

Wounded Warrior Family Care Report Executive Summary



Establishing a Model of Family Support

Because Getting Them Home is Just the First Step

Quality of Life Foundation

Wounded Warrior Family Care Report Executive Summary

Endorsement Of The Wounded Warrior Family Care Report

*“Military families often face challenges and make sacrifices, some on a daily basis. **The Wounded Warrior Family Care Report** will bring home to America’s citizens the scope of the sacrifices many of our military families make when their soldier returns home injured. This impacts the entire family in every aspect of their lives now and maybe forever. While they willingly become caregivers, they are often overwhelmed with the daily requirements and financial costs of caring for a severely wounded loved one. This report tells us all – citizens, corporations, lawmakers and other groups – how we can and should help to make their lives easier and truly let our soldiers and their families know that we appreciate what they have given to keep our country free.”*

**Sylvia E.J. Kidd, Director, Family Programs,
The Association of the United States Army**

*“When a soldier, sailor, airman or Marine falls wounded on today’s battlefields, our nation responds with magnificent medical treatment. War wounds, however, are endured by more than the service member; entire families are damaged, especially if recovery is extended for months, years or permanently. **The Wounded Warrior Family Care Report** identifies the often unmet needs of these households and proposes solutions. Our warriors and their families sacrificed for us. It is now our turn and responsibility to give back to them. This report tells us how.”*

**Jack Klimp, Lt Gen USMC (Ret), CEO,
Air-Conditioning, Heating, and Refrigeration Institute**

*“Navigating through the military and VA health care systems is more often than not an overwhelming challenge to the wounded warrior and their family. In addition, numerous organizations offer a myriad of products, programs and services creating yet another set of choices and decisions. Many families may be unaware of the numerous programs available to them, yet others may be deplete of the energy needed to obtain the right resources. **The Wounded Warrior Family Care Report** identifies four guiding principles and opportunities for all organizations to come together to build a better unified support system for those who selflessly defend this nation. I urge you to not only read this report, but to join us in creating a better future for our wounded warriors and their families.”*

**RADM Kathleen L. Martin USN (Ret), Executive Director,
Navy Marine Coast Guard Residence Foundation**

*“Our nation has demanded much from our service members and their families during the last few years; our military families have sacrificed daily yet proven resilient. Now is our turn to support those family members most challenged: the caregivers of severely injured service members. **The Wounded Warrior Family Care Report** captures first-hand the unique challenges faced by these families and the associated complexities of delivering services. This report serves as a call to action for all who read it. The need is great and the time is now. **The Wounded Warrior Family Care Report** shows us the way ahead.”*

Deb Mayberry, President, The Bowen Group

*“The members of our armed forces are owed a tremendous debt of gratitude for protecting the freedom that all of us hold so dear. Many have been wounded in action – some so seriously that their lives and the lives of their families have been radically and permanently changed. Family members have become the primary caregivers of their wounded warrior. **The Wounded Warrior Family Care Report** identifies many resources available to our wounded warriors and their families but, more importantly, it establishes a model of support to strengthen, and add to, those resources. The model proposed in this report will serve to put into practice the warrior ethos: ‘Never leave a fallen comrade.’ Now it is our turn ‘to care for him who shall have borne the battle.’ There is no higher priority for our wounded warriors and their families.”*

William Metzdorf, LTC USARNG (Ret), Licensed Family Therapist, D. Min

*“Hearing the words, ‘Your Marine has been seriously injured on the battlefield,’ is the phone call a family member never wants to receive. **The Wounded Warrior Family Care Report** not only helps to answer the important questions immediately following this news, but it provides an outline for action to better support the whole family unit in the weeks and months to follow. The Quality of Life Foundation is taking a leadership role to enlighten and engage those who provide support to wounded warrior families as they face the difficult challenges of providing long-term care to their severely injured service member.”*

Mary Regner, 31+ years as a USMC spouse, mother of a Marine and currently serving on the Board of Governors of The National Military Family Association

*“America has responded to the plight of severely wounded soldiers with an unprecedented outpouring of programs and assistance from both the government and the private sector. With so many resources in play, it is easy to assume that all needs are covered when, in fact, significant gaps remain. **The Wounded Warrior Family Care Report** walks with the severely injured veteran and his or her family from the time of injury forward and describes the optimal assistance for each phase of the journey. By comparing existing services with the needs expressed by the families themselves, **The Wounded Warrior Family Care Report** effectively shines light on areas where support can be strengthened. Thank you, Quality of Life Foundation, for providing this report along with the accompanying recommendations to help America provide the continuum of support our heroes and their families need to rebuild their lives after paying such a tremendous sacrifice.”*

Kathryn M. Schumacher, former director of family assistance for a military family non-profit and Army Reserve spouse for over 34 years

EXECUTIVE SUMMARY

As military families pay the price of freedom by trading in their once-normal lives for a years-long response to their service members' catastrophic injuries, we, as a country, must shoulder our share of that cost by providing services, income and programs that are uniquely tailored to maximize the recovery for the service member and restore the quality of life for the whole family.

The Military Services Wounded Warrior Programs, the Veterans Affairs OIF/OEF and Federal Recovery Coordinator Programs, other federal resources and many non-profits are working diligently to deliver this kind of support. Especially since 2007, rapid and drastic improvements have been implemented to serve the nation's wounded with dignity and respect. New initiatives appear regularly. Top DoD and VA officials routinely address conferences and news media to inform the public of current offerings and pending improvements. They also routinely declare that while things are getting better, there is much more work to be done.

After eight months of research, listening to the real-life stories of severely wounded families, reviewing congressional hearing testimonies, analyzing existing government and non-profit support services, and talking with case managers and other care providers; the Quality of Life Foundation agrees with the assessment that more work needs to be done, especially as it relates to the severely wounded family.

The Wounded Warrior Family Care Report focuses on the families of those service members who endured poly-trauma amputations, traumatic brain injury, paralysis, blindness, or severe burns and require years, if not a lifetime, of intensive family care. Based on that criterion, as of July 2008 there were at least 4,448 severely wounded families. It is important to note that service members with severe PTSD (up to 14 percent of those deployed)¹ also often require long-term, intensive family caregiver involvement. While they are not specifically included in the estimate, they and their families also are severely injured.

Despite the best efforts of multiple military, VA, and non-profit case managers, the months a family caregiver spends away from home to provide bedside care at a military or VA hospital, often leads to financial peril and emotional and physical exhaustion. Then, often at a point when their financial and emotional reserves are at their lowest, family caregivers leave the safety net of 24-hour medical support and return home with their veteran to begin

1 http://www.rand.org/pubs/research_briefs/RB9336/index1.html

an exhausting phase of recovery, relying primarily on VA-provided benefits and compensation to meet the high costs associated with in-home care.

The Wounded Warrior Family Care Report provides insight into the families journey that begins the moment they receive that horrible phone call notifying them their loved one has been injured. The journey continues with months or years away from home supporting their injured loved one at military and VA medical facilities. The journey ultimately comes to the transition home - the time when the family assumes 24/7 responsibility for care. Home is where the family needs are greatest and where the support is hardest to find.

Nothing can erase the event that brought these families to this point or change the fact that from this day forward, their lives will be markedly different. However, we can, and must, ensure that the supports to help these families survive injury and rebuild quality lives are easy to obtain, relevant to their needs, proactive and long lasting.

“Knowing is not enough; we must apply. Willing is not enough; we must do.”
Johann Wolfgang von Goethe, German playwright, poet, novelist, 1749-1832

Four Guiding Principles

The Quality of Life Foundation identified four guiding principles to shape programs for these families.

- I. Ensure access to the highest-quality medical and rehabilitative care from injury to home to maximize service member recovery and independence.
- II. Prevent families from becoming financially strapped, emotionally drained, and physically exhausted while providing bedside care.
- III. Prepare the family and home environment for a successful transition home.
- IV. Support the family after transition home with quality of life services and rapid resolutions to emergency needs.

The chart on the following page illustrates opportunities to incorporate our four guiding principles across the full spectrum of family care. Detailed recommendations follow.

A MODEL OF FAMILY SUPPORT FROM INJURY, TO HOME, AND BEYOND

INJURY	TRAVEL TO BEDSIDE	AT HOSPITAL	TRANSITION TO OUTPATIENT	AT HOME
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Prompt Telephone Attention <input type="checkbox"/> In Person Support/ Assistance Officer <input type="checkbox"/> Notebook 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pre-Arranged Pre-Paid Travel From Home To Hospital 	<ul style="list-style-type: none"> <input type="checkbox"/> Pre-Paid Lodging and Meals <input type="checkbox"/> Communications Support <input type="checkbox"/> Education Regarding Treatment Options <input type="checkbox"/> Overall – One Point of Contact – Life Long Case Manager <input type="checkbox"/> Emotional and Mental Health Support <input type="checkbox"/> Assistance with Child Care (or Other Dependand Care) <input type="checkbox"/> Financial Consideration for Daily Living Assistance Provided by Family Caregiver <input checked="" type="checkbox"/> Replacement for Family Caregiver Loss of Income <input checked="" type="checkbox"/> Replacement for Family Caregiver Loss of Medical/Dental/Life Insurance <input type="checkbox"/> Legal Assistance for Establishing Guardianship and Other Legal Issues Related to Veteran Care <input type="checkbox"/> Preparation for Pay and Benefits Changes Related to Changes in Active Duty Status <input type="checkbox"/> Respite Care <input type="checkbox"/> Recreational Opportunities <input checked="" type="checkbox"/> Coordinated, Pre-Paid Move to Subsequent Facility or Home <input type="checkbox"/> Assistance Obtaining VA Benefits, Compensation, and Grants 	<ul style="list-style-type: none"> <input type="checkbox"/> Education Regarding Possible Emerging Medical Conditions and Treatment Options <input checked="" type="checkbox"/> Private Sector Community Resource Coordinator for Unmet/Underserved Needs <input checked="" type="checkbox"/> Coordinate Home Health Services <input checked="" type="checkbox"/> Home Visit To Prepare Home and Family for Veteran Arrival <input type="checkbox"/> Develop Community Integration Plan and Establish Local Connections 	<ul style="list-style-type: none"> <input type="checkbox"/> Continued Rehabilitative Therapy for Veteran <input type="checkbox"/> Med. Appointment Transportation Assistance/Reimbursement <input type="checkbox"/> Caregiver Vocational Assistance <input checked="" type="checkbox"/> Long Term Care Tailored to Veteran Age, Medical, and Rehabilitative Needs

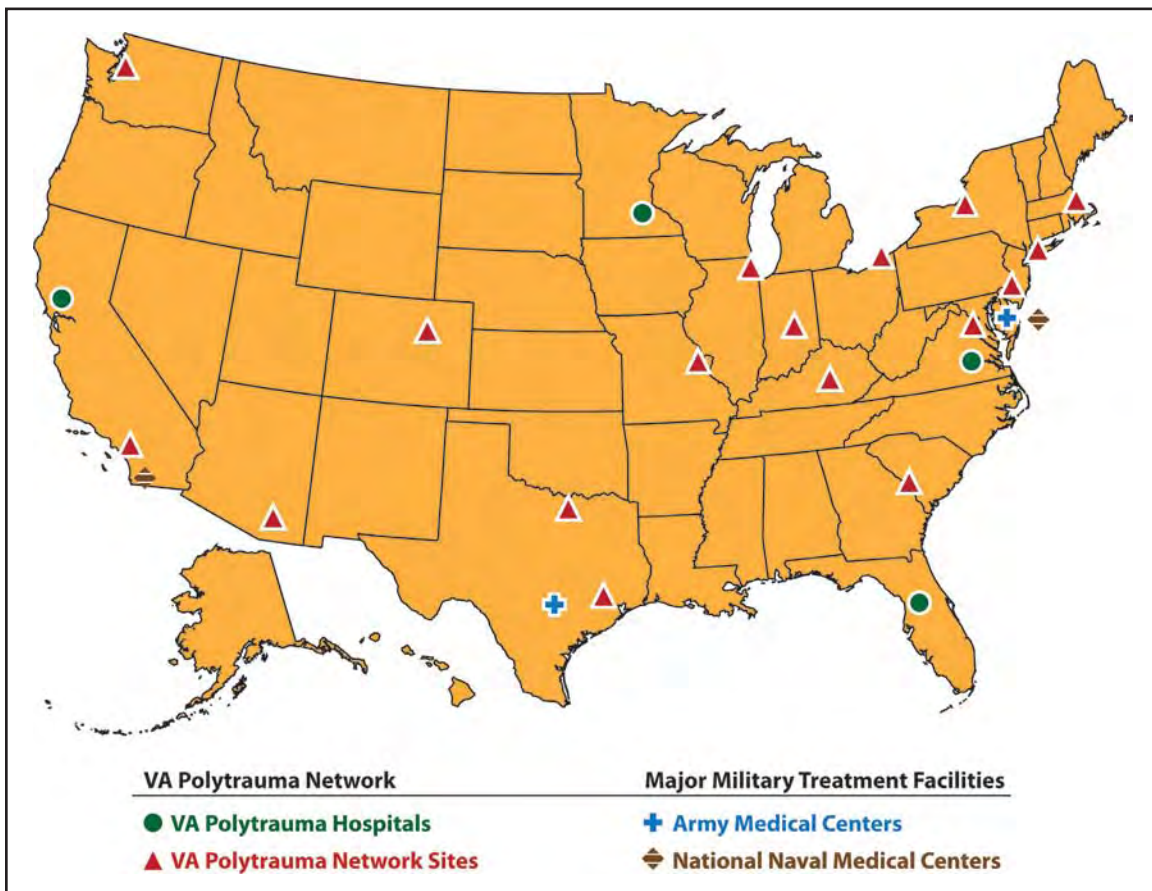
= Currently provided
 = Currently provided, improvements suggested
 = Not currently provided

Guiding Principle 1

Ensure access to the highest-quality medical and rehabilitative care from injury to home to maximize service member recovery and independence.

1. Education Regarding Treatment Options

Military Treatment Facility (MTF) and/or Veterans Affairs (VA) Facility medical personnel educates family members regarding their service member’s medical condition, prognosis and treatment plans. In general, these physicians steer service members to receive care at one of four MTFs or one of 21 VA Health Administration Polytrauma Facilities found on the map below.



While these sites all provide quality medical and rehabilitative care, sometimes the best option for a service member and his/her family is to receive care at a facility that either specializes in treatments for a particular injury, or is closer to his/her home, or both. It therefore is essential to:

- Educate families about the option to seek treatment from private-care facilities, the costs associated with that option, and how to get that option approved.

- Expediently facilitate transition to private care, if selected, while maximizing TRICARE or VA fee-based coverage.

2. Continue Rehabilitative Therapy for the Service Member/Veteran

Simply put, if the service member/veteran and the family want to continue rehabilitative therapy, and there is a reasonable expectation that it will benefit the veteran, support that effort. Do not base the decision to discontinue, or deny access to, rehabilitative therapies on cost management alone.

3. Education Regarding Emerging Medical Conditions and Treatment Options

These service members/veterans have complicated medical conditions that will change, positively or negatively, over time.

- Educate family members regarding conditions that might emerge and how to recognize and best respond to those emerging conditions. (For example, spasticity and tone-management effects related to Traumatic Brain Injury.)

Guiding Principle 2

Prevent families from becoming financially strapped, emotionally drained, and physically exhausted while they provide bedside care.

1. In-Person Support at Family Home after Notification of Injury

Currently, in-person assistance is required only in the tragic event of death of a service member. While families of severely injured service members who live on a military installation certainly receive in-person support from rear detachment personnel, those who do not (for example parents who live far from a military installation) typically are provided telephonic support and instructions.

- Recognizing the emotional trauma a family member experiences upon learning a loved one has been catastrophically injured, provide in-person guidance, answers to questions, and transportation assistance.

2. Notebook to Family Member Upon Notification of Injury

Currently, a “Welcome to Walter Reed” or similar handbook is provided to family members upon their arrival at the military hospital. It contains a guide to the hospital, contact information, sections for taking notes, and other valuable and informative sections.

- Revise current handbooks to include a section for families to reference before they leave their home to help them better prepare themselves and other family members for their absence. Provide notebook to family shortly after notification of injury, before they leave their home.

3. Prepaid Meals and Semi-Permanent Lodging

Currently, family member lodging usually is prepaid; the cost of meals, however, is reimbursed via a per diem method. Family caregivers forfeit lodging if they leave it vacant for overnight respite and must re-establish a new temporary residence upon return. If the family caregiver has been in the original lodging for any length of time, they probably have accumulated some comfort items to make their time there more bearable.

- Provide pre-loaded debit cards, or cash advances (values based on the per diem rate for a specified amount of time) to minimize out-of-pocket, reimbursable expenses.
- Allow family members to maintain lodging when away for brief respite absences.

4. Communication Support

Family members need to connect with and update friends and other family members during lengthy hospital stays. Caring Bridge, a non-profit organization, offers cost free Websites to families in crisis; other non-profits routinely disburse phone cards to help families stay in touch. Recognize that not all family members will know about, or have access to, these resources.

- Provide a monthly stipend to cover reasonable cell phone costs.
- Provide Internet-connected computers in hospital rooms to facilitate families' access to online communication capabilities.

5. Overall – Life Long Case Manager

Veterans Affairs assigns Federal Recovery Coordinators (FRCs) to severely injured service members identified as most likely to be separated from military service. The FRC coordinates the overall support in conjunction with Military Service Wounded Warrior and VA OIF/OEF Case Managers. FRCs also coordinate services from other federal, state and local government agencies and stay current on non-profit offerings. Outreach efforts began in September 2008 to assign FRCs to severely injured veterans who already have transitioned to community living. The current FRC-client ratio is 1:14.

- Maintain a low FRC-client ratio to ensure sufficient time to tailor services to each family's unique needs.
- Intensify outreach efforts to those families who already have transitioned to community living.

6. Preparation for Pay and Benefit Changes Related to Changes in Active Duty Status

Military Wounded Warrior Program and VA Case Managers explain military status changes to families; however, many times families are surprised when service member income changes, or an entitlement ends as a result of a military-status change. Current case manager-client ratios range from 1:15 to 1:79.

- Ensure case managers are fully trained and caseload is low enough, to enable case managers to prepare families for the effects changes to service member military status will have on income, benefits eligibility, Non-Medical Attendant orders, and other family support factors (e.g., being placed on the Temporary Disability Retirement List or assigned to a Warrior in Transition Unit).

7. Legal Assistance

Many family caregivers need legal assistance when they are required to assume guardianship for their severely injured service member. While some family members receive assistance from the Judge Advocate General (JAG) staff, JAG does not always have the resources to assist them; and some family members do not have access to them.

- Provide legal assistance to allow family caregiver to meet service member needs

8. Proactive Emotional and Mental-Health Support for Family Members

Family caregivers have opportunities to attend hospital support groups and consult with hospital chaplains. Some take advantage of counseling services provided by a non-profit called Give an Hour. Others with TRICARE insurance seek mental-health services from within that network. Recognize that some family members may not know about, or be eligible to receive, these resources.

- Create a network of mentors – carefully selected and fully trained people who have been through a similar experience and who can provide advice, guidance, empathy and understanding. Assign a mentor to family caregiver, if desired.
- Provide responsive and accessible counseling opportunities to family members who seek them. Maintain continuity of care.
- Minimize wait times for appointments.
- Recognizing that caregivers often do not seek emotional or mental-health support – ensure a case manager, a chaplain, or a mental-health professional proactively checks on their emotional well-being. Include family members at home.

9. Child (or Other Dependent) Care Assistance

Family caregivers sometimes must leave minor children, or other dependents, behind to provide bedside care to their service member. Some take advantage of the services provided by the National Association of Child Care Resource and Referral Agencies (NACCRRA) to help find subsidized care for their children; others rely on family members or friends; and some have no option other than to bring their children with them to the hospital. Those who have adult dependents must secure expensive adult day-care services in their absence.

- Provide a stipend to cover the cost of dependent care when that cost is a result of the family caregiver providing bedside care.
- Expand on-site child-care capacity to ensure family caregivers who must bring minor children to hospital have access.

10. Financial Consideration for Daily Living Assistance Provided by Family Caregiver

Family caregivers provide daily living assistance to their wounded service member at bedside during the inpatient phase and after transition home. When the service member is still active duty, family members receive reimbursements for expenses (lodging, travel, and meals) as long as they are on Non-Medical Attendant Orders. Family caregivers of those service members who have been discharged from the military are not eligible for this funding. There is currently no financial support provided to the family caregiver in consideration of the daily living assistance they provide at home for their veteran.

- Base expense reimbursement for hospital-based care on whether the family caregiver is providing daily living assistance to the service member or veteran - in effect, uncoupling the issue of financial support from active-duty status, unit assignment, or other factors unrelated to caregiving.
- In the case of home-based care, provide financial support equal to what the Veterans Affairs Health Administration would pay to a commercial home health agency to provide the same level of personal care services. Consideration might be given to conditioning eligibility for such payments on a certification process.

11. Hold the Family Caregiver Harmless from Loss of Employment

Many family caregivers who spend months away from their jobs to provide bedside care to their service member wind up losing their jobs, and their employer-sponsored health, dental and life insurance. Their pre-injury financial obligations and insurance needs, however, do not stop. The result in many cases is financial destitution.

- Replace forfeited income and insurance coverage until the caregiver is able to resume employment. Adjust replacement income, if needed, to account for financial support received by the caregiver for providing daily living assistance.

12. Respite and Recreation

Family caregivers have opportunities to participate in short-term recreational events sponsored by the hospitals and non-profits. For longer-term respite requiring travel (e.g., a brief trip home), family caregivers rely on non-profits (i.e., Fisher House or Air Compassion) or their own finances to fund transportation expenses.

- Prepay travel expenses and retain caregiver lodging for periodic (i.e., bi-monthly) extended (i.e., not to exceed 7 days) respite.

Guiding Principle 3

Prepare the family and home environment for a successful transition home.

1. Assistance to Obtain Maximum VA Benefits, Compensation and Grants

VA Case Managers explain available benefits to family members and help them with the application processes. Disability compensation is calculated based on a VA-determined disability rating. Some families receive lower-than-expected disability ratings (and thus lower compensation) and experience delays in receiving other benefits/compensations/grants.

- Ensure service member/veteran income is sufficient to cover reasonably expected costs associated with the treatment of, and living assistance required due to, his/her catastrophic injuries.
- Ensure applications for benefits required for a successful transition home are submitted, processed and approved before the service member arrives home. These include Aid and Attendance, Specially Adapted Housing Grant, Automobile Adaption Grant, and Disability and Special Monthly Compensation.
 - ◇ Remove VA Home Modifications rule that restricts grant to cover no more than 50 percent of the total modification cost.
 - ◇ Increase VA Home Modification Grant amounts from current maximums of \$14,000 for non-veteran owned homes (i.e., a parent-owned home) and \$60,000 for veteran-owned homes to an amount more closely tied to actual costs of the modifications.

2. Private-Sector Community Resource Coordinator (CRC)

Military Services Wounded Warrior Program and VA Case Managers quickly resolve issues with benefits and services within their own systems. They also reach out to other government agencies to meet family needs. When existing government supports cannot resolve an issue, they refer families to non-profit and other community resources. These federal employees are restricted from soliciting non-government resources and are not funded to provide direct financial assistance to meet emergency needs.

- Develop a private-sector supplement to the case-management services provided by the Military Service Wounded Warrior Programs, the VA OIF/OEF Program, and the VA Federal Recovery Coordinator Program. The key components include:
 - ◇ Proactive, well-trained, family advocates working within the veterans' communities prior to their transition home and providing continued support until the veteran and family opt out.
 - ◇ Quality of Life-focused, family-tailored supports with emphasis on community connections and independent living.
 - ◇ Structured coordination with, and cycle of feedback to, Military and VA Case Managers regarding supports provided.
 - ◇ Rapid access to privately raised funds to meet emergency or underserved needs.

3. Home Visit to Prepare Home and Family for Veteran Arrival

The FRC coordinates the overall effort of hospital staff and VA and Military Service Wounded Warrior Case Managers to prepare the family for the transition home and community integration. This is all done in person at the hospital, or over the phone – but does not include a home visit.

- Conduct a home visit to ensure the best understanding of the family environment and the pre-homecoming needs. This visit could be completed by either the FRC, the private-sector CRC, or both.

4. Pre-Homecoming Counseling

Reintegration challenges are a fact of life for every family when their service member returns from deployment. How much more complicated will these challenges be when compounded by severe, life-altering physical wounds?

- Develop tailored “pre-homecoming” counseling to help prepare families for challenges inherent with severe disabilities. Provide that counseling, accompanied by follow-on counsel, as needed.

5. Community-Integration Plan and Established Local Connections

The FRC develops a transition plan and a “Life Map” for the family that incorporates goals for the entire family. Part of this plan is to connect the family with local community resources. Currently, the FRC handles all community coordination via phone or e-mail.

- Conduct a community visit to meet with local resources (i.e., Veterans Service Organization (VSO) chapters, faith-based organizations, hospitals, and state and

local government organizations) and establish positive connections. Introduce family members to contacts. This visit may be done best by the private-sector CRC given the regulatory limitations of federal employees.

6. Facilitated Access to Non-Profit Resources

Military Services Wounded Warrior Program and VA Case Managers have established relationships with many existing non-profit organizations and refer families to them when there is a need that cannot be met with government-provided resources. In addition, the Department of Defense developed the America Supports You Program to highlight non-profit groups wishing to support military members and their families. One feature of this program is a Website that provides links to sites of non-profit organizations, listed alphabetically and categorized by the people they want to help (e.g. Help for the Wounded) Families who are referred to this Website can spend hours reviewing each site to find an organization that can help.

- Provide an automated way to input family-specific information (i.e., branch of service, city and state location, assistance requested) to match families more quickly and accurately with non-profits that may be of assistance. Provide this tool to government and non-profit case managers, as well as family caregivers.
- Develop and implement a vetting process to ensure only functioning, reliable organizations are listed on America Supports You Website.
- Host a workshop of non-profits who desire to collaborate to identify best practices for meeting the most urgent needs of severely injured families.

Guiding Principle 4

Support the family after transition home with quality of life services and rapid resolutions to emergency needs.

1. Transportation Assistance/Reimbursement for Medical Appointments

Family members often travel great distances to accompany their veteran to appointments at VA hospitals or MTFs. Reimbursements often do not cover the actual travel expenses (lodging, meals, gas, etc). Some families rely on assistance from Veterans Service Organizations or other non-profit organizations to fund these travel expenses; others rely on their own finances.

- When the veteran is directed to receive their care at a VA hospital or MTF, and that facility is more than 30 miles away, reimburse actual travel expenses. For trips requiring air transportation, prepay travel expenses.

2. Caregiver Vocational Assistance

When family members are able to return to work, they may need vocational training and employment services to secure a job that is conducive to their caregiver responsibilities.

Some may need extended daytime attendant service for the veteran to enable the family caregiver to return to work.

- Extend service member VA Vocational Rehab and Employment Services to family caregivers.
- Extend allowable daytime attendant services to facilitate family caregiver employment (may require more than current 8-hour maximum). Veteran's disability compensation will be used to pay applicable charges.

3. Respite and Recreation

The VA provides two types of respite services; one is in home care for up to 8 hours per day; the other is 24-hour residential care in a VA-certified facility (e.g., a VA nursing home). The annual maximum is 30 calendar days. TRICARE also provides up to 8-hour in-home, daytime care. Families who desire overnight, in-home respite care for extended absences (i.e., for a vacation or caregiver hospital stay) must bear the cost for that service.

- Provide in-home 24-hour/day respite care for up to 30 calendar days per year.

4. Long-Term Care Tailored to Veteran Age, Medical and Rehabilitative Needs

Family caregivers may not always be able to provide in-home care to their veteran. Existing VA nursing homes generally are designed for the care of the aged and chronically ill and may not have the expertise in providing care related to Traumatic Brain Injury, PTSD, severe burns, paralysis, blindness and other catastrophic injuries.

- Develop VA assisted-living facilities designed to meet the unique medical, rehabilitative, emotional and recreational needs of severely injured young veterans.

Conclusion

By implementing the prescribed recommendations, we can improve an arduous situation. To assert that we can return lives to normal would not address accurately the realities faced by these families. The fact is, regardless of the supports we put in place, they face a life-long challenge. This is an undeniable cost of war.

*“Never Leave a
Fallen Comrade”*

We can, however, reduce those challenges through improvements to existing resources and development of new resources. In so doing, we come closer to fulfilling our country’s vows to “Never Leave a Fallen Comrade” and “To Care for Him Who Shall Have Borne the Battle.”

But who should implement which recommendations? Supporting our wounded service members requires a collaborative effort of the federal government, the private sector, and the community. Department of Defense and Veterans Affairs Administration leadership must continue to press for legislative changes and increased funding for their support programs, and Congress must support those requests. Leaders of non-profit organizations should collaborate to identify best practices regarding the delivery of community-based supports to severely wounded families. In addition, individuals can donate their time and money to help meet unmet and underserved needs.

What are the costs associated with these recommendations, and further, will the resulting improvements justify that cost? Perhaps we should consider those costs in the same manner that every soldier, airmen, Marine, or sailor did when they voluntarily joined the military and signed a blank check offering all to defend and secure our country: When they said, “Whatever the personal cost to me and my family, I am willing to pay it for my country.” Did the soldier who was ripped apart by an IED during a convoy calculate a cost justification before departing on that dangerous mission? Did the Marine perform a cost-benefit analysis before he began a rooftop search and wound up with a Traumatic Brain Injury from a sniper’s bullet? They did not weigh the costs; they simply did their duty and made good on their promise. We, as a nation, need to make good on our promise to them.

“Young men and women who step forward and join this country’s armed services must have confidence that they and their families will be taken care of if something happens on the battlefield. As I’ve said before, after the wars themselves, we have no higher priority.”

Secretary of Defense Robert M. Gates, Colorado Springs, Colo., May 13, 2008

Next Steps for Quality of Life Foundation

The Quality of Life Foundation wrote this report to highlight the difficult challenges faced by care-giving family members and provide an outline for action to improve support to the whole family unit. Clearly, these recommendations require partnerships between government agencies, non-profit organizations, concerned individuals and businesses – collaborating to integrate families back into communities.

As we move forward, the Quality of Life Foundation will focus on supports that prepare the family for a successful transition home and that provide practical assistance after they make the transition home. We will: 1) take a leadership role to develop a national Private Sector Community Resource Coordinator Program; 2) facilitate family access to existing non-profit resources; and 3) establish a fund to meet urgent, underserved, or unmet family needs.

It is our hope that our specific actions, in combination with the actions of other organizational leaders, will result in another step forward in the steady progress our country is making to provide the very best in responsive supports to severely injured service members and their families.

If you would like to learn more about, or participate in, the Quality of Life Foundation's efforts, please visit our Website at WWW.QOLFOUNDATION.ORG, call us at (703) 496-9050, or e-mail us at INFO@QOLFOUNDATION.ORG.

WHERE TO GET COPIES OF THE FULL REPORT

For a copy of the complete Wounded Warrior Family Care Report, visit the Quality of Life Foundation Website at WWW.QOLFOUNDATION.ORG.