The Warrior-Family Roundtable (WFR) held November 9, 2012 at the Chicago School of Professional Psychology in Washington, D.C. extended the dialog from this year’s wounded Warrior-Family Symposium (WFS), “Saluting Their Sacrifice: A Decade of Challenges and Triumphs for Our Wounded Heroes and Their Families,” held September 13th in Washington, D.C.

Discussions focused on what attendees learned at the WFS and ways this information could be applied and shared with interested organizations and individuals to better address the needs of our wounded warriors and their families as well as help refine programs and services through public-private collaborations. Topics included medical-disability benefits, care coordination, family-caregiver support, and employment-transition services.

The WFR included a panel of WFS program participants who provided their perspective on the symposium, followed by an open floor discussion to capture event take aways and future applications.

The 30 plus attendees included government representatives from the White House Office of the Secretary of Defense, Department of Veterans Affairs, federal and state policy organizations along with representatives from numerous public and private groups, warriors, families, and interested individuals.

The group identified several main themes that ran across the discussion with special attention given to the concern that the information is plentiful and there are numerous individuals and groups providing services, but there is still a disconnect between policy and the translation at the grass roots level where the care is occurring or program are being implemented.

One Caregiver commented, "We keep hearing the same issues over and over--the programs are there but the footprint is not on the ground."

Additionally, the group identified that Warrior and Family support policy, program and service disconnects are generally the result of barriers in the areas of outreach, communication and implementation. The group was supportive of the WFS event and felt that it provided insight into many relevant topics offering a necessary venue for addressing important issues as well as an opportunity to positively impact warriors-families for years to come. Attendee take aways and future applications were numerous and are included on the page that follows:

The MOAA-Zeiders Warrior Family Roundtable is an extension of MOAA’s annual wounded Warrior-Family Symposium (WFS) that examines the transformational effects of extended war on military forces and their families.

Participants in this roundtable: Ms. Heather Ansley, Mr. Michael Bargmann, Ms. Patricia Barron, CAPT USN-Ret Kathy Beasley, Ms. Elizabeth Bischoff, Ms. Elizabeth Borelli, Mr. Fred Caison, CDR, USN-Ret René Campos, Mr. Dave Carroll, Dr. Lynda Davis, Mr. Derek Donovan, Mr. Ron Drach, Ms. Karen Golden, COL USAF-Ret Mike Hayden, Ms. Sarah Himan, Ms. Linda Kreiter, COL USAF-Ret Karen Malebranche, Ms. Pawlette Mason, Mr. Rajeev Ramchand, Mr. Paul Richardson, VADM USN-Ret Norb Ryan, Jr., Mrs. Andrea Sawyer, LtCol Randall Smith, CDR Steven Smith, Ms. Anne Sobota, COL USAF-Ret Steve Strobridge, Ms. Colleen Tuddenham, Mr. Jim Wear, Ms. Mary Winnefeld, Ms. Lisa Winstel, Mr. Mike Zeiders

The roundtable was moderated by Ms. Meredith Beck
TAKE AWAYS:
General
- WFS had a “wow” impact - participants spoke to ‘hope’ and the need to include the spiritual side of the individual because the warrior’s spirit-drive is often crushed and may lead to a range of issues from mental-physical distress to suicide.
- Exceptional panels that brought out new issues like intimacy and family relationships.
- There is a public awareness gap - concern that the post-war public will become increasingly less engaged and understanding of the suffering and sacrifices of our warriors-families.
- Information disconnects are across three areas: Interpretation, Communication, and Understanding.
- In all forums, the same stories and issues continue to be repeated. Some headway has been made in expanding information and outreach but this is not trickling down to the providers of services and to those in need.

Medical-Disability Benefits
- Civilian mental health providers are not trained in working with this unique population and culture.
- Integrated mental health strategies are important in reducing gaps and standardizing care at all levels.
- There are still gaps in the caregivers’ DoD-VA benefit structures. Caregivers go outside the “systems,” especially in addressing personal issues (E.g. employment, work-leave benefits).
- DoL-VA doesn’t help spouses unless their member is in a service-connected disabled category. Many may go without benefits because they do not qualify, are uninformed, or are not eligible.

Care Coordination
- Information not getting to mental health professionals which can lead to treatment gaps. Programs aren’t equating in the field, yet it’s hard to see gaps when there are so many organizations and initiatives collaborating.
- Caregivers feel like they are case managers to their case managers - the programs aren’t talking to each other and are sometimes cutting families out of the care.
- Care plans are not consistently coordinated across the spectrum (E.g. families restart a process repeatedly or handoff gaps occur). The family/caregiver is often the bridge as the warrior may not be the best historian of their care.
- Mental health community is not openly discussing the spiritual component of healing or its importance. The mind, body, and soul-spirit require different approaches.
- Mental health care, especially for female warriors’ mental health services appear to be much more limited than for males.
- Special attention should be given to medical personnel with PTSD and other combat stressor conditions.

Caregiver-Family Support
- Parents of wounded warriors have been forgotten.
- DoD-VA Systems are not healing families as a unit-the focus of programs is almost entirely on the wounded warriors and caregivers-families are an after-thought.
- Children and youth support tail is still lagging.
- Much of the disruption with families is tied to sudden change in the status or medical condition of the warrior-caregivers. Need more progressive care giving (E.g., eldercare, chronic illness).
- Caregiver professional licensure protection is needed (E.g. teaching, law, clinical certifications) as credentials may not be maintained due to time constraints to meet credentialing criteria or due to loss of opportunity.

Employment-Transition Services
- The real issues occur after separating or retiring from the military - transition/reintegration is significant issues with a great deal of uncertainty, unpredictability, fear, anger, loss of security, and so on, on top of dealing with complex medical/benefit issues.
- Human Resource offices do not always understand the requirements and the resources available for accommodations in the workplace. Individuals do not understand their benefits nor know how to ask for accommodations.

FUTURE APPLICATIONS:
General
- Don’t reinvent programs that are working - rather retool using successful models like TAPS Peer Support Program, Health and Human Services (HHS), and National Association of Caregivers.
- Need to map out the full spectrum of resources and services for local, state and national programs, establishing metrics, common goals and standards of what is really working.
- Increase public awareness and identify ways they can help.
- Integration between DoD-VA programs is still needed.
- Air the WFS on public television to help awareness. The wounded warrior stories were very touching and relevant and morale increases when warriors-caregivers can see other testimonials.

Medical-Disability Benefits
- Need to increase the pool of mental health providers for screening PTSD and consider establishing a para-professionals pool to fill gaps.
- Concern that the DoD-VA Systems will hide behind the ‘Resiliency’ label and look to a one-size-fits-all view that doesn’t address individual warrior conditions. While resiliency is being taught, some injuries are beyond preparation.
- Need to expand the 5-year combat veterans’ VA health care benefits to address medical issues that surface after a military transition.

Care Coordination
- Wounded warriors-families still don’t know where or who to go to after all these years - government programs need to be innovative, providing the right resources at the right time.
- The need for increased medical communities’ coordination and transparency of prescriptions and overall drug therapy is evident as individuals are on complex therapy regiments.
- Public and private sector partnerships are needed as part of the solution - small and large organizations can learn from each other. Private sector can assist in supplying needed resources and the public sector facilitates leveraging these resources. Need to formalize volunteer and non-profit/corporate networks.
- The growing population of female warriors will require additional medical and support capability and capacity in DoD-VA care systems.

Caregiver-Family Support
- Need to go beyond benefits and help caregivers address their individual needs, such as intimacy, role-relationship changes, isolation, financial, and long-term preparedness.
- Family and Medical Leave Act only covers 6 months – caregivers need more time to fit into the recovery, rehabilitation and disability evaluation process and should have protections like troops do under USERRA.
- Expand Military Chaplain’s Religious Enrichment Development Operation (CREDO) Program to veterans.
- The Quality of Life Foundation has a report and resources to address gaps in care and caregiver support: The Wounded Warrior Family Care Report and Wounded Veteran Family Care Program: (http://qolfoundation.org/aboutus/reports.shtml).
- Caregivers should be in the medical records process and have their care tracked as they succumb to increased deterioration of their own health.
- Public awareness campaign needed on how best to help caregivers using a list of the top 10 caregiver needs.

Employment-Transition Services
- Need to address issues such as PTSD/TBI in the workplace - help employers understand and value the warriors’-families’ potential. DoL needs to be at the table on these and broader issues with this population such as caregiver certification, licensing, work programs, and centralization of program efforts.
- Vets First has a Webinar Knowledge Book for veterans focused on transition issues - need something similar for families.
- Government and non-government support needed to help caregivers obtain employment, maintain professional licensure and credentials, and participant in key discussions to educate and design policies and programs to meet evolving personal and professional needs.
The Moderator ended the session summarizing the morning’s discussions and asked each attendee to provide input on what Government and Non-Government programs they believed should be supported and fully funded by the Secretary of Defense or Secretary of VA.

*Attendees provided the following responses:*

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<thead>
<tr>
<th><strong>Government Programs</strong></th>
<th><strong>Non-Government Programs</strong></th>
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<tbody>
<tr>
<td>Single list/database source of all government services and benefits programs for wounded warriors</td>
<td>Mission Continues (<a href="http://www.missioncontinues.org/">www.missioncontinues.org/</a>)</td>
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<tr>
<td>VA Amputee Care Program</td>
<td>Rivers of Recovery (<a href="http://www.riversofrecovery.org/">http://www.riversofrecovery.org/</a>)</td>
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