

DACOWITS Business Meeting Notes

March 23, 2010

9:00 Welcome by the DACOWITS Chair, LTG (Ret) Claudia Kennedy.
Introductions of members, staff, POCs, ICF, audience members, or participants.
Administrative remarks.

- Attendees:
 - o LTG (Ret) Claudia Kennedy (DACOWITS Chair)
 - o Col (Ret) Phil Torres (DACOWITS member)
 - o CSM (Ret) Roberta Santiago (DACOWITS member)
 - o COL Emma Coulson (USA, Military Director, DACOWITS)
 - o MSgt Robert Bowling (USAF, Superintendent, Information Mgmt)
 - o Service POCs included:
 - LTC Pauline Haughton (Women in the Army [WITA] Policy Branch)
 - LCDR Jane Marie Sullivan, USN (United States Navy)
 - o Ms. Amy E. Falcone (ICF International)

COL Coulson officially opened the meeting with an overview of this year's research process. The Committee then conducted the vote for the recommendations on the topic of women in combat and as well as those related to support of WW family members (see attached).

9:15 Review findings and vote on recommendations

- Gen Kennedy – provides overview of importance of DACOWITS research and purpose of today's meeting (vote on 2009 report recommendations)
 - o Official voting took place for each of the recommendations
 - o The established procedure was: One person will read recommendation, another member will move to adopt, another member will second the motion, and then revisions can be made if requested, and then the Chair calls the vote
 - o Col Coulson read the findings and each recommendation before each vote
 - o All recommendations were approved for the women's roles in theater (in combat) topic.
 - o

10:45 *Break*

11:00 The standardized procedures of reviewing findings and voting on the recommendations continued on the topic of support for family members of wounded warriors recommendations.

- There was some discussion of previous DACOWITS research on Wounded Warriors prior to voting on recommendations
 - All recommendations were approved with the following amendment:
 - 8.ii – Unanimous (2/2) vote in favor of approving a recommendation
 - Move to reconsider, to read, “identifying a patient-designated liaison” instead of “spouse liaison”.
 - Unanimous (2/2) vote in favor of approving a revised version of this recommendation, with the above edit
 - Addition of a finding concerning fair and equal training for warriors who were seriously ill or injured in non-combat related circumstances.
- Question was raised to clarify what is meant by “spouse liaison” in recommendation 8.ii of the Support for Family Members of Wounded Warriors topic, and as a result, this recommendation was revised and the Committee re-voted to approve the revised recommendation.

12:45 Public Open Forum – Nothing submitted

Meeting adjourned at 12:50pm EST



Report Submitted by
COL Emma K. Coulson, USA
Military Director, DACOWITS



Report Certified by
LTG(Ret) Claudia Kennedy
DACOWITS Chair

Attachments: As stated

**2009 DACOWITS FINDINGS AND RECOMMENDATIONS:
WOMEN IN COMBAT: THE UTILIZATION OF WOMEN IN THE OIF/OEF
THEATRES OF OPERATIONS**

This chapter summarizes the experiences and views of Service members who participated in the 2009 DACOWITS focus groups and panel discussions, including male and female officers and enlisted personnel, on the topic of women in combat and their roles in the OIF/OEF theatres of operations. It also presents recommendations of the DACOWITS Committee resulting from these findings. (For the full presentation of DACOWITS findings on this topic, see Chapter II of this report.)

The chapter is organized under five major headings, as follows:

- Experiences of Women in the OIF and OEF Theatres of Operations
- Implications of Women Serving in Combat
- Combat Preparedness of Female Service Members
- Impact of Serving in Combat on the Military Careers of Female Service Members
- Perspectives on the Roles Women Should Serve in the Military and Understanding of the Current DoD Assignment Policy for Military Women

1. Experiences of Women in the OIF and OEF Theatres of Operations

a. Findings

- i. Service members report that females often work outside their MOS while in theatre and perform jobs that do not match their pre-deployment expectations and training. It should be noted that male Service members also perform unexpected jobs while in theatre.
- ii. Service members generally think that the combat training that most female Service members received prior to deployment to the OIF or OEF theatres of operations was deficient in one or more aspects, to include absence of training, insufficient amount or length of training, inadequate training, and poor training methods (such as online or virtual combat training).
- iii. Military leaders often said that a Service member's capabilities are a higher consideration than one's gender when assigning personnel to combat jobs or missions. There are times when one's gender may come into play, such as mission logistics, cultural considerations, and the gender composition in a particular unit or location (leaders do not like to isolate female Service members from female peers).

contributions of women serving in combat roles in the current conflicts. DACOWITS believes that greater public awareness will lead to increased understanding, acknowledgement, acceptance, and appreciation of the contributions made by women in uniform.

3. Combat Preparedness of Female Service Members

a. Finding

- i. Most Service members reported that the equipment provided to females in theatre was inadequate in some capacity. They noted, for example, poor quality or outdated equipment, lack of necessary equipment, tardy issue of equipment, and equipment not sized or designed for women.

b. Recommendations

- i. DACOWITS recommends that the Services issue sufficient quantities of equipment, in sizes that are fit for practical use by female Service members.
- ii. DACOWITS recommends that DoD and the Services invest in research and development of equipment designed specifically for use by women. DACOWITS notes that improved equipment for women can facilitate the success of women in combat, mission readiness and mission accomplishment. For example, due to the difficult logistics of urinating while wearing their normally issued clothing and equipment, particularly in austere environments, women often minimize fluid intake, placing them at risk for dehydration and urinary tract infections.

4. Impact of Serving in Combat on the Military Careers of Female Service Members

a. Findings

- i. The overwhelming majority of female Service members reported that their combat experience has influenced their future plans, either to leave the military earlier than planned or to stay longer than planned. Women planning to leave earlier attribute this to family concerns, the risks associated with combat, and the protracted absences away from the family that are necessitated by high operational tempo.

iii. DACOWITS supports the application across all Services of the following recommendations outlined in the 2007 RAND report, *Assessing the Assignment Policy for Army Women*:¹

a. Nature of warfare

1. *Recraft the assignment policy for women to make it conform—and clarify how it conforms—to the nature of warfare today and in the future, and plan to review the policy periodically.*

b. Utilization

1. *Clarify whether and how much the assignment policy should constrain military effectiveness, and determine the extent to which military efficiency and expediency can overrule the assignment policy.*
2. *If unit sizes (or levels of command) are specified in the assignment policy, make apparent the reason and intent for specifying unit size, given that modularization and the context of an evolving battlefield may negate this distinction.*
3. *Consider whether the policy should remain focused on assignment to units rather than the employment of individual women.*

c. Colocation/Collocation

1. *Determine whether colocation (proximity) and collocation (proximity and interdependence) are objectionable, and clearly define those terms should they be used in the policy.*

d. Other

1. *Make clear the objectives or intent of any future policy.*
2. *Consider whether a prospective policy should exclude women from units and positions in which they have performed successfully in Iraq.*

¹ Harrell, M., Castaneda, L.W., Schirmer, P., Hallmark, B.W., Kavanagh, J., Gershwin, D., Steinberg, P. (2007). *RAND. Assessing the Assignment Policy for Army Women.*

2009 DACOWITS FINDINGS AND RECOMMENDATIONS: SUPPORT FOR FAMILIES OF WOUNDED WARRIORS

The purpose of this chapter is two-fold. It highlights findings from the 2009 DACOWITS focus groups participants, including care providers and family members of wounded warriors, regarding the support that is available for wounded warrior families. It also presents DACOWITS's recommendations for further improving the continuum of care for this community. All of the recommendations are based on the collected data; some are suggestions made by study participants or are promising or best practices that the DACOWITS members learned of or observed while on site. (For the full presentation of DACOWITS findings on this topic, see Chapter III of this report/)

The chapter is organized under eight major headings, as follows:

- Evidence of recent progress in support for wounded warrior families
- Family support
- Family participation
- Providers
- Information for families
- Support for families of wounded warriors with PTSD/TBI versus outward injuries
- Continuity of care
- Other findings and recommendations.

In several instances, findings and/or recommendations are captured under more than one heading.

1. Evidence of Recent Progress in Support for Wounded Warrior Families

a. Findings

- i. DACOWITS found some progress in support for wounded warrior families since its earlier pulsing in 2008, but much work remains in the effort to establish a seamless continuum of care and transition services for the wounded warrior community.
- ii. Certain discrepancies in mini-survey responses—between family members and providers, and among providers of various types—were noteworthy. The family member viewpoint on available services and practices was consistently less

evaluation of this ambitious new program, which will inform development of implementation guidance, identification of best practices, and program improvements.

- iii. DACOWITS recommends the Army and sister Services explore the feasibility of broadening the scope of the CBWTUs mission to include a role in support of non-wounded geographically dispersed Active Component Service members and their families.
- iv. DACOWITS recommends the Services develop and distribute to spouses/significant others a WTU checklist of processes and resources. This will help them better understand and execute their role as a member of the recovery team while their Service member is assigned to the WTU, and it may be particularly helpful to spouses of PTSD/TBI patients.

2.2 Psycho-Social Needs of Family Members

a. Findings

- i. Mini-survey results highlighted a potential gap in services to address families' psychological well-being, particularly with respect to helping children cope with the Service member's injuries. Irrespective of combat injury, the need for psychological services among children in military families was reinforced by recently released results of a RAND study suggesting that this sub-population may be more prone to emotional and behavioral difficulties than their counterparts in civilian families.²
- ii. Although support groups are a potential source of social and psychological support for wounded warrior families, and are commonplace within the military and medical communities, DACOWITS found that support groups specifically targeting the concerns of wounded warrior family members were not prevalent.

a. Recommendations

- i. DACOWITS recommends DoD assess and identify any gaps in the continuum of care in place to address the psychological needs of children and family members affected by a Service member's injury. DACOWITS also recommends that DoD initiate programs, as appropriate, avoiding unwitting

² *RAND News Release*. (2007). Longer Parental Deployment Linked to More Emotional Challenges for Military Children.

civilian community. (The U.S. Marine Corps' Sergeant Merlin German 24/7 Call Center is an example of a robust outreach capability.)

- iii. DACOWITS recommends DoD develop and deliver outreach training to better equip wounded warrior programs and providers to encourage family involvement. Leverage any existing outreach curricula and best practices of programs that enjoy relatively high levels of family member participation.
- iv. DACOWITS recommends the Services highlight and promote the importance of family member participation through strong and persistent command emphasis.

4. Providers

a. Findings

- i. Participants frequently reported a shortage of providers, resulting in high caseloads and compromised service delivery. Shortages of behavioral health specialists were mentioned most frequently.
- ii. There appears to be a lack of family-oriented training for the diverse spectrum of providers that interface with families of the wounded.

b. Recommendations

- i. DACOWITS recommends DoD undertake a coordinated campaign to recruit, train, and retain the labor force needed to sustain the continuum of care that wounded warriors and their families need. Emphasis should be placed on creating efficient hiring practices, secure positions, professional development opportunities, and competitive compensation packages for behavioral health professionals.
- ii. DACOWITS recommends DoD develop and provide training to help varied categories of medical and non-medical providers better understand and address the needs of the families of wounded warriors.
- iii. DACOWITS recommends DoD provide “effective communication” training (e.g., listening skills) for care providers from outside the helping professions (e.g., WTU squad leader) to enhance their capacity to successfully support families and wounded warriors.

with each of these outcomes. This tool this helps families begin to envision and psychologically prepare for their future.

6. Support for Families of Wounded Warriors with PTSD/TBI Versus Outward Injuries

a. Findings

- i. Due to memory impairment or other cognitive deficits the wounded warrior may experience as a result of PTSD or TBI, the spouse or parent may assume responsibility for managing the patient's calendar. Family members noted they often have difficulty fulfilling this responsibility because they are not informed of the patient's appointments and care plans, or are not in communication with the patient's care providers.
- ii. Providers indicated that, because of the special challenges faced by wounded warriors with PTSD and/or TBI, they are more apt to encourage family members of PTSD/TBI patients to accompany the patient to his or her appointments.
- iii. Some concern was voiced that the necessary focus on war injuries detracts from attention to the reintegration needs of wounded warriors and their families. This concern, which was expressed at both an active and a reserve site, may be particularly salient for wounded warriors diagnosed with PTSD/TBI and their families.

b. Recommendations

- i. DACOWITS recommends DoD and the Services ensure all non-medical WTU cadre have a baseline understanding of the information-processing limitations that may accompany PTSD/TBI and the resultant need for the primary caregiver (e.g., spouse or parent) to manage the PTSD/TBI patient's calendar and play a central role in the PTSD/TBI patient's recovery plan.
- ii. DACOWITS recommends DoD establish mechanisms to ensure providers communicate appointment schedules to primary caregivers who may be responsible for managing their wounded warrior's calendar.
- iii. DACOWITS recommends the Services continue to educate families of PTSD/TBI patients. Ensure educational content and delivery are geared to the level of education of the audience.

- b. DACOWITS recommends DoD and VA plan for long-term screening and treatment of *family members* (i.e., caregivers) for PTSD and other stress-related conditions.
- c. To determine how well wounded warriors and their families are adapting and to identify the need for additional services, DACOWITS recommends the Services bring them back for a comprehensive follow-up evaluation (e.g., medical, psychological, social, and so on) one year following discharge from the WTU. This includes wounded warriors who have left the military.

8. Other Findings and Recommendations

a. Findings

- i. By and large, providers reported that the services they provide family members are well coordinated and integrated. In some cases, however, there is disorganization and inefficiency, suggesting that coordination could be improved.
- ii. While some efforts to assess the needs of the wounded warrior community and the effectiveness of support programs are in place, assessment—particularly outcome assessment—is not the norm. It appeared to DACOWITS that many providers would welcome empirical data to guide program improvements.
- iii. Providers at several sites mentioned administrative obstacles that prevent wounded warrior programs from more readily accepting support offered by private organizations.
- iv. Some concern was voiced that the necessary focus on war injuries has detracted from the amount of attention paid to the reintegration needs of wounded warriors and their families. This concern, which was expressed at both an active and a reserve site, may be particularly salient for wounded warriors diagnosed with PTSD/TBI and their families.
- v. During the Committee's site visits, it appeared that injured warriors were not treated equally in all circumstances. Warriors who sustained their conditions in combat may be paid more attention than warriors who sustained their conditions outside of combat. For example, celebrities and dignitaries visiting

wounded warrior community, including family members, receives the needed reintegration support.