CLOSING THE GAP:

Meeting the Future Needs of America’s Severely Wounded Heroes & Their Caregivers

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SUMMARY of SUMMIT
FINDINGS & RECOMMENDATIONS

MARCH 6, 2014
Los Angeles, California

GARY SINISE FOUNDATION

USC School of Social Work
Center for Innovation and Research on Veterans & Military Families
March 16, 2014
“A dozen years of war in Iraq and Afghanistan, years of grenades and land mines and roadside bombs, left thousands of American soldiers and their allies without limbs.”
—Ben Shpigel, New York Times

March 6, 2014
“Our collective passion about caring for our wounded military veterans will produce insightful and impactful ideas to inspire communities across the nation.”
—Gary Sinise
Participants

Chairs

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*Founder, Gary Sinise Foundation*

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*Dean, USC School of Social Work*

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*Director, Center for Innovation and Research on Veterans & Military Families, USC*

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*U.S. Army (Retired)*

Dr. Christopher Crisera  
*“Operation Mend,” UCLA*

Sgt. 1st Class Michael Schlitz  
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*C.A.R.E. Program, U.S. Navy*
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Hope for the Warriors

Cpl. Juan Dominguez
U.S. Marine Corps, Gary Sinise Foundation
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Maj. Brian T. Bilski
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I. Summit Purpose

The goal of this timely and important summit was to gather a national cross-section of experts to:

• Collect insights to assess the current “gap” in care and support for our seriously wounded veterans

• Collaborate to provide recommendations on achievable ways to close the existing and likely widening gap between the transition and reintegration needs of our seriously wounded veterans and their families and the government capacity to meet those needs
II. Background

History predicts future

For over a decade, thousands of American men and women have returned from Operations “New Dawn” (295 wounded), “Iraqi Freedom” (31,925 wounded), and “Enduring Freedom” (18,230 wounded) with serious and debilitating wounds. The government’s capacity to provide appropriate, ongoing care for these heroes and their families, particularly as they reintegrate into communities across the country, has and will continue to be limited by budget constraints and resource reductions in government caregiving organizations. It is likely this support will diminish even further as combat operations abroad are reduced and the residual needs of America’s veterans and their families recede from the public eye and conscience.

How do we know about the “gap”?  

The manifestation of “the gap” is well documented in personal and media reports of backlogs in claims, access to existing resources and a historical legacy of public apathy and proactive support for the nation’s military veterans in general. It is appropriate and urgent to address these gaps—particularly for the nation’s seriously wounded.

“Military hospitals shrinking services to meet spending cuts...”

—Gregg Zoroya, Headline in USA Today, August 3, 2013

Increased need for support

Participants concluded that not only did gaps exist now, but due to current and projected reductions in general spending on defense related matters, the shortfalls in dedicated care and support for America’s seriously wounded veterans and their families will worsen significantly. Also, participants discussed the need to create coordinated community approaches to supporting and engaging veterans and their families by bringing together diverse sets of resources and identifying new initiatives across the public and private sectors that go beyond the U.S. Department of Defense (DoD) and Veterans Affairs (VA) support. In addition, discussion focused on the lack of coordination among agencies and redundancy of programs that contribute to the challenges wounded veterans face when trying to access support services.
III. Situation Overview & Observations

The evidence

- U.S. Department of Veterans Affairs announced February 10, 2014 that pending claims cases rose to 398,000
- Survey data (source: Military Services Initiative, Bush Institute)
  - U.S. Department of Veterans Affairs reports 22 suicides a day (one every 65 minutes)
  - 71% of Americans don’t understand what veterans endure
  - 84% of veterans say public has “little awareness” of challenges
- Significant number of veterans suffer from invisible wounds (almost 20% of Iraq/Afghanistan veterans affected by PTSD)
- From 2002-2012, there have been 103,792 cases of PTSD
- From 2002-2012, there have been 1,715 battle injury amputations

The increased challenges and presence of seriously wounded veterans

- The loss of limb(s) and/or severe disfiguration present unique and complex needs for veterans and their families during their return and reintegration into hometowns across the nation
- A seriously wounded veteran also includes a family under stress—they require care and support
- Americans lack general awareness regarding veterans’ needs
- Significant number of nongovernmental organizations (NGOs) attempt to provide support for veterans—some for the seriously wounded. However, there is limited inter-organization collaboration and communication
- Many outpatient veterans feel “abandoned” by their community and the public and do not want to be forgotten or disconnected from society

A spectrum of complex and evolving needs

- Urgent need to restore resilience to wounded veterans and families in transition and reintegration
• Private universities across the country have the capacity and resources to work on “long-term” challenges of seriously wounded veterans
• Wounded veterans want independence, not reliance
• The suite of significant needs for our most seriously wounded may be categorized as:
  - Functional
  - Aesthetic
  - Emotional

Where are the gaps?

Participants expressed significant concern regarding gaps in:
• Public awareness and education
• Access to care/support for family unit
• Potential public/private as well as inter-agency collaboration and communication
• Long-term realities affecting veterans:
  - Reduction of funding
  - Insufficient focus/coordination on most seriously wounded and families
  - Comorbid conditions (e.g., aging)
• Availability and access to technology
• Commitment by communities to help and support
IV. Specific Subject Findings

Participants focused on five key areas of care and support for America’s seriously wounded veterans in transition and reintegration:

a. Physical needs

b. Psychological needs

c. Caregiver needs

d. Long-term care needs

e. Achieving normalcy
A. Physical Needs

- Post-hospitalization care requires continuous treatment, education, monitoring and access to evolving technology
- Veterans require proactive connectivity to care and treatment resources
- Low recognition that seriously wounded veterans’ wellness involves mental as well as physical care and treatment
- Aging by veterans with serious physical wounds is more complex and problematic
- Effective medical care for physical needs requires connectivity of similar genres of caregivers to collaborate who can join together to create geographical centers of excellence and collaboratives for focused treatment:
  - Government (military treatment facilities [MTFS] and VA)
  - Academic (University Teaching Hospitals and/or Medical Schools)
  - Community (Regional Hospitals)
- Need to increase deployment of dedicated services (e.g. transportation) and prosthetic maintenance and repair services
- Need to stay abreast and continuously introduce advanced technology (diagnostic apps, Telemetrics) to enhance cycles of care and medical connectivity

B. Psychological Needs

- Limited attention and resources available to attend to psychological needs:
  - Those with serious physical wounds
  - Those with either acknowledged (diagnosed) PTSD or unacknowledged symptoms
  - Caretakers and children within families of seriously wounded veterans
- Re-adapting to community life following a serious injury is a complex and under-attended problem that involves significant individual and family emotional stress
- Four pillars of care and support activity needed to close the gap in psychological needs of veterans and their families:
  - Research
  - Training
- Direct and accessible clinical services/support
- Inter-Agency Collaboration

- Connectivity between seriously wounded veterans, particularly with similar injuries, to provide a channel for mutual psychological and emotional support
- Wide gap exists between psychological needs of families (caretaker and children) of wounded veterans and direct clinical services, particularly in smaller communities where veterans settle

C. Caregiver and Family Needs

- Significant gap exists around awareness and resources to support a) complex; b) subordinated; c) unarticulated needs of the wounded veterans’ caregivers, as well as family. Although family advocacy for the seriously wounded veteran is vital, little recognition, acknowledgment, accommodation (in work situation) or inclusion exist in current care ecosystems
- Lack of accessible and standardized training for caregivers
- Children of seriously wounded veterans are an unrecognized population whose needs are not properly supported
- Need for peer support networks (locally and nationally via the internet) to be established for caregivers, families and particularly for children in those families
- For a seriously wounded veteran, the family unit lacks recognition and engagement by care-giving organizations as a partner in the successful healthcare of the veteran. In other words, the healthcare provider needs to “team” with the caregiver and family

D. Long-Term Care Needs

- Concern for the array of long-term support needs that will accrue once veterans and their families transition from in-patient status, are reintegrated into communities across the country and become increasingly responsible for their own care
- Major areas where gaps exist long-term for seriously wounded veterans:
  - Employment
  - Meaningful and purposeful activity if unable to work
  - Managing the long-term effects of limited mobility
- Attention to the potential impact of accelerated symptoms of aging
- Assisted-living equipment and facilities for long-term care.

- Public-private partnerships in local communities to help sustain care and support

**E. Achieving Normalcy**

- While mobility is very important for the well-being and general health of seriously wounded veterans, the core and starting points for quality of life are the home and community
- Ongoing need for integrating technology that would ease functionality as well as TeleHealth tools to monitor their well-being
- Supportive infrastructure within homes should be adaptable to various life stages
- The new normal for each veteran and family is unique to each circumstance. Consensus was reached about the urgency of the veteran not being isolated and “blending” at their own speed into the ebb and flow of the communities in which they reside
- While some community “connectivity” can be achieved through the internet, the onus for establishing supportive personal relationships is more likely on local neighbors and citizenry who require education and training on how to approach and engage seriously wounded veterans and their families
- Urgent need to raise awareness in communities around opportunity to interact and support
- Create active communication channels between fellow veteran and caregiver peers to foster information sharing, networking and support
V. Summary & Recommendations

Overall, participants expressed significant consensus around the existence of the present and future gap in care and treatment for our most seriously wounded, post-9/11 veterans and their families.

Participants agreed that closing this gap would require mobilizing support from non-government agencies (foundations, academic institutions, public/private care facilities), businesses and local citizens across the country, but particularly within local communities.

The needs of a wounded veteran’s family may be best met therefore through improved local community involvement and support:

- Connectivity to medical/psychological care resources
- Property/household maintenance
- Employment/purposeful activity
- Transportation
- “Respite” or break time for caregivers
- Daily chores
- Companionship/community integration
- Financial planning
- Legal assistance
Proposed pillars for reducing the gap for our seriously wounded veterans and families include:

- Coordination – cross-agency, inter-organizational sharing of information, data, supportive activity
- Collaboration – public-private partnerships (see attachment “a”)
- Communities – mobilizing community collective action, support and awareness—the participation and interest of city government leadership and local citizenry present a useful model for other communities to follow. For example, grass roots efforts in model communities like Temecula, CA are already underway where a completely customized Smart Home was built for Marine Corps Cpl. Juan Domiguez. In Oklahoma City, an "Inspiration to Action” fundraising event was held to mobilize community support for local injured Army SSG Rusty Dunagan, including a special screening of Forrest Gump with an introduction and Q&A by "Lt. Dan" himself, Gary Sinise. And in Lancaster, CA, high school students raised more than $180,000 to assist Army Specialist Jerral Hancock and his family.
- Connectivity – national and local grids via internet for seriously wounded and caretakers—between each other and care-giving organizations
- Corporations – significant opportunities exists for corporations to provide products, services and time to assist in closing the gap through volunteerism, technology and care products

In summary, participants reached consensus that building local community involvement and support present the greatest opportunity to close the care gap for our seriously wounded veterans.

City Government

- Urgent to have buy-in and commitment from community officials
- Become information resource on veterans programs in local community
- Open channels of communication to most seriously wounded veterans and their families to determine specific needs and opportunities to support them
• Lead by example:
  - Create advocates within government
  - Host fundraising events
  - Declare a day for veterans
  - Create “inclusive” culture throughout community

• Support education within schools to teach students the importance of and how to interact with local wounded veterans and their families

**Citizens**

• Provide pro active assistance where and when needed
• Consider family and caretaker needs in addition to the needs of seriously wounded veterans

**Non-Profit**

• Create connectivity to veterans, determine their specific needs and provide resources and referrals
• Forge relationships with local non-profits to provide support and coordinate efforts
• Provide support and resources for caregivers and family members

**Proposed Next Steps**

• Investigate the feasibility of convening working groups of mayors and community leadership of cities where seriously wounded veterans reside, such as Temecula, San Antonio, San Diego, Oklahoma City, Los Angeles, Lancaster, CA, Augusta, GA, and others, to jointly create an actionable template for mobilizing community support
• Create increased dialogues between similar organizations who attended the summit to promote increased cross-agency collaboration
• Summit participants continue dialogue via LinkedIn community
VI. Individual Thought Savers

“Raise awareness in those communities that have wounded veterans. We need to educate civilians.”
—Betty Lunde

“We need to create an awareness at the national level regarding all the medical services available to our veterans, a centralized point of contact for patients and families and defined pathways to those services.”
—Cmdr. Craig Salt, M.D.

“Local communities and local government are the most capable of improving the lives of these veterans and their caregivers.”
—Lt. Col. Steven Cole

“There is a lack of sharing of best practices…”
—Lt. Gen. Rick Lynch

“Connectivity and collaboration of resources for the warrior and family.”
—Tina Atherall
“Improve communication among the various non-profits, military treatment facilities and the VA.”
—CDR Peter Shumaker, M.D.

“Cities, communities, non-profits, schools... must all work together.”
—Mayor Maryann Edwards

“Social progress is when we no longer have to depend on just a few extraordinary leaders to achieve change. Instead we need community systems that empower everyday citizens to achieve extraordinary results.”
—Professor Anthony Hassan

“It’s reassuring to have the community behind me...”
—Cpl. Juan Dominguez, USMC

Triple amputee, on living in Temecula, California
Web portals—expanding collaboration and information sharing at the local level

There is a need to expand collaboration and information sharing with web portals through public-private partnerships to reduce costs, competition, and duplication of efforts. The web portals listed below are examples:

- **Illinois Joining Forces (IJF)** – IJF is a statewide, public-private network of organizations working together to create a “no wrong door” system of support and to bridge gaps in service for Illinois service members, veterans, and their families. Sponsored by the Illinois Department of Military Affairs (IDMA) and Illinois Department of Veterans’ Affairs (IDVA), IJF has 150+ member organizations who work together in-person through ijf working groups and online through www.illinoisjoiningforces.org, the member-driven ijf website gives individual service members and families the ability to search by topic, county, and zip code for services such as housing, education, employment and job training, behavioral health, disability benefits, emergency assistance, and legal support; the site is also manned by idva/idma staff who assist individuals in finding the right ijf or other resource. Website: www.illinoisjoiningforces.org

- **Nevada Green Zone Initiative (GZI)** – The Nevada GZI is a major Nevada Office of Veterans Services outreach initiative which aims to ensure that the State of Nevada can both attract new veterans and veteran resources as well as optimize support efforts for the current veteran population. It has a planning and research component and a social networking component, and it is focused on three primary areas – education, workforce
development and entrepreneurship, and wellness. Philosophically, this is intended to be two things: a collective, interagency effort to better coordinate/deliver veterans services, and a grassroots network on a platform. The purpose of the GZI is to marshal all available resources in the areas of health, education, and employment outcomes to attract transitioning service members, veterans, and their families to Nevada to start their education, their businesses, and their careers, and to ensure the successful reintegration for Nevada’s existing service members, veterans, and their families into communities by improving the systems of access, service and service delivery through regional planning, coordination, and evaluation of strategies. www.veterans.nv.gov/GZI_Brochure.html  www.greenzonenetwork.org

Community action teams– collaborating to support veterans

- Augusta Warrior Project – the Augusta Warrior Project (AWP) connects warriors and their families in the greater Augusta area and South Carolina’s Central Savannah River Area with resources that provide health and wellness resources, career building education opportunities, and meaningful employment. Augusta Warrior’s Project’s model is based on developing a proactive relationship with Military Families in order to prevent or mitigate life crises. Collaborative relationships with local, state, and national organizations ensure the support of warriors and their families. AWP uses case coordination, a one-on-one approach that encompasses a holistic view, taking into account both service-related events and life events after service. The AWP Four Step Plan is comprised of:
  1. Connect: Find a link warriors to the AWP network of resources
  2. Educate: inform warriors of the services and opportunities available to them
  3. Advocate: Ensure warriors receive the support they have earned
  4. Collaborate: Work with partners at all levels to facilitate total warrior care
Website: www.augustawarriorproject.org

- Charlotte Bridge Home – Charlotte Bridge Home (CBH) assists in the successful transition and reintegration of Charlotte Veterans by identifying their education, employment and healthcare needs and connecting them to available community, state and federal resources. CBH seeks to fully integrate employment and education to build career opportunities for military families in the Charlotte area. CBH’s 2013
Community Veteran’s Summit had a wide array of participants and contributors, including more than “400 business, nonprofit, education and civic leaders,” to develop strategic priorities to support returning veterans and their families in the next 12-18 months. Website: www.charlottebridgehome.org

- Los Angeles Veterans Collaborative – the University of Southern California’s (USC) Center for Innovation and Research on Veterans & Military Families administers the Los Angeles Veterans Collaborative which is composed of community stakeholders and representatives from organizations servicing veterans and military families in the LA-area. Since 2010, over 200 government, business, and nonprofit organizations have gathered monthly to discuss the issues affecting veterans in the local community and to coordinate the resolution of gaps in service or needed policy changes that they identify through the collaborative’s Working Groups. Each Working Group is focused on a particular issue area regarding veterans: Behavioral Health Working Group, Career Advancement Working Group, Families & Children Working Group, Housing & Homelessness Working Group, and the Legal & Re-entry Working Group. Most recently, the LA Veterans Collaborative, in partnership with Deloitte, initiated a pro bono environmental scan of the Greater Los Angeles Area to assess the need of veterans and military families in the community. The results of this project will serve as the basis for the work of the collaborative in the years ahead. Website: cir.usc.edu/los-angeles-veterans-collaborative
VIII. Conclusion

Public-private partnerships are critical to improving the support network for our nation's military families. No individual, organization, foundation or government office alone holds the comprehensive solution. Only through effective public-private partnerships and broad community involvement will we witness the full potential of concerted resources applied against a common challenge: the successful reintegration of seriously wounded veterans and their families into our respective communities.
July 27, 1920

“The nation which forgets its defenders will itself be forgotten.”

-Calvin Coolidge
Vice-Presidential Acceptance Address