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WEBINAR

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## P R O C E E D I N G S

MR. O'HANLON: Greetings everyone. And thank you for joining us today. I'm Michael O'Hanlon with the Foreign Policy program at Brookings. And I'm really just thrilled and privileged to be able to join in with the Wounded Warrior Project as well as the White House today for an important discussion on veteran's needs here in the year 2022.

And in fact, in the course of this event we'll almost bring ourselves up to 2:22 in the afternoon on 2/22/22 so let's hope that's a good omen for building on the excellent work that we're going to discuss today which is a survey by the Wounded Warrior Project, an annual survey they've done for quite some time now focused on the post-9-11 generation and the warriors of various military services of all genders and races of all different kinds of injuries and sicknesses that they've incurred over the years as a result or during their service.

And their best effort to explain to the rest of us in the policy world and their fellow Americans how they're doing. Where they most need additional support or help and therefore hopefully a basis for a very good policy conversation about where veteran's policy in the United States can still improve.

I think it's fair to say as a country, we devoted a lot of resources to this problem. And we've also as a country tended to admire and support our veteran's. This is -- you know, these are the good new stories out of the post-911 world and how this population has been serviced. Not only those who have participated in the survey, but more generally the veteran's population in the United States today.

Which, by the way, still numbers about 20 million people. But the Wounded Warrior Project survey was for still a large group, but a specific group of somewhere in the range of 150,000. You'll learn more about that very soon from an excellent video they've prepared. And what this video does is provide us their greatest concerns on issues ranging from access to physical healthcare, medical healthcare. Access to mental health care. Their sense of community, their sense of belonging. Their economic opportunities. Their

financial challenges. Their concerns about the future and health challenges that may arise because of concern to toxic exposure. Gender issues including the very sad and tragic issue of sexual assault within the military.

All of these kinds of questions are addressed. So before we hit the video and then thereafter launch into our panel discussion let me briefly introduce the distinguished Americans that I'm fortunate to be sharing this panel with today. Again, we're all grateful for your attendance and your participation. You can send questions which we'll get to in the last 20 to 30 minutes or so to [events@brookings.edu](mailto:events@brookings.edu). Again, [events@brookings.edu](mailto:events@brookings.edu).

Jennifer Silva is the chief program officer at the Wounded Warrior Project and she will be also the first to explain what we've just seen in the video after we show it here in just a moment. A person I've been privileged to collaborate with on these sorts of events for a number of years and who has shown just a tenacious commitment to the nation's veterans in this current position and throughout her life and career.

She's joined by two of her excellent vice presidents within the program, Melanie Mousseau and Tracy Farrell, who have different responsibilities. Melanie Mousseau more focused on, at least for today's purposes, helping us to understand the survey, it's chief findings and the data.

Tracy involved very much in what the Wounded Warrior Project tries to do in response to this survey and all previous surveys and the programmatic and other needs of the veteran's population. Specifically, those who work with the Wounded Warrior Project, which as you know is a non-governmental organization that's just done amazing work now for the better part of two decades and continues to serve it's fellow Americans with great compassion and commitment.

Terri Tanielian works at the White House. She is special assistant to the president for veterans affairs. So an extraordinarily influential and important person to have with us in conversation today. And I'm sure in the course of the discussion she can explain

how the Biden administration and Washington more generally perhaps look at our current state of affairs in trying to help our veteran's populations but also, you know, where policymakers need new ideas and are contemplating new initiatives for those needs that are not yet well addressed and that are emerging and becoming more clear largely as a result of the survey.

So without further ado, we are now about to play that video. It lasts about six minutes. It's very nicely done. I've seen it this year and on previous occasions. It will really hit home the key points. You can also go online to the Wounded Warrior Project and find the survey which I think was embargoed until just today and that will have more complete findings including also an executive summary that's a very easy read with very good visual graphics but some really, really important data.

So my colleague, Harold, without further ado, I will now turn the floor to you to please roll the video and we'll see you all in about six minutes.

(Video played.)

MR. O'HANLON: It's a very powerful and informative video. And, Jennifer, I'm thrilled that you're here to speak to it and explain more about it. So the floor is yours, my friend. Thank you.

MS. SILVA: Thank you, Michael. And we're really grateful to be here today to highlight some of these findings. We've been passionate about our annual warrior survey for over a decade now.

We really want to -- the hold reason we started this effort over a decade ago was to make sure that we put our precious resources towards the biggest challenges for the warriors and families that we've served over time. And so, we wanted to make sure that, you know, in order to foster the most successful, well-adjusted generation of injured veterans in our nation's history, we wanted to tackle those biggest challenges and to make sure that they could really thrive after service.

So one of the ways that we do that is through our annual warrior survey.

And we're very grateful to warriors who give of their time and give us their feedback to make sure that we're putting our resources towards the areas where they still need some help, and they do this on an annual basis.

And how we use it? We shape all of our program decisions based on this data and our operational data as we operate across the country in our over a dozen programs. And so, we use these findings to identify new ways to better serve the warriors and family members. Also, we highlight it with our partners and it's a core part of our advocacy efforts. We're really excited that these findings very much help policymakers and government organizations use this data because these are the wounded, injured or ill post-911 veterans in this survey.

And so, these are the patients at the VA centers. And so, this is a population that is very important to know where to funnel our efforts. And so, that's really why we have done this over the last, you know, dozen or so years. And we're grateful that it's of service to both obviously us at Wounded Warrior Project but the whole space. Anybody who is helping veterans.

MR. O'HANLON: Thank you, Jennifer. Before I ask Melanie to now comment on some more specifics. I wanted to ask you one more follow up question, which is again all four of you are remarkable people who have been dedicated to this issue as professionals but also have family and personal reasons why, you know, these issues matter to you. And have served the country in one way or another yourselves.

And I guess, I wanted to just ask you for a gut check as to where we are in 2022 compared to where you might have expected or hoped or aspired when you first got into this business? Obviously, we had a lot more people hurt and affected by the wars of Iraq, Afghanistan, the War on Terror more generally. And just U.S. military operations globally that we would have wanted.

But given the number of people who have been adversely affected. How do you feel like we're doing by them collectively as a nation overall? And then maybe we could

situate the enduring problems within that kind of a framework.

MS. SILVA: Sure, yes. I'm actually -- I think it's a story of hope and resilience. I started in this role or at Wounded Warrior Project in 2008. And one of the things that's really interesting to me is we have a large investment in mental health programming back then, but we didn't talk about it externally in terms of supporters.

Now, we're able to talk about it. Supporters want to be part of that solution to increase access to mental health, to increase service to the warriors and their family members so they can really thrive. So I think that's a story of hope even though they're still challenges.

As you saw in the video, there's definitely ongoing challenges, but warriors are willing to ask for help. And we need to make sure that they have access to that help. Whether it's in informal peer support groups or in evidence-based, high-quality care. Whatever door needs to open for them. I actually think we're in a much better place now with that.

We still have some big challenges when it comes to gender specific care for women warriors, et cetera. And there's some -- and obviously, toxic exposures are just coming to be a very big priority for everybody involved in this space. But I would just say I'm heartened by where we are and I think it's important for organizations like Wounded Warrior Project. And we're very grateful for champions like Terri Tanielian who's here today to champion the stories of resilience, but where there's still challenges where we can be of service to all these great heroes.

MR. O'HANLON: Thank you. That's great to hear, but as you say still also a lot of work left to do. So, Melanie, I know you would like to explain to us some of where the most important findings are from your vantage point. And some of them, you know, actionable and demanding policy reforms and initiatives to the extent we can. Over to you.

MS. MOUSSEAU: Absolutely. Thank you. And it's great to be here again this afternoon and talk about this year's survey. As you all saw in the video, this survey is

the largest and most comprehensive survey of its kind of the post-911 wounded, injured and ill of veteran population.

And this we were extremely honored to have almost 18,000 Wounded Warrior Project warriors complete this most recent survey during the Summer of 2021. And really it is the voice of the over 152,000 of those registered with us.

I want to talk a little bit about the survey design because it's important because we made a change this year which is going to allow us with greater precision and accuracy to predict and anticipate subsequent changes because we know that the changes aren't going to dissipate. So it will allow us to be able to adapt and be more flexible as we continue down the road in the future. So this year we selected a representative sample of our warrior population to participate in this study. And year over year, we will continue to track and follow those warriors to evaluate, monitor their changes and needs as well as priority.

So as Jen mentioned in her opening remarks that we can tailor not only our programming but we can share these findings with the broader population so that we can have a unified and comprehensive response to them. As we talk about some of the key findings, there's really four major buckets of themes that emerge from this year's report.

The first is that mental health continues to be a critical concern for post-911 wounded warriors. The second is as Jen alluded to toxic exposure is a major health concern for post-911 wounded warriors. In the third bucket and as we say Tanya in the video talk about. Women warriors experience unique challenges as well as gaps in their care. And then the last bucket of high-level findings that I'd like to highlight is really that this past year, we saw that warriors were struggling to make ends meet and really manage their finances.

So when we look at this being a comprehensive study and assessment of the current state of warriors, we certainly see challenges on mental health, physical health, financial health and women's specific issues really bubble to the top.

MR. O'HANLON: Thank you. And, you know, I'm struck that some of these

issues are problems that we've created for ourselves as a nation. And where the Wounded Warrior Project and other NGOs and government servants who recognize the problem and want to change the way we've been handling things, like Terri, where everybody is aware that whatever the fault now there's a problem that has to be addressed. So this is not all about combat related injury or trauma.

The toxic waste issue is partly the kinds of practices that we, ourselves, adopted in war zones. And some of it is understandable, I supposed. You don't have time to set up, you know, proper incineration system or what have you if you're temporarily deployed. But in other cases, we were probably careless and insufficiently inattentive in created toxicity in environments where our warriors were living 24/7.

And of course, the sexual trauma issue is just horrible to hear about. And it's a real stain on one of the most amazing institutions in the United States, the U.S. Arms Forces. And it's something where we just got to figure out how to do better even if we -- so I'm sorry to be a little bit preachy, but I'm just trying to offer you a chance to respond to my reaction to the survey.

These are a couple of points that jump out at me. And so, I wondered if there's anything further? Maybe a way I can put it into a question is given your background in this and how familiar you are with the survey and the 18,000 who completed it. Is there anything that really jumps out at you as a big surprise or a particular clarion call to action?

MS. SILVA: Was that for anybody who wanted to answer? Or was that for me?

MR. O'HANLON: That was Melanie just as we work through the sequence.

MS. SILVA: Okay. Great.

MR. O'HANLON: But I'm just -- of course, Terri and others can speak to it as well later on.

MS. MOUSSEAU: Absolutely. As we look at the data, I think that where we see the significance, and I think you had highlighted kind of the intersection of the mental

and the physical injuries and challenges. And this year at the top of the list -- and this really, I think encapsulates how there's the intersection of those two.

Is that I think of those two is that the number one self-reported injury among warriors are sleep problems. And at the surface that may seem minor or inconsequential but really when you tease apart really the impact of sleep on overall quality of life it is both a symptom as well as an injury in and of itself.

If you're not able to have sleep restorative or a restful sleep, it impacts everything from your cognitive functioning, your ability to perform daily tasks. So it really transcends into social and relationship issues. But it also is a reflection of -- and in some cases a traumatic brain injury, a reflection of symptomology related to PTSD. So it's really important that we don't turn a blind eye to what at face value may seem very simple, but the rates of not only sleep problems and disturbances the majority of warriors have challenges with sleep.

And in fact, the vast majority have less than seven hours of sleep and significantly less than the general population. So it's really important that we not turn a blind eye to the sleep challenges and what that represents. So I think for me personally that's one of the findings that jumps out this year, but I'll certainly let my esteemed panelists reflect as well.

MR. O'HANLON: Thank you. And in that vein, Tracy, straight over to you.

MS. FARRELL: Yeah. So I think I agree with what Melanie said, absolutely. In fact, we invest resources and energy into examining what the sleep issues are and what contributes to that.

But I wanted to do is, Jen, talked about the why of this survey. And Melanie talked a little bit about the how and what the key issues were. I'm going to demonstrate how we put it into action as an organization. And specifically, that's with regards to women warriors.

So we saw over the years that you mentioned previously that women were

responding to the survey with different results than our male counterparts were. And so, in 2020 we took a step back and actually we talked with you about this and developed the women warrior's initiative for Wounded Warrior Project.

And what that did was send out a survey to over 20,000 women. Five thousand of whom responded. And then we had roundtables which captured more information. This drove our advocacy and programming efforts in 2021. In fact, we have had the opportunity on multiple times to testify before Congress about the unique issues that women face to include the trauma incurred by MST.

We were also through our relationships in this space and being seen as somebody who has studied this issue were able to contribute to the 2021 enactment of the Protecting Moms Who Serve Act which provides community, maternity care providers with training and support for pregnant and post-partum veterans. So we continue to advocate with our three initiatives for this year being to improve accessibility and availability of women's healthcare, greater coordination across agencies and disciplines for MST, Military Sexual Trauma Survivors, and improving the transition process as one separates from the service.

So I really think it's important to show that not only does our programming and advocacy impacted by this space but other legislation and information for others does as well.

MR. O'HANLON: Thank you very much. And, Terri, we're privileged to have you join us today. I just love your overall take on what you've heard so far, what you've seen in the survey and anything you want to tell us about the Biden administration's perspectives on this issue. So thank you very much and over to you.

MS. TANIELIAN: Thanks, Michael. It really is a great privilege to be with these rockstar women and talk about a really important topic. So, thank you, Michael, to Brookings for the invitation and to Wounded Warrior Project for the opportunity to again kind of think about how your data and this survey fits in our knowledge base for really driving

forward with evidence-based solutions to serve this population.

You know, I think that it's a unique opportunity for me to be here as special assistant to the President for Veteran's Affairs and to kind of use these types of data to really think about what types of policy solutions are needed to fill gaps and meet needs.

You know, the 3.5 million individuals, veterans who served in the post-911 era, this population is particularly important. We've all heard President Biden say multiple times that our nation has one true sacred obligation and that is to care for the troops that we send into harm's way and to care for them and their families when they return home.

And so, for understanding the needs of the wounded, ill and injured population, these data are really tremendously important and impactful in helping us to understand where work is still needed. I think, you know, the four buckets that Melanie highlighted reinforce where we know priority work is needed. And kind of emphasize that it is where we've been focused early on as well in terms of what we've been able to do to provide some economic relief to veterans as well as nonveterans.

I mean let's, you know, really recognize the challenges that many families have faced over the past couple of years, you know, with dealing with the pandemic and the economic uncertainty. But at the same time mental health continues to be a major focus, an area.

Military sexual trauma, you know, we were pleased to see Secretary Austin, you know, implement the independent review commission to focus specifically on military sexual harassment and sexual assault and to kind of move out swiftly in implementing some of the recommendations of that independent review commission made so that we can continue to address the issues of military sexual trauma.

So, you know, supporting our veterans and families and caregivers is traditionally a bipartisan issue. And we're really working hard to make sure that we leverage a whole government response and while the Department of Veteran's Affairs and we've heard the Secretary talk about his primary focus being on ensuring access timely access to

world class benefits and services, we know that there are other parts of the federal government that also critical in delivering services and benefits to this population so that they can thrive.

And I think that that's the opportunity we have in thinking through how we work with our colleagues on the Hill, but also how we work with the entire federal government to leverage all of the assets we can to meet the needs of this population. So thank you.

MR. O'HANLON: Thank you very much and for what you're doing most importantly of all. I think that because we now have most of the issues on the table and you've all spoken to them already so exposure to toxic substances, military sexual trauma, financial challenges especially in transition, specific needs of women warriors and also the constellation of conflated challenges involving PTS and sleep and anxiety and depression.

And by the way, I think we should probably continue to reiterate, you know, as I know you do often things like where to go for help? Where do you go if you're feeling suicidal? Where do you go if you don't think the Veteran's Affairs administration is somehow answering your needs? So I'm sure both on the web and in today's conversation you'll all speak to that.

But I guess since there's so much on the table, let me just ask one big broad question for the group. And then I see we have already got about a dozen questions from the audience and I'll go to those pretty soon. But I guess the way I would ask this question.

It seems like some of these problems are more for the government to think of a new policy. Some of them are more for the general American population to be aware of where our veterans can still benefit from reaching out a hand. And these are probably issues beyond the veteran's population but because they've served and done so much for us maybe this heightens the way in which, you know, we all have to be thinking about how we can help as private citizens.

In some cases, we need reforms within the system. The big debate, for example, about how we discourage and punish military sexual abuse within the ranks which remains an ongoing debate. And that's not so much of creating a new program or adding resources that's more about authorities and discipline and related matters.

So I guess I would ask each of you to offer at least one or two suggestions, but be specific about who you're asking to address the problem. Is it somebody to address the problem? Is it somebody within DOD? Somebody within Veteran's Affairs? Me as a private citizen? The Congress? The administration as well as the Congress together? You know, because again some of these problems it seems needs to be tackled from multiple directions. And they aren't all just matters that sort of the big hand of Washington is going to address.

And of course, the Wounded Warrior Project as an NGO was created partly in the recognition that the government couldn't always be relied upon at least to be the first mover. Sometimes, you needed smaller more entrepreneurial organizations less encumbered by bureaucracy, more directly connected to the veteran's population to highlight issues, to push solutions and then hope those would be generalized later.

So to the extent you want to work through the findings and offer a suggestion or two, but tell us please who needs to act on that, you know? And if you see the spirit of my question, I hope that will help focus the next round of conversation before we go to the audience. If I could start with you again, please, Jennifer?

MS. SILVA: I guess the bottom line is I believe it depends on the issue and what you're really trying to do in all of those buckets that we talked about and the key findings from our survey, it depends.

Toxic exposure, right now that is very much in the lawmakers' hands in terms of the next step for getting the warriors who were exposed. Again, almost 100 percent of the warriors that answered, they were exposed to toxic exposures. And right now, there's big legislation out there to comprehensively give them access to care. Make sure that they

have presumptive conditions that are attributed to those toxic exposure experience.

And so, right now it's in that court, I guess. The ball is in that court. And I would say in terms of mental health the challenge is that is a more hybrid approach in my opinion. Where they feel comfortable and where they're willing to get care is very important. Whether it's a buddy who gets them into a peer support group and then can get them into care that's very important.

A quarter of our warriors has suicidal thoughts in the last 12 months. We want to get upstream of those more emergent situations and make sure that we decrease their isolation, get them connected with each other, get them connected to resources in the communities. And the VA has been a champion for community resources in that way.

One of the areas that we've been investigating since our inception is that mental health care in access to evidence-based, high-quality care. Just this past November, we announced a bigger investment into our already big investment in our warrior care network. We're partnering with four academic medical centers. Now, what we were finding was there were barriers to this high-quality care in the areas of substance use disorder and traumatic brain injury.

So we invested to make sure that we treat the whole warrior and so there's no gap in treatment to make sure that we don't have to have the substance use disorder treated before they get PTSD care. And evidence is showing that the outcomes are as high if not higher when you treat the whole warrior and there's no gap in care.

And so, the warrior care network is a public-private partnership. We have a collaboration with the VA there in four world-class academic centers who provide a year's worth of care in two weeks. So that warrior gets an intensive outpatient program and they thrive after that with reduced symptomology for PTSD, increased resilience, decreased depression for 100 or more days when they're back home and back in the VA care. So it's kind of like a hand off to private care and then back into the VA. And I think that's a great representation a public-private partnership that works for them.

So those two buckets that I would say depends on the issue, but those are two examples where I'd say, you know, just highlights who owns what, I guess.

MR. O'HANLON: That's really helpful for me and I'm sure for many. Melanie, I hope you could contribute in the same kind of vein and maybe add a couple of more examples if you wish?

MS. MOUSSEAU: Absolutely. I do and it will be a little bit broader of a brush stroke, but it is really regarding that the availability of data. Again, with this being the largest and most comprehensive survey of post-911 wounded veterans. We have a wealth of information that is available for those that are in positions to make decisions, to employ innovations, to be able to overcome the challenges that are being faced.

And so, really not zoning in necessarily on a single data point specifically as a call to action, but leveraging this tool as a way to help guide decision making practices. Looking at the barriers and the obstacles to care. And looking at where there are challenges being experienced by warriors and where those biggest opportunities remain.

And being able to make data driven and data informed decisions to be able to tackle those challenges so that we can have a broader impact because we know and recognize that Wounded Warrior Project that we can't do it all alone. So it's critical that we do share this information in a forum like today and sharing the results on our website year over year so that we can make broad changes.

So I'm encouraging all those that from private citizens to individuals in various levels of position to make change. Look at the data to be able to guide decision making because as Jen mentioned in our opening remarks, warriors have taken the time to tell us where they have challenges, opportunities to overcome. So a broad brush stroke but I really would like to underscore that. This is not just for us to use to guide our policy, advocacy and programming efforts but really is a resource of a tool for the broader space.

MR. O'HANLON: Thank you. And if I could now ask you, Tracy, to speak to the same broad question please?

MS. FARRELL: Sure. So I think there's two areas. And one is probably a call to action to my fellow veterans. What we've seen with regards to peer support is that those that are connected with peer support are those who have been in service with them are 57 percent lower among warriors to experience PTSD as symptoms.

And so, just by linking with a friend or with an organization or with the VA's peer support program can have immense benefits in a warrior's mental and emotional wellbeing. So that's one area and that could be from a fellow veteran, the VA, communities, DOD, everybody. Peer support is really important. I can't underline that enough.

And then the second is with regards to the MST process of moving from the military into the VA healthcare system. There's a couple of bills that are out there right now that talk to access to care, the processing system, the sharing of information and the actual peer support again within the VBA process, the Veteran Benefit process.

So I think those are two very great areas where we can put some energy and efforts as the United States.

MR. O'HANLON: Thank you. And, Terri, over to you again if I could please? And I'm particularly interested as what you would see as major policy priorities for the Biden administration and the Congress right now. But also, more generally anything you would want to say in response to my question please.

MS. TANELIAN: Yeah. I thank you, Michael. I actually think that there's probably a role for each of those different types of stakeholders with every single one of the issues that have been kind of highlighted.

And so, there may be varying degrees of responsibility, but I do think that there's a role for the government, a role for nongovernmental organizations and community-based programs. In ways in which they can reach populations that perhaps aren't served by federal programs. And also, you know, for as Tracy kind of noted, kind of that the veterans themselves and how they can be more engaged in self-care but also in peer supporting and really serve as kind of important ambassadors, if you will, for ensuring the needs of veterans

are met.

And then, of course, the advocacy community because that's critically important in helping to draw attention to the needed issues. You know, as has been alluded to, mental health and suicide is a critical priority for us. We have been focused on looking how we can improve suicide prevention resources and mental health service delivery. And certainly, that was communicated through the FY22 President's Budget in terms of the resources that we believe are necessary to meet the needs there.

We released a strategy to kind of really focus our efforts around actions that we know can actually reduce suicide risk and save lives. And so, we've been really focused on using those resources wisely to improve legal means to, you know, really also look at ways that we can improve crisis care and transitions for people who are experiencing suicidal and mental health crises, et cetera.

And all that needs to be done in partnership, you know, through the government as well in the nongovernmental sector. Around, you know, ensuring that we're meeting the needs, gender specific needs, of women.

Certainly, that's an area where there's been important legislation passed and the VA is working to implement several elements of not only the Deborah Sampson Act but, you know, as Tracy mentioned the legislation that was signed at the end of last year, I think it was already. And really trying to drive forward with additional gender specific women services for women. And I think that's going to be a continuing priority.

Addressing environmental exposures. Here there is a role for both what we need to do through DOD in making data available. And being able to understand the types of exposures that our service members, veterans and their families may experience during their military service so that we can have a better understanding of the types of information and data tracking that will be necessary to anticipate and understand the potential adverse health consequences.

We have been focused on what we can do within our existing administrative

authority both pursuing rulemaking as you saw last year with the expansion of service connection to three respiratory conditions. But then also changing processes so that we can do things more quickly and agile. And in ways that we can deliver benefits more efficiently to those who need them.

But we do need additional legislative focus here. And as Jen mentioned there's a lot of activity on these topics right now. So we're looking forward to continuing to work with Congress in that regard. This is a priority for us and it is something that we are -- I would say, really laser focused on in ensuring that we can address the adverse health consequences associated with environmental exposures that our military service members and veterans experience.

And I will say that that's not limited to just those in terms of burn (inaudible), but we know that there are other types of hazardous substances and experiences that our service members and veterans experience as well. And so, you know, as we leverage through DOD and VA. And I mentioned, you know, as we address some of these other critical priorities.

You know, we're partnering with HSS, for example, in implementing some of the suicide prevention programs that will reach veterans in their communities. This really is about whole government, but it is just not the whole government alone. It's in partnership with external partners in ways that we can make sure that we're reaching the population who needs the services.

You know, and in the backdrop of what we know we're facing right now in America, a mental health crisis, an overdose epidemic. You know, continuing to fight the COVID pandemic. These are all issues that touch veterans and their families and kind of provide laser focus for how we do it. So really comprehensively and systemically. So thanks for the question.

MR. O'HANLON: Thank you for the excellent answer. And let me now just add one more question. A little more targeted for myself before I go to audience questions.

As I read through this survey in addition to the points that you've all highlighted. There were two additional questions that occurred to me, that to some extent, have been ongoing issues and questions in this space for years and in the time that we have collaborated.

One has to do with access to mental healthcare and options for mental healthcare treatment. To what extent have we made it possible for those who may not feel a proclivity towards the Veteran's Affairs Department, may not feel that's the best place to go for mental health in particular whether they are right or wrong?

They have a certain reason they're not comfortable going down that path. To what extent have we made it easy enough for veterans to access the full range of possible mental healthcare providers in dealing with their challenges? And, you know, I don't know if that's a naïve question but I would just be curious.

And then when I see the severity of the unemployment rate for wounded warriors. Again, those who took your survey, but I think the numbers are higher than the average even across the general veteran population. Although, I haven't seen those in a while. But especially for those who took your survey and report to have some significant either illness or injury that's enduring as almost all of your respondents do.

Why is that unemployment rate up there at 13 percent? Is it primarily because of the issues that go along with their injuries or illnesses? And they just don't feel up to holding a job? Or is it that somehow, we as Americans at large -- we as employers at large still haven't done quite enough to reach out to them and meet them halfway? I know that a lot of federal law has prioritized the hiring of veterans.

So maybe the federal government is not the problem here. But maybe the rest of us need to be a little bit more forward leaning. Or maybe what that number really reflects again is that there's just a lot of wounded warriors who have such significant issues that it's hard to hold a job, hard to stay focused. Do you have a sense as to which of those factors is more important? So if I could go through with the same order please, I'd be

grateful starting with Jen.

MS. SILVA: Thanks, Michael. I'll take the first part. First, the access to non-VA care. And, you know, one year in care in the VA, warriors have told us that it goes well. And so, that's great.

And often times though there are obstacles to getting that -- to getting access to that high-quality care. And so, in the communities it's very important to make sure that there are opportunities for them to receive great healthcare, mental healthcare. We found great success with our tele-mental health.

We've been able to provide that across the country. And it's specifically important for women warriors. They don't have to get childcare. They don't have to drive to an appointment and they have kind of oversubscribed to that. They are using our tele-mental healthcare quite a bit. And so, it's fantastic. They're not waiting until maybe an emergent situation. They're not deprioritizing their care because it's just easier to get to it.

So I would say that's been a real silver lining, I guess, of the COVID times. We've been able to provide that for both male and female veterans. Wherever they can get high-quality evidence-based care, we want to be part of that. And so, we've been able to also do emotional support calls as well. And so, that's not necessarily a clinical session but it's making sure that they have somebody they can check in with every week and set goals and make sure that they are getting connection with either another veteran or a peer.

And so, I would just say we should be open to whatever doors. I said at the initial onset. Whatever door is available to them. Whether it's through the VA or in their community. And often times that is our high-quality, evidence-based care. So it's very important that we continue to press on that and work with our partners like the administration and the VA.

Secondly, with the employment. I would say COVID has something to do with that in what we have found with warriors. There's difficulties as a lot of Americans are feeling. There's increased levels of anxiety and uncertainty and that has carried over a little

bit into -- as their job searching or as they are employed.

Another thing that they have told us year over year is mentorship means something. If they are in an organization where there is maybe a veteran's affinity group or there are other veterans that they can connect with. Maybe somebody who is perhaps in a leadership role that mentorship is very meaningful to them as they navigate some of the maybe transitions from military to civilian employment. And that's really important to having a successful employment relationship at least that's what they've told us year over year.

And so, I would just say that maybe is to the uniqueness as to -- because they are higher educated. Now, women warriors are even more educated than the male veterans that we have. And so, there's higher employment issues with that. But I would say that mentorship and that peer relationships are very important once they get into that civilian employer. Melanie --

MR. O'HANLON: Thank you.

MS. SILVA: I'm sorry.

MR. O'HANLON: No. Perfect. Yeah, Melanie, over to you.

MS. MOUSSEAU: Absolutely. Staying on the employment track. That is something I would like to add is that, Michael, you're right. When we look at the general post-911 veteran population at the same time, the unemployment rate was about three percent. So we certainly see a unique number hovering around the 13 percent with the warriors that are registered with us and their unemployment rate being higher despite being more educated as Jen mentioned.

So one of the things that we've done is look at what are the barriers related to unemployment. So those warriors that are eligible to be in the workforce what are some of the things that get in the way from them either securing or sustaining meaningful employment? And the top barrier that we see and it's pretty consistent are mental or psychological distress.

Then coming in a distant second is, you know, lack of skills or knowledge

related to the civilian workforce and lack of education. But really it always raises to the top of the impact of their mental health in being a challenge and a barrier to having that meaningful sustained employment which we know is so important to overall quality of life.

MR. O'HANLON: Thank you. Tracy?

MS. FARRELL: Since Melanie jumped on employment, I'll jump on mental healthcare. I think one of the things that Jen talked about that can't be under emphasized is the access issue.

Whether it's hours. I'm in a full-time job and I can't find something that's in the evening or on the weekends. Saturday, Sunday are my only two days because I'm working 8:00 to 6:00 and then with commute it's whatever it is, right? So finding ways. And any have found it through tele-health. Many have found it through other ways of addressing their mental health concerns. But finding ways to open that aperture as a community, I think is extremely important.

MR. O'HANLON: Excellent. Terri, anything you'd like to add at this juncture? And then we'll go to audience questions.

MS. TANIELIAN: Sure. And thank you. I think that, you know, hitting on these two themes is really important as we think about kind of ensuring pathways to economic opportunities. Certainly, addressing the needs around mental health are going to be critically important for that.

We know that when you treat mental health problems with evidence-based treatments, high-quality care, you actually not only see a reduction in the symptoms and recovery, but you also see, you know, increased opportunities economically for those who can reenter the workforce. So I think these two topics are really related.

And I think I just would like to really emphasize something that Jen said that when we do talk about providing pathways to care for veterans that are experiencing mental health issues, we want to do so in ensuring kind of low barrier options to affordable high-quality care. And it's important to kind of as Jen has said reflect that this high-quality care

means that we're delivering evidence-based forms of treatment. And making sure that the providers who are serving this population have the appropriate training and cultural competency.

We know that VA performs very well in comparison to non-VA settings and as Jen said some of these other partnerships have been really instrumental in ensuring access to additional capacity to highly trained providers. And kind of thinking about kind of how we integrate those services into other settings. How we kind of address the needs of the whole individual. Certainly, that's something that the VA has been focused on throughout the whole health initiative in ways that, you know, could provide additional integrated approaches.

You know, focused on also continuing to improve the transition process for service members and think about additional apprenticeship programs and kind of ways in which we could support veterans entering the civilian workforce I think are going to be instrumental to kind of address their long-term outcomes in particular. But, you know, it is important to kind of focus again on this population which is a unique population within the context of all veterans.

I'm thinking through what are the specific types of solutions that are going to help them be successful. So thank you.

MR. O'HANLON: Thank you. As I go to audience questions now, I want to do just a quick lightning round to see if anybody wants to add a website or a phone number because you've alluded to a lot of great resources that are out there and just to make it easy for folks to begin the process of searching.

I know the woundedwarriorproject.org is one place, but if I could just go in order. Everything from that to government services to suicide prevention hotlines. Anything you might want to quickly add here. We'll have a little bit of a data round and then I'll go to the audience questions. Jen, do you want to start?

MS. SILVA: I would just say, we should always know and talk about the

veteran's crisis line, 800-273-8255 or you can text 838-255 and choose one if you called in. And then our resource center is 888-997-2586, 888-997-2586 so. I think that's enough.

MR. O'HANLON: Why don't you repeat them all though just one more time each.

MS. SILVA: Yeah. So the VCL, the veteran's crisis line, 800-273-8255 press one. Or you can text 838-255 and our resource center is 888-997-2586.

MR. O'HANLON: Great. And just to remind folks, this is being recorded and will be available as a recording on your website too. So if you want to go back and get that information at your leisure, of course it will be there. Anybody want to add anything else? Melanie?

MS. MOUSSEAU: Yes. And if anybody wants to download the survey and get the executive summary, the full report which goes into a lot more detail on the comprehensive findings that can be downloaded at [annualwarriorssurvey.org](http://annualwarriorssurvey.org).

MR. O'HANLON: And Tracy with yours?

MS. FARRELL: I would just add that in addition to the resource center, you can find locations for the VA at [www.va.gov](http://www.va.gov). And I know that the resource center does connect folks to the VA but I just want to highlight that as well.

MR. O'HANLON: Excellent. Thank you. Okay. I'm going to now take maybe three audience questions at a time and we've got about a dozen so we'll probably go through four rounds. You don't have to speak to each question each of you, of course, but if something strikes you please feel free and I'll go through maybe in the same order.

But question one is I would appreciate if the panel could speak to the needs of veterans in terms of suicide prevention. What groups like the one in Wounded Warrior Project but also the government can do to address this issue more than has already been done?

And then a second question. How do you feel that invisible and chronic illnesses like long COVID, MS, fibromyalgia and other disorders that are prevalent in the

military and veteran's communities will shape issues of care, benefits and support going forward? So building, you know, going past PTSD and TBI and other more sort of famous or infamous disabilities or challenges.

And then finally, how has the VA system improved over the past few years? And what are some programs offered that we may not know about? So why don't I leave those three questions with you and start with Jennifer?

MS. SILVA: Well, I'll take the first one in terms of directly about suicide prevention or the, you know, suicide issues that are very important for anybody serving veterans. I think we need to talk about it explicitly.

You know, whether talking with a fellow veteran. Don't be afraid to ask and ask how they're feeling and ask them directly if they are -- if they have plan? Or if they're thinking about it? We believe very robustly in training. With all the partners that we have in this space, we make sure that there are opportunities to get trained in suicide prevention.

So the whole space whether you are working with the warrior or veteran with employment issues or you are working with them on improving their physical health that you can be trained to talk to them about that and to step in and intervene. And so, I think that's a really important tactic that whether you're a VSO. I know the VA trains in it. Anybody who is working with veterans, we have community partner, corporate partners like CSX where they have trained their workforce in suicide prevention because, you know, they helped to sponsor the survey.

And so, where we can all as a country talk about it because it's not just veterans. It's a problem for the entire United States. And so, I think that's an important part of our whole suicide prevention road map that we have at Wounded Warrior Project. So I'll pass it to Melanie.

MS. MOUSSEAU: Yeah. And I'd be happy to talk a little bit about really what we have as far as existing data. Looking more at the chronic issues and challenges. And specifically, one of the areas that our population -- again, the specific subset of post-911

veterans that are wounded, injured or ill.

While we've got about 77 percent of the population at a 70 percent VA rating or higher. This population also experiences chronic pain. And in fact, the overwhelming majority, virtually all warriors, 97 percent have reported some level of pain.

And so, really the perseverance of that chronic issue and challenge, what we see is that really it impacts overall quality of life. Willingness to engage in physical activity if we're not engaging in regular physical activity whether it be potential negative consequences related to overall health and wellbeing that comes from that.

So it really becomes that linchpin for a myriad of other health concerns. So certainly, this is a very pressing concern and one of the things with the modification of our survey design will be able to look at the impacts of aging, which certainly ties to this concern as well.

Looking at how that's going to evolve over time to perhaps intervene and get ahead of some of those pending changes as a result of the natural aging process that are going to be a little bit more nuanced and specific to this population who have experienced many injuries and illnesses.

MR. O'HANLON: So just a quick clarification from me. Although, I'm sure many of the people listening know this much better than I do.

But can you help us understand what it means to have 70 percent disability rating? What's the number actually mean? Either in terms of maybe giving an example of some common injuries that might roughly, typically translate to that level? Or what does the 70 percent meant to capture? Is that meant to be some reflection of the ability to hold a job? Or is it more about how much extra help they're going to need from healthcare providers? What does that number mean?

MS. MOUSSEAU: Sure. And I'll go in laymen's terms and I'll certainly differ to anybody else on the call to be able to bolster it with more specific indicators.

But really what this is indicating to us is the severity of the injury and the

impact on the overall warrior's lifestyle and life. And how that injury is impacting their ability to sustain employment or the impact of the injury overall. But that's very laymen's definition. Jen, I know can speak much more specifically about what a 70 percent rating can refer to.

MS. SILVA: Sure. I would just say it's usually different conditions. Definitely comorbidity in that rating and that is due to their injuries, illness or wounds incurred during service and how that impacts them in their future earnings, capabilities or -- you know, they are rated for what happened to them in service.

And so, we have a very -- the population that we serve is not like the general post-911 veteran population. These are warriors who have complex issues and due to their time in service. And so, it's a really important population to hear where their challenges are because they are going to be in the system that is built to serve them long term.

MR. O'HANLON: Thank you. Tracy?

MS. FARRELL: Sure. And I will tackle the last question. With regards to improvements that have occurred in the VA. Whole health was mentioned earlier. The expansion of that program as well as the adoption by many physicians to incorporate whole health into what they talked to their veterans about has enabled new improvements in their own healthcare and better quality of life.

Additionally, the expansion of women's health clinics and having more gender specific services has enabled more women to access the VA and have access to the care that they need. They're addressing reproduction infertility services, mammograms, all those types of things that are women specific.

And then finally, two things. One, the VA has always had a robust research program that's seeing a lot of what's coming out of there is influencing care across the nation as well as the Secretary taking steps to address toxic exposure and trying to get ahead of that. So I think those are some key elements.

MR. O'HANLON: Thank you. And Terri?

MS. TANIELIAN: They did a great job. Certainly, made my job a lot easier in describing kind of what a disability compensation rating is then. Kind of where we've seen improvements.

You know, I will kind of just reflect that the Department of Veteran's Affairs healthcare system is specifically designed to meet the needs of veterans we know are at higher risk for some complications and the types of health conditions that you mentioned, Michael. So kind of ensuring that we have a robust infrastructure that is focused on, you know, expanding access to those services. And kind of thinking about not just the research mission that the VA serves but the training mission.

I mean, you know, a high proportion of healthcare professionals in the United States trained through the Department of Veteran's Affairs and kind of that unique opportunity that the VA has in informing and shaping U.S. healthcare more broadly, but certainly as a unique place to serve the needs of those with service connected health problems and maintain the competencies and capabilities that we know are need for the unique conditions that veterans face.

And certainly, some of the innovations that we've seen in treating kind of mental health and traumatic brain injury and kind of the other types of conditions that have been discussed and where we're headed with, you know, creating more resources for environmental exposures are really important for ensuring that those capabilities exist for this unique population.

MR. O'HANLON: Thank you all. So now we'll go to round two. And we'll see if we also have time for a round three, but we'll start with three or four more.

One has to do with the prospects for the legislation that a couple of you referred to that would generalize benefits for those who were exposed to toxic substances and what you see as the prospects for that legislation reaching the finish line?

The second question has to do -- has VA considered teaming up with DOD on veteran's housing to leverage the underutilized capacity on military bases to build and

manage veteran's housing on bases?

Third question. Are there specific issues that arise for veterans on social media? And what interventions may be needed in that space. And then let's see if I can sneak in one more.

While WWP does phenomenal work for veterans some charity rating agencies have concluded that 60 cents out of every dollar make it to veterans. Well, so whether that's accurate or not, it gives you a chance, I guess to speak to that perception that some may have. Why is it that WWP more efficient? I'm not vouching for the accuracy of that number myself but that's one of the questions that's been directed. So why don't we maybe go in reverse order this time. Terri and then work our way through Tracy, Melanie and then to Jen?

MS. TANIELIAN: Okay. Great. I'm going to do my best to remember exactly what you asked.

Certainly, on the housing that's a great idea. I'll kind of have to take that into consideration and kind of look at that. You know, we have reprioritized ending veteran homelessness as part of a pledge that Secretary Fudge and Secretary McDonough have made. And so, we've seen some really important strides being made in expanding access to homelessness programs and kind of housing opportunities for veterans who are homeless.

But, you know, great suggestion. We'll have to explore all options as we think about this problem. Sort of not having anything specific on that. What was your next question, Michael?

MR. O'HANLON: One was about the prospects for the legislation on sort of ensuring access for those who have had toxic exposure?

MS. TANIELIAN: Well, we're eager to see how this continues to play out on the Hill. And I know that we are very interested in making sure that we can get policy to the President's desk for signature as this is something that's really critically important to us and

to him personally that we can deliver timely access to services and benefits for those who have been adversely impacted by environmental exposures.

So we're eager to kind of continue to see how the legislation progresses. We know that there's been a piece of this passed the Senate and that we know that the House is taking up their legislation very, very soon. So we continue to kind of work with our partners and see from the Hill. And kind of see how things are going to progress. And then the last one?

MR. O'HANLON: There's one about social media and then there was the one for WWP friends that I won't ask you to address.

MS. TANELIAN: I'll just turn it over to them to be able to kind of get to some of these questions because I think they're probably better served and better in touch with the stories and the experiences of some of the individual warriors.

MR. O'HANLON: Okay. Great. Tracy?

MS. FARRELL: Sure. So I will tackle the social media question. And really highlight perhaps gaming because sometimes when we talk about social media, we're talking about Instagram or we're talking about feedback or we're talking about Twitter and all the other metrics that are platforms that are out there.

But we have found that almost 50 percent of Wounded Warrior Project where it is indicated that they do videogaming and up to about an average of 16.6 hours per week. So that's a lot of time on that platform. And we've started in our world we have discord which is a gaming platform and we monitor it. And have ensured that it's a safe environment with interventions happening not regularly but when needed, when called out they do occur.

I also know that there's quite a few research studies being done with AI on the social platforms to have an alert process going when somebody has suicidal ideations or the discord, not to use that word again, but the discord gets a little too intense. And so, everything we are interested in and are studying as an organization as well as a nation.

MR. O'HANLON: Thank you. Melanie.

MS. MOUSSEAU: I think I'm going to continue with the thread of social media and talking about really the propensity not through only the gaming channels but we heard earlier during our remarks that the use of tele-health and certainly I wouldn't substitute social media for any professional counseling, but certainly meeting warriors were they are and using platforms such as social media is certainly something that is becoming more and more commonplace. So how do we leverage those platforms?

We also see the importance of connection. Traci talked about the impact of being able to be connected to other veterans reduces the symptomology related to PTSD by 57 percent. That's remarkable and that's through that connection. And certainly, we can look to maximize and enhance that through social media and platforms.

And the other datapoint that I will throw out because it's not just about mere connection. Warriors are lonely. We see that in more than half. About 62 percent of warriors have the sense of being lonely. And really the specific areas of opportunity when it comes to support whether it be through a gap check. It could be filled through a social media channel or other outlets is really having somebody where they can have as a resource to talk through when they're dealing with a problem.

And so, really that supportive environment. And we certainly don't need to get into, you know, the opportunity of social media being that type of platform, but that ability to connect as we've said on multiple occasions is really a powerful tool and an insulator for suicide. So really a critical piece as we look forward to what does connection look like in the future.

MR. O'HANLON: Thank you very much. And, Jen, over to you.

MS. SILVA: Great. I guess I'll tackle the one about Wounded Warrior Project and what we are able to provide and, you know, the ratio there. So 100 percent of the resources that come into Wounded Warrior Project go towards our mission of honoring and empowering wounded warriors and their families.

And so, we provide life changing and lifesaving programs that they do not pay a penny for. And so, we also don't take any federal or state funding. And so, it is up to us to make sure that we raise the funds well over \$200 million a year poured into these programs like I said across the country. And we serve well over 160,000 warriors and family members. And so, we kind of have to raise it and get out there and to make sure that we can provide those innovative lifesaving programs.

And so, our latest 9090, we're always at the 70 percent mark with that. I suggest everybody can look at our 990. We post that every year and I'd love to answer those questions and provide information. We operate on scale because we want to impact this entire generation. And so, we want to pour as much money as possible into the programs that can really help those service members and their families thrive after service. And so, that's what we do. We're pretty proud of the work that we do.

MR. O'HANLON: And we're very proud of the team with you. And so, as we near the end of this, let's see if we have time for one final round of questions.

There's one that may or may not speak directly to your expertise, but it's the question that's become more prevalent about veterans being susceptible to recruiting efforts by extremist groups. And does WWP or the White House have anything to say in the context of this discussion today in regards to that important issue?

Then another question, Jen, you've spoken to it already to some extent, but are there equity gaps or issues revealed by the results of the survey? You've talked a little bit about female specific issues here, but maybe this can help with a wrap up to reemphasize some of those themes as you wish.

And then what is the role of community organizations and VSOs, Voluntary Service Organizations in meeting the changing needs of veterans? Is there a way for government in preparing these groups to step into these important roles? So you've already alluded to public-private partnerships maybe it's one more chance to get at that in closing.

And then let me give you one final question with apologies to those

questions I won't quite get to. But has the combination of COVID and then the Afghanistan sadness of the defeat there, the resulting from our withdrawal, have these affected the wounded veteran population in ways that you can see in your information that have statistical significance?

So again, that's a lot to put on your table, but why don't we finish with those four and anything you want to say by way of wrap up as well since a couple of the questions did sort of channel us back towards big themes that you've already identified. So, Jennifer, if we could please start with you.

MS. SILVA: Great. We actually didn't ask questions related to the extremist question, the first one. But in this, what we have found -- I'll go to that last one when you talked about Afghanistan. We made over 30,000 calls to warriors who served in Afghanistan last Fall, you know, the September timeframe.

We found it to be very helpful just to make sure that they knew we were thinking of them. It was shown to be a little bit of a stressful time. And so, we just were there to make sure that they knew we were here for them and we were able to get them into care if that was what they wanted or other things.

They were already -- I would say one of the things to think about is, you know, COVID on top of that was just a couple of, you know, one, two punch in terms of warriors and we were very grateful to be able to serve them in that way. We served a lot of warriors with mental health obstacles last Fall and we were grateful to be able to do it.

I would say the role and then I'll stop. But just to kind of wrap up, double down on the partnership piece. Anybody who is working with veterans so that's VSOs, veteran service organizations, the VA. Nobody can do it alone. VA can't do it alone. We can't do it alone. Nobody wants to replace or nor can they replace the VA.

And so, we have to work together collaboratively and solve these tough problems and really help the warriors and their families be what they were meant to be. I think they're the greatest resource for our nation and they are very strong. And I think just

helping them with some of the challenges helps our entire fabric of our nation. So I would just say where we can make sure our shields are down and work collaboratively sign us up every day for that.

MR. O'HANLON: Awesome. Thank you. Melanie.

MS. MOUSSEAU: Absolutely. And I'll reiterate when talking about kind of the equity pieces. I would like to because I don't believe I inserted in my opening remarks.

When we're talking about representativeness of the Wounded Warrior Project population, really when we speak specifically about race and ethnicity, the wounded warrior population is more diverse than the broader U.S. veteran, post-911 veteran and the U.S. general population. So when we look at the pressing challenges, needs and evolving concerns within this population, it really takes into account the very diverse nature of the population that we serve.

As far as areas where there are gaps that we specifically dove into and as a result as Traci mentioned specifically stood up the women's warriors initiative are in terms of women warriors being more educated but there being a gap in pay amongst this population. We also see slightly higher elevated levels of chronic pain amongst the women warriors.

On the positive side, we also see -- and it was mentioned earlier -- the increase utilization of tele-health medicine to access care. So there is certainly both sides of that, but that's been one area where we did see some inequity, have put resources towards it and are looking to areas where we can in collaboration with our partners in the space and through communicating data like this reduce those gaps so. I'll turn it back over to Tracy.

MR. O'HANLON: Tracy, please.

MS. FARRELL: So to double down on what Jen said about community and collaboration. I think it's important that we all know who is in our backyards. Whether it's those who are serving, those other nonprofits and the VA that we can work with or those collaboration opportunities like CSX mentioned at the beginning of this. Where we can work as a team to ensure that all veterans in our community are thriving.

And the only way you can do that is through research. Research like we do at the AWS or research by hitting the ground and talking to people and not staying in your own little bubble.

MR. O'HANLON: Thank you. And Terri.

MS. TANIELIAN: Yeah. Thank you. So you hit on a lot of various different topics. So I think I will just kind of reinforce that, you know, this year has been a difficult time for many Americans and veterans in particular. And I think as Jen mentioned in reaching out and checking in and making sure that they know their service mattered and that we are here for them. And that certainly that the VA has been doing very consistently to ensure that all those veterans who are served at VA know that VA is there for them.

With respect to addressing issues and concerns about extremist behavior. Certainly, we are focused on trying to combat misinformation across the board, but also trying to focus on how we can ensure we protect our veterans as well from that types of misinformation. And nothing more to report there just know that this is something that we are very concerned and have seen a lot of reports about veterans being taken advantage of.

And the partnerships are going to be critical. Jen said it great. Nobody can do this -- no one organization, no one entity can do this alone. So continuing to support this population is going to take critical partnerships with community-based organization, veteran service organizations, military support organizations and others as we do our best to ensure that all those who have needs can get the services that they deserve. So thanks.

MR. O'HANLON: It's been an amazing panel. I do have two tiny last questions but they're big issues. But they're very specific. And so, I won't ask all four of you to comment but these are the last two so I will have done the audience the full, you know, the full range of their questions will have been addressed. If anybody wants to comment on either one.

Question one, did the surveys get at issues of alcoholism and drug use including opioids? Any trends there that you want to mention?

And then secondly, do the surveys get at issues of food insecurity specifically? Above and beyond financial insecurity? And with brief answers to those questions that will take us just to about 2:22 on 2/22/22 and then we can wish everyone the best and hope that's a good omen for our future work and our future veteran population. So anybody want to comment on either on the alcoholism and drug use issue or the hunger question?

MS. MOUSSEAU: Sure. I can talk briefly about both of those. So when we're talking about drug abuse, we're looking at warriors within our population who had used drugs other than those that were required for medical reasons in the past year. And the overwhelming majority so over 87 percent of those warriors that completed the survey said no.

When you look at then that leave about 13 percent of individuals who endorsed that they had used drugs for other reasons other than as prescribed. The majority of those individuals were low levels of problems related to drug abuse. Let me distill that down to the biggest takeaway from there. When you look at the entire Wounded Warrior Project population, we're looking at under two percent, 1.3 percent of warriors that report based on their response to the survey that there would be a severe problem related to drug abuse. So certainly, that is, you know, a small fraction of this population. So one in 100 would have a severe level related to drug abuse.

As far as food insecurity, obviously one of the key findings in the survey is that warriors more than two in five warriors had a hard time making ends meet. And so, in the population we did see that there were lower levels of high food security within the population and higher levels of very low food security.

For those familiar with looking at how this is measured really at the population overall broadly speaking our population really straddled between being food secure and food insecure. About a third of individuals within the survey population met the threshold to be classified as being food insecure. So about one third would hit that threshold

for being classified as (inaudible).

MR. O'HANLON: Well, in brief conclusion let me just say, first of all, how grateful I am personally and how grateful we are at Brookings to be able to team with such outstanding Americans and great organizations at Wounded Warrior Project and the White House and many others who I know have contributed with questions and participation.

Let me do something that I know we all -- you do every day with your work but we all should feel in our hearts every day which is a word of thanks and admiration to our veterans and their families. And best wishes going forward.

And again, for those who want to survey that report on their own or look at the survey in greater detail, it's at -- you can find it at [woundedwarriorproject.org](http://woundedwarriorproject.org). But the specific website one last time for the last word if one of you could remind us about exactly where the survey is located?

MS. MOUSSEAU: [annualwarriorsurvey.org](http://annualwarriorsurvey.org). So [annualwarriorsurvey.org](http://annualwarriorsurvey.org).

MR. O'HANLON: So with that signing off from Brookings with best wishes to everyone for hopefully a early arrival of spring and a good rest of 2022. Thank you and goodbye.

\* \* \* \* \*

CERTIFICATE OF NOTARY PUBLIC

I, Carleton J. Anderson, III do hereby certify that the forgoing electronic file when originally transmitted was reduced to text at my direction; that said transcript is a true record of the proceedings therein referenced; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and, furthermore, that I am neither a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

Carleton J. Anderson, III

(Signature and Seal on File)

Notary Public in and for the Commonwealth of Virginia

Commission No. 351998

Expires: November 30, 2024