

CareForTheTroops.org

The Invisible Wounds of War

"To care for those who have borne the battle, and their spouses, children, and families."

Part One

Executive Summary

Abbreviations and Acronyms Used:

PTSD	Post Traumatic Stress Disorder
TBI	Traumatic Brain Injury
EMDR	Eye Movement Desensitization and Reprocessing
GAMFT	Georgia Association for Marriage and Family Therapy
MFTs	Marriage and Family Therapists
DoD	Department of Defense
VA	Veterans Administration
501c3	Refers to a Non-Profit Organization not subject to taxation

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Mission:

- Work to improve the ability of the civilian mental health infrastructure in the State of Georgia, then nationally, to work with military family members
- Facilitate connecting military families to providers of spiritual and psychological services familiar with the military culture and trauma
- Focus on addressing combat stress recovery as well as other spiritual and mental health related problems impacting the marriages and families of military veterans
- Educate and train clinicians, congregation and community leaders, extended family, and civilian groups about the military culture and trauma associated with military deployments in order to better assess and treat mental health symptoms, and provide more effective referrals and care
- Provide opportunities for additional trauma treatment training to clinicians
- Operate in an interfaith, non-political manner, focusing on the humanitarian interest that benefits the veterans and their extended family members

Executive Summary:

We have formed our organization in recognition of the differences today's military member and extended family members are experiencing in contrast to their counterparts who served during earlier periods of conflict. Some examples of these differences are:

- A higher number of deployed soldiers are from Reserve and National Guard units
- Today's active military serve war-zone tours that have been shorter, more frequent, and in greater numbers.
- They have multiple "departures and re-entries" out of and into their family systems.
- It is conservative to say that half or more of the men and women returning from combat have some form of mental or spiritual distress with a high incidence of PTSD and/or the physical and mental effects of TBI.
- DOD and VA facilities are working very hard, but are stretched to the maximum.
- The heavy dependence on National Guard and Reserve Units means many returning military combatants and their families live far away from medical and psychological support facilities, making access difficult and often impractical.
- The Tricare insurance rates and rules have exacerbated the situation by reducing the number of private sector mental health professionals willing to see military members and families because rates are low and the paperwork involved complicated and voluminous.

Presidential Commission Reports, such as the Senator Robert Dole / Secretary Donna Shalala report in April 2007, have recommended that solutions to these circumstances need to be addressed by leadership from the private sector to complement improvements being made to the public sector systems. *CareForTheTroops* is organizing and implementing one of those private sector responses.

Our Mission will focus on helping with the psychological and spiritual aspects of this conundrum.

Already we have made a number of decisions and accomplished a number of steps:

- We have been approved by the IRS as a 501c3 organization.
- Our Board representation now consists of three faith networks, and two experienced non-profit organizations. Additional faith networks are being sought after.
- We have identified a cadre of skilled clergy familiar with and sympathetic to the armed forces

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- We have partnered with two networks of licensed clinicians; one trained in the EMDR and another licensed in the Marriage and Family Therapy profession. These networks are spread across Georgia and already skilled in addressing trauma, PTSD, and family mental health issues.
- Long term, we will increase the size of this clinician cadre to meet expected rising demand.
- We have provided for the capability to refer and utilize other existing social service organizations when a non-psychological need is identified.
- Significant efforts will be exerted to collect, distribute information, and educate clinicians, congregation and community leaders, people in social service agencies who have contact with military family members, and of course, military families themselves.
- It will take many forms, presentations and meetings, but the primary focus will be use of the internet, social networking formats and Church Congregations.
- Volunteers from Church congregations will play a key role in collecting and distributing information that will help Providers better understand military circumstances, symptoms to look for, treatment descriptions, Provider contact information, and sources for help.

What makes our approach unique is that we are addressing both the supply of clinicians to provide care and demand for mental health care help in the State that is needed not only by military families, but also by congregation and community leaders. Our education offerings will increase the number of mental health providers familiar with the Military Culture and capable of addressing family mental health and PTSD symptoms. Related education offerings about the Military Culture to community leaders and extended family members throughout the state will improve the quality and quantity of the referrals made to the mental health providers. We are addressing the complete ecosystem associated with improving mental health care for the returning military and their families.

Our goal is to become a resource center for citizens in the State of Georgia as they address the spiritual and psychological needs of the military who have served their Country during this period of war. We expect our efforts to improve the care received by the military, benefiting its members, their extended families, their communities, and future generations of Georgians.

Board of Directors:

President	Rev Robert Certain, Rector, Episcopal Church of St Peter and St Paul (Air Force)
Exec Director	Peter McCall (US Army)
Member	Bill Harrison, Partner, Mozley, Finlayson & Loggins LLP (Air Force)
Member	William Matson, Exec Director, Pathways Community Network, Atlanta, GA
Member	Alan Baroody, Exec Director, Fraser Counseling Center, Hinesville, GA
Member	Joseph Krygiel, CEO, Catholic Charities, Archdiocese of Atlanta (US Navy)

Partners

The Georgia Association for Marriage and Family Therapy (GAMFT)
The EMDR Network of Clinicians in Georgia
Pathways Community Network, Inc
Fraser Counseling Center, Hinesville, Georgia
Catholic Archdiocese of Atlanta
Cooperative Baptist Fellowship (CBF) of Georgia
Episcopal Diocese of Atlanta
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Part Two

Detailed Overview

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Detailed Overview

Mission:

Our Mission is to create an infrastructure, first in the State of Georgia, then nationally, which will facilitate connecting military families to providers of spiritual and psychological services throughout the state with a focus on addressing combat stress (PTSD) recovery as well as other spiritual and mental health related problems impacting the marriages and families of the affected military. Further, to educate and train providers, congregation and community leaders, extended family, and civilian groups unfamiliar with the military culture so that they can better assess related symptoms in the context of the military family environment, and provide more effective referrals and care. This will be done in an interfaith, non-political environment with the humanitarian interest to benefit the veterans and their extended family members.

Overview Discussion:

Statement of Situation:

Our organization is formed to address the accumulation of circumstances summarized below which have created a critical need to provide psychological¹ services to military personnel who have served in the military and to their extended families (spouses, children, parents, siblings). Especially in need are those from Reserve and National Guard Units who are not located near military installations or other support facilities. By providing these services, we will not only help the people who are directly receiving them, but the communities in which they participate will benefit socially and financially, both in the near-term and for many years to come. Likewise, the future generations will be spared the burden of a legacy of unmet psychological needs.

Issues Affecting the Situation and Our Cause for Concern:

The mix of the military currently is quite different from that which existed during the Vietnam era. Now, a large percentage of the active duty military fighting or supporting the war effort are from Reserve and National Guard units. Tours of duty overseas are shorter durations and more frequent. Many are experiencing more than six tours. The short-duration, frequent tours of duty create more "re-entry" and "departure" events between spouses, children, and parents. Also, fighting is occurring in circumstances closer to civilian populations and not in remote areas which creates different triggers once returning to the urban areas back home. The mental health impact of these circumstances is significant.

Meanwhile, the DoD and VA systems are being taxed to supply mental health support. The occurrence of PTSD and TBI is significant and much higher than was experienced in previous war engagements. The

¹ Throughout this document, "psychological" refers to both spiritual and mental health

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increased suicide rate is a strong indicator of the over-stressed nature of this situation and has a tremendous impact on the larger community and future generations. Jerry Weyrauch, M.B.A., Co-founder, Suicide Prevention and Advocacy Network have stated that "We think that every suicide attempt impacts at least 12 people, including family members, co-workers, and members of their communities".²

In July, 2007, Co-Chairs Robert Dole and Donna Shalala delivered their report to the *Presidents Commission on the Care for American's Returning Wounded Warriors*.³ The report reviews the state of caring for the physical as well as the mental well-being of the military. Our focus is on the mental well-being. Here are a couple of important excerpts that have helped form the basis of our mission, and continue to inform our concerns, and subsequent operations:

- "The VA has a long history of treating combat-related PTSD. Yet, clinicians are not necessarily informed about state-of-the-art treatment or available resources, public or private..."⁴
- "...other mental health-related problems, including substance abuse, depression, suicide, and family disruption, often co-occur with PTSD and likewise merit attention."⁵
- "...online resources will be of greatest help if they can provide information specific to service members' home communities and tailored to their specific questions and needs."⁶
- "Military families are changing. The majority of spouses work. The Iraq and Afghanistan conflicts rely more heavily than in the past on the reserve [Reserves and National Guard] components. The husbands, wives, and parents of these troops are distributed across many communities, not concentrated in and around the large installations where military treatment facilities and family support programs are located."⁷
- "The DoD and VA must rapidly improve prevention, diagnosis, and treatment of...PTSD...At the same time, both Departments must work aggressively to reduce the stigma of PTSD...We recognize that augmenting DoD's mental health workforce will not be easy, because of national

² Jerry Weyrauch, M.B.A., Co-founder, Suicide Prevention and Advocacy Network. Since the suicide death of their daughter, Terry Ann Weyrauch, M.D., in 1987, Jerry and Elsie Weyrauch, a registered nurse, have worked to prevent suicide at local, state, and national levels.

³ Serve, Support, Simplify ("Report"): Report of the President's Commission on Care for America's Returning Wounded Warriors, delivered July 30 2007, commissioned via Executive Order on March 6, 2007, Chaired by Robert Dole and Donna Shalala

⁴ Report p. 15

⁵ Report p. 15

⁶ Report p. 20

⁷ Report p. 19

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shortages in mental health professionals...The DoD should establish a network of public and private-sector expertise...and conduct comprehensive training programs in PTSD."⁸

The Appendix of the Report states that there have been 11 prior Commissions, Task Forces, and Committees that examined the same problems dating as far back as 1956; eight since May of 2003. The GAO has issued 31 reports addressing problems since January 2001. There have been three Joint Reports issued since 1994. The Report stated "We don't recommend merely patching the system, as has been done in the past. Instead, the experiences of these young men and women have highlighted the need for fundamental changes..."⁹

A recent WHITE PAPER released by the National Veterans Foundation provided a number of excellent points. They support our concerns and why we feel the need to facilitate providing psychological services in the State of Georgia to our returning Military and their extended Families. The report was released February 28, 2008. These are extracts and the complete version can be found at <http://www.nvf.org>

Today, the VA has the highest customer satisfaction rating of any healthcare system in the United States.¹⁰ Even though quality improved dramatically, veterans have difficulty accessing VA healthcare. Limited funding is making vital services like mental healthcare "virtually inaccessible" at some clinics.¹¹

MENTAL HEALTH CONCERNS

- Rates of PTSD, TBI, and suicide are high among a new generation of veterans that includes 10% women. The VA healthcare system must prepare to care for the over 1.5 million men and women who have served in both Iraq and Afghanistan.¹²
- Suicide, alcoholism, domestic abuse and violent crimes are all on the rise.¹³
- Between 30 and 40 percent of veterans returning from Iraq and Afghanistan will have debilitating mental health issues, including depression, PTSD and anxiety disorders.¹⁴

⁸ Report p. 8

⁹ Report Appendix pps. 29-33

¹⁰ "The Veterans Health Administration: Quality, Value, Accountability, and Information as Transforming Strategies for Patient-Centered Care" Healthcare Papers, 2005. 10-24

¹¹ "New Freedom Commission Members Assess Report's Impact" Psychiatric News, May 2006.

¹² The President's Commission on Care for America's Returning Wounded Warriors, "Final Report," July 30, 2007.

¹³ "Study Finds 1.8 Million Veterans Are Uninsured," The Washington Post, June 21, 2007.

¹⁴ Department of Veterans Affairs, Fifth Annual Report of the Department of Veterans Affairs Undersecretary for Health's Special Committee on Post-Traumatic Stress Disorder, 2005, p.12.

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- The VA failed to allocate \$100M in funding earmarked for mental health initiatives between 2005 and 2006.¹⁵
- More than half of the over 200 Vet Center Readjustment Counseling Centers, whose staff are specially trained in PTSD counseling, have reported being short at least one full-time therapist.¹⁶
- Combat is not the only cause of mental health concerns. Military sexual trauma occurs among 16-23% of military personnel. This is of special concern amongst female veterans.¹⁷

TRAUMATIC BRAIN INJURY (TBI) CONCERNS

- Soldiers' proximity to frequent blasts in Iraq and Afghanistan has made Traumatic Brain Injury, or TBI, the "Signature Wound" of the Iraq and Afghanistan Wars.¹⁸
- Surveys estimate that up to 300,000 Iraq and Afghanistan veterans may have a TBI.¹⁹
- Traumatic brain injury can cause headaches, reduced cognitive functioning, mood swings and sleep disturbances.²⁰
- The Army Times questioned the accuracy of the VA's TBI screening.²¹ (*They think it's higher.*)

Additionally, we have reason to believe that the children, extended families, and members of the communities associated with the returning military will be experiencing an increased impact on their mental health; we also believe this will continue to increase over time and as more troops return from overseas:

- The National Association of School Nurses estimates that approximately 80 percent of the visits to a school health room or clinic are related to mental health or emotional issues.²²

¹⁵ GAO-07-66, "VA Health Care: Spending for Mental Health Strategic Plan Initiatives Was Substantially Less Than Planned," November 21, 2006, p. 6 <http://www.gao.gov/cgi-bin/getrpt?GAO-07-66>.

¹⁶ "Staffing at Vet Centers lagging," USA Today, April 19, 2007
http://www.usatoday.com/news/washington/2007-04-19-vet-centers_N.htm.

¹⁷ Valente, Sharon, "Military Medicine: Military Sexual Trauma: Violence and Sexual Abuse" Association of Military Surgeons of the United States, Mar 2007,
http://findarticles.com/p/articles/mi_qa3912/is_200703/ai_n18755581/print?tag=artBo.

¹⁸ Department of Defense American Forces Press Service. September 17th, 2007.
<http://www.defenselink.mil/news/newsarticle.aspx?id=47474>

¹⁹ "TBI: Hidden Wounds Plague Iraq War Veterans," Denver Post, April 16, 2007:
http://www.denverpost.com/ci_5675337

²⁰ Center For Disease Control, TBI Signs and Symptoms
http://www.cdc.gov/ncipc/tbi/Signs_and_Symptoms.htm

²¹ "VA says 6 % of combat vets have TBIs," Army Times, November 4, 2007.

²² Nancy Rithmire, R.N., Chair, Advisory Committee on Student Health and Achievement, Georgia Department of Education, Roselyn Carter's 2002 Health Forum

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- Family members or other individuals having prolonged exposure to PTSD victims can also develop what appears to be a form of PTSD. It is often called "*secondary PTSD*" or "*vicarious traumatic stress disorder*," V.T.S.D.²³
- 67% of Vietnam veterans diagnosed with PTSD received their diagnosis after being released from prison or jail.²⁴ It is important to note that this occurred years after their return from the war zone. This also raises questions whether their being in jail was a result of unseen and untreated PTSD symptoms (which we hope our initiative will help prevent), or whether the experience of prison triggered the symptoms associated with PTSD (which shows the need to build a long-term solution).

It is quite clear to us there is a need for psychological services now, and the need will increase over time. Meanwhile, support organizations are either not in place or are already over-taxed, so the private sector needs to provide leadership and attempt to supplement what is already there. That is our goal.

Actions To Address the Situation:

We view the current situation as one that requires some immediate solutions but really has to be answered with a long-term view in mind. **Long and short term actions** are needed in order to build the environment and infrastructure necessary to provide the psychological care required.

There are four constituencies that we will focus on providing information and training. The intent is to increase each group's awareness of the issues, importance, and availability of psychological services in the State of Georgia. It will be necessary to customize what is provided to each of these groups.

1. The service members themselves
2. The extended family members of the service man or women
3. The clinicians from the EMDR and GAMFT groups
4. The clergy Pastors, Rabbis, and other leaders of the congregations

The first component of our initiative is to have **a group of trained clergy and clinicians**, who are familiar with treating the military and their extended family members, to provide the psychological services required. We are establishing coordination with the Georgia-based **EMDR certified clinicians**, and the Georgia-based **Marriage and Family Therapists** who belong to the GAMFT Association, a licensed profession by the State of Georgia, as well as clergy known to us to have a positive interest in the well-being of our armed forces. EMDR clinicians are needed to address Trauma and PTSD requirements, while GAMFT clinicians are needed to address other individual, marriage, and family related matters.

²³ www.nami.org/.../Upcoming_Events/Convention/2005_Highlights/Presentations3/05NAMIconv-M10555.ppt

²⁴ www.nami.org/.../Upcoming_Events/Convention/2005_Highlights/Presentations3/05NAMIconv-M10555.ppt

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Short term, this combination of professions provides us with an immediate cadre of clinicians that address Trauma, PTSD and the range of family issues that we expect will be presented.

The next component of our initiative is **education and information**. These provide the basis for building a long term solution. Training will be provided to familiarize clinicians in both **EMDR and GAMFT professions** about military life; it is needed to benefit the treatment provided to the military member and extended family. We will work with the EMDR-HAP (Humanitarian Assistance Program) group. They are a national non-profit whose mission is to conduct Level 1 and Level 2 certification training at a low cost. Though we expect to draw candidates for this training primarily from the GAMFT profession, other mental health professionals who are interested will certainly be considered. Long term, this process will gradually increase the base of military-aware clinicians throughout the State as needs and subsequent requirements occur.

The education referenced above that describes current life in the military is also needed for **congregation leaders and other members of social service providing organizations** who will come in contact with military members and families. Ultimately, these individuals will broaden the number of contact points our network can create and will result in making contact with more potential candidates who need the care we are trying to establish. In the context of a "supply chain" they will help create the "demand" by recognizing symptoms and making referral that will use the trained clinician resources we build throughout the State of Georgia. Also, providing this information to these groups will improve their care to military members while facilitating timelier and more appropriate referrals to trained clinicians. In the long term, these benefits will be felt by the families, communities, and future generations.

Our initiative calls for reaching out to Churches and Service Providers.

- Congregations are generally superb at connecting people to resources. This becomes even more critical when there are fewer resources with which to connect. Most clergy already have had the experience of referring people whom they are aware are at risk for suicide or who have other mental health challenges.²⁵ However, as mentioned above, we plan to provide education familiarizing them with issues unique to the military life since many are distant from military installations and concentrated military populations. In addition, some clergy and denominations are quite adept at addressing issues of guilt frequently experienced by combatants who have had to take human life. The pronouncing of absolution can have a profound positive effect on the combat warrior as s/he seeks to move more wholesomely into post-war life.

²⁵ Gary Gunderson, M.Div., D.Min., Director, Interfaith Health Program, Rollins School of Public Health, Emory University.

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- We have enlisted the help of the **Pathways Community Network** non-profit organization that currently provides the network and case management system used by all the HUD funded agencies throughout the State of Georgia. Pathways can help us connect with their referral network to service providers of non-psychological Service Providers. We believe that there will be many needs beyond those related to psychological problems. Pathways referral system will provide us a "path to follow" when these needs surface during our contact with the military family. Pathways will also provide us with training and education on how to best utilize these service providers and also provide us with program assessment so that we can improve as we grow over time.
- Short term, we are suggesting a **program implemented through religious congregations to meet with family members** (spouses, parents, siblings, even close friends) who are stateside while the military member is serving overseas. This immediately provides contact with people who may be in need of help. It also initiates a potential relationship and way to inform family members and congregation leaders of the symptoms to look out for when the military member returns or leaves the military. Thus access to information begins early, providing both long term and short term benefits. The implementation of this part of the plan will be conducted with the help of volunteers from the Church organizations that are part of our Core Team (St Peter and St Paul, St David's currently with one or two others under consideration).

The last component of our initiative is our intent to **use the internet to distribute the information**. We wish to establish ourselves as the key information resource for psychological care of the military and their extended families in the State. The internet will also be used by people in need to get information and by those wanting to provide support (congregation leaders, clinicians, service organizations, family members, etc.) on how best to provide that support. Connecting with military members and families will occur through the use of social networks (Facebook, MySpace) that will drive them to an information based website. The means of connecting the service providers to the information resources we provide will be a combination of the training sessions, the associations and groups we have as part of our team (GAMFT, Pathways, and EMDR), churches, and the church-based volunteers who will be used to continually canvass the groups mentioned above.

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The Georgia Association for Marriage and Family Therapy (GAMFT)
The EMDR Network of Clinicians in Georgia

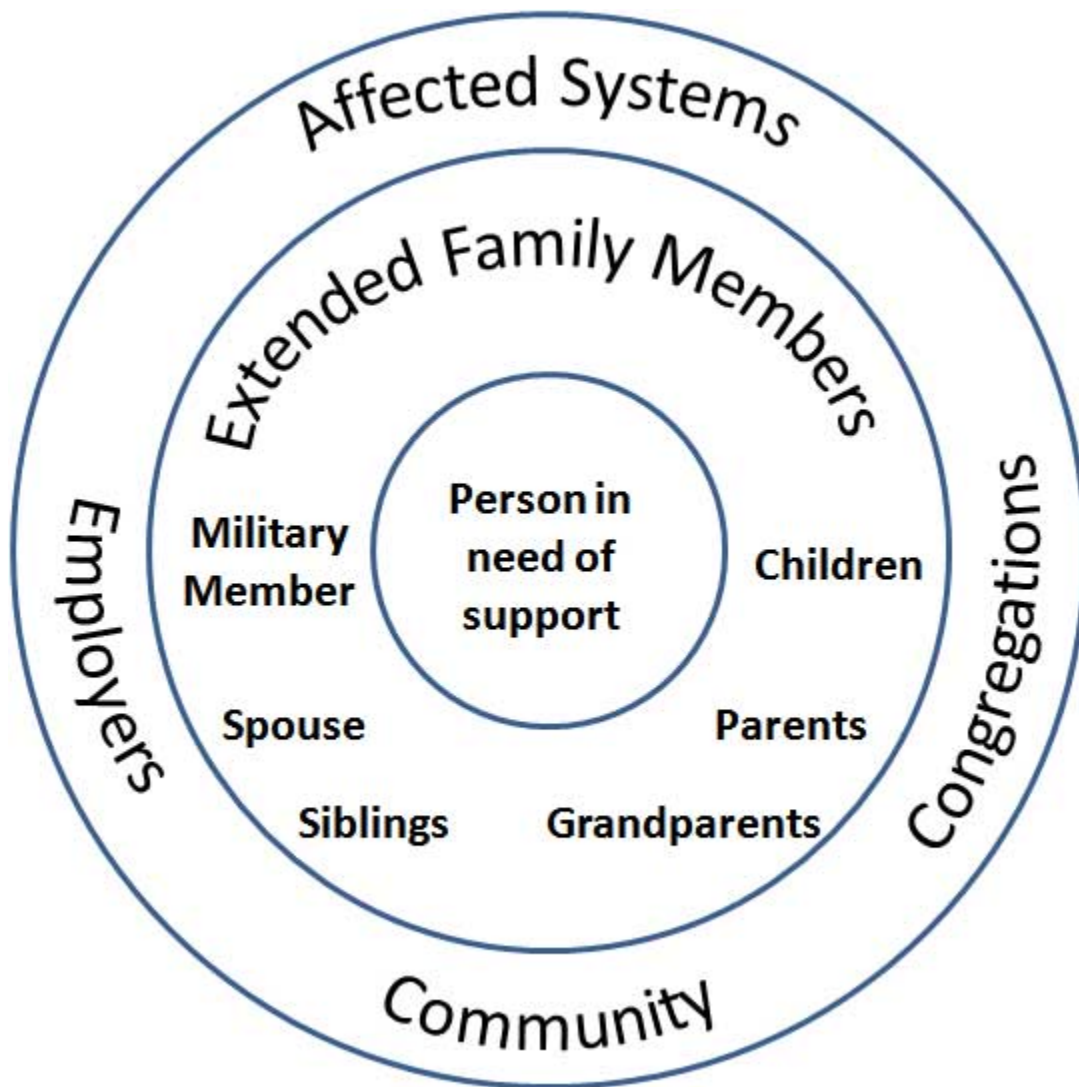
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Episcopal Diocese of Atlanta
Presbytery of Greater Atlanta/Presbyterian Women

The following shows the people and systems that come in contact with military family members and who will derive benefit from CareForTheTroops.org as we address and improve the ability to respond to the psychological needs of the returning military member and their families. It is a multi-generational issue that is critical for the overall well-being of our society.



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Websites for review:

Sites to emulate

Veteransheartgeorgia.ort
mainevetstrauma.org
georgiaveterantraumaproject.org/
giveanhour.org/skins/gah/home.aspx
operationhomefront.net/Georgia

National Guard Sites

guardfamily.org
pcusa.org/peacemaking/iraq/deployedfamilies.pdf
globalsecurity.org/military/agency/army/arg-ga.htm
georgiaguardfamily.org
illinoiswarrior.com
minnesotanationalguard.org

State of Georgia Sites and Georgia Episcopal Sites

gmacc.georgia.gov/01/home/0,2197,1331549,00.html
militaryministry.episcopalatlanta.org
strongbonds.com
episcopalchurch.org/81834_96517_ENG_HTM.htm
groups.yahoo.com/group/Diocese_of_Atlanta_Military_Ministry

Clinician Networks and Counseling Centers in Georgia

gamft.org
emdr.com
emdria.org
emdrhap.org/home/index.php
odysseyofthesoul.org/freomm/emdrathome.htm
helpguide.org/mental/emdr_therapy.htm
frasercenter.com
samaritannega.org
pilink.org

Sites Focused on Providing Support Services

hand2handcontact.org
vets4vets.us/index.php
ncmaf.org
nvf.org
ova.dc.gov/ova/cwp/view,a,1403,q,639936,ovaNav,%7C32451%7C,asp
samhsa.gov/SAMHSA_News/VolumeXVI_1/article3.htm
hireheroesusa.org/index.php
fisherhouse.org/index.html
crcna.org
http://www.pva.org/site/PageServer?pagename=homepage

Traumatic Brain Injury (TBI) Sites

brainbook.com
wpdfd.com/browsergrid.htm
easterseals.com/site/PageServer?pagename=ntl_pr_veteranstbi

Articles – Blogs – information Sites

ptsdcombat.blogspot.com/2008/03/army-report-civilian-psychologists.html
sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/02/13/MNPSV110J.DTL
wtopnews.com/?nid=116&sid=1355422
quickseries.com
articulate.com
blogs.stripes.com/blogs/spousecalls/emdr-treatments-ptsd
www1.va.gov/opa/feature/celebrate/vamotto.asp
truthout.org/docs_2006/111407O.shtml
cbsnews.com/stories/2007/11/13/cbsnews_investigates/main3498625.shtmlVeteran Suicides

Local Atlanta Group, has many similarities to us
State of Maine initiative to connect vets to EMDR clinicians
State of Georgia initiative just like Maine's based at St Luke's TACC
Give an Hour non-profit providing free therapy to returning military
Supporting Our Troops by Helping the Families They Leave Behind

National Guard Family Program Portal
National Guard Deployment Pamphlet
Georgia National Guard
Georgia National Guard Family Support Foundation
Illinois Warrior Assistance Program Home
Excellent site for support info. Click on the yellow ribbon link

Georgia Military Affairs Coordinating Committee
The Episcopal Church in Georgia Diocese Military Ministry Home
For info on the Army marriage enrichment program
Episcopal Life Online - BOOTS Story
Yahoo Groups Atlanta Diocese Military Ministry

Georgia Association for Marriage and Family Therapy Home Page
EMDR Primary website
EMDR International organization
EMDR Non-profit arm focused on providing training
EMDR site, Foundation for Research and Exploration of Mind Motivation
EMDR Eye Movement Desensitization and Reprocessing Therapy
The Fraser Center just outside Ft Stewart in Hinesville, Ga
Samaritan Counseling Center of Northeast Georgia in Athens
The Pastoral Institute, a Samaritan Counseling Center in Columbus Ga near Ft Benning

Alison Lighthall - similar to our approach; educating civilians on military life issues
Iraq and Afghanistan veteran peer support
National Conference on Ministry to the Armed Forces-Scroll to denomination.
National Veterans Foundation The Lifeline for America's Veterans™
Office of Veteran Affairs – info from National Center for PTSD
US Health and Human Services Abuse and Mental Health Administration
Linking our disabled heroes to employment opportunities
Fisher House -- Helping Military Families
Christian Reformed Church ->Our Ministries → Chaplain Ministries
Paralyzed Veterans of America-research, education, information, advocacy

Brain Book Life Management System, TBI related information and support info
Program for Veterans with Traumatic Brain Injuries
Easter Seals Easter Seals Launches Program for Veterans with Traumatic Brain Injuries

army-report on civilian-psychologists
Suicide rates analyzed - High numbers found among members of Guard, Reserves
Military Divorce Rate Holding Steady
Education Material Catalogue
E-Learning Software and Authoring Tools Articulate Rapid eLearning
Blog by Terri Barnes, military wife and mother of 3
The Origin of the VA Motto - Public and Intergovernmental Affairs
The Veteran Suicide Epidemic and information
How The CBS News Investigative Unit Got The Statistics And The Story

+ others cited within the document