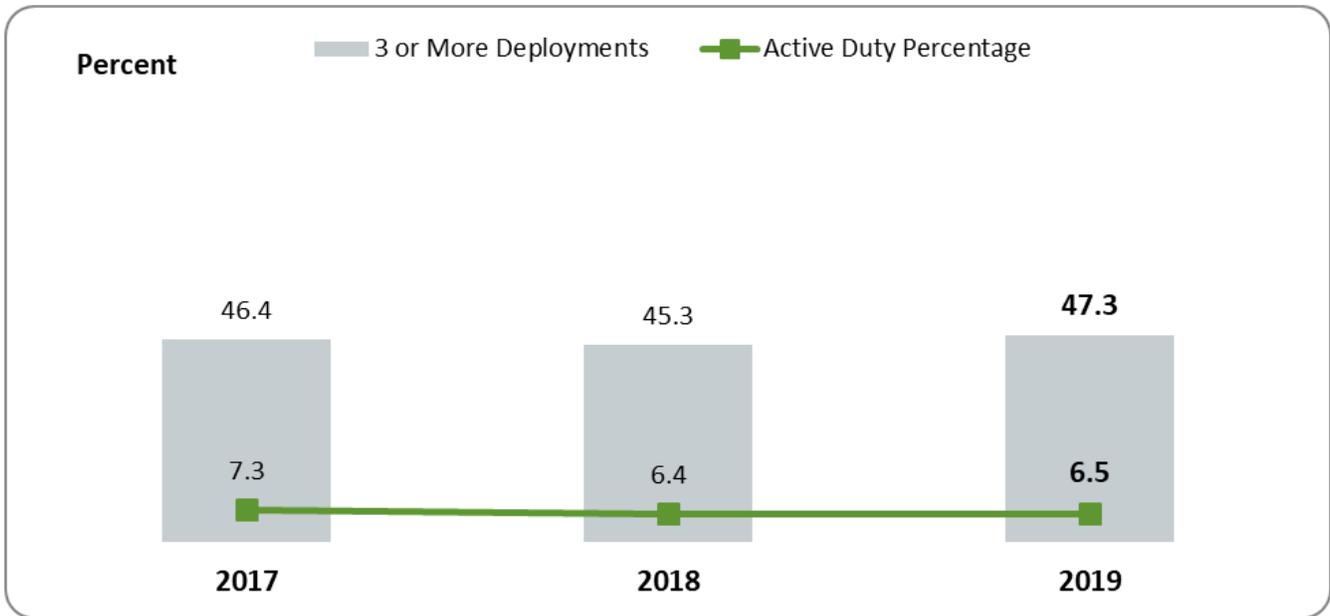
- Men – 82.7%
- Mean age – 42 years
- Currently married – 65.9%
- Bachelor’s degree or higher – 37.1%
- Race/ethnicity:
 - White – 64.1%
 - Hispanic – 19.6%
 - Black or African American – 16.0%
 - American Indian or Alaska Native – 5.3%
 - Other race/ethnicity – 3.8%
 - Asian – 3.7%
 - Native Hawaiian or other Pacific Islander – 1.6%
- Geographic location:
 - South – 54.0%
 - West – 23.8%
 - Midwest – 12.6%
 - Northeast – 9.6%

MILITARY PROFILE. The demographic profile of warriors has not changed much in recent years. Most warriors were or are enlisted service members (91.6%). A little more than 3 in 5 enlisted warriors (62.3%) achieved the rank of E5-E9.

Differences in military profiles over the past three years reflects a continuing decline in the proportion of active duty warriors, although it appears to have plateaued in the past 3 years. Figure ES-1 depicts the three-year trends. The proportion of warriors on active duty did not change from the prior year (6.5% in 2019; 6.4% in 2018).

Almost half of warriors (47.3%) have deployed three or more times during their military career. Almost all warriors who have deployed since 2001 did so at least once to a combat area (92.5%).

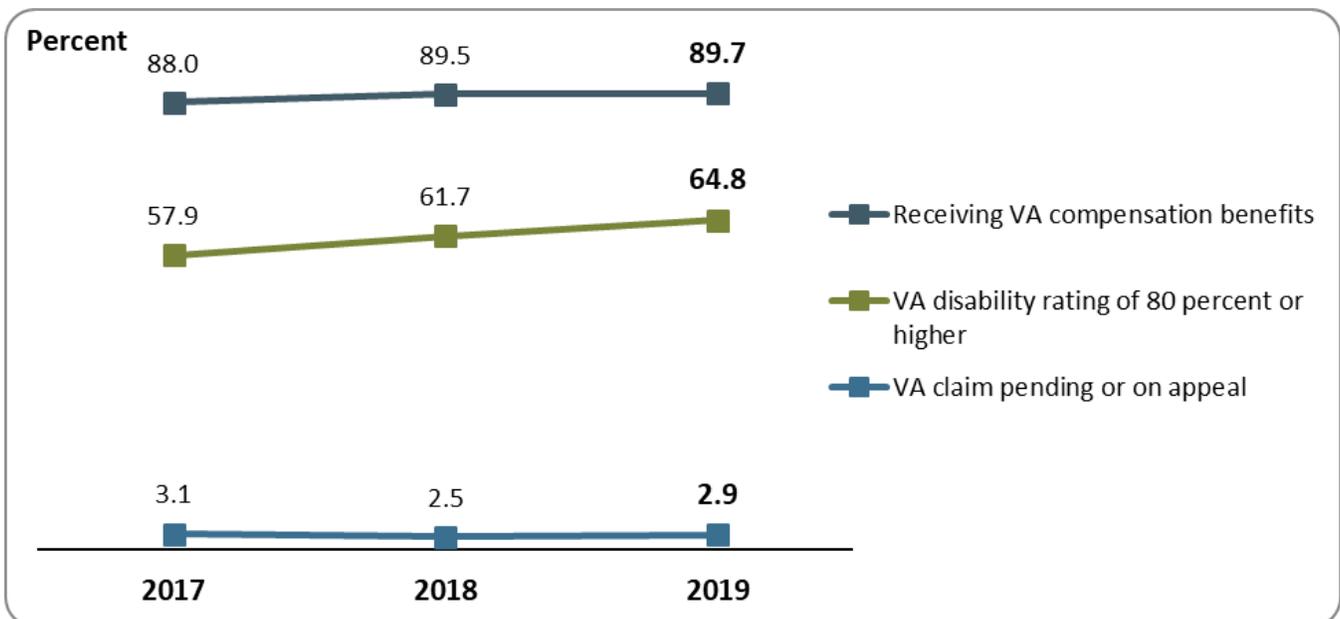
Figure ES-1. Active Duty Warriors and Warriors With Deployments



SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS. Among those with injuries, about 9 in 10 (90.9%) experienced more than three injuries or health problems.

As Figure ES-2 shows, the percentage of warriors receiving benefits from the Department of Veterans Affairs (VA) is the same as in 2018 at almost 90 percent; more than 6 in 10 warriors (64.8% in 2019 and 61.7% in 2018) had disability ratings of 80 percent or higher, also a rising trend. The percentage of warriors reporting pending claims or claims on appeal at VA has remained steady (2.9% in 2019 versus 2.5% in 2018).

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



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

- Sleep problems – 87.5%
- Post-traumatic stress disorder (PTSD) – 82.8%
- Anxiety – 80.7%
- Back, neck, or shoulder problems – 76.8%
- Depression – 76.5%

Almost 40 percent of warriors report experiencing traumatic brain injury (39.2%). Military sexual trauma (MST) was reported by 10.4 percent of warriors. Among female warriors, 44.4 percent experienced MST.

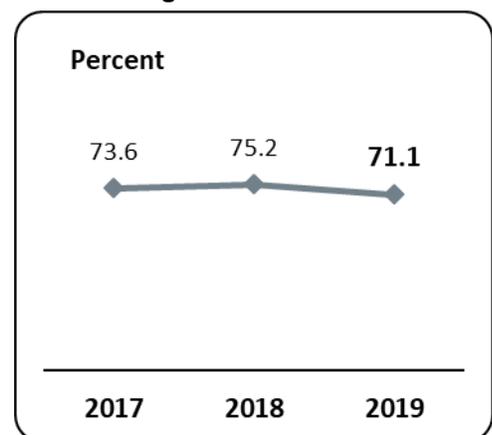
About 3 in 10 warriors (31.8% in 2019 and 32.4% in 2018) need the aid and attendance of another person because of their injuries and health problems. Among warriors needing assistance, approximately one-fifth (21.6%) need more than 40 hours of aid every week.

CURRENT HEALTH CARE COVERAGE. Similar to previous years, 71.1% of warriors have health care coverage through the VA. Figure ES-3 presents the three-year trend.

More than two-thirds (69.9%) of warriors with VA health care coverage use the VA as their primary health care provider. These individuals may have other insurance in addition to VA coverage.

TOXIC EXPOSURE. A new question in 2019 asked warriors if they were exposed to environmental hazards such as chemical warfare agents, ionizing radiation, burn pits, or other potentially toxic substances during their military service. A majority (70.4%) of warriors reported they had definitely been exposed to hazardous chemicals. However, only 9.3 percent said they had received treatment for their exposure at the VA. Slightly more than thirty percent (31.2%) are enrolled in the VA Burn Pit registry. Warriors indicating *Probably yes* or *Definitely yes* to exposure to hazards were more likely to rate their health as *Poor* or *Fair* (89.8%) than warriors who rated their health as *Very good* or *Excellent* (81.9%).

Figure ES-3. Warriors With VA Health Care Coverage



PHYSICAL AND MENTAL WELL-BEING

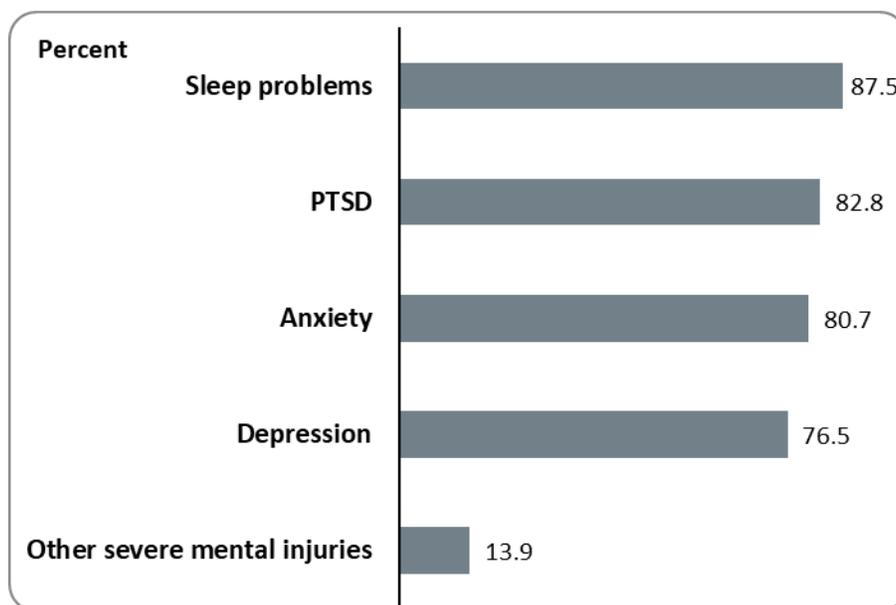
BACKGROUND. The 2019 Annual Warrior Survey uses a variety of validated scales to examine the current mental and physical health and health-related behaviors of warriors. These include:

- Patient Health Questionnaire (PHQ-9), which screens for major depression;
- Post-Traumatic Stress Disorder (PTSD) Checklist for Diagnostic and Statistical Manual Disorders (DSM-5) (PCL-5), which assesses the presence and severity of PTSD;
- Pittsburgh Sleep Quality Index (PSQI), which rates quality of sleep;

- Veterans RAND 12-Item Health Survey (VR-12), which offers health-related quality of life indicators, including the Mental Health Component Scale (MCS) and the Physical Health Component Scale (PCS);
- Connor Davidson 10-Item Resilience Scale (CD-RISC 10), which is a self-rated measure of the ability to overcome adversity;
- Alcohol Use Disorders Identification Test for Consumption (AUDIT-C), which assesses risky drinking;
- Two-Item Conjoint Screen (TICS), which screens for substance use disorder;
- California Health Interview Survey (CHIS) 2009 Dietary Screener, which assesses diet quality; and
- Global Physical Activity Questionnaire (GPAQ) to examine physical activity among warriors.

MENTAL HEALTH. Almost all warriors (90.9%) experienced a severe mental injury during their military service. Among those who reported a severe mental injury, 91.0 percent report experiencing more than one. Figure ES-4 displays the percentage of warriors by type of self-reported severe mental injury sustained during service. These injuries may have long-lasting impacts, as shown by various scales measuring different aspects of current mental health. The PHQ-9 scale scores indicate that nearly 40 percent (38.8%) of warriors currently suffer from severe or moderately severe depression. This year, as part of the PHQ-9, warriors were asked how often in the past two weeks they had been bothered by thoughts they would be better off dead or hurting themselves in some way. About one-third (32.8%) of warriors reported having thoughts related to suicide in the past two weeks. Nearly 60 percent of warriors (57.0%) currently suffer from PTSD based on PCL-5 scores. A large majority of warriors (77.3%) have poor sleep quality based on their PSQI scores. Current mental health issues have a notable impact on warriors' quality of life, with the average warrior scoring 30 percent below the national norm on the VR-12 MCS.

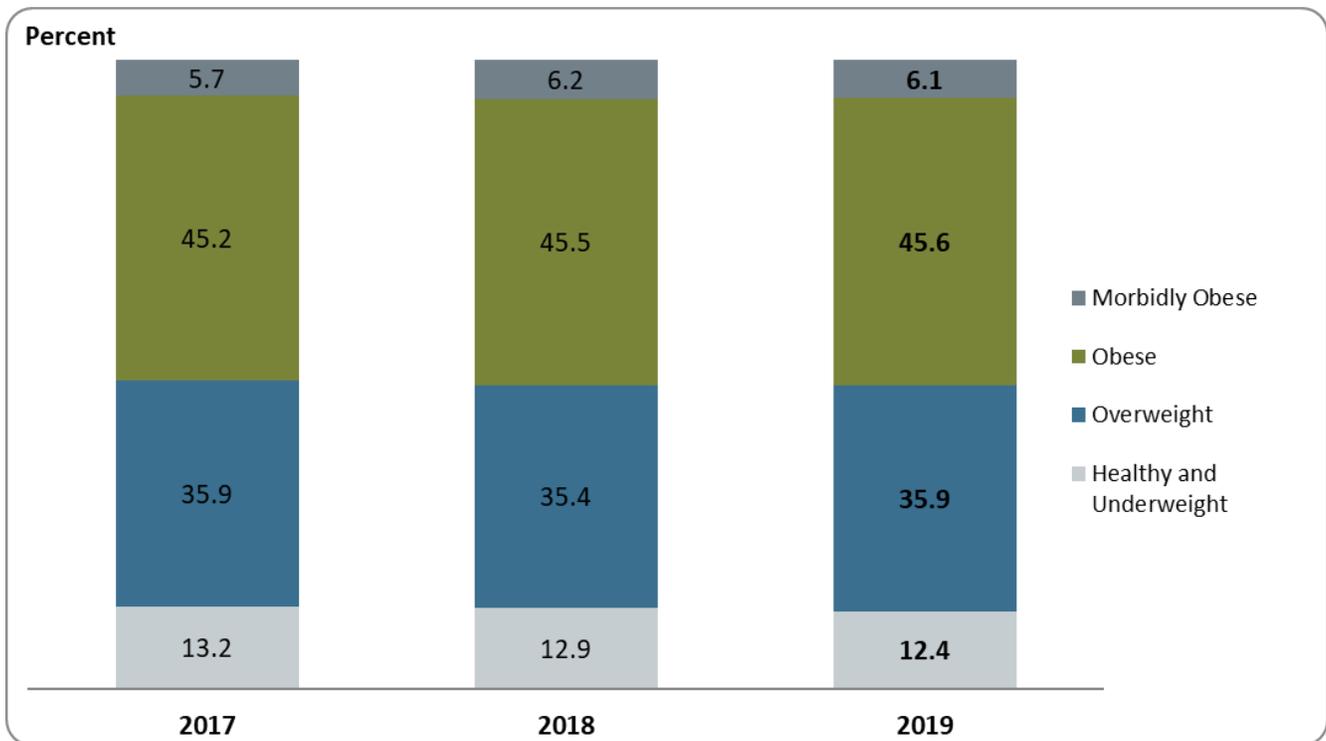
Figure ES-4. Severe Mental Health Injuries Sustained During Military Service



PHYSICAL HEALTH. Almost all (93.7%) warriors sustained severe physical injuries during military service, with 92.8 percent reporting more than one severe physical injury. The most commonly reported severe physical injuries are back, neck, or shoulder problems (76.8%), tinnitus (60.7%), knee injuries or problems (55.7%), migraines (53.4%), and severe hearing loss (52.5%).

Body mass index (BMI) scores indicate that the majority (51.7%) of warriors also suffer from obesity, which puts them at higher risk for additional health problems including type 2 diabetes, heart disease and stroke, kidney disease, and sleep apnea. Figure ES-5 displays the distribution of warriors by weight status category. Obesity combined with poor physical health likely has a detrimental effect on warriors' quality of life, with the average warrior scoring 24 percent below the national norm on the VR-12 PCS. Lower scores have been associated with having approximately two chronic conditions, 30 percent more hospitalizations, and 20 percent more outpatient visits (Wilson and Kazis, 1997).

Figure ES-5. Warrior Body Mass Index Scores (BMI)



HEALTH-RELATED MATTERS. The survey evaluated the current health of warriors by examining the prevalence of risky drinking and substance abuse disorder, diet quality, and level of physical activity.

Among the 75.0 percent of warriors who drank alcohol in the past year, 44.0 percent of female warriors and 48.4 of male warriors score positive for risky drinking behavior, that is, consuming so much alcohol that the person is at risk of medical or social problems. Looking more broadly, the TICS screens for substance abuse disorder, which includes misuse of drugs as well as alcohol. The TICS does not diagnose substance abuse disorder; rather, it indicates whether more detailed screening is necessary. Based on survey responses, 15.5 percent of warriors have a 72 percent likelihood of a substance abuse disorder. That is, they may be identified as having the disorder if more detailed screening is completed.

Diet also has a direct impact on health. For the first time the 2019 Annual Warrior Survey used elements of the CHIS 2009 Dietary Screen to assess the quality of warriors' diets. The analysis focused on the daily consumption of fruits and vegetables, finding that the typical warrior consumes only 1.7 cup equivalent of fruits and vegetables, with about 1 cup of this being fruit consumption. This is well below the 2 to 2.5 cups of vegetables recommended for women and 2.5 to 3 cups of vegetables recommended for men, and the additionally recommended 1.5 cups of fruit for women and 2 cups of fruit for men.

Also new to the survey were elements from the Global Physical Activity Questionnaire, an instrument used by the World Health Organization (WHO) to surveil levels of physical activity in different countries. The GPAQ can be used to assess whether warriors' sports, fitness, and recreational activities meet recommended thresholds for moderate and vigorous physical activity. Based on survey responses, less than a quarter of warriors meet physical activity guidelines set by the Department of Health and Human Services. Regular physical activity reduces the risk for depression, diabetes, heart disease, and other chronic conditions.

MENTAL HEALTH CARE SERVICES: ACCESS/RESOURCES. More than half of all warriors (52.0%) had visited a professional to get help with issues such as stress, emotional, alcohol, drug, or family problems in the past three months. However, access to care remains an issue. Almost one-third of warriors (31.8% in 2019 and 32.8% in 2018) had difficulty getting mental health care, put off getting such care, or did not get the care they needed.

Over one-third of warriors (35.0% in 2019 and 37.3% in 2018) indicated that conflicts between their personal schedules and hours of operation at the VA sites was the reason they had difficulty getting mental health care. Scheduling challenges were followed closely by feeling that treatment might bring up painful or traumatic memories that warriors wanted to avoid (32.2%) and inconsistent treatment or lapses in treatment (31.8%).

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

- VA Medical Center – 64.8%
- Talking with another OEF/OIF/OND veteran – 41.4%
- Prescription medication – 39.4%

SOCIAL SUPPORT. To explore social support, warriors were asked to what extent they agree or disagree with two statements about their current relationships with friends, family members, co-workers, community members, and others. More than three-quarters (78.5%) of warriors agreed or strongly agreed with the statement, "There are people I can depend on if I really need it." Somewhat less than three-quarters (72.3%) of warriors agreed or strongly agreed with the statement, "There are people who enjoy the same social activities that I do." The majority of warriors have people whom they can rely on, and the majority know that there are people who enjoy doing the same things that they enjoy doing.

RESILIENCE. The survey used the 10-item version of the Connor-Davidson Resilience Scale to address current attitudes about resilience in the face of changes or hardships. About half of warriors (49.6%) indicated that it is *often true* or *true nearly all the time* that they are able to adapt when changes occur, and slightly less than half indicated that they tend to bounce back after illness, injury, or other hardships (45.3%).

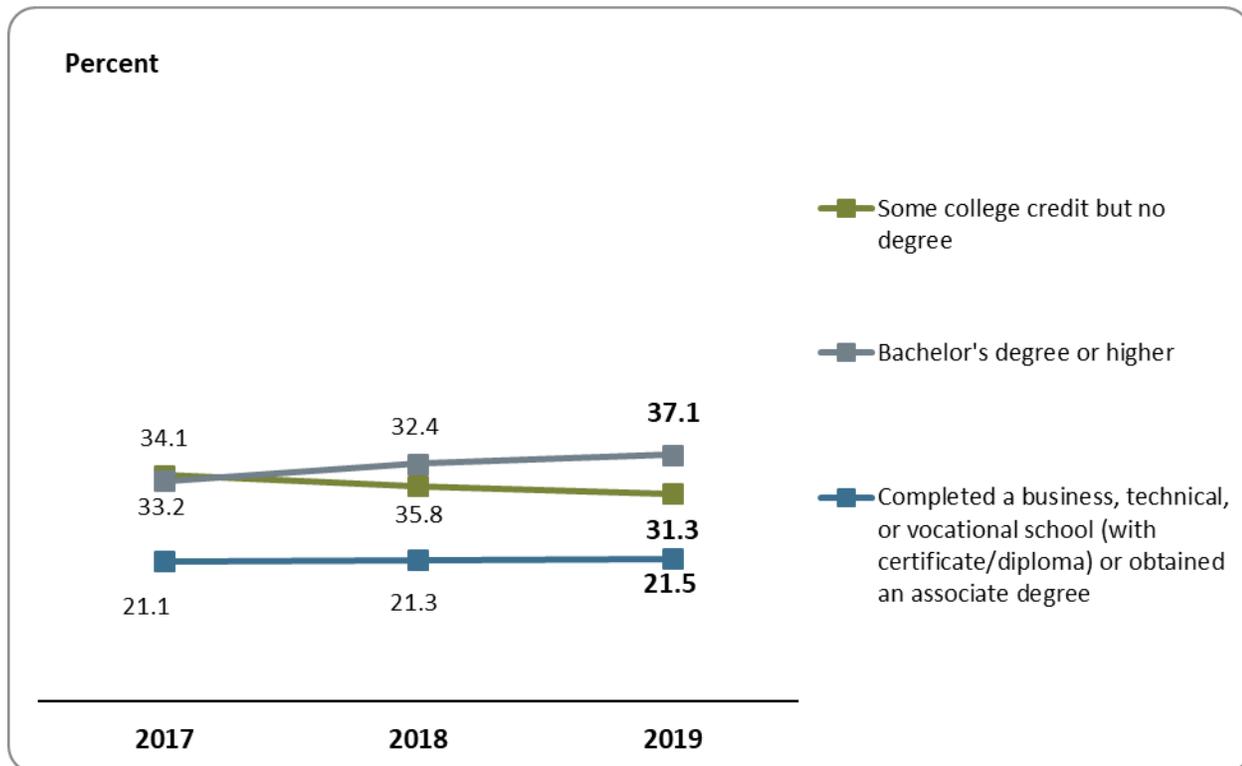
The mean CD-RISC 10 score for WWP warriors is 23.7 (median 23.0). This is much lower than mean scores found for the general U.S. population: 31.8 (Campbell-Sills et al., 2009). However,

we know that individuals with PTSD tend to have a lower CD-RISC score when compared to the general U.S. population.

FINANCIAL WELLNESS

EDUCATIONAL ATTAINMENT. The proportion of warriors with a bachelor’s degree or higher continues to increase as many warriors pursue further education. Figure ES-6 depicts educational attainment among warriors over the past three years.

Figure ES-6. Growth in Educational Attainment



PURSUIT OF MORE EDUCATION. Warriors understand that education is vital to improving their future opportunities and have taken steps to gain additional education. About 1 in 5 warriors (20.3%) are now enrolled in school to pursue the following credentials:

- Bachelor’s degree or higher – 70.7% of enrollees (70.1% in 2018)
- Associate degree – 17.5% (19.2% in 2018)
- Business, technical, or vocational school training leading to a certificate or diploma – 9.1% (8.4% in 2018)

The two primary benefits warriors use to finance their educational pursuits are the same as in 2018: the Post-9/11 GI Bill and the VA’s Vocational Rehabilitation and Employment (VR&E) program. The percentage of warriors who are using the VR&E program to pursue more education (26.3% in 2019 and 27.9% in 2018) has decreased slightly, while the percentage of warriors using the Post-9/11 GI Bill (55.1% in 2019 and 55.8% in 2018) has stayed the same since 2018.

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

- Labor force participation rate – 62.6%
- Percentage of warriors employed full-time – 48.8%
- Percentage of warriors employed part-time – 7.3%
- Percentage of employed warriors who are self-employed – 6.6%
- Unemployment rate – 10.3%
- Unemployment rate for subset of non-active-duty warriors – 11.5%

For warriors who are not in the labor force, the primary reasons include mental health injury (31.4%), physical injury (19.0%), retirement (18.1%), or current enrollment in school or in a training program (11.1%). In addition, 3.4 percent of warriors who are not in the labor force have become too discouraged to continue looking for work, and 3.4 percent have family responsibilities that prevent them from working.

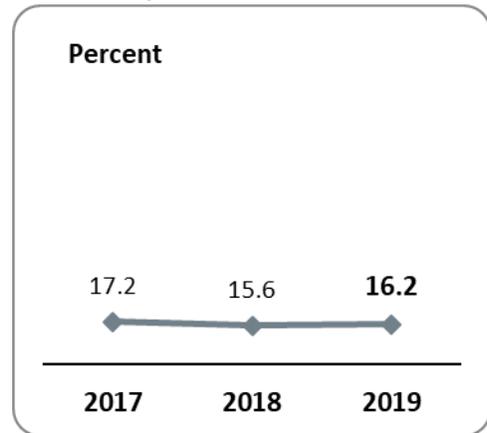
Warriors work in many different industries. Over one in five warriors (22.2%) currently work for the federal government. Slightly fewer warriors (16.2%) work in the military, including those on active duty and those working in other military jobs, which represents a slight increase from last year. Figure ES-7 displays the three-year trend for military employment among warriors.

JOB SATISFACTION. Satisfaction with employment is higher among workers whose employers have an affinity group for veterans or a veteran mentorship program. Of the 25.7% of warriors who work somewhere with such a group or program, 17.1% are totally satisfied with their employment, compared with 8.0% of warriors working without an affinity group or mentorship program.

BARRIERS TO EMPLOYMENT. Many factors make it difficult for warriors to obtain employment or to change jobs if already employed. The order of most common factors has remained the same in 2019, and the percentage estimates are similar to 2018 estimates. The most frequently cited barriers to employment are:

- Mental health issues – 35.0% in 2019 and 33.6% in 2018
- Difficult to be around others – 28.3% in 2019 and 30.1% in 2018
- Psychological distress or hopelessness – 20.4% in 2019 and 20.3% in 2018
- Not physically capable – 19.6% in 2019 and 20.7% in 2018
- Not qualified – lack education – 17.2% in 2019 and 20.3% in 2018

Figure ES-7. Warriors Employed by the Military



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

- Income from work:
 - Less than \$10,000 – 36.8%
 - \$10,000 to \$24,999 – 9.1%
 - \$25,000 to \$39,999 – 12.2%
 - \$40,000 to \$59,999 – 16.5%
 - \$60,000 or more – 20.4%
 - Don't know – 5.1%
- Income from various benefit, cash assistance, and disability programs:
 - Received \$20,000 or more in income from those sources – 45.2%
 - Received no income from those sources – 17.8%

CURRENT LIVING ARRANGEMENT. Home ownership continues to increase. Among warriors, 61.3 percent own homes, with or without a mortgage balance. More than three-fifths (57.1%) currently own their own homes with an outstanding mortgage, continuing a three-year upward trend (Figure ES-8). Around 4.2 percent own their homes with no mortgage balance. More than 1 in 4 warriors (26.3%) rent their homes.

Figure ES-8. Warriors Who Own a Home With a Mortgage



HOMELESSNESS. The percentage of warriors who report being homeless or living in a homeless shelter during the past 24 months has remained steady at 5.3 percent (5.6% in 2018). Of these homeless warriors, 24.6 percent were homeless for less than 30 days, half (50.1%) were homeless for one to six months, 15.5 percent were homeless for seven to 12 months, and 11.1 percent were homeless for 13 to 24 months. Of those who were homeless for at least 30 days, the mean number of days warriors were homeless was 209 (less than seven months). Among those who were homeless, 18.9 percent received government housing assistance. Rates of homelessness were higher among females than males (6.4% vs 5.1%).

MONTHLY DEBT PAYMENTS. Nearly all warriors (97.1%) indicate they have some debt. Among warriors with debt, excluding mortgages on primary residences, about a third (31.2%) pay less than \$1,000 per month on total household debt they owe, and another 36.7 percent make monthly payments ranging from \$1,000 to less than \$2,500 (36.5% in 2018). However, more than half (54.4%) of warriors with debt owe \$20,000 or more, excluding mortgages. The most common forms of debt are car loans and credit card debt.

OVERALL ASSESSMENT OF FINANCIAL STATUS. Warriors were asked whether they would say their financial status (and that of family living with them) is *better now*, the *same*, or *worse* than a year ago. Results show improvements since last year:

- Better now – 29.5% (27.4% in 2018)
- Same – 43.1% (43.4% in 2018)
- Worse – 23.3% (25.3% in 2018)
- Don't know – 4.1% (3.9% in 2018)

Female warriors are more likely than male warriors to say that their financial status is worse than a year ago (28.6% of female vs. 23.4% of male warriors). This financial trend, along with the higher homelessness rate among female warriors, is a growing area of concern.

WARRIOR SUMMARY

The responses from the 2019 Annual Warrior Survey remained relatively consistent over last year. Only 6.5 percent of warriors are on active duty. Almost half of warriors have deployed three times or more during their military career, and most of these deployed warriors (92.5%) did so at least once to a combat area since 9/11. These military duties and combat exposures have resulted in injuries and health problems, both physical and mental, that are having lingering effects. The rates of self-reported mental injuries warriors sustained during their service remain consistently high, and many warriors still face the long-term effects of those injuries. The most common issues reported by warriors remain the same as in recent years: PTSD, sleep problems, depression, and maintaining a healthy weight. Overall, half of warriors report their health as being *excellent*, *very good*, or *good*, but unfortunately, the other half (50%) consider their health to be only *fair* or *poor*. Over 40 percent reported that their current physical health or emotional problems impacts their social activities with their family, friends, and others *all of the time* or *most of the time*. Their decreased health also impacts their employment outlook, as warriors cite mental health issues, difficulty being around others, psychological distress, and not being physically capable as the top barriers to finding employment or changing jobs.

Fortunately, warriors have seen modest economic improvements. More warriors have attained a bachelor's degree or higher (37.1%), and the majority of warriors currently pursuing education are working toward a bachelor's degree or higher (70.7% of enrollees). Homeownership has also continued to increase, with 61.3 percent of warriors owning a home with or without a mortgage balance. Warriors also have a good support system around them as they deal with physical and mental challenges. Almost 80 percent of warriors said there are people in their lives whom they can depend on to help them when they really need it. These family members and caregivers continue to make major sacrifices while supporting the recovery of their warriors. This support system also includes the many WWP programs and services offered to warriors and their family members, including connection-focused events. These events are extremely important to warriors because they provide an opportunity to interact with other veterans who share similar experiences and circumstances. In fact, warriors list interaction with other veterans as one of their top three resources for addressing mental health concerns—along with VA health care and prescription medications. These interactions, along with the many other benefits provided by WWP programs and services, are vital to the rehabilitation and recovery of warriors as they seek to improve their current health, employment, and financial status.

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WOUNDED WARRIOR PROJECT

Wounded Warrior Project® is a nonprofit 501(c)(3) veterans service organization that is transforming the way America's injured veterans are empowered, employed, and engaged in their communities. Because each warrior's path to recovery is unique, WWP serves warriors wherever they are in their journey. The programs and services that WWP provides augment existing resources available at the Department of Defense (DoD), Department of Veterans Affairs (VA), and other agencies and organizations. These services in mental health, physical health, peer connection, career counseling, and financial wellness change lives. Warriors never pay a penny for these services — because they paid their dues on the battlefield.

WWP's direct service programs, advocacy efforts, and collaboration among best-in-practice veteran and military organizations advance WWP's vision: to foster the most successful, well-adjusted generation of wounded service members in our nation's history. WWP's efforts in the legislative arena have led to the creation and passage of legislation that gives veterans and their families the support that they deserve, including the Traumatic Injury Protection Program (TSGLI), which provides much-needed financial support for severely injured service members, and the creation and passage of the Caregiver Legislation (Caregivers and Veterans Omnibus Health Services Act of 2010).

These programs, services, and advocacy efforts are all driven by the greatest needs of warriors – informed by the responses to this survey.

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

WOUNDED WARRIOR PROJECT SURVEY

SURVEY OBJECTIVE

Wounded Warrior Project® designed this survey to assess current warrior demographics, mental and physical well-being, and financial wellness across several outcome domains. WWP maintains a database of the wounded warriors that it serves; eligible warriors include service members and veterans who incurred a physical or mental injury or illness on or after September 11, 2001. WWP has conducted this annual survey since 2010. The first survey was administered to establish baseline data on its warrior membership, and subsequent surveys help to identify trends among WWP warriors and compare their outcomes with those of other military populations. These measures help determine and identify current needs, which WWP uses to inform the programs and services it provides to warriors. The survey is NOT intended to measure the impact of individual WWP programs. Results from the survey represent the WWP warrior population and not the veteran population in general.

SURVEY CONTENT AND DEVELOPMENT

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

- Background Information About WWP Warriors
- Physical and Mental Well-Being
- Financial Wellness

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

Over the years, the survey has been revised to collect information on new topics, to gather more details about a topic already covered in the survey, or to update questions related to WWP programs. New questions were added to the 2019 Annual Warrior Survey about exposure to environmental hazards, prosthetics, number of jobs since leaving the military, video games, physical activity, medical marijuana, and independence. Five new scales and composites were introduced into the 2019 survey. They include the PCL-5, which measures symptoms of PTSD; Two-Item Conjoint Screen for alcohol and drug problems; 2009 California Health Interview Survey dietary screener which indicates fruit and vegetable consumption; Global Physical Activity Questionnaire which indicates amount of physical activity; and Pittsburgh Sleep Quality Index, which assesses sleep quality. In addition, a module design was used to reduce the burden of the survey by 25 percent.

WEB INSTRUMENT. The web instrument was pretested across Windows platforms, multiple browsers (Internet Explorer, Edge, Firefox, Safari, and Chrome), iOS and Android mobile devices, and popular screen resolution settings in order to increase survey participation by minimizing access issues.

2019 SURVEY ADMINISTRATION

Westat administered the web survey to 109,969 warriors in WWP's member database as of February 2019 (up from 98,055 warriors in 2018). Data collection continued for eight weeks from March 26 to May 22, 2019. All communications with the wounded warriors were via email and included a prenotification, survey invitation, and nine reminder emails. Reminder emails were only sent to survey nonrespondents. As an incentive to promote higher survey response, those who answered and submitted the survey were offered a WWP Warrior Tactical Patch. Nonmonetary incentives such as tumbler cups, drawstring packs, flashlights, key rings, and Swiss Army multi tools have been offered to survey participants since 2011.

The final response rate for 2019 was **32.7** percent (35,908 completed surveys among 109,968 eligible warriors in the survey population), compared with 33.7 percent in 2018 and 37.5 percent in 2017. Appendix A includes more details on survey methods and administration. Westat's WWP Survey Help Center provided technical assistance by phone and email to sample members throughout data collection.

CAREGIVER ASSISTANCE WITH SURVEY. The survey instructions indicated that a family member or caregiver could assist warriors with completing the web survey if needed. Almost 500 caregivers (n=495; 0.5%) reported that they completed the survey for their wounded warriors, and 8,107 caregivers (9.0%) helped warriors complete the 2019 survey.

2019 REPORTED DATA

WWP SURVEY. The estimates provided in the findings section of this 2019 report, including estimates that appear in the executive summary, are based on weighted data, unless specified otherwise. The survey results were adjusted to reduce bias in survey estimates that might occur due to survey nonresponse. Such bias is likely to occur if there is a relationship between response propensity and the survey data. For example, if employment status of nonrespondents was systematically different from the employment status of respondents, this difference could have introduced bias.

When calculating weights, statisticians need information about both respondents and nonrespondents to determine if the characteristics of respondents are different from those of nonrespondents. Since 2013, there has been sufficient information in the WWP warrior database on military status (active duty versus not active duty), age, and geographic region to use those variables to adjust the collected survey data for survey nonresponse. More details on the weighting process used for the 2019 survey are included in Appendix A.

The data set used for analysis includes data for the 35,908 warriors who completed a survey. For a survey to be considered "complete," the respondent had to answer at least 11 of the 22 core demographic questions. Survey responses with some answers but not enough to be considered complete are considered a "partial" and were excluded from the analysis. Core questions were those that all warriors had a chance to answer (i.e., they were not prevented from answering them because of programmed skips). The core item rules were relaxed in 2019 because modules were used and not all the survey questions were asked. (Additional information on core items is located in Appendix A.) As a result, a slightly higher number of records met the completion criteria, and fewer records were excluded.

Whenever percentages were calculated, missing responses were removed from the denominators. Denominators thus vary across questions because warriors could choose to skip any questions they did not want to answer. Missing responses also include items that were skipped according to questionnaire programming. In addition, there may be slight differences (about 0.1 or 0.2 percentage points) due to rounding between estimated percentages for *combined* response options presented in the text and response percentages that appear in the figures.

The estimated data we report represent the findings for WWP warriors surveyed in 2019, 2018, and 2017. Most, but not all, figures and tables include data for all three years.

Please note that the sample sizes have increased each year. The 2019 survey population (109,968) was larger than in 2018 (98,055) and 2017 (92,853).

In the text, we highlight changes of about 5 percentage points or more between the 2019 and 2018 survey estimates, as well as some patterns of change since 2017 and other notable changes in the estimates for WWP priorities. The data reflect the physical and mental well-being, as well as the economic well-being and demographic characteristics, of WWP warriors in each year. As noted, WWP uses findings from the yearly data when developing and improving its strategic plan for WWP programs and services for warriors and their family members.

U.S. BUREAU OF LABOR STATISTICS COMPARISON DATA. The U.S. Bureau of Labor Statistics (BLS) collects data on veterans as part of the Current Population Survey (CPS) — a monthly survey of about 60,000 households — as well as through a monthly supplement on special topics, such as veterans with disabilities. The supplement is administered annually in August. Veterans are identified in the BLS data and reports by their service period. In various sections of this report, we include 2018 BLS data on Gulf War II-era veterans — defined as those who have served in the military since September 2001 — as well as some BLS comparison data for all veterans and nonveterans. Veterans who served in more than one service period are classified in the most recent one. Please note that the WWP survey population includes not just veterans, but also active duty service members (6.5% in 2019) who have been injured during military service since September 11, 2001. This difference in survey populations should be kept in mind when comparing results with the BLS data, noting that the WWP population is a subpopulation of all post-9/11 veterans.

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

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

RAND and Boston University provided information on the scales used in the WWP survey, including instructions or programming code for calculating scores, and provided information on sources of comparison data. Citations and references are included for sources of comparison data, which also provide information about study populations and sampling/research methods.

ORGANIZATION OF REPORT FINDINGS

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

Warrior Background Information

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

Physical and Mental Well-Being

- Mental Health and Daily Activities
- Physical Health and Daily Activities
- Health-Related Matters
- Access to Health Care Services
- Social Support
- Resilience and Attitudes

Financial Wellness

- Education
- Employment and Unemployment Status
- Income
- Living Situation
- Debt
- Financial Management
- Overall Assessment of Financial Status

Conclusions

Major Themes in Survey Comments

Appendix

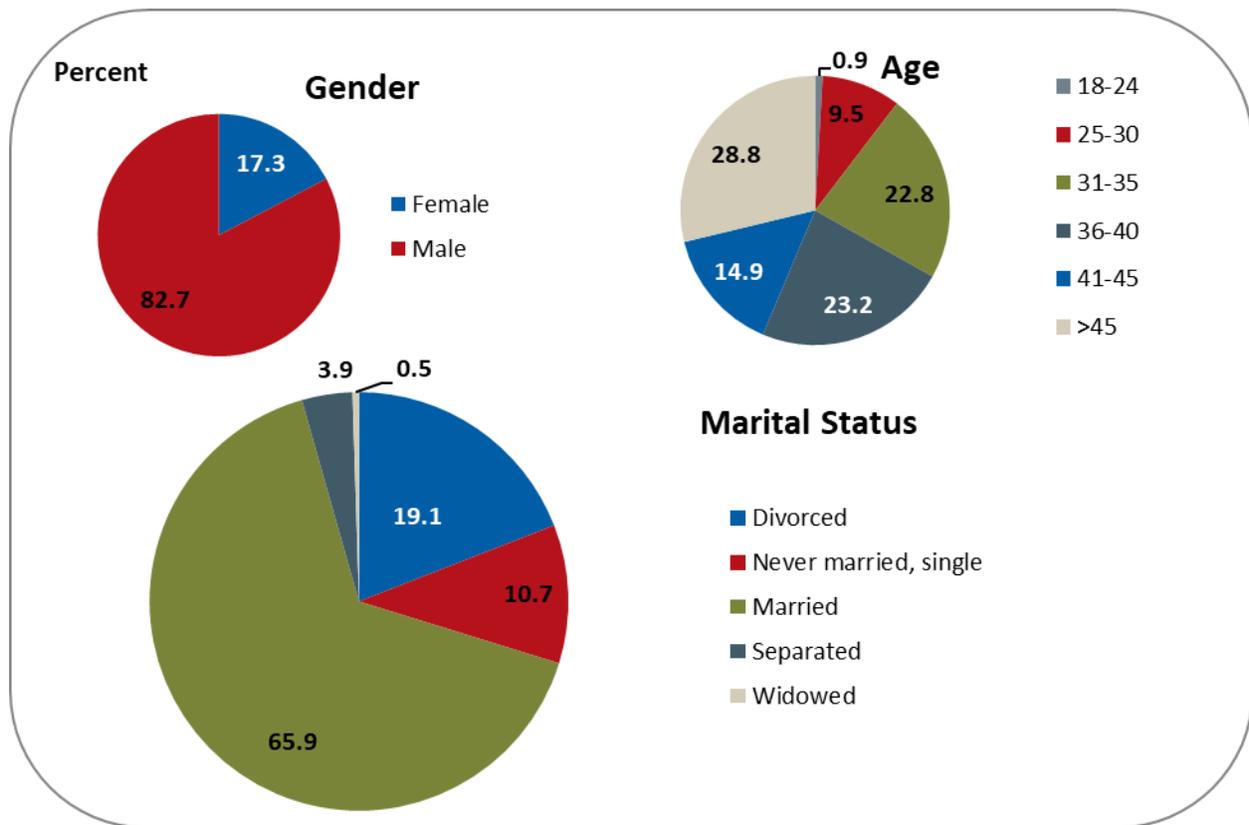
- Appendix A: Survey Methods and Administration Details

WARRIOR BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE

GENDER, AGE, MARITAL STATUS. The 2019 demographic profile for warriors is similar to the 2018 and 2017 profiles. Most warriors are male (82.7%), and the majority of warriors are also currently married (65.9%) (Figure 1). Their mean age is 42.0 years old (39.7 years old in 2018), with the largest age group being 45 years old or older (28.8%). Approximately 33.2% of WWP warriors are 35 years old or younger.

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



BLS, Current Population Survey, Annual Averages 2018

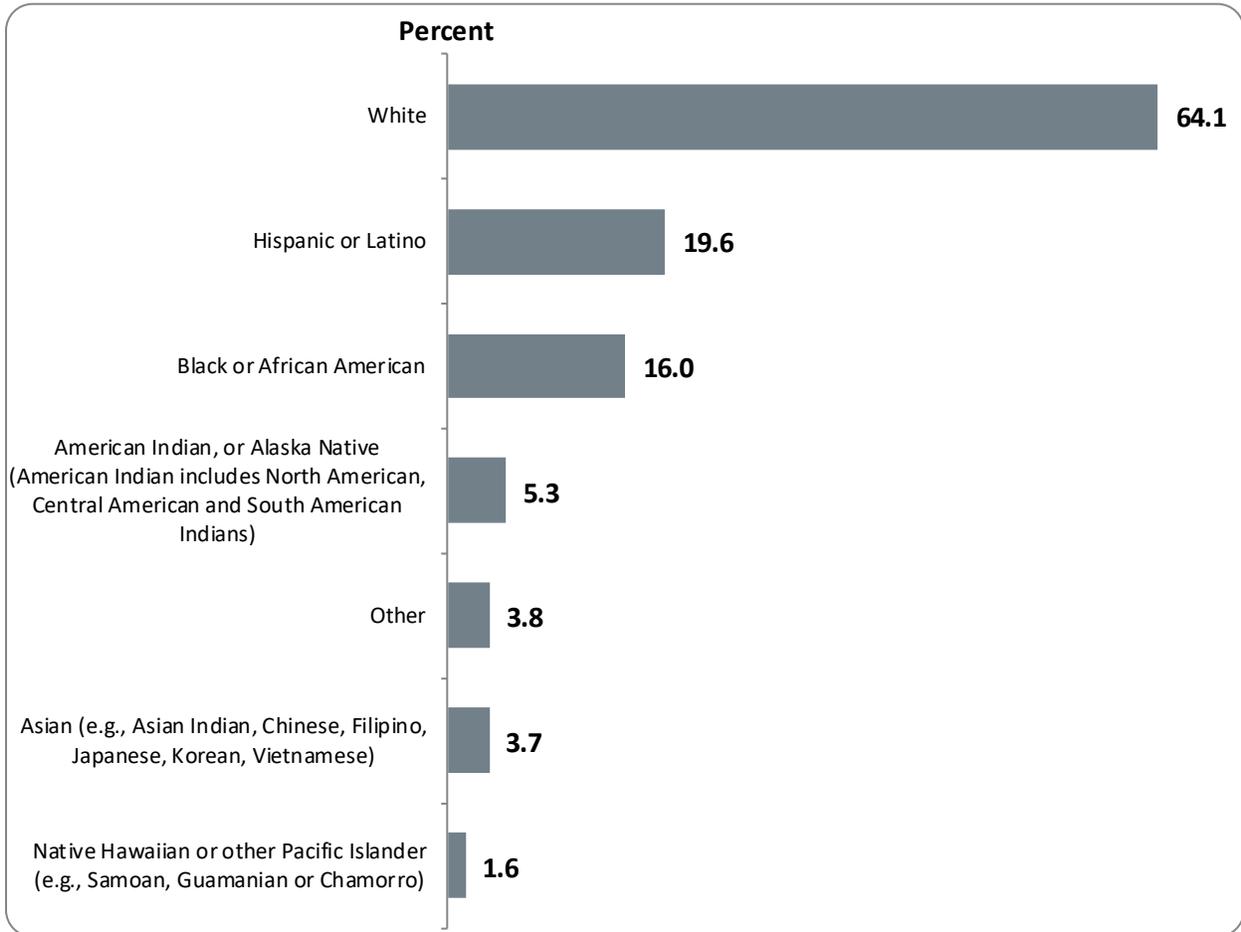
Gulf War II-era veterans: Served since September 2001

- 83.0 percent are male and
- 45.6 percent are younger than 35 years old

Source: August 2018 Veterans Supplement (BLS, March 2019, USDL-19-0451); Tables 1 and 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>.

RACE/ETHNICITY. Most warriors are white (64.1%; Figure 2). Eleven percent of warriors (11.2%) reported more than one race/ethnicity category.

Figure 2. Warrior Breakout by Race/Hispanic Ethnicity



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

BLS, Current Population Survey, Annual Averages 2018

Gulf War II-era veterans: Served since September 2001

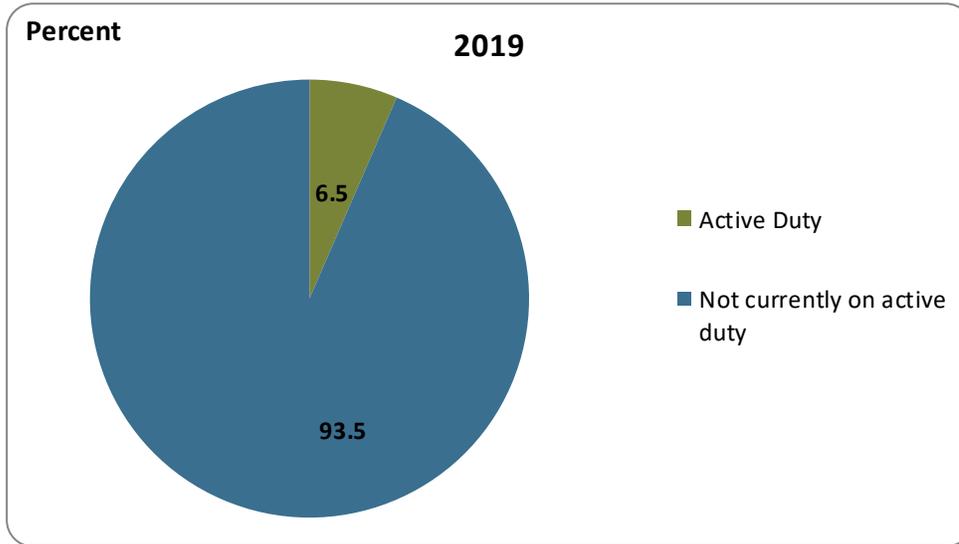
- 76.7 percent—White
- 15.9 percent—Black
- 12.9 percent—Hispanic

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>)

MILITARY DUTY STATUS. The proportion of active duty service members among warriors is about the same as 2018, though it has been declining over the years — 6.5 percent in 2019 (Figure 3), compared with 6.4 percent in 2018 and 7.3 percent in 2017. This decrease should be expected, as deployment to combat operations continues to decline across the Armed Forces, and thus combat-related injuries and illnesses among active duty service members continue to decline as well.

Figure 3. Distribution of Warriors by Active Duty Status



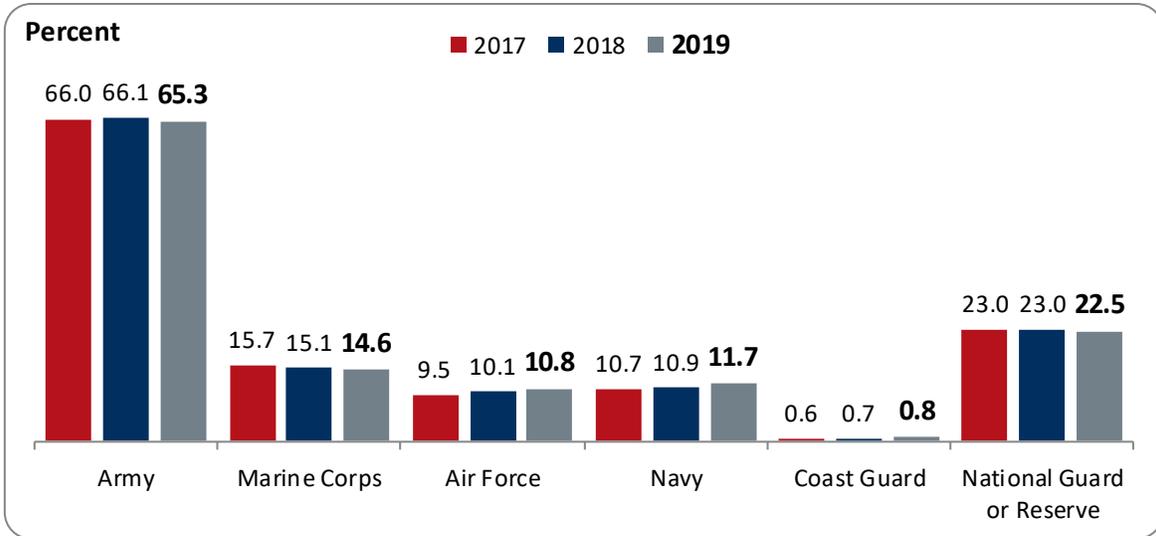
More than half of 2019 warriors (54.1%) who are not on full-time active duty last served on active duty in or before 2012. The percentages per year for the year warriors last served were highest for 2012 (9.2%), 2013 (10.5%), and 2014 (10.1%).

Among those currently on active duty, 71.2 percent are active duty service members and 28.8 percent are activated National Guard or Reserve members. Among those not currently on active duty, 5.0 percent are members of the National Guard or Reserve. Warriors not on active duty and not members of the National Guard or Reserve reported their status as follows:

- Separated or discharged – 41.8%
- Retired for medical reasons – 41.9%
- Retired for nonmedical reasons – 16.4%

SERVICE BRANCH. Two-thirds of warriors (65.3%) have served in the Army and 14.6 percent in the Marine Corps (Figure 4). More than one in five warriors (22.5%) have served in the National Guard or Reserves. In addition, 22.9 percent of warriors have served in more than one branch or component of the armed forces.

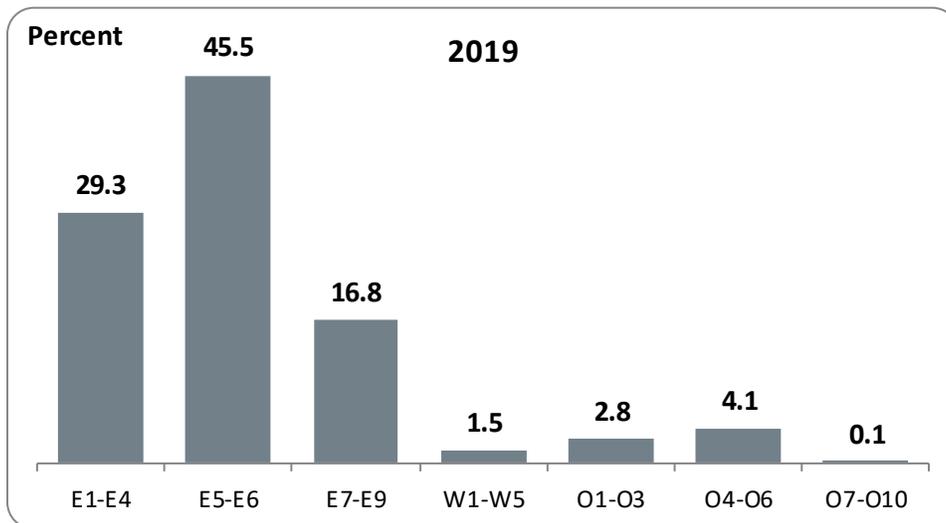
Figure 4. Distribution of Warriors by Service or Reserve Component



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

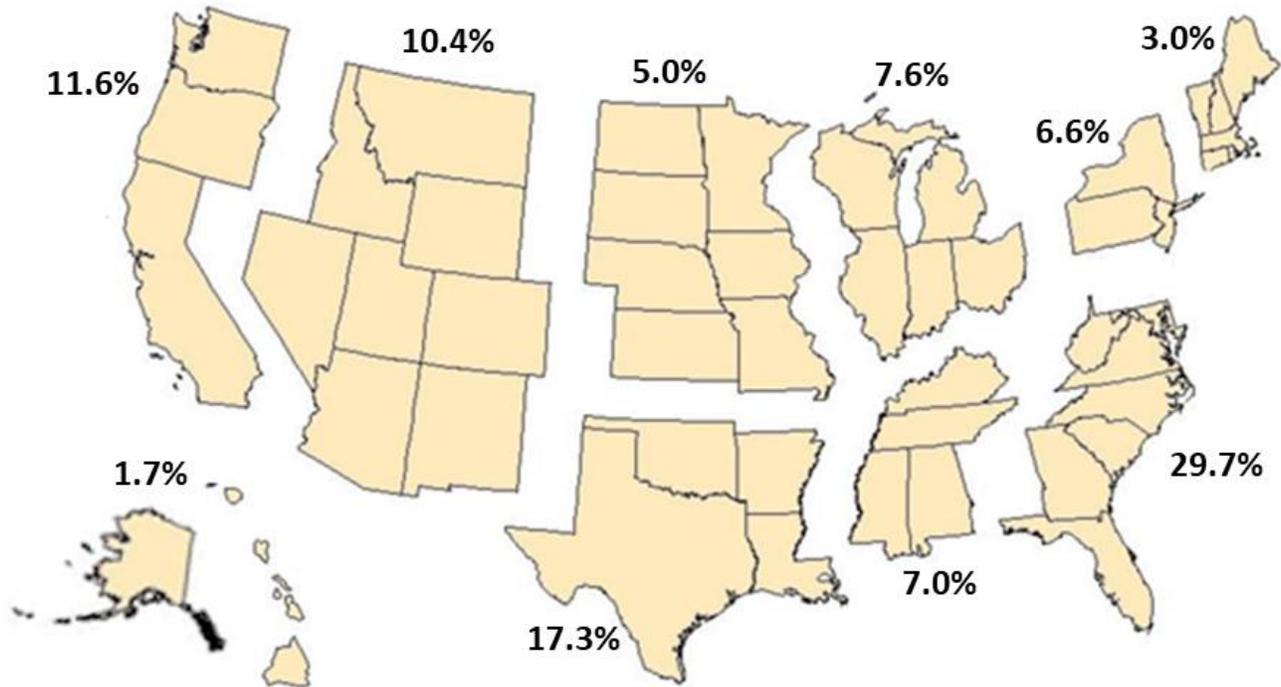
HIGHEST PAY GRADE. Highest pay grades achieved by WWP warriors indicate that most are/were enlisted personnel (91.6%), including 62.3 percent with the equivalent rank of sergeant or above (E5–E9). Only 1 percent (1.5%) of warriors obtained the rank of warrant officer, and 7.0 percent are/were commissioned officers (Figure 5).

Figure 5. Highest Pay Grade Attained



GEOGRAPHIC RESIDENCE. Almost a third of wounded warriors (29.7%) live in the South Atlantic region (Delaware, Maryland, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, and the District of Columbia), 17.3 percent live in the West South Central region (Arkansas, Louisiana, Oklahoma, and Texas), 11.6 percent live in the West North Central region (California, Oregon, and Washington), 10.4 percent live in the West South Central region (Arkansas, Louisiana, Oklahoma, and Texas), 11.6 percent live in the West North Central region (California, Oregon, and Washington), 17.3 percent live in the West South Central region (Arkansas, Louisiana, Oklahoma, and Texas), 11.6 percent live in the West North Central region (California, Oregon, and Washington), and 10.4 percent live in the West South Central region (Arkansas, Louisiana, Oklahoma, and Texas).

Figure 6. Regional Distribution (%) of 2019 WWP Warriors



Most of the 10 states with the highest numbers of WWP warriors according to survey responses were the same as in 2018, however, Tennessee replaced New York at number 10 (Table 1). More than half (56.8%) of warriors currently reside in these 10 states.

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

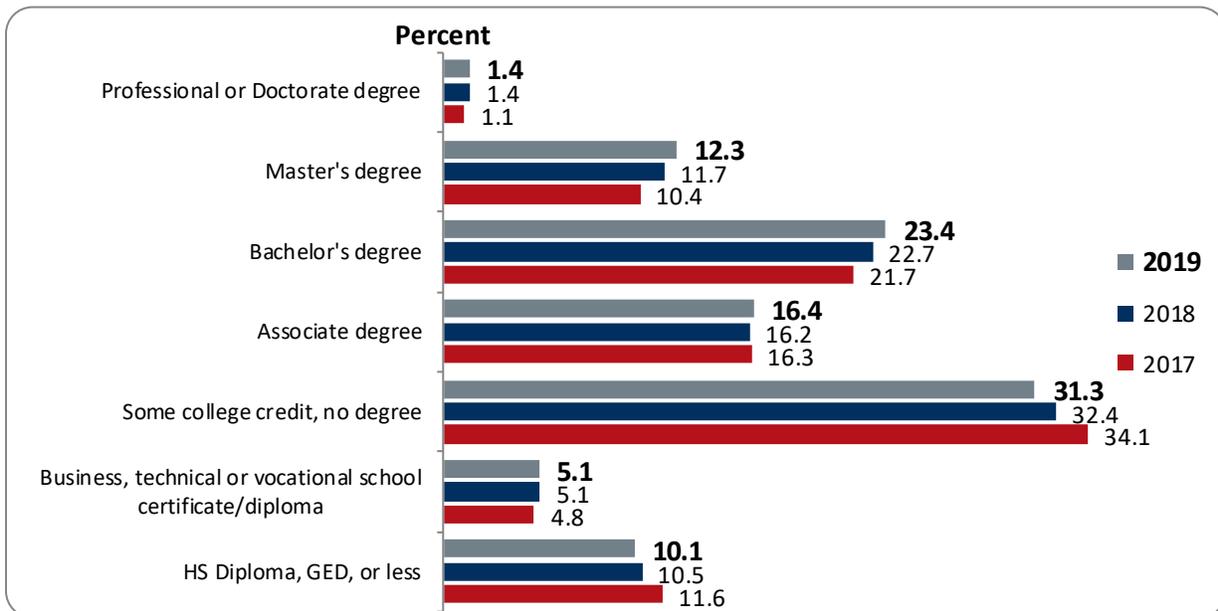
State	2019 Count	2018 Count
1. Texas	14,841	12,648
2. Florida	10,121	8,844
3. California	8,163	6,936
4. North Carolina	5,904	5,249
5. Georgia	5,360	4,699
6. Virginia	4,833	4,127
7. Colorado	3,777	3,279
8. Arizona	3,425	3,132
9. Washington	3,063	3,127
10. Tennessee	3,062	2,867

EDUCATION. Current level of educational attainment varies among warriors, with the largest group having some college credit, but no degree (31.3%; Figure 7). Other groups include:

- Associate degree or some college – 47.7%
- Bachelor’s, Master’s, or Professional/Doctorate degree – 37.1%
- No college credit – 15.2% (but 5.1% of these have a business, technical, or vocational school certificate/diploma)

The 2019 results are similar to those in 2018 and 2017; however, the percentage of warriors with a bachelor’s degree or higher has continued to increase since 2017 as warriors continue to pursue further education.

Figure 7. Highest Degree or Level of School Completed



BLS, Current Population Survey, Annual Averages 2018

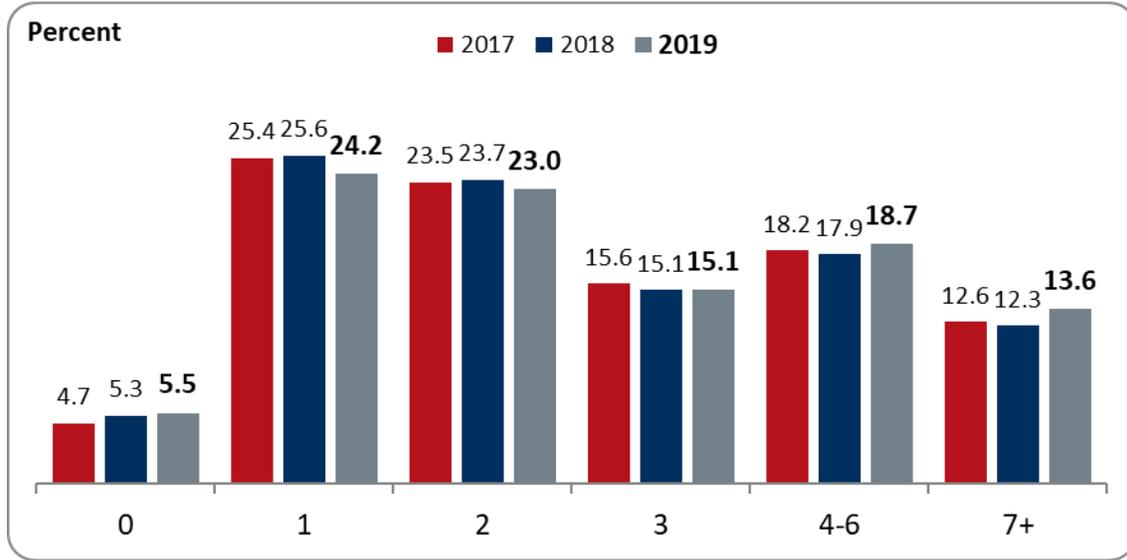
Gulf War II-era veterans (25 years and over): Served since September 2001

- 38.2 percent—Bachelor’s degree or higher (nonveterans: 35.6%)
- 39.5 percent—Associate degree or some college (nonveterans: 25.4%)
- 22.2 percent—No college credit — had a high school diploma, GED, or less (nonveterans: 10.6%)

MILITARY SERVICE EXPERIENCES

TOTAL NUMBER OF DEPLOYMENTS. Nearly half of warriors (47.3%) have deployed three or more times (includes training deployments), compared with 45.4 percent in 2018. Slightly less than half of warriors (47.1%) have deployed once or twice, and 5.5 percent have never deployed (Figure 8).

Figure 8. Number of Deployments

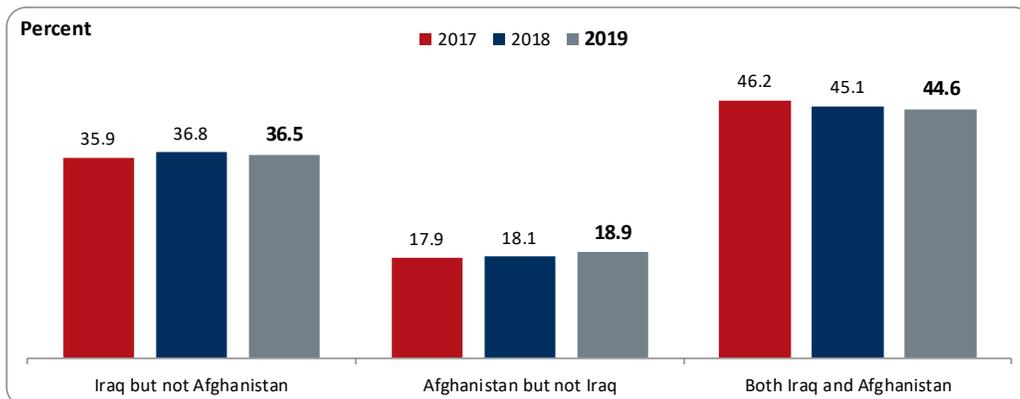


Most warriors who were deployed have deployed to a combat area (92.5%). They were asked how many of their deployments were to Iraq, Afghanistan, and other combat areas. The majority of those deploying to each of those areas did so once or twice:

- Iraq: once – 55.3%; twice – 29.8%
- Afghanistan: once – 71.8%; twice – 20.2%
- Other combat areas: once – 59.8%; twice – 21.1%

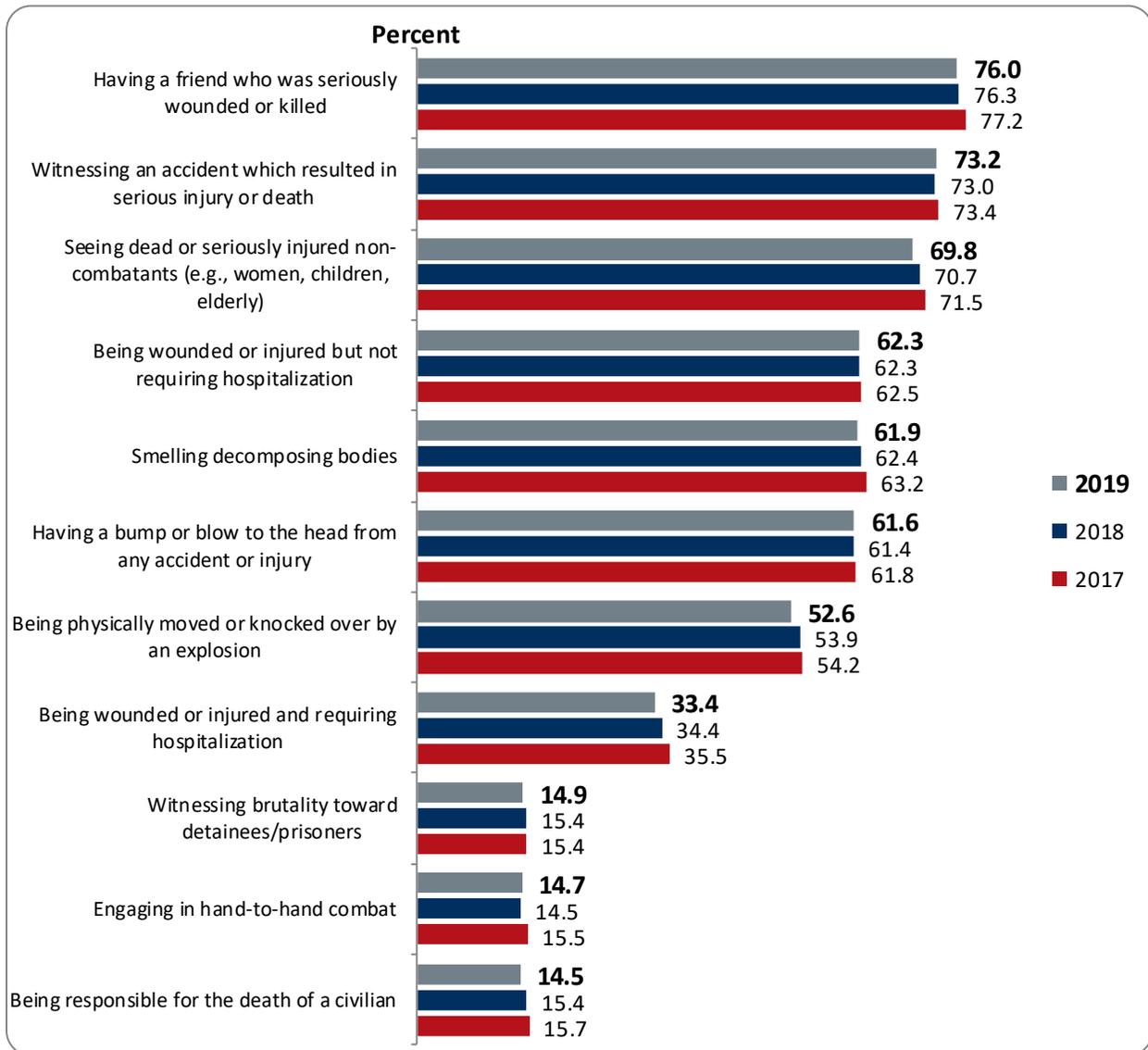
Among warriors deployed to Iraq but not Afghanistan, Afghanistan but not Iraq, or to both countries, the highest 2019 percentage for the three options was “both countries” (44.6%; Figure 9).

Figure 9. Percentages of Warriors Deployed to Iraq and Afghanistan



EXPERIENCES DURING DEPLOYMENT. After September 11, 2001, deployed warriors experienced or witnessed many potentially traumatic events. Among the 94.2 percent who experienced or witnessed at least one of the 11 situations described in Figure 10, more than half (51.5%) had experienced six or more of the situations. The results for 2019 are similar to those for 2018, although percentages are decreasing.

Figure 10. Experiences During Post-9/11 Deployments



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

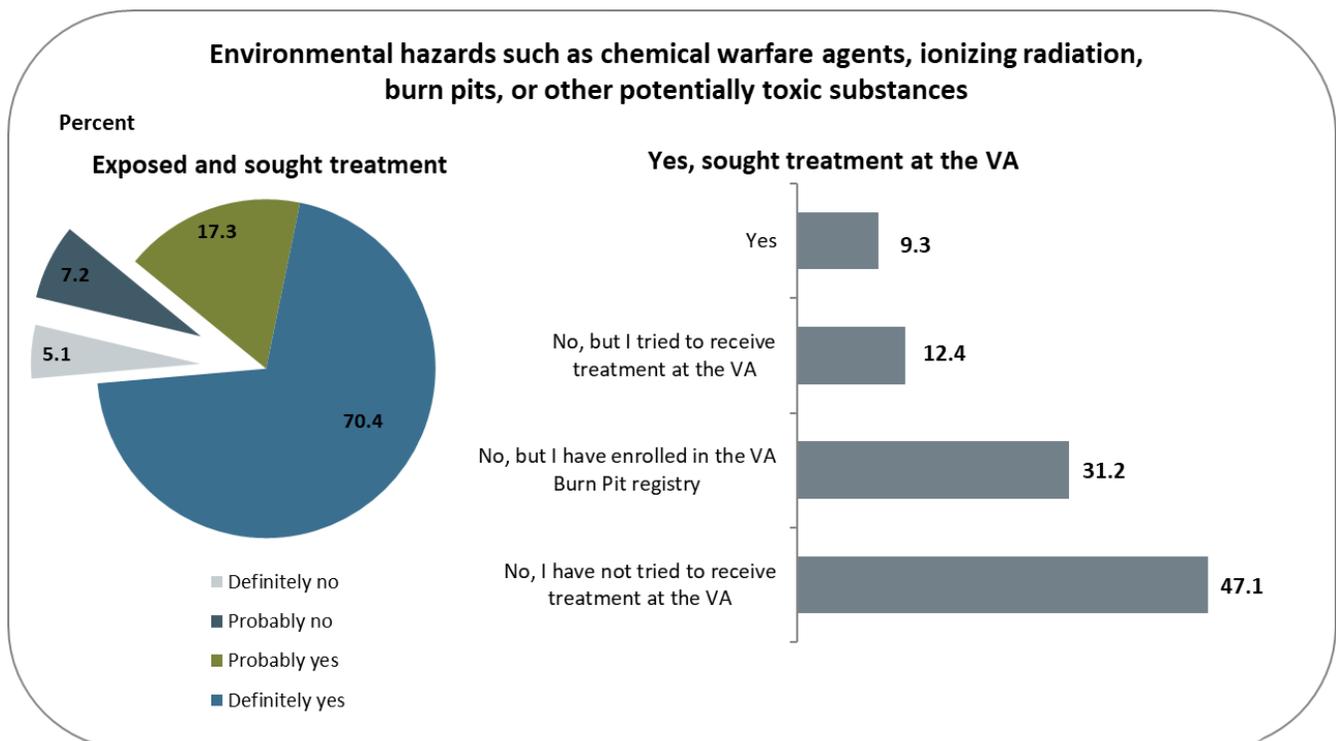
- Having a friend who was seriously wounded or killed – 49.6%
- Witnessing an accident resulting in serious injury or death – 45.0%

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

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

A new question in 2019 asked warriors if they were exposed to environmental hazards such as chemical warfare agents, ionizing radiation, burn pits, or other potentially toxic substances during their military service. A majority (70.4%; Figure 11) of warriors reported they definitely had been exposed to hazardous chemicals. However, only 9.3 percent said they had received treatment for their exposure at the VA. Slightly more than thirty percent (31.2%) are enrolled in the VA Burn Pit registry. Warriors indicating *Probably yes* or *Definitely yes* to exposure to environmental hazards during military service were more likely to rate their health as *Poor* or *Fair* (89.8%) than warriors who rated their health as *Very good* or *Excellent* (81.9%).

Figure 11: Environmental Hazards Exposure and Treatment



INJURIES

INJURIES AND HEALTH PROBLEMS EXPERIENCED DURING MILITARY SERVICE. The list of severe injuries and health problems, including physical injuries that warriors experienced during their service after September 11, 2001, is displayed in Figure 12.

Nearly all warriors experienced at least one severe injury or health problem during their post-9/11 military service, and multiple injuries were common. Among those with injuries or health problems, more than three-fourths (79.3%) experienced between four and 12 severe injuries or health problems.

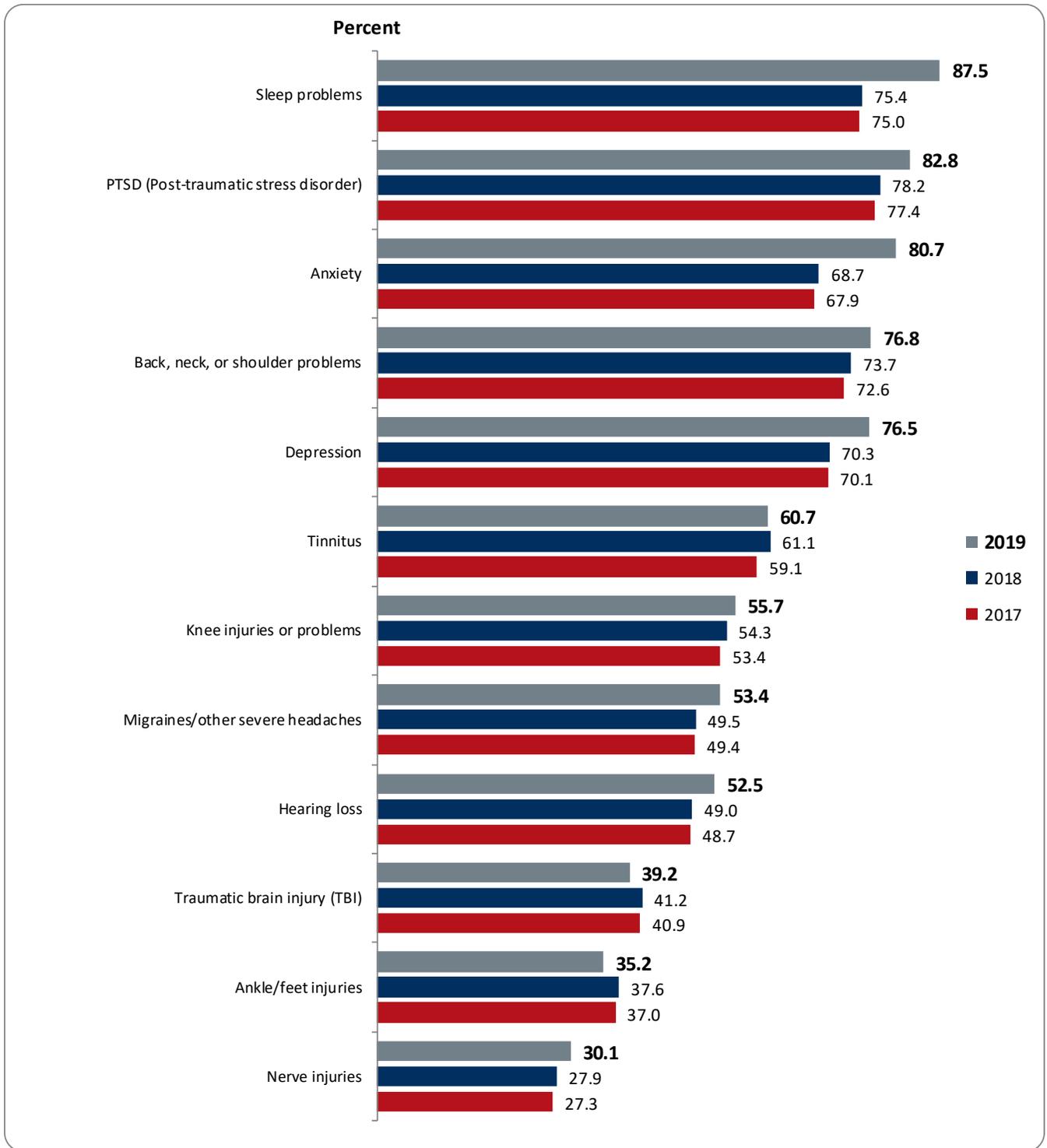
Almost two-thirds of warriors (63.2%) who have had an amputation have a prosthesis. Approximately 1.3 percent of warriors indicated that they had an amputation while serving, or as a result of serving, in the military. Warriors most commonly have their prosthetic work done at VA Medical Centers only (32.3%), and an additional sixteen percent (15.7%) have their prosthetic work done at Department of Defense facilities only. Approximately thirty percent (31.5%) of warriors get their prosthetic work done at another place.

Self-reported post-traumatic stress disorder continues to rank high on the list of health problems experienced by warriors (82.8%). That condition is likely associated with the high percentage of warriors who report sleep problems (87.5%). Delayed-onset PTSD has also been diagnosed among veterans, even years after exposure to traumatic events, and may also be a factor in the high rates of PTSD that are still being reported by warriors who may be 10–15 years removed from combat. The percentage of warriors who reported coping with anxiety increased in 2019 (80.7% in 2019, 68.7% in 2018, and 67.9% in 2017). This change could be attributed to changes in the way this question is presented in the web survey — in past years, all health problems were listed in one column; this year, there was one column displaying physical health problems and a second column displaying mental health issues. The percentage of warriors suffering from depression has also remained high and fairly stable (76.5% in 2019, 70.3% in 2018, and 70.1% in 2017). Nearly 40 percent of warriors continue to report traumatic brain injury (39.2% in 2019, 41.2% in 2018 and 40.9% in 2017).

Many warriors experienced severe physical injuries and health problems during their military service after September 11, 2001. As in 2018, relatively high percentages experienced back, neck, or shoulder problems (76.8%); tinnitus (60.7%) and hearing loss (52.5%); knee injuries or problems (55.7%); and migraine/other severe headaches (53.4%).

Military sexual trauma (MST) was reported by 10.4 percent of warriors. Among female warriors, 44.4 percent experienced MST, compared with 3.3 percent of male warriors.

Figure 12. Injuries and Health Problems During Military Service Since 9/11



(Continues on next page)

Figure 12. Injuries and Health Problems During Military Service Since 9/11 (continued)

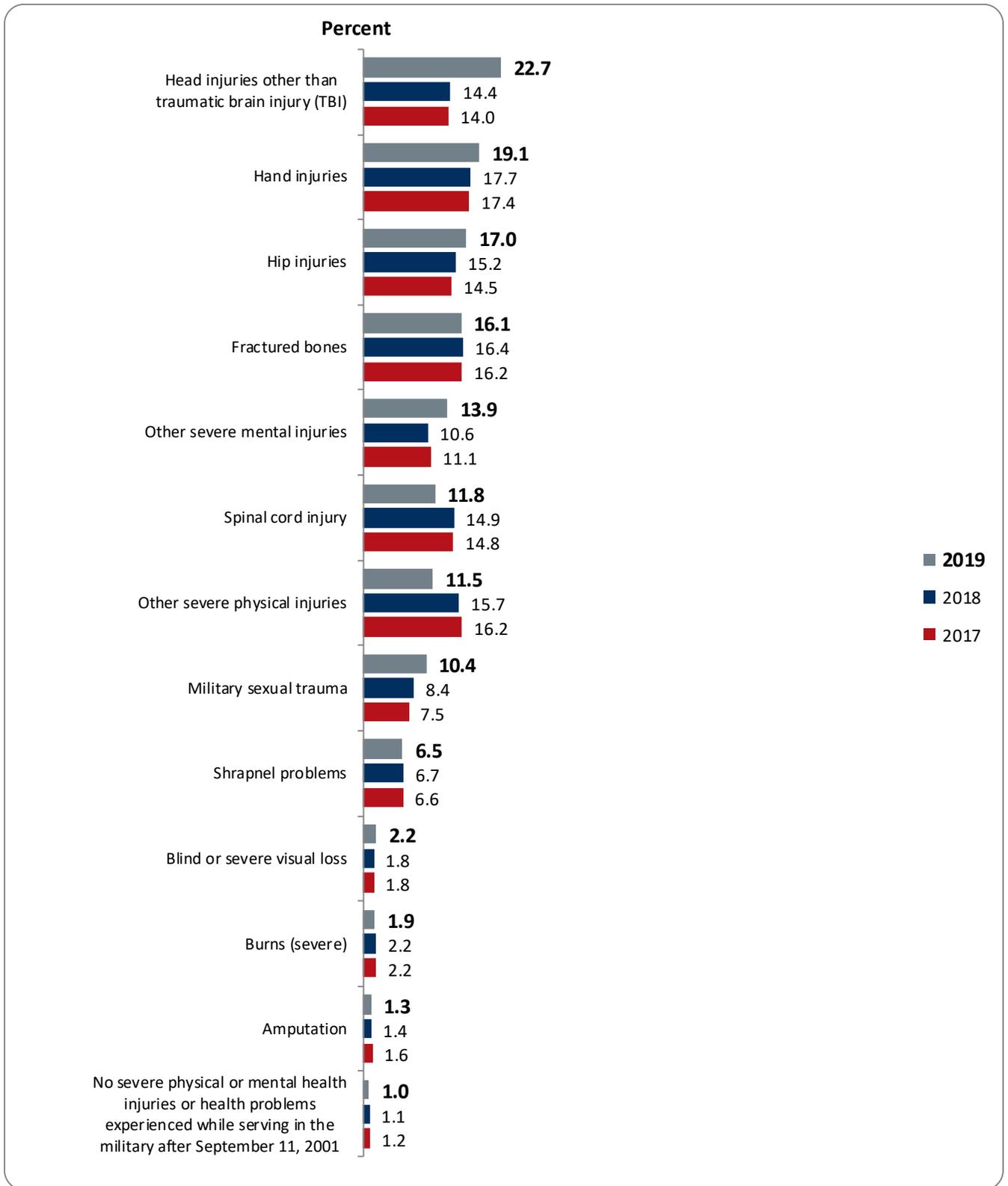
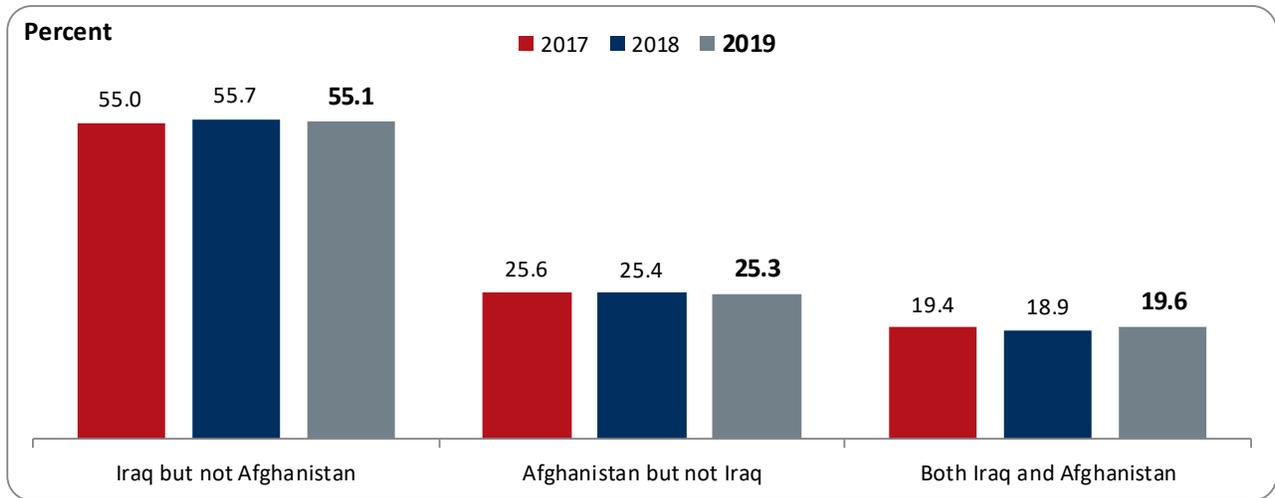


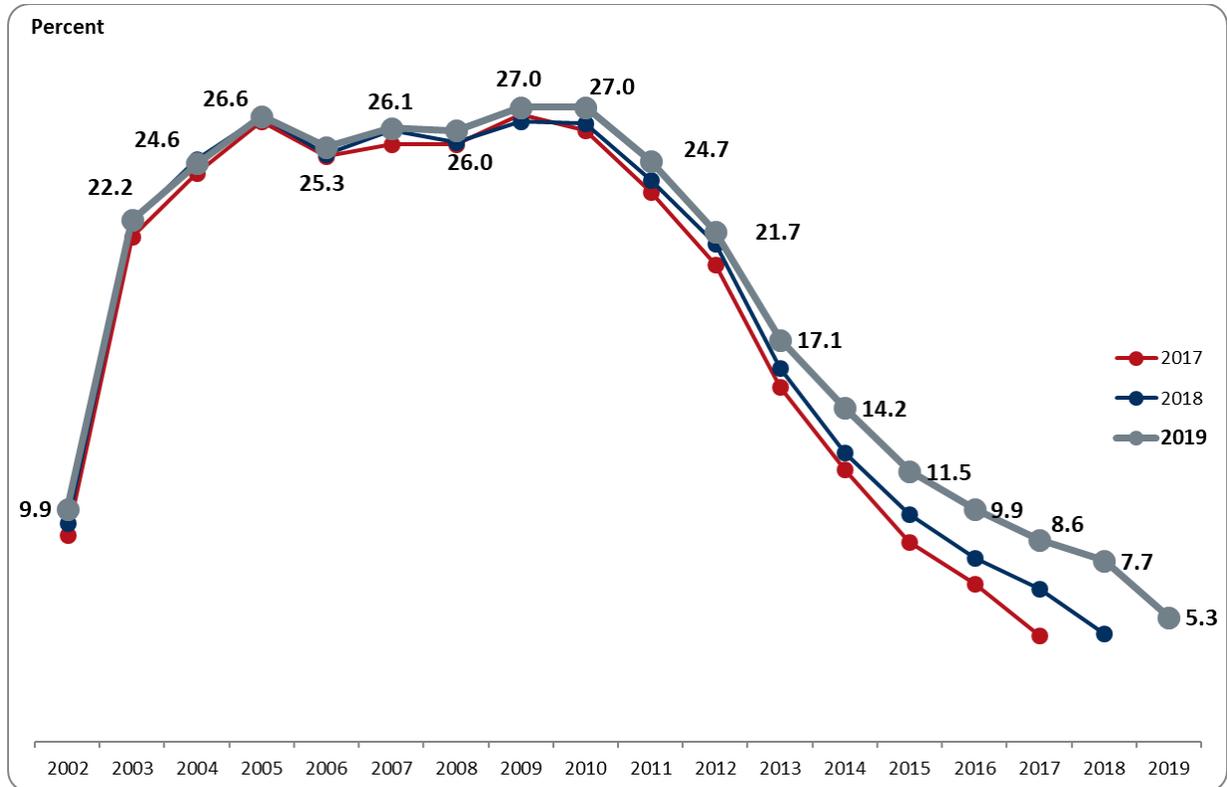
Figure 13 displays the percentage of warriors who experienced injuries or health problems in Iraq but not Afghanistan, Afghanistan but not Iraq, and both Iraq and Afghanistan. These rates have remained the same for a number of years.

Figure 13. Place Where Injury or Health Problem Was Experienced



Warriors were also asked to indicate the years in which they sustained their injuries or health problems. Warriors most commonly reported sustaining injuries from 2005 through 2010 (Figure 14). More than 7 in 10 warriors with injuries sustained injuries in multiple years (73.5%).

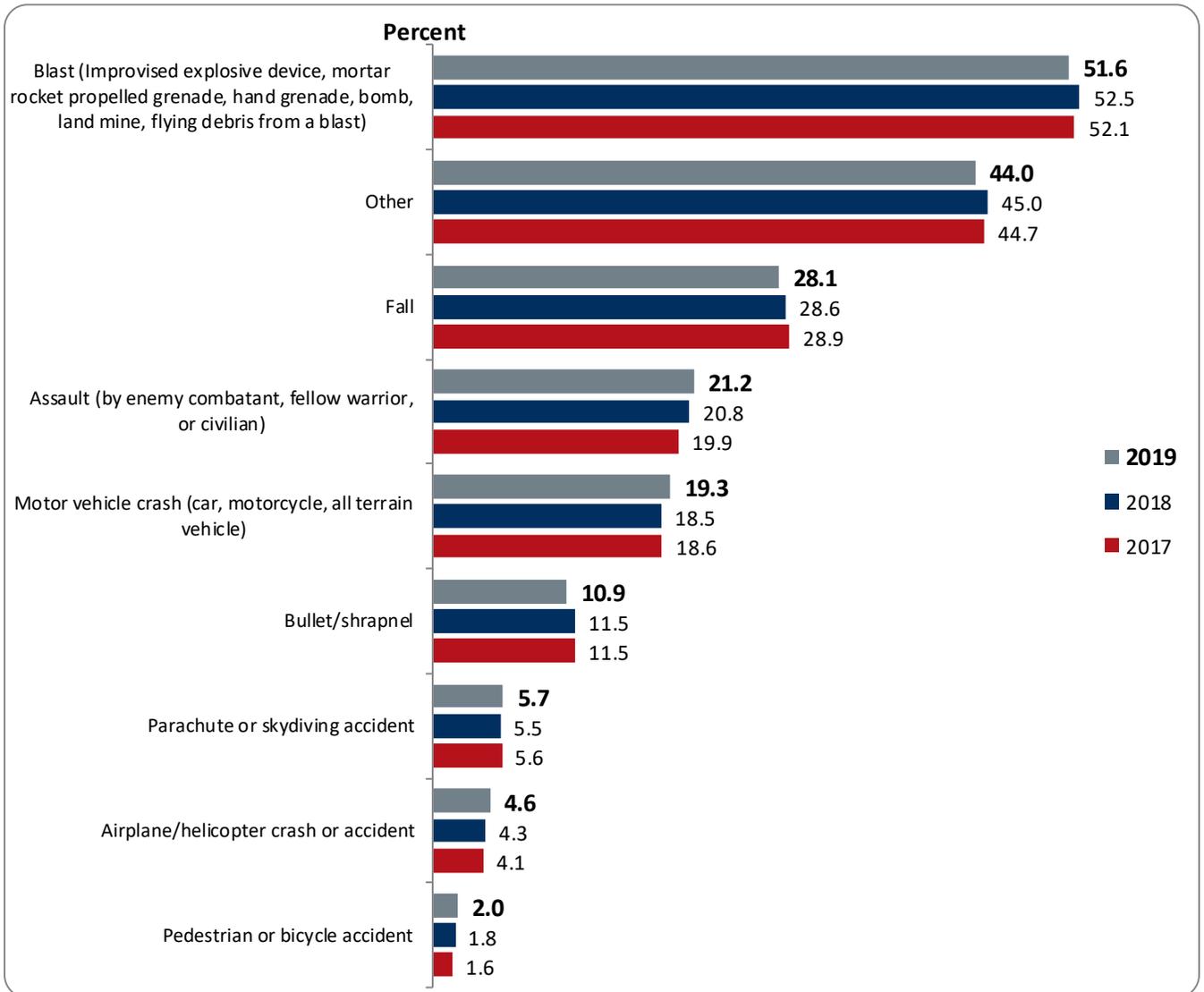
Figure 14. Year(s) Sustained Injury



NOTE: Values for data points only reflect 2019 responses. Percentages do not sum to 100% because warriors could mark more than one year of injury.

As in the previous two years, blasts were the most common cause of injury/health problems among warriors (51.6%), followed by other causes (44.0%), and falls were next in prevalence (28.1%; Figure 15). Most warriors experienced one or two causes of their injuries (77.1%). Another 15.4 percent of warriors experienced three causes.

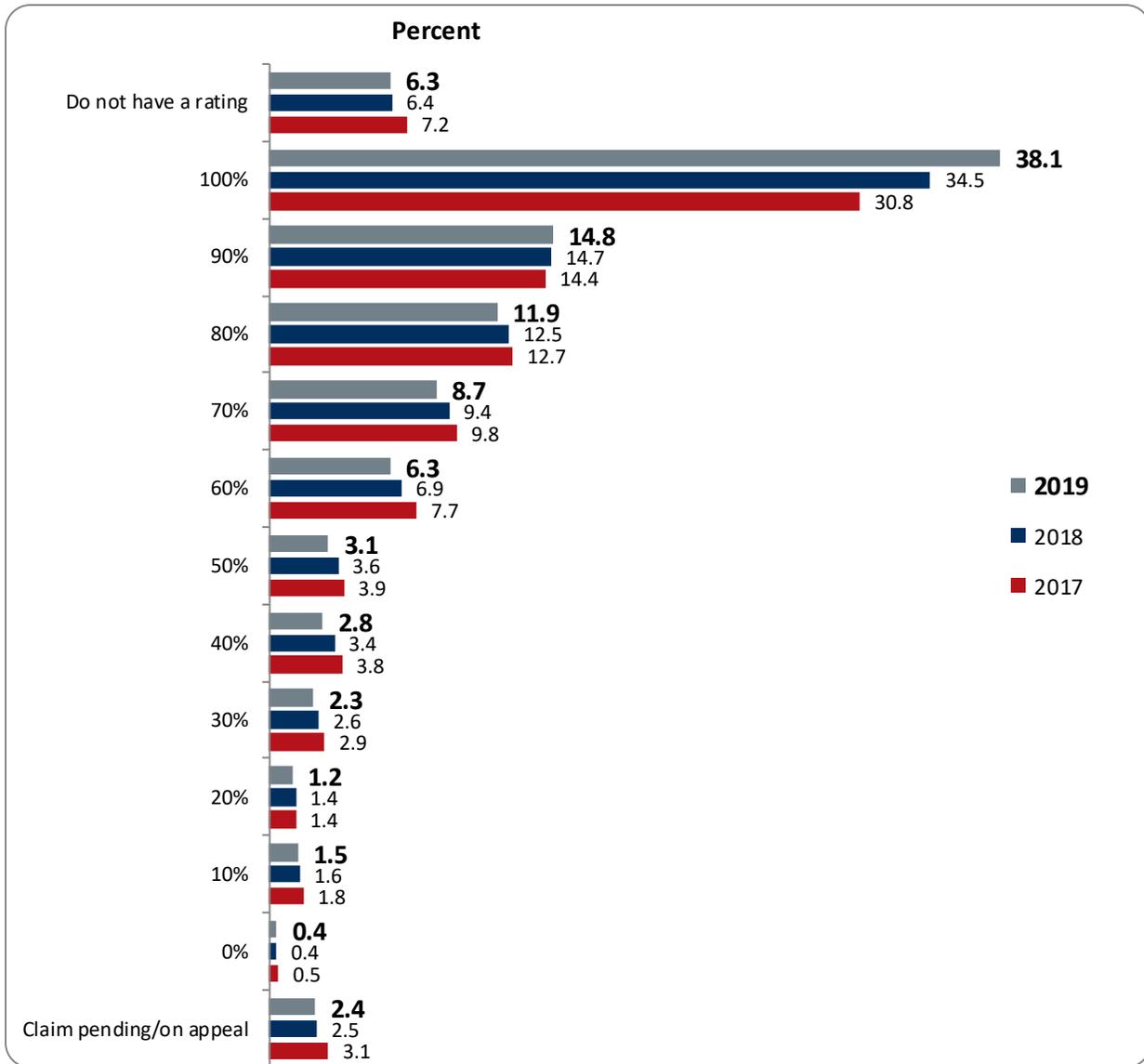
Figure 15. Causes of Injuries/Health Problems



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

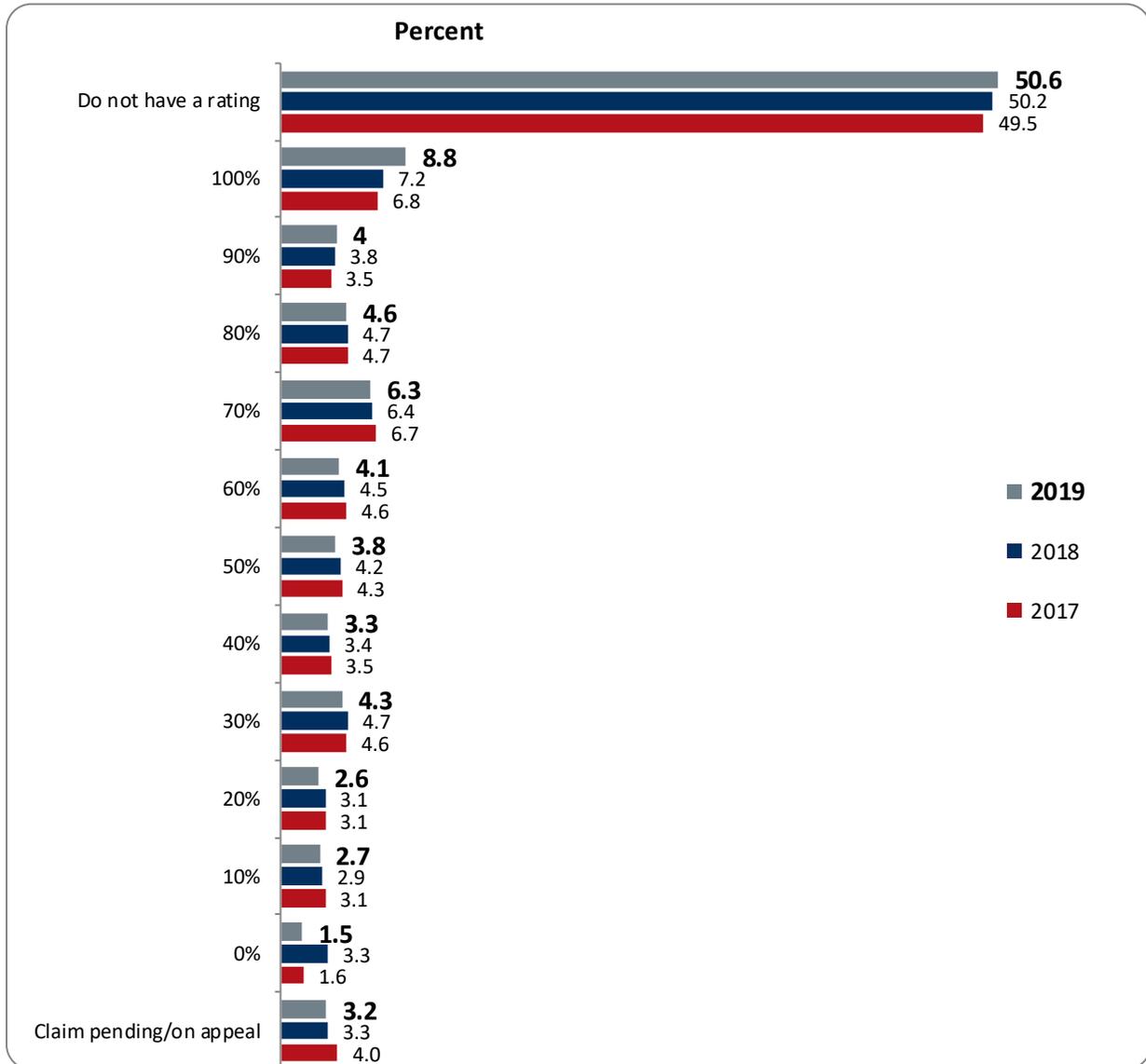
COMPENSATION BENEFITS AND RATINGS. The percentage of warriors receiving VA compensation benefits is now 89.7 percent, similar to 89.5 percent in 2018, and up from 88.0 percent in 2017. The percentage with disability ratings of 100 percent also increased — 38.1 percent, compared with 34.5 percent in 2018 and 30.8 percent in 2017. The 100 percent disability group continues to be the largest category of recipients (Figure 16).

Figure 16. VA Service-Connected Disability Rating



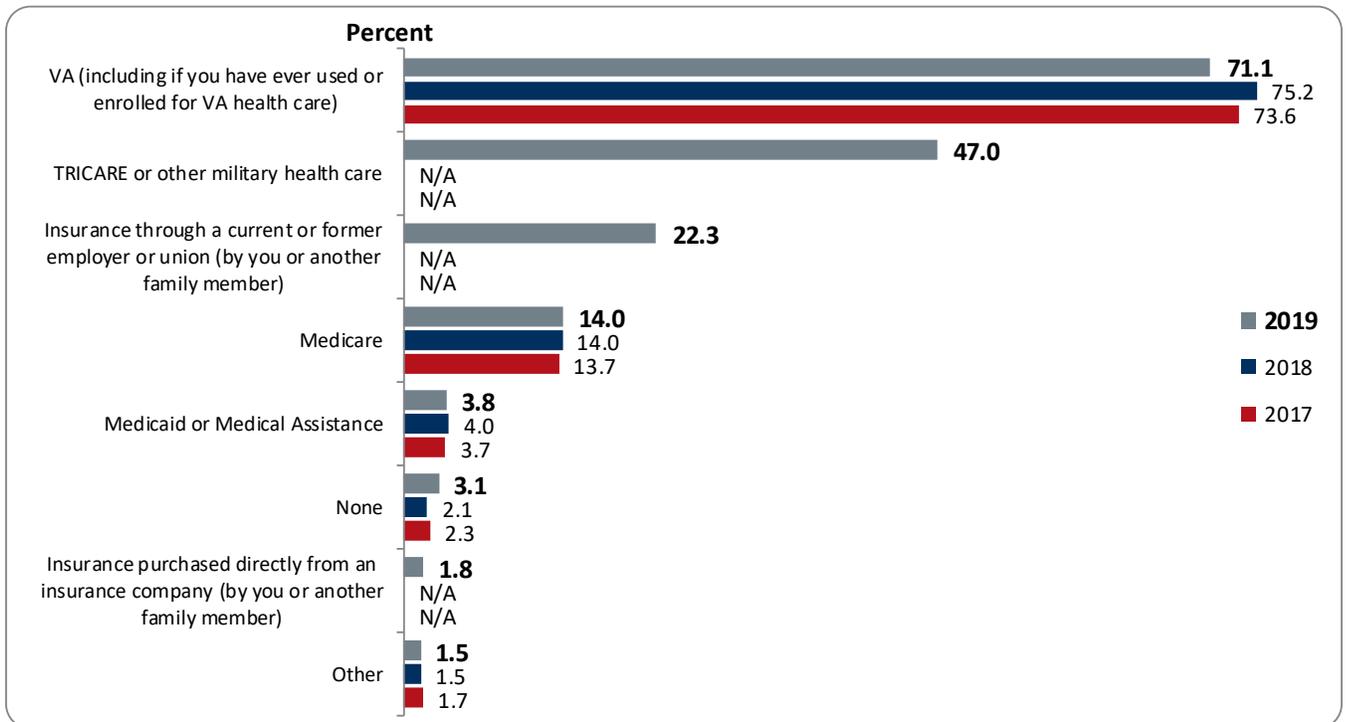
The PEB (Physical Evaluation Board) disability ratings continue to remain less common than VA ratings among warriors. In 2019, half of the warrior population (50.6%) reported that they do not have a PEB disability rating, compared with 6.3 percent who do not have a VA disability rating, which excludes warriors with a claim pending or on appeal (Figure 17). The percentage of warriors with a PEB rating of 80 percent (17.4%) or higher is similar to that in 2018 (15.7%).

Figure 17. Military’s PEB Disability Rating



TYPE OF HEALTH CARE COVERAGE. The percentage of warriors with VA health care coverage decreased slightly this year (71.1% in 2019, compared with 75.2% in 2018 and 73.6% in 2017; Figure 18). The next most common types of health insurance among warriors are TRICARE or other military health care (47.0%). Changes to response options in the 2019 survey may have contributed to the decrease in reported VA health care coverage. About three percent of warriors (3.1%) have no health insurance. More than half of warriors with health care coverage have two or more types of health insurance (51.3%, compared with 51.7% in 2018 and 50.2% in 2017).

Figure 18. Current Types of Health Care Coverage



Almost 7 of 10 warriors use the VA as their primary health care provider (69.9%). The survey asked warriors who reported using the VA as their primary health care provider why they chose to do so (Figure 19). The most common reasons were that warriors can get care for a service-connected disability (50.5%), because they feel they are entitled to VA health care (48.3%), and the prescription benefits VA provides (39.4%).

In contrast, the survey also asked questions to better understand the reasons warriors who have access to the VA for primary care do not use the VA as their primary health care provider (Figure 20). Warriors attributed bad prior experiences at the VA (43.2%), thinking VA health care is not as good as other available care (42.9%), and difficulty accessing the VA due to parking and/or appointment availability (41.7%) as the top three reasons they are not using VA as their primary health care provider.

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

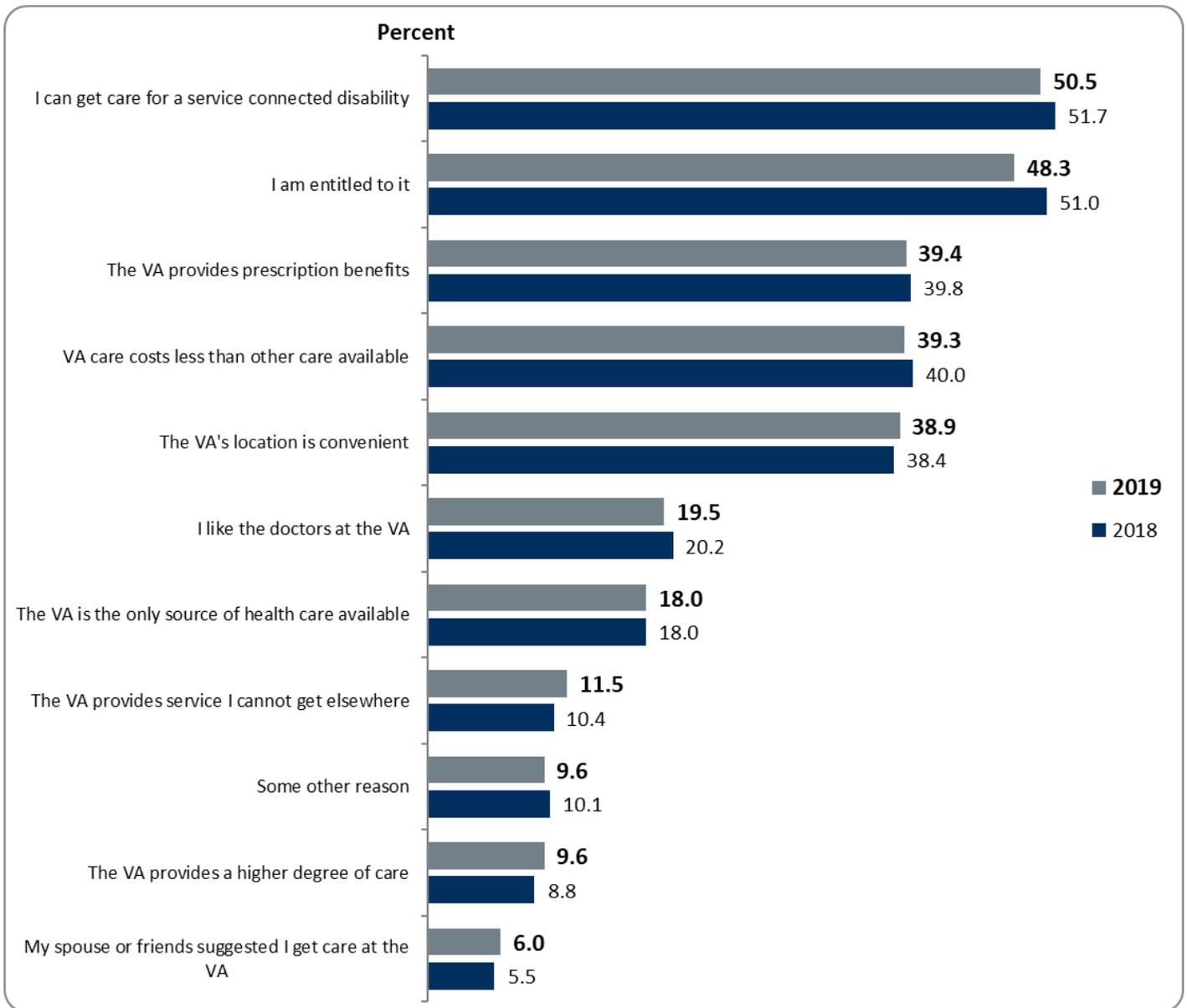
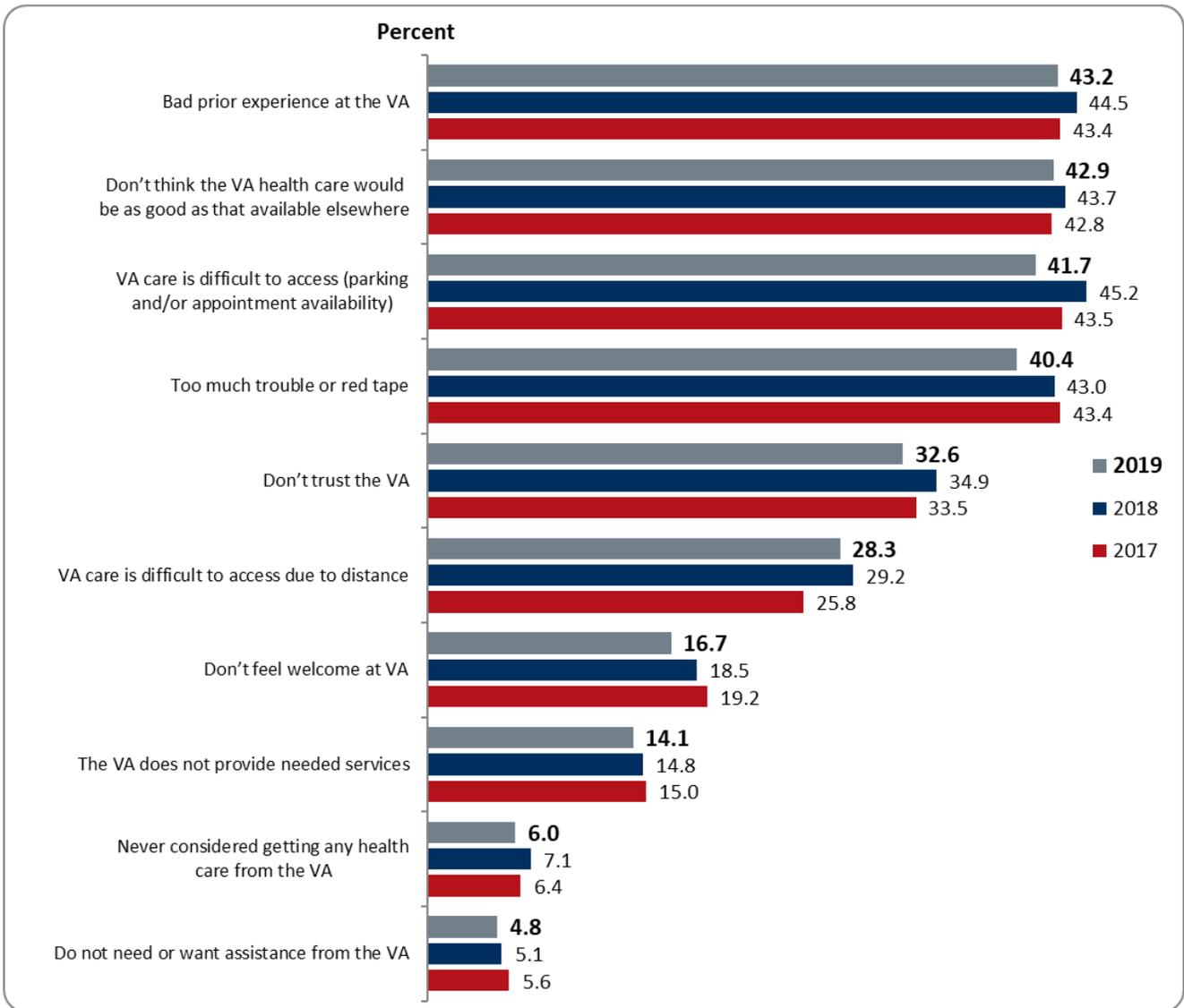


Figure 20. Reasons Warriors Do Not Use VA as Their Primary Health Care Provider



NEED FOR ASSISTANCE IN DAILY ACTIVITIES. As a result of injuries or health problems related to their post-9/11 military experience, 7.6 percent of warriors are permanently housebound. All warriors were asked to indicate their current requirements for assistance from another person for a range of daily living activities (Table 2). More than half of warriors (56.7%) indicated that they needed some assistance or were completely dependent on assistance from another person for one or more of the following daily activities. Four activities require more assistance than others — doing household chores, managing money, taking medications properly, and preparing meals. New categories were added in 2019, including grooming and prosthetic adjustment; therefore, not all activities have comparison data from previous surveys.

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				
2019	62.3	29.4	5.9	2.4
2018	56.9	33.0	7.4	2.8
2017	56.8	32.9	7.4	3.0
Managing your money				
2019	61.3	25.8	9.9	3.0
2018	61.9	24.6	10.1	3.5
2017	61.1	24.8	10.6	3.5
Taking medications properly				
2019	63.0	25.9	8.3	2.9
2018	61.8	26.2	9.6	2.4
2017	60.8	26.4	10.4	2.5
Preparing meals				
2019	76.3	17.7	4.2	1.8
2018	70.9	19.9	6.3	2.9
2017	71.0	19.6	6.5	2.9
Dressing				
2019	79.8	18.1	1.7	0.4
2018	80.8	16.8	1.9	0.5
2017	81.0	16.5	2.0	0.4
Bathing				
2019	81.9	15.4	2.0	0.6
2018	82.6	14.7	2.1	0.7
2017	82.8	14.5	2.1	0.7
Mobility/Transfer from bed or chair				
2019	80.8	16.3	1.9	1.0
2018	85.9	11.1	1.6	1.4
2017	85.7	10.9	1.8	1.6

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

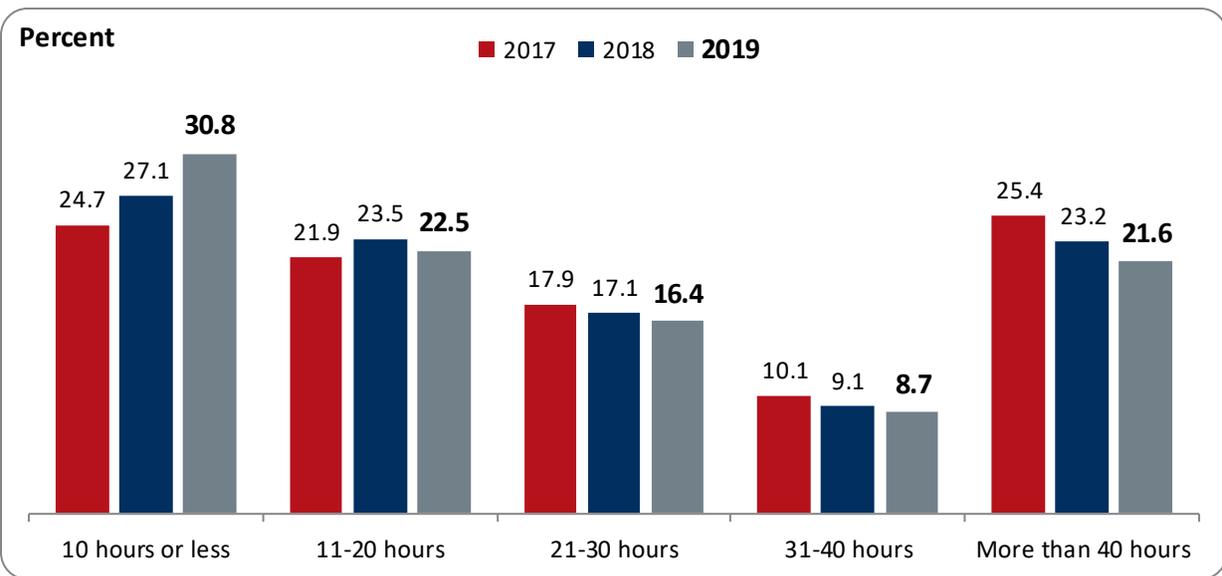
	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)	I do not do this activity (%)
Using the telephone				
2019	92.4	5.3	1.5	0.8
2018	91.1	6.1	1.9	0.9
2017	91.1	6.1	1.9	0.9
Eating				
2019	90.7	7.1	1.7	0.5
2018	90.7	7.1	1.7	0.6
2017	90.6	7.0	1.9	0.5
Using the toilet				
2019	91.3	6.7	1.5	0.6
2018	91.6	6.3	1.6	0.5
2017	91.3	6.4	1.8	0.5
Grooming				
2019	84.1	13.5	1.8	0.6
Prosthetic adjustment or use of assistive devices				
2019	38.1	6.8	1.6	53.5

Most warriors (56.7%) indicated that they needed assistance from another person. Among warriors who need assistance, 58.3 percent need help with three or more activities:

- One activity – 22.7%
- Two activities – 19.0%
- Three to four activities – 24.1%
- Five to eight activities – 22.9%
- Nine to all eleven activities – 11.3%

A separate question about current need for the aid and attendance of another person because of post-9/11 injuries or health problems indicated that 31.8 percent of warriors do need such help (18.1% of warriors due to physical injuries; 25.6% due to mental problems). Among those who need assistance, more than 30 percent (30.8%) need the help for 10 or fewer hours per week, on average; however, 21.6 percent need more than 40 hours of aid per week (Figure 21).

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

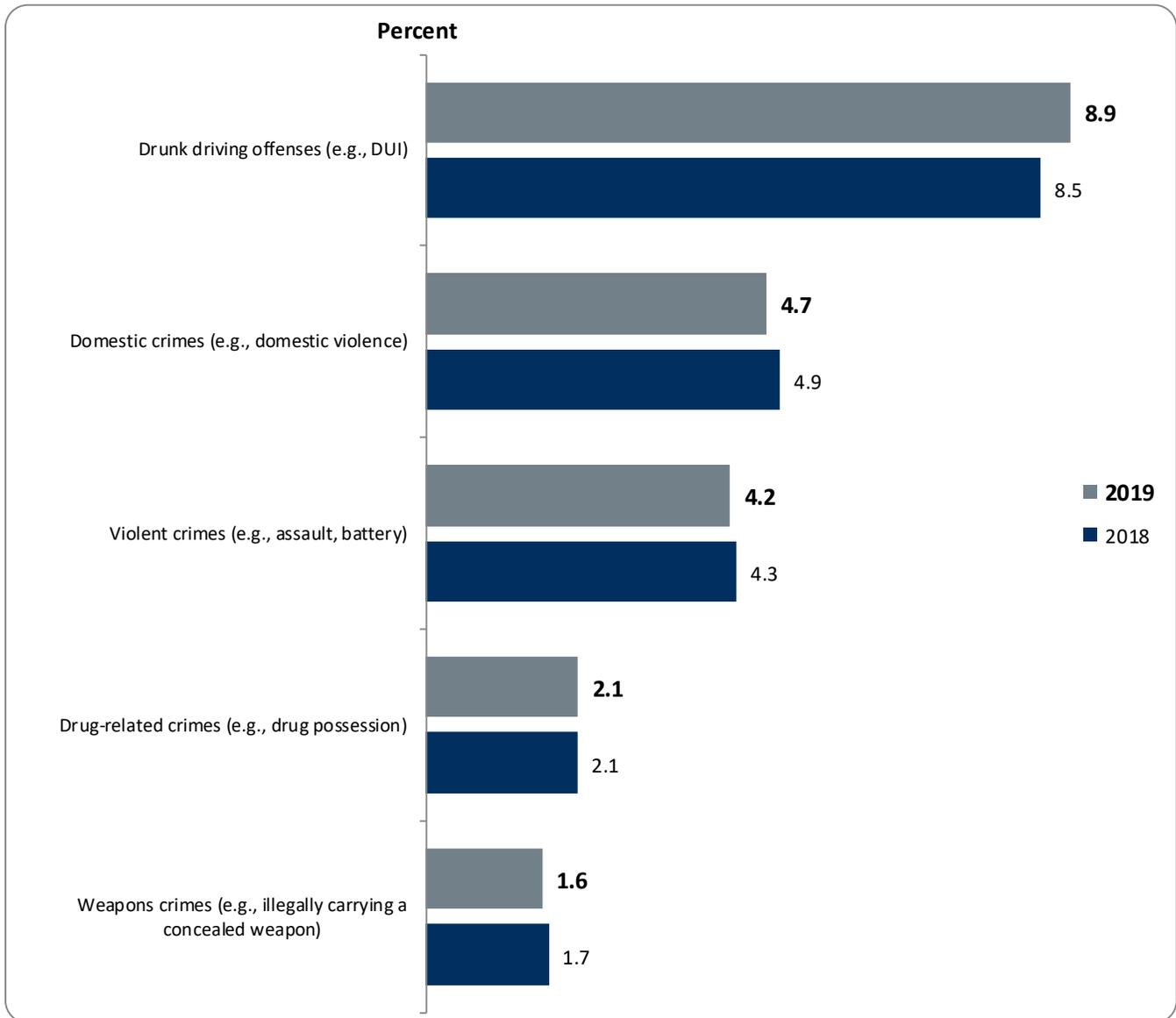


This year’s survey gathered additional information about warrior caregivers. Most warriors reported that their spouse was their primary caregiver (84.3%). More than twenty percent (21.5%) of warriors participated in the Program of Comprehensive Assistance for Family Caregivers, which is commonly referred to as the Caregiver Program or Family Caregiver.

OFFENSES/CONVICTIONS SINCE FIRST DEPLOYMENT

Warriors who have been deployed were asked the type of conviction and how many times they have been convicted of offenses/crimes since their first deployment. The percent of convictions are summed up and presented by type in Figure 22. Most warriors (85.5%) had not been convicted of any of the offenses listed. Of the warriors convicted of any of the listed offenses, nearly nine percent (8.9%) were convicted of drunk driving offenses, and almost five percent have been convicted of domestic crimes (e.g., domestic violence).

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



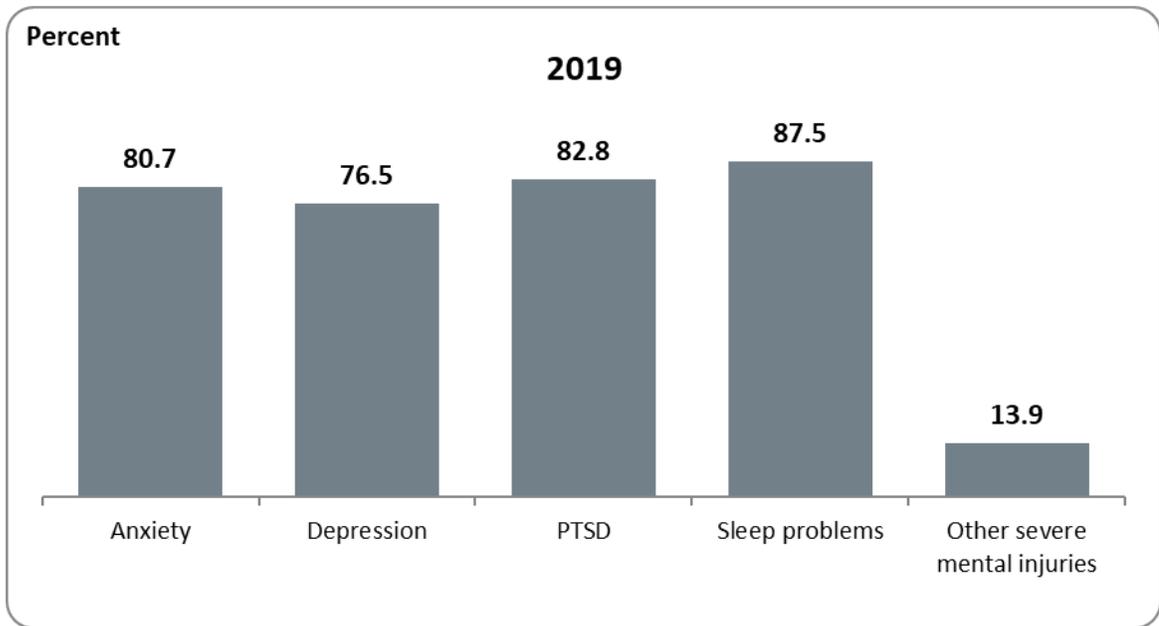
PHYSICAL AND MENTAL WELL-BEING

This section of the report addresses warriors’ perspectives on the current state of their mental health, physical health, and its impacts on quality of life. To provide a comprehensive picture, the analyses include examination of sleep, substance abuse, diet, exercise, and access to medical care. The chapter closes by examining warriors’ engagement in their communities, social isolation, and resilience.

MENTAL HEALTH AND DAILY ACTIVITIES

Almost all warriors (90.9%) experienced a severe mental injury during their military service. In this chapter, severe mental injuries include sleep problems, post-traumatic stress disorder, anxiety, depression, and a catchall category for other severe mental injuries. Figure 23 displays the percentage of warriors reporting these severe mental injuries. Ninety-one percent of warriors report experiencing more than one severe mental injury during military service. An estimated 87.6 percent report that they experienced physical injuries in addition to mental injuries during their military service. This section focuses on warriors’ mental and emotional health.

Figure 23. Percentage of Warriors Reporting Severe Mental Injuries Sustained During Service



The WWP annual survey uses a variety of validated scales to assess the current prevalence of mental health conditions and their impact on the WWP population. Scales include:

- The Patient Health Questionnaire, which screens for major depression;
- The PTSD Checklist for Diagnostic and Statistical Manual Disorders (PCL-5), which assesses the presence and severity of PTSD;
- The Pittsburgh Sleep Quality Index, which rates quality of sleep;
- The Veterans RAND 12-Item Health Survey, which offers health-related quality of life indicators; and

- Connor Davidson 10-Item Resilience Scale, which is a self-rated measure of the ability to overcome adversity.

In this section, total scale scores are reported and responses to individual scale items are highlighted to explore stability in responses over time.

PREVALENCE OF CURRENT DEPRESSION (PHQ-9). The items reported in Table 3 make up the PHQ-9. In previous years, we only administered the PHQ-8, or eight of the nine items on the PHQ-9. We added the ninth item in 2019. The new item in the composite scale asks, how often in the past two weeks have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way? Table 3 presents data from previous years for the first eight questions.

While milder depressive symptoms may include feelings of sadness, irritability, anger, and fatigue, severe depressive symptoms may include thoughts of death or suicide, sleep problems, and changes in weight. All forms of depression can interfere with relationships, but severe depression can be paralyzing and may cause victims to isolate themselves. The PHQ-9 scale score ranges from 0 to 27, with higher scores indicating more severe depressive symptoms. Based on PHQ-9 scores, nearly 40 percent of warriors currently have moderately severe or severe depression. Figure 24 presents the percentage distribution of warriors by the severity of depressive symptoms.

Nearly 1 in 5 (18.8%) warriors have PHQ-9 total scores indicating severe depression (Figure 24, right). The prevalence of severe depression among warriors is slightly higher than last year's finding of 15.4 percent; however, the PHQ-8 was used in 2018, so change must be interpreted with caution. Using the PHQ-9, 1 in 5 (20.0%) warriors have scores indicating that they may have moderately severe depression. This is a similar percentage to last year's findings for moderately severe depressive symptoms (20.9% in 2018) when the PHQ-8 was used. About one-quarter (23.7%) of warriors' scores indicate moderate depression, which is also similar to the percentage of last year's finding (24.6% in 2018). Close to an additional quarter of warriors (23.4%) have total PHQ-9 scores in the range indicating mild depression, while only 14.1 percent have total scores in the range indicating that they do not suffer from depression.

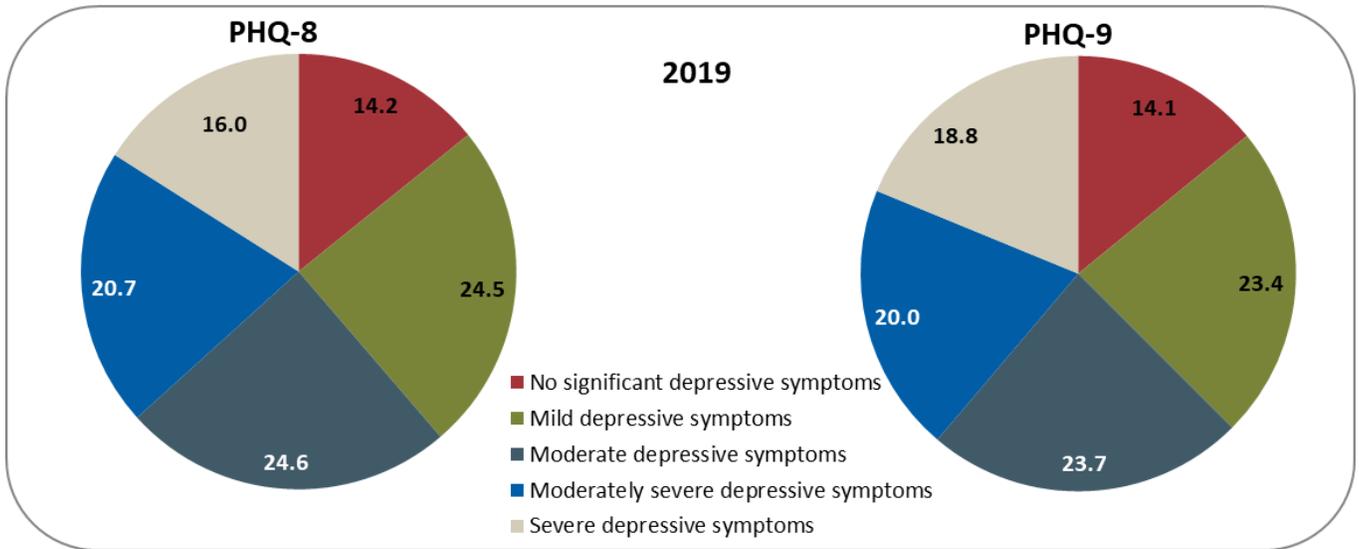
The range of the new PHQ-9 scores for warriors breaks down as follows:

- No significant depressive symptoms (score of 0 to 4) – **14.1%** in 2019
- Mild depressive symptoms (score of 5 to 9) – **23.4%** in 2019
- Moderate (score of 10 to 14) – **23.7%** in 2019
- Moderately severe (score of 15 to 19) – **20.0%** in 2019
- Severe (score of 20 to 27) – **18.8%** in 2019

The range of PHQ-8 scores for warriors compared to 2018:

- No significant depressive symptoms (score of 0 to 4) – **14.2%** in 2019 (15.5% in 2018)
- Mild depressive symptoms (score of 5 to 9) – **24.5%** in 2019 (23.6% in 2018)
- Moderate (score of 10 to 14) – **24.6%** in 2019 (24.6% in 2018)
- Moderately severe (score of 15 to 19) – **20.7%** in 2019 (20.9% in 2018)
- Severe (score of 20 to 24) – **16.0%** in 2019 (15.4% in 2018)

Figure 24. Percentage Distribution of Warriors by Severity of Depressive Symptomology (PHQ)



High prevalence of depression among WWP members is not surprising. Recent work by Pickett, Rothman, Crawford, Brancu, Fairbank, and Kudler (2015) indicate that about 45 percent of OEF/OIF/OND veterans who enrolled in the VA may have depressive disorders based on provisional diagnoses.

As suggested by similarities in total scores between years, the percentage distributions of responses to individual items in the PHQ-9 indicate minimal change over time. Responses to the one new item in the scale indicate that about two-thirds (67.2%) of warriors are not bothered at all by thoughts of being better off dead or of hurting themselves in some way. However, about one-third of warriors are bothered by these types of thoughts, with about 12.8 percent bothered quite frequently. The addition of this question may explain the slight shift in total scores toward more severe depressive symptoms.

Table 3. 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				
2019	17.9	37.9	24.1	20.1
2018	19.7	37.1	24.1	19.0
2017	19.7	36.2	24.0	20.0
Feeling down, depressed, or hopeless				
2019	20.1	38.8	22.7	18.5
2018	23.0	38.2	21.8	17.0
2017	22.9	37.9	21.7	17.5
Trouble falling or staying asleep, or sleeping too much				
2019	10.2	24.7	24.6	40.5
2018	10.5	24.3	25.3	39.9
2017	10.2	24.1	24.9	40.8
Feeling tired or having little energy				
2019	8.2	30.0	26.5	35.4
2018	8.7	29.4	27.5	34.4
2017	8.7	29.0	27.6	34.7
Poor appetite or overeating				
2019	20.9	30.6	23.4	25.1
2018	21.3	30.3	23.9	24.5
2017	20.6	30.1	24.3	24.9
Feeling bad about yourself—or that you are a failure or you have let yourself or your family down				
2019	27.0	33.0	19.4	20.6
2018	27.7	32.3	20.0	20.0
2017	27.1	32.2	20.3	20.5
Trouble concentrating on things such as reading the newspaper or watching television				
2019	19.8	32.6	22.3	25.3
2018	20.4	31.6	23.7	24.3
2017	20.2	31.5	23.3	25.0
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				
2019	44.4	28.8	15.4	11.4
2018	42.6	29.1	16.5	11.8
2017	41.0	29.4	17.1	12.5
Thoughts that you would better off dead or hurting yourself in some way				
2019	67.2	20.0	6.9	5.9

PREVALENCE OF PTSD (PCL-5). The PCL-5 is a 20-item scale used to assess the prevalence and severity of PTSD. For each of the 20 items, respondents are asked to report how bothered they are using a 5-point Likert scale where 0=Not at all, 1=A little bit, 2=Moderately, 3=Quite a bit, and 4=Extremely. Total scores range from 0 to 80, with higher scores indicating greater likelihood and severity of PTSD. Use of the PCL-5 is new in the 2019 WWP Annual Warrior Survey.

Preliminary research indicates that a total PCL-5 score of 33 is indicative of a provisional PTSD diagnosis. The mean score for wounded warriors is 37 (median = 38), suggesting that the typical warrior likely suffers from PTSD and may benefit from treatment. Using a total score of 33 as a cutoff, 57.0 percent of warriors score in a range indicating that they may benefit from treatment for PTSD. This high prevalence is consistent with findings that 55 percent of OEF/OIF/OND veterans who registered for VA health care receive, at least, a provisional PTSD diagnoses (Pickett et al., 2015).

Figure 25 presents the percentage distribution of PCL-5 total scores by 10-point increments. Sixteen percent of warriors are on the extreme upper end of the distribution (61+), suggesting very severe PTSD symptomology. Forty-five percent of respondents are clustered between total scores of 31 and 60. Twenty-seven percent have scores less than or equal to 20, well below the threshold for PTSD. This first (2019) administration of the PCL-5 provides a baseline of warriors' scores. Changes in scores over time may indicate improvement in the condition. A 10-point change in scores is considered clinically meaningful.

Figure 25. Percentage Distribution of Warriors by PCL-5 Total Score

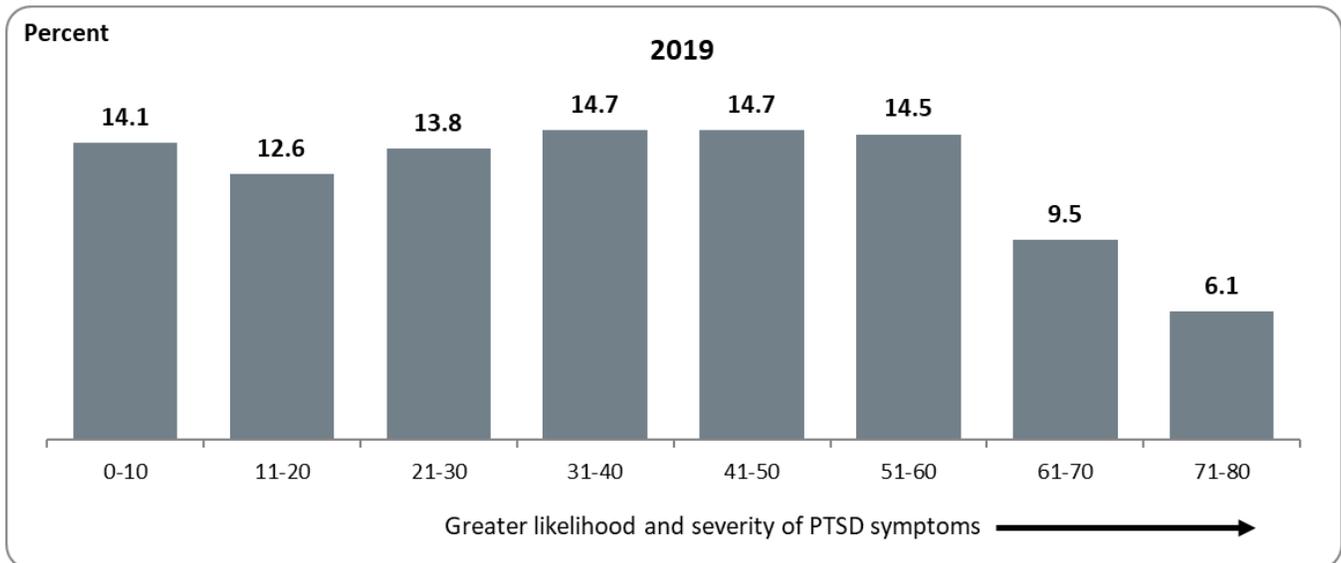


Table 4 presents the mean response to each item used in the PCL-5. Higher mean values indicate that warriors are more likely to be extremely bothered. Though all means are above 2 — indicating that the typical warrior is more than moderately bothered — items with the highest means include trouble sleeping (3.5), being “superalert” (3.3), and having difficulty concentrating (3.2). On the other extreme, though still at least moderately bothered, the typical warrior is less bothered by thoughts of taking too many risks or taking actions that cause him/her harm.

Table 4. PCL-5 Items and Mean Scores

Items from PCL-5	Mean
Trouble falling or staying asleep	3.5
Being “superalert” or watchful or on guard	3.3
Having difficulty concentrating	3.2
Feeling distant or cut off from other people	3.1
Avoiding external reminders of the stressful experience	3.0
Avoiding memories, thoughts, or feelings related to the stressful experience	3.0
Feeling jumpy or easily startled	3.0
Loss of interest in activities that you used to enjoy	3.0
Feeling very upset when something reminded you of the stressful experience	2.9
Having strong physical reactions when something reminded you of the stressful experience	2.9
Irritable behavior, angry outbursts, or acting aggressively	2.9
Repeated, disturbing, and unwanted memories of the stressful experience	2.9
Trouble experiencing positive feelings	2.9
Having strong negative feelings such as fear, horror, anger, guilt, or shame	2.8
Repeated, disturbing dreams of the stressful experience	2.8
Having strong negative beliefs about yourself, other people, or the world	2.6
Blaming yourself or someone else for the stressful experience or what happened after it	2.5
Suddenly feeling or acting as if the stressful experiences were actually happening again	2.5
Trouble remembering important parts of the stressful experience	2.5
Taking too many risks or doing things that could harm you	2.1

To accelerate the development of advanced models of mental health care, Wounded Warrior Project partners with four world-renowned academic medical centers to form the Warrior Care Network®, leveraging our collective commitment and expertise. The Warrior Care Network treatment model provides a year’s worth of mental health care during a 2-3-week intensive outpatient program (IOP). In addition, a first-of-its kind collaboration between WWP and the VA further expands the Warrior Care Network continuum of care, enabling successful discharge planning for program participants. Warriors who complete the program have seen a significant reduction in PTSD and depression symptoms, translating to increased resiliency and improved quality of life. The Warrior Care Network program provides veterans a path to long-term wellness and improves the way warriors are treated today and for generations to come.

ASSESSING SLEEP. Though not a psychiatric disorder per se, sleep problems are commonly linked to psychiatric disorders and, for this report, are categorized among severe mental injuries that warriors report. For the first time, the annual survey included the Pittsburgh Sleep Quality

Index¹ in order to assess current sleep quality among warriors. The PSQI is an instrument used to measure the quality and patterns of sleep in older adults (Buysse et al., 1989). The PQSI rates “poor” and “good” sleep by assessing seven sleep domains: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction over the last month.

Based on self-reporting, the average warriors sleeps about 5.4 hours per night, about 1.5 hours less than the lower bound of seven to nine hours recommended by the National Sleep Foundation and just below the lower bound of the amount that may be appropriate for adults ages 26 to 64, six hours.² Less than six hours of sleep per night is consistent with other results based on the National Veterans Sleep Survey, which found that veterans slept, on average, 5.6 hours per night (Polley, Frank, & Smith, 2013). It takes the typical warrior about 45 minutes to fall asleep, where 40 minutes is the median time and 47 minutes is the mean value. Most warriors (66.0%) rate their overall sleep quality as *fairly* or *very bad*. Based on PSQI total scores, over three-fourths (77.3%) of warriors have bad sleep quality.

Table 5 presents the percentage of warriors by how frequently they experience select sleep difficulties. The most frequently reported sleep problems that bother warriors three or more times a week are waking in the middle of the night or early morning (69.4%), not being able to fall asleep within 30 minutes (56.1%), and pain that keeps warriors awake (52.9%). Several of the items are indicators of clinically relevant insomnia. Based on results from the National Sleep Survey, Polley, Frank, and Smith found that 78.7 percent of veterans who had actively engaged in combat reported symptoms that met the criteria for insomnia, which was statistically significantly higher than the 69.2 percent of veterans who had not actively engaged in combat but reported symptoms that met criteria for insomnia.

Table 5. How Often Warriors Experience Difficulties Associated With Sleep

During the past months, how often have you had trouble sleeping because you...	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Wake up in the middle of the night or early morning	5.2	6.6	18.8	69.4
Cannot get to sleep within 30 minutes	15.3	10.9	17.7	56.1
Have pain	13.9	11.9	21.3	52.9
Have to get up to use the bathroom	15.6	18.9	23.9	41.6
Cough or snore loudly	31.3	12.4	15.0	41.4
Had bad dreams	17.2	16.4	27.5	38.9
Feel too hot	27.0	15.6	25.7	31.7
Other reasons	44.6	10.9	16.1	28.5
Cannot breathe comfortably	39.6	16.3	18.5	25.6
Feel too cold	51.5	18.6	16.4	13.5

¹ PSQI is copyright 1989 and 2010. University of Pittsburgh. All rights reserved.

² <https://www.sleepfoundation.org/press-release/national-sleep-foundation-recommends-new-sleep-times> (February 2, 2015).

IMPACT OF MENTAL HEALTH ON DAILY ACTIVITIES (VR-12). The WWP survey asked warriors a variety of questions about their health and how it affects their daily activities. Among the questions asked is a series taken from the VR-12. The VR-12 is a health-related quality-of-life survey developed for research with veterans. The VR-12 has two subscales. One subscale assesses the impact of mental health on daily activities; the other assesses the impact of physical health on daily activities (referred to later in this report). Scores on each subscale range from 0 to 100. Fifty is the norm for the U.S. population, and each 10-point difference indicates one standard deviation from the norm. This section reports on findings associated with the Mental Component Scale (MCS), which emphasizes role limitations due to emotional problems, vitality, mental health, and social functioning.

The MCS unadjusted mean score for warriors is 35.4, which is about 1.5 standard deviations below the U.S. norm. This low mean score indicates that mental health issues substantively, adversely affect the typical warrior. Only 14 percent of warriors had an MCS unadjusted mean score of 50 or higher. The mean score for warriors is less favorable than baseline measures for the Millennium Cohort, which exhibited an unadjusted mean MCS score of 52.8 (Smith et al., 2007). Warriors' scores are more than 10 points lower than those of the Millennium Cohort. Even a one- or two-point decrease is associated with greater social and clinical costs (Kazis et al., 2006).

The items used to determine the MCS score include questions inquiring about the influence of mental health problems on work or other daily activities and on desired productivity — accomplishing as much as you would have liked — within the past four weeks. Nearly 8 in 10 warriors (77.5%) indicated that they did not do work as carefully as usual because of their emotional problems (Figure 26, left). Among these warriors, 33.9 percent said that this was the case *most or all of the time* (Figure 26, right). More than 8 in 10 warriors (83.2%) indicated that they were less productive — i.e., they accomplished less than they would have liked because of emotional problems (Figure 27, left). Among those who indicated that their emotional problems caused them to accomplish less than they would have liked, 43.1 percent said that emotional problems reduced desired productivity *all or most of the time* (Figure 27, right).

Figure 26. Impact of Emotional Health on Daily Activities

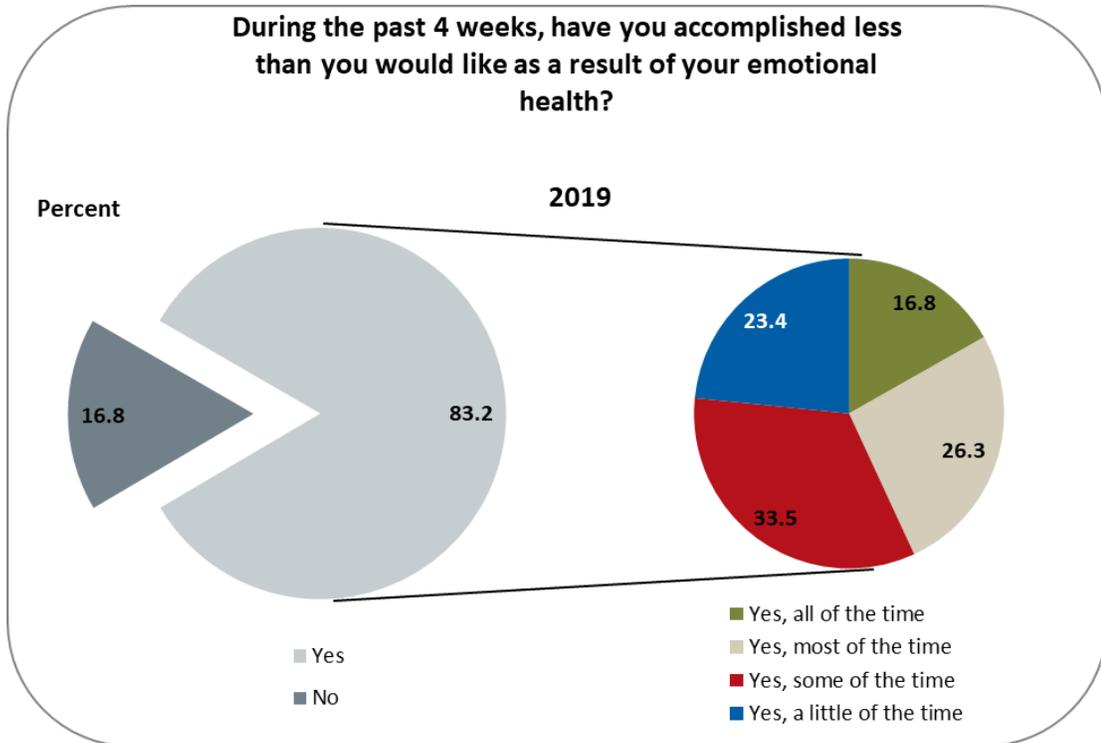
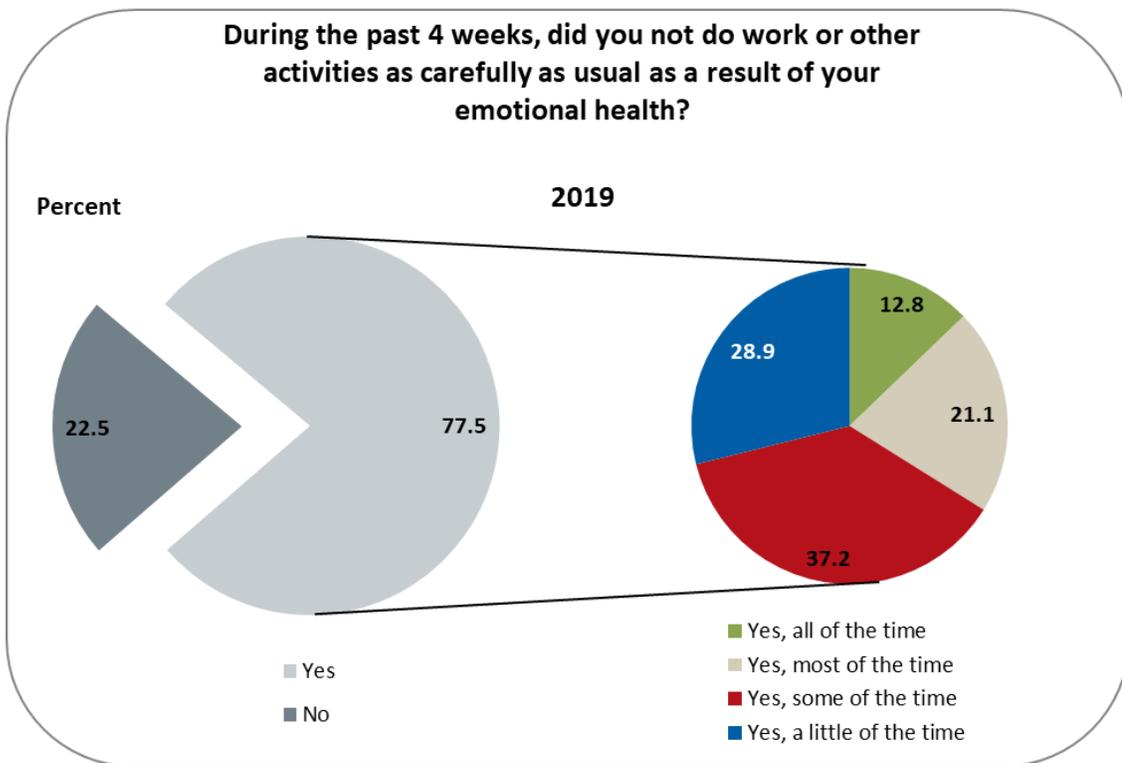


Figure 27. Impact of Emotional Health on Desired Productivity



Additionally, in order to assess the impact of mental health on quality of life, the VR-12 asks respondents to rate how frequently they experienced certain feelings during the past four weeks. Table 6 presents the data for the past three years. The percentage distributions across items are very stable; that is, there are no notable changes in responses over time. An estimated 43.6 percent of warriors did not feel calm and peaceful very often (*a little of the time* and *none of the time*) in the past four weeks, and 50.4 percent did not have a lot of energy most of the time (*a little of the time* and *none of the time*) during the four weeks. Conversely, 28.9 percent did not feel downhearted and blue very often (*a little of the time* and *none of the time*) in the past four weeks. This is consistent with a high prevalence of depression among wounded warriors.

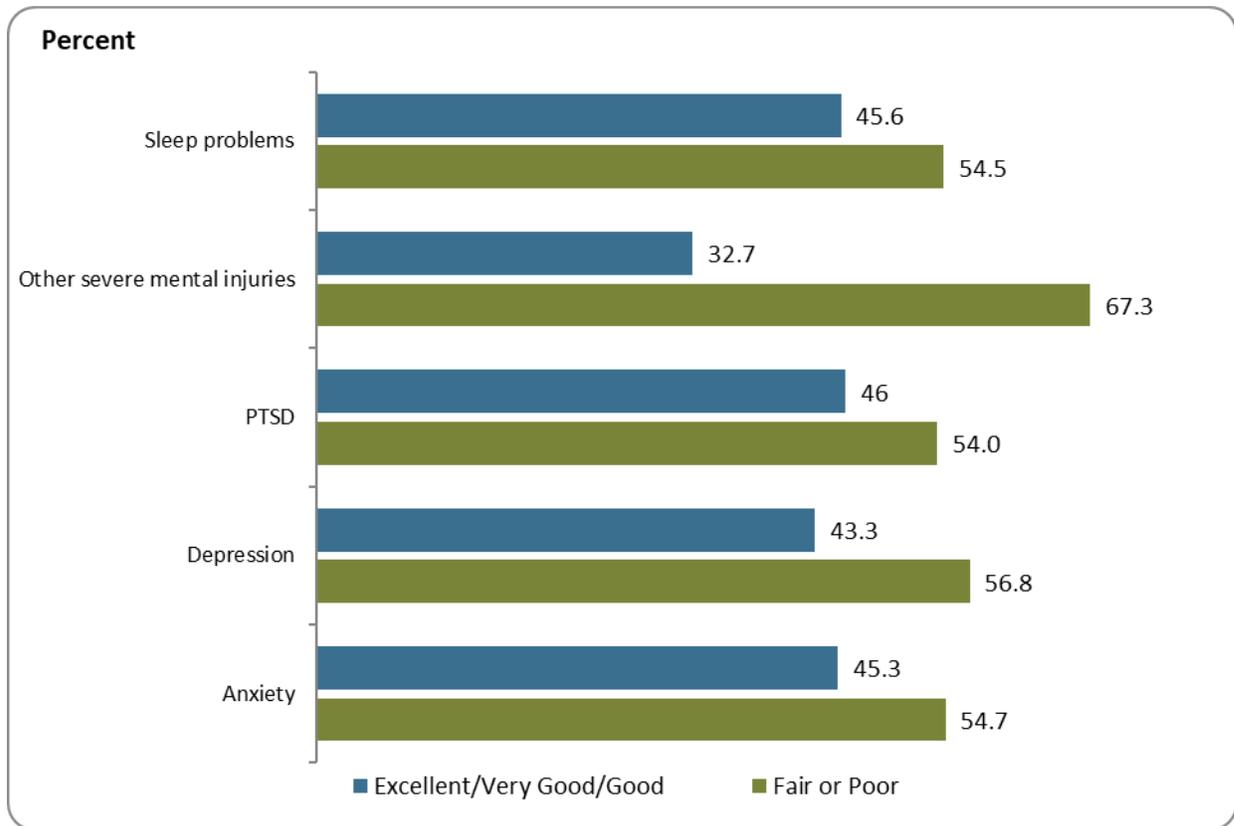
Table 6. Frequency of Select Feelings During the Past 4 Weeks

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Have you felt calm and peaceful?						
2019	2.5	12.5	13.4	27.9	31.5	12.1
2018	2.7	11.8	13.6	27.7	31.8	12.4
2017	2.6	11.9	13.2	27.6	32.1	12.6
Did you have a lot of energy?						
2019	1.7	8.4	11.8	27.7	32.9	17.5
2018	1.7	7.8	11.8	27.5	33.4	17.8
2017	1.7	8.0	11.6	27.4	33.4	17.9
Have you felt downhearted and blue?						
2019	7.7	19.0	18.1	26.3	20.1	8.8
2018	7.7	19.3	17.9	26.1	20.1	9.0
2017	7.7	19.5	17.6	26.0	20.3	8.8

The VR-12 also asks warriors to rate their current emotional problems — such as feeling anxious, depressed, or irritable — with those from a year ago. One-third of warriors (33.0%) indicate that their emotional problems are either *somewhat worse* or *much worse*, while nearly half (48.2%) indicate that their emotional problems are *about the same* as last year. Nearly one in five warriors (18.9%) indicate that they are *somewhat* or *much* better than a year ago.

Analysis from the survey results underscores the impact of poor mental health on warriors' current activities. Over the last four weeks, the typical warrior reports that he or she was unable to do their usual activities — self-care, work, school, volunteering, or recreational activities—for about 10 days of the month (median=10; mean=14.1) due to poor mental health. The typical employed warrior reports losing about four days of work (median=4; mean=6.3) in the last four weeks due to poor mental health. Analyses of survey data also underscore the lasting influence of severe mental injuries, as perceptions of current health are relatively low among those sustaining these types of injuries. Regardless of mental injury type, more than half rate their current health as *fair* or *poor* as opposed to *excellent*, *very good*, or *good* (Figure 28).

Figure 28. Health Status Assessment by Mental Injury Sustained During Service



In sum, scales used to assess the prevalence of mental health illness among wounded warriors suggest a high prevalence of current, severe and moderately severe depression (40%) and of PTSD (57%). Both of these findings are consistent with those from OEF/OIF/OND veterans who have enrolled in the VA for health care. The typical warrior sleeps less than the recommended minimum number of hours per night, and 52 percent of warriors have bad sleep quality based on PSQI scores. Depression, PTSD, and other forms of mental illness have a notable effect on warriors' quality of life — evidenced by an unadjusted mean MCS score of about 1.5 standard deviations below the U.S. norm and being unable to participate in usual activities for about two weeks in the past month due to poor mental health. Though two-thirds (67%) of warriors indicate that their emotional problems are the same as or at least somewhat better than they were last year, about one-third indicate that they are, at least, somewhat worse — a similar distribution to that in previous years. The next section examines warriors' physical health and its impact on quality of life. In that section, we will report on the Physical Component Scale of the VR-12.

PHYSICAL HEALTH AND DAILY ACTIVITIES

An estimated 93.7 percent of all WWP members indicate that they sustained a severe physical injury during their military service. The vast majority (92.8%) sustained two or more severe physical injuries. As mentioned above, 87.6 percent of warriors indicate that they sustained both severe mental and physical injuries during their service. The top five most commonly reported severe physical injuries are back, neck, or shoulder problems (76.8%); tinnitus (60.7%); knee injuries or problems (55.7%); migraine (53.4%); and severe hearing loss (52.5%). Table 7 presents the percentage of warriors indicating physical injuries sustained during service.

Table 7. Percent of Warriors Indicating Physical Injuries Sustained During Service

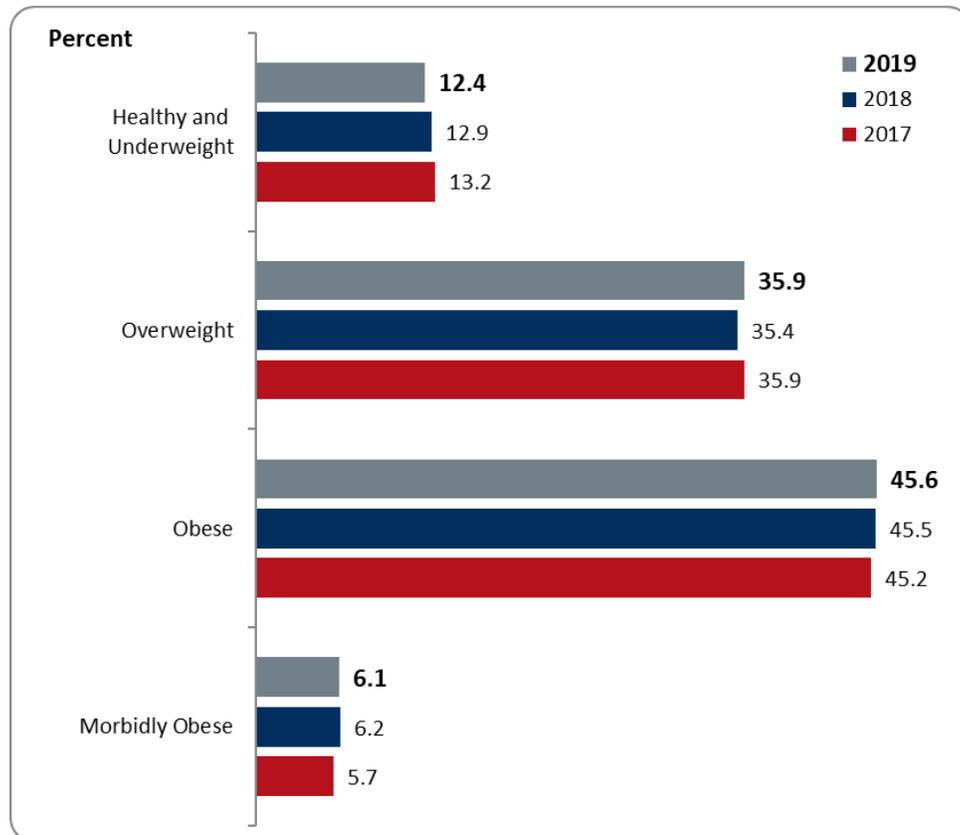
Severe physical injury	Percent
Back, neck, or shoulder problems	76.8
Tinnitus	60.7
Knee injuries or problems	55.7
Migraines/other severe headaches	53.4
Hearing loss	52.5
Traumatic brain injury (TBI)	39.2
Ankle/feet injuries	35.2
Nerve injuries	30.1
Head injuries other than traumatic brain injury	22.7
Hand injuries	19.1
Hip injuries	17.0
Fractured bones	16.1
Spinal cord injury	11.8
Other severe physical injuries	11.5
Military sexual trauma	10.4
Shrapnel problems	6.5
Blind or severe visual loss	2.2
Burns (severe)	1.9
Amputation	1.3

ASSESSING BODY MASS INDEX (BMI). The average (mean) height was 5’5” (64.9 inches) for female warriors and 5’10” (70.2 inches) for male warriors. The average (mean) weight was 179.3 pounds for female warriors and 217.5 pounds for male warriors. The Centers for Disease Control and Prevention (CDC) reports the mean weight for adults age 20 and older to be 170.5 pounds for women and 197.8 pounds for men (Fryar et al., 2018).

Body mass index (BMI) is a person’s weight relative to their height and is used as an indicator of body fat. If BMI equals or exceeds 30, the person is classified as obese, which puts the individual at higher risk for various health problems, including type 2 diabetes, heart disease and stroke, kidney disease, and sleep apnea. Figure 29 presents the distribution of warriors’ BMI scores by weight category, splitting the obese and morbidly obese (BMI>40) into separate categories. An estimated 12.4 percent of warriors have BMI scores in the healthy or underweight range (an index score less than 25). Slightly more than one-third (35.9%) of

warriors have BMI scores in the overweight range (an index score between 25 and 29.99). More than half (51.7%) of wounded warriors have BMIs in the obese range (an index score of 30 or higher). This is a notably higher prevalence of obesity than was recently reported in research among veterans who use VA facilities, which found 41 percent of veterans to be obese (Breland et al., 2017). The overall average BMI across all warriors is 30.8 (median 30.3). This does not change drastically by gender, 30.1 and 29.9 respectively for male and female warriors. A recent study by the CDC found that the average BMI (mean) for adults age 20 and older was 29.1 in adult men and 29.6 in adult women (Fryar et al., 2018). This further suggests that the typical warrior is obese. Though the prevalence of obesity is high, the rise in percentage of warriors in the obese category may be moderating after rising slowly for three years.

Figure 29. Warrior Body Mass Index Scores (BMI)



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

According to the Centers for Disease Control and Prevention, about 40 percent of U.S. adults were obese in 2015-2016, and the medical costs for obese individuals was \$1,429 per year higher than for those of normal weight.³ A study of Millennium Cohort participants 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 before and around the time of discharge over the course of six years and found a near tripling of obesity,

³ Source <https://www.cdc.gov/obesity/data/adult.html>.

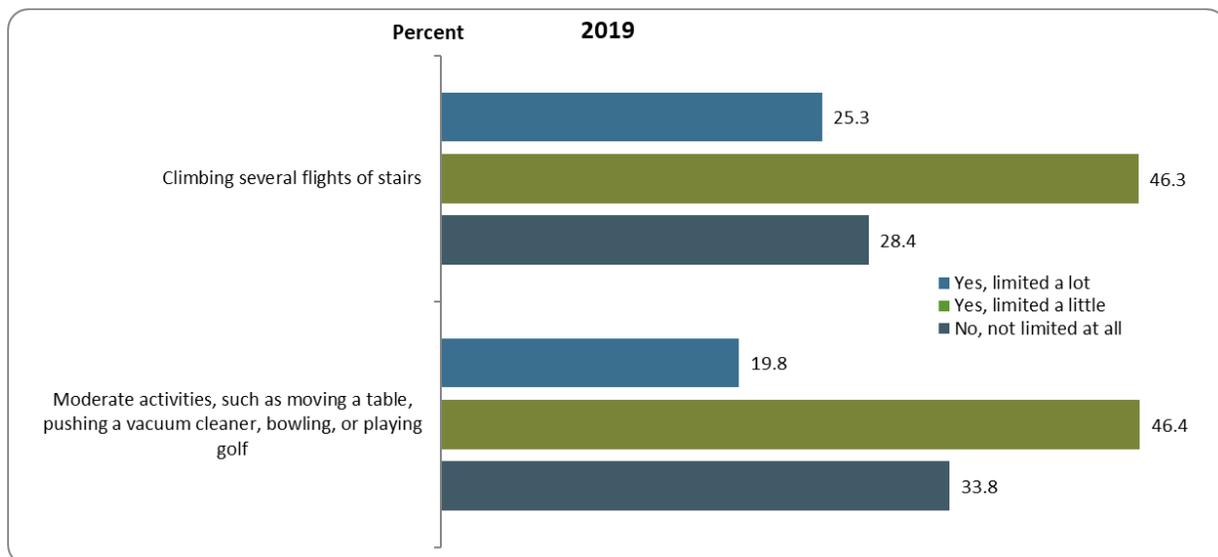
from 12 percent to 31 percent. Subgroups at higher risk for weight gain after discharge included younger veterans, less educated, overweight/obese at time of discharge, active duty (versus National Guard/Reserve), women, and deployers with combat experience. In the WWP warrior population, physical and mental injuries that limit physical activity are also likely to be contributing factors to weight gain.

IMPACT OF PHYSICAL HEALTH ON DAILY ACTIVITIES (VR-12). The Physical Component Scale is a subscale from the VR-12 that assesses the impact of general health, physical functioning, role limitation due to physical functioning, and bodily pain on health-related quality of life. Like the MCS, the PCS ranges from 0 to 100, with higher scores indicating higher quality of life. Fifty is the norm for the U.S. population, and each 10-point difference indicates one standard deviation.

The unadjusted mean PCS score for warriors is 37.9, slightly more than one standard deviation lower than the U.S. norm. Fourteen percent of warriors (13.6%) have a PCS score of 50 or higher. The PCS score for WWP warriors is similar to estimates found among veterans enrolled in the Veterans Health Administration (VHA) who have a single medical comorbidity, 37.5. Even a one- or two-point decrease in PCS score is associated with greater social and clinical costs (Kazis et al., 2006). Subsequently, the discussion highlights items used in the PCS to elaborate on physical-health-related effects on warriors' quality of life.

Two items in the VR-12 asked warriors to assess how their health limits them in a range of daily activities. Warriors were asked whether their health limits them *a lot* or *a little*, or whether they are *not limited at all* (Figure 30). Slightly more than 7 in 10 warriors (71.6%) report that their health limits them (either *a lot* or *a little*) when climbing several flights of stairs. Of the warriors who report they are limited, about 35.3 percent (not shown) are limited *a lot*. Two-thirds (66.2%) of warriors report that they are limited (either *a lot* or *a little*) when undertaking moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Of the warriors who report they are limited, about 1 in 3 warriors (29.9% not shown) are limited *a lot*.

Figure 30. Physical Activity Limitations



The VR-12 assesses the influence of physical health on work or other regular daily activities and on desired productivity — accomplishing as much as you would have liked — within the past four weeks. About 8 in 10 warriors (80.0%) said that their physical health limited them in the kind of work or other activities they could do (Figure 31, left). Among warriors who indicated that they were limited in the kinds of work or other activities they could do, 37.7 percent indicate that they were limited *most or all of the time* (Figure 31, right). More than 8 in 10 warriors (83.9%) were less productive — i.e., they accomplished less—than they would have liked because of their physical health (Figure 32, left). Among those who indicated that their physical health caused them to accomplish less than they would like, 40.6 percent said physical health reduced productivity *most or all of the time* (Figure 32, right).

Figure 31. Impact of Physical Health on Daily Activities

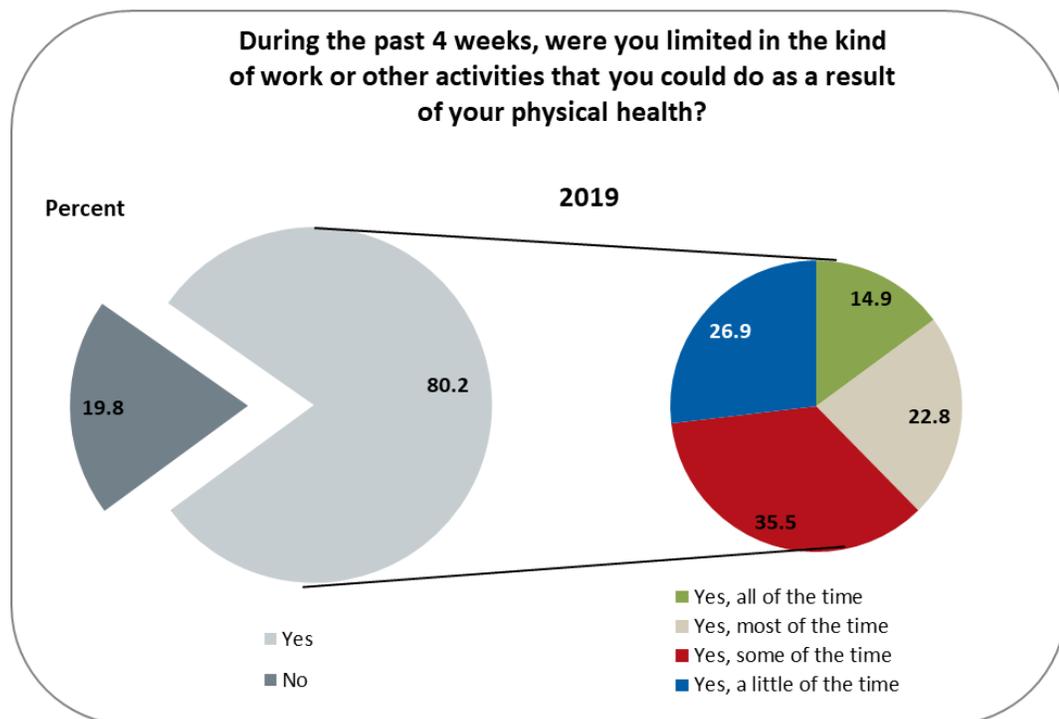
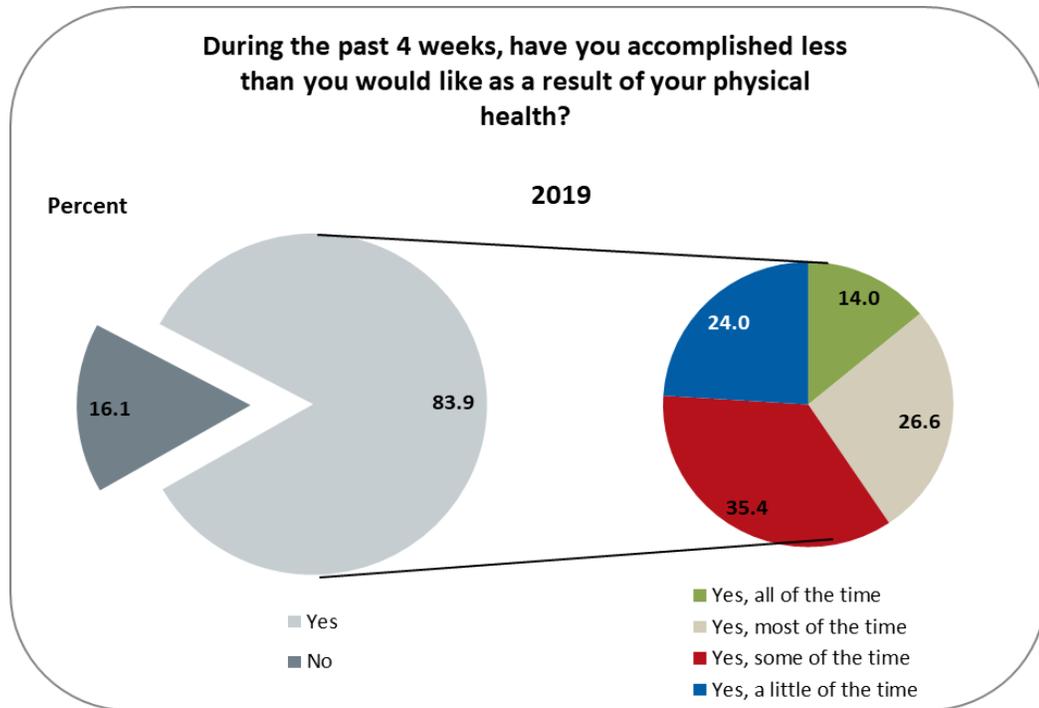
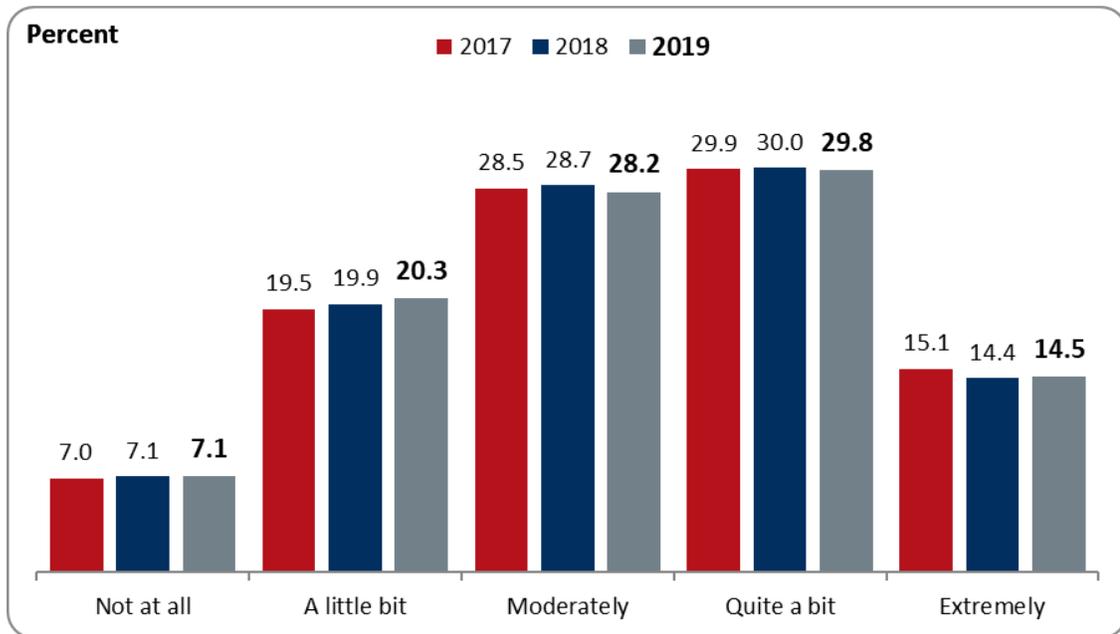


Figure 32. Impact of Physical Health on Desired Productivity



The VR-12 also asks about the extent to which pain interferes with normal activities. More than 7 in 10 warriors (72.5%) report that pain interfered *moderately, quite a bit, or extremely* with their normal work, including both work outside the home and housework, during the past four weeks (Figure 33). The percentage of warriors reporting that pain interfered extremely with their normal work is 14.5 percent, which is similar to the percentage reporting this level of interference in previous years.

Figure 33. Extent to Which Pain Interfered With Normal Work (Work Outside the Home and Housework)



Analysis from the survey results underscores the impact of poor physical health on warriors' current activities. Over the last four weeks, the typical warrior was unable to do his or her usual activities — self-care, work, school, volunteering, or recreational activities — for about 10 days of the month (median=10; mean=13.4) due to poor physical health. The typical employed warrior reports losing about 4.0 days of work (median=4.0; mean=6.2) in the last four weeks due to poor physical health. Analyses of survey data also underscore the impact of physical injuries on perception of current health. Among those who indicated that they experienced a severe physical injury during their time of service, on average, more than half (56%) rate their current health as *Fair* or *Poor* as opposed to *Excellent*, *Very good*, or *Good*.

In sum, about 88 percent of warriors suffer from severe physical injuries and severe mental injuries. The most common injuries are to the back, neck, and shoulder; tinnitus or severe hearing loss; and migraines. With an estimated 88 percent of warriors either overweight or obese, excess weight is a noteworthy concern. Physical and mental injuries that limit physical activity are also likely to be contributing factors to weight gain. The majority of warriors (64%) indicate that their health is about the same or at least somewhat better than last year, and 36 percent indicate that it is at least somewhat worse — a similar distribution to that found in previous years. The next section examines additional health behaviors, including substance use, diet, and exercise patterns in the WWP population, all of which directly affect health.

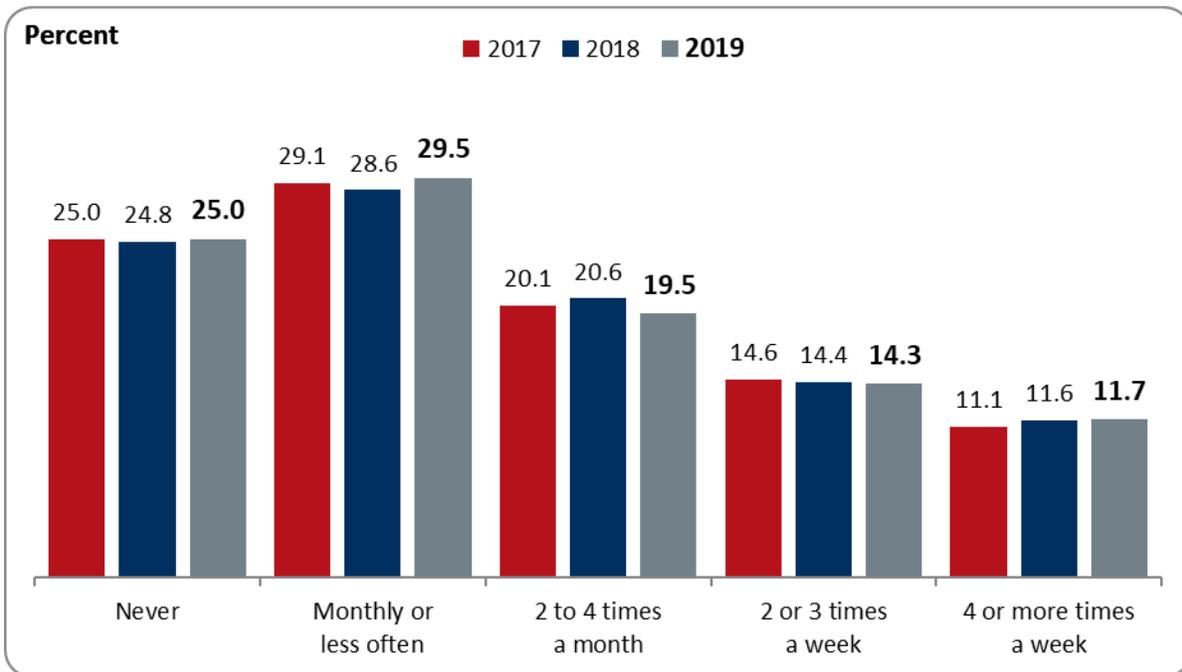
HEALTH-RELATED MATTERS

The WWP survey includes questions about alcohol and drug use, diet, and exercise as health-related behaviors with known association and impact on physical and mental health. The Alcohol Use Disorders Identification Test for Consumption assesses risky drinking. The Two-Item Conjoint Screen screens for substance use disorder. The California Health Interview Survey 2009 Dietary Screener assesses diet quality. The survey incorporated items from the Global Physical Activity Questionnaire to examine physical activity among warriors. The TICS, CHIS 2009 Dietary Screener, and GPAQ are new to the 2019 WWP Annual Warrior Survey.

USE OF ALCOHOLIC BEVERAGES. The AUDIT-C scale is composed of three questions, and the computed scores range from 0 to 12. A score of 4 or higher represents a positive alcohol screen for at-risk drinking for males (hazardous drinking), and a score of 3 or higher is positive for females (Bradley et al., 2007; Dawson, Grant, Stinson, & Zhou, 2005). The mean score for male warriors is 3.0, and the mean score for female warriors is 2.1. An estimated 36.6 percent of male warriors score positive for risky drinking, compared to 31.5 percent of female warriors. These scores include the warriors who never drink alcohol. In a 2015 study conducted by RAND, it was found that 35.3 percent of active-duty personnel in the military scored 4 or higher (hazardous drinking) as measured by AUDIT-C (Meadows et al., 2015). The RAND study also found that 36.0 percent of male and 31.3 percent of female service members scored positive for hazardous drinking, or possible alcohol use disorder. Limiting analyses to only those warriors who drank alcohol in the past year, the mean score for male alcohol drinkers is 4.0, and for females, it is 3.0, both of which are at the threshold for hazardous drinking. Among those warriors who drank alcohol in the past year, 44.0 percent of female warriors and 48.4 percent of male warriors score positive for hazardous drinking.

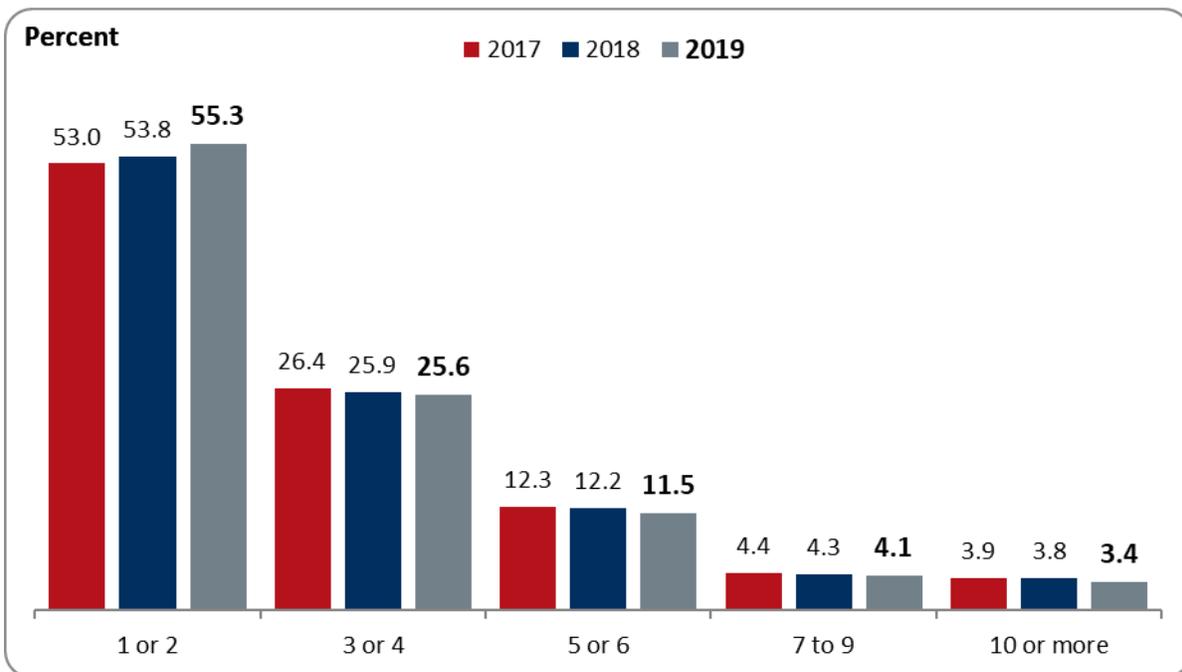
Individual items used in the AUDIT-C also provide insight on drinking behaviors within the warrior population. In the past 12 months, use of alcoholic beverages (e.g., beer, wine, or hard liquor) varied among warriors. One-quarter of warriors (25.0%) did not drink at all during the past 12 months, and 29.5 percent drank monthly or less often. An estimated 19.5 percent of warriors drank between two and four times a month. About a quarter of warriors (26.0%) reported having drinks containing alcohol two or more times a week (Figure 34). The 2019 data on alcohol use are similar to the data for previous years.

Figure 34. Frequency of Use of Alcoholic Beverages



On a typical day when warriors did have an alcoholic drink, the vast majority (80.9%) had four drinks or fewer (Figure 35). An estimated 11.5 percent drank between five or six drinks on a typical day. The remaining 7.5 percent drank at least seven drinks on a typical day when drinking.

Figure 35. Number of Alcoholic Drinks Consumed on a Typical Day



SELECT DRUG USE. For the second year, the survey inquired about use of specific drugs in the past 12 months. The questions specifically asked about use of prescribed or over-the-counter drugs in excess of the directions or use of nonmedical drugs. The list of drugs included marijuana, amphetamines, barbiturates, tranquilizers, cocaine, heroin, opiates, psychedelics, and other drugs — prescribed or over the counter that are not used as intended. For each of these select drugs, a vast majority of warriors indicated that they had not used them in the last 12 months. The top five most frequently used in excess or nonmedically were marijuana, barbiturates, opiates, tranquilizers, and amphetamines (Table 8). The other drugs category was cited more frequently than amphetamines — 7.8 percent of warriors indicated that they used drugs in the other category within the last 12 months, compared to 4.1 percent of warriors who indicated that they used amphetamines within the past 12 months—however, the other category likely reflects a variety of different drugs, so it was excluded from the top-five list. Nearly 2 in 10 (19.7%) warriors indicated they used marijuana at some point in the last 12 months, including about 10.1 percent of those indicating that they used it more than twice a week. Compared to 8.4 percent reporting this frequency of use in 2018, this finding suggests a slight uptick in the percentage using marijuana more than twice a week. This may reflect wider legalization in areas across the country. An estimated 14.4 percent of warriors indicated that they used barbiturates within the last 12 months, including 7.6 percent who used them more than twice a week. An estimated 10.5 percent of warriors indicated that they used opiates in excess or nonmedically in the past 12 months, including about 3.7 percent who used them more than two times per week. The table below provides some comparison to drug use within the general population.

SAMHSA, National Survey on Drug Use and Health

Annual Averages 2016 (General population, 12 years and over)

- 13.9 percent used marijuana
- 4.3 percent used pain relievers
- 2.2 percent used tranquilizers
- 2.1 percent used stimulants (amphetamines)
- 1.9 percent used cocaine
- 1.8 percent used hallucinogens such as LSD, PCP, or ecstasy (psychedelic)
- 0.6 percent used sedatives (barbiturates)
- 0.5 percent used methamphetamine (amphetamines)
- 0.4 percent used heroin (SAMHSA, 2017).

Source: SAMHSA, September 2017, Table 1.1B: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>.

Table 8. Percent of Warriors by Excess and Nonmedical Use of Select Drugs in Past Year

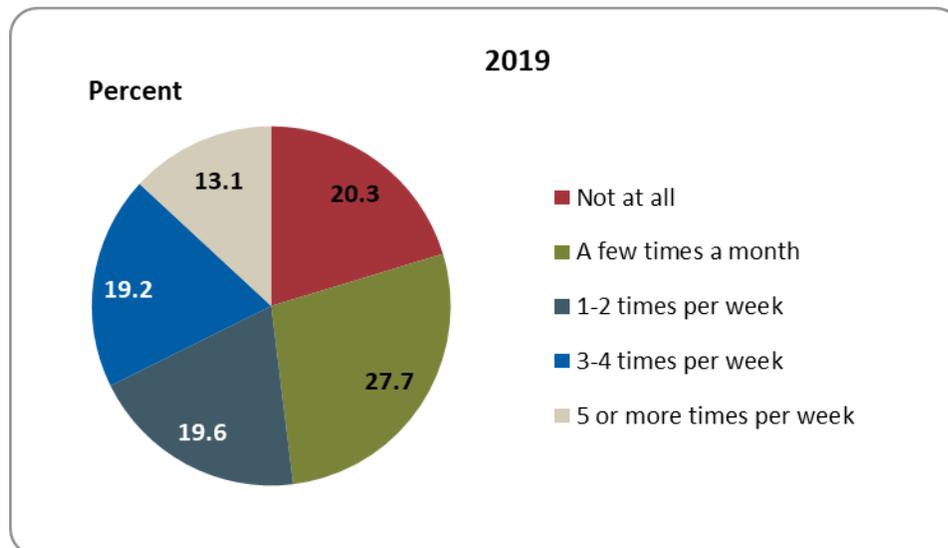
Drug	Percent who have not used	Percent who have used	Percent who have used by frequency of use				
			Less than once a month	About once a month	Two or three times a month	Once or twice a week	More than twice a week
Marijuana	80.3	19.7	4.7	1.3	1.6	2.1	10.1
Barbiturates	85.6	14.4	1.6	1.1	1.9	2.2	7.6
Opiates	89.5	10.5	3.1	1.1	1.5	1.2	3.7
Tranquilizers	91.3	8.7	1.8	0.8	1.3	1.1	3.7
Other prescription or over-the-counter drugs	92.2	7.8	1.9	0.9	1.1	1.0	3.0
Amphetamines	95.9	4.1	0.9	0.4	0.6	0.4	1.8
Cocaine	98.0	2.0	0.9	0.3	0.3	0.2	0.4
Psychedelics	98.2	1.8	0.9	0.2	0.2	0.1	0.3
Heroin	99.2	0.8	0.2	0.1	0.1	0.1	0.3

To explore the prevalence of substance use disorder — either alcohol or drugs — among warriors, the 2019 survey included the TICS, a two-item screener. If at least one item elicits an affirmative response, the respondent screens positive for in-depth assessment. The TICS does not diagnose substance abuse disorder. Rather, it reveals whether more screening for this disorder is needed. Based on 2019 survey responses, 15.5 percent of warriors have a 72 percent likelihood of having current substance use disorder; that is, they answered both items affirmatively. A similar percentage of warriors, 14.2 percent, have a 37 percent likelihood of having a current substance use disorder; that is, they answered one of the items affirmatively. The vast majority (70.3%) did not screen positive for a current substance abuse disorder.

DIET QUALITY. The survey used items from the CHIS to evaluate fruit and vegetable consumption among warriors. The United States Department of Agriculture publishes MyPlate guidelines with age- and gender-specific recommendations for the amount of fruit and vegetables that should be consumed as part of a healthy diet. Women older than 18 years should consume between 1.5 and 2 cup-equivalents of fruit and 2 to 2.5 cup-equivalents of vegetables per day as part of a healthy diet. Men older than 18 years should consume 2 cup-equivalents of fruit and between 2.5 and 3 cup-equivalents of vegetables per day as part of a healthy diet. Based on items from the CHIS, the average warrior consumes about 1.7 cup-equivalent of fruit and vegetables combined per day. This reflects about 1.0 cup-equivalent of fruit, 0.4 cup-equivalent of fried potatoes, and 0.7 cup-equivalent of other vegetables per day. Results by gender are very similar with female warriors consuming slightly lower cup-equivalents of fried potatoes than males on average (female=0.2 cup-equivalent; male=0.4 cup-equivalent). Consequently, the average fruit and vegetable consumption for female warriors is 1.6 cup-equivalents, while that of males is 1.7 cup-equivalent. Both the male and female warrior populations are consuming fewer fruit and vegetables than recommended and may be missing valuable vitamins, minerals, and fiber necessary to maintain health.

PHYSICAL ACTIVITY AND EXERCISE. In its *Physical Activity Guideline for Americans*, the Department of Health and Human Services (DHHS) recommends that “[a]dults with chronic conditions or disabilities, who are able, should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.” DHHS notes, “When adults with chronic conditions or disabilities are not able to meet the above key guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.”⁴ Survey results indicate that only one-third (32.3%) of warriors engage in physical activity — including walking, hiking, sports, working out, and yoga — three or more times a week. Figure 36 presents the distribution of warriors by the frequency of engaging in physical activity. About one in five (20.3%) warriors does not engage in physical activity at all. Only 28 percent exercise a few times a month.

Figure 36. Percentage of Warriors by Frequency of Physical Exercise



The global physical activity questionnaire was developed and used by the World Health Organization for physical activity surveillance across countries. New to the 2019 WWP annual survey, the GPAQ was used to measure frequency, intensity, and duration of recreational and sedentary behavior among warriors. Based on responses to GPAQ items, 23.2 percent of warriors engage in at least 75 minutes of vigorous-intensity recreational activities per week. The percentage engaging in vigorous-intensity recreational activity is slightly lower for female warriors, 18.7 percent, than male warriors, 24.2 percent. Based on responses to GPAQ items, 21.8 percent of warriors engage in at least 150 minutes of moderate-intensity recreational activity each week. The percentage meeting this threshold for moderate-intensity recreational activity varies somewhat by gender: 17.7 percent for female warriors and 22.7 percent for male warriors.

⁴ <https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html>. Accessed July 8, 2019.

The survey explored warriors' perceptions of physical activity by asking them to indicate how strongly they agree with select statements about barriers to and facilitators of physical activity. Agreement is indicated using a five-point scale ranging from *strongly disagree* to *strongly agree*. In order to facilitate pattern recognition, responses of *strongly agree* and *agree* are collapsed into a single category and *strongly disagree* and *disagree* are collapsed into another category. Tables 9 and 10 present the percentage distribution of warriors by three levels of agreement: *disagree*, *neutral*, and *agree*. Both tables also contain the mean score, which indicates how the typical warrior might respond to this statement about physical activity. A mean closer to 5 indicates stronger agreement with the statement, a mean closer to 3 indicates neutrality about the statement, and a mean closer to 1 indicates stronger disagreement with the statement.

A large percentage of warriors agree that physical activity has health benefits, including decreasing feelings of stress and tension (73.9%), improving flexibility and mobility (72.5%), and improving mental health (69.0%). However, barriers to exercising are also evident. Most warriors indicate concerns about physical activity making pain or injury worse (55.5%) and about reinjury (54.8%).

Table 9. Level of Agreement With Statements About Facilitators of Physical Activity

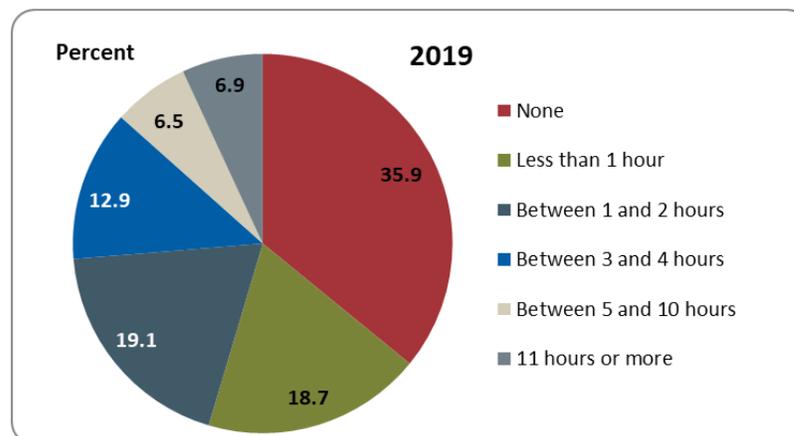
Statement	Disagree	Neutral	Agree	Mean
Physical activity improves the way my body looks	3.0	12.1	84.9	4.3
Physical activity decreases feelings of stress and tension for me	5.8	20.3	73.9	4.0
Physical activity gives me a sense of personal accomplishment	4.9	21.8	73.3	4.0
Physical activity increases my stamina	4.7	22.8	72.5	4.0
Physical activity improves my mental health	5.9	25.2	69.0	3.9
Physical activity improves my flexibility or mobility	6.5	21.0	72.5	3.9
Physical activity improves overall body functioning for me	6.3	27.1	66.6	3.8
Physical activity helps me sleep better at night	14.7	32.1	53.2	3.5
Physical exercise lets me have contact with friends and persons I enjoy	27.2	42.0	30.8	3.1
Physical activity increases my acceptance by others	23.3	47.3	29.4	3.1

Table 10. Level of Agreement With Statements About Barriers to Physical Activity

Statement	Disagree	Neutral	Agree	Mean
Physical activity makes my pain or injury worse	17.9	26.6	55.5	3.5
I'm concerned with safety or re-injuring myself	21.5	23.7	54.8	3.5
It costs too much to participate in physical activity (like exercise, sports, etc.)	32.5	29.5	38.0	3.1
Physical activity is hard for me due to my physical limitations	33.6	29.2	37.2	3.0
Don't participate in physical activity because uncomfortable in social situations	38.4	25.1	36.6	2.9
I don't have enough time to train or participate in physical activity	41.6	30.9	27.4	2.8
I can't find a trainer to help me with my injury or disability	37.8	40.0	22.2	2.8
Physical activity takes too much time from my family or work responsibilities	40.8	33.1	26.0	2.8
Exercise facilities don't accommodate my injury	42.6	37.0	20.4	2.7
Places for me to exercise are too far away	51.8	27.9	20.3	2.6
I don't know how to exercise or create an exercise routine	52.6	25.1	22.3	2.6
There are too few places for me to exercise	52.2	29.3	18.5	2.5

The survey also inquired about warriors' sedentary time, particularly time spent playing electronic games outside of school or work. On average, male warriors spend about 1.6 hours per day playing electronic games and female warriors spend about 1.4 hours per day. Figure 37 presents the percentage distribution of warriors by duration of daily video game play. Thirty-six percent of warriors do not play video games on a daily basis. More than a third (37.8%) play video games but do so less than two hours a day. Thirteen percent play between three and four hours a day. About 13.4 percent play more than five hours per day. The 2015 DoD Health Related Behaviors Survey (HRBS) asked the same question and found that more than eighty percent (80.5%) of service members reported they play games for less than two hours per day (Meadows et al., 2015). Compared to that study, a lower percentage of warriors reported they play no video games or play for less than two hours per day (73.7%). Time spent playing is typically longer for younger warriors. Eighteen percent of warriors between the age of 18 and 30 and sixteen percent of warriors between the age of 31 and 35 play for five or more hours per day. Compared to warriors aged 36 and older, only twelve percent (11.9%) play for five or more hours a day.

Figure 37. Percentage Distribution of Warriors by Duration of Daily Video Game Play



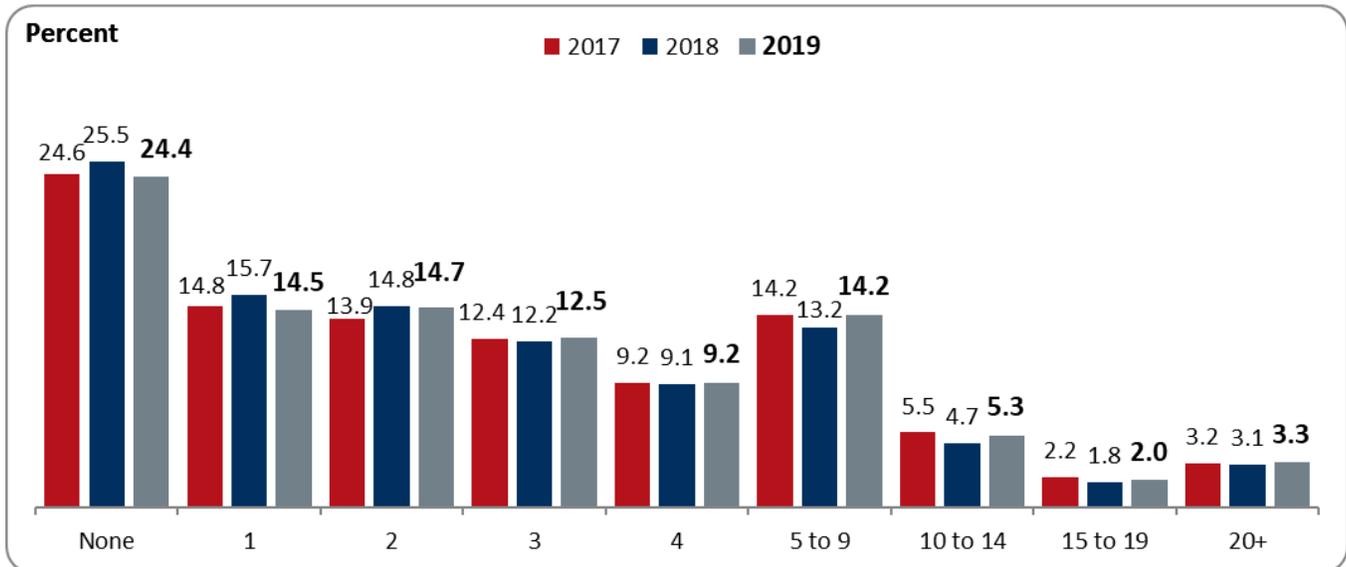
ACCESS TO HEALTH CARE SERVICES

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

HEALTH CARE VISITS FOR SELF. Warriors reported the average number of scheduled clinical appointments they had attended to address any of the symptoms/problems they have had since their injury. About one-third (33.3%) indicates that they have not attended any clinical appointments to address any of the symptoms/problems they have had since their injuries. Slightly less than half (47.2%) indicate that they have had, on average, one to two appointments. The remaining 19.5 percent have had weekly appointments varying in frequency from one per week to more than five per week. The distribution for emergency room visits because of symptoms or injury-related problems is skewed even more heavily toward zero: 77.5 percent have not needed the emergency room and 19.2 percent have visited one to three times, while the remaining 4.3 percent have gone four or more times in the past three months.

The survey also asks, more generally, how many times warriors 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 three months. About one-quarter (24.4%) had no visits; about 4 in 10 warriors (41.7%) had *one to three* visits. Nearly 25 percent (23.4%) of warriors had between four and nine visits in the past three months, while about 1 in 10 warriors (10.6%) had *10 or more* in the past three months (Figure 38).

Figure 38. Number of Doctor/Clinic Visits in the Past 3 Months



A new question in the survey asked about how many times warriors had to have an extra, unplanned visit to a clinical provider (doctor, therapist) because of difficulty with medical, psychiatric, or injury-related problems in the past three months. Two thirds of warriors (63.8%) did not need to have any extra visits:

- I did not need to have any extra visits – 63.8%
- 1-3 times – 30.7%
- 4-6 times – 3.9%
- 7 or more times – 1.6%

USING CANNABIS TO TREAT CONDITIONS. Two new survey questions were added in 2019 about treating conditions with cannabis. When asked about use of cannabis in regard to health care, 17.0 percent of warriors reported using cannabis to treat a mental or physical condition, and nearly half (49.2%) know a veteran who is using cannabis to treat a condition.

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

About half of warriors (52.0%) visited any health care professional (such as a doctor, a psychologist, or a counselor) in the past three months to get help with issues such as stress or emotional, alcohol, drug, or family problems. Among these warriors, about three-quarters (74.2%) visited a regular medical doctor or primary care physician for those problems. This percentage has been stable over the last three years. About 6 in 10 warriors (63.5%) who saw their primary care physician about mental health issues visited their doctors one to three times in the past three months. A relatively small percentage of these warriors (3.5%) had *20 or more visits*, contributing to a mean number of visits of 4.8 (median 3.0) during the past three months.

HEALTH CARE VISITS TO MENTAL HEALTH SPECIALISTS. Warriors who visited *any* health care professional about issues with stress or emotional, alcohol, drug, or family problems also reported on visits to a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor, in the past three months. Among these warriors, 91.3 percent made such a visit. Just over two-thirds (67.8%) visited a specialist about such issues one to five times in the past three months. The mean number of visits was 5.6 (median 3.0).

MEDICATION USE FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among warriors who had visited *any* health care professional in the past three months about issues such as stress, emotional, alcohol, drug, or family problems, 74.9 percent were prescribed medication for a mental health or emotional problem. Most (92.7%) took the medications for the duration as prescribed by their doctor.

COUNSELING FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among warriors who reported visiting *any* health care professional in the past three months, 74.5 percent had received counseling — individual, family, or group — for a mental health or emotional problem. About 6 in 10 warriors (60.6%) had between one and five visits in the past three months. At the other extreme, about 5 percent (4.9%) made *20 or more* visits during that time. The mean number of visits was 6.4 (median 4.0).

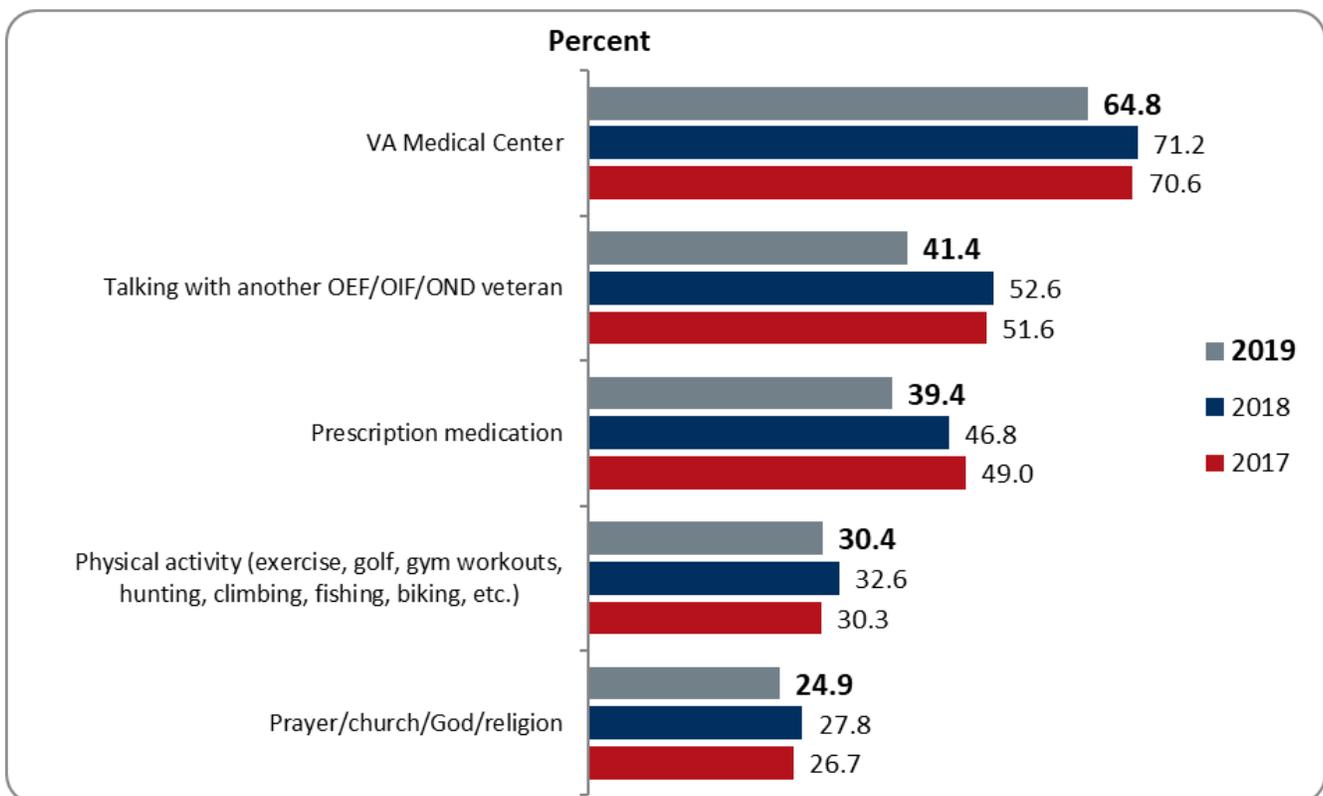
RESOURCES AND TOOLS USED TO HELP COPE WITH FEELINGS OF STRESS OR EMOTIONAL OR MENTAL HEALTH CONCERNS. Only 4.7 percent of warriors indicated that they have not had any feelings of stress or emotional or mental health concerns. Consequently, resources and tools used to help cope with feelings of stress or emotional or mental health concerns are relevant for the vast majority of warriors. Warriors were presented with a list of 21 resources or tools and

asked to mark all that they have used (Figure 39). Though the order of most frequently cited resources is somewhat similar to that of previous years, the most frequently cited responses were cited by lower percentages of respondents than in previous years. One change that impacted this difference is that the 2019 survey presented all warriors with these questions, while previous surveys presented them only to those warriors who had deployed.

- About 65 percent (64.8%) cited a VA medical center, which is a notable difference from the 71 percent reporting use of this resource last year;
- About 40 percent (41.4%) cited “Talking with another OEF/OIF/OND veteran,” another notable different from the 53 percent citing this resource last year; and
- About 40 percent (39.4%) cited use of prescription medication, a notable difference from the 47 percent citing this resource last year.

Other resources and tools beyond the top three that were used by about one-fourth of warriors since deployment included physical activity (30.4%) and prayer/church/God/religion (24.9%). Only about 1 in 5 (18.8%) warriors with concerns said they used the Vet Center (not shown). Among those who used various resources for support, the typical warrior used four sources of support.

Figure 39. Top 5 Resources and Tools for Coping With Stress or Concerns*

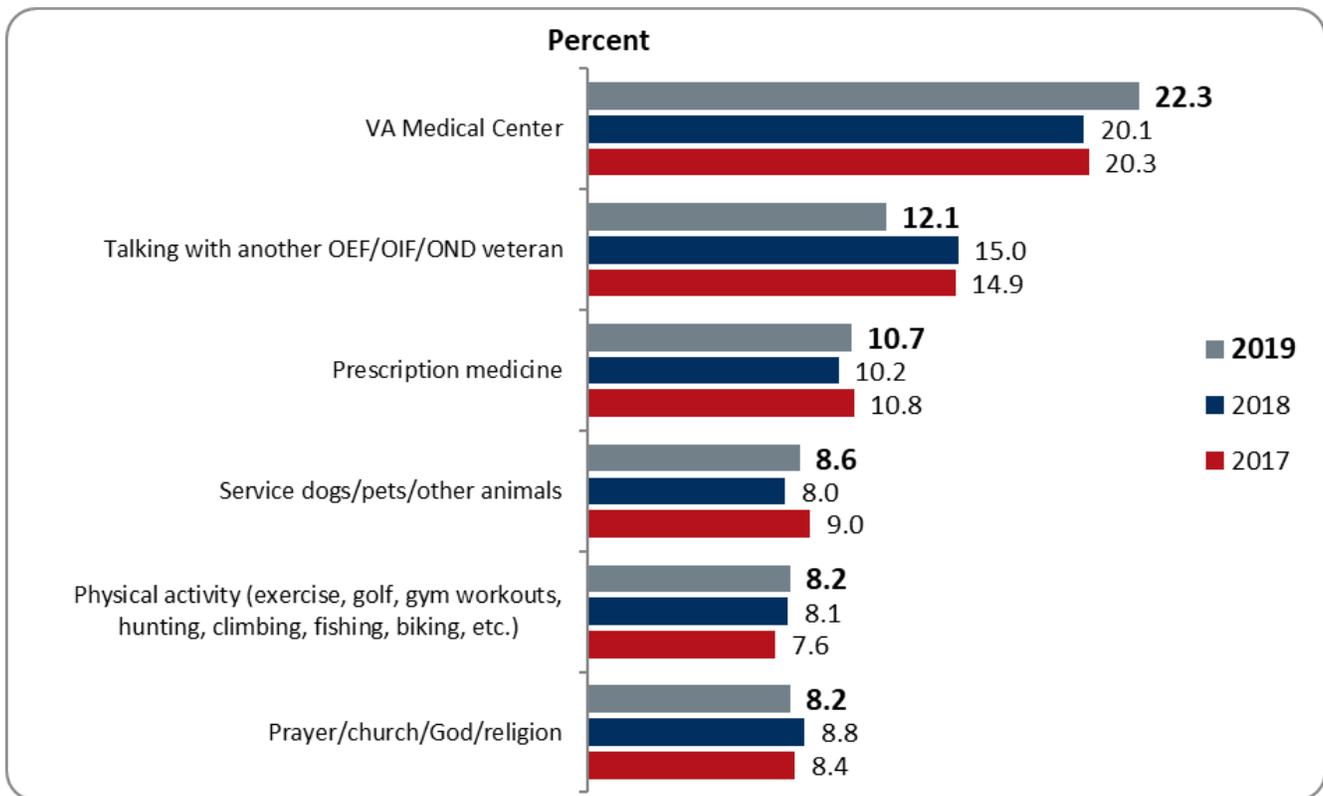


*2017 and 2018 data are among warriors who had deployed, while 2019 is among all warriors.

Warriors who identified resources they had used were asked which one had been the most effective in helping them. Figure 40 displays the percentage of warriors by most effective resource used. The resource that was cited most frequently by warriors as being most effective in helping them was a VA Medical Center (22.3%). Talking with another OEF/OIF/OND veteran

(12.1%) was second. Prescription medicine was third (10.7%). New to the list of top five is use of service animals (8.6%). Physical activity and prayer/church/God/religion round out the list — both were cited by 8.2 percent of warriors.

Figure 40. Top 5 Most Effective Resources and Tools for Coping With Stress or Concerns



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

An estimated 31.8 percent of warriors had difficulty getting mental health care, put off getting such care, or did not get the care they needed during the past 12 months. These warriors were asked about the reasons for their difficulties in getting mental health care.

REASONS FOR NOT GETTING MENTAL HEALTH CARE. Among all warriors who experienced difficulties accessing mental health care, conflicts between personal schedules and hours of operation of VA health care was the most frequently cited reason (35.0%) for difficulty (Figure 41). Several responses were cited by similar percentages:

- Felt that treatment might bring up painful or traumatic memories that you wish to avoid – 32.2%
- Inconsistent treatment or lapses in treatment – 31.8%
- Uncomfortable with existing resources within DoD or VA – 29.4%
- Experienced difficulty in scheduling appointments – 28.5%

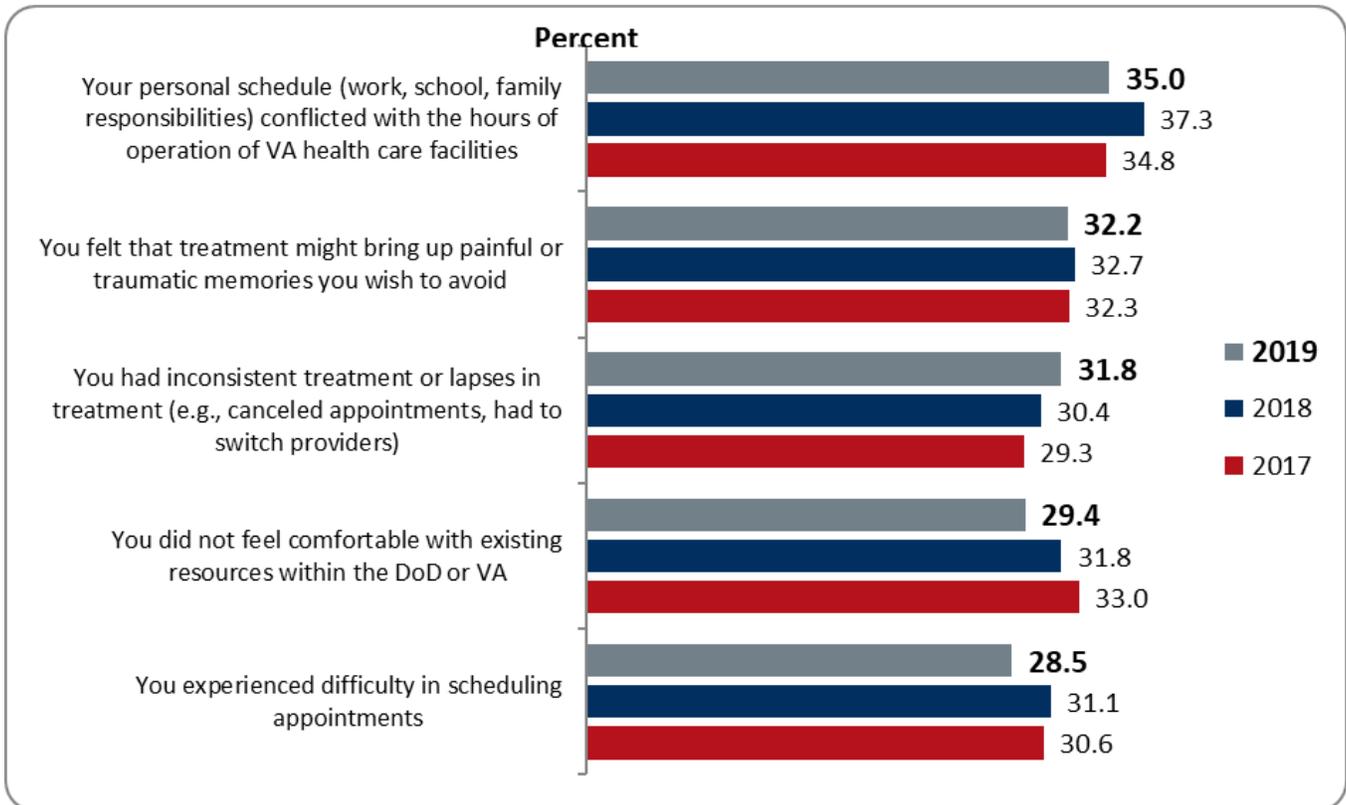
Nearly 1 in 3 (29.3%) warriors indicated other reasons that were not specified. This catchall category was among the top five most frequently cited this year; however, it likely represents a variety of reasons, so it is not mentioned among the five most frequently cited individual reasons.

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

- Concerned future career plans would be jeopardized – 19.6%
- Felt you would be considered weak for seeking mental health treatment – 19.1%
- Felt you would be stigmatized by peers or family for seeking mental health treatment – 17.4%

Nearly one-quarter (24.2%) of warriors cited lack of resources in their geographic area as a barrier to getting mental health care this year.

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



WARRIORS EXPERIENCING DIFFICULTIES WHO USE THE VA AS THEIR PRIMARY HEALTH CARE PROVIDER. Limiting analysis of barriers to those who use the VA as their primary health care provider, which represents 69.9 percent of warriors, reveals the same five most frequently reported barriers but in slightly different order:

- Inconsistent treatment or lapses in treatment (resulting, for example, from canceled appointments or the need to switch providers) – 37.2%
- Personal schedule conflicted with operation of VA health care – 36.3%
- Felt that treatment might bring up painful or traumatic memories that they wanted to avoid – 33.3%

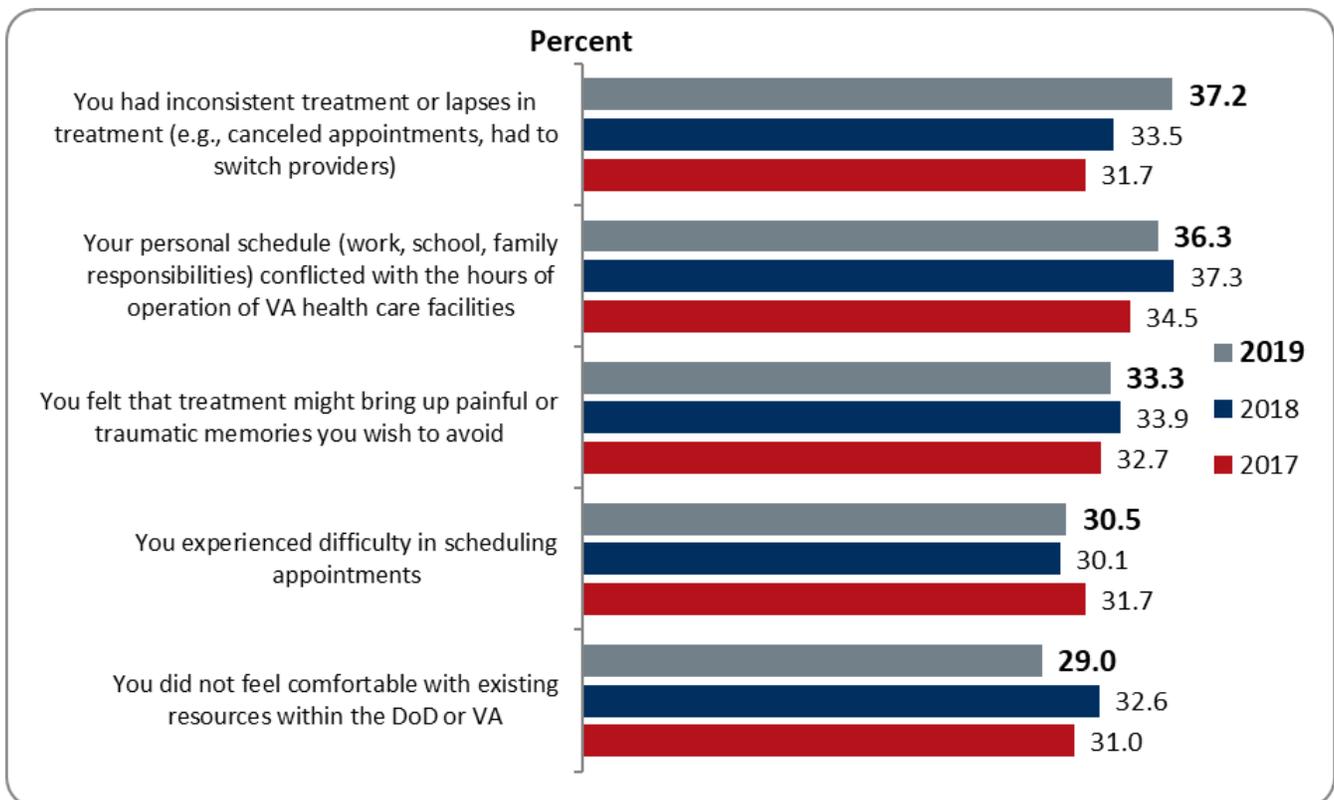
Fourth is difficulty experienced in scheduling appointments (30.5%) and fifth is did not feel comfortable with existing resources within the DoD or VA (29.0%, Figure 42).

Stigma is also a concern for a notable minority within this subgroup of warriors:

- Concerned that your future career plans would be jeopardized – 19.1%
- Felt you would be considered weak for seeking mental health treatment – 17.5%
- Felt you would be stigmatized by peers or family for seeking mental health treatment – 16.2%

Just over one-quarter (25.6%) of warriors who use the VA for their primary health care reported that lack of resources in their geographic area was a barrier to getting care, and 18.9 percent indicated that VA requirements made it difficult to get referrals for specialty care.

Figure 42. Top 5 Reasons for Difficulties in Getting Mental Health Care for Warriors Who Use VA as Primary Health Care Provider



DIFFICULTY IN GETTING PHYSICAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE. About 4 in 10 warriors (37.5%) had difficulty getting health care for physical injuries or problems, put off getting such care, or did not get the care they needed during the past 12 months. These warriors were asked about the reasons for their difficulties in getting physical health care.

REASONS FOR NOT GETTING PHYSICAL HEALTH CARE. Looking across the years, there is a notable downward trend in the percentage of warriors reporting difficulty scheduling appointments, falling from 39.1 percent in 2017 to 33.3 percent in 2019. However, this is still the most frequently cited reason for difficulties warriors experience when seeking physical health care. About 3 in 10 warriors chose the next most common reasons:

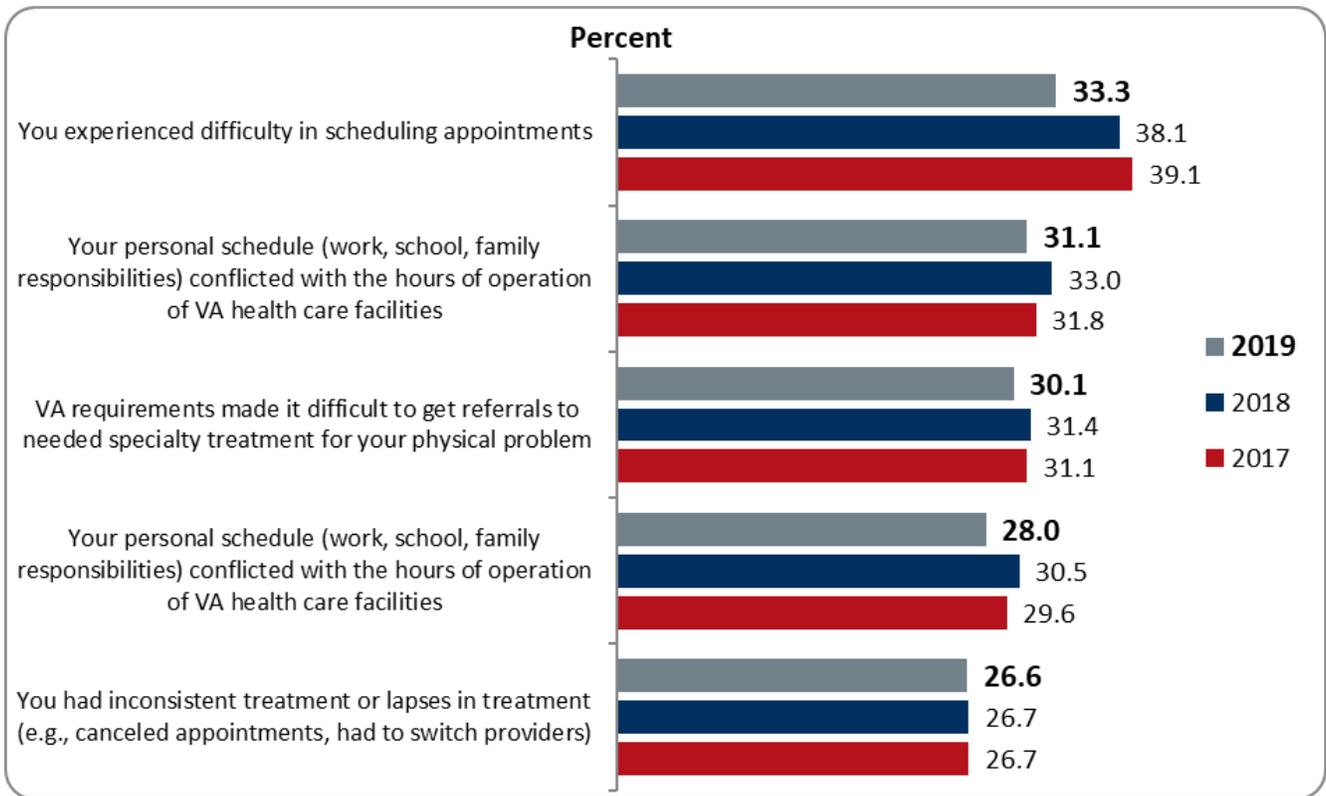
- Personal schedule (work, school, family responsibilities) conflicted with the hours of operation of VA health care facilities – 31.1 %
- VA requirements made it difficult to get referrals to needed specialty treatment for physical problems – 30.1%
- Lack of availability in VA specialty clinics (orthopedics, dental, etc.) – 28.0%

Other unspecified reasons are cited by 30.3 percent of warriors; however, this catchall category may reflect a variety of individual reasons. Figure 43 presents the top five reasons warriors cite most frequently.

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

- Uncomfortable with existing resources within the DoD or VA – 19.1%
- Lack of resources in their geographic area – 15.4%
- Could not afford co-pays or other costs not covered by health insurance – 11.0%
- Did not have health insurance to cover needed care – 9.8%
- Felt you might lose your job if you asked for time off to get physical health care – 9.5%

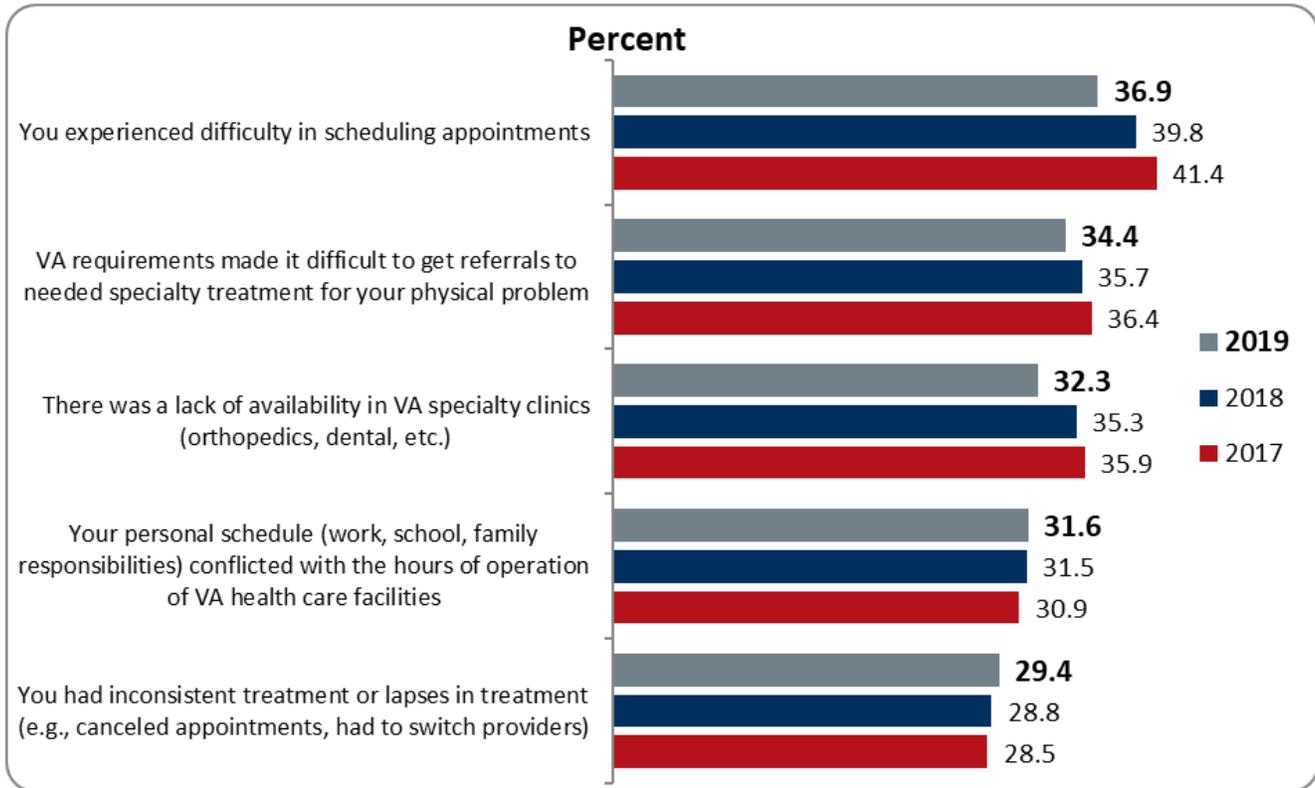
Figure 43. Top 5 Reasons for Difficulties in Getting Physical Health Care for all Warriors



WARRIORS EXPERIENCING DIFFICULTIES WHO USE THE VA AS THEIR PRIMARY HEALTH CARE PROVIDER.

Four of the top five reasons for difficulties getting physical health care among all warriors were also top reasons for those who use the VA for their primary health care (69.9%). Figure 44 presents the findings for the top five barriers to seeking physical health care among those who use the VA as their primary health care provider.

Figure 44. Top 5 Reasons for Difficulties in Getting Physical Health Care for Warriors Who Use VA as Primary Health Care Provider

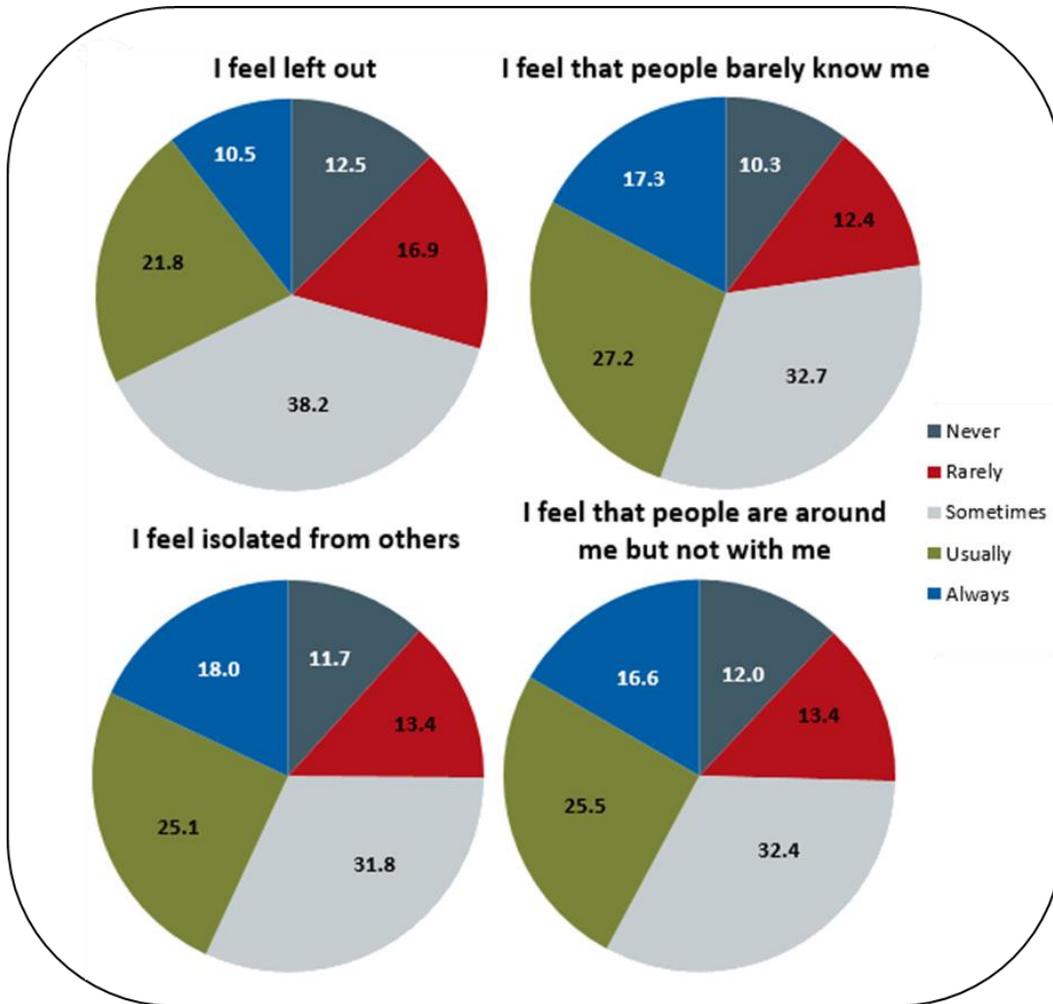


SOCIAL SUPPORT

In addition to diet, exercise habits, and sleep behavior, we know that social support can influence health (Reblin and Uchino, 2008). To explore social support, warriors were asked to what extent they agree or disagree with two statements about their current relationships with friends, family members, co-workers, community members, and others. These statements were taken from the short version of the Social Provisions Scale developed by Russell and Cutrona (Cutrona & Russell, 1987). More than three-quarters (78.5%) of warriors agreed or strongly agreed with the statement, “There are people I can depend on if I really need it.” Somewhat less than three-quarters (72.3%) of warriors agreed or strongly agreed with the statement, “There are people who enjoy the same social activities that I do.” In other words, the majority of warriors have people whom they can rely on, and the majority know that there are people who enjoy doing the same things that they enjoy doing.

SOCIAL ISOLATION SCALE SCORE. The annual survey inquired about social isolation using four questions. Figure 45 depicts the distribution of responses to the four items. About 4 in 10 warriors (43.1%) *usually* or *always* feel isolated from others. A similar percentage (44.5%) *usually* or *always* feel that people barely know them. About one-third of warriors (32.1%) *usually* or *always* feel that people are around them but not with them. Likewise, about one-third of warriors (32.3%) *usually* or *always* feel left out.

Figure 45. Warriors' Perceptions About Their Social Relationships

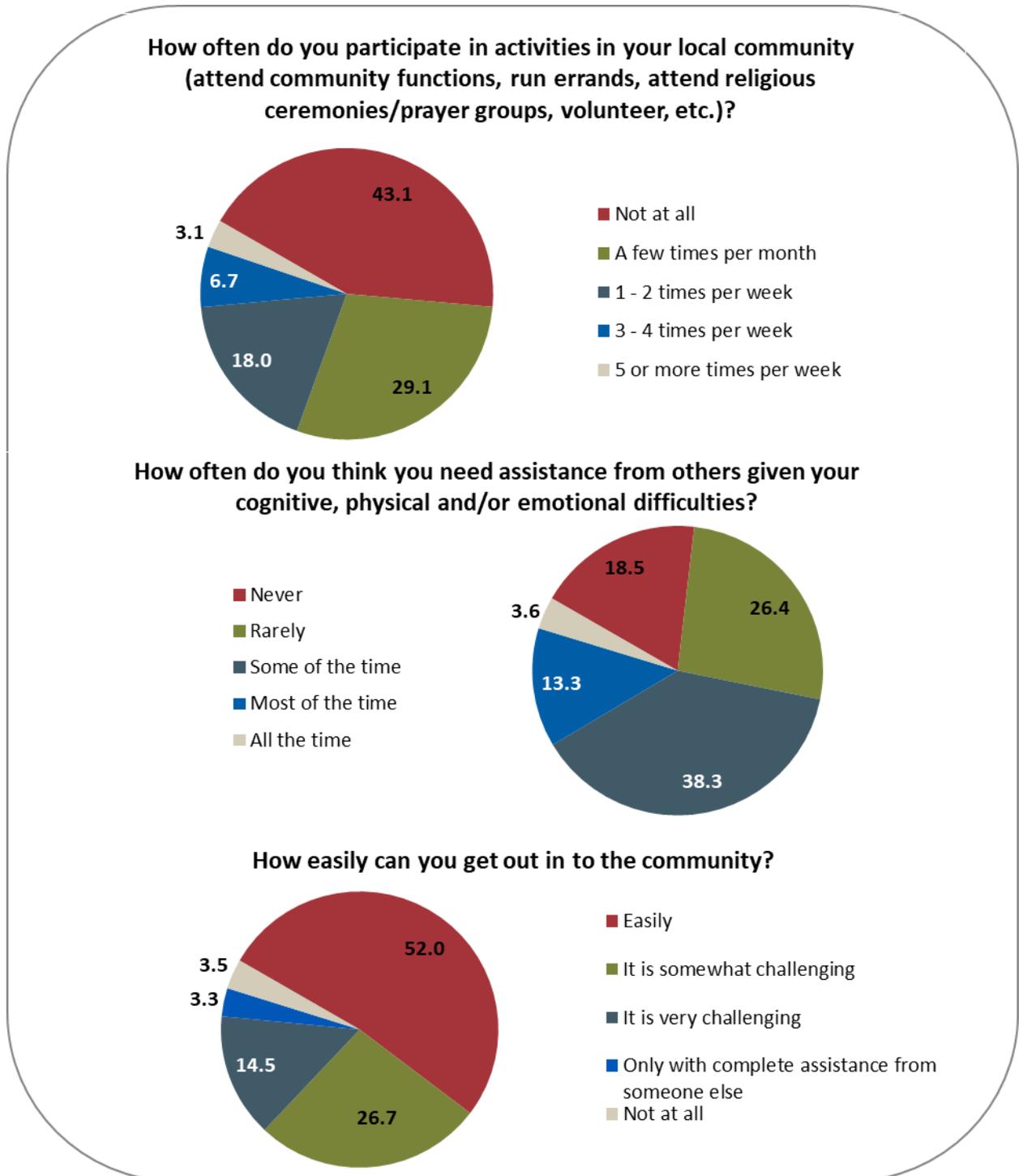


The four questions in Figure 45 compose the Social Isolation Scale. Raw scores range from 4 to 20 and are converted to standardized scale scores that range from 34.8 to 74.2. A score of 50 on this scale represents the average of the sample used to standardize the scores. The sample used to standardize the score were more likely to have chronic illness, meaning a score of 50 is based on a somewhat sicker person than the general population. Higher scores indicate more social isolation. A 10-point difference between scores represents one standard deviation. The mean Social Isolation Scale score for warriors is 57.2 (median 58.1). There is little variation between the genders: female warriors have a mean score of 58.7 (median 60.1), and male warriors have a mean score of 56.9 (median 56.1).

COMMUNITY ENGAGEMENT. About half of warriors (56.9%) participate in local community activities, including community functions, running errands, attending religious ceremonies, or volunteering, meaning a substantial minority are not engaged with their communities. Warriors may not feel comfortable engaging in their communities since more than half (54.0%) are not socializing without the presence of a partner, spouse, or other support person. Among this group, about one-third (35.4%) are not socializing at all. Despite this, more than half (52.0%) indicate that they can easily get out into their communities, and 61.3 percent are *mostly* or

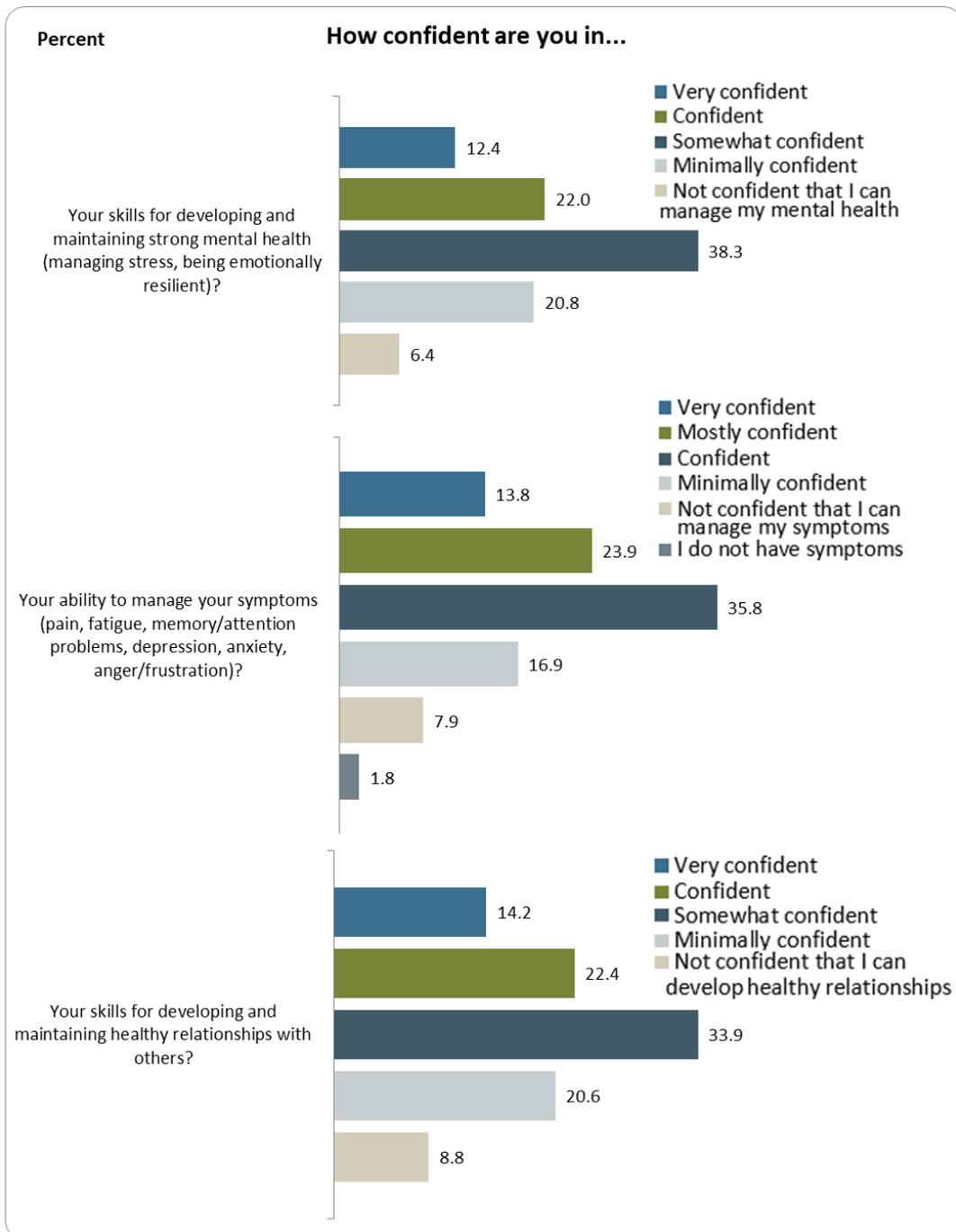
completely independent in managing their daily life activities. Approximately 62.5 percent need *none to very little* assistance to participate in activities out in the community. About 44.9 percent *rarely or never* need assistance from others given their cognitive, physical, and/or emotional difficulties. Figure 46 presents these data.

Figure 46. Social Engagement and Ease of Mobility of Warriors



Many warriors lack confidence in the skills necessary to engage with members of their communities. Only about one-third (36.6%) of warriors are *confident* or *very confident* in their skills for developing and maintaining healthy relationships with others. Similarly, about a third (34.4%) are *confident* or *very confident* in their skills for developing and maintaining strong mental health, and 37.7 percent are *mostly confident* or *very confident* that they can manage their symptoms, including pain, fatigue, memory/attention problems, depression, anxiety, or anger and frustration. Figure 47 presents the percentage distribution of warriors by their confidence levels.

Figure 47. Warriors Confidence in Their Abilities to Adapt



RESILIENCE AND ATTITUDES

The 2019 WWP Annual Survey includes the 10-item version of the Connor-Davidson Resilience Scale. The CD-RISC 10 assesses resilience — the ability to overcome adversity — among those who have been exposed to extremely stressful situations and may suffer from forms of anxiety including PTSD. The 10-item version of the CD-RISC instrument was developed by Campbell-Sills and Stein as an abbreviated version of the original 25-item instrument. On the 10-item version, the final scale score ranges from 0 to 40, with higher scores indicating greater resilience.

About half of warriors (49.6%) think it is *often true* or *true nearly all the time* that they are able to adapt when changes occur (Figure 48). A somewhat lower percentage (45.3%) indicate that it is *often true* or *true nearly all the time* that they tend to bounce back after illness, injury, or other hardships (Figure 49). The percentage indicating that they cannot (*not at all able*) or can only *rarely* adapt when changes occur is 13.5 percent, which is similar to 16.6 percent indicating that they are unable (*not at all able*) or *rarely* able to bounce back after illness, injury, or other hardships.

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

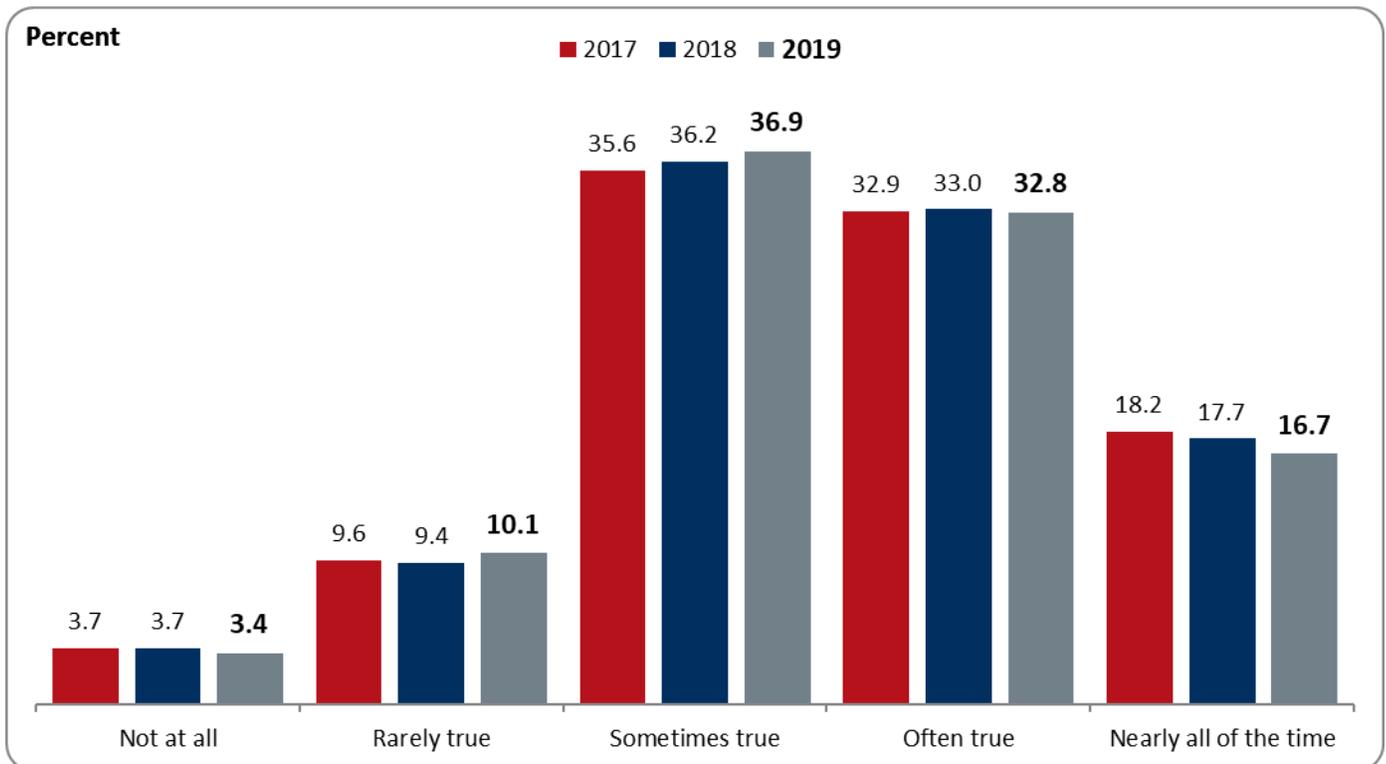


Figure 49. Ability to Bounce Back After Illness, Injury, or Other Hardships (How True Is It That They Tend to Bounce Back?)

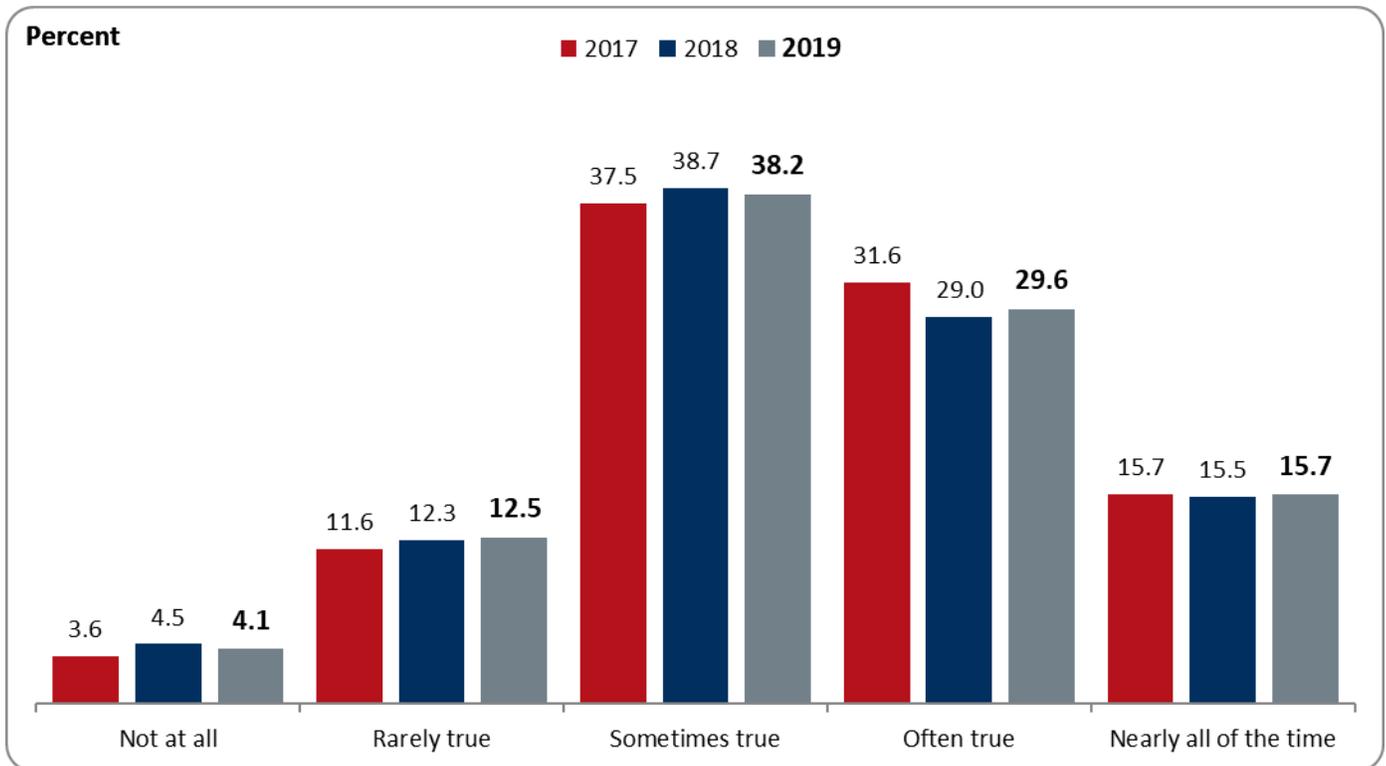


Table 11 presents responses to all of the 10 questions used to explore current attitudes that reflect resilience among warriors. Only about 1 in 5 warriors (19.3%) indicated that, “I think of myself as a strong person” *nearly all of the time*. Similar percentages indicated that they try to see the humorous side of problem (19.1%) or are able to adapt when changes occur (16.7%) *nearly all of the time*. Each statement was *sometimes true*, *often true*, or *true nearly all of the time* for at least 3 in 4 warriors. Mean scores for each items range between 2.2 and 2.5, suggesting that the typical warrior finds most of the statements between *sometimes* and *often true*.

Table 11. Percent of Warriors by Responses to Questions About Current Attitudes

	Not at all true	Rarely true	Sometimes true	Often true	True nearly all of the time
I am able to adapt when changes occur.					
2019	3.4	10.1	36.9	32.8	16.7
2018	3.7	9.4	36.2	33.0	17.7
2017	3.7	9.6	35.6	32.9	18.2
I tend to bounce back after illness, injury, or other hardships.					
2019	4.1	12.5	38.2	29.6	15.7
2018	4.5	12.3	38.7	29.0	15.5
2017	3.6	11.6	37.5	31.6	15.7

Table 11. Percentage of Warriors by Responses to Questions About Current Attitudes (continued)

	Not at all true	Rarely true	Sometimes true	Often true	True nearly all of the time
I can deal with whatever comes my way.					
2019	3.3	9.8	37.6	32.0	17.3
2018	3.7	9.3	37.5	32.0	17.6
2017	3.8	9.5	38.1	31.6	17.0
I try to see the humorous side of things when I am faced with problems.					
2019	5.9	13.7	33.3	28.0	19.1
2018	5.6	12.7	33.3	29.2	19.2
2017	5.6	12.6	32.6	29.7	19.5
Having to cope with stress can make me stronger.					
2019	6.7	15.3	40.0	24.8	13.1
2018	6.6	14.7	40.2	25.1	13.4
2017	6.5	14.1	38.3	26.9	14.2
I believe I can achieve my goals, even if there are obstacles.					
2019	3.6	11.6	37.4	30.1	17.4
2018	3.8	11.3	38.4	30.0	16.5
2017	3.2	10.1	39.9	31.3	15.6
Under pressure, I stay focused and think clearly.					
2019	5.9	13.8	35.5	28.7	16.0
2018	6.3	13.3	35.4	29.3	15.7
2017	5.9	12.9	34.1	29.9	17.2
I am not easily discouraged by failure.					
2019	7.3	17.6	36.1	25.4	13.6
2018	6.9	17.2	36.9	25.9	13.0
2017	7.0	17.4	36.4	25.6	13.6
I think of myself as a strong person when dealing with life's challenges and difficulties.					
2019	4.7	11.6	35.5	28.9	19.3
2018	4.7	11.4	35.4	30.2	18.3
2017	4.6	10.9	33.4	30.6	20.5
I am able to handle unpleasant or painful feelings like sadness, fear, and anger.					
2019	6.5	15.1	37.5	26.0	14.9
2018	6.9	15.0	38.0	25.4	14.7
2017	5.6	13.4	37.5	27.5	16.0

The mean CD-RISC 10-Item Resilience Scale score for WWP warriors is 23.7 (median 23.0). This is much lower than mean scores found for the general U.S. population: 31.8 (Campbell-Sills et al., 2009). The WWP warrior mean score is also notably lower than the mean score in a study of combat veteran couples, 31 (Melvin et al., 2012). The National Post-Deployment Adjustment Study, a study of U.S. Iraq and Afghanistan-era veterans, also found higher resilience, with a mean score of 30.5 (Green et al., 2014).

Despite lower resilience scores, the majority (70.6%) of warriors find their lives *fairly, pretty, or very meaningful*, and 72.9 percent indicate that participation in activities — hobbies, interests, social and family time — are important to them. However, this does mean that there is a notable minority (29.3%) who find their lives *not that meaningful or not meaningful at all*, and 27.1 percent who indicate that they infrequently (*a few times a month or not at all*) participate in activities that are important to them.

FINANCIAL WELLNESS

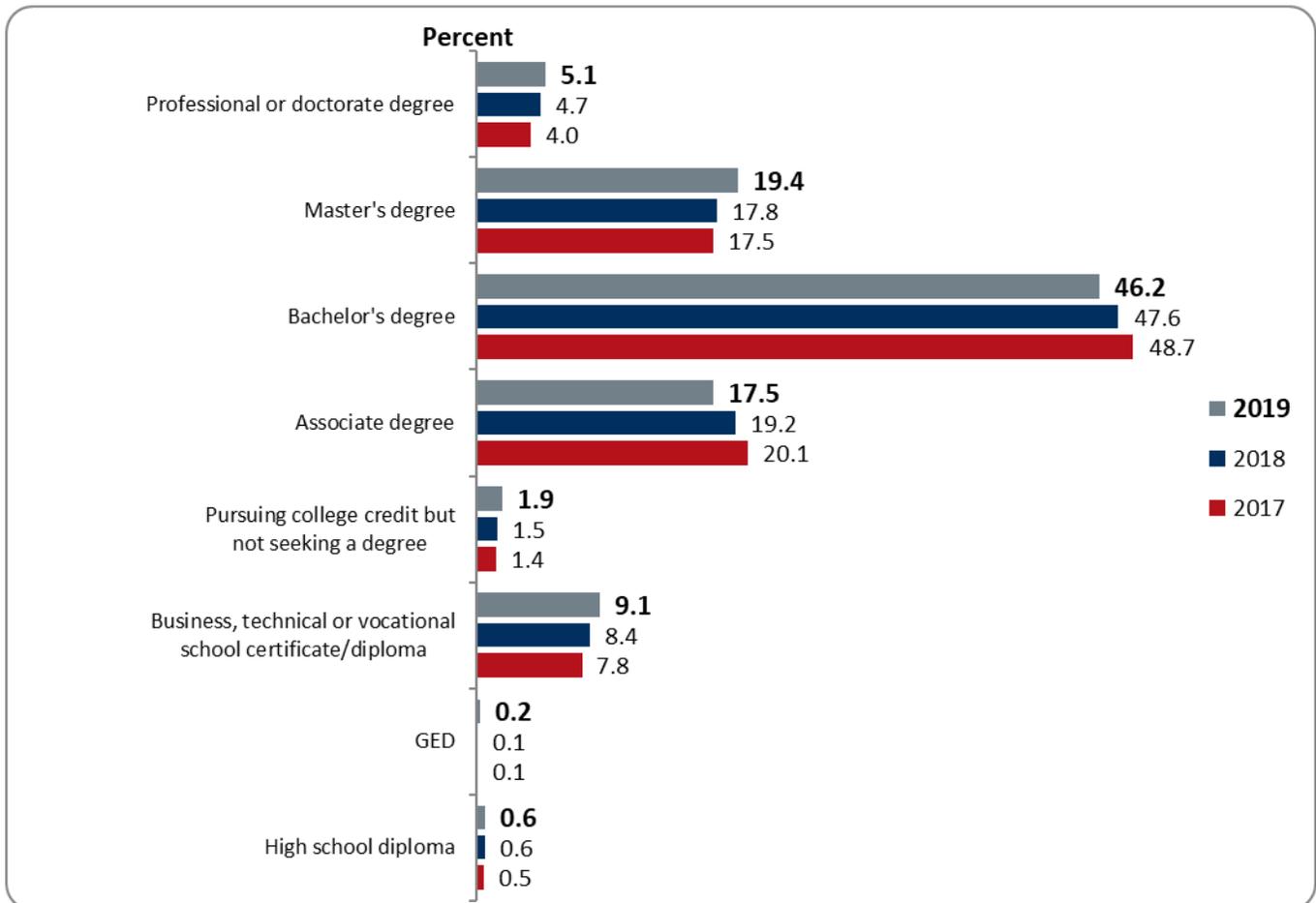
In addition to health care concerns among warriors, WWP is dedicated to promoting the economic empowerment of wounded warriors. The WWP survey includes questions to measure the economic and financial status of WWP warriors.

EDUCATION

CURRENT SCHOOL ENROLLMENT. As noted earlier in this report, 62.9% of WWP warriors have less than a bachelor’s degree (64.2% in 2018). About 20 percent of warriors are now enrolled in school and pursuing the following (Figure 50):

- A bachelor’s degree or higher – 70.7%
- An associate degree – 17.5%
- Business, technical, or vocational school training leading to a certificate or diploma – 9.1%

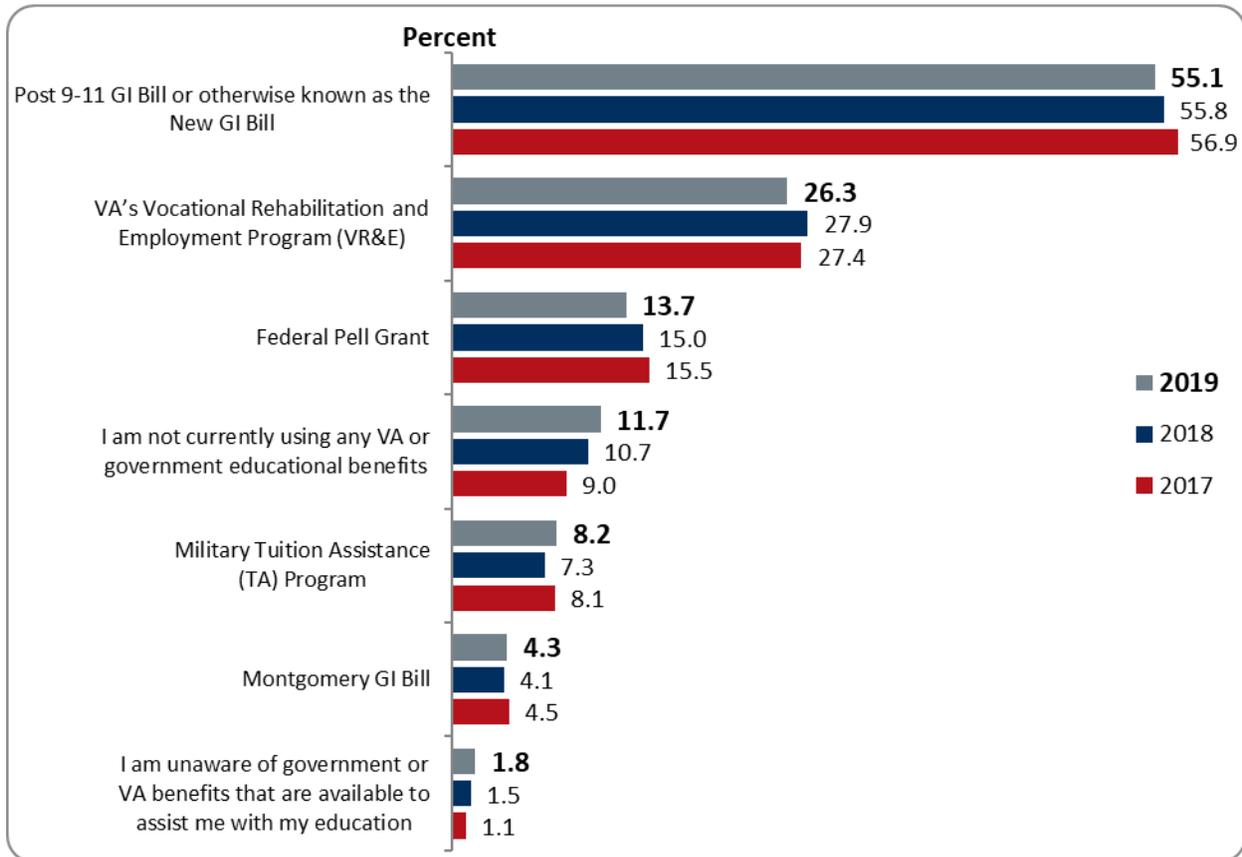
Figure 50. Degree or Level of Schooling Pursued by School Enrollees



Warriors currently pursuing more education are using various government benefits and programs to advance their education as shown in Figure 51:

- Post-9/11 GI Bill – 55.1%
- VA’s Vocational Rehabilitation and Employment Program (VR&E) – 26.3%
 - Of the warriors enrolled in the VR&E program, 53.6 percent are using “Employment Through Long-Term Services – Training/Education.”

Figure 51. VA or Government Education Benefits Used by School Enrollees

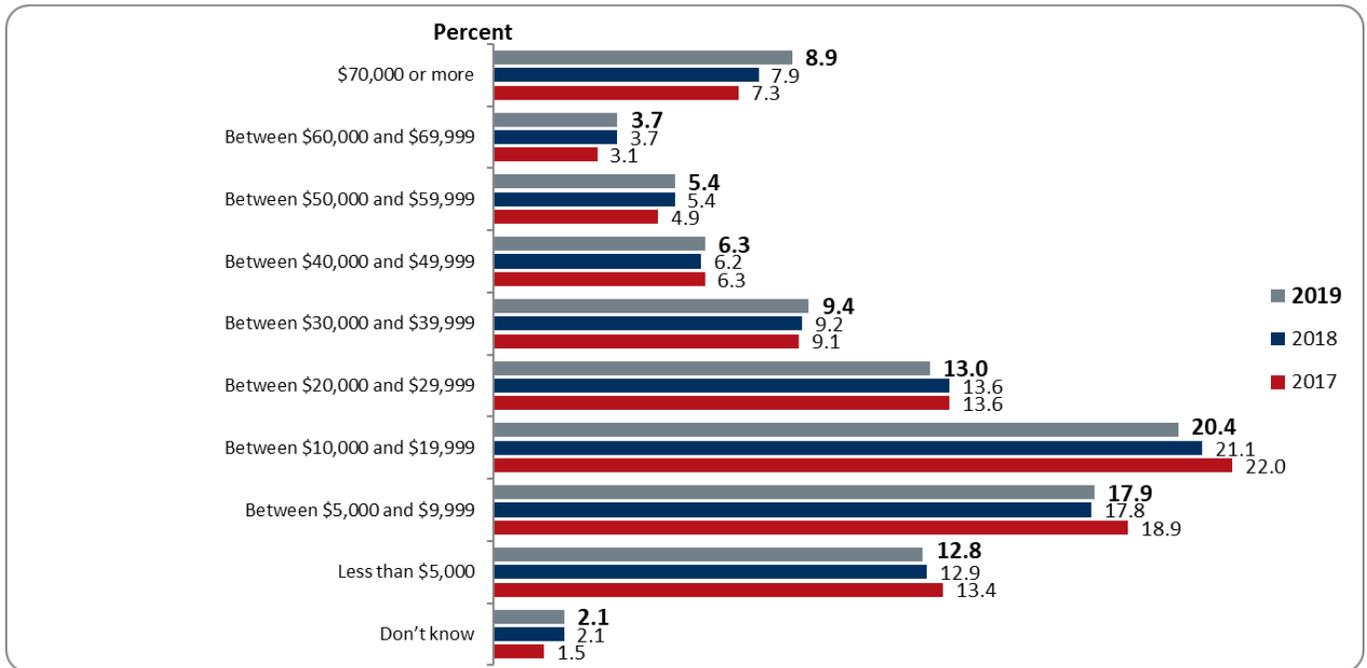


NOTE: Percentages do not sum to 100 because respondents could check more than one benefit.

WARRIOR STUDENT LOAN DEBT. As warriors pursue further education, some are incurring student loan debt. About a quarter of warriors (26.0%) currently have unpaid student loans. Among that group (Figure 52):

- 12.8 percent owe less than \$5,000;
- 51.3 percent owe between \$5,000 and \$29,999; and
- 33.8 percent owe \$30,000 or more.

Figure 52. Warrior Student Loan Debt



EMPLOYMENT AND UNEMPLOYMENT STATUS

EMPLOYMENT STATUS. Among all warriors, 55.9 percent are employed in paid work either full-time or part-time. Warriors who reported they were either not currently employed but actively looked for work in the past four weeks and could have accepted a job in the previous week or could have done so except for a temporary illness are classified as unemployed. The groups of employed and unemployed warriors seeking employment make up the warrior labor force. The 2019 labor force participation rate is 62.6 percent (number in labor force/number in population). The unemployment rate for 2019 warriors is 10.3 percent (unemployment rate equals the number of unemployed/the number in the warrior labor force). See the *Note* below discussing this estimated rate.

The survey asks wounded warriors who are neither employed nor unemployed (37.4% of warriors) to select which of eight reasons best explains why they are not in the labor force. A new response option — *Receiving Individual Unemployability Benefits* — was added this year which changed the results as compared to previous years.

- 31.4% – Mental health issue from a service-connected disability
- 19.0% – Physical injury from a service-connected disability
- 18.1% – Retired (15.6% in 2018)

- 11.5% – Receiving Individual Unemployability Benefits
- 11.1% – In school or in a training program (13.8% in 2018)
- 3.4% – Would have liked to work but have become discouraged about finding work and did not look for work in the past four weeks
- 3.4% – Family responsibilities
- 2.1% – Other (non-service-connected disability) medical/health condition (or treatment) prevents them from working

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

- 29.6% – Have been unable to find work and quit looking (32.7% in 2018)
- 27.0% – Do not have the necessary schooling, training, skills, or experience
- 25.7% – Belief that employers discriminate against them because of age or disability or some other reason
- 17.7% – No job available in their line of work or area (12.7% in 2018)

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

The top rows in Table 12 show employment percentages, labor force participation rates, and unemployment rates for all warriors from 2017 to 2019. All active duty warriors are counted as employed. The bottom rows of the table show those same results for non-active duty warriors only. As expected, the subgroup of non-active duty warriors had a lower percentage of employed respondents, a lower labor force participation rate, and a higher unemployment rate compared to all warriors in the same categories. The unemployment rate for non-active duty warriors continues to gradually decline — 11.5% in 2019, compared with 12.3 percent in 2018 and 13.3 percent in 2017.

Table 12. Estimated Employment, Labor Force Participation, and Unemployment Rates for All Warriors and for Non-Active-Duty Warriors (2017–2019)

	2019	2018	2017
All warriors			
Percentage employed	55.9%	55.1%	55.0%
Labor force participation rate	62.6%	62.1%	62.5%
Unemployment rate	10.3%	11.0%	11.7%
Non-active-duty warriors			
Percentage employed	52.7%	52.1%	51.4%
Labor force participation rate	59.8%	59.5%	59.5%
Unemployment rate	11.5%	12.3%	13.3%

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

The large subgroup of non-active-duty warriors in the table above is a better comparison group for the BLS data below.

BLS, Current Population Survey

Annual Averages 2018 (Civilian noninstitutional population, 18 years and over)

Gulf War II-era veterans: Served since September 2001

- 80.9 percent – labor force participation rate
- 3.8 percent – unemployed
- 4.1 percent – unemployment rate for those 25-34 years old

Source: BLS, March 2019, USDL-19-0451, Tables A, 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>.

August 2017 BLS Supplement

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

- 73.5 percent – labor force participation rate (vets without disabilities: 85.8%)
- 5.3 percent – unemployed (not statistically different from the rate for veterans no disability – 3.3%)

Source: BLS, March 2019, USDL-19-0451, T7: <http://www.bls.gov/news.release/pdf/vet.pdf>.

BLS, Current Population Survey – Veterans/Civilians – Disability Data August Supplement, 2018

Employment rate = percent of population who are employed

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

- Overall employment rate for veterans with a disability: 69.6 percent
 - Less than 30 percent disabled: 87.0 percent employed
 - 30 to 50 percent disabled: 76.4 percent employed
 - 60 percent disabled or higher: 58.4 percent employed
- Overall employment rate for veterans without a service-connected disability: 83.0 percent

Source: BLS, March 2019, USDL-19-0451, T7: <http://www.bls.gov/news.release/pdf/vet.pdf>.

Civilian noninstitutional population, 16 years and over (March 2019)

Persons with a disability:

- Labor force participation rate = 21.5 percent
- Employment – population ratio = 19.8 percent
- Unemployment rate = 7.9 percent

Persons without a disability:

- Labor force participation rate = 68.5 percent
- Employment – population ratio = 66.0 percent
- Unemployment rate = 3.8s percent

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

UNEMPLOYMENT STATUS. The economy's recovery is reflected in a lowering of the unemployment rate among all civilians, but less improvement has occurred among veterans, particularly among the WWP warrior population. We included BLS employment-related data here to highlight differences with the 2019 WWP survey population. The BLS findings (U.S. Bureau of Labor Statistics, March 2019) draw from 2018 annual averages for the monthly Current Population Survey and from the 2018 August special supplement on veterans:

2018 Annual Averages

- The unemployment rate for Gulf War II-era veterans was 3.8 (slowly dropping from 4.5 in 2017 and 5.1 in 2016).

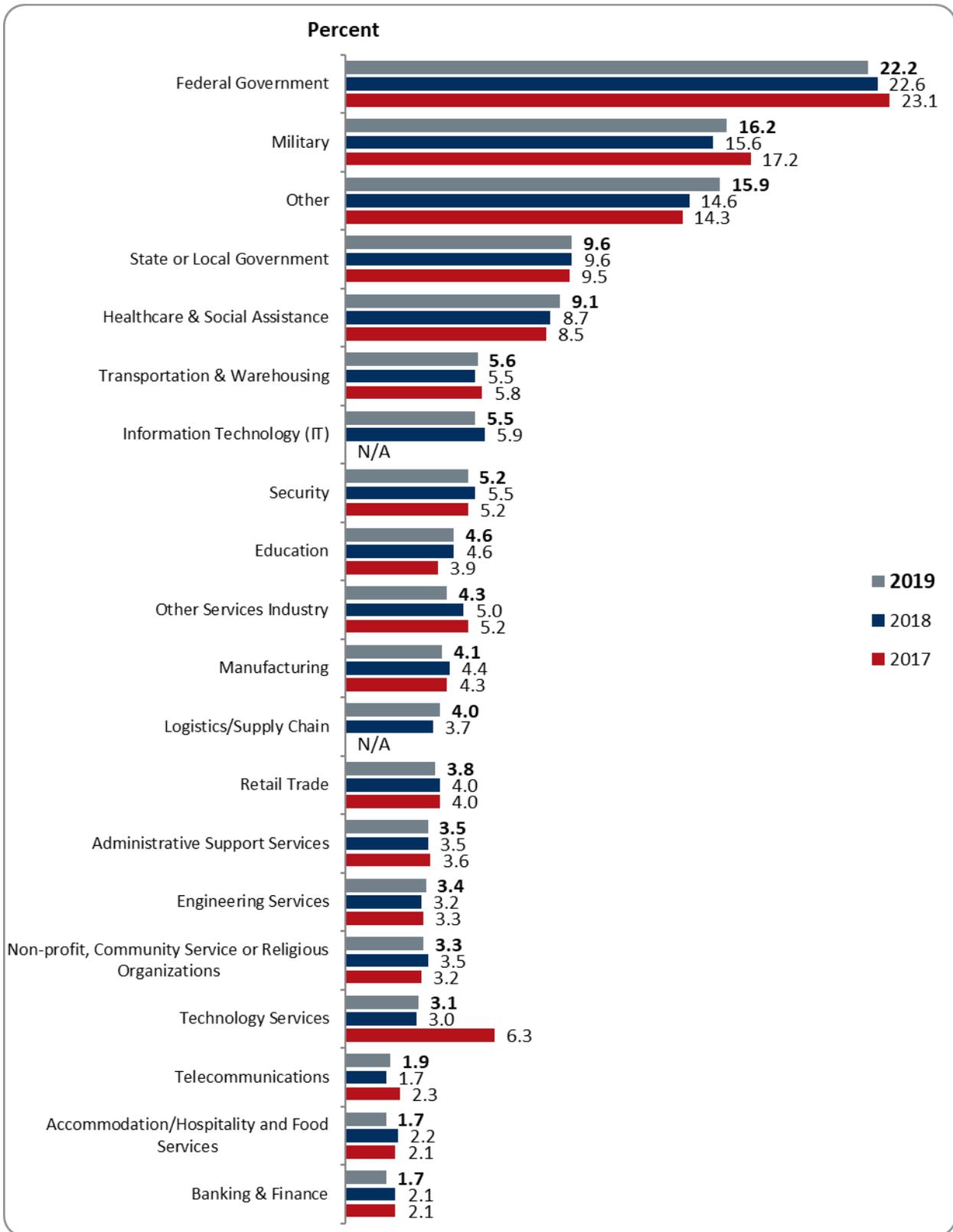
August 2018 Special Supplement on Veterans

- In August 2018, 45 percent of Gulf War II-era veterans reported they had served in Iraq, Afghanistan, or both. These veterans had an unemployment rate of 5.7 (higher than the 4.4 rate in 2017 and higher than the rate for Gulf War II-era veterans serving elsewhere — 3.2%).
- As in past years, 41 percent of Gulf War II-era veterans reported having a service-connected disability in August 2018. Nearly half of these veterans reported a disability rating of 60 percent or higher. The unemployment rate of those veterans with any service-connected disability was 5.3, higher than the 3.9 percent reported last year and higher than Gulf War II-era veterans with no disability (3.3%).

UNEMPLOYED. As noted earlier, about 10 percent of WWP warriors are unemployed. Just under two-thirds of unemployed warriors (63.4%) looked for a job for 16 weeks or less. About a fourth of unemployed warriors (25.6%) meet the Bureau of Labor Statistics definition of long-term unemployed (persons who were jobless for 27 weeks or longer), compared with 21.1 percent of unemployed civilians (U.S. Bureau of Labor Statistics, May 2017).

EMPLOYED AND SELF-EMPLOYED. There are approximately 55.9 percent of warriors working either full-time or part-time, and 6.6 percent are self-employed. Those warriors mostly used job websites (38.6%) and online job boards (25.4%) to search for their job. About 12 percent used Veterans Service Organizations to help find their current job. Figure 53 shows the distribution of employed warriors by industry. As one might expect, the most common "industries" where warriors are employed are the federal government (22.2) and the military (16.2%). A little under one-third (31.8%) work in the public sector (federal, state, and local government).

Figure 53. Industries in Which Warriors Work



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

BLS, Current Population Survey (Annual Averages 2018; August 2018)

Gulf War II-era veterans: Served since September 2001

- Much more likely than nonveterans to work in the public sector:
 - 26 percent vs. 13 percent of nonveterans
- Employed veterans much more likely than employed nonveterans to work for the federal government:
 - 14 percent vs. 2 percent of nonveterans

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

- 32.1 percent worked in federal, state, or local government, compared with 23.1 percent of veterans without service-connected disabilities
- 21.1 percent worked for the federal government, compared with 11.0 percent of veterans without service-connected disabilities

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

Nearly half of warriors are employed full-time (48.8%), and 7.3 percent are employed part-time. Weeks worked and weekly hours for full-time and part-time employees remain similar to those in previous years (Table 13). However, the weekly wage has increased for both full- and part-time workers. Full-time employees saw an increase of about \$30 per week, while part-time employees saw an increase of \$50.

Table 13. 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?		
2019	44 weeks	
2018	45 weeks	
2017	44 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2019	42 hrs/wk	
2018	43 hrs/wk	
2017	42 hrs/wk	
How much is your current weekly wage?		
2019		\$880/wk
2018		\$850/wk
2017		\$800/wk
Employed part-time		
During the past 12 months, how many weeks did you work?		
2019	30 weeks	
2018	30 weeks	
2017	29 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2019	25 hrs/wk	
2018	24 hrs/wk	
2017	25 hrs/wk	
How much is your current weekly wage?		
2019		\$250/wk
2018		\$200/wk
2017		\$200/wk

Satisfaction with employment is higher among full-time workers than part-time workers. Over half of full-time employed warriors (55.4%) are *satisfied*, *very satisfied*, or *totally satisfied* with their employment, compared with only 39.6 percent of part-time employed warriors (Figure 54).

Figure 54. Level of Satisfaction with Employment, by Full-Time and Part-Time Status

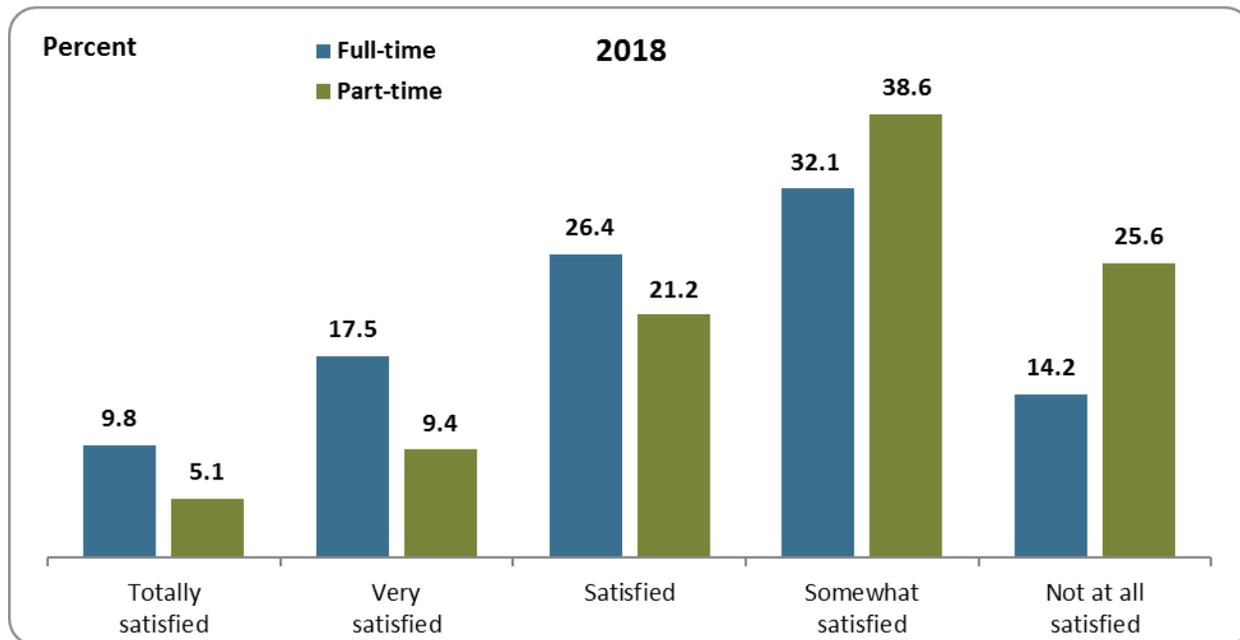
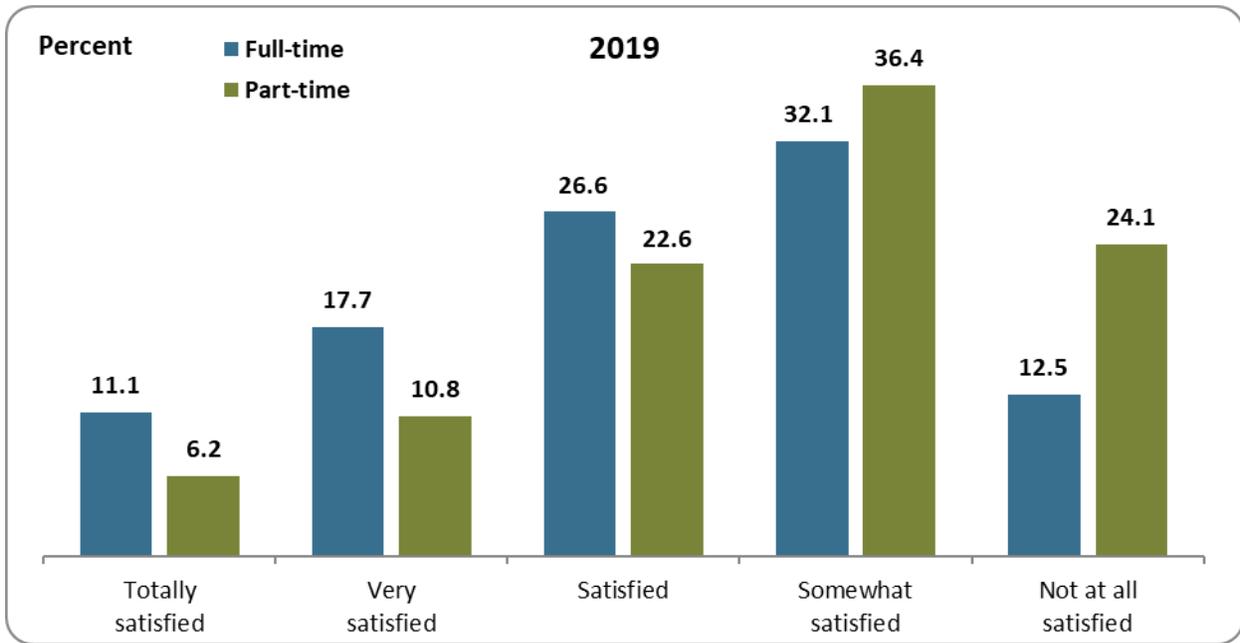
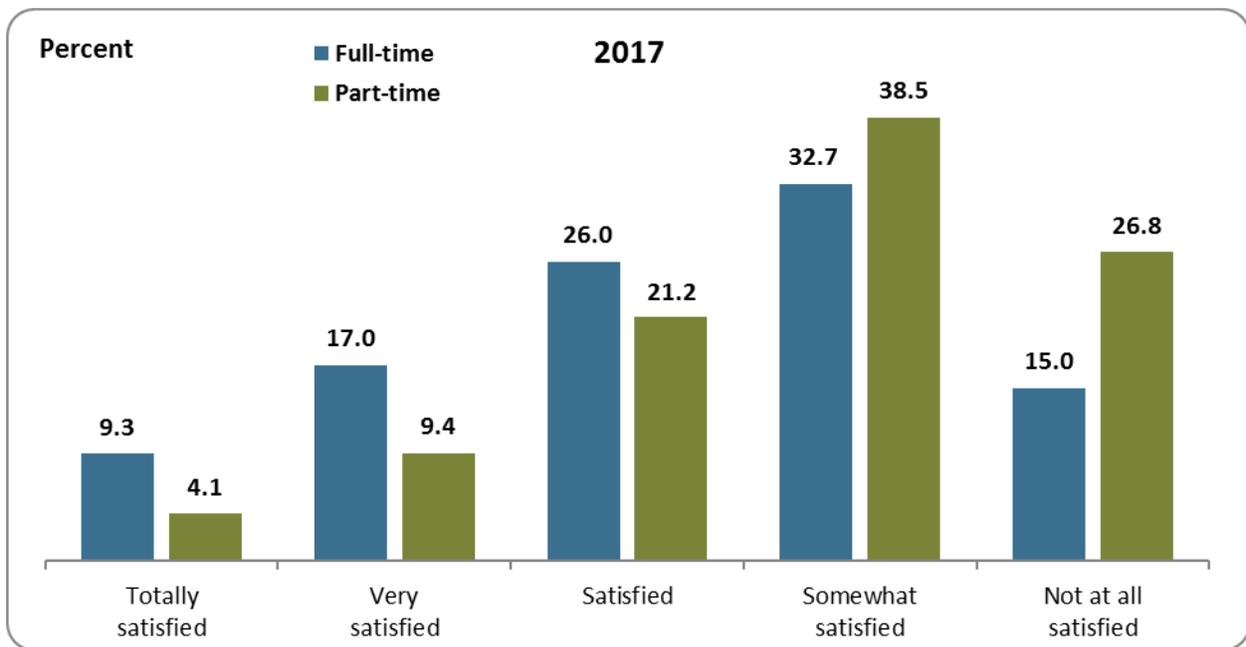


Figure 54. Level of Satisfaction with Employment, by Full-Time and Part-Time Status (continued)

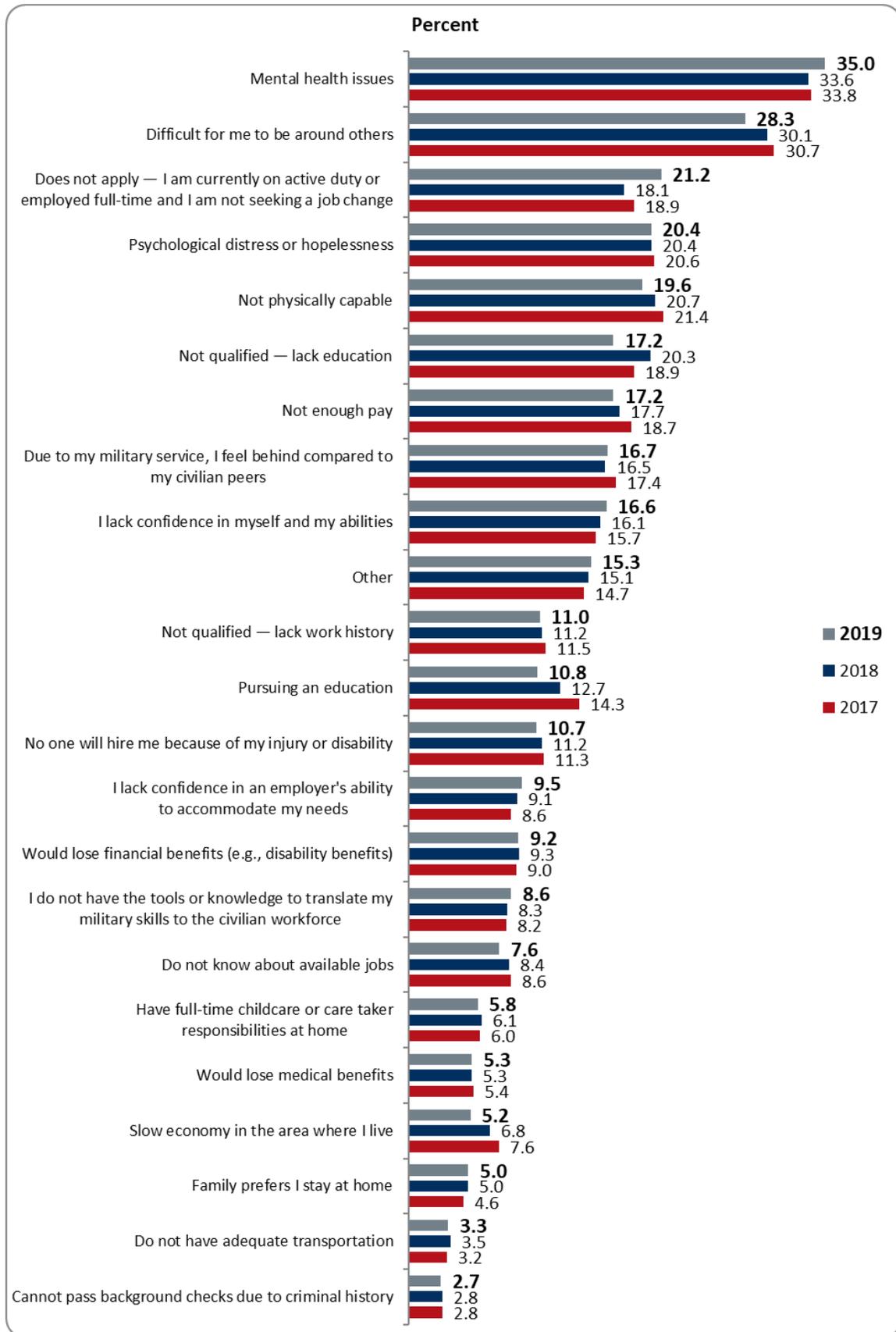


Satisfaction with employment is also higher among workers whose employers have an affinity group for veterans or a veteran mentorship program. Only about a quarter (25.7%) of working warriors have such a program, which is up from 22.1 percent in 2018. Among those warriors, 17.1 percent are totally satisfied with their employment; of those who do not have an affinity group or mentorship program, only 8.0 percent are totally satisfied with their employment.

ALL WARRIORS. All warriors were asked which factors make it more difficult for them to obtain employment or change jobs. Just under 80 percent (78.8%) of all warriors selected at least one factor. Top findings are the same as 2018 and include the following:

- For about 1 in 3 warriors, both “mental health issues” (35.0%) and “difficult for me to be around others” (28.3%; Figure 55) made it difficult to obtain or change jobs.
- For about 17 to 20 percent of warriors in 2019, the following factors contributed to difficulties in getting or changing jobs: “not physically capable,” “not qualified — lack education,” “not enough pay,” and “psychological distress or hopelessness.”

Figure 55. Factors Making It Difficult to Obtain Employment or Change Jobs



TOP TWO FACTORS MAKING IT DIFFICULT TO OBTAIN JOBS OR CHANGE JOBS, BY LABOR FORCE STATUS. The findings on difficulties in obtaining or changing jobs varied by labor force status. The top two factors for each labor force group remained the same as 2018:

- Employed full-time: “not enough pay” (19.7%) and “not qualified-lack education” (17.2%)
- Employed part-time: “mental health issues” (34.4%) and “difficult for me to be around others” (27.1%)
- Unemployed: “mental health issues” (41.1%, up from 37.0% in 2018) and “difficult for me to be around others” (34.1%)
- Not in the labor force: “mental health issues” (62.4%) and “difficult for me to be around others” (50.3%)

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

As noted earlier in the report, nearly three-fourths (72.5%) of warriors screened positive for PTSD according to the PCL-5 scale. The unemployment rate for those warriors is 14.7 percent while the unemployment rate for warriors who screened negatively for PTSD is 9.1 percent. Similarly, the labor force participation rate for those screening positively for PTSD is 52.8 percent, much lower than the 65.8 percent labor force participation rate of those who did not have a positive screen. In addition to warriors feeling they cannot work because of mental health issues such as PTSD, employers themselves may be barriers to employment for those with PTSD or other mental health issues. In a survey of human resource professionals, Rudstam (2012) found that 61 percent of employers feel that accommodating workers with disabilities such as PTSD and TBI requires more effort for the employer. Additionally, about half of employers (52 and 53 percent, respectively) answered *don't know* when asked if it is costly to accommodate workers with disabilities such as PTSD and TBI and if workers with PTSD are more likely than others to commit acts of violence in the workplace.

Over 20 percent of warriors (21.2%) indicated that zero factors made it more difficult to obtain or change jobs. Among warriors who reported one or more factors (78.8%), the mean number of factors causing difficulty in obtaining or changing jobs was 3.6. Of those warriors who reported at least one factor, just over 4 in 10 warriors (41.9%) checked four or more factors that make it difficult to obtain employment or change jobs.

JOB RETENTION. Non-active-duty warriors were asked questions about their history of employment at full-time jobs since leaving the military. The average number of full-time jobs held by warriors since leaving the military is 2.4 — this includes the almost one-fourth of warriors (23.7%) who have not held a full-time job since leaving the military. Another 23.6 percent of warriors have had one full-time job since leaving the military. A survey of veterans found they were more likely to stay longer at their jobs if the job was in their preferred career field and the employment opportunity matched their military experience and training (Maury et al., 2014).

Among those who have had only one post-military-separation full-time job, over half (57.2%) still have that same job. Of those who do not have that job any longer, about a quarter (25.7%) had their full-time job for less than six months. When looking at more than half the warrior population (52.7%) who have had more than one full-time job since leaving the military, 81 percent held at least one job for more than a year. Additionally, about a third (39.5%) did not hold any jobs for

less than six months, and just over two-thirds (69.1%) held at least one job for six months to a year.

INCOME

As in the earlier WWP annual surveys, warriors were asked to report on two types of income received in the past 12 months: (1) income they earned from work (includes wages, salary, bonuses, overtime, tips, commissions, profit from self-employed professional practice or trade, and second jobs), including military reserve pay and rent from roomers or boarders; and (2) income received in the past 12 months from various benefit, cash assistance, and disability programs.

INCOME FROM WORK. Warriors reported the following amounts of earned income from work in the past 12 months in Table 14.

Table 14. Income From Work Amounts for All Warriors and Warriors Working Full-Time and Part-Time

Income in the past 12 months	All warriors	Working full-time	Working part-time
Less than \$10,000	36.8%*	3.8%	32.9%
\$10,000 to \$24,999	9.1%	7.5%	33.2%
\$25,000 to \$39,999	12.2%	17.9%	16.8%
\$40,000 to \$59,999	16.5%	28.7%	8.0%
\$60,000 or higher	20.4%	37.6%	4.0%
Don't know	5.1%	4.5%	5.1%

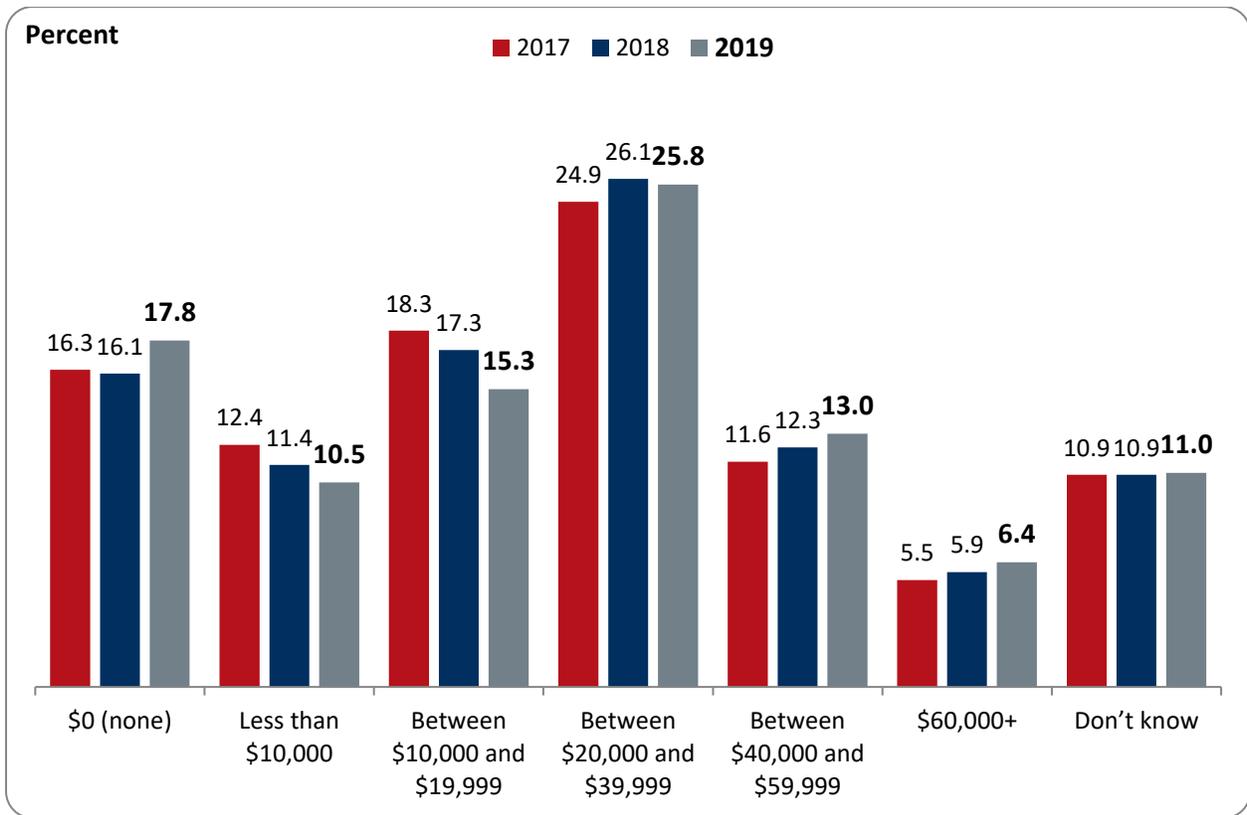
NOTE: *Includes 29.9% of warriors with no income.

Income continues to grow steadily for both full-time and part-time workers. Among warriors employed full-time who reported their income for the past 12 months, about half (51.6%) earned at least \$50,000. Among warriors employed part-time, about half (46.4%) earned below \$15,000.

OTHER INCOME. Warriors were asked to report on income received in the past 12 months from various benefits, cash assistance, and disability programs. Warriors are continuing to receive more monetary assistance from governmental programs over the years. More than 4 in 10 warriors (45.2%) received \$20,000 or more in income from those sources (Figure 56):

- \$20,000 to \$39,999 – 25.8%
- \$40,000 to \$59,999 – 13.0%
- \$60,000 or more – 6.4%

Figure 56. Money Received in Past 12 Months From Various Benefits, Cash Assistance, and Disability Programs



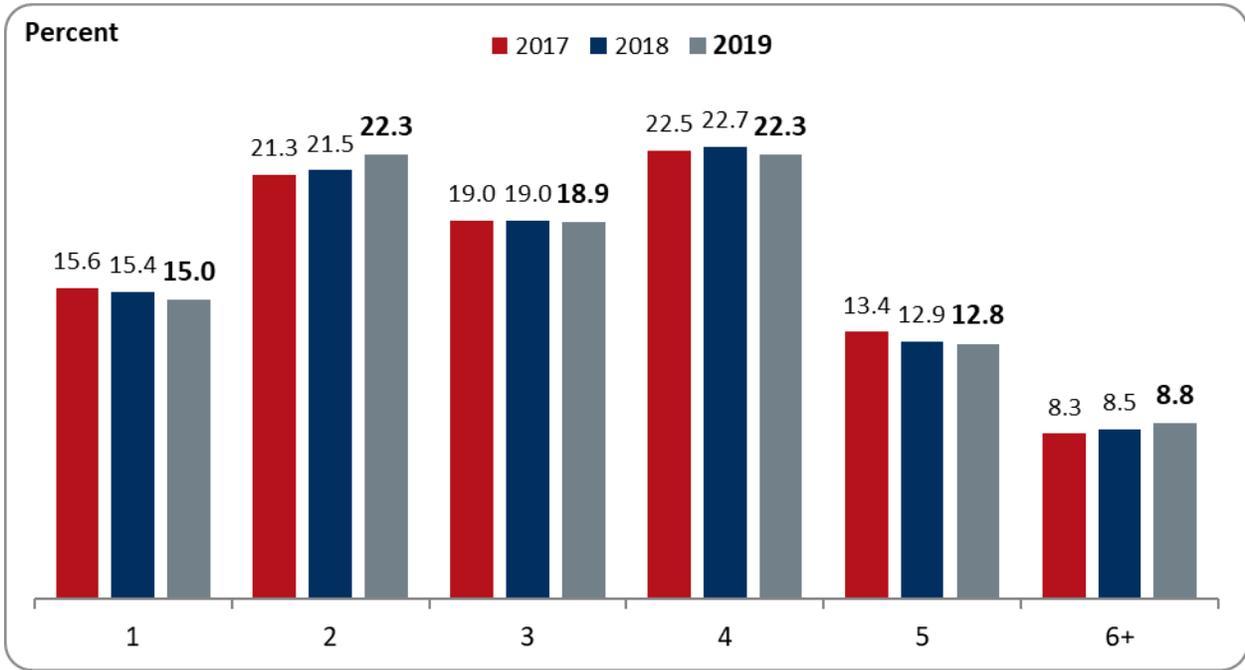
About 60 percent of warriors are currently sharing household expenses with a spouse or partner. Warriors reported the following amounts of spouse/partner income:

- \$0 – 12.9%
- \$1 to less than \$5,000 – 4.1%
- \$5,000 to less than \$25,000 – 22.3%
- \$25,000 to less than \$50,000 – 26.9%
- \$50,000 or more – 20.7%

These amounts are mostly similar to those reported in 2018. About 13 percent did not know their spouse/partner's income.

HOUSEHOLD SIZE. The number of people in the warrior’s household supported by household income is usually four or fewer (Figure 57), but 1 in 5 households (21.6%) have five or more members. The percentage of households with one or two persons is 37.3 percent.

Figure 57. Number in Household Supported by Household Income

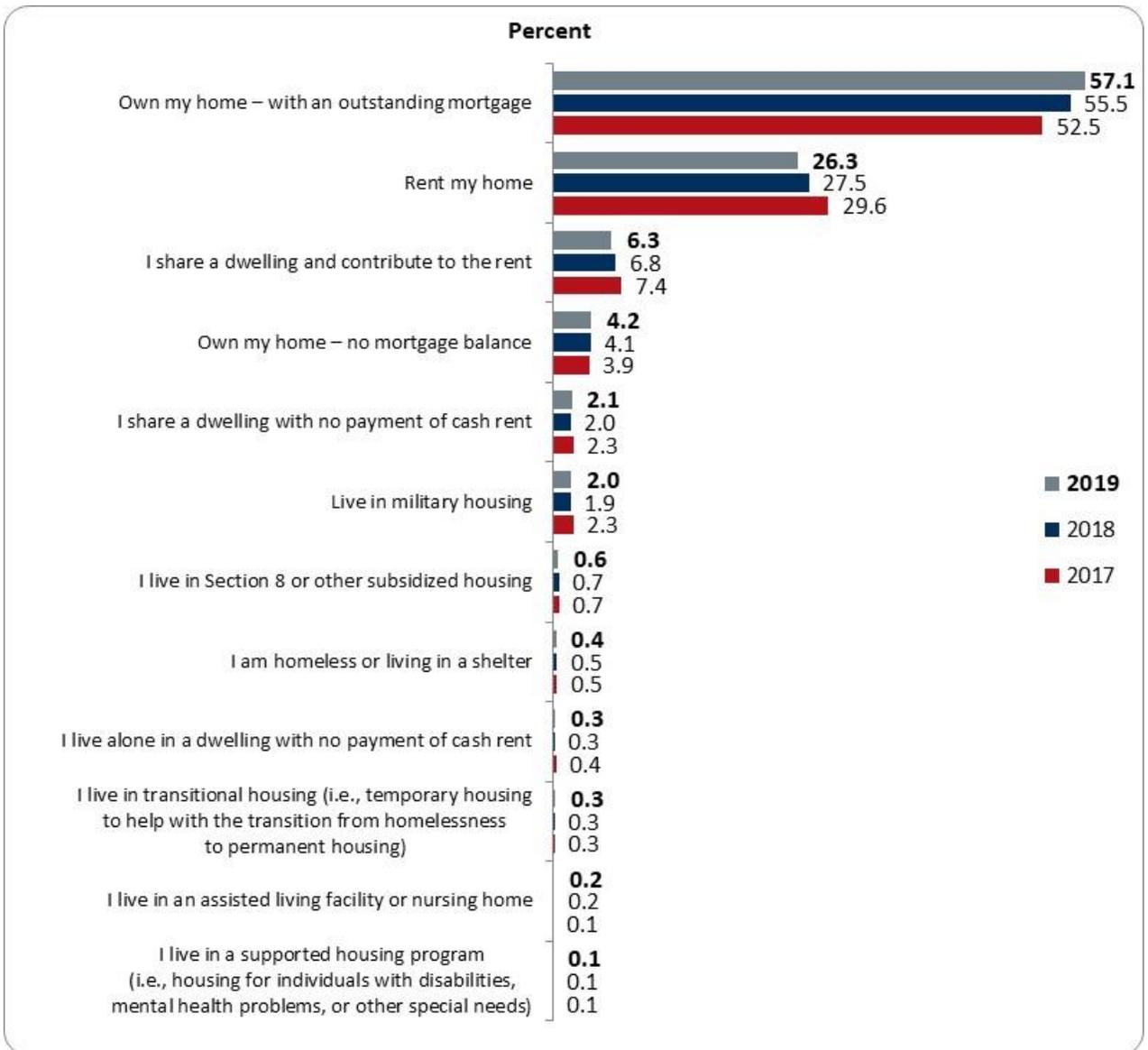


LIVING SITUATION

Most warriors own or rent their homes (Figure 58). The homeownership rate among warriors is 61.3 percent (reflecting a growing trend in homeownership — 59.6% in 2018 and 56.4% in 2017). Of these, 57.1 percent currently own their own homes with an outstanding mortgage, and 4.2 percent own their homes with no mortgage balance. As expected, older warriors have a higher homeownership rate than those under 35 when looking only at homeownership with an outstanding mortgage: 35 years and older — 62.9 percent; less than 35 years old — 41.8 percent (45.0% in 2018; 41.3% in 2017). However, home-ownership among these younger warriors is still higher than the rate among the U.S population under 35 years old. As of the first quarter of 2019, the homeownership rate among U.S. adults under 35 years old was 35.4 percent (U.S. Department of Commerce, 2019). About one in three warriors (26.3%) rent their homes.

About one-third of warriors (32.1%) feel their current living environment matches their needs well, and another third (32.4%) feel it mostly matches what they need.

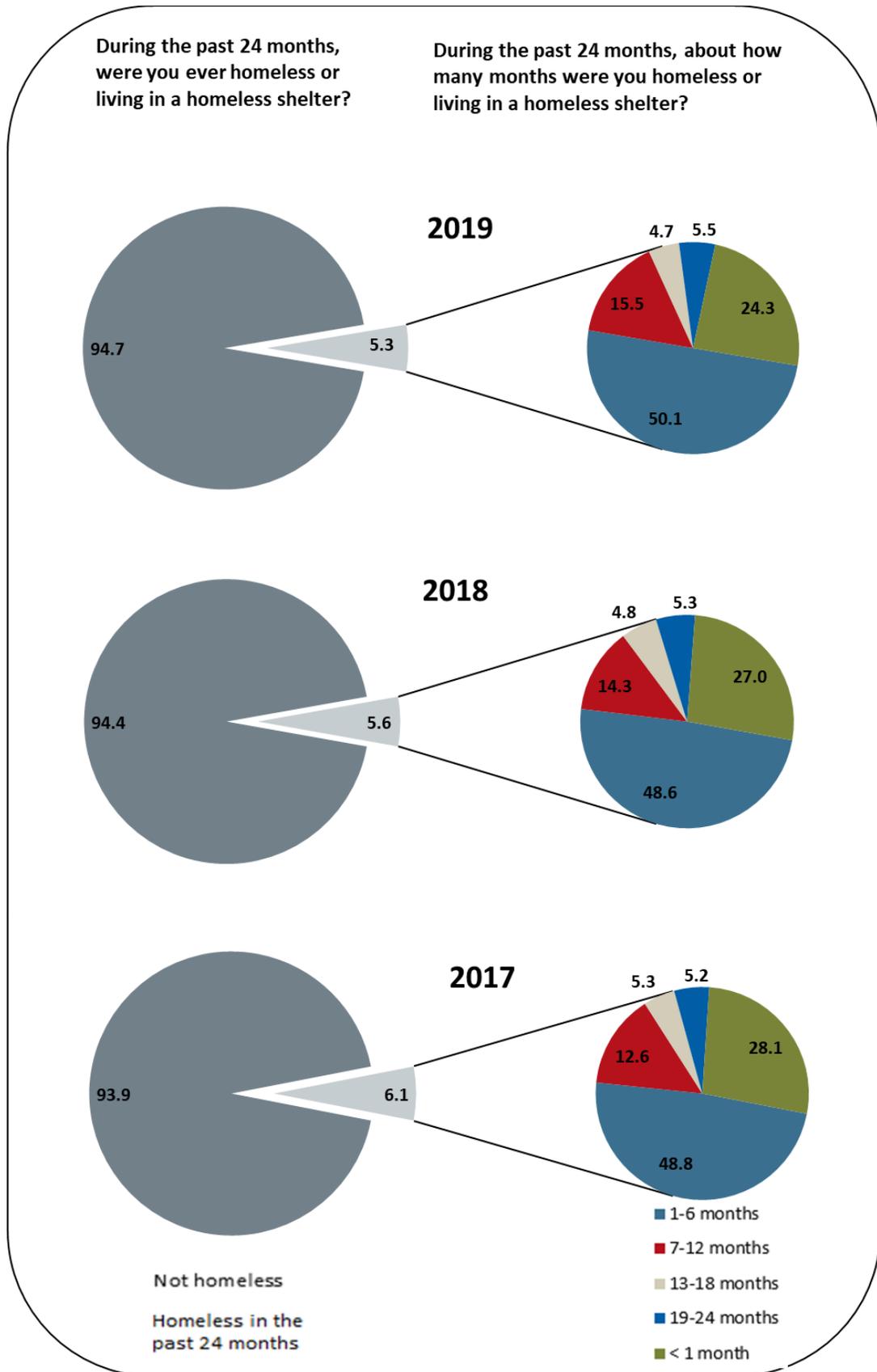
Figure 58. Current Living Arrangement



HOMELESSNESS. Homelessness among post-9/11 veterans continues to be a concern. While only 0.4 percent of warriors are currently homeless or living in shelter, many more experienced homelessness over the past 24 months. About 5 percent of warriors (5.3%, similar to 5.6% in 2018) were homeless or living in a homeless shelter during the past 24 months (Figure 59, left). Among them, 24 percent were homeless for less than 30 days, about half were homeless for one to six months, 15.5 percent were homeless for seven to 12 months, and 10.2 percent (11.4% in 2018, 10.1% in 2017) were homeless for 13-24 months. Similar to previous years, female warriors showed somewhat higher rates of self-reported homelessness over the past 24 months than males (6.4% for females vs. 5.1% for males).

Just as in 2018, the mean number of days among all homeless warriors was 164 days over the last 24 months, or just over five months. Those who were homeless for less than 30 days experienced homelessness for an average of two weeks. Those who were homeless for more than 30 days experienced an average of 209 days of homelessness over the past 24 months (down slightly from 214 days in 2018).

Figure 59. Warrior Experience With Homelessness During the Past 24 Months



Factors related to homelessness during the past 24 months among warriors include PTSD, TBI, and alcohol or drug problems. The following factors compare homeless warriors with the overall warrior population in order to contrast the differences.

- Homeless warriors who are younger than 35 years old – 40.3 percent (compared with 27.5% of all warriors)
- Homeless warriors who experienced TBI during their military service since September 11, 2001 (self-reported in the survey) – 45.3 percent (compared with 39.2% of all warriors)
- Homeless warriors who visited a professional, such as a doctor, a psychologist, or counselor, in the last three months to get help with issues such as stress, emotional, alcohol, drug or family problems – 66.8 percent (compared with 52.0% of all warriors)

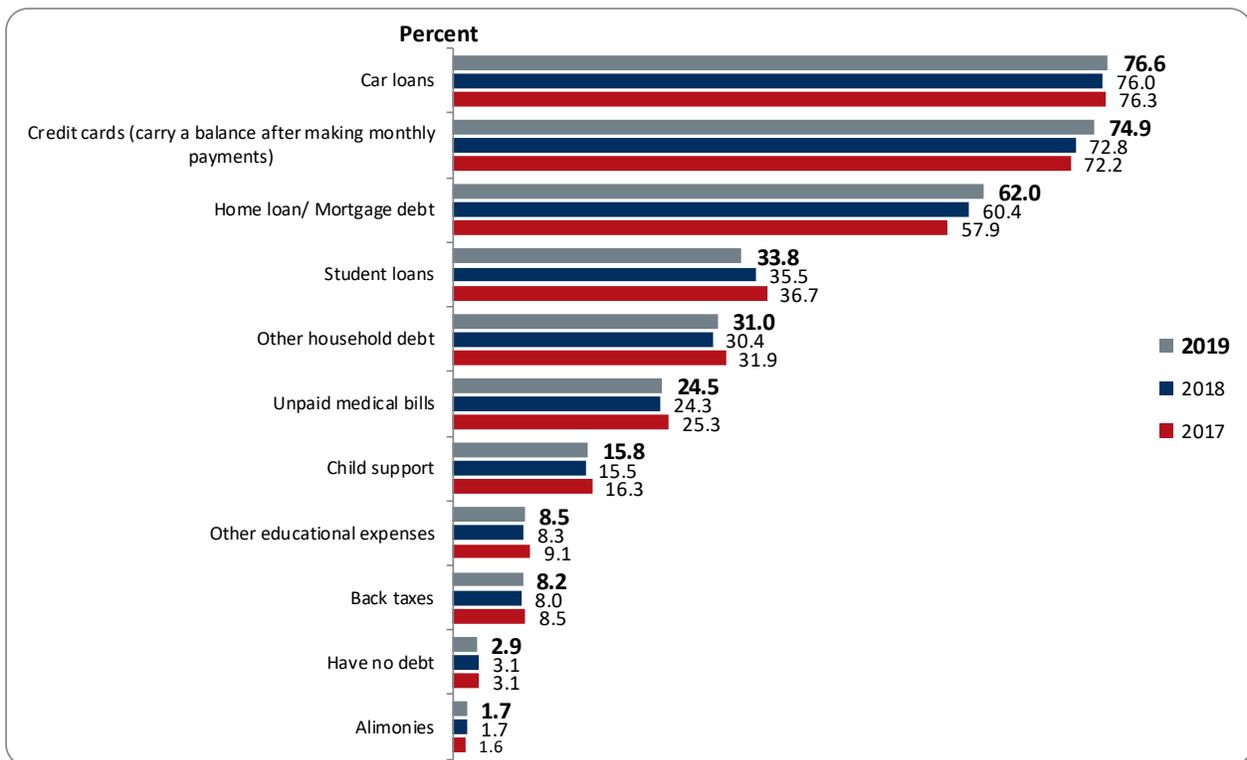
Also, among warriors who were homeless during the past 24 months, 18.9 percent received government housing assistance, such as rental assistance vouchers, transitional housing, supportive housing, or participation in a Housing First program.

DEBT

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

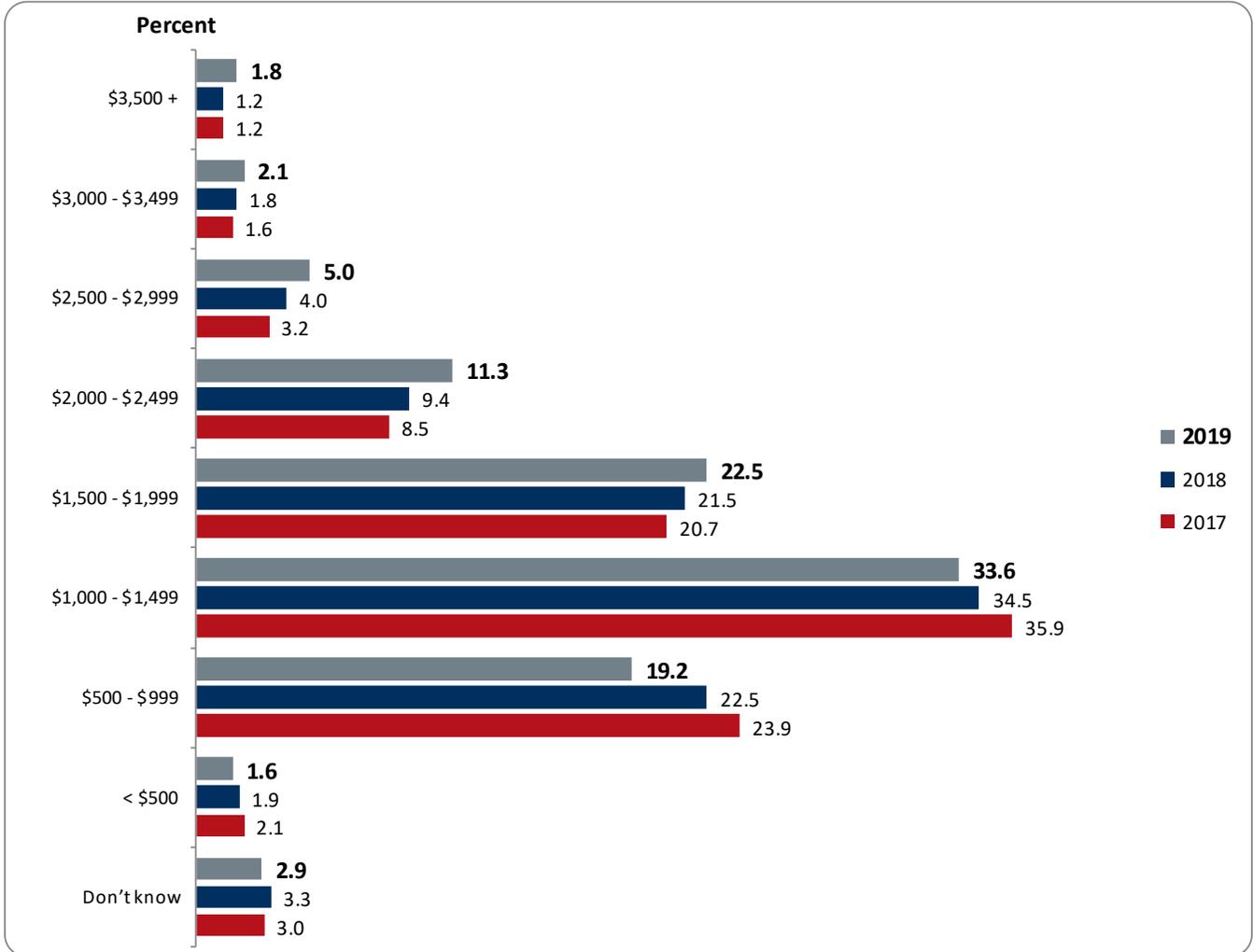
FORMS OF DEBT. As in 2018, car loans and credit card debt are the most common forms of debt in warrior households, followed by home loans/mortgage debt, student loan debt, and other household debt (Figure 60). A small percentage of warriors said they had no debt (2.9%). Among those with debt, only about 11 percent are seeking or receiving assistance to manage, reduce, or eliminate their debt.

Figure 60. Current Forms of Debt



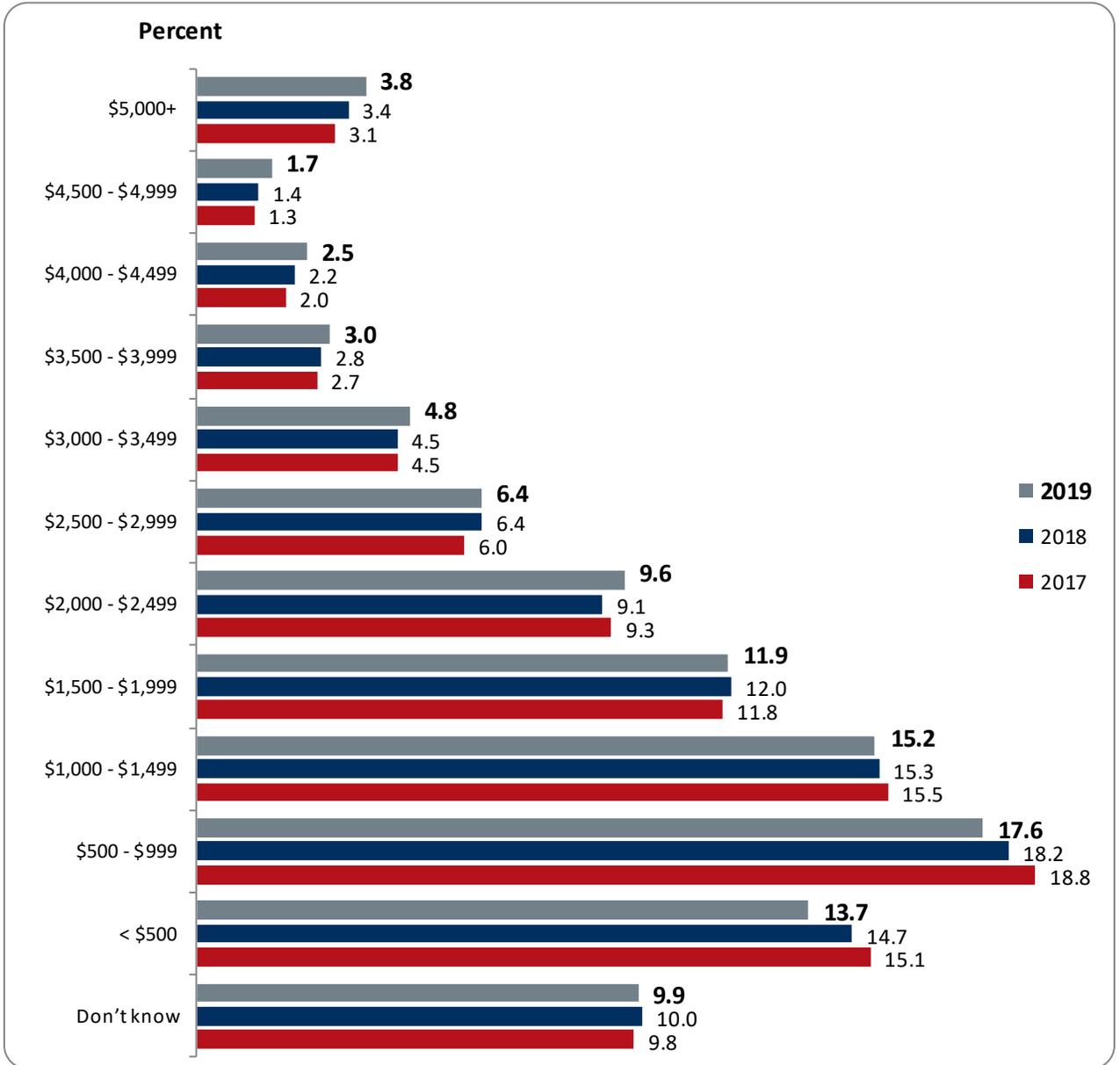
TOTAL DEBT. Figure 61 shows the monthly mortgage payments paid by warriors with mortgage debt. Just over half (54.4%) pay less than \$1,500 a month on their mortgage.

Figure 61. Monthly Home Mortgage Payments



Among warriors with debt, excluding mortgages on primary residences, about one-third (31.3%) pay less than \$1,000 per month on total household debt they owe, and another 36.7 percent make monthly payments ranging from \$1,000 to \$2,500 (Figure 62). However, when considering total debt owed excluding mortgages, regardless of actual payments made, more than half of warriors with debt owe \$20,000 or more (54.4%).

Figure 62. Monthly Payments on Total Debt Owed, Excluding Mortgage Debt on Primary Residence



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

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

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

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

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

As indicated in the formula, this ratio was estimated only for warriors who own their homes with an outstanding mortgage and who also provided responses about their income, or lack of income, from the sources specified in the formula (42.0% of all warriors; 44.3% in 2018).

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

- Among all warriors with an outstanding mortgage who also provided responses about their household income, **58.7** percent have a debt-to-income ratio > 41 percent.
 - Among the subgroup of warriors with an outstanding mortgage who answered the question about spouse/partner income, **52.7** percent have a debt-to-income ratio > 41 percent.
 - Among the subgroup of warriors with an outstanding mortgage with no spouse/partner income (or did not answer the question about spouse/partner income), **71.2** percent have a debt-to-income ratio > 41 percent.

Group 2: Warriors who currently do not own their own homes

Many non-VA-mortgage financing organizations separate the debt-to-income ratio into two parts — the front-end ratio and the back-end ratio, such as 28/36 or 33/45. The 28 represents the percentage of income that goes toward housing costs, and the 36 represents the percentage of income that goes toward making all recurring debt payments, including front-end housing payments. The difference between the two ratios represents non-housing-related household debt payments, or other monthly household debt payments. Thus, for the first example, other monthly household debt payments should not exceed approximately 8 percent of monthly income if their front-end housing costs are 28 percent of income, and for the second example, other debt payments should not exceed approximately 12 percent of income if housing costs are about 33 percent. We used these two benchmarks of 8 percent and 12 percent to assess the debt-to-income ratio for warriors who do *not* currently own their home (with or without a mortgage) and who answered the income questions (about 30% of all warriors). The results for these ratios are presented below and are similar to 2018 results:

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

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

FINANCIAL MANAGEMENT

The 15-question Financial Management Behavior Scale (FMBS) (Dew, 2011) was developed to measure overall financial management behavior and involves four subscales: savings and investment, cash management, credit management, and insurance. Scores range from one to five, where a higher score shows better financial management behavior. The following are the average scores for warriors, which are similar to those in 2018:

- Overall score = 3.2 (3.1 in 2018)
- Savings and investment subscale score = 2.5 (2.4 in 2018)
- Cash management subscale score = 3.6 (3.6 in 2018)
- Credit management subscale score = 3.1 (3.1 in 2018)
- Insurance subscale score = 3.7 (3.7 in 2018)

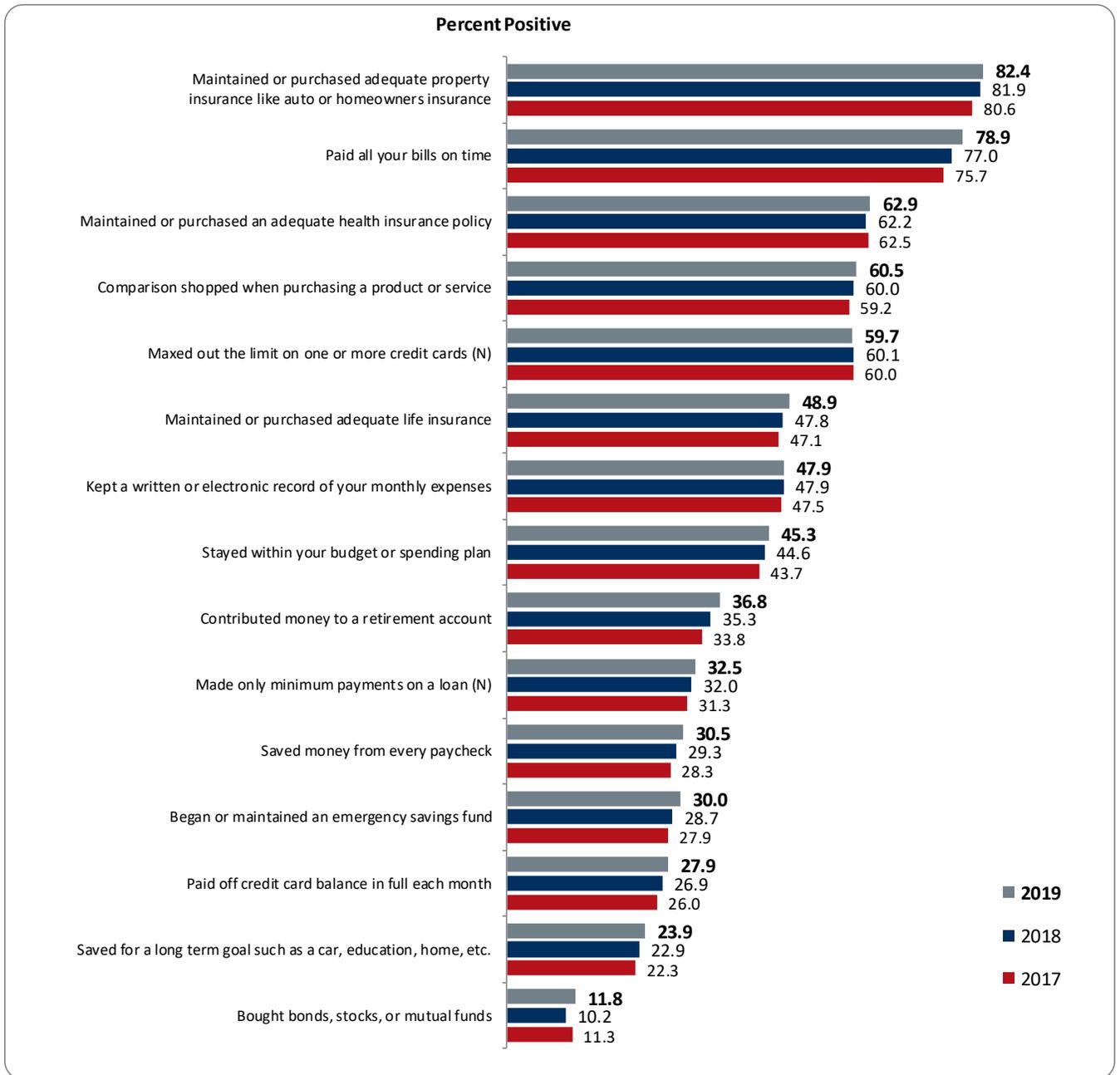
The overall score is quite a bit lower than that of a representative U.S. study which found an overall score of 3.58 (Dew & Xiao, 2013).

- About one-third (32.5%) of warriors never paid off their monthly credit card balance in full
- Over a quarter (26.7%) of warriors never maintained or purchased an adequate health insurance policy over the past year

Additionally, Figure 63 presents percent positive responses to each of the 15 items — that is, the percentage responding *Always* or *Often* to positively worded items or *Seldom* or *Never* to negatively worded items (N). These findings are very similar to those in 2018.

Among those who answered *Seldom*, *Sometimes*, *Often*, or *Always* to beginning or maintaining an emergency savings fund, nearly a third (30.8%) said that fund would last them less than one month, and 29.0 percent said it would last them one to two months.

Figure 63. Percent Positive Responses to Financial Management Behaviors



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

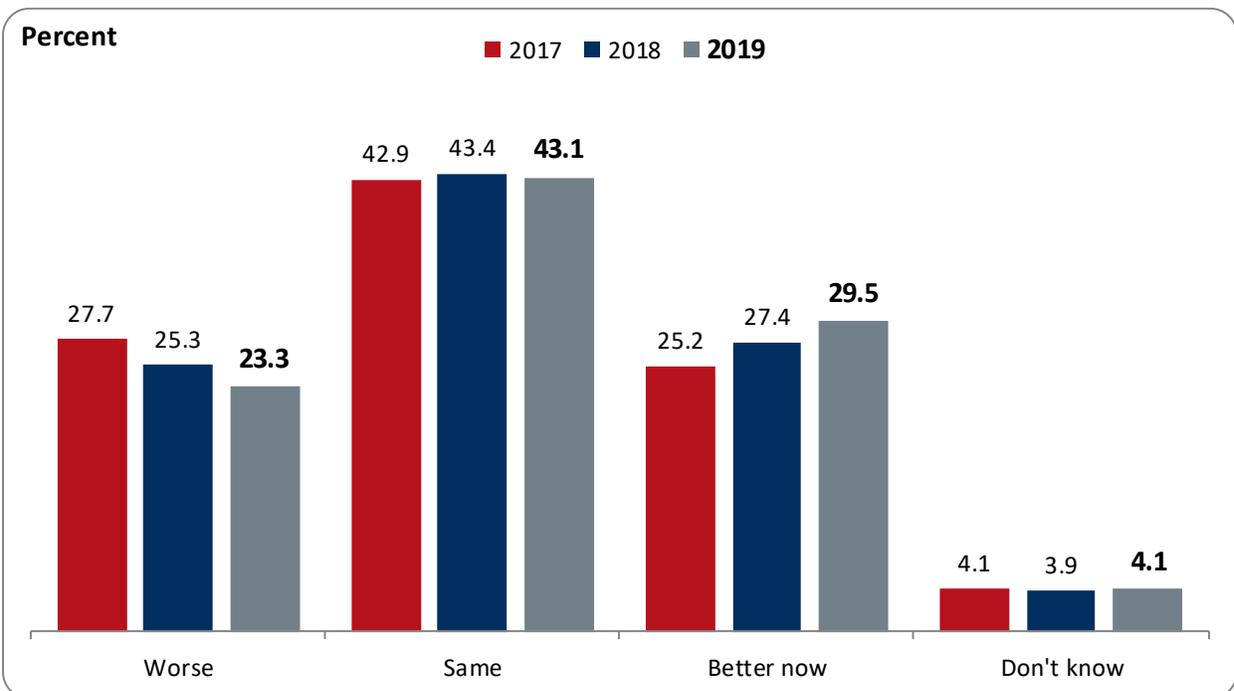
OVERALL ASSESSMENT OF FINANCIAL SITUATION

Warriors were asked whether they would say their financial status (and that of family living with them) is better now, the same, or worse than a year ago (Figure 64):

- Financial status is better now – 29.5%
- Financial status is worse – 23.3%

The three-year trend shows, based on this assessment, that the financial situation among warriors is improving. Warriors indicating *Worse* is decreasing, while those indicating *Better now* is trending upward.

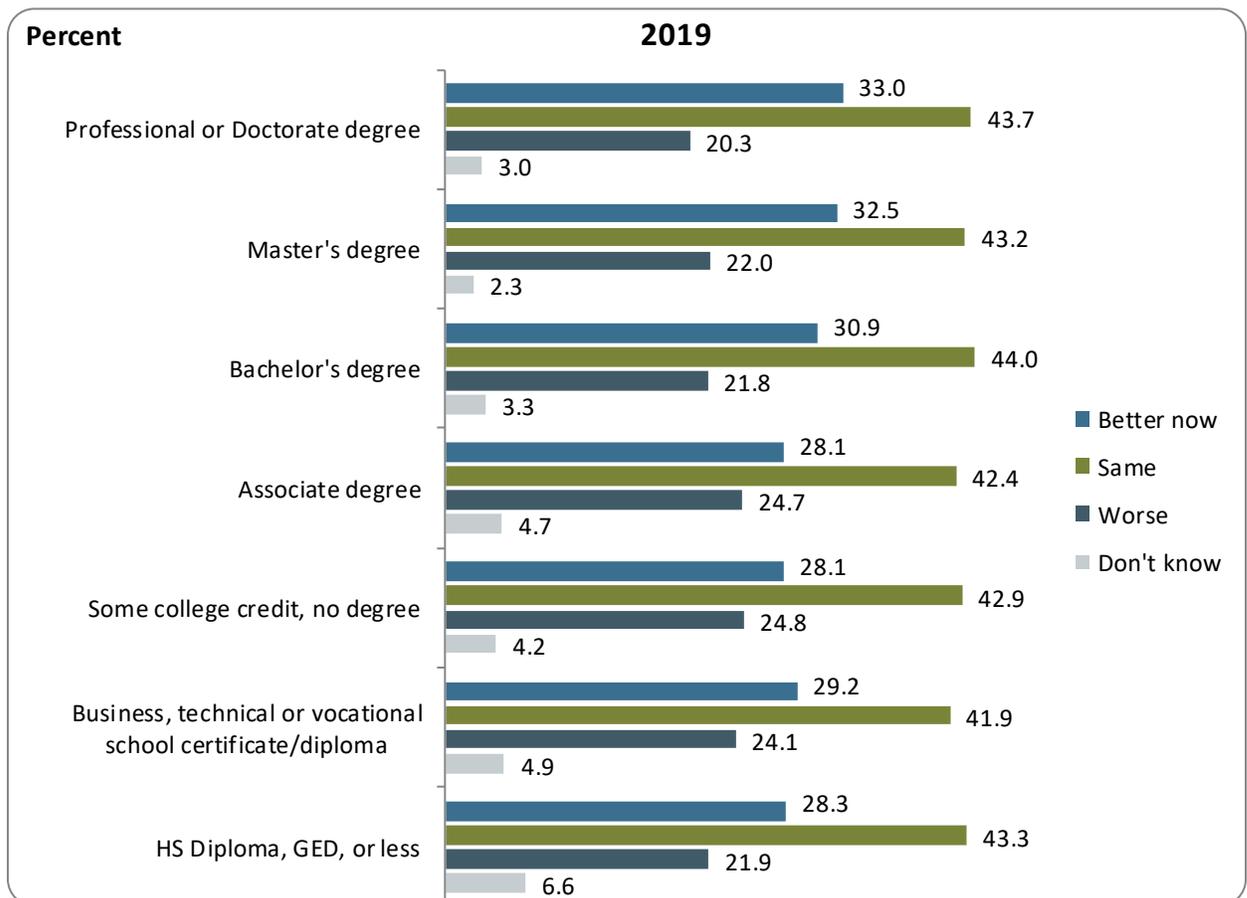
Figure 64. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?



OVERALL ASSESSMENT OF FINANCIAL STATUS BY HIGHEST DEGREE OF EDUCATIONAL ATTAINMENT. Financial status has a known correlation with education. Figure 65 shows the results for current financial status relative to a year ago by highest degree or educational attainment. Major findings include:

- In all education categories, at least a quarter of warriors said their financial status is better off than a year ago (ranges from 28.1% to 33.0%, an improvement from 2018, which ranged from 23.7% to 30.9%).
- Across all education categories, the percentage of warriors who assess their financial status as worse off than a year ago decreased. The biggest change was among those who have a high school diploma or less — about 22 percent said their financial status is worse off than a year ago, compared with about 26 percent last year.

Figure 65. Overall Assessment of Financial Status by Highest Degree/Level of Education



OVERALL ASSESSMENT OF FINANCIAL STATUS BY LABOR FORCE STATUS. When the overall financial assessment data were analyzed by labor force status, the main findings indicate changes among those employed part-time (Figure 66). However, they represent a relatively small proportion of warriors (only 6.9% in 2019). Thus, estimates over time are somewhat unstable:

- Among warriors employed part-time, 24.4 percent feel they are better financially since a year ago.
- Also, the percentage of warriors employed part-time who feel they are worse off financially than a year ago is 28.4 percent, down from 30.9 percent in 2018 and 32.4 percent in 2017.

About half of warriors who are unemployed (49.5%) feel they are worse off financially than a year ago.

Figure 66. Overall Assessment of Financial Status by Labor Force Status

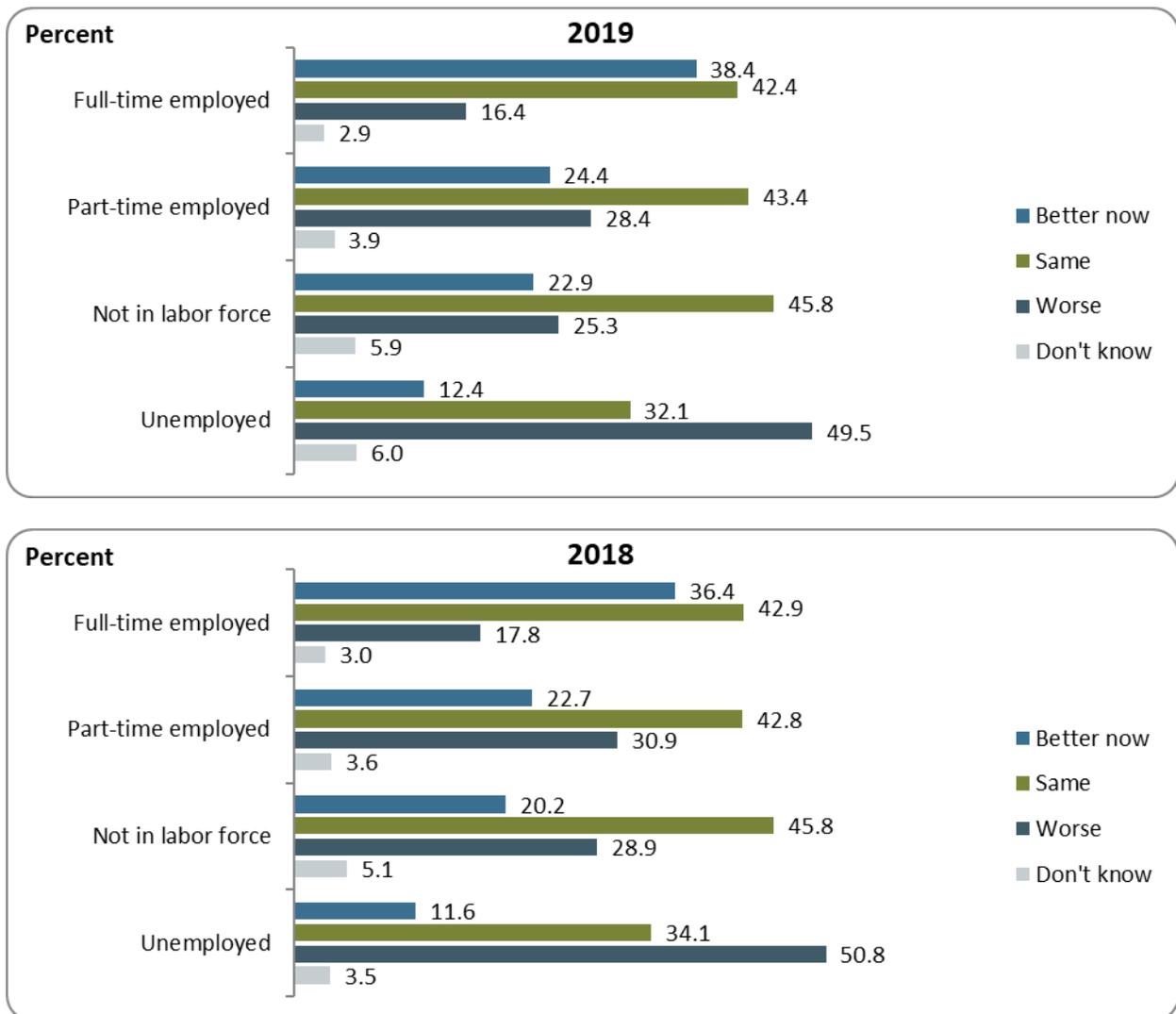
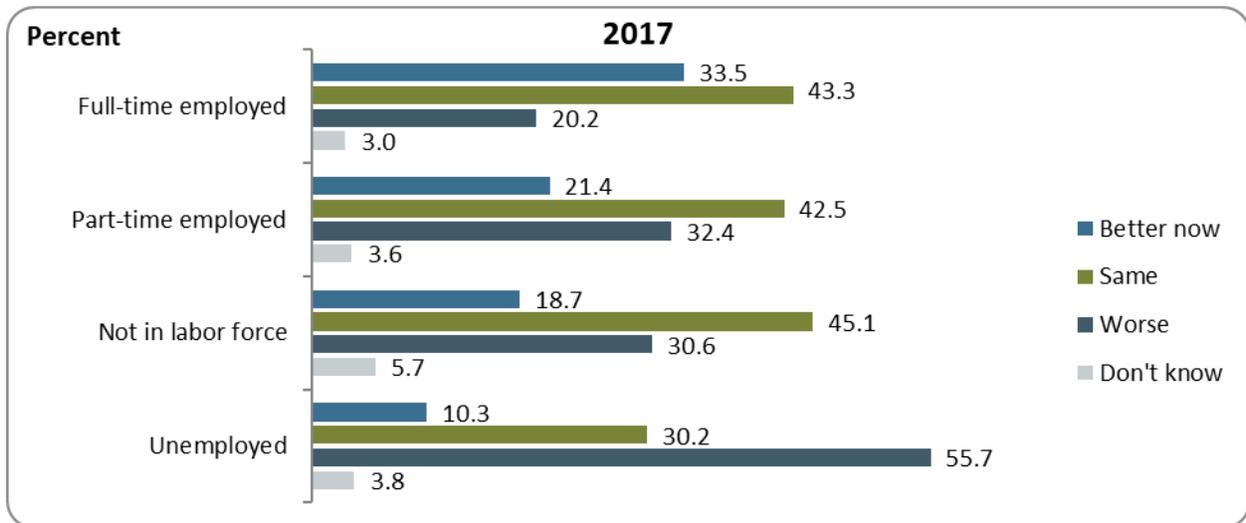


Figure 66. Overall Assessment of Financial Status by Labor Force Status (continued)



CONCLUSIONS

The responses from warriors in the 2019, 2018, and 2017 surveys remain consistent. The results of the 2019 survey show that warriors are continuing to face physical and mental health problems even several years after separation from the military. Warriors have seen modest economic improvements in regard to education and homeownership. Physical, mental, and economic trends are evident through the 10 years of Annual Warrior Survey data; however, consideration should be taken for the increase in the warrior population over the years. Table 15 compares results from 2010, 2014, and 2019. More warriors are receiving VA disability payments and VA health care. The percentage of warriors who rely on the VA Medical Center to cope with stress or mental health concerns has remained consistent. This section summarizes the findings from the 2019 survey and provides the voice of the warrior based on responses to the most challenging aspect of transitioning back into civilian life.

Table 15. Notable Trends in the Survey Estimates Among 2010, 2014, and 2019

	Trend	2010*	2014	2019
Population changes				
Active duty**	↓	--	19.7%	6.5%
Deployed three or more times	↑	33.6%	33.7%	47.3%
Average age (mean)		36	36	42
Attained bachelor's degree or higher	↑	20.9%	24.5%	37.1%
VA-related changes				
Receiving VA disability payments	↑	72.1%	72.0%	89.7%
VA disability rating of ≥ 80%	↑	47.4%	42.6%	64.8%
Have VA health care coverage	↑	58.4%	59.2%	71.1%
Most common resource used to cope with feelings of stress, emotional, or mental health concerns*** – VA Medical Center	↑	60.6%	62.5%	64.8%
Employment and income related changes				
Employed full- or part-time	↑	46.6%	57.9%	55.9%
Financial status worse than a year ago	↓	36.6%	34.9%	23.3%
Changes in reasons for difficulty in getting care				
Inconsistent treatment or lapses in treatment of mental health care	↑	28.8%	39.4%	31.8%
Health-related changes				
Percentage of warriors who are obese (BMI)	↑	40.0%	42.6%	51.7%
Warriors who said “Yes” to “Accomplished less than you would like in the past 4 weeks” because of physical health problems	↑	68.9%	64.6%	83.9%
Need aid and attendance of another person because of injuries and health problems	↑	30.6%	29.4%	31.8%

Notes: *2010 results are unweighted. **In 2010, warriors were not asked to specify if they were currently on active duty. ***In 2010 and 2014, this question was only asked of warriors who had deployed. In 2019, this question was asked of all warriors.

GENERAL HEALTH AND WELL-BEING. While the percentage of warriors with a VA service-connected disability has not changed over the years, there has been a large increase in warriors with a 100 percent disability rating over the past two years — 38 percent this year compared with 31 percent in 2017. A new question this year found that 87.7 percent of warriors were *definitely* or *probably* exposed to environmental hazards, such as chemical warfare agents, ionizing radiation, burn pits, or other potentially toxic substances, during their military service. Only 9.3 percent of those warriors have sought treatment at the VA for exposure. Future surveys could explore the effects of exposure and access to care.

Cannabis use is increasing in popularity to treat both physical and mental health conditions. Nearly half of warriors know a veteran who is using cannabis to treat a condition, and 17 percent of warriors themselves are currently using cannabis as a medical treatment. This is similar to the percentage (19.7%) of warriors who have used marijuana for nonmedical reasons over the past 12 months.

Physical health and mental health are intertwined, and warriors tend to agree that this is true. Approximately 70 percent of warriors believe physical activity decreases feelings of stress or tension, increases stamina, and improves mental health. Community engagement and social support are important factors in general well-being, but only about half of warriors are currently participating in local community activities. In fact, over half of warriors do not socialize without the presence of some kind of support person, and a third of that group do not socialize at all. While about three-quarters of warriors feel they have people they can depend on, 43 percent of warriors feel isolated from others, indicating more support is needed.

Get us active. Help us get cannabis, nutrition, physical fitness. I can't afford to get into a good crossfit/ intense training that will push me to get healthy. I wish there would be more outreach for gyms to give us access. It's been super rough transitioning and convenient gym access is more important than the VA. So many fat depressed vets and it has to change.

PHYSICAL HEALTH. The majority of warriors, about 94 percent, report sustaining a severe physical injury during service, with more than 9 in 10 reporting two or more injuries. Over half of warriors reported injuries such as back, neck, or shoulder problems; tinnitus; knee injuries or problems; migraines or other severe headaches; and hearing loss. Warriors also report various limitations because of their physical health. That being said, most warriors are able to complete daily living activities without assistance. Only 30 percent of warriors have no limitations when it comes to climbing several sets of stairs or doing moderate activities. About 20 percent of warriors reported no limitations on work or other activities because of physical health.

Given these limitations, it is not surprising that the majority of warriors do not meet the DHHS physical activity guidelines for adults with chronic conditions or disabilities. Only 23 percent of warriors engage in at least 75 minutes of vigorous-intensity activities per week, and only 22 percent of warriors engage in at least two and a half hours of moderate-intensity activities per week. The most common barriers warriors report to completing physical activity include concerns that their pain or injury will be worse (56%) and concerns with safety or re-injury (55%). This suggests that warriors need more awareness on how to increase physical activity while accommodating their injuries and limitations in order to live more active, healthier lives.

Injuries present real-life challenges in mobility. One challenge is finding adaptive sports equipment and local groups.

MENTAL HEALTH. The rates of self-reported mental injuries warriors sustained during their service after September 11, 2001, remain consistently high over the last three years. Many warriors still face the long-term effects of those injuries. This year, over 80 percent of warriors reported sleep problems, PTSD, or anxiety, and 75 percent reported depression. Scales used to assess the current state of mental health illnesses among wounded warriors suggest high prevalence of severe and moderately severe depression (40%) and of PTSD (57%). In addition, three-fourths of warriors have poor sleep quality, which is associated with psychiatric disorders. This year the survey also included a question about suicide. While two-thirds of warriors are not bothered at all by thoughts of being better off dead or hurting themselves in some way, about 13 percent have these thoughts frequently. Only about half of warriors are currently meeting with a professional for mental health — a much lower percentage than those who have symptoms of such problems. Warriors identified the VA Medical Center (22.3%) and talking with another OEF/OIF/OND veterans (12%) as the two most effective resources for coping with emotional or mental health concerns. Continuing to increase awareness of the VA resources available to warriors and building their support system are important to improving their mental health.

Mental health management/treatment is the biggest hurdle beyond VA benefits being correct and accessible. Warrior pride and expectation combined with misconceptions, and frustration over the lengthy process required to gain access causes many warriors to abandon the search for help.

Positive tv advertising helps keep warriors and civilians keep working on issues, I think. Particularly bridging barriers of "internal wounds" has been a big annoyance for me. Society in general (and warriors) seem to be spring loaded to think chronic pain and mental health is a toughness issue.

EDUCATION. More than a third of warriors (37.4%) have attained a bachelor's degree or higher, which has increased from 33 percent in 2017. As more warriors attain their degree, the percentage of warriors enrolled in school continues to drop, with 20 percent pursuing further education this year (26.4% in 2017). As more warriors continue to achieve their educational goals, they will continue to need support finding adequate employment opportunities.

About 26 percent of warriors currently have unpaid student loans. While this percentage is down slightly from the 28 percent of such warriors in previous years, those with unpaid student loans still owe considerable amounts. In fact, 18 percent of warriors owe \$50,000 or more in student loans (15.3% in 2017). Warriors are likely looking for ways to pay off debt incurred in pursuit of a better education, and warriors interested in pursuing education would benefit from more awareness on education benefits available to them.

The most challenging thing about the transition is redefining who I am as an individual. Starting over is hard and I've had to do it multiple times since getting out. Right now, striving towards being a web developer seem to be the right path. As far as what WWP or any other VSO could do to help... I'm not sure but helping get rid of my student loans would be nice. I didn't know I had VR&E benefits until I had wasted thousands of dollars I didn't have to spend. I was also mentally unfit to tackle such a task as going to school again. So, it'd help me tremendously to be forgiven for that mistake.

EMPLOYMENT. Taking into account active duty warriors, just under half of warriors are employed full-time, and another 7 percent are employed part-time. About a quarter of

non-active-duty warriors have not had a full-time job since separating from the military. This is important to note not only because of financial wellness, but also because warriors tend to be much more satisfied with their employment when at a full-time job — only about 40 percent of part-time working warriors are satisfied (includes *satisfied*, *very satisfied*, and *totally satisfied*) with their employment, compared with 55 percent of warriors with a full-time job. Another factor of employment satisfaction is the existence of an affinity group for veterans or a veteran mentorship group. Of the quarter of working warriors with such a group, 17 percent are *totally satisfied* with their employment. To contrast, only 8.0 percent of warriors without such a resource at work are *totally satisfied* with their employment.

We also see a compelling difference in mental health among different labor force statuses. Warriors who screened positive for PTSD symptoms had an unemployment rate of 14.7 percent, while those who did not screen positive had an unemployment rate of 9.1 percent. Furthermore, among the four labor force status groups (employed full-time, employed part-time, unemployed, and not in the labor force), only the full-time-employed group did not have mental health related issues as their top factor making it difficult to obtain employment or change jobs. This suggests that un- or underemployment could be related to mental health issues. With increased access to care, improved support systems, and career transition services, more warriors could find employment that works for them despite these challenges.

I have struggled since retirement. My PTSD and anxiety led me to lose my first job. I tried to go to school and once again the PTSD took over and I tried to push through which led to 20 ulcers and dropping out of school. I have been unemployed for over a year now. I have initiated a disability claim and was rejected by the SSA. Even with my service dog next to me I struggle with social interactions. Honestly, I have reached my breaking point.

DEBT AND INCOME. Income has increased somewhat over the past few years, with 66 percent of full-time working warriors earning at least \$40,000 annually from work (61.0% in 2017) and 29 percent of part-time working warriors earning at least \$25,000 annually (22.6% in 2017). However, most warriors still report debt, and more than half have over \$20,000 in debt excluding mortgages. About half of warriors make monthly payments of \$1,000 or less, indicating that they will be in debt for many years to come. Warriors are still hopeful about their financial situation. Almost 30 percent of warriors feel their financial status is better than last year (up from 25.2% reporting feeling this way in 2017).

I think that aside from the obvious challenges like mental and physical health, financial challenges are one that need to be addressed as well. Finances can be an ongoing struggle in anyone's life that can have a direct impact on their health depending on their situation

Warriors have overcome many hardships following their military service, but continue to face challenges. Wounded Warrior Project continues to invest in understanding these challenges so that we, and other organizations who share our mission, can make the greatest impact on the lives of those that we serve.

Comments from warriors overall continue to get more specific. Some mention being in transition for a number of years now, and this seems to lead to more self-assessment and discernment, and a healthier and more positive approach to dealing with the lasting impacts of [often many] deployment(s). Many of the warriors who respond offer thoughtful and constructive suggestions about what they need and what other veterans need. They voice their desire to be of help and service to others and are increasingly specific in terms of how they see themselves supporting the needs of other veterans. On the other hand, sampled comments also continue to reflect themes we have heard consistently over the years. These include challenges such as PTSD and TBI, mental health issues and coping, difficulty adapting to the civilian world, and difficulty obtaining information on benefits and services, as well as with navigating military and VA systems and obtaining benefits.

As an introduction to the major themes, we list notable differences in the 2019 survey comments that reflect topics of interest to WWP this year, as well as different topics or changing topic emphasis from comments observed in previous years. These may be single comments but seem notable. They do reflect new topics raised by warriors, topics commented upon in a different way, or things to be attentive to going forward. We have also included comments related to themes that appear most frequently and/or seem most troublesome to warriors.

Open bullets represent selected quotes that provide examples of comments on a given topic. A small number of typos were edited, otherwise comments appear as received in the web surveys. We deleted some words to shorten the comments or to remove information that could possibly be used to identify the respondent. Those changes are represented by ellipses (. . .) or by words in brackets indicating the type of information that was removed.

NEW AND/OR NOTABLE TOPICS

■ Developing Healthy Habits

- The most challenging aspect of transitioning back to civilian life is the food.
- I become overwhelmed by simple tasks such as, deciding what to wear, scheduling appointments, going to appointments, responding to phone calls or texts, asking for help, deciding what to eat, preparing food, and accomplishing tasks that I need to get done.
- I wish at times I would get some type of financial help for bills for my serves dog and car and food at time...
- All too often we see this transition become revolving depression leading to self isolation, weight gain,
- (In reference to the WW Wellness Program) I'm stronger mentally and physically with my overall confidence I can be successful with my weight and other activities. My weight is now 321 lb previously around 338 lb.
- I don't take part in any of the offered classes and services such as weight management, stress management because almost all are offered during the day.

■ Sleep Habits

- My knees and shoulders hurt all the time and I can't sleep because of my sleep apnea associated with a crushed trachea...
- Sleep (just one word listed as one of two "most challenging aspect of transitioning back into civilian life")
- I wake up and go to sleep in pain.
- Feel distant from others, feel lost because I can't keep a job, horrible sleep issues keep me tired and more irritable which makes my PTSD worse,

■ Exposure to chemicals/environment

- I took a toxic metals test and they found over 15 different toxic compounds that were in my system because of my exposure and involvement with the burn pits over seas. I was diagnosed with chronic fatigue syndrome and a mitochondria dysfunction. My life has never been the same. I am still detoxing these toxins out of my system and it's like the VA is clueless about it and the issues I've had

■ Gender Issues

- The most challenging transition for me is being a female veteran. I have found that most civilian women can find us intimidating and at time we have nothing in common with civilian women. There are many programs veterans can assistance such as resume workshops, and job fairs.
- Not enough resources for female veterans transitioning back from the Iraq war to civilian life and education through the wounded warriors project most of their information and programs are for men and geared towards men and not females
- I have enjoyed Female & Couples Project Odysseys. They are great ways to help transitioning back into civilian life. Getting tools that you can use to help you through tough times. I really enjoyed the female veterans empowerment alumni only event in South Florida in 2018. We have stayed in touch as the group dynamics were awesome.
- Ensuring gender inequality deeply imbedded in the VA systems, and misinformed/ignorance of women's "actual" experiences in war among civilians, especially those responsible for providing care to women veterans. The consequences of this is largely seen your health and quality of life outcomes for women veterans. While it is changing, progress is painfully slow.
- I felt completely invisible as a woman veteran. People around us always assumed he was the veteran and never took the time to ask if I had served too. I'd served my country honorably and was proud of my service only to have it quickly diminished by uneducated people making judgements based on the fact that I am a woman. It took me telling him how this made me feel for him to understand the repercussions of what was a seemingly innocent oversight. WWP and other veteran service agencies can help alleviate the challenges of these judgements by using inclusive language that reflect that women serve too. They can use more pictures of women veterans in marketing and use women veteran speakers at conferences, meetings, etc. that help showcase their service. Overall, it's about tearing down the stereotypes of what a veteran "looks like" because there is no typical look to a veteran. Until we normalize and fully embrace that women veterans exist, society will continue to only think of veterans as men.
- The most challenging aspect of transitioning has been trying to connect with other women/soldiers that have had the same experiences.
- I have no purpose anymore and a ton of mental issues from having the confidence of being in the Marines and then being not being able to back that up with no purpose. Civilians will squash that confidence right out of you. Especially being a tiny, gay, female veteran, you're seen as a joke. Not sure how you guys could help with that.

■ Other

- It would be nice to see some focus on those of us who have served stateside in near-real time imagery combat support roles. The reserves and national guard consider these jobs "deployed or mobilized in place". The military has started to recognize the need for mental health support in this field, and the Air Force has embedded medical and psychological teams within each ops group for immediate availability to those working these ops, which can be high tempo and high stress. These folks are involved in overwatch for teams, and have to witness casualties, so many carry guilt and vivid images they take home, make dinner for their family, run errands, integrate back into "normal life" acting like everything is fine, and then

have to do it again the next day. While a combat deployment might be 12 months, these guys do this on average for 3-4 years. I was there for 10. Some of these guys working the lines come away just fine depending on the ops they work, but some walk away with significant PTSD that is buried deep down under a "suck it up, buttercup" mentality. But my organization's average of 1 suicide per year didn't lie. I've personally lost 2 amazing Airmen from my original flight to suicide. This career field doesn't deploy, but we have to start recognizing the impact these NRT missions have on service members the same way we recognize those of the deployed.

- HELP PUSH FOR THE LEGALIZATION OF MARIJUANA

OVERARCHING THEME: DIFFICULTY ADAPTING TO LIFE AT HOME

■ General and Complex Adapting Challenges

- The hardest part was not knowing what I was going to do next. I think service organizations could do a lot of good if they helped people figure out a long term goal and get them working towards that.
- I think the most challenging aspect of transitioning for me was not knowing what to do next and not knowing about any of these services that WWP and other organizations provide.
- Great question. But I have so many challenges to address.
- Changing of the overall mindset can be challenging. When I first got out I felt like I didn't really know who I was anymore. It was challenging to develop new routines and making friendships. Still have some difficulty with it, but am getting much better as the years continue on.
- Can't turn off the switch.

■ Problems Adapting to Civilian World/Workplace

- Getting used to the lax discipline attitude.
- To learn how to adapt to civilian life in general is difficult for me. I am learning every day on how to fill the void that being on active duty left in my life. I went from being an important individual in my unit's mission to an average person no one knew any more. A hard reality for one to accept.
- Learning how to deal with over sensitive civilians when transitioning from the infantry, which tends to attack any and all insecurities.
- My main challenge when i was transitioning in the beginning was career transitioning.
- Trying to relate what I did for 24 years into a civilian career. The organizations i worked with help translate that for me.
- Leaving military service coming back into civilian sector is difficult because it seems as if employers really don't appreciate our sacrifices and if they do hire disabled veterans it's only to receive tax breaks because they don't work with our illnesses or have problems with our many doctors appointments.
- No structure in the civilian world.

- Civilians are unaware of what "service" is, and have problems understanding those of us who have served. In some cases we are looked down upon by them. Living in an environment without clearly defined rank structure is also very strange.
 - Transitioning to civilian jobs that lack structure, morals and discipline.
 - Not having people around me that understand my experiences .Also being Disciplined enough to maintain a structured approach to my day. Getting over the anxiety of what should be simple things is the hardest part for me.
 - It's challenging understanding the lack of structure and accountability in the civilian world.
 - The hardest part for me was the lack of structure the military provided
 - Not having that constant daily structure.
 - The lack of structure was the hardest aspect. I had know idea what I was supposed to do.
 - Civilian life lacked the structure the military has. Everyone does stuff on their schedule and to hell with everyone else.
- **Need for Public Awareness Around Military/ Missing Military Way of Life/Camaraderie**
- I guess just the comradery I miss the most and someone having my back. Out here in the real world it seems that everyone is out for themselves and don't care about you or what your going through
 - Miss the camaraderie and brotherhood of our right knit units. Civilians just don't freaking understand us.
 - Civilians cannot relate to what military members have been through. It is difficult coming back to the states after 7 years being overseas. There may be transition programs that try to help members adjust to civilian life, but once we become civilians again, it's an all different ball game,especially after moving to a new place where you know absolutely no one.
 - It is hard to reintegrate back when you have been in a structured community. i have no combat buddy for me to talk to
 - Feeling like I was a part of a team and suddenly I'm alone. There's nothing like that team and those experiences so nothing will ever compare, frankly.
 - ...there really is no civilian equivalent to the 'Unity of Purpose' you feel as an active duty member of the Armed Forces. This leaves a gap or hole in your day to day and you fall into the rat race of chasing the next paycheck with little self-satisfaction or personal reward for your efforts. The Service mindset is difficult to replicate as a civilian. The civilian concept of Team is weak as the wrong behaviors are often incentivized and most people are not willing to subordinate their own goals for the greater good of the team or org.
 - ...Not having the constant support/friendship of fellow service members.
 - Losing such a structured life style has affected me physically witch in turn has had negative affects on me mentally. I think i need help getting into a better routine physically, I think i would do better if i had someone to keep pushing me to the next goal.
- **Stigma/Stereotyping of Veterans and Service Members**

- For me the most challenging part of transitioning back to civilian life was having to deal with people who don't have the same experiences I had and seem to have no care in the world. Society tends to pass judgment on veterans especially those of us who are combat vets. Another issue was finding people with the same outlook to reestablish a rapport with and find common interests.
- The realization of the non-acceptance/non-understanding of how life is in the federal government with rules/order and how we can be productive members of the community. Trying to understand the way organizations are run in the private sector and how unavailable support really is. Accepting the perceived punishment for not being "equal" to those around me because of my background and looked down upon. The inequality which exists almost everywhere I turn and not being prepared to accept or react to it.
- Not being stereotyped because i was medically discharged 3 years into the Marines. And if the fellow veterans would judge me. And they would see this outer broken shell of a person, when we've all been broken. And know we are stronger together cheering each other on because each day with pain, anxiety, TBI, and PTSD
- My employer had a program through which they hired disabled veterans but they did not want us to be that disabled. Also, my division's VP wanted a few of us to take a 25% pay hit since we were receiving a military pension.

SPECIFIC (MENTAL HEALTH AND MEDICAL) DIAGNOSES

■ PTSD/TBI

- PTSD has many causes and many different symptoms.
- ...I also was at fault, because I denied my PTSD thinking it would make me appear weak and I served in a Submarine so we are not normally affected as much as my crew was. It took a psychiatrist at the VA prescribing me the wrong medicine and causing a Grand Maul Seizure before I was diagnosed with my mental health issues. This was 7yrs out of the service so the VA does not want to acknowledge the service connection now. I was ready to give up until I found guidance from an awesome nurse in the PCT clinic. She truly saved me from taking my own life.
- The most challenging thing I face is dealing with PTSD, anxiety and depression. So many of the other challenges -- finances, job success, family relations, alcohol abuse -- stem from these issues.
- Over many years I sought help for my PTSD & TBI, but no one could give me any direction on where to go. By sheer happenstance, WWP called me one day, and I unloaded on the person on the phone. That person put me in contact with [Individual names] It was that connection...that facilitated my decision to do a 3-month residential PTDS rehab program.
- I was medically separated 14 years ago, and faced many challenges, both physically and PTSD/TBI. And for the most part, I worked through everything. But lately, I am backsliding...Are there any programs that are available to a full time employee, female veteran, that suffers from PTSD. Anxiety/depression but wants to fight to get back the person she used to be?
- My PTSD was mild and undetected when I retired, but after 6 years as a 911 Dispatcher/Trainer, my symptoms became much worse over time. I went from running half of a department on an Aircraft Carrier to now a tow truck driver.

- **Physical Health Issues [Many references to physical health issues are found in other comments]**
 - My physical and mental injuries plus the lack of care from the VA and my physical issues causes me great problems.
 - I think pain management is my biggest issue, but a family history of substance abuse causes me to avoid any pain medication. This causes a fairly drastic decrease in my functionality
 - I feel worthless because my physical injuries cause me chronic pain which keeps me from doing physical activities I enjoy.
 - It is difficult to stay focused and remember key tasks at work. Pain from injuries makes it difficult to engage with family and friends. Constant fatigue causes motivation problems that interfere with family and work. Tend to prefer to be alone and not seek out social engagements.

MENTAL HEALTH/EMOTIONS/ATTITUDE

- **Stigma**
 - Undiagnosed and or miss diagnosed mental conditions, which get worse as the years go by without proper treatment. Stigma, and lack of willingness from medical care providers to listen or believe.
 - The stigma associated with mental health (the only problem listed by this respondent)
 - WWP helps with the stigma and the true transition. We're able to move beyond expectation and fashionable responses.
- **Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety**
 - No one cares. I feel like a number not a person. My service dog needs me. I need to be my old self, but he is dead.
 - Just finding a way to fit back into society when your life stopped while we were deployed and everyone else's life kept moving. It's hard to love and feel love it's hard to feel emotion.
 - Feeling alone and helpless.
 - Feeling all alone when I got home. I found myself starting to get depressed and drinking a lot because I felt isolated after 6 years of living with brothers all the time.
- **Coping**
 - I have a lot of trouble coping with people who act like they are owed something and people who act less than intelligent on a normal basis. I also have quite a bit of trouble in finding peace in my home life. I have a very low limit for stressful things.
 - Loss of interest/relating to other people/coping with survivor's remorse.
 - The ONLY reason I am still alive and force myself to keep going is because I do not want to hurt my loved ones just because I am too weak to cope. I believe suicide is extremely selfish if a person has people that love and depend on them.

No matter how strong my desire to commit suicide may be, it is not an option as long as my family is alive and love me.

- I find it challenging each day. As I continue with my civilian life I am finding it harder and harder to cope.

■ **Worthless/ Useless/ Undeserving**

- ... Always feel inadequate that my injury (heart) doesn't deserve the attention that those being injured in obvious physical ways, as well as combat related vs. my non-combat related...

■ **Apathy/Lack of Purpose/Lack of Motivation**

- I felt an extreme lack of purpose, lack of personal connection with others, disconnection from family, i felt judged by everyone, I feel like people treat me differently once they know im a vet. When i'm at a WWP event I feel like i have a group of people who understand me, who get me, who i can trust.
- I need help with motivation. My pain has beaten me down so bad. I don't want to do anything physically but mentally I want to go have fun. It would be nice if the WWP or someone else could help me out with a trainer to get back in the gym and help me become fit again.

■ **Military Members/Families Not Feeling Cared For/Taken Care Of/Respected**

- There also needs to be more availability to therapy and counseling, not just as an individual in transition but for whole families as they are transitioning as well. There needs be a way to assist the family and friends circle in regaining connections and building on them for the continued future.
- Their seems to only be care in these acute situations for her, but virtually nothing for myself or our children either in acute or sustained care.
- The most difficult part of transmission in back to a civilian life has been trying to rebuild my self-confidence as the military dismantle it as much as possible prior to releasing me to medical retirement. I haven't worked in a few years and I haven't received appropriate Medical Care from the VA nor the dod. The lack of caring from these institutions that I honorably served in, reinforces feelings of worthlessness everyday.

TRANSITION PROCESS, GENERAL

■ **Difficulty Finding/Keeping Job**

- Very difficult to find employment other than menial labor.
- Not working in the economy. They did not hire.
- Finding a job.
- Often I felt that if you made an employment list with the federal government you were interviewed because they wanted to check the block that they had interviewed a qualified disabled veteran, but were really not interested in giving you a position that they already had the candidate they wanted. One case was a job I applied for with the VA within their Paralympics program. The hiring authority was an Under Secretary at the VA (maybe Assistant Secretary), she told me they had already made a pick in-house but had to interview me due to my status.

- Military service members have so many strong qualities that an employer would look for, but it doesn't seem that those qualities are very valuable. I often feel like my 7 years of active service put me 7 years behind my civilian peers.
 - Securing a job to ensure family taken care of.
 - ... I have tried to work, but they could not make accommodation to my medical needs so I resigned...
 - Having people on the military side with experience explaining what it really takes to get hired and stay employed successfully as a civilian.
- **Difficulty Translating Military Training/Experience to Civilian World**
- Finding out what I'm supposed to be doing with my life. 6 years ago I left active duty, two months into being a civilian I joined the reserves and tried to get back active since. I'm going on my third reserve deployment next month. I've had 3 jobs in the first year, finally started my own inspection company this year. I regret not seeking more assistance initially because 6 years later I'm in the same place.
 - Teach us how to be and work with civilians. It is a totally different world and if you can (sic) do it then you don't make it...
 - Most challenging aspect is translating military training/skills into civilian language and resumes. You already have a program that assists with this, and I thank you for it.
 - Translating what a retired Lieutenant Colonel can do for a civilian business. Interviewing in a way to show that my leadership skills, organization skills and ability to think through a problem is what an employer is looking for. I firmly believe that most companies in America have no clue, and really don't care, about what a Veteran can bring to them. Frankly, I believe corporations in America give lip service to how much they "care" about their employees, much less their employees that are Vets. Frankly, in my job searches, and those of friends that are vets, being a vet doesn't mean shit to hiring managers in America.
- **Difficulty Getting/Asking for help**
- Asking for help is the hardest thing to do when you get back. Veterans need to want to get the help.
 - We serve in the military for a career. Once we get hurt, we are on our own in the civilian world. Asking for help is not easy.
- **Difficulty With Transition When Disabled/Injured**
- ...In all honesty I believe that it's worse because you have no one. Especially when you have a serious illness/disability.
 - I really need help with my disability, I am 80% with 14 years of service. I didn't retire because I needed to support my son. I should of done a medical retirement.
 - Education of the general public about the reality of those living with injuries, seen or unseen. The general public either thinks we are trying to get free stuff, or were all crazy and one step away from shooting up a building full of people. They dont see the reality of us wanting to live fulfilling lives in the wake of our injuries, and the scars of 15 yrs of continuous conflict since 9/11. We just trying to be normal and live a normal life we not asking for free stuff, we are seeking help from the people who's lives are so easy because we kept the wolf at the door and the fight to the enemy and they didn't have to lift a finger to keep everything they have.

■ **Problems With Finances**

- Financial situation, trying to start a life the day you get back.
- For me trying to get outta debt with the pay change from the military to civilian, had to move in with family and still living with family. Can't afford a rent or mortgage till I pay down on my debt. Since I've gotten out I have been hit with financial and personal hardships consecutively and have been attempting to bounce back from those downfalls but everything just keeps piling up.
- If I really need help with anything, I need severe financial assistance. My medical bills have stacked up because I had to seek outside medical care that the VA could not provide me. And now their bills that I have not been able to pay have been affecting my credit leaving me with a really badd interest rate on a vehicle had to refinance after a divorce I went through...
- I actually need financial assistance, but I'm not sure if I qualified. I did not get injured, but I have deployed to Imminent Danger/Hostile Zones.
- In my opinion, the most challenging aspects were maintaining financial security and relationships...I feel like there needs to be, in general, more financial assistance programs and trainings available that don't have rigorous eligibility requirements and application approval processes. Anytime I'm in need, I stress more about seeking assistance than just not having any because the process is way too difficult.
- ...I wish at times I would get some type of financial help for bills for my serves dog and car and food at time...
- When I was injured in 2011, I was a patient at [Military Base] for 2 years. In those 2 years, Finances were hard. We had to take out several Credit Cards and use them to "live". My wife had to quit her job In order to take care of me. It is now 2019, we finally have an apartment, but the Credit Card payments are still killing us. We make ends meet, but it would be nice to be able to get ahead.
- I wish at times I would get some type of financial help for bills for my serves dog and car and food at time...

■ **Transition Process, Military/ Department of Veterans Affairs (red tape, lack of information on benefits, denial of benefits)**

- I just feel like going through a MEB proceeding for PTSD and other related injuries was so much so fast it caused me to shell up, nod my head and just sign the dotted line when prompted.
- I was a captive of the [Service Branch] for almost two years: unfit to retire and unfit to reenlist. I fought in a war that was based entirely upon a lie. I watched my friends die. I felt their blood drain out of their bodies from between my fingers, and, I watched my command cover up the multiple times that I personally notified the unit Chaplain and the...Officer-in-Charge of an...impending suicide. I can't walk past an American flagpole without feeling utter disgust, and, there are flagpoles and armed guards at every VA facility. I asked the VA, IAVA, WWP, and my congressional delegation for healthcare outside of VA. That's all I fucking want, a doctor and shrink that don't have a flag, and don't violate my HIPA rights. I pay for shit medical care, and, I'm not well.
- I was being pushed from the service by my command and having trouble obtaining VA disability. The representative I spoke with guided me through the challenges

and helped fix the issues as well as helped me get the CRSC (Combat Related Special Compensation) in place.

■ **Difficulty Getting Information (on/accessing programs, benefits, services, or other help)**

- The most challenging part of becoming a civilian was medical care and benefits assistance. While transitioning out, many steps are taken to ensure no one falls through the cracks but some still fall through and I was one of them, it took months to get care even to date full dental care was not appropriately finished and I suffer from oral issues.
- Being a 4.0 student, who was accepted into Harvard's Extension School in a 4-year cohort leadership program, which took me 8 months to get into, I was severely disappointed when I was auto-dropped due to my first course being a 3 week English class, in which the GI Bill was to be paid at the end of the month. Even after filing an appeal, Harvard would not allow me to complete the course, and their Veterans Service officer was absolutely zero help. Again, completely disappointing. Having struggled with the VA's VOC Rehab program, who initially accepted me and then dropped my packet once they determined they would not accept the Harvard 4-year program, even though I had 2 years remaining on my GI Bill. In all, I've found the VOC Rehab program to be hot air, the GI Bill to be more on the side of "using" months of eligibility and in recent years, decreasing benefits. So as someone who has always fought for Soldiers, I feel it is up to us to put pressure on the military to award service members college credit for the aforementioned reasons.
- I find the hardest part to be understanding the civilian job market and the differences between military benefits and those that I will receive as a civilian employee.
- For me the most difficult challenge has been the loss of affordable Health and Dental care plans that I can purchase for myself and my family. I would love to see something like Tricare Reserve Select offered to retirees at similar pricing to military members still active in Guard or Reserve. I continue to work in public service at a school district, but I cannot afford the medical benefits. Hours at the VA are the same as my work hours and require a 30 minute drive each way plus there are often extended wait times. I generally have to take half a day off for any appointment at the VA, so I tend to wait until things are unbearable or don't go at all. I don't take part in any of the offered classes and services such as...stress management because almost all are offered during the day.
- The most challenging part of transitioning to civilian life is fighting to receive benefits that from the [Service Branch]. I spent 14 years in the service and I felt like at the time I was fighting for dear life to receive some kind of benefit to sustain my family and to this day I still am. I felt like I did not receive the proper rating from the [Service Branch] and I really do not know how to go about it or if it's too late to appeal the rating. I feel like I was cheated and I'm dealing with my issue and other things that were caused daily and still have to maintain my family.

■ **Difficulty – Military/ VA Disability Program**

- The hardest part is getting my disability rating up. They make the process incredibly difficult and confusing.
- I could use help getting my disability % reevaluated

- Those who are medically retired or separated aren't given enough resources or guidance to prepare for the civilian world. It is different when you are forced out of the military than it is when you are ready to leave. Also there's not enough resources for those who are alone with no children. Training is biased and only focuses on those with family support. It seems like just because I didn't have children, I wouldn't have a more difficult time once I got out. In all honesty I believe that it's worse because you have no one. Especially when you have a serious illness/disability.
 - As a [Service to use the benefits I've paid for through Federal taxes, I feel like a stranger [Branch] veteran that made it back from several combat deployments and now able asking for a hand-out when trying to get my disability claims processed. It's the best medical treatment but only if your able to use it.
 - Real help navigating the VA disability system... I am 90% service connected but have zoero for sleep apnea, tinnitus, hearing loss, degenerative disc disease...
 - The VA disability process isn't an easy process to navigate and I would have liked to have received some real benefit support, such as hey you need to do this, what you have is great, but add this. Add medical records supporting x, y, and z. I recommend that you keep a daily pain log for the 30 days and show how the pain impacts your daily life as some examples to tell the story for the VA examiner. And then sorting the paperwork in such a way the examiner doesn't have to search for documents, making the review as easy as possible. Spell it out for the VA examiner. WWP should have good feedback for the veteran on how to conduct the rating physical as it isn't how you feel that day, but how you have felt over a period of time. Many veterans may not know that.
- **Difficulty Obtaining Care/MH Care for Military Member/Family**
 - ...here also needs to be more availability to therapy and counseling, not just as an individual in transition but for whole families as they are transitioning as well...
 - I am a retired veteran married to a medically retired veteran with severe depression, anxiety and PTSD due to combat related sexual assault and former spouse rape and physical violence (who was active duty as well). There is virtual no support for me as a frontline care provider for my spouse. To complicate matters I am 100% (permanent/total) disabled. It has taken over a decade to get her sufficient care to share in this matter, due to a lack of compassionate and consistent care. It has caused emotional and physical fatigue beyond my capacities. Likewise, she has been institutionalized and attempted suicide twice...
 - ...also help with dental would be awesome...my whole va check goes to taking care of basic needs for my 3 children and some times not even that my kids have to have state health care and my wife has none at all and I have no dental in which I have major problems with my Teeth I just need help I'm at my wits end.

BARRIERS AND ROADBLOCKS ENCOUNTERED

- **With Military**
 - Hardest part for me was a lack of information and guidance during my hand off to the VA from the army. The ambiguity of what constitutes being "deployed" because I didn't go over seas but was a reservist that spent more time active for training than drilling, and what I found was a lack of support for those who were injured while on duty. Me for instance, I was injured doing combative training. But because

I wasn't deployed to OIF or OEF At the time some how my injury isn't good enough for any assistance of any kind or I feel like I'm lying because of how the terminology changes depending of who you are talking to.I personally struggle with resolving issues with the VA and the Army Board of Corrections for Military Records.

- It's hard I join Air Force Reserves after the Army they want to MEB me and also still trying to adjust to being civilian with all the problem I got but WWP and VA is my best help I need best advice

■ With VA

- Over prescribing of medication. especially psych meds. Also, VA doctors keep coming and going and each have a different way of working. it also doesnt help that they were giving out a 90 day supply. Thats a recipe for abuse of the medications and thus dependence.
- Even though the VA has gotten better, there are still obstacles. Some of the approaches to health care are outdated - the VA should embrace and offer newer treatment options. The VA compensation system is way to slow. I am still dealing with a claim from 2012 that waiting on it has me on the verge of bankruptcy with no ideas for solutions without praying that the VA will finally approve my appeal. I can't easily use my bathroom at home due to limitations caused by my service connected conditions, but since I have use of my limbs I do not qualify for a grant from the VA to be able to adapt my bathroom to accommodate my VA issued walker.
- I applied for vocational rehab through the VA which I thought will provide me that support - unfortunately - I was denied assistance based on having "too much education". I am appealing this decision now and was completely gutted that they couldn't provide assistance.
- It's been difficult with the VA and getting quality care. As I have got started with PT and they only give you a certain amount of visits and then you are done. No one looked at the benefits of care or symptoms getting better. Just wished they would have stayed with it, without looking at cost. Some vets out here really need the help and look forward to the assistance.
- So the care being given by the VA are not aggressive or sustaining to gather a good baseline to understand what care is working and what's not.

SOURCES OF HELP

■ WWP

When I first contacted WWP I was dangerously depressed. A person called me every Tuesday at 1030 for years and was able to talk me thru getting financial help and getting off pain pills. Saved my life as I look back on it. I thought about it daily.

- WWP and the staff are amazing and reach out to me which makes me feel that someone cares. I have not attended any activities or participated in any groups because of my inability.
- Wounded Warrior Project has some great programs, I wish there were more programs to engage the Spouse.
- Fortunately, I have now registered and will attend my first PSG (Peer Support Group) meeting next month in [City, State] and I am looking forward to it.

- Thank you for the online course!! It was helpful.
 - The other incredibly important component that veterans organizations overall bring to the table is a robust political advocacy that is relevant to veterans needs. We Greatly appreciate what WWP does for the wounded warrior community.
 - Understanding PTSD through WWP Talk Program
- **Help [other than WWP]**
- Transition back into civilian sector is not as hard once given the tools. I was lost until The Honor Foundation gave me the requisite skills/tools needed to understand my new operational environment.
(The Honor Foundation (THF) is a unique transition institute created exclusively for Navy SEALs and the U.S. Special Operations community. We provide a clear process for professional development and a diverse ecosystem of world class support and technology. Every step is dedicated to preparing these outstanding men and women to continue to realize their maximum potential during and after their service career.)
 - HAVING PROGRAMS WITH OTHER VETERANS TO BE ABLE TO BE WITH PEOPLE YOU CAN RELATE TO IS VERY HELPFUL.
- **Suggestions for Veterans Organizations**
- Additionally, I believe that veterans like myself who want to run their own business need help. If WWP is offering help to VOSB and SDVOSB, I can see that as highly beneficial. Veterans make up a disproportionately large number of small businesses. Some of us need legal, financial, networking, government contracting, and other types of support. WWP could be instrumental in these areas or at least helping the WWP Alumni in obtaining help from the related government, non-profit, or VSO to get business assistance and aid.
 - Service organizations can greatly assist transitioning veterans by helping them project the over-the-horizon events thereby keeping something on their radar for the future.
 - WWP and other VSOs can be of service by living up to what they offer and not lining their own pockets to profit from what's already been done to Us.
 - You can help veterans by engaging them earlier in the process I think getting to Vets a year to 6mo out would be beneficial. Possibly during the ACAP process so Vets know what you do and how you can help prior to exit and after they leave the service.
 - Which leads me to the things organizations can do to help:
 1. Connect a departing veteran to another veteran in their area.
 2. Have resources to empower departing veterans with resources for employment, education, etc.
 3. Keep fighting the good fight for veterans.

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Appendix A

Survey Methods and Administration Details

APPENDIX A

SURVEY METHODS AND ADMINISTRATION DETAILS

SURVEY POPULATION

WWP delivered a database containing warrior names, email addresses, telephone numbers, and other administrative information to Westat in February 2019. Westat removed duplicate records, test records, names of warriors who requested that they not receive email from WWP, and bad email addresses. Caregivers were also excluded. The resulting survey population included 109,969 wounded warriors registered as a Wounded Warrior Project warriors.

QUESTIONNAIRE

The survey was designed to address the following broad topics:

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

The final version of the 2019 survey included 179 closed-ended questions, many of them multi-item questions. The survey also 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 Wounded Warrior Project or other Veterans Service Organizations can help in alleviating this challenge.” Not all questions were administered to all warriors because of automatic skips for questions that did not apply and answers to previous questions.

A module design was implemented into the survey for the first time. The purpose of the module approach was to reduce the length of time to complete the survey without removing important questions. Warriors were randomly assigned to one of three modules. Each module included 6 or 7 of the 11 sections of the survey. All warriors were asked the survey questions in the Demographics and WWP Feedback sections of the survey. The remaining survey sections were assigned to two modules to ensure at least two thirds of respondents were given the opportunity to answer them. The module approach made the survey approximately a few minutes shorter for respondents this year. It took approximately 35 minutes to complete the web survey compared to 41 minutes in 2018.

DATA COLLECTION

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

FIELD PERIOD. Data collection began on Tuesday, March 26, 2019, and continued through Wednesday, May 22, 2019—8 weeks.

SURVEY COMMUNICATIONS. Warriors were emailed a prenotification, a survey invitation, and nine email reminder messages during data collection (see Table A1). For the first time, survey email communications were sent by both Westat and Wounded Warrior Project in an attempt to reach all warriors and reduce messages automatically being marked as spam. Emails were also targeted towards warriors based on their status such as starting the survey or being a new warrior.

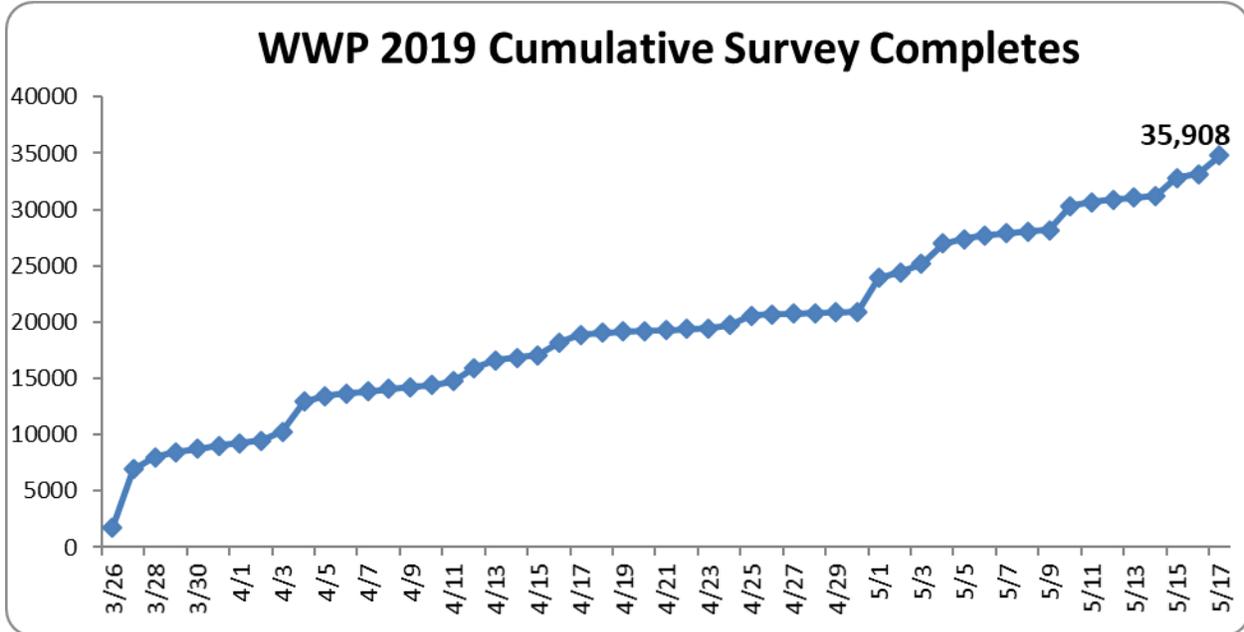
Table A1. List of Survey Communications Sent to WWP Warriors

Email communication	Sent By	Date sent
Survey prenotification	WWP	March 18, 2019
Survey invitation	Westat	March 26, 2019
Thank you/reminder #1	Westat	April 3, 2019
Thank you/reminder #2	Westat	April 11, 2019
Thank you/reminder #3	Westat	April 16, 2019
Thank you/reminder #4	Westat	April 24, 2019
Thank you/reminder #5	WWP	May 1, 2019
Thank you/reminder #6	Westat	May 3, 2019
Thank you/reminder #7	WWP	May 10, 2019
Thank you/reminder #8	WWP	May 15, 2019
Thank you/reminder #9	WWP	May 17, 2019

The survey invitation email contained a link to the survey web site as well as a unique user ID for accessing the survey. The email explained the purpose of the survey, encouraged participation, stated that caregivers could assist with completing it, and provided contact information for WWP Resource Center and for the Westat WWP Survey Support Center. The email also informed warriors that when they submitted their completed surveys, they could provide a mailing address to receive a limited edition WWP warrior tactical patch by July 2019. Every email invitation and reminder included a link to unsubscribe from future communications about the survey. During the field period, Westat and WWP emailed nine thank you/reminders about the survey to all nonrespondents.

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

Figure A1. Cumulative 2019 WWP Survey Completes Throughout Data Collection



SURVEY HELP CENTER

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

EMAILS. Help Center staff received more than 971 emails. More than half of the emails received were in response to a social media post by WWP encouraging warriors to contact the help desk if they did not receive a survey invitation. A handful of warriors wrote in stating they did not want to participate in the survey. Other emails asked WWP for assistance with receiving various services. The help center staff forwarded those requests to WWP. Some warriors provided address and email updates.

In response to other emails, Help Center staff classified 9 warriors as refusals and removed them from the survey mailing list, and updated 34 email addresses and 2 addresses.

TOLL-FREE HOTLINE. The hotline number rang directly at the Survey Help Center and was answered by a staff member during weekday business hours (9:00 a.m. to 5:00 p.m., EDT). Voicemail was available to anyone calling after business hours or on weekends, and messages were answered within one business day.

During the field period, 47 phone calls or voice messages were received. Topics of the calls included technical issues with accessing the survey, questions about WWP resources, length of the survey, and refusals to take the survey. The Help Center

assisted all callers and, when appropriate, provided them with contact information for the WWP Resource Center.

DISTRESSED COMMENTS. Responses to the survey were monitored to determine if warriors may be distressed and in need of assistance. Westat delivered respondents' comments to the open-ended question at the end of the survey that included any key words associated with possible severe behavioral health distress (e.g., comments about harming themselves or others) to WWP. Cumulative reports with potential distressed comments were shared with WWP daily for review and followup. WWP staff contacted warriors to make sure they were safe and to recommend services or programs to assist further.

Westat also shared responses to a new closed-ended question about death and self-harm. The new question asked: "In the past two weeks, how often have you been bothered by any of the following problems...thoughts that you would be better off dead or of hurting yourself in some way." WWP was alerted daily of all survey responses of "Several day" "More than half the days" and "Nearly every day" to this question. An email was sent to all warriors stating WWP supports them with a number to speak with a Resource Center representative as well as links to resources like the Veteran Crisis Line and WWP Mental Health & Wellness programs. A call attempt was also made to warriors if they selected the severe response of *More than half the days* or *Nearly every day* to this question.

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). Some of the core item rules were relaxed from the prior year because modules were used and not all the survey questions were asked. As a result, a slighter higher number of records met the completion criteria and fewer records were considered a partial complete. The final data set does not include any data from surveys designated as partial completes.

RESPONSE RATE

The response rate for the 2019 survey was 32.7 percent, compared with 33.7 percent in 2018, and 37.5 percent in 2017. The 2019 rate was calculated as follows:

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

$$= [35,908 / (35,908 + 3,726 + 9 + 70,325)] * 100$$

$$= [35,908 / 109,968] * 100$$

$$= 32.7 \text{ percent}$$

Table A2. Final Disposition Codes

Number	Disposition value	Disposition code	Definition of disposition code
Eligible respondents			
35,908	C	Complete	Completed web survey – Answered at least 11 of 22 core demographic questions. Core questions were those that all respondents had a chance to answer (i.e., they were not prevented from answering them because of programmed skips).
Eligible nonrespondents			
3,726	P	Partial Complete	Partially completed web survey – Did not answer at least 11 of the core demographic questions.
9	R	Refusal	Emailed or called and said “Do not email me again” and did not submit a survey.
70,325	N	No response	No survey submitted or started.
Ineligible sample members			
1	I	Ineligible	Was not eligible – Spouse/ care giver was accidentally included in sample.

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

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

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

with variables used to define the nonresponse adjustment cells, the differences between weighted and unweighted estimates will be very small.)

Because the nonresponse adjustment cells must be defined with information available for both respondents and nonrespondents, we examined the response rates at the different levels of the variables on the list of all the warriors who were asked to participate in the 2019 WWP Warrior survey. For respondents, we also examined the relationship between these variables and the corresponding survey variables.

For the 2019 survey, we decided to create nonresponse adjustment cells similar to the way we created the nonresponse adjustment cells for the 2013 through 2018 surveys—that is, we used the following three variables to create nonresponse adjustment cells:

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

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

Table A3. 2019 Response Rates Disaggregated by Information Available for Both Respondents and Nonrespondents

Variable	Level	Individuals in population	Respondents	Response rate (%)
Frame status	Active duty	16,383	4,542	27.7
	Not on active duty	82,517	28,279	34.3
	Missing	11,068	3,086	28.9
Frame region	Midwest	12,706	4,474	35.2
	Northeast	9,837	3,319	33.7
	South	55,465	18,456	33.3
	West	24,205	7,966	32.9
	Missing	7,755	1,692	21.8
Frame age category	18-24	1,657	246	14.9
	25-30	13,455	2,894	21.5
	31-35	27,349	7,570	27.7
	> 35	64,605	24,616	38.1
	Missing	2,902	581	20.0

For the 2019 survey, we calculated a set of weights to be used with the data obtained from all the respondents to the 2019 survey for the set of questions that were given to all modules. The resulting weighted estimates represent the full 2019 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 52.

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

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

Table A4. Characteristics of 2019 Base Weights and 2019 Adjusted Weights

Characteristic	2019 Base weights		2019 Adjusted weights	
	Respondents	Nonrespondents	Respondents	Nonrespondents
Minimum	1.0	1.0	2.18	0.0
Maximum	1.0	1.0	4.48	0.0
Mean	1.0	1.0	2.97	0.0
Median	1.0	1.0	2.55	0.0
Sum	35,908	74,061	109,969	0
	109,969		109,969	

New to the 2019 survey is the splitting of portions of the questionnaire into 3 sets of modules in order to reduce respondent burden and increase response rates. In order to do this, the full frame of 109,969 records was split into 3 equal samples, representing modules A, B, and C. Different sets of questions were asked of combinations of 2 out of these 3 modules.

The respondents to each of these three modules had their initial nonresponse weights adjusted by poststratifying to frame totals of the same three variables in Table B4. This gave us the same starting set of 75 cells that was used for nonresponse weighting for each module. Cells with less than 30 records were collapsed, producing a set of adjusted weights for each module.

Table A5 shows the distribution of these weights for each module. Each set sums to the number of individuals in the population.

Table A5. Characteristics of 2019 Postratified Weights by Module

Characteristic	2019 Postratified weights		
	Module A	Module B	Module C
Minimum	6.7	7.0	6.8
Maximum	29.1	30.0	27.8
Mean	9.3	9.1	9.2
Median	7.8	7.7	7.8
Sum	109,969	109,969	109,969

Since sets of questions will be represented by more than one module, an analyst must be allowed to combine weights from each of Modules A, B, and C as needed in groups of two. In order to do this, the weights from Table B6 were composited by multiplying them by a factor of 0.5. This simplistic approach can be taken for two reasons. The sample sizes are approximately the same for all three modules and the sampling method used was a simple random sample.

A final set of weights for using combined modules contain three weights: one for analyzing questions in modules A and B, one for questions in modules A and C, and one for questions in modules B and C.

HIGHLIGHTS FROM GOOGLE ANALYTICS

The following measures from Google Analytics provide unweighted 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

2019	2018	2017
<ul style="list-style-type: none"> • United States (46,634 visits) • Puerto Rico (328 visits) • Germany (251 visits) • Guam (66 visits) • Kuwait (43 visits) • South Korea (41 visits) • Afghanistan (35 visits) • Japan (35 visits) 	<ul style="list-style-type: none"> • United States (44,158 visits) • Puerto Rico (273 visits) • Germany (202 visits) • Guam (64 visits) • Afghanistan (46 visits) • South Korea (44 visits) • Japan (38 visits) • Kuwait (30 visits) 	<ul style="list-style-type: none"> • United States (59,994 visits) • Puerto Rico (383 visits) • Germany (281 visits) • Guam (106 visits) • South Korea (82 visits) • Japan (56 visits) • Afghanistan (44 visits) • United Kingdom (47 visits)

Top 10 Visits by Cities

2019	2018	2017
<ul style="list-style-type: none"> • Atlanta (1,622 visits) • San Antonio (1,296 visits) • Dallas (1,230 visits) • Houston (936 visits) • Washington (881 visits) • Austin (846 visits) • Chicago (838 visits) • Los Angeles (761 visits) • New York (730 visits) • Nashville (720 visits) 	<ul style="list-style-type: none"> • New York (1,899 visits) • Atlanta (1,371 visits) • Houston (1,206 visits) • San Antonio (1,086 visits) • Dallas (1,059 visits) • Chicago (797 visits) • Washington (766 visits) • Los Angeles (754 visits) • Orlando (673 visits) • Charlotte (647 visits) 	<ul style="list-style-type: none"> • Atlanta (1,849 visits) • San Antonio (1,471 visits) • Houston (1,387 visits) • Washington (1,263 visits) • Dallas (1,244 visits) • New York (1,144 visits) • Los Angeles (1,103 visits) • Chicago (1,021 visits) • Orlando (1,010 visits) • San Diego (713 visits)

Top Browsers Used by Visitors

2019	2018	2017
<ul style="list-style-type: none"> • Safari (40.2%) • Chrome (37.9%) • Samsung Internet (9.2%) • Firefox (4.6%) • Internet Explorer (4.3%) 	<ul style="list-style-type: none"> • Safari (41.4%) • Chrome (39.3%) • Samsung Internet (6.6%) • Internet Explorer (5.2%) • Edge (3.8%) 	<ul style="list-style-type: none"> • Chrome (44.2%) • Safari (40.1%) • Internet Explorer (7.3%) • Firefox (3.5%) • Edge (3.2%)

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YEARS

The Wounded Warrior Project® Annual Warrior Survey gives injured post-9/11 veterans a voice – a platform to be heard by individuals and organizations who can initiate change. This report is intended to tell their stories, uncover their greatest needs, and inform the efforts of those who support our mission of honoring and empowering wounded warriors. For further guidance or inquiries, please email warriorsurvey@woundedwarriorproject.org.



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