Caring for Wounded Warriors
A Roadmap for the VA

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The Challenge

The conflicts in Iraq and Afghanistan have changed the face of the veteran population. Approximately 22 percent of the wounded have injuries to the head, face, or neck, as compared to the 12 to 14 percent of combat casualties during the Vietnam War. Military medical personnel are also seeing far greater incidence of traumatic brain injury (TBI). Two-thirds of all injuries are from bombs, and of these 28 percent involve brain trauma. In addition, military surgeons are finding that blast injuries are producing an unprecedented number of severe soft-tissue, bone, and vascular injuries. Potentially fatal, these injuries often require amputation. Finally, a large number of Service members are returning with significant mental health issues, including Post Traumatic Stress Disorder (PTSD) and co-morbid illnesses (e.g., PTSD and another psychiatric diagnosis or substance abuse disorder).

Never before have so many of our Service members survived severe combat injury. Medical and technological advances have contributed to the sharpest decline in the lethality of combat wounds in the United States since World War II. While these advances have reduced fatalities (90 percent of troops wounded in Iraq survive, compared with 76 percent in Vietnam), they are also contributing to greater complexity and severity of injuries.

The severity of injuries, the co-morbidity of conditions, and the survival rates have altered the long-term care requirements for the current generation of veterans. Many Wounded Warriors are reliant on a comprehensive array of medical, rehabilitative, educational, and financial support—whether for a transitional period or for the rest of their lives. Unprecedented demands are being placed on the family members as they cope with their own deep sense of loss and uncertainty about the future. Spouses and parents find themselves becoming full-time nurses, chauffeurs, spokespersons, and personal managers—roles that frequently compromise their own livelihoods, if not also their well-being. Unprecedented demands are being placed on those charged with providing medical care and other professional services for this population. They are being asked to serve a generation of veterans that is starkly different from the population they know. On the whole, the presenting problems are more severe, complex, and urgent; the population is younger; the rehabilitative tools and technology are evolving and increasingly sophisticated; and, perhaps, the expectations of the veterans, families, and American people are higher.

The severity and extent of the conditions and injuries sustained by today’s veterans, the complexity of the medical and ancillary support services they need, and the unprecedented requirements placed on families, caregivers, and providers demand that the Department of Veterans Affairs re-examine how it delivers services to this special population. We offer here a conceptual framework for responding to the profound needs of the Wounded Warrior community.

A Roadmap for the VA

Our framework focuses on three critical elements in the care and recovery of Wounded Warriors: the family, the care delivery infrastructure, and the care provider workforce.

Enhancing Family Support

Due to the severity and pervasiveness of traumas associated with Operations Iraqi Freedom and Enduring Freedom, the U.S. Department of Veterans Affairs (VA) identified the need to support military families across three overarching pillars:
(1) logistical; (2) clinical; and (3) emotional. VA officials have recognized that properly educated and supported family members are crucial to the Wounded Warriors' recovery and readjustment process.© As the needs of Wounded Warriors continue to unfold, a comprehensive family support structure is needed.

The U.S. Department of Defense (DoD) family support system provides an instructive example of a program tailored to meet the unique needs of military families. U.S. military experts have increasingly come to appreciate the importance of military families in ensuring the well-being and readiness of military personnel.© DoD has led the way in publicly acknowledging the sacrifices that Service families make in support of the nation, and its commitment to military families is evident in its robust family support infrastructure.

**Leveraging the DoD Model.** General John A. Wickham's 1983 *Army Families* white paper set the stage for the DoD model of family support. This watershed analysis spawned the creation of the Army Family Research Program and the Army Family Action Plan, among other early family support initiatives.© For the children of Service members, DoD emerged as a leader in the child care business and commissioned the landmark Secondary Education Transition Study that addressed educational challenges associated with military relocation. For spouses and parents of Service members, the military instituted Family Readiness Groups and their equivalents across the Services. During this period, military families also witnessed the advent of Army Family Team Building or Service-equivalent spouse leadership training. ICF has studied Family Readiness Groups, Army Family Team Building, and comparable military family initiatives extensively.© More recent forward-leaning efforts on behalf of military families include spouse employment initiatives, Military OneSource, and the Army Family Covenant. Regarding the Guard and Reserve, the military has developed initiatives such as the Virtual Installation and the Yellow Ribbon Reintegration Program, both of which ICF has supported through research and program implementation.©

DoD is particularly committed to addressing the tangible and intangible family support needs of the Wounded Warrior community. For example, families receive strong initial support from the military in the form of financial assistance for travel to the Service member’s bedside and associated lodging costs. With regard to clinical care, some family members are compensated for serving as non-medical attendants for their severely injured Service member. Additionally, the Army has stood up Soldier and Family Assistance Centers at several major Army installations, and the Air Force has implemented a "Family Liaison Officer" program. Each of the Services has implemented a program to help its seriously wounded and injured Service members and their families. Supplementing these varied military resources is a vast array of private organizations that have stepped forward to help meet the myriad needs of this community.©

To ensure program responsiveness and inform program enhancements, DoD is actively assessing how well the needs of this community are being met, e.g., by holding summits with the wounded and their families and through formal data collection efforts. To acquire impartial and rapid feedback about the support being provided family members of the wounded, DoD recently directed the Defense Advisory Committee on Women in the Services (DACOWITS) to conduct a series of focus groups with Wounded Warrior family members around the country. ICF provided the research support for this timely undertaking, as it has for all DACOWITS investigations since 2002.

**Once considered combat multipliers, family members of Wounded Warriors become recovery multipliers.**

DoD's recent experiences with Wounded Warriors reinforce the critical role that families play in a Service member’s recovery, as well as the life-changing significance of the Service member’s condition for the primary caregiver and the family as a whole.© Today, family support is more vital than ever—to facilitate a complex medical,
financial, administrative, and social transition and to help the family adapt to new realities. Because the availability of family support is integral to the military lifestyle, and is actively promoted in Wounded Warrior programming, Wounded Warriors and their family members who transition from DoD to VA do so with expectations that supportive services will continue. The American public expects that this level of care will continue as well. We submit that taking care of Service members means also taking care of family members—regardless of Department.

A seamless family support approach to the care of our nation’s current and future Wounded Warriors is not only optimal for recovery—in terms of work, social, and family functioning—it is also cost-effective. Researchers have calculated the average costs associated with the treatment of PTSD to range from $6,000 to $10,000 per individual for two years of care. These costs increase exponentially when TBI or other co-morbid disorders are present. Furthermore, these figures don’t take into account costs associated with other risk behaviors such as substance abuse, suicide, homelessness, or cross-generational costs associated with the potential propensity toward domestic violence or child abuse.

Developing a VA Family Support Model. VA should explore ways in which it can build on the current level of care provided to family members by importing, or extending, aspects of the DoD model. VA has an opportunity to work collaboratively with DoD on behalf of Wounded Warriors and their families, capitalizing and adapting proven family support strategies, and borrowing expertise and materials. We encourage VA to:

- Clearly and broadly define “family member” to encompass all who merit support, e.g., parents and significant others of single Wounded Warriors.
- Promote physical or virtual Wounded Warrior Family Support Groups and Assistance Centers.
- Create a feedback process, such as a Wounded Warrior Family Action Plan that provides an efficient, structured mechanism for raising and addressing concerns.
- Establish a Wounded Warrior Family Team Building program to inform family members and foster self-sufficiency.
- Train case managers in a more holistic approach to Wounded Warrior care that includes family well-being. Ensure case managers are poised and equipped to provide family member information, referral, and follow-through.
- Develop civilian community capacity by partnering with private organizations involved with Wounded Warriors and establish a network of coordinated services.

VA can publicly demonstrate its commitment to this population and remain attuned to family support needs by systematically and continuously researching family members’ perceptions and experiences through periodic online pulsing surveys and/or focus groups. ICF is a leading provider of both methodologies within DoD and VA.

Adopting a Systems of Care Approach

Many Wounded Warrior veterans have complex treatment and rehabilitation needs requiring diverse services. However, navigating multiple providers, programs, and sometimes agencies creates challenges for veterans and their family members.
The **Systems of Care Philosophy**. The *systems of care* approach builds partnerships across services, programs, and agencies to forge a broad, integrated process for meeting a veteran’s many needs. *Systems of care* is based on the principles of collaboration: individualized, strengths-based care practices; community-based services; and full participation of beneficiaries and their families at all levels of the system. It emphasizes providing comprehensive and individualized services within the least restrictive environment, encouraging the full participation of families, and coordination among all veteran servicing programs.

The Veterans Administration has taken some steps toward a systems approach to care delivery for some of the most severely injured veterans. In 2005, VA established the Polytrauma System of Care for veterans suffering from serious injuries to more than one physical region or organ system. Similarly, in the same year, VA established the Spinal Cord Injury & Disorders (SCI&D) System of Care that provides a coordinated, life-long, full range of services for eligible veterans with spinal cord injuries.

More recently, the President’s Commission on Care for America’s Returning Wounded Warriors\(^{ix}\) recommended creating recovery coordinators who would help seriously injured Service members navigate the complexities of care, rehabilitation, and disability. In October 2007, DoD and VA signed an agreement to provide federal recovery coordinators to give life-long medical and rehabilitative care and other benefits to seriously wounded veterans and their families. This program, currently in progress, embraces the fundamental principles of the *systems of care* approach to service delivery.

**Validating and Expanding the Systems of Care Approach in VA.** VA’s recent use of *systems of care* provides a basis for assessing the effectiveness of this approach for veterans in terms of its cost-effectiveness and potential applicability to a broader segment of the veteran population. To move forward, we encourage VA to:

- **Determine the effect** the approach is having on veterans’ and family members’ satisfaction with the care and services they are receiving.
- **Assess the impact** the approach is having on outcomes in terms of health status and quality of life.
- **Determine the cost-effectiveness** of the approach.
- **Identify opportunities** for expanding the approach to other veteran sub-populations as appropriate.

**Maintaining a Skilled Workforce**

The needs of today’s Wounded Warrior community are testing the mettle of the VA workforce. The influx of this group of veterans makes for a dynamic environment and challenges a longstanding work culture. The knowledge and skill base required to successfully care for, rehabilitate, and otherwise support this population is more complex than ever before. Approaches to service delivery must evolve, and workers must be nimble. The pressure on the VA workforce is significant, and may lead to higher than normal rates of burnout and attrition.
Developing a VA workforce that is adaptable to changing environments. Successful navigation of the changing VA environment requires recruitment, selection, and development of competencies that are aligned with the evolving challenges. Addressing the needs of the VA workforce requires a multifaceted approach, which includes:

- **Rigorous documentation of the competencies that are most critical to jobs within VA.** The foundation of any human capital initiative must be a thorough analysis of the knowledge, skills, abilities, and other characteristics required to successfully accomplish the mission of the organization.

- **Knowledge capture and knowledge management.** As these new (and more severe) injuries arise, staff must have a process to document and share knowledge and lessons learned in managing the resulting cases. This requires identifying critical pieces of knowledge, documenting and organizing information, and creating a process or tool that ensures easy access to the information. It also requires the organization to facilitate a learning environment in which employees provide and take advantage of important new or changing information and lessons learned.

- **Accurate workforce planning.** Tracking the nature and volume of the most critical work requirements, tracking the capabilities and characteristics of the current workforce, and making projections based on this information is imperative in ensuring that VA is able to meet the increased and changing demands of the population they serve.

- **Recruiting and retaining the right people.** VA must be able to recruit and select individuals who are equipped to perform under challenging, stressful conditions, particularly for specialty positions. Furthermore, VA must offer well-thought out practices and policies to “care for the caregiver” to ensure stability of the workforce.

- **Job design/organizational structure.** As needs of an organization change, it is important to ensure that the organization of work is appropriate. It also is crucial that older processes or procedures have not inadvertently become roadblocks as needs have changed. For VA, this may mean, for example, helping staff develop a process to coordinate efforts previously managed by a single entity.

- **Evaluate new initiatives.** In creating a learning-oriented and adaptable workforce, organizations must lead by example. As human capital or other programs are implemented in any organization, it is crucial to document the components of the initiative, gather data on whether or not the initiative achieved its outcomes, and collect feedback on what might have made the effort more successful.

As a leading advisor on workforce development issues, ICF’s team of human capital experts works with clients to assess workforce needs, formulate comprehensive workforce strategies grounded in the latest research, develop and execute implementation plans and change management programs, and evaluate program performance.

**Summary**

Individually or in unison, the elements of this three-part framework will enhance VA’s capability to respond effectively to the needs of wounded veterans. Including families in the care process, coordinating the delivery of medical and human services and benefits, and ensuring the workforce is equipped to confront new challenges will help VA provide quality care, promoting Wounded Warrior recovery and family adjustment. At the same time, this approach will help VA meet the expectations of our nation for the treatment and care of the veteran community.
About ICF International

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Endnotes


The President’s Commission on Care for America’s Returning Wounded Warriors, July 2007; Support for Families of Wounded Warriors: Summary of DACOWITS Focus Groups, October 2008.


The President’s Commission on Care for America’s Returning Wounded Warriors, July 2007.

This paper was written by Drs. Laurie May and Suzanne Lederer, senior researchers at ICF International who conduct needs assessments, program evaluations, survey and focus group research, and policy analysis for both VA and DoD. The authors benefited from input from the Applied Organization Research and Health Policy groups at ICF that perform work in the military personnel and community, workforce, and health policy and evaluation arenas. The views expressed in this paper and any errors are those of the authors and not necessarily those of ICF International.