DACOWITS' 2009 Recommendations:	
1	Considering the fluidity of today's battlefield, DACOWITS recommends that the Services ensure that all personnel not possessing a combat arms MOS (i.e., currently all female Service members and many males) receive, at a minimum, a baseline of combat related training prior to deployment to a combat theatre of operations. This should include "hands-on" weapons qualification and familiarization up to and including crew served weapons (e.g., mounted light, medium, and heavy machine guns), defensive and offensive convoy measures, perimeter defensive tactics, etc.
2	DACOWITS recommends that DoD and the Services develop and implement a strategic communications plan to increase public awareness of the positive 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	DACOWITS recommends that the Services issue sufficient quantities of equipment, in sizes that are fit for practical use by female Service members.
4	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.
5	DACOWITS repeats its 2008 recommendation to further consider and study off/on ramps (e.g., Career Intermission Pilot Program [CIPP]) for all branches of Service to determine the return on investment of such programs.
6	DACOWITS recommends that DoD and the Services ensure that a refresher on the DoD and Service-specific assignment policies for military women is included in all Professional Military Education (PME) courses.
7	DACOWITS recommends that the current assignment policy for military women be evaluated and changed as a result of the experiences of females who have served or are serving in combat in support of OIF and OEF.
8	DACOWITS supports the application across all Services of the following recommendations outlined in the 2007 RAND report, Assessing the Assignment Policy for Army Women: 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. 3. Given that the assignment policy is unusual because of the legal requirement to report policy changes to Congress, consider the extent to which an individual service policy should differ from overall DoD policy. 4. Determine whether an assignment policy should restrict women from specified occupations or from both occupations and units.

9	Mini-survey findings underscore how one's role within the service delivery system—e.g., family member, medical provider, non-medical provider, and so forth—influences their awareness of available services. DACOWITS recommends DoD develop and initiate a comprehensive strategic communications plan for imparting critical information to wounded warrior family members and establish mechanisms to ensure systematic information-sharing and communication across medical and non-medical disciplines working at the same site.
10	DACOWITS recommends the Services continue to support the establishment and operation of WTUs and CBWTUs, to include generating implementation guidance, promoting smooth transitions across care venues, and identifying and disseminating best practices.
11	A marriage of two innovative concepts, the CBWTU is designed to fulfill the mission of the WTU while allowing eligible reservists to recover in their home communities. DACOWITS recommends the Army conduct a formative evaluation of this ambitious new program, which will inform development of implementation guidance, identification of best practices, and program improvements.
12	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.
13	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.
14	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.
15	DACOWITS also recommends that DoD initiate programs, as appropriate, avoiding unwitting duplication of services and employing proven methods (i.e., evidence-based), as feasible.
16	DACOWITS recommends DoD ensure schools are sensitive to, and equipped to address, the emotional needs of children of wounded warriors.
17	DACOWITS recommends DoD ensure wounded warrior families are familiar with the free counseling available to them through such sources as Military OneSource and Military Family Life Consultants.
18	DACOWITS recommends DoD further assess the prevalence and effectiveness of support groups available for wounded warrior family members.
19	DACOWITS recommends DoD and the Services support the consistent establishment of injury-specific support groups for family members of wounded warriors (e.g., family members of wounded warriors with TBI, family members of wounded warriors with amputations, family members of wounded warriors with burns, etc.).
20	The process of connecting with the target population, i.e., outreach, is a vital component of effective service delivery. DACOWITS recommends further study of the factors that impede successful outreach with, and participation by, the wounded warrior family member population.
21	DACOWITS recommends DoD implement a robust and comprehensive strategic family member communications campaign that includes proactive outreach and spans pre-deployment through transition of wounded warrior to civilian community. (The U.S. Marine Corps' Sergeant Merlin German 24/7 Call Center is an example of a robust outreach capability.)
22	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.
23	DACOWITS recommends the Services highlight and promote the importance of family member participation through strong and persistent command emphasis.

24	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.
25	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.
26	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.
27	DACOWITS recommends DoD provide "military orientation" training (e.g., warrior culture, military community and lifestyle, family support resources, etc.) for care providers who are new to the military environment to enhance their capacity to successfully support families and wounded warriors.
28	DACOWITS recommends the Services help families manage the overwhelming volume of information and the large number of providers with whom they and their wounded warrior interface by clearly identifying one provider who is responsible for providing and distilling important information and advocating on their behalf. (The Air Force Family Liaison Officer is a prime example of such a "go-to" person.) For wounded warriors who have been assigned multiple case managers, reconcile and explicitly communicate to families their respective duties and specify the "go-to" person.
29	DACOWITS recommends the Reserve Component explore the feasibility of training Guard and Reserve personnel as "go-to" resources for the family members of Guard and Reserve wounded.
30	DACOWITS recommends hospitals provide the family of each newly wounded warrior a binder for storing, organizing, and keeping track of pertinent information. Upon receipt, the binder will contain articles and other information tailored to the patient's and family's needs (e.g., names of doctors and other providers, key contact information, medications, and appointments). Over time, the family will add to the binder, using it as a centralized repository of critical information.
31	To help families better understand the complicated medical evaluation board process, DACOWITS recommends DoD develop and distribute a flowchart depicting the process, the possible outcomes, and the next steps associated with each of these outcomes. This tool this helps families begin to envision and psychologically prepare for their future.
32	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.
33	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.
34	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.
35	DACOWITS recommends the Services ensure the availability of dedicated support groups targeting the needs of family members of wounded warriors with PTSD/TBI.
36	DACOWITS recommends DoD explore by what means wounded warriors receive reintegration training and whether the level of reintegration training they receive is commensurate with that provided to non-wounded combat veterans. If a shortfall is discovered, establish mechanisms to ensure the wounded warrior community, including family members, receives the needed reintegration support. Addressing reintegration needs may be particularly important for wounded warriors and families dealing with conditions that may not have outward manifestations, such as PTSD and TBI.

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38	DACOWITS recommends DoD and VA establish more community-based treatment facilities to ensure the long-term needs of the wounded warrior community can be met wherever they may reside after leaving the military.
39	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.
40	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.
41	To further promote coordination across programs and providers, DACOWITS recommends the Services convene recurring statewide public/private provider conferences that promotes optimal use of resources and enhances communication and coordination across stakeholder groups.
42	To further promote coordination across programs and providers, DACOWITS recommends identifying a patient-designated liaison who will attend recurring family services staff meetings to ensure the family perspective is represented during these coordination sessions.
43	DACOWITS recommends DoD and the Services expedite current efforts to establish meaningful metrics that will permit ongoing assessment and refinement of the continuum of care for the wounded warrior community, to include the support provided to wounded warrior families.
44	DACOWITS recommends wounded warrior programs be provided clear and easy-to follow guidance on the rules that apply to working with private organizations.
45	DACOWITS recommends DoD explore by what means wounded warriors receive reintegration training and whether the level of reintegration training they receive is commensurate with that provided to non-wounded combat veterans. If a shortfall is discovered, establish mechanisms to ensure the wounded warrior community, including family members, receives the needed reintegration support.