



Virginia Wounded Warrior Program

Expect the clamor to grow louder as scores of wounded military service personnel return from Iraq and Afghanistan crippled by combat stress and brain injuries. The RAND Corporation, in their 2008 study, reports that more than 30% of returning service personnel “have a mental health condition or reported experiencing a traumatic brain injury (TBI).” Nearly 20% meet the criteria for Post Traumatic Stress Disorder (PTSD) or depression. Multiple tours and inadequate time between deployments can increase the rate of combat stress by 50%. Blow away the smoke and Virginia’s share of this serious mental health concern comes to more than 50,000 veterans over the next 20 years. Considering the impact on spouses and children, the number increases to 200,000 during the same time period. It’s a public health issue that the current service delivery system is not prepared to address. So, Governor Tim Kaine and the 2008 General Assembly are dealing with this challenge through the Commonwealth’s Department of Veterans Services (DVS) and new state laws that take effect July 1, 2008.



You’ve probably heard about PTSD and TBI on the news. Perhaps you’ve even seen an article or two in the newspaper. The reality is that you will be hearing a lot more because these injuries touch every aspect of a veteran’s life as he or she reintegrates into the community after returning from deployment. Home life, work, worship—everything about the life of a veteran with PTSD or TBI is affected. Listen to the experiences of these military service personnel and their families who have experienced these devastating injuries.

“...I grabbed him by his arms and I picked him up, and he’s, you know, 2 years old and I’m... I’ve got him over my head and I’m giving him a little shake and I’m yelling, ‘Shut up! Shut up!’ and I’m screaming at my son... I began crying and I couldn’t believe that... I said, ‘Something’s wrong with me. This

is my son. My son! What am I doing?’”
Marine Reservist Bob Page¹

“As time went on, I witnessed a scary level of drinking that was clearly meant to anesthetize. Suggesting that he seek help would be met with resistance because he was afraid of losing his security clearance.” Lisa Meunier, mother of an Army Reserve SPC (E-4)

“I needed to make my brain chemistry into some sort of logical working. I feel like I lost the person that I used to be.”
Sgt. Scott Palmer²

“They don’t sleep, we don’t sleep. When you have a man or woman going through PTSD, you’ve got to believe that the family is going through PTSD.”
Kevin Lucey, father of Cpl. Jeffrey Lucey³

“Veterans need a safety net when they come home from Iraq and Afghanistan, so they won’t crash and burn like so many Vietnam veterans did. People in the community should be waiting to



catch them.” Dr. Edward Tick, Psychotherapist and author of *War and the Soul*⁴





So what is DVS' plan to get veterans the services they need and deserve? First and foremost, working in partnership with the Departments of Mental Health, Mental Retardation and Substance Abuse (DMHMRSAS) and Rehabilitative Services (DRS), DVS will leverage the Community Service Boards, the DRS network of brain injury service providers, and private-sector service providers to effectively create a community network of experts ready to help veterans and their families. Additionally, DVS is fostering partnerships among state-level providers and the medical resources of the U. S. Department of Veterans Affairs and the U. S. Department of Defense.

DVS anticipates using approximately 70% of the total funding provided in statute over the next two years to "...ensure that adequate and timely assessment, treatment, and support are available to veterans, service members, and affected family members."⁵

DVS is creating a business development plan and will hire an executive director to oversee the Wounded Warrior Program. This director should be on board on or about July 1, 2008. The program set-up will occur between July and December 2008. Disbursement of funding to community service providers is planned to begin between January and March 2009.

The fund distribution process is being developed. Existing Community Services Board, DVS, and other structures will be used. To get the very best services for veterans and families in need and to

Code of Virginia, §2.2-2001.1. Program for mental health and rehabilitative services.

The Department, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Rehabilitative Services, shall establish a program to monitor and coordinate mental health and rehabilitative services support for Virginia veterans and members of the Virginia National Guard and Virginia residents in the Armed Forces Reserves not in active federal service. The program shall also support family members affected by covered military members' service and deployments. The purpose of the program is to ensure that adequate and timely assessment, treatment, and support are available to veterans, service members, and affected family members.

The program shall facilitate support for covered individuals to provide timely assessment and treatment for stress-related injuries and traumatic brain injuries resulting from service in combat areas, and subject to the availability of public and private funds appropriated for them, case management services, outpatient, family support, and other appropriate behavioral health and brain injury services necessary to provide individual services and support to military service members and their family members covered by this section.



Plain and simple—the veterans and families of Virginia need your help to make this program a success. We hope we can count on your support.

- ¹ National Center for PTSD, *Iraq Never Leaves Us*, http://www.ncptsd.va.gov/ptsd101/modules/page_iraq.html
- ² *Surviving Iraq: Soldiers Stories*, Elise Forbes Tripp, p. 229.
- ³ *Surviving Iraq: Soldiers Stories*, Elise Forbes Tripp, p. 257.
- ⁴ *The Sun*, June 2008, Issue 390.
- ⁵ Code of Virginia, §2.2-2001.1.

create a clear call for innovative thinking, funds will be directed to communities based on a number of factors including, but not limited to, the following:

- ▶ veteran population in the community, including known veterans with PTSD and TBI;
- ▶ existing funding sources;
- ▶ current performance of existing services; and,
- ▶ ability and willingness to adopt new performance measures and innovative service delivery methods in cooperation with the military and veterans resources in the community and with the public and private sectors.



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