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**Introduction:**

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Chief Executive officer
Wounded Warrior Project

**Panelists:**

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P R O C E E D I N G S

MR. O'HANLON: Good morning, everyone. Thank you for joining us today at the Carnegie Endowment in this Brookings Institution and Wounded Warrior Project event. I'm Mike O'Hanlon with Brookings and were just honored and thrilled to be collaborating with our good friends at the Wounded Warrior Project this morning on their very important work. They do so many things for our wounded warriors around the country. The focus of today's conversation is going to be built largely, as you know, around a survey, which they've been doing now for a number of years. They have a data stream on the quality of care and many other aspects of the quality of life of our nation's wounded, ill, others who have served and had some kind of serious consequence as a result, or otherwise have challenges that they're facing in their lives today.

The Wounded Warrior Project has done remarkable work and continues to with many tens of thousands of people in their broader community. The survey that you're about to hear General Michael Linnington first discuss, and then we'll see a video, and then we'll have a panel discussion and involve all of you. The survey I think involved 34,000 respondents and it's a number of years now they've been doing this, trying to capture everything from the access to work, to the access to good healthcare within the VA system, the access to mental health care, a general sense of happiness in life and of being able to get education, get jobs. All these things are addressed through the survey. So it's not just important for helping us remember our men and women who have done so much for the country, but also it should be a guide to the future policy debate as we think about areas where we still need to do better by our men and women in uniform and those who have served and their families.

So, again, I just want to now introduce General Michael Linnington,

retired. He is the Director and CEO of the Wounded Warrior Project, had a distinguished career in the U.S. Army. Went to West Point, wound up Commandant of the Cadets at West Point. Wound up also doing stints in Iraq and Afghanistan. I had the good fortune of meeting him in those places and learning from him there. He would have been very busy tomorrow, as we all honor President Bush, because his last military job was, in fact, in charge of the National Capital Centre for all the various activities that occur here. And after retiring for the Army, before taking the Wounded Warrior Project job, he was the first Director of the POW/MIA Agency within the Department of Defense.

And so it's an honor, General, to present you, and again to work with your organization today. (Applause)

LIEUTENANT GENERAL LINNINGTON: What a kind introduction. I've known Michael O'Hanlon for many years, and certainly his advice and counsel back in the early days, 2003-04 101st Airborne Division, and over the last many years, have really been insightful, not just for me but for those I worked for.

And good morning, everyone. It's great to be here, great to be among so many friends and colleagues and talking about a topic so important to all of us. It's also great to be at Brookings, a national center of excellence, and obviously one of the most important think tanks here in Washington, DC. For those of you who haven't met Mike O'Hanlon, he's been providing sound and relevant advice on U.S. defense strategy and national security policy to senior U.S. government leaders for many years. And I couldn't be more happy, Mike, that you're hosting us here this morning.

The Wounded Warrior Project has been transforming the way America's injured veterans are empowered, employed, and engaged in our communities since our inception back in 2003. Starting as an organization providing backpacks at evacuation

sites at Landstuhl and when our warriors come home at Walter Reed and Bethesda. Our programs and services scan the gambit of mental health, career counseling, long-term rehabilitative care, and they are indeed changing and saving lives. And the warriors and family we serve never pay a penny for our programs because we believe, as you do, that they've already paid their dues in service to our great nation, much of it in difficult conditions in Iraq and Afghanistan over the last 17 years.

Since September 11, 2001 more than 3.3 million young men and women have served our nation in uniform. As of the end of November 52,784 service men and women have been wounded in action in combat against our enemies. Our DOD estimates more than 380,000 have sustained traumatic brain injuries. And tragically 6,978 have made the ultimate sacrifice, defending the freedoms we enjoy as Americans. Important to Wounded Warrior Project in today's survey results, which we'll talk about in a little bit, by 2008 RAND estimates 20 percent of those that have deployed to Iraq and Afghanistan are still suffering with the effects of post traumatic stress disorder. More than 122,000 wounded warriors and 31,000 of their family members over the last 15 years have reached out to Wounded Warrior Project for assistance, and we count them in our ranks and we call them our alumni.

The number of veterans reaching out to Wounded Warrior Project, surprisingly, but not so surprisingly if you think about it, have increased month by month. And, in fact, over the last two months, they've been our busiest period with more than 1,700 young men and women reaching out to us for help in October and 1,500 in November, despite a much smaller number of troops deployed in Iraq and Afghanistan than during the surge of the past decade, which I know Michael has written about extensively. So the need is certainly great and growing, and that's why Wounded Warrior

Project exists and that's why today is so important.

Each year WWP invests nearly $200 million on programs and services for service members, veterans, and their families. And in 2019 that number will exceed $200 million, speaking to the increasing needs in more specific terms. And each year, as Michael mentioned, since 2009 Wounded Warrior Project survey has been used to determine the areas of greatest need among our alumni population. And we've used that information to quickly direct investments in areas that will most positively impact rehabilitation, recovery, and transition of our wounded veterans into communities across America. And that's really the science behind our programming.

This year, for the first time, we are also highlighting five year trend data, which we will use to help prioritize our legislative and policy efforts led by Rene Bardorf right here in DC at the federal level. And as Michael mentioned, that's certainly part of what this survey will bring to the table as well.

Together with our partners at DOD, VA, and the VSO community, our survey should also inform and prepare troops and their families for future conflict while improving the support we provide when the return home. No two people are more committed to those priorities than Dr. Keita Franklin, the National Director, Suicide Prevention from the Department of Veterans Affairs, and Mr. Tony Kurta from the Department of Defense, the Office of Personnel and Readiness. Two friends of mine who I couldn't be more pleased are joining us this morning. Keita, Tony, thank you both for taking time this morning and sharing your valuable insights along with our amazing Research Director, Melanie Mousseau -- Dr. Mousseau. She's out back here as well.

We'll now play a short video on the survey and then I'll ask Mr. O'Hanlon to take it from there. Please roll the video tape.

(Video playing)

MR. O'HANLON: It's a very moving video and very helpful to start the conversation. We're going to launch right in by talking more about the survey and about the state of the all volunteer force and about the state of the ongoing work of Wounded Warriors.

Just an additional brief word or two of logistics and introduction from me. First of all, we do have a hashtag for this if you're interested on Twitter, #WWPSurvey, all one word. We'll go until about 11:30 this morning and the second half of our conversation will be with you, so please be looking ahead to what you'd like to ask the panel. And then we'll have General Linnington able to speak with some reporters if anybody wants to ask General Linnington any questions afterwards. We'll have a little press gaggle here in the room.

But let's launch in. And let me first add a word of introduction. General Linnington already mentioned about each of the three distinguished panelists. Melanie has a Ph.D. in health and human performance and -- starting from the far -- and works on Wounded Warriors Project issues across the board. And Keita Franklin has been the suicide prevention official at both DOD and Department of Veterans Affairs and has her background as well in social work and in related fields of human psychology and wellbeing. Tony Kurta is a graduate of the Naval Academy, so balancing the General. We know we've got important events coming up in that domain. I think Saturday, if I'm not mistaken.

SPEAKER: Exactly right.

MR. O'HANLON: And after a distinguished career in the Navy, rising to Rear Admiral, he retired and he's been now working personnel issues, one way or

another, including up to the responsibilities of the Under Secretary of Defense at the Pentagon for the last half decade or so.

So we could not have a more distinguished panel. And I thought the best way to begin, Melanie, is to ask about the survey itself. We've got a lot of the quick statistics flashing across the screen, so that's a little bit of an introduction, but I think you can add some more detail and let us know a few more of the key findings, and also w here you're seeing important trends. Because the statistics by themselves often don't mean as much as understanding where we're seeing movement and where we're seeing progress and where we still have a lot of work left to do.

So if you could begin with some highlights, please.

DR. MOUSSEAU: Absolutely. Well, first, thank you all for being here today and thank you for having me on the panel.

As you saw, there's a lot of information that we've collected and it started with that idea of we really wanted to understand who is it that we're serving, what do these warriors have as their experience, what are their most pressing needs. That way we could tailor our programs and services specifically to those needs and being able to move forward.

So back in 2009 we worked in collaboration both with RAND and Westat to develop what you see today, this comprehensive survey looking at domains and wellbeing that specifically focus on mental health, physical health, and economic empowerment so that we could have a pulse on really who is it that we're serving and then how can we see that we're making an impact in their lives. We launched our first survey in 2010 and we've been able to use the data as not only an internal check on needs and being able to make some adjustments for the programs and services, but

we're able to track what are the changes that are needed going forward.

Some of the big areas where we have highlighted particular importance is the presence of mental health. I don't think for anybody in this room that's a surprise. The prevalence of mental health we've seen this year, that's 78 percent of those that we serve endorse PTSD as an injury that they incurred post their service. That's not an unusual or a new trend. This is a number that is slightly increasing year over year, but is something that is continuing to present itself. And I'm sure we'll touch more on the importance of mental health as we move forward. But we use that information as far as allocating our resources to the direct programs and services that Wounded Warrior Project delivers. Specifically, in 2015 we launched the Warrior Care Network, which is an innovative two to three week intensive mental health program to help get at not only the mental health concerns, but to overcome some of the barriers that we've seen with access to care. And that's been fantastic in addressing some of those concerns.

We've also seen that warriors are not as healthy as we would like, aside from their injuries. We see high rates of obesity, lack of physical activity. And as a result of warriors being fearful of incurring additional injuries, as well as not being comfortable in social situations, we've implemented specific programming at Wounded Warrior Project. It's a 90 day coaching plan that helps warriors get physically active, learn better nutrition, but do it in a safe space that's aware of their injuries and limitations that they face.

Lastly, we've used the data from these surveys over the previous years to deprioritize the programming that we provide related to education. As we've seen year over year in the survey, warriors are doing a great job attaining higher levels of education. This year we hit the largest number of individuals receiving a Bachelor's degree or higher, just at 36 percent. And that's a trend that has been continuing to

increase year over year. So we saw that education wasn't a barrier to employment, instead what we saw were the barriers were again mental health issues. So with that we emphasized again mental health programming and put additional resources and internal programming, as well as the partnership with the academic medical centers for the Warrior Care Network.

So it's a lot of information, but we've used the data year over year to improve what we're doing because we're understanding who we're serving.

MR. O'HANLON: That's fantastic. Before I go to the Admiral for thinking about all these issues relate to the -- before I go to the Admiral to talk about the current all volunteer force and where we stand. (Technical interruption) I'm not smart enough to be able to talk and hear at the same -- so I'll just give it a second. (Laughter) I'd like to follow up with a couple of the specifics and make sure we get some of the broader picture here as you see the future policy agenda. Because obviously you're working with Wounded Warrior Project, which has a huge population, but you're also in many ways learning from and teaching the rest of the U.S. ecosystem that works with veterans. The Department of Veterans Affairs, you're trying to in some ways address problems that they're also addressing, you're learning from each other, you're watching the needs. And I want to ask about the Department of Veterans Affairs and its evolution. And, of course, we've got Keita working with them -- we'll come to her later. But it strikes me that there is some pretty good news in the poll about people's happiness with access compared to maybe where it was a few years ago.

And I wanted to ask if you could comment on that. I know it gets away a little bit from the immediate activities that you do at Wounded Warrior Project, but you're survey allows us to understand how veterans feel about the Department of Veterans

Affairs. And this has been a big policy debate. We've had previous discussion at Brookings on this as well and we know there's been a Choice Program developed for veterans, so they've got easier access to the private sector, but VA has also really worked to improve access within the system, which of course would be its preference to be able to serve as much as possible. So can you just say a word about that whole set of issues? How well the Department of Veterans Affairs is now connecting with the needs in real time, in a prompt way, of our veteran population?

DR. MOUSSEAU: Absolutely. The access to care continues to be a challenge, however, when they are receiving care that is a bright spot. This year we've seen that over 75 percent of our warriors that we serve do access mental health care from the VA or they have that ability to, with over 68 percent choosing that to be their primary source of healthcare. That's a number that we are continuing to see increase year over year. Reasons that they're doing that is because they feel that they're entitled to it, but that it's also their ability, the VA's ability to treat their service-connected injuries. So we're seeing that as a positive movement in that area.

We've also seen a marked decline in the challenges that warriors are experiencing with respect to scheduling appointments. There is still an opportunity there where they are having difficulty getting in at hours and rectifying their schedules with the VA's appointment availability, but we're now hovering down around 30th percentile versus upwards of 50 percent of individuals reporting difficulty getting either mental or physical healthcare through the VA system. So the changes that are being made, the opportunities for warriors to get their needs met is improving year over year. There is still room -- I wouldn't say that it's been resolved, however we are seeing positive momentum. And I know that is something that Keita and team are continuing to keep a focus on.

MR. O'HANLON: So, yes, we'll come back to Keita in a minute on some of these issues after talking first with Tony. But I also wanted to just -- one last thing about trends in the data. Just because there is such a wealth of information in your survey. And I've been studying it the last few weeks to get ready for today, but trying to really organize some of the key trends and facts in my mind. And so I've seen hopeful trends in terms of access to education, we saw the numbers on homeownership going dramatically upward in recent years, which is good news. Homelessness has gone substantially down, I believe been cut roughly in half. But I also wanted to ask you specifically on the issue of employment. And we've seen a reduction in veteran unemployment rates, I think of a few percentage points over the last half decade, but of course the national unemployment rate has also been trending downward, so how do you put that in context? I think we have, what, 12 percent or so veteran unemployment, which is substantially higher of course than the overall national number of about 5 percent, but the trend has at least been in the right direction. How do you think about that overall statistic?

DR. MOUSSEAU: I think that it is promising that our trend is paralleling what's happening not only in the general population, but also among the entire veteran population. But considering that those that we serve in our subset is those that have been most impacted by war, and so those are the wounded, injured, and ill. I don't think it's a surprise that we're still hovering at a higher rate than both the general average and the veteran, although, again, it's mirroring that. So I think it definitely is a positive take away that we're getting warriors into the workforce and we're recognizing what are some of those challenges that we're facing and being able to put programs and services in place that can help them overcome. Because we see mental health issues and difficulty

being around others being a primary force that is holding warriors back from either entering the workforce or changing jobs within the workforce.

MR. O'HANLON: And that's specifically in your survey for the wounded warrior population that participates.

DR. MOUSSEAU: Exactly.

MR. O'HANLON: Great. Thank you very much for all of that. And Admiral, Mr. Secretary, if I could go to you and now try to connect these issues, which are primarily about the post active duty demographic to what you're dealing with day in and day out in terms of maintaining a ready force for the country's security today. And I just want to ask you to connect these two issues which are closely linked, but different, right. The wellbeing of the veteran's population, and certainly the wounded warrior population is in many ways a different group from those in service today, and yet I know you have both groups on your mind. You're trying to make sure that you take care of today's men and women so they will not be permanently incapacitate. To the extent they have problems, they get treatment, they have the ability to heal. So you're trying to deal with all these issues within the medical world, within the world of how many times you ask people to deploy, what that does for their proclivity for PTSD. So I'm just trying to put out a few issues and ask you to help us connect them. The linkages between the wounded warrior population and today's active duty military.

And thank you again for joining us.

MR. KURTA: Well, thank you, Michael, for having me and for allowing me to participate in this. And obviously, you know, the care of our wounded warriors is one of our most sacred obligations, not just to the Department of Defense, but to the country. We kind of have a compact with people when they put their lives on the line for

the country, if they're wounded in that effort, we owe them our best efforts across the board. And so the wounded warrior population is very, very important to us. And the way in which we live up to that compact obviously helps us sustain the all volunteer force into the future. We had an all volunteer force now for about 45 years. It was the early '70s when we went from a conscription force to an all volunteer force. And I'm not sure when it was envisioned that we thought the all volunteer force, as it's constituted today, would endure or be successful in 17 years of war. And the nature of the conflict is much different than we've seen in the past, in the Koreas and the Vietnams and the World Wars. The nature of casualties are a little bit different. But the all volunteer force has been kind of remarkably resilient. And I mean where we are today, we have the highest quality we've ever had. Despite having a good economy we're still largely meeting the numbers that we need of folks coming in. Our retention, those that we bring in through the front door are staying, again, at record numbers. They want to continue to serve their force. And all of that is very important to us. And so the all volunteer force is generally in a very, very strong state, if you will, today.

But the nature of the conflict over the past 17 years, particularly since the force has professionalized, volunteer force is an all professional force as well, to including our medical force. Our medical force is really much more -- I want to say they're much more professional than in the past, but their resources and they way we respond on the battlefield has also changed the nature of our wounded warrior population from prior conflicts. Frankly, those injured on the battlefield today would not have necessarily made it in past conflicts. I mean the medical capabilities have just been tremendous. And so that's changed a bit, you know, the nature of our wounded warrior population. We get them immediate care on the battlefield, we take them to someplace like Landstuhl, we get

them back here, and that's when the process starts. And it's -- like we like to say in the Navy -- an all hands process. DOD has a role, certainly the Veterans Affairs has a huge role, but all of society and all our MSOs and VSOs, like the Wounded Warrior Project, play a very, very important part as we as a nation live up to that compact for those who have put their lives on the line and been injured in the process.

And so a survey like this is just very valuable insight for us and what we can do better inside DOD. And mostly that goes in how do we transition those wounded warriors that will go out into society. How do we ensure their care in the VA, if that is where they choose to go -- or some of them go out into the rest of society outside of our embrace, our immediate embrace, and out into the civilian world. And, you know, we have to keep track of them too. And so, again, this survey is an instrument into how they're faring, what issues they face, and it really helps us as we work mostly with the VA, but other agencies, on the transition of all our veterans from uniform life to that civilian life. This is a special subset of that population that deserves special care, special attention. Make sure they have everything they need, whether it's in the VA or out in the other worlds.

MR. O'HANLON: Fantastic. Thank you. We look forward to continuing the discussion as we get into that audience Q & A.

But Keita, first, if I could ask you, first of all, just your take on what you might have seen out of the survey this morning and any previous chance you had to study it. What jumps out at your given your special responsibilities and service in the Department of Veterans Affairs. And then I want to ask a couple of specific questions about the Veterans Affairs system if I could as well.

DR. FRANKLIN: Sure, sure. Thank you so much. And I'm also pleased

to be on the panel this morning. A big thank you to the Wounded Warrior Project for your leadership on producing such a valuable actionable set of data, not only for Wounded Warrior to take action on, but I think also for organizations like my own and other nonprofit organizations that work in this space. It's just such, I think, a great resource tool for the way ahead.

So when I study the findings, I mean some of the things that have great relevance for me are things that protect people from suicide, but also just help them create a life worth living, or things that give them hope in participating in a productive, meaningful life. And one of the first things that we've spoken of already was this issue around employment. And we talk a lot about employment being a risk factor for suicide and things like housing and homelessness and anything that can stabilize a veteran is all for good. But when you dig deep into the employment I think we don't always recognize what a big protective factor that is because people that are gainfully employed are engaged often in something that they feel -- mission and a purpose and a sense of value and it can parallel their military time where they had this unit cohesion. If we can get them to a place where they're engaged in meaningful employment where they have fun, friendship, sense of purpose, mission, belongingness. Also practical things, like healthcare and a predictable routine, contributions that they feel positive about. So I think that's a protective factor across multiple layers. And you see in the data where employment has gone up and equally so education, which I think also coexists often with employment as we have more people leaving with higher degrees of education that then get them into an employment that they feel good about.

So I think those are the things that just resonated with me right quick. But I'm also hoping we can talk more about the access issues.

MR. O'HANLON: Actually I want to follow up with both you and Melanie on the question of how we help. The survey has shown how many of the issues are psychological and are emotional and are about community and a sense of purpose. And these are often individuals who are struggling after injury and perhaps after a traumatic brain injury or PTSD. So there might be psychological challenges to their sort of navigating the world and the workforce.

Can you just sort of as a -- for those of us who don't live this stuff and don't know it as well as we'd like to, can you -- maybe starting with you, Keita -- help us understand the process by which the VA system, or organizations like Wounded Warrior Project, can sort of be the life Sherpa, if you will, for someone who needs help. In other words, not just providing the medical service or the psychological counseling or the medication, but sort of the guidance and the role of a mentor or a friend or a helper to go through those applications, to just hang with it, to think about career options. To what extent are we doing a good enough job there, to what extent can we do better? And what are the mechanisms that presently exist?

If I could begin with, Keita.

DR. FRANKLIN: Sure. It is such a good question because I think that people have this -- lay people that don't work in this space think the VA is about healthcare. And if we can just get people funneled into the healthcare door all will be well, but really we know that healthcare alone -- I mean you see it in the survey data, healthcare is critically important in getting people in the door at the right time, at the right place when they need it most, with an on time appointment and provider. And that system is critically important. But I will tell you, it's bigger than that. And so looking at all social aspects, the VA performing in a vehicle to connect veterans to veteran service

organizations and to peer support entities. We often see peer support capabilities built right into the system where they can connect to one of their own back in their home state or whatever, as well as social care and connecting with others, so access to employment through our connections with other federal agencies, like the Department of Labor. It is really like a holistic I think view and navigating it can be difficult and we should talk more about that. But it's not just a one track for just healthcare.

MR. O'HANLON: Do you sort of need -- one more question and then same ones to Melanie -- do you sort of need to know or have somebody who's here, your brother or your friend or whatever, figure out how to do this or does the system provide that counselor, that guide? I mean separate from the doctor, the psychologist, is there somebody who just says, okay, your success in life is now part of my job and sort of stays with whatever small number of people would be their charge? Or is that a concept that just exists in my mind and doesn't really exist in the system, except where there may just be an individual, an empathetic caring individual, who takes that job upon him or herself sort of on a one off basis, if you see what I'm asking?

DR. FRANKLIN: Yeah, we've made great improvements in this space. We're working also with Mr. Kurta over the last few years to get after this exact issue, because I don't think it's been as solid as perhaps it could have been in times past. And so the current Administration has rolled out with its Executive Order to improve access to mental health care, particularly during the first 12 months after leaving active duty in such a way that we want it to be barrier free, hassle free. When people want mental health care it's not the time for us to be sort of giving them a pile of paperwork to fill out and having them sort of go into the wild yonder with a bureaucratic process. That is not the goal or intent of the VA system. And so we've now with this new Executive Order share it

across the enterprise. If it's within the first 12 months, irregardless of eligibility, just come in the door and we'll treat you and you'll get care in that critical first 12 months, to get after those bumps and the clumsiness that can happen when you're first learning your new role as a veteran. I would offer that there's always room for improvement in this space.

Peer support does help, but you need to seek it out. It's not readily given to you. So it's a complex issue I think. I don't know if you'd have more to say about that, too.

DR. MOUSSEAU: Yes. One of the things that we find is -- and you can see this while -- the survey and what you saw on the slides earlier, there's a lot of data that's from a numeric perspective. But in the back of the survey there's a lot of anecdotal feedback in a qualitative sense. And there is where we hear the warriors' voices directly, and they're highlighting the challenges that they face with that transition process. They're transitioning from active duty to the civilian sector. And with respect to attaining employment and what are those paths, getting education. So there is some lack of clarity and uncertainty. So as an organization we have often times many points of entry, but regardless of if you enter through our resource center, you get connected at an event because you've attended with a friend who's a member or an alumni with us, that anybody in the organization can ask the right questions to understand what are some of the challenges -- and it may be the things that you're not saying instead of the things that you are saying, and get you connected with a variety of teammates that can help you on that journey in identifying, okay, I hear that you're not employed, but I also hear that that's not necessarily your primary concern, that you're really facing some obstacles about getting out in public. And then you get connected with our mental health programs and

services.

So, again, very much a collaborative effort of really listening to what is it that the warrior needs and being able to make the right recommendations for that individual warrior. So there's not a specific path or a journey, per se, but where are they at that moment and how can we get them to that ultimate destination of where they want to be so that they could live their life to their fullest potential.

MR. O'HANLON: Do you happen to see any breakdown in the statistics on the high number of veterans who say that psychological challenges or emotional barriers or reluctance to go out and be in public, these are on their mind. And, as you noted, this has been a big part of the survey, the centrality of these issues. I don't want to suggest that the physical challenges are unimportant, but what's striking to me as a sort of a relatively new student of your survey, is just how much many of the problems do center on these questions of emotion and psychology, and some of it related to TBI and PTSD, but some of it just more general sort of human challenge of dealing with life after service.

Do you find that people who are in certain kinds of communities do better than others? In other words, maybe they're around more fellow veterans, maybe they are more in their hometowns or went back to where they used to be. Is there any kind of a tendency that tends to improve the prospects for people overcoming these challenges and feeling a little bit happier about where they are?

I could begin with you, Melanie, but maybe come back to Keita as well.

DR. MOUSSEAU: Sure. I think that that's a really great point. Unfortunately, with the scope of the survey we aren't able to drill down to those specific details of where are they, are they back where they had lived prior to their service and

what that connection point looks like.

But there is a specific data point that looks at -- and it's over half of warriors -- that leverage a peer to help address their mental health concerns. So I think that that speaks volumes about the importance of that connection and those relationships in not only having a sense of camaraderie but also dealing with the heavy stuff.

MR. O'HANLON: Good. Keita, please.

DR. FRANKLIN: The only other piece I can think about that is important to share is a little bit the opposite of your question in terms of what doesn't work, and it's rural areas. Rural areas are a particular risk for accessing care. And I don't think that the survey sliced by rural demographic populations, but it is something to think about. In part, what juts kicks in, is the practical nature of is there available services in the area, how quickly can they get to it, do they have transportation issues, are there other barriers that come with just being in a rural area.

MR. O'HANLON: By the way, that makes me ask, just as a quick follow up -- it may sound like a narrow question, but it's an intriguing one -- we have a separate debate in this country about rural broadband and how important it should be for --

DR. FRANKLIN: We've been tracking that, yes.

MR. O'HANLON: And it's not usually related to this issue, but maybe there is a connection. I realize that human beings need to see each other, be close to each other, look in each other's eyes, touch each other, and so maybe broadband can't compensate for distance. But to the extent that it could be a partial ameliorating factor, do you see any evidence that veterans in rural areas are able to access care through the internet in a way that's at least partly what they need?

DR. FRANKLIN: Again, this is a hot topic also in the field for a couple of

different reasons. The first is, I think service members leave the military with an I can do it myself mentality, and we should let them when they can. And so if they want to access mental health care or self surveys or depression screener, or if they want to read something about how to get help, that should be readily available. Also, we have telehealth. So we're trying to push more for telehealth. And so accessing broadband, that has implications as well. Most recently, we're seeing in some of the suicide data the importance of social media for social support. And so we do see that people will reach out for help on social media and so access to it in that way can be helpful.

We're seeing that veterans in particular will, even when they're at risk and they're struggling with something, they will post this on public domain and so it becomes a platform for engagement as well. So it's multi layered. And for all reasons, having good access I think improves lives. And so it is I know a tough issue. Comcast has been trying to take it on as well.

MR. O'HANLON: Good. Either of you two --

MR. KURTA: Michael --

MR. O'HANLON: Tony, please.

MR. KURTA: -- if I may, I'd like to pick up on something that Melanie said about the peer support. And with the all volunteer force it's less than 1 percent of Americans that are in uniform today and bearing the burden of our wars. And that leads to, some would say, somewhat of a civil military divide, with the military thinking that civilians don't understand those in uniform and the life that they lead, and some of the civilians say well you're in a separate culture and you don't know how to operate out here in the civilian world.

And so one of the things of the survey that jumped out at me was the

way that the respondents felt about being able to discuss with their peers, whether it's mental health issues or anything else, we know in that transition from life in uniform to life on the outside, that the availability of somebody who has been through it, somebody that speaks your language, somebody that has done what you're about to do, is very important. And Keita and I have been working in this space for years and an increasing number of services in DOD, VA, and much of what we do jointly is now peer based, whether it's for -- not just for the wounded warriors but for all of them. And I think that helps and that's also why our military service organizations, our veterans service organizations are so important in that all hands efforts because they are largely folks that have walked in these shoes beforehand. It's very important and it's manifesting itself in the policy sphere as we do more and more things, getting former veterans or current veterans, but people that have already transitioned, into helping those that are transitioning today.

MR. O'HANLON: And that's going to lead me to my last question for all of you before we go to the audience. Actually, I wanted to ask you, Keita, before my bigger question, which is going to be what can the rest of us do and do the surveys suggest what veterans would have us do? Because quite often the questions of that type are framed in terms of official government policy, and that's an important debate. But there's also a question of what individuals can do and what other communities, NGOs can do just to be good citizens and to reach out to the veteran population. So I want to come back and ask you each that question.

But, first, Keita, just so we have the additional statistics on the table, even though it's not in the survey for obvious reasons, but can you tell us the trends in suicide statistics in recent years among veterans that we should be aware of as we think

about this problem as well?

DR. FRANKLIN: Yes. I'll try to go over it real quickly because we could go into it here. But I'm sure everybody has heard about the 20 a day, so this is 20 veterans a day that end their live by suicide. You should know that 6 of those 20 have received healthcare in the VA healthcare system in the days and months leading up to their death and 14 have not. So they don't come to VHA, as we call it, veteran healthcare, they get their healthcare through other places or they've just not touched our healthcare system yet. And so this is something to be aware of as well.

When we break down the national numbers for veteran suicides we're seeing an increased rate within 18-34 year olds, which is why the work that Mr. Kurta spoke about with regard to the transition and the collaboration between DOD is so important, because my civilian counterparts often focus on men over the age of 55 as a high risk group, but for me and the VA and with my partners on the DOD side, 18-34 year olds' rate has increased by 10 percent over the last 2 years, 5 percent each year over the last 2 years. And so we think that it may have something to do with making sure we're transitioning them well, or perhaps there's more we can do to prepare them for a successful transition.

We are also seeing an increased rate with female veterans, which is also not something that my civilian counterparts are often dealing with. We always hear this data point in my field that says that females attempt more with less lethal means, like perhaps medication, and that males complete more. And so the fact that our female veteran rate is 1.8 times higher than their non-veteran counterpart is something that we're concerned about when we see the rate. I'm trying to think if there would be anything -- I'm happy to talk more in depth about the data, but your key takeaway is 18-

34, females, rural areas, we have increased rates in rural areas also.

MR. O'HANLON: Opioids?

DR. FRANKLIN: Yes. Opioids and mental health. We see about half of our veterans that end their life by suicide have a known mental health issue and about half don't, which is why it calls for a comprehensive approach that brings mental health to bear with substance abuse issues as well as life issues around employment and transition and peer support. And all of those things become important.

MR. O'HANLON: And that 20 a day number has been there for a while now, about that level, hasn't it?

DR. FRANKLIN: Yes, yes, it has.

MR. O'HANLON: It's shifting a little bit?

DR. FRANKLIN: It has. In times past it was 22, it's gone down to 30. You should also know that within that data running it by day is not good, just because it's not good because it's not 20 a day, sometimes it's 26 and sometimes it's 10. But that's the mean average. About between 1.6 or so is active duty on those roles as well. As we've learned more and unpacked the data more we see that the way that we've run the analysis, active duty numbers are in there. In part they're also veterans because they've likely had a combat deployment and the like.

MR. O'HANLON: And obviously if it's the younger group it's also the Iraq-Afghanistan veterans group as opposed to 10 years ago it might have been primarily that group but still some Viet Nam era as well.

DR. FRANKLIN: Yes. Yes. And so you can think about that and why it's so important for organizations like the Wounded Warrior Project that serve this group. Critically important, yeah.

MR. O'HANLON: So my last question, and I'm sure people in the audience will complement that and ask better questions than I am, but just to begin that transition to everyone else here, I wanted to ask, again, what we can do as individuals in the United States, those of us who are aware of how much the 1 percent do for us and are not in that 1 percent ourselves, and may be willing to pay our taxes and otherwise do the things we're supposed to do at a federal level to support all the institutions, but also may want to know what we can do in our personal lives. Do you see any hints at that from the data in the surveys? Have any other ideas you would offer? I know there are -- the Wounded Warrior Project does amazing work. There are other groups that try to help, like Welcome Back Veterans, and other such groups, but they are probably missing areas where we can do more with NGOs, there are probably areas where people can just be more sensitive to how they can help a veteran in their daily lives.

Anything you'd want to offer along those lines. Maybe staring with you, Melanie, and just working down the row.

DR. MOUSSEAU: Sure. I think that the first step for anybody either in this space or just in the general population is creating that awareness and understanding the population. So familiarizing yourself with what are the experiences that these individuals have faced and what are some of the challenges as well as some of the triumphs that they're having. And I think really creating that balanced profile is really important. So while there are a variety of mental health and physical health challenges that we've highlighted, there's also a lot of great success stories. So I think that's really a critical take away. But also recognizing the importance -- we talked about peer support -- of creating a general social network of support is really important as well. We're fortunate to see that over eight in ten warriors in our population feel that they have people to turn to

and that they have someone that they could trust if they were having an issue or a problem.

So continuing to build that network and that community at the local level and reaching out to those that have served and creating that insulating function that Keita has spoken about I think is really critical.

MR. O'HANLON: Super. Tony?

MR. KURTA: You know, we talk about the all volunteer force only being less than 1 percent and that's true. And so many will say, well, how do I even interact with somebody in uniform. But you have to remember, between the active guard and the reserve, the National Guard -- the folks are in uniform in every community in this country, and our veterans are in every community in this country. And while there's no silver bullet that we can point to to make progress on this, I would say in general it's be a good, concerned, educated citizen wherever you are in your community, because there are veterans there, there are likely folks in uniform there, and whatever is going on in that community, whether it's with the MSOs and the VSOs, whether it's the state VA, the national VA, your National Guard, there is something going on in that community that interacts with veterans or those in uniform. And so just be an involved citizen, know what's going on, and interact with everybody. And that conversation and reducing that perceived divide between those in uniform and those that have worn the uniform, the veterans, and the rest of the civilian population, it will help.

MR. O'HANLON: And, of course, just one more thing before we come to you, Keita, for the same question. You mentioned, tony, that the active and reserve component forces are everywhere, but the veteran population really is everywhere. And just to get -- I'm sure most people in this room have a sense of the magnitude of the

numbers -- but we have about three million people -- two and a half million wearing the uniform today, active or reserve. We've got ten times that number who are veterans. So in this country there are I believe more than 25 million military veterans. So the veteran population really is everywhere, and if you look you will find, no doubt.

MR. KURTA: Exactly.

MR. O'HANLON: Keita, over to you.

DR. FRANKLIN: Such a good question, too. I appreciate it because you're asking what could others in the room and what could the nation do. And for me and my small part of the world and problem that I'm trying to get after, it is a national issue. I mean we talk a lot about this being a veteran issue, but suicide is the tenth leading cause of death in the nation. And we've seen it happen on the national stage, like you've seen with Anthony Bourdain, Kate Spade, there's been a number of them. And it really highlights that it crosses all demographic bounds, it's not like an E1 to E4 sole issue, it's not a veteran issue, it's -- so I do appreciate the question.

We have a campaign inside the VA and what the DOD calls Be There. And it is really what the nation could do if we could rally the whole nation around being there for veterans in all that they do. And so I think Mr. Kurta said it every well in terms of like at your local community, be there for veterans, when you're at work, be there for veterans. And what does that mean? It means like small acts, coffee, fun, friendship, mental health appointments, transportation. It means everything. Be there for veterans. And so train yourself, know the data. Similar to what my colleague talked about, be aware and then use it to take action at your level wherever your level is. And if you're stuck and you're unsure, reach us because we're also all about partnering and helping you build the capacity to be there too.

MR. O'HANLON: Great. Thank you.

DR. FRANKLIN: It's a great question.

MR. O'HANLON: A great answer. Okay, so let's please go to you. We've got microphones, please wait for one once we call on you. Identify yourself please. And we'll take two or three questions per round and then come back to the panel.

So, who would like to begin please? The gentlemen up here in both the third and second rows. Take those two.

MR. ROUTT: Hi. A question for Keita. I'm Steve Routt from The Code of Support Foundation. I was fortunate enough last year to sit in on a roundtable, the VA mental health roundtable, and then this year as well.

Two years ago we discussed briefly on my active duty time a periodic post deployment health reassessment, or a period health reassessment and introduced the idea of perhaps the VA going down a similar path, sending something out to veterans. As a veteran, I know that the outreach from the VA is -- or the presence is there but I would say that it's promulgated and instigated by me going to the VA instead of the VA perhaps sending me or sending all veterans a period health assessment.

And then for data purposes is that something that the VA would pursue too, because then obviously you've got self-reporting potentially about suicidal thoughts and ideation as well?

MR. O'HANLON: Let me take one more and then come back to the panel. We'll start with you once we get the other question. Please.

SPEAKER: Sure.

MR. O'HANLON: Could we get a microphone?

SPEAKER: I'll speak loudly.

MR. O'HANLON: They're recording it so we want to record you for posterity.

SPEAKER: So the Navy I joined and the Navy I retired from were two different aspects about how we socialized. And what I'm seeing now, what we're seeing across the board, American Legions, VFWs, social organization, Elks, can't get the IABA crowd out. So I was wondering, is there something you're dealing with the crowds that we're looking for, people that can get out and do -- some way that you're reaching out that's working well, because I think the way that you touch the younger crowd and how they socialize is just a lot different.

MR. O'HANLON: Great. Thank you. Do you want to start with whatever fraction of those you'd like to and then we'll move down the panel?

DR. FRANKLIN: Yes. Yes, yes, yes, I'm happy to and I'd love to hear from others too. This issue is such a good question about he's asking about periodic health assessments, and that's a term that the service members know well, right. Like you go in and get your PDHRA and it resonates with folks. And he's asking, you know, it's a similar methodology, why can't the VA do it over the lifespan. And it's such a, I think, beautiful solution set in terms of being proactive and reaching out and scheduling folks. No different than your own -- those of you who are civilians might get a card in the mail that you have a dental and get brought back in or as part of a periodic check. I don't know that we're doing it across the lifespan and so I'd have pull the thread with my counterparts that work in this space in mental health. But one area that has improved, maybe -- you tell me since your last mental health roundtable -- has been something that we worked on Mr. Kurta called early and consistent contact. And it looks something like

this, you're in your last 12 months of active duty and you're preparing to leave and you're preparing to think about your first 12 months of being a veteran and no longer wearing the uniform, and contact proactively outbound by the VA to the service member early. So they're studying out what the right timeframe is. It's within that 12- month window. It might be at the 9-month mark. Don't quote me, but it might be at the 6-month mark. And then consistent contact throughout your whole first year into your veteran status with caring outreach and checking in. Are your benefits good, is your healthcare good, are social aspects good. They have a particular script that's probably written much better than the way I'm explaining it, but it is caring outreach and it is designed to have folks build the bridge between the DOD and the VA and make sure there's no divide and occur consistently over time in such a way that we have that safety net. It's not eyes on, it's not a physical exam, which I think is what you would like to see. So I'll take that back for action with my staff and check. I'm not all the way sure there's been traction on that or not, but I think it is a good idea.

And this other piece around -- I just offer to you equally -- so I hear this from my father as well who was active duty Navy from 1970 to 1994, and all that I talk about work, it's a different Navy. And I offer that we just have to get -- where do we get them, which is your question, where they are.

MR. ROUTT: They socialize differently.

DR. FRANKLIN: Yes.

MR. ROUTT: It's a lot more phone --

DR. FRANKLIN: Yes. And so I just offer that we have to take it to them and we have to study that cohort and bring it to them by sitting the way we might have and they came to us and they would come to the annual town hall or they would come to

the VFW meeting. Like we need to go to them wherever they are. And I'm not an expert on where they are, but we should meet them where they're at.

I don't know if you have other thoughts on that in terms of the folks.

MR. KURTA: Yes, a little bit. I'd like to thank both of the questioners for their service. But it's interesting when we speak -- the veterans like to organize together, socialize together. And that's all part of that mutual support and peer support. We kind of grew up with the veterans organizations being the VFW and ones that we all kind of knew. And they grew up out of the conscription force as well. But the veterans who are the new veterans that come from the all volunteer force, and much like the active duty, has changed, you know. Some of the veterans organizations are changing as well. So you have ones like the Iraq and Afghanistan Veterans of America. And I think they probably interact with their members a little bit differently than maybe the VFW interacts with theirs. It's kind of a different generation. So the veteran community is changing as well. And that's good for us because we need to interact with anybody that represents a veteran. Again, it's all part of that larger team. But I think some of those veterans organizations are doing exactly what you want. I mean that's how they get their membership, is they have to interact with their members in a whole different way than we've been used to.

DR. MOUSSEAU: And I can certainly comment on that as well. And it is finding them where they are. And we offer a lot of programming that's designed specifically to bring them in. We really focus on events that are appealing, those fun activities that first get them in the door to connect with each other, establish those peer relationships and connections, but then the next layer is connecting them with those critical programs and services that can address the mental health, the physical health, or

the financial or educational challenges that they're facing. And we leverage technology in a variety of different ways through emails and updates on those events. But it's really enticing them and then leveraging each other to bring them along to those events that they can get into the fold of all that we do have to offer.

MR. O'HANLON: And, by the way, just one clarifying point before we go to a second round, and Melanie or General Linnington, correct me if I'm wrong, but just to clarify and maybe just belabor the obvious, a lot of your populations did not serve in Iraq or Afghanistan, they might have served somewhere else, they may or may not have been deployed. We saw that most had been deployed, but not all. And they may or may not have been wounded in a classic sort of battlefield sense. They may have become sick. And so your populations cover people who suffer challenges from causes all over the world and from more than sort of the classic image of the battlefield injury. That's a fair statement?

DR. MOUSSEAU: Yes, there is a variety, but as you mentioned, the vast majority has seen combat experience and have had multiple deployments. And as a result 90 percent of those that we serve have 3 or more injuries or illnesses related to their service.

MR. O'HANLON: Yes, ma'am. We've got a question here in the fourth row and then we'll come over also to the second row before coming back to the panel.

MS. DANEK: Hi. Kim Danek, U.S. Army retired, and my colleague James Murray, we're both from the Department of Human Health and Services, Office of Child Support Enforcement. And we take a look at the challenge survey that the VA has of homeless veterans because what we see is that a lot of veterans -- and correct me if I'm wrong -- what we see at the state, local, and tribal levels is that the veterans are

getting ready to transition from active duty, don't realize that they can reach out to child support services to look for modifications of child support orders or they've got a difficult child support order because they got divorced in South Carolina and now nobody lives in South Carolina, one is in North Dakota and the other is in New York State. Other veterans are worried because they're in arrears and don't want to reach out to a child support office or organization because they feel like they're going to be put in jail. Some of our state and local offices go to stand down events state and local agencies hold. Do you have any metrics from your survey on the veterans that ask about financial problems, because we get veterans who are suicidal and we direct them to the suicide hotline because they think there's no recourse? And so we try and build partnerships with organizations to get those child support issues and those legal issues solved.

Sorry, it's rather long but kind of complicated.

MR. O'HANLON: And pretty important. Thank you. And here as well, and then we'll come back to the panel.

MS. LOONEY: Yes, good morning. I'm Amy Looney with the Travis Manion Foundation. My question really lies -- I think it's wonderful, the discussion that we had around employment and the factors that play a key role into that for our warriors. For the veterans that we're serving as well, we always find that it's great that they get jobs, but there's a huge difference between a career and a job. And have we given some additional thought and insight around what the retention is for them within these roles? What is the impact and what are the challenges that are presented when they can't stay in these same roles for a select period of time?

MR. O'HANLON: Thank you. Shall we just start with Melanie this time?

DR. MOUSSEAU: Sure. Absolutely. So to address the question of

looking at where do those that we serve fall on their financial spectrum, what we're seeing is a positive trend of warriors reporting that their financial situation is either the same or better. This year we had 71 percent making that endorsement in a very positive light that things are improving, or at least maintaining the same. So we're not seeing it slope back down.

As far as the specifics of challenges that they're facing, the closes that we get to looking at that in the survey is looking at their monthly household debt and those expenses that they are incurring in addition to mortgages and car payments. As far as the data goes, I haven't seen any red flags that are suggesting that there aren't major challenges with respect to that that may put them in the situation that you spoke about, however, one area that we specifically assess is looking at the debt to income ratio as far as looking at potential viability for mortgages. And we do see that that number does fluctuate a little bit high, indicating that there may be some opportunities for enhanced financial readiness. And in particular, one of the scales that we do use, the area of greatest opportunities focuses around savings and making sure that there's kind of a cushion there.

So I'm not sure that directly addresses your question, but that's the best that we have as far as the data goes.

MR. O'HANLON: Tony?

MR. KURTA: And it's a great question about the jobs versus the career. And we know when folks transition from uniform into the civilian world -- and of course I've learned this from Keita over the years -- you know, the number one protective factor -- and we talk about protective factors to build up individuals' resilience. So no matter what they face, they're prepared to face it. That number one protective factor is a job.

And that's why the whole transition that we have is so focused on employment, and probably rightfully so. But in addition to that, we've now started to talk more about the socially protective factors, a sense of belonging. You lose some of that sense of mission, the esprit de corps, the camaraderie that you have from the uniform way of life.

What I would say, rightfully so, the focus is still on getting people that first job that they want. For many of them it's going to school on the GI Bill, it may be others. And I will say that we lose a little bit of track of them once they made that transition and they have that job. But just like the rest of civilian society, people change jobs every three or four years. It's kind of the average. And so I think they kind of become more civilian, if you will, in that regard. They're not going to have necessarily that 20 year career that they may have had in uniform or wanted in uniform. And so we do lose a little bit of track of them, but that's when it kind of becomes that all hands effort that I talked about in getting the community involved because now they are just like their civilian counterparts. They'll have worked somewhere for some period of time, and now it's time to make that transition.

And in addition to that, just all of our work on their financial readiness so they know how, you know, going into that they can build up their finances. And if they choose to make a career change, that they're in a financial position to do so.

DR. FRANKLIN: And similarly I'm trained through the school of Mr. Kurta, so I mean what he has shared is spot on what I would share. It's interesting though for the wounded warrior for the future survey, and I don't know how the question is asked about employment, but if it's targeted around employment and then meaningful employment.

And also your organization, Travis Manion, just in terms of if we can't get

them meaning and purpose through employment because sometimes practicality kicks in and you have to take a job in order to just meet your current, then can we get you meaning and purpose through volunteer based civic organizations. And service members are so civic minded. And so I mean it's important for everybody to leave the room to know that if someone has a job and they don't have meaning and purpose in it, then maybe we can get them involved in an organization like yours, or something else in the community, Red Cross or something. Because financial risk factors is important and we do see it more and more playing out in our data. And that wasn't always the case when I first came into the field. You know, we early in the field thought that this was largely a medical problem and a mental health problem and sometimes divorce came into play or something, but now falling from glory and trouble with your finances, it can be an important risk factor. So I appreciate the question.

And this question about child support as well is a good one and it's the first time I've heard something like this. And if we've not lashed up well between the child support capability office and the DOD office that handles transition and the VA office, I'm happy to help make those connections so that service members leaving the DOD are aware of the help and the assistance to track their child support in a proper way over time, particularly as it applies to changing income and moving state. I know that if we've not done that yet, it's something that we can do. I don't know if you're familiar, if that's in the TAP curriculum already.

MR. KURTA: I don't know if it's actually in the TAP curriculum, but it's certainly something that we can partner with HHS on to make sure that it is.

MR. O'HANLON: I'm going to allow myself one -- we'll come back -- go ahead, please.

MS. DANEK: Sorry, just a follow up. The State of California, the area of San Diego, their child support office specifically has an incredibly robust outreach program because they have so many transitioning people that they don't realize when they transition their child support doesn't necessarily decrease with their monthly income coming in and it's such a big area that they have Army, Navy, Air Force, all transitioning out -- Marines. So they actually go to -- the hold stand down events where they can have people there to go through the process. And what we find is at these stand down events, if the homeless veteran is screened and they say that they have a legal concern then they can sort of be filtered to the child support organization without fear of being arrested or their driver's license being revoked, or that they can get a driver's license back.

So San Diego is a great area for that.

DR. FRANKLIN: That's good. We'll have to take your card. My team is here and we'll follow up with you. Thank you.

MR. O'HANLON: Great. Let's see if we have time for another round or two. Anymore questions or thoughts? These have been outstanding questions. The gentleman over here.

COLONEL CARTER: Good afternoon. My name is Lopez Carter, Colonel retired, United States Army. And I currently work as a strategic planning analyst with the Army National Guard. Back in 2003, 15 years ago, I assumed command of 2nd Battalion 8th Cav in the 1st Cavalry Division and deployed my battalion to Baghdad, Iraq. My tankers -- I had 16 tanks and the rest of us were dragoons. I did not send my humvees anywhere without sending my tanks first. And they experienced a lot of IAD explosions. Now, the Army's concussion protocol was nonexistent then. As a matter of fact, we made jokes about it, how many times did you get knocked out, how many times

did you get blown up. I had one soldier who we considered his tank and IAD magnet. I don't know how he survived. He was exposed to so many explosions.

Fats forward a few years, and I'm out battalion command, I'm working in Brussels, Belgium, and I get contacted by these soldiers how are now veterans, who now have serious traumatic brain injuries, some of them so bad they're physically shaking. It took a herculean effort on the part of myself, my then brigade commander, General Abrams, and my then division commander, General Correlli to give them Purple Hearts. Now, to get them the compensation that they deserved as a result of their injuries was a far greater challenge, because these are soldiers who got out, who did not have a medical history because they did not have symptoms when they got out. These symptoms developed later. Of if they had symptoms, they didn't associate it with the explosions that they experienced in Baghdad. And the VA has -- because I am a wounded warrior, I have physical injuries, but I also have injuries that are not visible. The VA wants you to link that to your service. There's no way I can do that, I don't know how to do that. They're having the same challenges.

So what are we doing to help these soldiers who have gotten out, who did not identify a medical problem, but who has subsequently developed a problem?

Thank you.

MR. O'HANLON: Thank you, sir. Anybody else want to pose one more? We'll maybe make this the final round and then --

SPEAKER: Or answer that one.

MR. O'HANLON: Yes. Right, exactly, help us answer that one.

SPEAKER: It's a tough one.

MR. O'HANLON: Joe.

MR. PLENZLER: I have one for --

MR. O'HANLON: And by the way, a shout out to Joe Plenzler who is a very long standing good friend and a Marine himself, and now with the Wounded Warrior Project.

MR. PLENZLER: Thanks, Mike. I have one for Mr. Kurta on the recruiting side of the business. As you're sitting in the Pentagon, what are you seeing from the youth of America today as far as propensity and eligibility to serve, especially after we've been at war for 17 years? The economy is doing well. Just had a question about your thoughts about where are we going down the road on the recruiting side?

MR. O'HANLON: And then we'll see if there is any final question, and then we will make this the last round. Anybody else want to get in? And if not, we'll come back to the panel. Going once, going twice. Okay, so, Tony, you want to begin with that round and the last question?

MR. KURTA: Sure.

MR. O'HANLON: And then we'll go to Melanie and then --

MR. KURTA: Sure. And first, Colonel, thank you for your service. And it's kind of why we're here discussing all of this today. It's not easy. The wounds of war are not apparent always at the time of transition. You highlighted that very poignantly. And that's why the Veterans Affairs Department is here, that's why the Defense Department is here, it's why the Wounded Warrior Project is here, and all of these people. It's not easy, yet as I said, it is not only something that we owe those that have served, but it's just as integral to the future of the all volunteer force and the recruiting and the propensity to serve that I'll talk about in a moment. But I don't minimize the amount of work that we all have to do to take care of those that have served.

My brother, he was both a Marine and an Army veteran and he got out some years ago. And, again, his service related disabilities weren't apparent at that time. So, you know, he approaches the VA afterwards. So I understand how -- you know, I talk to him all the time and get all of the ins and outs of dealing with the two largest bureaucracies in the Department, the Department of Defense and the Department of Veterans Affairs. But fortunately we have people like everybody in this room that want to help those service members navigate those two bureaucracies and ensure that the compact we made with them is fulfilled.

And, again, it goes back to the point I made, Michael, at the very beginning in relation to your question. And how well we do, not just DOD, not just the VA, but all of us here, the entire citizenry, how well we do with this, keeping the sacred trust, will ensure that we're able to recruit people in the future. It is a family business.

The people that serve today, that volunteer to serve, are largely those people that have immediate family members that are in uniform or have served in uniform. It becomes kind of a decreasingly small radius circle of people that choose to serve. And we have to break out of that at some point for the future of the all volunteer force, because 80 percent of our young people today age 17-24 are not eligible to serve for some reason. They either have physical problems, mental issues, they have conduct issues. Now, of those 20 percent how many are propensed to serve? Because those in uniform are unfortunately not as apt as they were in the past to recommend future service. All of our influencers, as we call them, our coaches, our priests, our counselors, those that have been in uniform, moms and dad, grandparents, aren't recommending service as much as they used to. And part of that is the perception, after 17 years of war, that people that serve come out and they're ill or injured, they have post traumatic stress,

they have trouble finding jobs, they have physical disabilities, that kind of takes over the narrative. And it's true and it's why we are here today to focus on those folks that have wounds from their service. But the vast majority of people that serve, serve for some period of time, serve successfully, and make a successful transition and integrate back into the community. And we need to highlight both of those.

We need to keep the compact alive and be true to those that are wounded, and we need to make sure that the rest of those who served successfully integrate back into society because propensity is not up, especially in a booming economy where unemployment is below 4 percent and youth employment is below 10 percent, or around there. And just by the nature of society, people less and less meet the physical and mental and conduct standards that we have.

So, as I said at the beginning, the state of the all volunteer force is strong today. There are some warning clouds on the horizon that we're all paying attention to, but again, it goes back to if we're all those concerned citizens, have those dialogues, get to know those in uniform and our veterans, it will help the future generation know about the value of service and it will help us in the propensity and the ability of folks to join, and we need them to do that.

Thank you.

MR. O'HANLON: Super. Thank you. Keita, do you want to go next, and then we'll finish with Melanie?

DR. FRANKLIN: Sure. This also I thought was such a well phrased question about this issue of having physical and/or emotional injuries that are not identified until after the fact. I think one of the first strides that we've had to take over the years is for people to recognize the delayed onset of these symptoms and that they can

and will and can occur across the lifespan. And there is no definitive time that sort of says you've experienced a blast and you'll either have injuries on Tuesday or not. The delayed onset, it happens over time and it's unique and distinct for each and every person.

And so I too was a social worker during the heat of the time that you described and I think that the DOD made great strides first on defining what is a blast, what is a traumatic brain injury, what are our appropriate protocols, drawing from the best in the field at the time. I know I was working at the headquarter element for the Marine Corps and then General Dunford was in deep on the literature himself on blast injury protocols and the like. And all of those lessons now need to continue to be applied over the lifespan of a veteran, whenever the symptoms come up. And so I've tried to take great opportunity to educate not just the mental health community about that, but the benefits based people, the veterans service organizations that help navigate those systems, in such a way that people have at least a keen understanding of the role of trauma in people's life and when they've been exposed to trauma and how that impacts them over time. It's not a one size fits all kind of experience. And so we must be ready to engage when it comes to us and apply the right services accordingly.

So I think that you've phrased it so well and we shouldn't stop. Ten years after the fact if there becomes a known issue tied back to a traumatic event, that's when we're ready.

DR. MOUSSEAU: I think that the awareness and recognition that there are the delayed onset effects of the various injuries that are being incurred -- and we are actually seeing this trend as we are having a great transition of the active duty to veteran status of those that we directly service. We're also seeing a nice parallel though of those

that that we serve increasing in the percentage of that receive a VA disability. 90 percent of those that we serve are currently receiving a VA disability with the vast majority of those at 80 percent or higher. And also the numbers that are at 100 percent are continuing to increase. That doesn't mean that the problem is solved, however, that is an area where we have devoted a lot of resources, working internally and in collaboration with others in the space to work to get those that are entitled these benefits, regardless of when the injury occurred and when the symptoms have emerged, to get those the benefits that they are entitled to.

MR. O'HANLON: So before I ask you to join me in thanking this panel, as well as all the military and veterans' families that are gathered with us today and following this event in some other way, I wanted to invite Rene Bardorf, who is a senior vice president with Wounded Warrior Project up to the stage. She has a final word or two in commemoration here.

MS. BARDORF: Well, let me first say thank you so very much for all of you coming today. It's been a wonderful event. And, Mike, we wanted to present you a nice gift from the Wounded Warrior Project. It says for your fidelity to those who defend our great nation. And not just to our wounded warriors, but all service member and veterans and their families and for the work that you do here at Brookings, and for the panels that you host so that all of us can learn more about how to better care for those who bear the burdens of war, but those also who will serve our country now and in the future and who have served.

So, on behalf of Wounded Warrior Project, we would like to present you with this.

MR. O'HANLON: It's an honor for all of us. Thank you. (Applause)

Thank you so much.

MS. BARDORF: And I would say the same for Keita and for Tony. Keita, you know, for your work first at the Marine Corps, which is very near and dear to our hearts at Wounded Warrior Project. Most of our warriors -- obviously all of our warriors have served, but most of those who work inside Wounded Warrior Project are also warriors or family members, those who have served and those who have lost. And so for us your work is so important to all of us. And your connection to us and your collaboration with us, we sit on that executive branch panel with you, we work every day with your team at the VA, and we're in this together. And we're so proud of our relationship and the work we do together. So thank you so very much, Keita.

DR. FRANKLIN: Thank you. (Applause)

MS. BARDORF: And, finally, Tony, who is just such a wonderful friend to Mike and I both. Our time at OSD together for many years, working these issues together, and your unprecedented support of our force. We can't thank you enough, both for your time in service and for what you do at the Department of Defense every day. You're a great friend to us and because of your work there are thousands of people who will serve successfully, and there are thousands of lives that will be saved by the policies that you've put in place for our warriors and their families.

So I thank you so very much for everything you've done in service to our country. (Applause)

MR. KURT: Thank you.

MS. BARDORF: So with that, we'll wrap up and I want to thank you, again, all for coming. And if there are any additional questions, we'll be here for a little bit longer, so feel free to come up and ask us.

MR. O'HANLON: Thank you. (Applause)

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