

Proposal – YRTF Way Forward – Arkansas Triad Fund & ARVets

FINDINGS

The American veterans of the Iraq and Afghanistan wars

The U.S. troops and veterans of the wars in Iraq and Afghanistan are a unique population compared to the general population. They are young, though troops in the reserve component tend to be older. The military is overwhelmingly male (though less so than in previous wars), and racially and ethnically diverse compared to previous wars. The most striking difference, though, between Iraq/Afghanistan troops and earlier generations of service members is that at least 600,000 have served multiple combat tours.

The new veteran population totals less than 1 percent of the American population; as a result, returning troops often feel isolated in their own communities. Today's veterans also communicate differently from previous generations in that they use online tools to stay connected with their war buddies.

Issues facing today's troops, veterans and their families

The current wars have redefined military service. Though this military is voluntary, hundreds of thousands of troops have been required to serve multiple and extended tours, due to manpower shortages and dramatically revised military strategies. Some have been called back to service after leaving the military, and others have been held on active duty beyond their expected exit date. This reality has been a tremendous strain on the force, and on the families of those serving.

Troops with severe and often untreated psychological and neurological issues compounded with other reintegration problems are causing suicide rates to increase in unprecedented levels. According to a 2008 RAND study, *Invisible Wounds of War*, at least 20 percent of Iraq and Afghanistan troops and veterans, or currently about 380,000 people, have Post Traumatic Stress Disorder (PTSD) or major depression; an equivalent number have some level of Traumatic Brain Injury (TBI). The number of suicides among service members has increased every year since 2003¹; in 2008, the Army alone reached a 27-year high of more than 134. Nearly 230 troops have taken their own lives on the field of operations since the start of the war². There is no agency tracking veterans' suicides, but the Department of Veterans Affairs (VA) estimates that among veterans of all U.S. wars, 18 take their own lives each day.

These psychological effects of war are severely impacting military families. Military divorce rates have increased, especially for female service members. Almost 2 million children have been affected by deployments to Iraq and Afghanistan; more than half of the military spouses report increased levels of fear, anxiety and behavioral problems in their children.

In addition, wounded troops and their families must navigate government bureaucracy that can delay their treatment and put their families in debt. Fortunately, nonprofit organizations nationwide have stepped up to provide support where the government could not adequately deliver. However, the nonprofit and philanthropic sectors cannot fill the government's role and veterans need a concerted effort from the government to overcome the immense challenges they face.

Lessons Learned

One of the federal government's mandates is to care for America's troops and veterans. However, while the military has excelled in areas such as emergency battlefield medicine and modern prosthetics, there are many other areas of concern and need in which governmental agencies have yet to fulfill their responsibilities and potential. Many veterans are waiting months and years for care and benefits, or receiving no support at all.

Thousands of nonprofit organizations — some national in scope, others run by a single volunteer out of a garage — have responded to the gap between what is needed by our service members and what is provided by the government that deployed them. Many of these organizations have achieved remarkable results, particularly in the way they have adapted and innovated to meet the changing needs of troops and veterans; their independent status from the military and federal government has helped them to earn a unique level of trust from those they serve. However, it will take more than the individual efforts of singular nonprofits to

have the greatest impact on a population whose needs are growing. **What is needed is a coordinated effort by the nonprofit military support community at large, with the cooperation of and in partnership with government agencies.:**

OBSERVATIONS

► **Based on IADIF's body of work, the following are key observations of the nonprofit military and veterans support sector:**

- Most of the innovation in services is coming from the nonprofit sector, which has stepped in to introduce new ideas, methods or devices to address unresolved problems or to meet unmet needs. The Intrepid Fallen Heroes Fund, for example, built the Center for the Intrepid and the National Intrepid Center of Excellence (to open in 2010), the world's leading facilities for combat burn and amputee rehabilitation, and Traumatic Brain Injury, respectively, right on the grounds of military installations, where the need for state-of-the-art resources was urgent, but where it would have taken the government years to build.

- Many military- and veteran-serving nonprofits operate without the cooperation, partnership or acknowledgment of government agencies. Not working with community organizations inhibits the military's capacity to reach service members in new ways, if at all.

- The nonprofit military support field resembles an emerging social movement. There is little infrastructure, varying levels of interagency cooperation and increasing in-fighting as some groups emerge to seize the spotlight. This is not necessarily a bad thing. Within the past eight years, there has been impressive growth within the field and the creation of the Coalition for Iraq and Afghanistan Veterans, a national umbrella organization connecting IADIF grantees, further points to a slow, but definitive maturing of the movement.

- The range of capacity within military and veterans support organizations is inconsistent. The contrast is significant between very small organizations — some staffed solely by volunteers and some new to the nonprofit sector — and the large and sophisticated organizations whose constituents are largely limited to older generations. Good work is being done in all cases, but possibly according to different standards

- Fund development activity among nonprofits serving the military has, in some cases, been limited — to the detriment of consistent service provision. For most of the organizations, foundation grants are new or rare; the majority are new to organized philanthropy. Older organizations have traditionally relied on membership fees, individual donations and an occasional corporate sponsorship. Younger ones are often running on a shoestring budget, with capital from personal savings accounts and credit cards. The learning curve remains steep and funders and government agencies will have to do some handholding.

- **One of the greatest values the nonprofit sector brings to veterans services is trust.** RAND's Invisible Wounds report said that many traumatized vets do not seek mental health care because of concerns related to negative career consequences and concerns of medication side effects.

- The collective efforts of nonprofits providing a robust continuum of services demonstrate that the problems faced by our service members can be successfully addressed. Virtually every aspect of deployment-related need is being addressed, but **a more coordinated response is needed.**

Issues

- Every service member looks forward to coming home from combat. But for many troops, veterans and their families, it can be as difficult as their service itself. Among the most significant issues are the psychological injuries of war, the strain on family lives of the troops and veterans and the economic difficulties of reintegrating into the civilian workforce. For those who have been severely wounded, these challenges loom even larger. In thousands of instances, the government has not provided the most basic services to their charges, and the nonprofit community has worked to meet that unmet need.

- About 20 percent of Iraq and Afghanistan veterans, or about 380,000 people, are living with PTSD or major depression. A similar percentage has a Traumatic Brain Injury. As more troops serve in combat, these numbers are growing every day.
- Only 1 in 4 Iraq and Afghanistan veterans with PTSD or depression got minimally adequate mental health treatment.
- Since the start of the Iraq war, there has been a growing epidemic of suicide in the Army. In 2008, more than twice as many soldiers committed suicide than in 2004 — a 27-year high in soldiers' suicides.
- Family Strain~ troops seem different — quieter, tougher and harder to talk to. It [takes]took months for the family to reconnect the way they used to... Family members dread the arrival of bad news; if they have not heard from a loved one recently, a late-night phone call or the unexpected ring of a doorbell can be terrifying....Thousands of troops are putting life plans on hold, unable to commit to going back to school, changing jobs or starting a family while they are unsure of what combat deployments are in store....When married service members deploy, their spouses' daily responsibilities increase, in everything from housework and home repair to child care. For military couples who both serve in uniform, deployments can separate them for years at a time. ...Deployments also separate children from their parents. Almost 2 million children have been affected by deployments to Iraq and Afghanistan;... more than half of the 13,000 military spouses surveyed reported increased levels of fear, anxiety and behavioral problems in their children. More than one-third of military spouses reported that their children were increasingly acting out in school.... When service members return from combat, families face new challenges as they attempt to reintegrate ...the number of divorces among military families has increased... Troops returning with serious physical injuries often require round-the-clock care, and recuperation can take months or years. Many families relocate to a new city to be nearer to the military or VA facility capable of treating their loved ones. In some cases, troops will need full-time support of a caretaker for the rest of their lives. Caretakers are often unable to continue to work outside the home, leaving some families in dire financial straits....More than 5,100 military families have lost a loved one in Iraq and Afghanistan. These Gold Star families, are bearing a loss that few can understand, Even as they grieve, these survivor families face significant logistical challenges to accessing benefits and rebuilding their lives.... The Wounded: "While caring for her husband during his long recuperation, Annette exhausted her personal leave and lost her job. .. the biggest challenge has been adjusting to her changed husband. "
- Employment ~ For veterans entering the civilian workforce, unemployment rates are shockingly high, and getting much higher...National Guardsmen and reservists face unique employment issues. Forty-one percent of reserve component military families see their income drop when the service member goes from a civilian career to a military paycheck...; For self-employed reservists, the economic burden is even greater; many family businesses have not survived the current tempo of deployments... Although the law protects reservists from employment discrimination as a result of their military service, businesses that employ reservists struggle with every deployment,
- Housing ~ The housing crisis hit military families especially hard; foreclosure rates around military bases have been measured at four times the national average.... Some have lost the homes they were renting from a landlord who went into foreclosure. Others have been unable to sell their homes in the current market — an immense burden for those wanting to move near a wounded family member recovering at a military hospital.
- Coming Trends ~ The drawdown of troops in Iraq will not end the challenges facing troops, veterans and military families, particularly given the "surge" in Afghanistan and current economic downturn at home.... less civilian work experience than their peers, and the potential for additional deployments in the future... some Iraq and Afghanistan veterans are beginning to appear in the criminal justice system — particularly those coping with unrecognized and untreated PTSD and TBI....The long-term impact of multiple deployments is unknown, but many experts predict surges in military divorce rates, family violence, substance abuse and long-term mental health concerns....

- Rural veterans ~ Because of the gaps in government services, local communities and nonprofit organizations need to ensure these service members succeed when they come home. But the isolation of many veterans and their families, often in rural communities far from military bases or large population areas, makes the provision of service difficult. A wide array of agencies and organizations has responded to the needs of troops, veterans and their families, but this support cannot supplant the government and has led to gaps in care.

The majority of government services are provided to this population by the Department of Defense and the Department of Veterans Affairs. Other agencies, including the Department of Housing and Urban Development and the Department of Labor also have some veteran-specific programs. Government programs and services, however, often do not address the deployment-related needs of service members and their families. As a result, military and veterans support organizations (MSOs/VSOs) and other nonprofits in communities across the country have stepped in. (*California Community Foundation Iraq Afghanistan Deployment Impact Fund Report 2009*)

► **Backdrop ~ CCF/IADIF Report 2009 – (Consistent with many YRTF Findings)**

Our government bears primary responsibility for addressing the human impact of deployment. However, it will take a diverse and coordinated group far beyond DOD and VA, both at the local and national levels, to strategically and systemically implement solutions to the challenges facing troops, veterans and their families. Most of the innovation in services to troops, veterans and their families is coming from the nonprofit sector. While veteran serving organizations cannot — and should not — take the place of the government, they can play an essential role in addressing those needs. Nonprofit organizations and government agencies each must understand, however, that they must work together in order to have the necessary impact.

- Many military- and veteran-serving nonprofits operate without the cooperation, partnership or acknowledgment of government agencies. They need the support of funders and peer organizations to help raise their profiles, sustain their capacities to address critical needs and enhance their ability to advocate for a place at the table.
- Not recognizing, if not prioritizing, the value of working with community organizations (as opposed to working exclusively with older VSOs) to meet service members' needs inhibits the military's capacity to reach their current charges in new ways and to test and prove new ideas where innovation may be advised.
- The nonprofit military support field has many of the attributes of any emerging social movement; there is little (but growing) infrastructure, varying levels of interagency cooperation, and increasing in-fighting as some players emerge to seize the spotlight. This is not a bad thing.
- The range of capacity within military and veterans support organizations is inconsistent. Some of the military and veterans support organizations with which funders, government agencies and peer nonprofits may partner are very small, perhaps even staffed solely by volunteers. Some are new to the nonprofit sector, and their organizational learning curves are great. There are also a number of large and sophisticated organizations — primarily the officially sanctioned VSOs — whose constituents are largely limited to older generations. The contrast between these “camps” is significant; good work is being done in all cases, but possibly according to different standards. These concerns merit close examination, but should not necessarily indicate a red light. With the proper support, many of the less sophisticated organizations can build their capacity while also providing important programs and services. Funder intervention in the proposal development process, in particular, will ensure that an otherwise underprepared agency considers all of the staffing and resourcing attributes of the work they propose to do. By contrast, some of the older-guard VSOs may demonstrate strong organizational capacity, but a lack of knowledge about or biases against what today's troops feel make their circumstances unique. Funders and others can help these organizations reach their greatest potential to serve OEF/OIF troops and vets through grant interventions that build their capacities for outreach.

- **One of the greatest values the nonprofit sector brings to veterans services is TRUST. RAND's Invisible Wounds report revealed that among the primary reasons so many vets did not seek mental health care is due to concerns of the side effects associated with medications as well as concerns about potential negative career repercussions associated with getting help.** These reasons are followed closely by the fear of stigma, of being judged unfit to serve, demoted or otherwise ostracized within the military system. Many advocates and experts in the veteran-serving field are concerned that these factors indicate a growing sense of mistrust and fear on the part of some troops and veterans, about the systems under which they work and/or receive care. Community nonprofits that are independently operated can be a safe haven for those who need help but who may not seek it due to fear of repercussion. Independent nonprofit services are not noted on military records, and often meet needs beyond the time frame or boundaries of what government programs might otherwise provide (services for the whole family, for example). In this context, nonprofit agencies are essential partners to the military community, as they are able to reach those troops and veterans who do not feel "safe" bringing their problems to the attention of commanders and peers.

- There is a robust continuum of services for deployment-related needs being met by the nonprofit sector; the collective efforts of nonprofit providers nationwide demonstrate that the problems faced by our service members can be successfully addressed. From basic financial literacy training to emergency financial assistance, from help with rent payments to the construction of customized homes for the combat disabled, and from crisis child care intervention to therapeutic programs that help children cope with the loss of a parent, virtually every aspect of deployment-related need is being addressed by nonprofit organizations somewhere in the nation. **What is needed is a coordinated response.** A national infrastructure of organizations linked by the Internet and powered by excellent vetting criteria that rate the services recommended for referral, can and should be implemented as a basic first step. For Arkansas, creation of an Arkansas Fund and the ARVets program would be an important first step in meeting these goals for our state.

Strategy

► Phase 1 (CCF/IADIF Report 2009)

- Direct Service: In 2006, the needs of veteran and military families were rapidly developing yet poorly understood. Basic data, such as the number of Iraq and Afghanistan veterans who had left the military, were not readily available. RAND issued a report (2008) from existing data and research currently under way. CCF also reached out to key leaders from the military and veterans support organizations who identified the emerging needs of troops, veterans and their families. *–[ARVets program administered under DHS could continue the YRTF work by going forward with administering surveys, collecting and interpreting data, and modifying surveys as changing needs are perceived. This would also provide a quantitative/qualitative measure process for determining if different service providers are successful.]*

- Grants to fund ARVets and other Arkansas veteran-services as federal monies dry up: IADIF's research showed that the vast majority of grassroots military and veterans support organizations did not have a history of working with institutional grant makers such as foundations, and thus were unfamiliar with the vetting process to determine eligibility. *[ARVets program administered by DHS would immediately have access to trained and educated personnel familiar with grantmaking applications, procedures and grantsmanship.]*

► Phase 2: Direct Service, Systemic Solutions ~ Public Awareness and Advocacy

- While there is importance for the need to support those organizations that are providing direct services, it is evident from the large degree of replication of services and organizations lack of familiarity with other organizations and service providers that the need to serve the veteran population goes beyond direct service provided. In addition to direct service, there is a need for funding research, advocacy and public awareness programs. By supporting advocacy and public awareness efforts, part of the goal is to have an impact at a systemic level to bring about long-term social change. The first step is to be able to promote more public awareness and education. *[DHS would provide an immediate familiarity with public education & awareness programs, to include advertising and the processes and funding for PSA's, which would again afford ARVets a "leg up" in organizing such public awareness campaigns.]*

- **Harnessing Local Expertise – Establishing an Arkansas Triad Fund:** Enlisting several community foundations to partner in creating a fund in Arkansas to re-grant funds to ARVets, along with local organizations whose primary populations may not be troop- or veteran- specific, but are nevertheless reaching the target population. These foundations have the knowledge and expertise to evaluate local nonprofits and save considerable time in the research and vetting of grantees. The experience and familiarity of foundations with populations spread out across Arkansas that include military and veteran families gives familiarity with organizations in the various areas of the state that are currently addressing mental health, homelessness, criminal justice systems, community health, emergency and other services that invariably end up serving the military and veteran population. *[Emphasizes the need for an Arkansas Triad Fund to apply for grants, establish funding guidelines and requirements for organizations to qualify for regranting, distributing regrants to eligible organizations in the state, and the fact that being on a more familiar state level, having adequate oversight of those organizations to assure services are being delivered. By use of this regrant process, “nonprofit” organizations such as state agencies would be eligible to apply for funding, or continued funding, of successful programs that deliver services to veterans. By dividing the state into three sections/foundations, the three community foundations can better serve the entire state separately and together, in being able to better assess needs and place funding where it can do the most good.]*
- **Changing the public’s understanding of the war is the first step.** To turn that awareness into effective action requires advocacy. The Arkansas Triad fund would be uniquely positioned to fund advocacy programs through the regranting process. 502©4 programs would be eligible for this funding, and could assist with public education and awareness, as well as other advocacy and lobbying efforts that might be needed. The resultant networking of providers that can be achieved by establishment of an Arkansas Triad fund and ARVets program will provide a ready access to changing needs in veteran services and create a more effective and efficient focus in advocating change to meet those needs.
- **Rebuilding the field -** Many working in the military and veteran support field were surprisingly unaware of one another’s work. The isolation of different nonprofits working in the same field has led to duplicate efforts and the jockeying for limited funding, political clout and media attention. Public education and awareness will also assist in reduction of duplication of services; consistent problems have been found with different organizations providing the same services while unaware of each other. This “stove piping” results in unnecessary replication of services and dispersal of funds that could be better focused by not underwriting duplicate programs. In a time when monies are becoming more difficult to obtain, educating providers to each others’ existence can help avoid this.
- **Networking – government and nonprofit -**By bringing together the myriad of veteran services – government and nonprofit – the Arkansas Triad fund could remake the field of veteran support for decades to come in Arkansas, and ultimately in the nation. The process of networking, public awareness and advocacy, once established in Arkansas, would naturally lend itself to interfacing with similar organizations on a national level, further enhancing delivery of services to veterans, while maintaining a more efficient and conservative fiscal profile. Improving the infrastructure within, and the policy landscape in which the various state and private agencies work, will uniquely position Arkansas as a national front runner in meeting veteran needs.
- **Coalition for Iraq and Afghanistan Veterans (CIAV)** is a national coalition of IADIF grantees that aims to improve the coordination of organizations working in support of Iraq and Afghanistan veterans and their families. In addition to providing a forum for networking and opportunities to address legislation, serving unmet needs and advocacy, CIAV’s annual conference also provides sessions on many of the major issues facing nonprofits in the military and veteran support field, such as fundraising, developing an online presence and interacting with the media. CIAV also developed a new interagency referral process, pooling the collective expertise and resources of IADIF grantees to provide the nation’s first known interagency electronic case

management and referral model for today's veterans. Additionally, CIAV's seminars, news feeds, chat boards, committees and working groups led to scores of unprecedented interagency partnerships.

Phase 3: Building Sustainability

- While there are many existing service providers who have shown excellent leadership and responsiveness to the changing needs of veterans and families, there is a need to support new and emerging organizations that forge public-private partnerships between the government and nonprofit sector. The Arkansas Triad fund would again be uniquely positioned to provide funding and oversight to assess and then assist these new providers as they come online to serve the current and changing needs of veterans.

CCF/IADIF RECOMMENDATIONS - For accomplishing viable delivery of services, funding of service programs, research for managing and measuring efficacy of programs, and DELIVERY OF SERVICES TO VETERANS AND FAMILIES ON THE BASIS OF THEIR NEEDS – NOT THE NEEDS OF THE SYSTEM, and advocacy assistance for those who need help to access a complicated system of support to meet the variety of needs of each veteran and family member in a coherent manner.

#1: Invest in building the civilian/nonprofit infrastructure for support to troops, veterans and their families, in conjunction with grants that support critical direct services. – *achievable with Arkansas Triad Fund; monies readily and quickly achievable to assure ongoing delivery of services*

#2: Support research where possible and needed, toward making a systemic impact in the direct services arena. 1) Research that documents the scope and breadth of needs and problems faced by service members, and 2) research into and evaluation of best practices/models in nonprofit service delivery to the target population. - IADIF has demonstrated that focused, quality research is critical to the "new" sector of modern military support. RAND's Invisible Wounds is an example of how research can touch lives by changing policy, but much more is needed. Funders can help fill gaps in information about deployment-related outcomes, such as:

- Best practices in combat-related mental health treatments and therapies
- The impact of deployment on families and children (including but not limited to divorce, child abuse, depression, domestic violence and poverty)
- Workplace readiness: the application of military job skills to the civilian sector

Reliable data are needed in these areas so that the information can guide philanthropic dollars and ultimately, smart changes in the policy arena. Without reliable data that can educate concerned stakeholders, the problems, dynamics and causes with this population will persist. *[ARVets program administered under DHS can efficiently achieve such a goal; systems are already in place and Arkansas veteran survey data has already been compiled and interpreted, with proposed modifications to be made to more effectively address problem areas that have been specifically identified by the YRTF.]*

#3: Invest in case management. Many say that the greatest direct service need among today's warriors is for case management. There is no government agency that tracks and ensures the overall or comprehensive well-being of a troop or veteran with deployment-related needs. An injured warrior, for example, will receive the world's best health care in a military hospital, but the DOD does nothing to make sure his wife and kids can pay the rent when they relocate to be near his side during recovery and rehabilitation. Grants that enable state agencies or local organizations, or that — like CIAV — use tools like the Internet to connect and build relationships between complementary nonprofits, may be among the most important a funder can make. Funding efforts that track and support veterans and their families through separation from the military and into veteran's status are critical. *[ARVets program, in networking with service providers, would be uniquely positioned to assist with the implementation of a case management approach by interfacing with providers to assure veterans are being referred correctly and to multiple providers, based on need. The details of this would need to be worked out to protect privacy, but again, DHS has systems and trained personnel in place to assist, which would be both efficient in terms of establishing/adding to a current system, as well as use of funding resources to enhance their program as opposed to establishing new/replicating what they have.]*

#4: **Invest in regional approaches.** There is merit in funding regional approaches to serving our troops and veterans. State governments sometimes have flexibility in the ways they serve troops and vets. Guard and reserve services are often coordinated at the state level, and each state has its own department of veterans' affairs; some state VA secretaries have demonstrated a promising level of open-mindedness and flexibility as they endeavor to reintegrate veterans after their service. [*Arkansas Triad Fund*]

In some cases, the state itself can be a critical partner for funders; a partnership between IADIF, the California Secretary for Veterans Affairs and nonprofit fiscal sponsor, the TIDES Center, led to the creation of the Pathway Home. This program provides transitional housing, therapy, family support and case management to California veterans whose combat-related mental health conditions were "treated" to the extent allowable within the military system, but that remain too severe to overcome the challenges of immediate reintegration with family and society.

Once troops and vets come home, they may find it difficult to connect with their communities or are thrust into circumstances that muddle their sense of community. This is why local networks make critical partners. In many places, particularly those that are far from bases and official military services, "nonmilitary" partners like churches, Boys and Girls Clubs, etc., may become important players in implementing regional approaches to serving needy service members. Building infrastructure among the diverse players so that they can maximize the impact of their work, is a good way to strengthen capacity of a local nonprofit community to serve isolated and needy service members.*

(Material presented is from the California Community Foundation Iraq Afghanistan Deployment Impact Fund Report 2009, with some paraphrasing as needed)

YRTF THE WAY FORWARD - ARVets & Arkansas Triad Fund

Arkansas Triad Fund

1. Approach Arkansas Community Foundation to spearhead effort to partner with two other Arkansas Foundations to create Arkansas Triad Fund, for the purpose of regranting to Arkansas nonprofits who are veteran and family service providers. Creation of this fund under the administration of three 501c3's would accomplish the following:
 - a. Provide funding that specifically allows for application to foundations such as the McCormick foundation for grants to build fund;
 - b. As not-for-profit, would have ability to disperse monies directly and quickly when necessary, to properly vetted program applicant;
 - c. Three foundations spread around the state would allow for greater familiarity with needs for veterans in different regional areas – allowing better, more direct and efficient delivery of services while providing closer oversight of regrant recipient programs to assure efficacy and for further regranting; familiarity would allow establishing guidelines and requirements that can be more responsive to program applicants unfamiliar foundation/grant funding funding;
 - d. Provides funding for current and future programs that specifically meet the needs of Arkansas Veterans and Families;
 - e. Would need initial push from governor to engage the foundations in partnership.

ARVets

1. Established legislatively to be administered under DHS; (best equipped to meet myriad of demands of program – from grantsmanship thru surveys and tracking data for needs assessment and efficacy of programs, to case management, as well as establishing network of service providers statewide)
2. Governor invites Founder participation: –and corporate interests that will lend their name as a foundation for building; includes service providers: various state and federal agencies (VA, Housing, Education, etc.) along with non profits and corporate interests such as Wal Mart, (reflective of the YRTF make up);

3. Governor invites Core Partners: current service providers such as BECK Pride Center, U of A, NWACC Veterans Court, Lifeguard Program, Veterans Upward Bound, Give an Hour, ACCESS program participants, etc. (Governor will be able to step back at this juncture.)
4. Funded thru grant application to Arkansas Triad Fund (no taxpayer money support);
5. Established as web site portal, with specific and detailed requirements to be met by the web site and the program from organizing network, organization descriptions, public relations, and advocacy methodology to assure individual needs are met with case management approach;
6. Attends and networks with CIAV on national basis.

Sources/References:

1. *CCF/IADIF Report, November 2009*
2. *RAND Center for Military health Policy Research, 2008*
3. *Center for a New American Security, Policy Brief, November 2010*

Arkansas Triad Fund ~ Regrant funding for ARVets and other veteran provider programs:

A collaborative statewide regranting program that identifies and makes grants to support local nonprofit organizations providing programs and services that address unmet needs of Texas-based military personnel and their families impacted by deployment to Iraq and Afghanistan.

1. **NOTE: Any veteran service provider program/grant applicant that INCLUDES Iraq and Afghanistan veterans can also serve all veterans and qualify for regrant monies**
2. Background – Texas TRIAD:
 - a. “As the U.S. commitment to Operation Enduring Freedom and Operation Iraqi Freedom continues, the toll on military personnel and their families continues to grow. Texas military bases and personnel play an increasingly large role in the conflict and the need for support for them and their families grows each day.
 - b. TRIAD three Texas community foundations to support the efforts of nonprofit organizations that provide needed services in Texas to active and former military personnel serving in Iraq and/or Afghanistan and their families.

Texas Resources for Iraq-Afghanistan Deployment (TRIAD) Funds were established at The Dallas Foundation, the Permian Basin Area Foundation, and the San Antonio Area Foundation. Through this statewide collaborative, the foundations collectively awarded over \$11 million in support of agencies serving OEF/OIF families.
3. Suggested foundations for partnership:
 - a. Arkansas Community Foundation
 - b. Wal Mart Foundation
 - c. List of Potential partners:

The top giving foundations in the state of Arkansas:

Foundation Name	Total Annual Giving
The Walton Family Foundation, Inc.	\$218,864,851
The Wal-Mart Foundation	\$128,043,643
Heifer Project International	\$87,900,388
Winthrop Rockefeller Trust	\$10,236,366
Windgate Charitable Foundation, Inc.	\$9,463,986
Winthrop Rockefeller Foundation	\$7,269,433
Arkansas Community Foundation, Inc.	\$6,578,736
Charles A. Frueauff Foundation	\$5,549,290

The Murphy Foundation	\$3,100,678
Willard and Pat Walker Charitable Foundation, Inc.	\$2,633,226
Northwest Arkansas Community Foundation	\$2,313,687
The Schmieding Foundation, Inc.	\$1,473,375
Tyson Foundation, Inc.	\$1,242,605
Care Foundation, Inc.	\$1,126,822
Blue and You Foundation for a Healthier Arkansas	\$1,056,320
The Ross Foundation	\$833,838
Trinity Foundation	\$708,797
Union County Community Foundation, Inc.	\$506,111
Fayetteville Community Foundation	\$489,594
Ottenheimer Brothers Foundation	\$298,056
Merkle Family Foundation	\$266,700
Riceland Foods Foundation	\$77,238
Rebsamen Fund	\$36,500
The Rose Law Firm Charitable Trust	\$31,320

AN ACT

relating to reintegration counseling services and related resources for military servicemembers.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 431.001, Government Code, is amended by adding Subdivision (1-a) to read as follows:

(1-a) "Servicemember" has the meaning assigned by Section 161.551, Health and Safety Code.

SECTION 2. Subchapter B, Chapter 431, Government Code, is amended by adding Section 431.0291 to read as follows:

Sec. 431.0291. SERVICE REFERRAL PROGRAM. (a) The department shall develop a program to provide referrals to servicemembers for reintegration services.

(b) The program shall:

(1) identify and make referrals to community-based organizations that have existing programs that provide reintegration services to servicemembers and their families;

(2) focus on early intervention and appropriate referral to promote the health of servicemembers and the children and other family members of the servicemembers;

(3) promote family cohesion and sustainability;

(4) be based on evidence-based best practices related to meeting the needs of servicemembers and the children and other family members of the servicemembers;

(5) be carried out, when appropriate, in a community setting through peer counseling and other means effective for community outreach;

(6) use existing service delivery facilities, including churches, National Guard Bureau family education facilities, and veterans centers and support facilities;

(7) use community-based and faith-based organizations;

(8) be developed and administered in a manner that promotes collaboration of service providers and results in the referral of servicemembers, their children, and other family members to the appropriate federal, state, and community services for which they are eligible; and

(9) provide information and referral services regarding the risks and consequences of trauma, including post-traumatic stress disorder, traumatic brain injury, and other conditions for which servicemembers are at risk.

(c) The department shall ensure that:

(1) each person who provides referrals to servicemembers under the referral program has received sufficient training to ensure that servicemembers receive accurate information; and

(2) servicemembers are notified in a timely manner about the service referral program.

(d) In developing the referral program, the department shall consult with the state military forces, the National Guard Bureau, the United States Veterans Health Administration, the Texas A&M Health Science Center College of Medicine, and The University of Texas Health Science Center at San Antonio.

SECTION 3. Section 434.007, Government Code, is amended to read as follows:

Sec. 434.007. DUTIES. The commission shall:

(1) compile federal, state, and local laws enacted to benefit members of the armed forces, veterans, and their families and dependents;

- (2) collect information relating to services and facilities available to veterans;
- (3) cooperate with veterans service agencies in the state;
- (4) inform members and veterans of the armed forces, their families and dependents, and military and civilian authorities about the existence or availability of:
 - (A) educational training and retraining facilities;
 - (B) health, medical, rehabilitation, and housing services and facilities;
 - (C) employment and reemployment services;
 - (D) provisions of federal, state, and local law affording rights, privileges, and benefits to members and veterans of the armed forces and their families and dependents; and
 - (E) other similar, related, or appropriate matters;
- (5) assist veterans and their families and dependents in presenting, proving, and establishing claims, privileges, rights, and benefits they may have under federal, state, or local law;
- (6) cooperate with all government and private agencies securing services or benefits to veterans and their families and dependents;
- (7) investigate, and if possible correct, abuses or exploitation of veterans or their families or dependents, and recommend necessary legislation for full correction;
- (8) coordinate the services and activities of state departments and divisions having services and resources affecting veterans or their families or dependents; ~~and~~
- (9) provide training and certification of veterans county service officers and assistant veterans county service officers in accordance with Section 434.038; and
- (10) through surveys or other reasonable and accurate methods of estimation, collect and maintain for each county in the state the number of servicemembers and veterans residing in the county and annually update and publish the information on the commission's website.

SECTION 4. Subchapter C, Chapter 434, Government Code, is amended by adding Section 434.107 to read as follows:

Sec. 434.107. DIRECTORY OF SERVICES. (a) The commission shall collaborate with and assist the Department of State Health Services and the Health and Human Services Commission in compiling and maintaining the directory of services established under Section 161.552, Health and Safety Code.

(b) The commission shall provide the directory of services established under Section 161.552, Health and Safety Code, on the commission's website or through links appearing on the commission's website.

SECTION 5. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.093 to read as follows:

Sec. 531.093. SERVICES FOR MILITARY PERSONNEL. (a) In this section, "servicemember" has the meaning assigned by Section 161.551, Health and Safety Code.

(b) The executive commissioner shall ensure that each health and human services agency adopts policies and procedures that require the agency to:

(1) identify servicemembers who are seeking services from the agency during the agency's intake and eligibility determination process; and

(2) direct servicemembers seeking services to appropriate service providers, including the United States Veterans Health Administration, National Guard Bureau facilities,

and other federal, state, and local service providers.

(c) The executive commissioner shall make the directory of resources established under Section 161.552, Health and Safety Code, accessible to each health and human services agency.

SECTION 6. Chapter 161, Health and Safety Code, is amended by adding Subchapter U to read as follows:

SUBCHAPTER U. INFORMATION REGARDING PROGRAMS FOR MILITARY PERSONNEL AND THEIR FAMILIES

Sec. 161.551. DEFINITIONS. In this subchapter:

(1) "Commission" means the Health and Human Services Commission.

(2) "Department" means the Department of State Health Services.

(3) "Servicemember" means a resident of this state who is a member or former member of the state military forces or a component of the United States armed forces, including a reserve component. In this section, "state military forces" has the meaning assigned by Section 431.001, Government Code.

Sec. 161.552. DIRECTORY OF SERVICES. (a) The department and commission shall compile, maintain, and disseminate through the Texas Information and Referral Network and through other appropriate media, a directory of services and other resources, tools, and counseling programs available to servicemembers and their immediate family.

(b) The directory must include:

(1) information regarding counseling services that:
(A) facilitate the reintegration of the servicemember into civilian and family life;

(B) identify and treat stress disorders, trauma, and traumatic brain injury;

(C) address parenting and family well-being, employment, and substance abuse issues; and

(D) provide crisis intervention services;

(2) to the greatest degree possible in the judgment of the department, all private and public community, state, and national resources that protect and promote the health and well-being of servicemembers and their immediate family and that are accessible in the state directly or through electronic media, print media, or the Internet; and

(3) other resources that support the health of servicemembers and their families.

(c) The department and commission shall organize the directory in a manner that allows a person to locate services in a specific community in the state.

(d) The department and commission shall develop and maintain the directory in collaboration with local, state, and national private and government organizations, including:

(1) the United States Veterans Health Administration;

(2) the United States Department of Defense;

(3) the adjutant general's department;

(4) the Texas Veterans Commission; and

(5) other public and private national and community-based organizations that provide support to servicemembers and their families.

(e) The department shall provide the directory to the Texas Information and Referral Network of the commission in the time periods and in the manner and format specified by the Texas Information and Referral Network.

(f) The department shall provide the directory on the department's website or through links appearing on the department's website.

SECTION 7. This Act takes effect September 1, 2007.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 1058 passed the Senate on April 23, 2007, by the following vote: Yeas 31, Nays 0; May 24, 2007, Senate refused to concur in House amendment and requested appointment of Conference Committee; May 26, 2007, House granted request of the Senate; May 27, 2007, Senate adopted Conference Committee Report by the following vote: Yeas 30, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 1058 passed the House, with amendment, on May 23, 2007, by the following vote: Yeas 144, Nays 0, two present not voting; May 26, 2007, House granted request of the Senate for appointment of Conference Committee; May 27, 2007, House adopted Conference Committee Report by the following vote: Yeas 141, Nays 0, two present not voting.

Chief Clerk of the House

Approved:

Date

Governor

Coalition for Iraq and Afghanistan Veterans ~ CIAV

The Coalition for Iraq and Afghanistan Veterans is a partnership of organizations working to provide services and support to Global War on Terror military, veterans, families, and survivors, including:

The Advertising Council | www.adcouncil.org

The Ad Council produces, distributes and promotes public service campaigns on behalf of non-profit organizations and government agencies in issue areas critical to the American public. The Ad Council is launching a campaign to raise awareness about OIF/OEF veterans.

Air Compassion for Veterans | Mercy Medical | www.aircompassionforveterans.org

Air Compassion for Veterans provides free air transportation via commercial, private aircraft, or bed-to-bed air ambulance for OIF/OEF wounded warriors and their adversely affected family members. This air transportation is provided for medical, counseling, rehabilitation, adaptive sports and service dog services. ACV helps to alleviate the financial hardship of the injured, care givers and family members.

American Pain Foundation | www.painfoundation.org

The American Pain Foundation (APF) began the Military/Veterans and Pain Initiative in 2004 to reach out to active military and veterans who are in pain. Along with providing resources, they work to advance pro-veteran/military legislation and policy on national and state levels.

Armed Services YMCA of the USA | www.asymca.org

The ASYMCA provides support services to military service members and their families, particularly focused on junior-enlisted men and women – the individuals on the front lines defending our nation and their families.

Brave New Foundation | www.bravenewfoundation.org

Brave New Foundation is a unique organization taking the power of media to a new level by making documentaries that address the most vital issues of our day, building the capacity to organize around them, including public participation in the process.

CA National Guard Financial Assistance Fund | www.calguard.ca.gov/j1/pages/cngfaf.aspx

The California National Guard Financial Assistance Fund (CNGFAF) was developed to help California National Guard service members who have financial difficulties because of their deployment in support of Operation Iraqi Freedom and Operation Enduring Freedom.

Cause – Comfort for America’s Uniformed Services | www.cause-usa.org

Cause organizes recreation and entertainment programs for wounded warriors recuperating from injuries received in Iraq and Afghanistan. Cause programs are available to military personnel assigned to Warrior Transition Units and to family members while residing on the campus of a military medical facility.

Coming Home Project | www.cominghomeproject.net

The Coming Home Project offers a range of free services: workshops and retreats, psychological counseling, training for care providers, and community forums. Their programs address the mental, emotional, spiritual and relationship challenges faced by veterans and families before, during and after deployment.

Dade Community Foundation | www.dadecommunityfoundation.org

Dade Community Foundation exists to enhance the quality of life for all residents of Miami – Dade County. Their mission is to encourage philanthropy and charitable giving by developing a permanent endowment to meet current and future emerging charitable needs.

The Dallas Foundation | www.dallasfoundation.org

The Dallas Foundation created a \$5 million Texas Resources for Iraq Afghanistan Deployment (TRIAD) Fund which will be awarded to nonprofit groups that provide needed services to active and former military personnel serving in OIF/OEF and their families.

Disability Rights Advocates | www.drlegal.org

DRA is a non-profit law firm dedicated to protecting and advancing the civil rights of people with disabilities. DRA advocates for disability rights through high-impact litigation, as well as research and education. They do not charge their clients for services.

Disabled American Veterans | www.dav.org

Disabled American Veterans is an organization of disabled veterans who are focused on building better lives for disabled veterans and their families. The organization accomplishes this goal by providing free assistance to veterans in obtaining benefits and services earned through their military service.

Farmer-Veteran Coalition | www.farmvetco.org

The Farmer-Veteran Coalition seeks to help our returning veterans find employment, training, and places to heal on America's farms. At the same time the Coalition hopes that some of these young men and women may help address our country's critical need for more good, hard-working people entering the field of agriculture.

Fisher House Foundation, Inc. | www.fisherhouse.org

Fisher House Foundation donates "comfort homes" built on the grounds of major military and VA medical centers. In addition to providing housing for families while military members recuperate, Fisher House Foundation also helps military families in need, and offers other scholarships and programs.

Gulf Coast Community Foundation | www.gulfcoastcf.org

As Florida's largest community foundation, Gulf Coast Community Foundation of Venice is committed to improving the quality of life in the communities we serve. The Foundation was created in late 1995 and has awarded more than \$90 million in grants in the areas of arts and culture, health and human services, education, civic affairs, and the environment.

Homes for Our Troops | www.homesforourtroops.org

Homes for Our Troops provide specially adapted homes for our severely injured service members. Through monetary contributions, donations from building contractors, suppliers, corporate supporters, and local volunteers, they are able to provide assistance at no cost to the veterans they serve.

Injured Marine Semper Fi Fund | www.semperfifund.org

The Injured Marine Semper Fi Fund helps defray the expenses incurred during hospitalization, rehabilitation, and recovery of injured Marines and sailors. Their many programs include the Family Support Program, Mobility Program, Modification Program, and the Specialized Equipment Fund.

Intrepid Fallen Heroes Fund | www.fallenheroesfund.org

The Fund's "Center for the Intrepid", a \$40 million world-class, state-of-the-art physical rehabilitation center at Brooke Army Medical Center serves military personnel who have been catastrophically disabled in operations in Iraq or Afghanistan.

Iraq and Afghanistan Veterans of America (IAVA) | www.iava.org

IAVA's mission is to improve the lives of Iraq and Afghanistan veterans and their families. IAVA is dedicated to educating the public about the wars in Iraq and Afghanistan, advocating on behalf of those who have served, and fostering a community for troops, veterans, and their families.

Jacob's Light Foundation, Inc. | www.jacobsprogram.org

The mission of Jacob's Light is to supply our military overseas with the comforts of home. They pack boxes with toiletries, food, reading and writing materials, as well as bug wipes, sunscreen, batteries, letters from the public, and letters and pictures from children.

Marine Corps Scholarship Foundation | www.mcsf.com

The Marine Corps Scholarship Foundation provides scholarships for children of former Marines, and additional scholarships for children with a parent serving or who has served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF).

Michigan National Guard Family Fund, Inc. | www.mi.ngb.army.mil/family/FinAsst.asp

The Michigan National Guard Family Fund provides up to \$500 grants to soldiers and airmen and their family members who encounter financial hardship as a result of deployments, military injuries, or just hard times.

National Military Family Association | www.nmfa.org

The mission of the National Military Family Association is to educate military families concerning their rights, benefits and services available to them, and the issues that affect their lives; along with promoting and protecting the interests of military families through legislation and policy.

National Public Radio | www.npr.org

NPR (National Public Radio) is producer and distributor of non-commercial news, talk, and entertainment programming. NPR is in partnership with more than 860 independently operated, non-commercial public radio stations. Go to www.npr.org for the latest news and archived articles regarding the Global War on Terror.

National Veterans Foundation, Inc. | www.nvf.org

The National Veterans Foundation (NVF) operates the nation's only toll-free helpline for veterans and their families, raises public awareness about veteran issues, and outreaches to veterans and their families. Call the NVF helpline at: 1-888-777-4443 (9AM – 9PM daily, 7 days a week).

National Veterans Legal Services Program | www.nvlsp.org

The National Veterans Legal Services Program trains, coordinates, and mentors volunteer attorneys nationwide to assist OIF/OEF active duty and veterans with disability discharge issues or obtaining VA benefits.

Navy Marine Corps Relief Society | www.nmcrrs.org

The mission of the Navy-Marine Corps Relief Society is to provide, in partnership with the Navy and Marine Corps, financial, educational, and other assistance to members of the Naval Services of the United States, eligible family members, and survivors when in need; and to receive and manage funds to administer these programs.

New Directions, Inc. | www.newdirectionsinc.org

New Directions, Inc. in Los Angeles provides many services to OEF/OIF veterans through Operation Welcome Home (OWH). These include benefits education and outpatient case management for both veterans and family members. A notable feature of OWH is Chris' Place, a transitional home for OEF/OIF veterans who have been homeless and find the house a secure and safe place to transition back to school and employment. At its core, New Directions remains a licensed, long-term drug and alcohol treatment program FOR MEN AND WOMEN WITH CO-OCCURRING DISORDERS that also provides food, shelter, rehabilitation, and other services for veterans of all eras, both men and women. The agency is also engaged in the development of permanent, supportive housing for low-income disabled veterans of all eras.

ONE Freedom, Inc. | www.onefreedom.org

ONE Freedom is a Colorado-based non-profit organization providing America's returning veterans and their families with meaningful education and training on prolonged stress, trauma and personal, self-managed skill-sets for maintaining strength after service.

Operation Homefront, Inc. | www.operationhomefront.net

Operation Homefront provides emergency assistance and morale to our troops, to the families they leave behind, and to wounded warriors when they return home. A nonprofit founded after 9/11, Operation Homefront leads more than 4,000 volunteers in 31 chapters nationwide.

Our Military Kids, Inc. | www.ourmilitarykids.org

Our Military Kids awards grants to children of deployed National Guard and Reserve personnel and to children of severely injured service members. The grants fund extracurricular activities, giving children the opportunity to participate in sports, fine arts, or academic tutoring programs. Such activities help nurture and sustain these children while their parent is away in service to our country or recovering from injury at home.

The Pentagon Federal Credit Union | www.pentagonfoundation.org

The Pentagon Federal Credit Union Foundation is a nonprofit national charity working to meet the unmet needs of military personnel and their families in the areas of financial literacy, housing, and support for the wounded.

Permian Basin Area Foundation | www.pbaf.org

The Iraq-Afghanistan Deployment Impact Fund has awarded grants to three Texas community foundations (Texas Resources for Iraq-Afghanistan Deployment [TRIAD] Fund) to support the efforts of nonprofit organizations that provide needed services to active and former military personnel serving in Iraq and/or Afghanistan, and their families.

Project Return to Work, Inc. | www.return2work.org

Project Return to Work (R2W) provides vocational rehabilitation services to newly enabled Americans, including injured soldiers returning from Iraq, Afghanistan and elsewhere around the world.

Project Victory | TIRR Foundation | www.tirrfoundation.org

TIRR Foundation and the Memorial Hermann TIRR Challenge Program have joined together to provide rehabilitative care for military service members injured in OIF/OEF. TIRR's Project Victory seeks to enable soldiers with a traumatic brain injury regain skills and functions that were lost through their injury.

The Salvation Army Liberty Program | www.salvationarmy-socal.org

The Salvation Army Liberty Program in Los Angeles helps OIF/OEF active duty, veterans, Guard, Reserve, and their families by providing individual, group & family counseling, a variety of services for children, help with living expenses, employment & education assistance, and many other forms of direct care for those transitioning out of the military.

San Antonio Area Foundation | www.saafdn.org

The Iraq-Afghanistan Deployment Impact Fund has awarded grants to three Texas community foundations (Texas Resources for Iraq-Afghanistan Deployment [TRIAD] Fund) to support the efforts of nonprofit organizations that provide needed services to active and former military personnel serving in Iraq and/or Afghanistan, and their families.

Sentinels of Freedom Scholarship Foundation | www.sentinelsoffreedom.org

Sentinels of Freedom provide four-year "life scholarships" to help severely injured veterans become self-sufficient. Their mission is to provide life-changing opportunities for members of the U.S. Armed Forces who have suffered severe injuries and need the support of grateful communities to realize their dreams.

Sesame Workshop | www.sesamestreet.org/tlc

Sesame Street's Talk, Listen, Connect project offers resources to military families with young children experiencing the effects of deployments or when a parent comes home injured. Materials are available free from Military OneSource or online at www.sesamestreet.org/tlc. In addition, www.SesameStreetFamilyConnections.org is a free, bilingual, child-centered space where families can share messages, video, artwork and pictures when distance makes everyday communication difficult.

Swords to Plowshares | Iraq Veteran Project | www.swords-to-plowshares.org

Swords to Plowshares Iraq Veteran Project ensures that recent veterans receive the support, services, and protection they need to successfully transition home. GWOT veterans are eligible for free legal representation for VA claims and military discharge reviews, as well as employment and training, transitional housing, social services and benefits counseling. Services are available to all GWOT veterans, former Active Duty, Guard and Reserve, with any type of discharge.

Tragedy Assistance Program for Survivors (TAPS) | www.taps.org

TAPS is America's frontline resource for all who are grieving the death of a loved one serving in the Armed Forces. Its comprehensive services include a national network of peer-based emotional support, case work assistance, crisis intervention, and grief and trauma resources. Call 800-950-TAPS anytime or check out their on-line chat.

United through Reading | www.unitedthroughreading.org

United through Reading's Military Program unites military families faced with physical separation. Parents and children stay connected during long deployments through the medium of reading aloud on videotape.

USA Cares, Inc. | www.usacares.org

USA Cares exists to provide military families with financial support and other critical resources in their time of need. They will respond to every request, and a written reply will be sent to each requestor thanking them for their sacrifice and explaining the decision of USA Cares in regards to whether or not the requested assistance can be provided.

Veteran Homestead, Inc. | www.veteranhomestead.org

Veteran Homestead provides medical, psychological, and spiritual care to veterans that are diagnosed with a terminal illness, are elderly and/or disabled or otherwise in need. We provide these services without regard to race, religion or sexual orientation. All of our programs are drug and alcohol free and every effort is made to help those seeking abstinence.

The Pathway Home | www.thepathwayhome.org

The Pathway Home is a Residential Recovery program specifically created for and dedicated to serve our nation's "New Warriors" – those of any age who have served our nation's Global War on Terror.

Vets4Vets | www.vets4vets.us

Vets4Vets is a non-partisan veterans' peer support organization dedicated to helping Iraq and Afghanistan veterans heal from any negative aspects of service and war. Vets4Vets pays ALL expenses for OIF/OEF vets to fly to weekend peer support workshops.

Veterans of Foreign Wars Foundation | www.vfwfoundation.org

The VFW Foundation is committed to improving the lives of veterans and service personnel, their families, and the communities in which they live and work through a variety of programs. Their programs include free long-distance communication for troops, free financial grants for military members and families in need, and free assistance with VA claims.

Veterans Village of San Diego | www.vvsvd.net

The Veterans Village of San Diego is dedicated to extending assistance to needy and homeless veterans and their families. Their wide variety of services include residential and non-residential services, employment and training, and sponsoring annual Stand Downs.

Zero to Three | www.zerotothree.org

Zero to Three's mission is to support the healthy development and well-being of infants, toddlers and their families. Military Projects at ZERO TO THREE has launched a new three-year initiative, Coming Together Around Military Families (CTAMF). It is aimed at strengthening the resilience of young children and their families who are experiencing deployment and separation.

NOVEMBER 2010

America's Duty *The Imperative of a New Approach to Warrior and Veteran Care*

POLICY BRIEF



By Nancy Berglass

“The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation.”

- President George Washington

America's failure to prepare for and adequately address the impact of war upon service members and veterans is one of the most significant challenges of the post-September 11 era. Nearly a decade into two wars, the strain on the all-volunteer force is manifesting itself in troubling ways. Rates of depression, brain injury and suicide among warriors and veterans are high and increasing. Military use of psychiatric medications has increased 76 percent since the beginning of Operation Enduring Freedom (OEF), with 17 percent of the current active duty force on anti-depressants.¹ From 2005 to 2009 alone, service members took their own lives at an average rate of one every 36 hours.² Reliable scientific studies report that post-traumatic stress disorder (PTSD)³ and traumatic brain injury (TBI) afflict up to 35 percent of all troops.⁴

Addressing the deployment-related needs of those who have served is not only the moral thing to do, it is also strategically wise for the nation. The strength and viability of an all-volunteer force is undermined when the health and well-being of its members and veterans is so precarious.

Though the implications for national security, public health and social welfare are serious, the U.S. government's response has been inadequate. Infrastructure, training and funding at the state and local levels, on which the burden of reintegrating millions of veterans and military families falls, do not suffice. Addressing these challenges is no small task, especially under the worst economic conditions in recent history. Yet, if we are willing to embrace innovation and long-needed reform in military and government policy, the challenge is surmountable.

A new paradigm for warrior wellness will require a dramatic reprioritization in the allocation of federal funds and fundamental changes to the relationship between the Department of Defense (DOD) and Department of Veterans Affairs (VA).⁵ It will also

require a groundbreaking inclusion of private-sector stakeholders – nonprofit organizations chief among them – in the cause of warrior wellness. DOD and VA, of course, bear primary responsibility for the care of those who have borne the battle, but warriors⁶ come home to communities, not to federal agencies, and so it is at this crossroads of national obligation and social welfare that a new understanding of military wellness must take root. It is there that engagement with well-vetted nongovernmental partners should be among the most important strategies for ensuring the sustainability of an all-volunteer force, the successful social reintegration of our nation's newest veterans and the ongoing care of those who fought before them. Not doing so will bequeath to this generation of service members many of the same indignities and burdens of combat-related mental illness, homelessness, addiction and poverty that remain unaddressed for thousands who fought in Vietnam.

Given the inadequacy of government efforts to address the needs of today's service members to date, particularly the daunting issues of mental health and suicide, it is essential that DOD and the VA engage private-sector players and leverage their value and impact. This is not a distant aspiration. The U.S. government can draw upon an emerging network of nongovernmental organizations to form a model of public-private partnerships that will greatly enhance the care and services provided to those who have served the nation.

Modern Warfare Requires Modern Warrior Care

Since 2001, America's wars have been characterized by repeated deployments, widespread exposure to blast-related head injuries, and protracted large-scale call-ups of the National Guard and Reservists. Of the roughly 2.2 million Americans who have deployed since the Sept. 11 attacks, over 800,000 have been required to

serve multiple tours.⁷ Of these, one quarter has gone to the fight three times or more. A 2009 study published by the *American Journal of Public Health* documents that those who deploy more than once are at a 300 percent increased risk for severe mental health outcomes.⁸ At the same time, current brain scan images of young Operation Iraqi Freedom (OIF) soldiers bear a frightening resemblance to those of much older boxers who have weathered decades of blows to the head.⁹ The RAND Corporation's landmark 2008 "Invisible Wounds of War"¹⁰ report documents that between 14 and 19 percent of OEF/OIF veterans experience debilitating effects of post-traumatic stress, the unpredictable effects of traumatic brain injury and/or the unrelenting impact of combat-related depression. A Stanford University study places the percentage closer to 35 percent.¹¹

For the 43 percent of today's fighting force that is comprised of Reserve and Guard members, the extended separations from family, work and the civilian community life to which they are accustomed have taken a toll as well. While several studies indicate similar rates of post-traumatic stress and depression among both active duty and reserve component service members during the initial stages of deployment,¹² a Walter Reed Army Institute of Research study indicates that many mental health concerns among reserve component Reservists after the first 12-month period are attributable to "variables related to readjustment to civilian life or access to health care."¹³ Additionally, without access to many of the family-support resources available to active duty service members and their families, the spouses, parents, caregivers and children of Reserve and Guard members demonstrate higher levels of "child disengagement and more challenges with financial well-being" than their active duty counterparts.¹⁴ Children from reserve component families experience greater difficulty readjusting to parents after deployment and report consistent problems stemming

from interactions with civilian peers and teachers, who typically have limited understanding of the deployment experience.¹⁵

As remains true for thousands of Vietnam-era veterans, increasing numbers of OIF and OEF veterans exhibit troubling levels of substance abuse. A 2007 study published in *Military Medicine* indicates that up to one-third of troops returning from OEF/OIF reported struggles with “problematic drinking.”¹⁶ A 2009 Veterans Health Administration paper identifies 27,000 cases of “excessive or improper drug use” and 16,200 new diagnoses of Alcohol Dependence Syndrome among OEF/OIF veterans seen at VA hospitals.¹⁷ In the recent *Health Promotion/Risk Reduction/Suicide Prevention 2010 Report*, Army Vice Chief of Staff General Peter Chiarelli noted with concern that Army personnel committed 16,997 drug- and alcohol-related offenses in FY2009, a possible sign of declining discipline.¹⁸ The same report found that 72 percent of the Army’s 64,022 felony and death investigations between FY2001 and FY2009 were drug-related.¹⁹ Perhaps most troublingly, the Army found that the number of felony drug investigations grew between 18 and 26 percent from FY2004 to FY2009 (a number made less clear due to “gaps in siloed reporting”), and significant numbers of Army personnel found possessing or using illegal drugs are not referred to the Army Substance Abuse Program (6,297 in FY2009).²⁰

Rates of unemployment and poverty, along with divorce and family violence, among troops, veterans and military families are of significant concern as well.²¹ At least 130,000 and as many as 250,000 U.S. veterans are homeless each night; 89 percent were discharged honorably and over 7,000 are veterans of Iraq or Afghanistan.²² Together these outcomes are what Defense Secretary Robert Gates recently referred to as “the dilemmas and consequences that go with having so few fighting our wars for so long.”²³

These figures are not an indictment of DOD or VA. Under the leadership of ADM Mike Mullen, Chairman of the Joint Chiefs of Staff, and the less-visible, yet thoughtful stewardship of Secretary Gates and VA Secretary Eric Shinseki, both departments have publicly acknowledged shortcomings and established ambitious internal programs to address them. DOD and VA have made important advances in mitigating some of these problems. DOD’s exceptional work in battlefield medicine and VA’s successful suicide hotline program, for example, are among many notable achievements. Yet neither agency has moved to identify problems and implement solutions comprehensively or effectively enough.

At least 130,000 and as many as 250,000 U.S. veterans are homeless each night; 89 percent were discharged honorably and over 7,000 are veterans of Iraq or Afghanistan.

By working largely within the confines of governmental structure, both DOD and VA fail to take advantage of private-sector resources. Both agencies could fulfill their missions more quickly, effectively and with a desperately needed personal touch by leveraging the exceptional promise of community partners to help them meet their charges. By partnering with capable private-sector providers in the communities to which warriors come home, both DOD and VA can enhance the management and delivery of warrior care, and sometimes meet the individual needs of warriors with unique circumstances. While the military and other federal agencies struggle to escape the confines of bureaucracy and turn good ideas into action, private-sector organizations are on the front lines at home. They provide service members, veterans and their families treatment

and services ranging from emergency financial and child-care assistance to adaptive housing and employment-readiness training. In this sense, the nongovernmental sector is already playing a major role in supporting America's national security. Community organizations, often more efficiently than federal agencies, are bridging the gaps between service to the nation and reintegration with family and community afterward. By engaging more openly with nonprofit providers while maintaining rigorous criteria for vetting and accountability, DOD and VA can select and engage with the best of the exceptional resources civilian society has to offer our service members and veterans.

Warrior and Veteran Care: The Current Landscape

While organizations serving service members and veterans cannot – and should not – take the place of the government, they can and must play an essential role in coordination with federal agencies. It will take a diverse and coordinated group of local and national stakeholders, including but also reaching beyond DOD and VA, to implement strategic and systemic solutions to the deployment-related challenges facing troops, veterans and their families in this era of persistent conflict.

There are three fundamental flaws in the provision of governmental services to troops and veterans, which ultimately undermine the nation's capacity to support those whose national service has left them with significant unmet needs.

First, the military's "we take care of our own" mentality can be counterproductive to providing for the needs of warriors, veterans and their families. Discrete programs and services are quite effective within their own small milieus (the Special Operations Forces, for example, are notably good at caring for members and their families), but there is no consistent case management for the individual warrior or military family; no overriding strategy

for each service; no cohesive infrastructure for the system overall that recognizes, mitigates and addresses the complex, multifaceted effects of service in today's all-volunteer force. Our military does an exceptional job of preparing soldiers, Marines, sailors and airmen for the fight – boot camp makes warriors of recruits – but we do little to "de-boot," to support that warrior and his or her family as he or she comes out of the extraordinary experience of having served in combat. A prosthetic leg, some physical therapy and a bottle of meds do not equal a homecoming plan. The Army's Warrior Transition Unit (WTU) program shows great promise for those with visible wounds, but there are still numerous obstacles to making that program effective, including the daunting stigma for some warriors of even being in a WTU.

Second, the inflexible nature or even lack of meaningful coordination between DOD and VA bureaucracies hinder the effective and efficient provision of services. Providing a large infrastructure for care and benefits is something our federal agencies do well; meeting the individual needs of a vast and diverse population of warriors and veterans is not. From guidance on the new GI Bill to disability claim advocacy, several veterans' service organizations (VSOs) have entire programs and numerous staff devoted to helping veterans navigate the federal agencies that are supposed to serve them. That a field of nonprofit organizations exists primarily to interface between an agency and its constituents alone is a testament to the inefficacy of governmental operations. By their very nature, federal one-size-fits-all programs simply cannot apply equally to the unique circumstances facing, for example, an unmarried wounded Army Reservist from rural Iowa, as compared to a career Marine from San Diego who is returning home to three children. National-level bureaucracies are ill-equipped to tailor their services in ways that recognize how deployment affects individual

service members in very different ways. DOD and VA's failure to cooperate in tying together the "bookends" of military service via provision of consistent, dignified and adequate care and support systems before, during and after deployment undermines the post-conflict safety and security of those who risk their lives for our nation, and may ultimately weaken our force.

National-level bureaucracies are ill-equipped to tailor their services in ways that recognize how deployment affects individual service members in very different ways.

Third, a poorly understood and unevenly enforced system of laws and protocols severely limits the extent to which federal agencies may engage with nongovernmental partners. It is not uncommon to see serving senior officers at functions of congressionally-chartered military-service organizations (MSOs) or VSOs, such as the American Legion or Veterans of Foreign Wars. Those same leaders however, will assert that they are prohibited from even appearing to endorse lesser-known but sometimes more innovative and efficacious organizations or nonprofits. There are exceptions: the military medical establishment found a way to partner with the enormously talented reconstructive surgeons at UCLA's Operation Mend, for example, while other health organizations are also rebuilding and saving lives with neither support nor acknowledgment from federal agencies. There are no consistent, official criteria by which the excellence of potential nonprofit partners can be vetted. There are no consistent standards for excellence and no strategic plans by which community-based resources are assessed, accessed or held accountable while

bridging the growing gaps between federal agencies and the needs of our veterans. Rather, antiquated policies automatically favor and award privileges to relatively few large, often well-endowed VSOs, which have venerable histories but somewhat less of a connection with the current generation of warriors and veterans.²⁴ Not all have demonstrated the capacity to deliver meaningful direct services that pertain specifically to this generation of service members and veterans. By the widely accepted vetting and due-diligence standards of organized philanthropy, few of these groups merit such exclusive access to government resources and recognition.

The Emerging Paradigm for Warrior and Veteran Care

In light of the challenges described, an effective paradigm for modern-era warrior care cannot depend entirely on government programs and services. Both DOD and VA have struggled throughout the course of two wars to meet many of the basic responsibilities associated with the needs of their charges. The nonprofit sector has stepped in to introduce new ideas and methods to address unresolved problems. Across the spectrum of military care, the nonprofit community is a quiet giant. In communities nationwide, nonprofit programs and services touch every aspect of a warrior's or military family's life, offering mental health counseling and crisis intervention, financial assistance, scholarships, workforce reintegration, transportation, housing and even advocacy within DOD and VA systems.²⁵ Some organizations are longtime players on the national stage, whose experience enabled rapid response to the earliest needs created by the wars in Iraq and Afghanistan. Many others were established as national and local responses to the current conflicts, upholding missions that pertain to the new and unique circumstances of today's wars. The 2009 report of the Iraq Afghanistan Deployment Impact Fund (of which

the author is director), which distributed close to 250 million dollars in grants to military- and veteran-support nonprofits nationwide, documents that its 53 grantees provided critical, sometimes life-saving deployment-related services to 2 million warriors, veterans and military family members, between 2006 and 2009 alone.²⁶ Thanks to the work of nonprofits, thousands of veterans have found themselves able to readjust and thrive after deployment to Iraq and Afghanistan. Few resources were available to aid their transition previously.

Nonprofit providers of services to troops, veterans and military families add value in at least four critical areas where government agencies are challenged:

Capacity and efficiency. Despite the best of intentions and efforts, DOD and VA are overwhelmed and inhibited by bureaucracy. There are excellent nonprofit providers in communities across the nation, however, whose local relationships and resources, as well as large numbers of “boots on the ground,” can dramatically leverage the impact of what is possible from Washington.

Personalized care. With proper access to evidence-based care models, hometown organizations can address a range of individual needs in ways no bureaucracy can match. Kentucky-based USA Cares, for example, has used its networks to find local counselors in communities nationwide when veterans have threatened to hurt themselves and their families. Los Angeles-based New Directions has identified homeless veterans of the wars in Iraq, Afghanistan and Vietnam and provided them with services to address substance abuse, housing and unemployment challenges under one roof. The national Navy Marine Corps Relief Society has sent visiting nurses onto remote American Indian reservations to meet the needs of veterans in crisis there.

Trust. RAND’s “Invisible Wounds of War” report revealed that large numbers of troops and veterans do not seek mental health care in the system because they fear either negative career consequences or ineffective treatment.²⁷ Both are indicators that some warriors mistrust or otherwise eschew the system under which they work. Community nonprofits that are independently operated can be a safe haven for those who may not otherwise seek help due to fear of repercussion. There are legitimate concerns when troops hide problems from their commanders; yet, most military leaders agree that it is better they seek help from community agencies than not at all.

Ability to engage the public. Nonprofit organizations put volunteer power to use quickly and efficiently. Were DOD and VA to establish partnerships with thoroughly vetted and accountable nonprofit organizations in the communities to which warriors return, the resulting networks could direct both volunteers and individual donors in ways that would harness America’s goodwill, and transform warrior care in the process.

Nonprofits have proven essential to military wellness in the all-volunteer era, but operate almost entirely outside of any actual plan or strategy to address warriors’ needs. Some receive funding support from the philanthropic community; almost none receive compensation from DOD or VA for the critical services they provide. Though their work is fundamental to military wellness, their current business models are not sustainable. A lack of cooperation or even acknowledgement from the very federal agencies whose constituents they serve keeps many good nonprofit providers marginalized, unable to reach the men and women whom, in some cases, they are uniquely capable of serving. The potential of the nonprofit sector to leverage warrior care will never be optimized until DOD and VA work together to formally engage local and other private-sector partners as part of an overall military wellness strategy.

Recommendations

The ongoing failure to attend to the deployment-related needs of those who have voluntarily served in America's armed forces in a time of protracted war can be overcome by a willingness to step outside of the confines of traditional government structures and bureaucratic constraints.

The following recommendations for the Obama administration, and DOD and VA in particular, would provide a first step toward implementing an improved infrastructure for warrior and veteran care.

1. The Obama administration should direct the design and implementation of a comprehensive "national homecoming plan" that will address the short-term and long-term deployment-related needs of troops and veterans, and attend to their successful reintegration with family, workforce, community and society. A homecoming plan that plays to the strengths of and forces efficiencies among the pertinent agencies and leverages their impact via strategic engagement with well-qualified private-sector partners would help ensure that warrior care is planned in advance. In this new paradigm, every veteran will have the access to health care, housing, education, employment and other opportunities and benefits they deserve after their service. Instituting such a plan requires first defining and implementing national standards for warrior care that begin with active duty and follow through to successful civilian reintegration. The task will be large and daunting. It is also critically important, long overdue and should be a priority for the Commander-in-Chief and Congress. President Obama and Congress must prioritize adequate funding for warrior care not only via standard line items for DOD and VA, but for the following innovations:

- A "Veterans Benefit Trust Fund" (as proposed by Linda Bilmes and Joseph Stiglitz to the House

Committee on Veteran's Affairs) to ensure that veterans' health and disability entitlements are fully funded as obligations occur.²⁸

- A "Military Service Endowment," like its counterparts in the arts and sciences, would spur innovation, and strengthen the infrastructure for excellence in warrior care by distributing peer-reviewed grants to nonprofits working to meet the health, welfare and social integration needs of warriors, veterans and military families.

The potential of the nonprofit sector to leverage warrior care will never be optimized until DOD and VA work together to formally engage local and other private-sector partners as part of an overall military wellness strategy.

2. DOD and VA should institute a Comprehensive Interagency Continuum-of-Care Model. DOD and VA must, first and foremost, commit to a new interagency approach that establishes and enforces clear paths of communication and collaboration within and between the two departments. The departments should work together to set joint, consistent standards for addressing warrior and veteran needs; identify, plan and source programs and services that address all points along the continuum of need; and invest in strategic partnerships with outside agencies. Other governmental departments and agencies that serve military constituents and that have a presence in communities to which veterans return should also be integrated as stakeholders in the effort.

To adopt this model, DOD and VA should:

- *Empower and adequately fund an accountable interagency office the sole charge of which, within the next year, shall be to write*

and oversee implementation of a bona fide strategic plan with milestones for success and standards for the sustainability of interagency cooperation. For purposes of efficiency, abolish, combine or force effective and measurable collaboration among VA's Office of Seamless Transition, the Joint Executive Committee and the Interagency Policy Committee, each of which is engaged intellectually in efforts pertaining to transition and interagency cooperation, but none of which has produced results that satisfy the charge.

- **Create consistent standards for determining need.** DOD and VA should not have disparate disability ratings. It is wholly inefficient that a warrior receive one set of diagnoses and ratings upon separation from active duty, only to face a likely different assessment of the same injuries and needs when seeking benefits and care from the VA. There should be a national standard that clearly defines service-related injuries, wounds and needs, and addresses those consistently among and between agencies.
- **Provide troops, veterans and their families with "civilian readiness" training and follow it with comprehensive case management.** When troops leave the military, they receive inadequate transitional information and assistance. Those in the reserve component and military family members receive uneven levels of outprocessing support. DOD and VA should develop a joint program of civilian readiness training that applies the same comprehensive approach to preparing combat veterans to leave the military as healthy, well and ready for the job market and community life as they were for the battlefield. An elemental component should be comprehensive training that helps veterans and their families spot signs of trouble and know where to go for help. Just as commanders flag soldiers who might be particularly vulnerable or need special care when they

return from Iraq and Afghanistan, DOD should flag troops who are separating from the military and may warrant special care and attention from the VA after being discharged.

- **Implement automatic registration with the VA for all service members.** No veteran should have to face the indignity of having to "prove" or justify his or her service. If the AARP can find and solicit millions of Americans as they near the age of 50, DOD and VA can find a way to cull enough basic data on each service member to ensure that he or she becomes part of a system of care with consistent records and services.
- **Track data consistently and promote ease of transition through the implementation of electronic records.** When it comes to the documentation and distribution of data, all branches of the military keep their own records, which are not uniform in content, form or accessibility. This makes it unnecessarily challenging to identify and serve those troops and service members whose deployment-related needs may fall beyond the confines of what the government can provide. Protection of the individual's privacy should remain an inherent requirement of this evolution to 21st-century standards. Developing and implementing such a system will certainly be difficult, as DOD discovered in its efforts to create the now-defunct Defense Integrated Military Human Resources System (DIMHRS). However, there is still a significant need for a joint DOD-VA process to implement a more robust system to integrate and access records quickly and efficiently.
- **Establish a high-level Veterans Policy Board (VPB) to provide rigorous and uncompromised advice for the VA Secretary, who must lead a needed overhaul of systems and organizational culture at the VA.** The VA is a large and complex organization with health care services that are among the best in the world; it also includes

benefits administration that is widely reputed to be among the most outdated and inefficient of any government agency. Secretary Shinseki inherited an agency so entrenched in bureaucracy that his best intentions are as likely to be derailed by internal inertia as they are by external forces. Like the Defense Policy Board, the VPB should invite carefully selected national leaders and experts from across disciplines, to help provide the intellectual rigor, strategic advice and political savvy needed to guide change-making leadership.

3. Implement partnerships with nonprofit service providers. Meeting the needs of service members and veterans is a proposition that far exceeds the current capacities of DOD and VA. Both must prioritize and find effective ways to partner with nonprofit players and capitalize on the resources they have to offer. DOD and VA should engage leaders from the fields of organized philanthropy and the nonprofit sector to advise them as they learn more about working efficaciously with nonprofit partners. The departments can begin to foster this partnership through the following steps:

- *Develop a national strategy to build and sustain excellent community partnerships in service to warrior care.* This will require the establishment of unified government-approved vetting criteria by which nonprofit organizations shall be: 1. qualified as vendors or partners to government agencies, 2. referred to troops, veterans and their families; and 3. “weeded out” or deemed ineligible for government support if they violate the standards identified as necessary. The vetting process for community partners should be neutral, rigorous and periodically reviewed. The vetting infrastructure (whether by committee or internal office) must include experts in the fields of nonprofit management and philanthropy, alongside those with military expertise.
- *Baseline standards for excellence in warrior and veteran care should be defined, and community partners held accountable to them.* Nonprofit partners should demonstrate the ability to provide warriors and veterans with evidence-based, patient-centered, family-inclusive care. Requests for proposals should be targeted to nonprofit agencies that can provide services the government cannot provide adequately. This innovation-spurring strategy should be put into motion now.
- *Abolish protocols that favor “official” VSOs.* All nonprofit organizations with a central mission to serve troops and veterans and that meet stringent vetting criteria should be considered MSOs and VSOs. They should have equal access to opportunities for partnership with and recognition from government agencies. Organizations that have long been identified as official VSOs should be asked to demonstrate, like all other potential partners, their capacity, commitment and compliance, as well as their understanding of the circumstances unique to this generation of warriors. All MSOs and VSOs must be held to the same set of standards.
- *Invest in the infrastructure necessary to support nonprofit military- and veterans-support services.* DOD and VA can support coalitions, conferences and other mechanisms through which VSOs, MSOs and other organizations and agencies can network, collaborate and leverage the impact of each other’s resources. They can invest in approaches that show the greatest promise to manage veterans’ cases through local networks of care. One way of achieving this could be through the development of “regional” clusters where warrior and veteran needs can be grouped. Block grants and similar funding mechanisms can be made by federal agencies to these entities, which can take on increased case

management and local warrior-care responsibilities with far greater efficiency than can federal agencies. States, jurisdictions, coalitions of providers or other “umbrella” entities that can provide sound blueprints for regional approaches to warrior care are good examples of groups that might qualify as regional stakeholders. This approach plays to the strengths of communities – smaller, scalable clusters of stakeholders – who have the resources and relationships in place to work well together.

Conclusion

With each day, more families are coping with the mounting burden of repeated combat deployments. Increasingly, those burdens include troubling mental health challenges and, in the worst-case scenario, suicide. During and after active service, thousands of service members and veterans are still falling through the cracks of government and nonprofit safety nets. For these military and veteran families to get the support they have earned, policymakers, the private sector and the nonprofit and philanthropic community must work together in dramatically different ways. Preserving the wellness of service members and veterans is central to the effectiveness of the all-volunteer force and the ability of the U.S. military to perform its missions today and in the years to come. DOD and VA should embrace the opportunity to rally the dedication and resources of the American people through a new public-private partnership model of service to accomplish the critical mission of providing for those who have served.

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SUPPORTING OUR TROOPS, VETERANS AND THEIR FAMILIES:

Lessons Learned and Future
Opportunities for Philanthropy

A Report on the Iraq Afghanistan Deployment Impact
Fund (IADIF) of the California Community Foundation

By Vanessa Williamson
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IADIF By the Numbers

\$235 million

Grant amount awarded to 53 nonprofits serving individuals and families affected by deployment to Iraq and Afghanistan

2 million

Troops and families directly served by IADIF grantees from 2006 to 2009

\$45 million

Grant amount awarded to three community foundations in Texas and three in Florida to meet the needs of service members where the impact of deployment has been heaviest. Visit triadfund.org and floridabraive.org to learn more.

\$3.2 million

Grant amount awarded to support an Ad Council campaign in partnership with Iraq and Afghanistan Veterans of America, to raise public awareness about the needs faced by our troops, veterans and their families, and to help them build an online community. Visit java.org to learn more.

\$4.4 million

Grant amount awarded to National Public Radio to raise public awareness about the wars through its in-depth series, "The Impact of War." Visit npr.org to learn more.

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“The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their nation.”

— George Washington

Executive Summary

Since Oct. 7, 2001, America has been at war. Almost 2 million* American troops have served in combat, the majority in Iraq and Afghanistan. More than 5,100 troops have been killed, and more than 35,000 have been seriously injured. Many of those who have returned home physically unscathed are still facing massive challenges, from psychological injuries to unemployment and even homelessness.

The economic downturn is aggravating matters for new veterans. Veterans of Iraq and Afghanistan face an unemployment rate nearly 2 percent higher than the national rate for civilians. Since the start of the wars, homeless service agencies estimate that at least 3,000 veterans of Iraq and Afghanistan have stayed at one of America's homeless shelters.

With the needs so great and the government facing substantial challenges in adequately supporting our troops, veterans and families, the California Community Foundation (CCF) stepped in to help. Since 2006, CCF's Iraq Afghanistan Deployment Impact Fund (IADIF) has made more than \$235 million in grants to 53 nonprofits to meet the needs of men, women and families affected by deployment to Iraq and Afghanistan.

IADIF, by far, is the nation's philanthropic leader in the field of military and veteran support. IADIF combined innovative philanthropy with focused investment, playing a critical role in bringing awareness to the public and building new partnerships among government agencies, nonprofits and organizations serving the military and veterans.

To date, IADIF grantees have directly served more than 2 million service members and their families, impacted more than 50 pieces of legislation including the new GI Bill,

provided the country's first comprehensive research assessment of the mental health impact of the war, and through public awareness and research efforts, encouraged tens of millions of Americans to get involved and find ways to provide meaningful support to our troops and vets.

Initially focused on direct service, IADIF's earliest grants invested in national organizations and small grassroots groups alike, funding programs and services in financial aid, counseling, scholarships, health care, employment, housing and more. Recognizing the need for a more systemic impact, IADIF later supported research, public awareness and advocacy campaigns. In only three years, the fund fundamentally reshaped the entire landscape of services for a new generation of warriors, veterans and their families.

In addition, CCF was able to achieve these results in a cost-efficient manner, with costs per year of less than 0.5 percent of the fund since IADIF's inception. IADIF was invested in CCF's conservative, short-term pool and the investment gains more than offset the costs. This means that IADIF was able to convert 100 percent of the contributions received to its grantmaking efforts to effect change for the target population.



Operation Homefront distributes school supplies to children of deployed parents. (Photo courtesy of Operation Homefront)

Some highlights of IADIF grants include:

- Jacob's Light Foundation sends more than 10,000 pounds a month of both vital and morale-boosting supplies, from toothpaste and favorite snacks to coveted thermal blankets that provide warmth and prevent frostbite to troops stationed in the mountains of Afghanistan.
- Sesame Workshop's "Talk, Listen, Connect" (TLC) program helps hundreds of thousands of military children cope with the often painful absence of their deployed parents. Through the provision of more than 800,000 bilingual multimedia toolkits, the outfitting of "Sesame Rooms" at military installations from which troops are deployed to the war in Iraq (officially termed Operation Iraqi Freedom or OIF) and the war in Afghanistan (a component of Operation Enduring Freedom or OEF), and a rich interactive Web site, TLC supports those who endeavor to meet the psychosocial needs these kids face when parents deploy.
- Operation Homefront provided more than \$10 million in emergency assistance to military families in financial crisis.
- RAND's landmark 2008 study, *Invisible Wounds of War*, was the first comprehensive examination of troops and veterans' psychological and neurological injuries, and spurred lawmakers and government officials to increase funding for the mental health care of troops and veterans. The RAND Corporation is an independent nonprofit organization whose mission is to help improve policy and decisionmaking through research and analysis.
- Iraq and Afghanistan Veterans of America (IAVA) advocated for and was instrumental in the battle for the new GI Bill, making college affordable to eligible post-9/11 veterans. IAVA also stewards the groundbreaking Community of Veterans campaign, providing critical referrals, resources and an important sense of community to veterans nationwide, via its virtual town hall.
- IADIF helped launch the Coalition for Iraq and Afghanistan Veterans (CIAV), a network of IADIF grantees that work together to provide comprehensive care for their clients and improve coordination between military and veterans support organizations.

(See a summary of all grants in Appendix C)

As the national leader in the field of military and veteran support, the California Community Foundation has commissioned this report to inform funders, policymakers and nonprofit organizations about the impact and implications of IADIF's work. The report outlines the issues facing the military and veteran community; analyzes the field of support available to troops, veterans and their families; describes the far-reaching breadth and scope of IADIF's impact; and presents recommendations for future investments. This report serves as a road map to making informed and effective investments in supporting America's military and veteran families.

The American veterans of the Iraq and Afghanistan wars

The U.S. troops and veterans of the wars in Iraq and Afghanistan are a unique population compared to the general population. They are young, though troops in the reserve component tend to be older. The military is overwhelmingly male (though less so than in previous wars), and racially and ethnically diverse compared to previous wars. The most striking difference, though, between Iraq/Afghanistan troops and earlier generations of service members is that at least 600,000 have served multiple combat tours.

The new veteran population totals less than 1 percent of the American population; as a result, returning troops often feel isolated in their own communities. Today's veterans also communicate differently from previous generations in that they use online tools to stay connected with their war buddies.

The chart below compares the demographics of Iraq/Afghanistan troops to Vietnam troops.

	Deployed	Ethnicity	Gender	Average Age	Married	Avg. Length of Deployment
Iraq or Afghanistan	1.92 million (to date) Volunteer	71% White 16% African American 10% Hispanic 3% Asian/Pacific Islander	89% male 11% female* *Support positions, like medics and truck drivers	60% under 30 85% under 40 The largest age group, 20-24, makes up more than 1/3 of those who have served in the two wars	50%	Multiple tours of varied lengths
Vietnam	3.4 million Draft	88% White 11% African American 1% Other	99.8% male 0.2% female* *Mostly nurses	19	Less likely to be married	One year-long tour

Issues facing today's troops, veterans and their families

The current wars have redefined military service. Though this military is voluntary, hundreds of thousands of troops have been required to serve multiple and extended tours, due to manpower shortages and dramatically revised military strategies. Some have been called back to service after leaving the military, and others have been held on active duty beyond their expected exit date. This reality has been a tremendous strain on the force, and on the families of those serving.

Troops with severe and often untreated psychological and neurological issues compounded with other reintegration problems are causing suicide rates to increase in unprecedented levels. According to a 2008 RAND study, *Invisible Wounds of War*, at least 20 percent of Iraq and Afghanistan troops and veterans, or currently about 380,000 people, have Post Traumatic Stress Disorder (PTSD) or major depression; an equivalent number have some level of Traumatic Brain Injury (TBI). The number of suicides among service members has increased every year since 2003¹; in 2008, the Army alone reached a 27-year high of more than 134. Nearly 230 troops

have taken their own lives on the field of operations since the start of the war². There is no agency tracking veterans' suicides, but the Department of Veterans Affairs (VA) estimates that among veterans of all U.S. wars, 18 take their own lives each day.

These psychological effects of war are severely impacting military families. Military divorce rates have increased, especially for female service members. Almost 2 million children have been affected by deployments to Iraq and Afghanistan; more than half of the military spouses report increased levels of fear, anxiety and behavioral problems in their children.

In addition, wounded troops and their families must navigate government bureaucracy that can delay their treatment and put their families in debt. Fortunately, nonprofit organizations nationwide have stepped up to provide support where the government could not adequately deliver. However, the nonprofit and philanthropic sectors cannot fill the government's role and veterans need a concerted effort from the government to overcome the immense challenges they face.

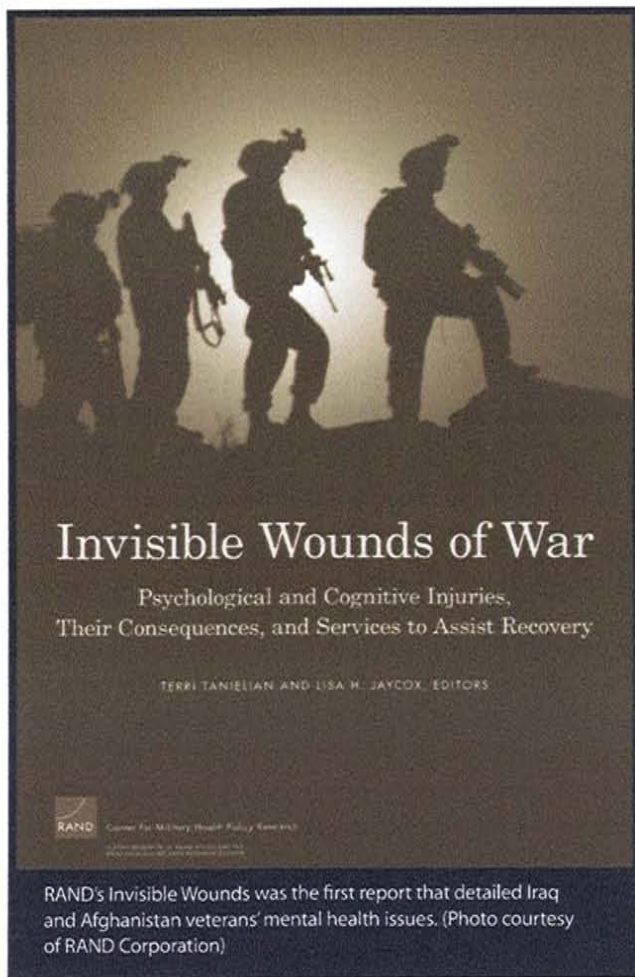
Lessons Learned

One of the federal government's mandates is to care for America's troops and veterans. However, while the military has excelled in areas such as emergency battlefield medicine and modern prosthetics, there are many other areas of concern and need in which governmental agencies have yet to fulfill their responsibilities and potential. Many veterans are waiting months and years for care and benefits, or receiving no support at all.

Thousands of nonprofit organizations — some national in scope, others run by a single volunteer out of a garage — have responded to the gap between what is needed by our service members and what is provided by the government that deployed them. Many of these organizations have achieved remarkable results, particularly in the way they have adapted and innovated to meet the changing needs of troops and veterans; their independent status from the military and federal government has helped them to earn a unique level of trust from those they serve. However, it will take more than the individual efforts of singular nonprofits to have the greatest impact on a population whose needs are growing. What is needed is a coordinated effort by the nonprofit military support community at large, with the cooperation of and in partnership with government agencies.

¹ "22,000 vets called suicide hot line in a year," Associated Press, July 28, 2008

² <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-total.pdf>
<http://siadapp.dmdc.osd.mil/personnel/CASUALTY/wotsum.pdf>



Based on IADIF's body of work, the following are key observations of the nonprofit military and veterans support sector:

- Most of the innovation in services is coming from the nonprofit sector, which has stepped in to introduce new ideas, methods or devices to address unresolved problems or to meet unmet needs. The Intrepid Fallen Heroes Fund, for example, built the Center for the Intrepid and the National Intrepid Center of Excellence (to open in 2010), the world's leading facilities for combat burn and amputee rehabilitation, and Traumatic Brain Injury, respectively, right on the grounds of military installations, where the need for state-of-the-art resources was urgent, but where it would have taken the government years to build.
- Many military- and veteran-serving nonprofits operate without the cooperation, partnership or acknowledgment of government agencies. Not working with community organizations inhibits the military's capacity to reach service members in new ways, if at all.
- The nonprofit military support field resembles an emerging social movement. There is little infrastructure, varying levels of interagency cooperation and increasing in-fighting as some groups emerge to seize the spotlight. This is not necessarily a bad thing. Within the past eight years, there has been impressive growth within the field and the creation of the Coalition for Iraq and Afghanistan Veterans, a national umbrella organization connecting IADIF grantees, further points to a slow, but definitive maturing of the movement.
- The range of capacity within military and veterans support organizations is inconsistent. The contrast is significant between very small organizations — some staffed solely by volunteers and some new to the nonprofit sector — and the large and sophisticated organizations whose constituents are largely limited to older generations. Good work is being done in all cases, but possibly according to different standards.
- Fund development activity among nonprofits serving the military has, in some cases, been limited — to the detriment of consistent service provision. For most of the organizations, foundation grants are new or rare; the majority are new to organized philanthropy. Older organizations have traditionally relied on membership fees, individual donations and an occasional corporate sponsorship. Younger ones are often running on a shoestring budget, with capital from personal savings accounts and credit cards. The learning curve remains steep and funders and government agencies will have to do some handholding.
- One of the greatest values the nonprofit sector brings to veterans services is trust. RAND's Invisible Wounds report said that many traumatized vets do not seek mental health care because of concerns related to negative career consequences and concerns of medication side effects.
- The collective efforts of nonprofits providing a robust continuum of services demonstrate that the problems faced by our service members can be successfully addressed. Virtually every aspect of deployment-related need is being addressed, but a more coordinated response is needed.

Recommendations

If we as a nation are to mitigate the problems veterans face when they come home, we will have to tackle the issues while troops are still on active duty, before the issues become egregious. Inherent in these recommendations is the assertion that our military must act on the responsibility to intervene proactively after subjecting our troops to repeated combat exposures.

However, with close to 2 million troops having served in these current wars — many of whom are injured, traumatized, unemployed and/or undereducated — government agencies are likely unable to handle the task of their reintegration alone; The Department of Defense (DOD) and VA must work with funders and nonprofit providers to support our troops, veterans and their families before their problems become larger public crises. Such partnerships can only be successful with an open-minded approach, a willingness to take risks, and patience to help today's military support organizations step into the greater nonprofit community as peers and allies.

Support has improved but much more remains to be done. The wars are far from over, and each day more families are coping with the incredible burden of combat deployments. Thousands of veterans are still falling through the cracks of the government and nonprofit safety net.

Following are highlights from the IADIF recommendations to policymakers, grantmakers and nonprofits on how we can work together to help those who have made and are still making an extraordinary commitment to their country:

For Military and Government Agencies, and Policymakers

Build a comprehensive national “homecoming” plan. Government must design and oversee a comprehensive national “homecoming” plan that will address both the short- and long-term deployment-related needs of our troops and veterans. The DOD should commit to the same comprehensive approach to preparing combat veterans to leave the military — a “deboot camp” to ensure that veterans are as healthy, well and ready for the job market and community life as they were for the battlefield.

Correct the claims backlog at the Department of Veterans Affairs. Nearly 1 million U.S. military veterans have waited between six months and four years to see their benefits claims addressed and funded. In the meantime, thousands who live with disabling injuries have slipped into poverty and despair. A class action lawsuit pending against the VA alleges that some have even committed suicide, unable to suffer the indeterminate wait without adequate support from the government that sent them to war. IADIF calls on the VA Secretary to prioritize the determination of each and every pending claim and correct a broken system that will address this shortcoming.

Commit to full, effective implementation of an anti-stigma program directed at troops and military leadership. This will mitigate underreporting of mental health issues and increase responsible and timely care treatment for those who have combat-related mental health concerns.

Increase transparency and client service. Both the DOD and VA must focus more on the individual troops, veterans and families they are charged with serving. Documentation and distribution of data across all fields of information must be uniform and unified among the branches — active duty, reserve and veteran components. Capturing and making transparent deployment-related data for the public record will help nonprofits as well as government agencies focus their resources where they're needed most. In addition, both transparency and client service can be improved through the full implementation and use by DOD and VA of a virtual electronic record system, as mandated by Congress in 2008 as part of the National Defense Authorization Act. This system, once fully up and running, is meant to seamlessly transfer information vital to the health care, services and benefits of our service members from the moment they enter the military through their status as veterans and until their deaths.

Invest in partnerships with the nonprofit sector. Government must harness the vast nonprofit resources serving the military and veteran community. It should invest directly in nonprofits through competitive grants or fee-for-service programs or in their infrastructure. DOD's "Real Warriors" campaign, a multimedia effort to support the successful reintegration of returning service members, veterans and their families, has begun to connect our service mem-

bers with community resources by posting links to nonprofit organizations nationwide, such as the Coalition for Iraq and Afghanistan Veterans and other nonprofits outside of the community of "official" military and veterans service organizations (MSOs/VSOs). This is an important step in building bridges between the military and additional community resources that are geared to address the needs of the OEF/OIF troops.

For Grantmakers

Help build a coordinated infrastructure. Grantmakers should fashion their grantmaking to help build infrastructure and sustainability, foster coordination and encourage stability across the field of military and veteran support. The work of nonprofits will be as effective and sustainable as the infrastructure on which it is based.

Support systemic change. In addition to support for critical direct services, grantmakers should consider funding research, education and advocacy efforts that promote long-term, systemic change. Most helpful would be research that documents the scope and breadth of needs and problems faced by service members, and evaluation of best practices and models in nonprofit service delivery to the target population.

Invest in case management. Many say the greatest direct service need among today's service members is for case management. There is no government agency that tracks and ensures the overall or comprehensive well-being of a troop or veteran with deployment-related needs. Grants that enable state agencies or local organizations to track and support veterans and their families through separation from the military and into veteran status are critical.

For Military and Veterans Support Organizations

Professionalize. Nonprofits serving our nation's service members must professionalize their staffs and operations to become sustainable — to learn about and implement effective business models and best practices and strategically develop a diverse and sustainable donor base.

Increase evaluation. Nonprofits must adopt a higher standard of evaluation that will allow them to accurately assess the effectiveness of their programs and present their donors, constituents and policymakers with a more appealing case for support, whether in the form of funding or partnership.

Build the community. Many military and veterans support organizations are working in isolation or are duplicating efforts. They must learn to work together more effectively to leverage their impact, avoid possible redundancies and ensure that veterans and military families receive the comprehensive support they need.

Promote awareness of your organization. Nonprofits must learn to market themselves and their work better by finding creative and compelling ways to relate the needs of their constituents and the human impact of deployment on individuals and families in order to capture the attention of the media and American public. Only by raising awareness can funders and donors realize how their support can address unmet needs.

We have made great strides in recent years in the public and nonprofit sectors to support our troops, veterans and their families. However, without continued and increased investment from the public and nonprofit sectors, those who have borne the burden of deployment to Iraq and Afghanistan will continue to struggle upon their return home. As the work of this seminal fund draws to a close, we are confident that IADIF's achievements and lessons learned will prompt others into joining the effort on behalf of America's troops, veterans and military families.

As an independent philanthropic institution, the California Community Foundation has garnered substantial experience and knowledge of the military nonprofit support field through IADIF. The analyses and recommendations in this report are meant to be constructive in nature, toward strengthening the capacity of grantmakers, military nonprofits and government agencies to work effectively together on behalf of our service members and their families. For those who have served in our nation's armed forces, we owe our deepest respect, gratitude and especially, support, so that they can return home healthy and able to fully participate in community life again.

Acknowledgments

CCF is grateful to the donors who initiated and provided the funds for the innovative IADIF program. Without their continued support and openness to exploring new grantmaking territory, none of IADIF's significant achievements would have been possible.

Vanessa Williamson, the lead author of this report, is formerly the policy director for Iraq and Afghanistan Veterans of America. Williamson is currently pursuing a Ph.D. in government and social policy at Harvard University.

CCF would like to thank President and CEO Antonia Hernández for her leadership and Amy Fackelmann Gonzalez and Nancy Berglass for their substantial contributions to both the content and form of this report. Fackelmann Gonzalez, senior philanthropic advisor at CCF, managed the initiative. She helped shape its strategy and direction and coordinated the administrative efforts required to implement the grants program.

CCF hired Berglass to spearhead the effort full time as director of IADIF. Berglass, of Berglass Community Investment Consulting, designed and implemented the IADIF grants strategy, which included researching the field, assessing and recommending organizations and grants, and monitoring and evaluating the IADIF program. Her investment in building meaningful relationships with top leadership in the DOD and VA has been crucial to opening new doors for partnerships between the military and philanthropic sectors. Berglass' work helped to fundamentally change the field of military and veteran support by encouraging best practices among nonprofit military support organizations, and by demonstrating to military agencies the power of philanthropy to impact the lives of our service members.

We also acknowledge the CCF staff who contributed to this report — Namju Cho and Denise Tom for their editing and communications insights and Gerlie Collado and Josh Wright for their editorial assistance.

Since 2001, America has sent almost 2 million of our sons and daughters to war. Every day, more than 150,000 American service members are risking their lives in Iraq and Afghanistan. But this barely makes the evening news; in 2008, when 469 troops were killed in action and thousands wounded, war coverage accounted for less than 3 percent of U.S. network news airtime.

The wars in Iraq and Afghanistan may have slipped somewhat from the public's attention, but America's troops, veterans and their families need their country's support more than ever. As combat forces are drawn down in Iraq and troops will begin the "surge home," many will be asked to leave their families yet again, and return to the fight in Afghanistan. The rest will be reintegrating into civilian life as the country is struggling with an historic economic crisis. Today's troops, veterans and their families are facing economic hardship, family strain and often severe mental health issues. Unaddressed, these problems will most certainly have detrimental ramifications for decades to come. This is a critical juncture at which to address the needs of troops, veterans and their families.

The California Community Foundation (CCF) launched the Iraq Afghanistan Deployment Impact Fund (IADIF) in 2006 as a special initiative borne out of donors' interest in helping veterans. The fund supports those affected by deployment to Iraq and Afghanistan, including troops, veterans and their families, by investing in nonprofit organizations that serve them. Created with substantial funding but with a short time horizon, this initiative has supported direct services, such as

counseling, child care and emergency financial assistance, as well as world-class research, innovative public awareness campaigns and effective advocacy to bring about systemic change. With grants of more than \$235 million to 53 diverse nonprofits across the country, IADIF is, by far, the nation's philanthropic leader in the field of military and veteran support.

IADIF's investment is also remarkable in that the military and veteran service sector has no history of extensive support from organized philanthropy. As a pioneer in this field, the foundation commissioned this report on the history, strategy, impact, lessons learned and recommendations from IADIF's work. For funders, policymakers and nonprofit organizations, this report will articulate the needs of military and veteran families, the challenges facing military and veterans support organizations and the effective programs that assist America's troops, veterans and military families. The report will also share lessons learned and make recommendations for further investment, as the needs continue to grow.

This is a critical juncture to address the needs of America's troops, veterans and their families.

Who Are the Troops and Veterans of Iraq and Afghanistan?

Sean* was a 26-year-old actor working in Los Angeles, but just one day after Sept. 11, 2001, he walked into a Marine recruiter's office and enlisted. When American forces rolled across the Iraqi-Kuwait border, Sean's unit saw some of the invasion's heaviest fighting. Asked why he joined the military, he said, "I felt really obligated to do something other than just... cheer for the guys, sitting in my La-Z-Boy in my living room."³

A successful corporate lawyer and journalist, Phil, 29, had been out of the military for seven years when he was called back to active service. In 2005, he put his career on hold to serve in Iraq for a year, helping the Army build the Iraqi police forces at the height of the insurgency. "I probably learned more from my soldiers (especially my sergeants) than they ever learned from me," he said. "In addition to getting many practical lessons about soldiering, I got lessons about life in America."

Even though she was in high school, Abby knew she wanted to serve. Still 17, she convinced her parents to let her join the Wisconsin National Guard. Soon, she found herself in Baqubah, Iraq, serving as a fuel truck driver — a position under greater threat of roadside bombs than almost any other. Abby felt called to service, saying simply, "it was a civic duty."⁴

Those who serve in our nation's Armed Forces come to the military from all walks of life. Yet less than 1 percent of the American population has served in Iraq or Afghanistan — a smaller fraction than in any other prolonged conflict in our nation's history. In World War II, 12 percent of the country served in uniform.

Even as eight years have passed since the start of the Afghanistan war, many American civilians have never met a post-9/11 veteran. Who are these young servicemen and women, who choose to put their lives on the line to serve their country? They are a new and distinct population, different both from their civilian peers and from veterans of previous generations.

Today's troops serve in a volunteer military rather than being drafted. The all-volunteer force serving in the war in Iraq (officially termed Operation Iraqi Freedom or OIF)

and the war in Afghanistan (a component of Operation Enduring Freedom or OEF) have had a markedly different experience compared to earlier generations of service members.

The need for manpower since Sept. 11, 2001 has stretched the traditions of military service. Hundreds of thousands of soldiers have had their combat tours extended, and at least 600,000 troops have served unprecedented multiple combat tours in Iraq or Afghanistan. In the Army, soldiers typically deploy for about 12 months, but deployments were increased to 15 months for some soldiers in 2004 when violence began to escalate, and in 2007 to all Army tours at the height of America's commitment in Iraq. Marines usually serve seven-to-nine-month tours. Those serving shorter tours tend to redeploy more frequently, however. A Marine who has served since Sept. 11th could easily have served five or more nine-month

* These vignettes are about real people identified only by their first names.

³ rever.com/video/335498/good-magazine-sean-huze/

⁴ npr.org/templates/story/story.php?storyId=4658361

combat tours in the past eight years. During the Vietnam War, the commitment was typically a single year-long combat tour. The long and multiple tours of duty typical of OEF and OIF are closely associated with high rates of mental health issues and family strain; some veterans' advocates have argued that a more reasonable operational tempo would have prevented many of these mental health concerns.

The current wars have also relied heavily on the reserve component, which has provided more than 25 percent of the manpower for the wars in Iraq and Afghanistan. Every active duty branch has at least one reserve component, such as the Army National Guard or the Marine Corps Reserves. Most reserve component troops, who tend to be older than their active duty peers, have families and civilian careers that they put on hold when called to active duty. Before the Iraq and Afghanistan wars, reserve component troops typically trained one weekend a month, plus two weeks of annual training. They were most often called to active service for short stints to cope with local natural disasters in the U.S. Today, however, reserve component troops are serving multiple and extended deployments overseas and in front line combat zones.

Mike, 27, had already served two tours in Iraq and Afghanistan, and his contract with the Army was set to run out. He planned to settle down with his wife, a fellow service member, and get his college degree. But Mike was "stop-lossed" (extended at the last minute) three months after he came home, and was deployed to Iraq again. By the end of his third tour, he had been home six months in three years.

Since Sept. 11, 2001, the military has used two unusual policies to augment troop numbers. Under a policy known as stop loss, the military has extended the contracts of tens of thousands of troops, months beyond their expected exit date. These last-minute extensions derailed the plans of countless military families, as troops planning to leave the military found themselves deploying to a combat zone instead. The Department of Defense (DOD) has also called at least 10,000 veterans out of the IRR, or Individual Ready Reserve, which is the last available source of military manpower before a draft. The approximately 75,000 troops in the IRR are veterans who have usually not been serving or training in several years. Those in the IRR have completed their active service; they do not train and live their lives as civilians, but

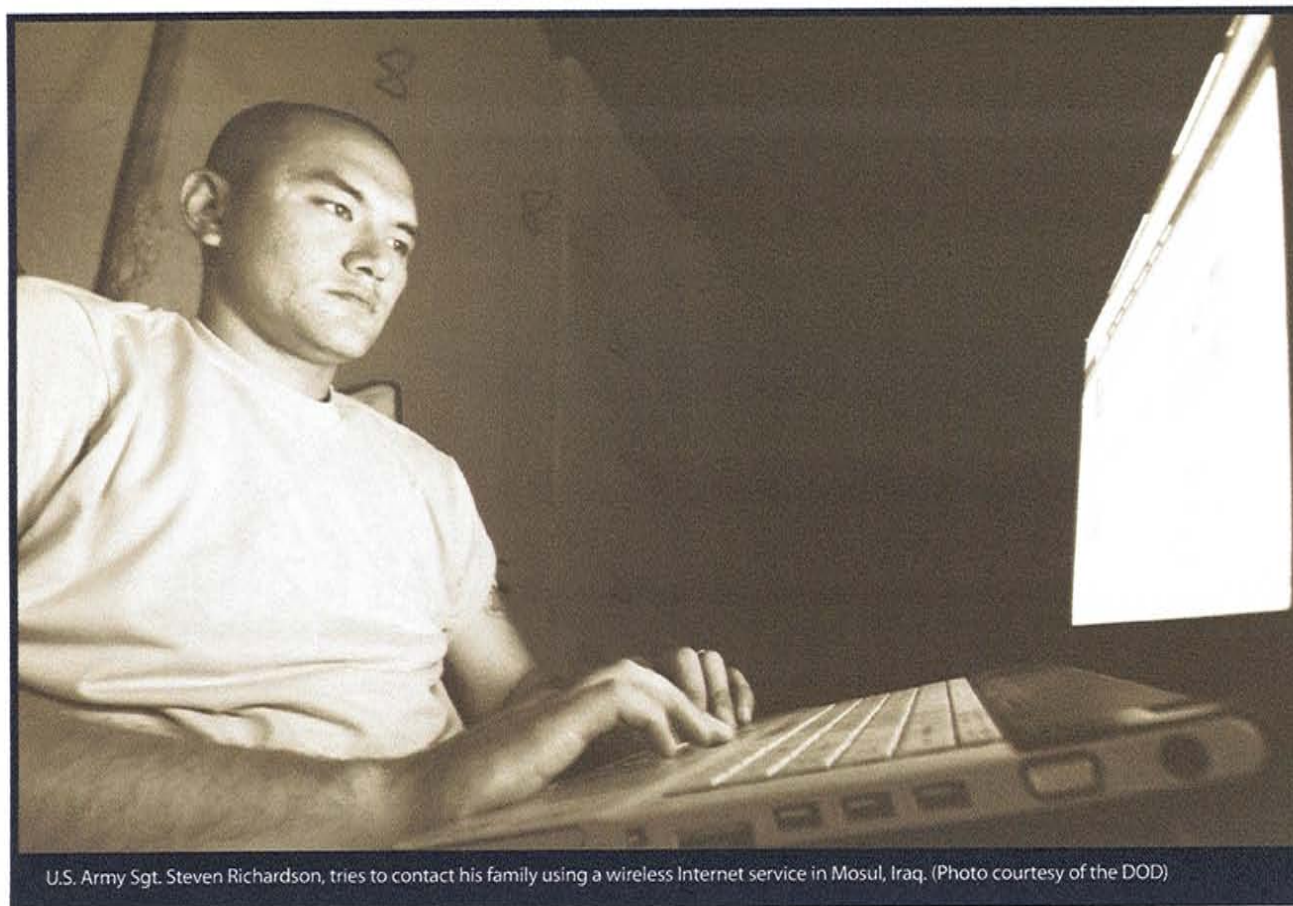
Hundreds of thousands of soldiers have had their combat tours extended, and at least 600,000 troops have served multiple combat tours in Iraq or Afghanistan.

are still obligated to return to service if called. Prior to the Iraq war, extensive use of the IRR had been unheard of; many in the IRR at the start of the war were not even aware that their military commitment was not over.

The demographics of this generation of troops and veterans are unique. Although the vast majority of new veterans are male, women make up a much more significant minority (11 percent) than in previous conflicts. (Women made up less than 3 percent of the Armed Forces during World War II, and only about 7,000 women, mostly nurses, served during the entire Vietnam War.) Though women are still prohibited from serving in certain officially-designated ground "combat" roles, such as the infantry, thousands of women serving in support positions — such as medics and truck drivers — are seeing significant ground combat. To date, more than 100 female service members have been killed in action in Iraq.

New veterans are also more racially diverse than the overall veteran population; 16 percent of those who have served in Iraq and Afghanistan identify themselves as African American, 10 percent as Hispanic and 3 percent as Asian or Pacific Islander. Geographically, post-9/11 veterans are more likely to be from the South or the West, rather than the Northeast, and they are disproportionately from rural areas.

Today's troops and veterans are comparatively young, though those in the reserve component and the IRR tend to be older than their active duty peers. Overall, about 60 percent of those who have served in Iraq or Afghanistan are under 30 years old, and 85 percent are under 40. The largest age group, those 20 to 24, makes up more than a third of those who have served in the two wars. Despite their age, about half of Iraq and Afghanistan troops and veterans are married, and many have young children. At least 700,000 children have seen a parent deploy to Iraq or Afghanistan.



U.S. Army Sgt. Steven Richardson, tries to contact his family using a wireless Internet service in Mosul, Iraq. (Photo courtesy of the DOD)

Military service is a duty borne unevenly across America's economic spectrum. According to separate studies by the National Priorities Project ("Military Recruiting 2007") and the Heritage Foundation, ("Who Bears the Burden?," 2008), zip codes where the annual median income is between \$25,000 and \$55,000 are sending high numbers of recruits to the military. The national median household income is about \$50,000 a year, so those joining today's military come primarily from low-to-middle income neighborhoods. Researchers have speculated that those from very poor neighborhoods are less likely to meet health, education and other entrance requirements for military service, while those from upper-income neighborhoods have a wide array of other career options after high school.

Those serving in the military are more likely than their civilian peers to have a high school diploma. Due to the educational requirements for military service, all Iraq and Afghanistan veterans have a high school education. In FY 2007, about 71 percent of incoming recruits had a traditional high school diploma, while the rest have high school equivalency diplomas. In large part because of their youth, the vast majority of new veterans have not (or have not yet) earned a college degree.

Because they make up a minuscule percentage of the American public, today's veterans often feel isolated, unable to find local peers who share their experiences. Their families often do not have friends or colleagues who have been directly affected by this war. This is particularly true of those serving in the reserve component who return from combat directly to a civilian community rather than to a military base. But today's veterans are Internet-savvy — about 90 percent, according to the Ad Council — and have begun rebuilding a community of fellow veterans online. They use social networking tools like Facebook, Twitter and the IADIF-supported communityofveterans.org. The U.S. Army created an Online Social Media Division as part of its outreach efforts to this population, and there are numerous other resources online, geared at providing support and services to this generation of vets. The Internet has become a promising frontier for community building among today's vets, with the only remaining challenge being outreach to African American veterans, who are less likely to have Internet access, according to the Department of Veterans Affairs.

Post-9/11 veterans are a cross section of America, a diverse group with 2 million unique stories. Unfortunately for many, these stories include significant medical, economic and personal issues since their return from service.

Issues Facing Troops, Veterans and their Families

Every service member looks forward to coming home from combat. But for many troops, veterans and their families, it can be as difficult as their service itself. Among the most significant issues are the psychological injuries of war, the strain on family lives of the troops and veterans and the economic difficulties of reintegrating into the civilian workforce. For those who have been severely wounded, these challenges loom even larger. In thousands of instances, the government has not provided the most basic services to their charges, and the nonprofit community has worked to meet that unmet need.

Invisible Injuries

Reynaldo, 25, had served with great distinction in Iraq, earning a Bronze Star with Valor as a private first class in the Marine Corps for his courage under fire in Fallujah. But when he got home, he found himself isolated, unable to reconnect with his wife and his infant son. He couldn't sleep, couldn't focus and lost his temper more easily than before. Finally, he sought help for his psychological wounds, and received a diagnosis of Post Traumatic Stress Disorder. With counseling, Reynaldo got his life back on track and he's now a successful college student. But because he lives in rural south Texas, he still does not see a therapist as often as recommended; the nearest veterans' hospital is six hours away. "Coming home from war was much harder than I imagined," he said.

Many have tried to describe the psychological effects of war, using terms like "shell shock," "nostalgia," and "combat fatigue." In recent years, scientists have identified two primary psychological wounds of war, both of which have been common among troops deployed to Iraq and Afghanistan: Post Traumatic Stress Disorder and major depression. Post Traumatic Stress Disorder, or PTSD, is typified by the tendency to "relive" a trauma through flashbacks, intrusive thoughts or nightmares, and has symptoms including a strong startle response, emotional numbness, irritability and aggression, sleep problems and difficulty concentrating. Major depression is a persistent sadness or irritability that often results in significant changes in sleep, appetite or energy, feelings of worthlessness or guilt, and recurrent thoughts of death or suicide.

During the early years of the war, accurate data about the prevalence of troops' psychological injuries was unavail-

able. In 2008, the landmark Invisible Wounds of War study conducted by the RAND Corporation — a nonprofit research organization known for its objectivity and scientific integrity — and funded by IADIF, provided the first comprehensive research-based analysis on this issue. The study concluded that, although the severity of the symptoms varies, about 20 percent of Iraq and Afghanistan veterans have PTSD or major depression. That is about 380,000 people, a number that is growing every day.

Combat's neurological effects can compound the psychological injuries of war. Some forms of brain injury are obvious, like open head wounds from bullets or shrapnel. But other kinds of neurological damage are invisible and internal, like the concussions that result from the explosions of roadside bombs and mortars that are commonplace in these wars. It is this invisible injury that has been most prevalent in Iraq and Afghanistan. In the most severe cases, Traumatic Brain Injury

About 20 percent of Iraq and Afghanistan veterans, or about 380,000 people, are living with PTSD or major depression. A similar percentage has a Traumatic Brain Injury. As more troops serve in combat, these numbers are growing every day.

(TBI) — commonly referred to as the “signature wound” of the wars in Iraq and Afghanistan — can leave service members severely brain damaged and unable to care for themselves. Most troops who have experienced a TBI, however, received a mild or moderate concussion. The RAND report documented that at least 20 percent of Iraq and Afghanistan veterans, also about 380,000 people, have experienced at least one such injury.

Mild and moderate TBIs often go undiagnosed, but can cause lasting damage. Common symptoms include headaches, dizziness, mood changes and difficulty concentrating. Diagnosis of TBI can be difficult, as the science is new, and in many cases, the symptoms mimic those of PTSD or depression. Especially in the early years of the war, many troops and veterans were not aware of TBI’s symptoms, and have memory and emotional issues without realizing the neurological injury at the core of these changes. The long-term effects of blast-related TBI are still being studied, but TBIs observed in civilian populations (primarily the result of sports or car accidents) are known to increase the risk of Alzheimer’s and Parkinson’s disease.

Effective treatments exist for war’s invisible injuries, but very few troops, veterans and their families are receiving evidence-based care.

Seventy-five percent of veterans with PTSD or depression were not receiving the minimally adequate treatment according to the RAND report.

Why not? First of all, many service members are unwilling to seek treatment because of the stigma associated with mental health issues. According to military surveys, about half of service members who test positive for a mental health problem are concerned that psychological treatment would make them seem weak or unreliable to their peers. Almost one-third of these troops are concerned about the

effect of a mental health diagnosis on their military career, and one in five say that their military leaders discourage the use of mental health services. It is no surprise, then, that only half of Iraq and Afghanistan veterans who met RAND’s criteria for PTSD or depression had sought treatment.

Thanks in part to the advocacy work of IADIF grantees, some leaders within the military have begun to develop internal campaigns to combat mental health stigma. But even for those troops and veterans who seek care, only half received care deemed by RAND to be “minimally adequate.”

Until we address and overcome the stigma and mitigate the national shortage of qualified mental health providers, troops and veterans will not get the treatment they need.

Only 1 in 4 Iraq and Afghanistan veterans with PTSD or depression got minimally adequate mental health treatment.

The shortage of military mental health professionals is most dire on the field of operations. In 2007, the Pentagon’s own Task Force on Mental Health has called the military’s mental health professionals’ group “woefully inadequate.” In combat zones, troops can wait days for a visit with a behavioral health specialist; delays are longest for those serving away from the large military bases, although these troops are often the ones seeing the highest level of combat.

Once out of the military, veterans can seek mental health care from the VA, but clinics often have inconvenient locations and hours, making them inaccessible to working veterans. More than a quarter of veterans, especially those from rural areas, live more than an hour from a VA hospital. These gaps in access to care are especially dire for new veterans, who are disproportionately from rural communities. For those veterans who turn to private clinicians, it can be difficult to find a provider that has any experience in treating combat stress, let alone an understanding of the military.

For families, care is even less available. The military's health care coverage for families, Tricare, is not always accepted by private mental health professionals, in part because the reimbursement rate is low and the level of paperwork required of the medical professional is exceptionally high. One out of three therapists Tricare surveyed said they do not accept Tricare coverage. For veteran families, the VA does not offer health care services, except on the rare occasions when family members are seen by a behavioral health specialist as a part of a veteran's treatment.

This systemic failure to care for troops, veterans and their families is taking a tremendous toll on society. Nearly 30,000 veterans of Iraq and Afghanistan have been treated for drug use at a VA hospital or clinic; many more may be seeking private care or avoiding treatment altogether. Many experts believe the high prevalence of PTSD and major depression in these modern wars may be increasing the rates of domestic violence, child abuse and criminal behavior, but much more research remains to be done.

Haunted by his memories of Iraq, Jeffrey, home from war less than a year, was struggling with alcoholism and PTSD. He sought help from a VA medical center, but was given a handful of prescriptions for antidepressants and informed that until his alcohol abuse was under control, he couldn't be treated in a VA facility. Less than two months later, Jeffrey hung himself with a garden hose in his parents' basement. He was 23.

Since the start of the Iraq war, there has been a growing epidemic of suicide in the Army. In 2008, more than twice as many soldiers committed suicide than in 2004 — a 27-year high in soldiers' suicides.

Jeffrey's parents have spent years advocating for better suicide prevention in the military and at the VA. "The more I learned about what occurred... with my son, during his stay at the VA and afterwards, the more determined I became that something needed to be done, the system needed to change," said Jeffrey's mother Joyce. "Because it's not just Jeff. There's nothing more they can do for Jeffrey... it's for all the ones that are coming."⁵

The number of suicides in the military has increased every year since 2003. The Army reached a 27-year high of 134 in 2008. In 2004, 67 soldiers committed suicide, but this number more than doubled by 2008. Suicides are especially high in combat zones; nearly 230 troops from all branches of service have killed themselves in Iraq or Afghanistan. Among those who have left the service, at least 254⁶ Iraq and Afghanistan veterans have committed suicide, but this number is far from definitive. There is no agency tasked with tracking veterans' suicides, so this number is most likely underestimated, if not exponentially so. Even though it doesn't track veteran suicides, the VA estimates that among remaining veterans of all U.S. wars, 18 take their own lives each day.

⁵ [youtube.com/watch?v=csktkH9ImQ](https://www.youtube.com/watch?v=csktkH9ImQ)

⁶ "VA Report: Male U.S. veteran suicides at highest in 2006," USA Today, Sept. 8, 2006

The consequences of untreated PTSD, TBI and depression also have significant long-term monetary costs. RAND researchers estimate the total two-year post-deployment costs to society associated with PTSD and depression among returning troops and veterans to be between \$4.6 billion and \$7.1 billion. If every veteran with PTSD or depression

received adequate evidence-based care, however, these costs would drop by \$1.7 billion over the two years alone. Without a significant commitment from the public, nonprofit and private sectors, veterans will continue to fall through the cracks at a significant cost to society.

Family Strain

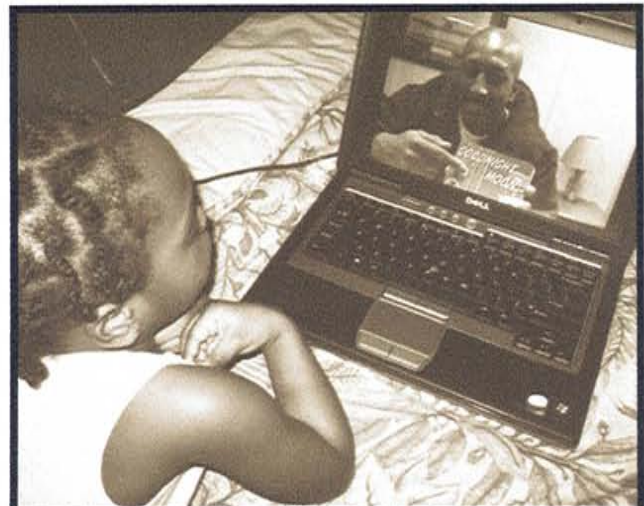
Don served as a paratrooper in Iraq. When he deployed, he left behind a mother, father and fiancée. While he was gone, his family struggled to contain their fears. As his mother said, it was important for the family to “be strong for Don” and not add to his emotional burdens while he was in Iraq. When Don got home, he seemed different — quieter, tougher and harder to talk to. It took months for the family to reconnect the way they used to, and the family still feels it doesn’t know very much about what Don experienced in combat. Don’s father said, “He seemed harder. He had been overseas and he made it back. He didn’t really want to talk about it.”⁷

Family members dread the arrival of bad news; if they have not heard from a loved one recently, a late-night phone call or the unexpected ring of a doorbell can be terrifying. The separation itself is also wearing. Troops miss birthdays, anniversaries and other major life events, sometimes for years in a row.

Thousands of troops are putting life plans on hold, unable to commit to going back to school, changing jobs or starting a family while they are unsure of what combat deployments are in store. Perhaps the toughest changes are the delays in return dates. Almost every family can tell the story of a “welcome home” party canceled with only a few weeks’ or days’ notice, when a soldier or Marine is informed that his/her tour is going to be extended.

When married service members deploy, their spouses’ daily responsibilities increase, in everything from housework and home repair to child care. For military couples who both serve in uniform, deployments can separate them for years at a time. One of the military programs designed to mitigate the families’ stress is the Family Readiness Group, or FRG. FRGs are networks, usually run by a commanding officer’s wife, that provide vital emotional support to military spouses. Because these groups are informal and volunteer-run, the level of support Family Readiness Groups provide varies dramatically. For the families of single service members, including mothers, fathers, brothers, sisters, girlfriends and boyfriends, there is little, if any, official support.

Deployments also separate children from their parents. Almost 2 million children have been affected by deployments to Iraq and Afghanistan; more than 300,000 active duty service members have children under the age of 3. Many troops had to leave their pregnant wives to be deployed. A deployed father would often hear secondhand about the birth of his child, or learn through e-mails or weekly phone calls about the milestones that parents cherish: sitting up, crawling, first steps, first words.



A deployed father reads to his daughter back home through a recorded video. (Photo courtesy of United Through Reading)

For their older children, troops are missing weekly soccer games, birthday parties and school recitals. When these military parents return home, many report feeling isolated from their children; they worry, sometimes to the point of severe depression, that they have missed ir retrievable opportunities to bond with their children.

While the effect of deployment on children has not been sufficiently studied, early evidence suggests that these children are bearing a heavy burden. According to a 2008

⁷ military.com/opinion/0,15202,190282,00.html?ESRC=iraq.R55

DOD study, more than half of the 13,000 military spouses surveyed reported increased levels of fear, anxiety and behavioral problems in their children. More than one-third of military spouses reported that their children were increasingly acting out in school.

When service members return from combat, families face new challenges as they attempt to reintegrate a mother, father, son or daughter into a family that has found new patterns during their absence. Parents, spouses and friends are often unsure of what to say to their veteran, including how and whether to ask about combat experiences. The family often first recognizes the symptoms of PTSD or depression and urges a veteran to get care. However, these conversations can be very difficult; many military family members are worried that they might ask the wrong question or bring up painful memories. Veterans, in turn, feel disconnected from family members who do not understand their experiences.

As a result, the number of divorces⁸ among military families has increased, spiking in 2004, after the first year of the Iraq War. Those numbers fell back and have been slowly increasing. Despite the initial spike, overall rates of military divorce are only slightly higher than the national average at about 3.6 percent, however female service members have much higher divorce rates, at 8.5 percent in the Army and 9.2 percent in the Marine Corps, respectively. This may be in part because their husbands don't have access to the social networks traditionally intended to support military wives. This data captures only the divorces of troops still

serving, not those who have left active duty. More research on family strain and divorce needs to be studied to provide a complete picture.

The families of wounded troops suffer additional burdens. Troops returning with serious physical injuries often require round-the-clock care, and recuperation can take months or years. Many families relocate to a new city to be nearer to the military or VA facility capable of treating their loved ones. In some cases, troops will need full-time support of a caretaker for the rest of their lives. Caretakers are often unable to continue to work outside the home, leaving some families in dire financial straits. Recent legislation, advocated by many IADIF grantees, protects the right of military family caretakers to take a prolonged leave of absence from their work, and other legislation seeks to help family members get the certification and salary necessary to become a full-time paid caretaker for their loved ones. But family caretakers are still making immense sacrifices to support returning veterans.

More than 5,100 military families have lost a loved one in Iraq and Afghanistan. These families, called Gold Star families, are bearing a loss that few outside of their community can understand. Even as they grieve, these survivor families face significant logistical challenges to accessing benefits and rebuilding their lives. The support of fellow survivors is crucial during this difficult transition, and local and national networks have developed to guide the family and provide much-needed support.

The Wounded

Annette was an Army wife. During her husband Wendell's deployment in support of Operation Iraqi Freedom, his back, shoulder and head were severely injured in a truck accident. Wendell had been a model soldier, but after his injury he had severe emotional outbursts and had a hard time remembering to perform simple daily tasks. Wendell's TBI was repeatedly misdiagnosed; doctors at Walter Reed Army Medical Center told Annette that because her husband had been in remedial reading classes as a child, there was no evidence that he had a neurological injury. Annette's battles with the Walter Reed bureaucracy were compounded by growing financial

problems. While caring for her husband during his long recuperation, Annette exhausted her personal leave and lost her job. She fought for months to prevent her family's financial ruin and to ensure her husband got the rehabilitation he needed. But for Annette, the biggest challenge has been adjusting to her changed husband. "Dell has become very timid and very vulnerable," she said. "He has reminders pasted on the walls telling him to brush his teeth, shave and take his medication... Now I am married to a man I no longer know."⁹

⁸ "Military divorce rates up as conflicts test families," Associated Press, Dec. 4, 2008: washingtontimes.com/news/2008/dec/04/military-divorce-rates-up-as-conflicts-test-famili/

⁹ nationalsecurity.oversight.house.gov/documents/20070305110256-83533.pdf

REACHING MILITARY KIDS: SESAME WORKSHOP

"I was in Jacksonville, Florida, at one of the stops on our USO tour, when a mom came up to me," said Lynn Chwatsky, senior director at Sesame Workshop, the nonprofit organization behind Sesame Street. "She was with her 2-year-old, who was really having a hard time. Her husband had deployed two weeks earlier. The Family Readiness Group at her base gave her a copy of our DVD, 'Talk, Listen, Connect.' When she found out I was from Sesame Street, she just embraced me and starting sobbing. She had been at the end of her rope, unable to connect with her son. 'Talk, Listen, Connect' had given her the tools to re-engage in a dialogue with her child... We call military kids our 'youngest service members,' and we've been making a real difference in these children's lives."

For 40 years, "Sesame Street" has helped prepare generations of children for school. In 2005, Sesame Workshop realized it could use its experience communicating with children to help military families affected by the wars in Iraq and Afghanistan. Sesame Workshop produced an innovative, bilingual video kit for military families, called "Talk, Listen, Connect." The video allows Elmo the Muppet to help children understand their feelings when a parent deploys, and gives parents a new way to bond with their children.

With IADIF's support, Sesame Workshop produced 800,000 video toolkits in English and Spanish; an interactive Web site, Family Connections, that allows tens of thousands of deployed personnel to interact with their loved ones through real-time games, chats, reading and live help sessions with licensed therapists; a prime-time PBS television special; a live Sesame Street variety show tour of military bases partnered with the USO; and the installation of "Sesame Rooms" full of books, furniture and videos in the children's wards of military hospitals. Sesame Workshop estimates it has reached more than one million military families through its work.

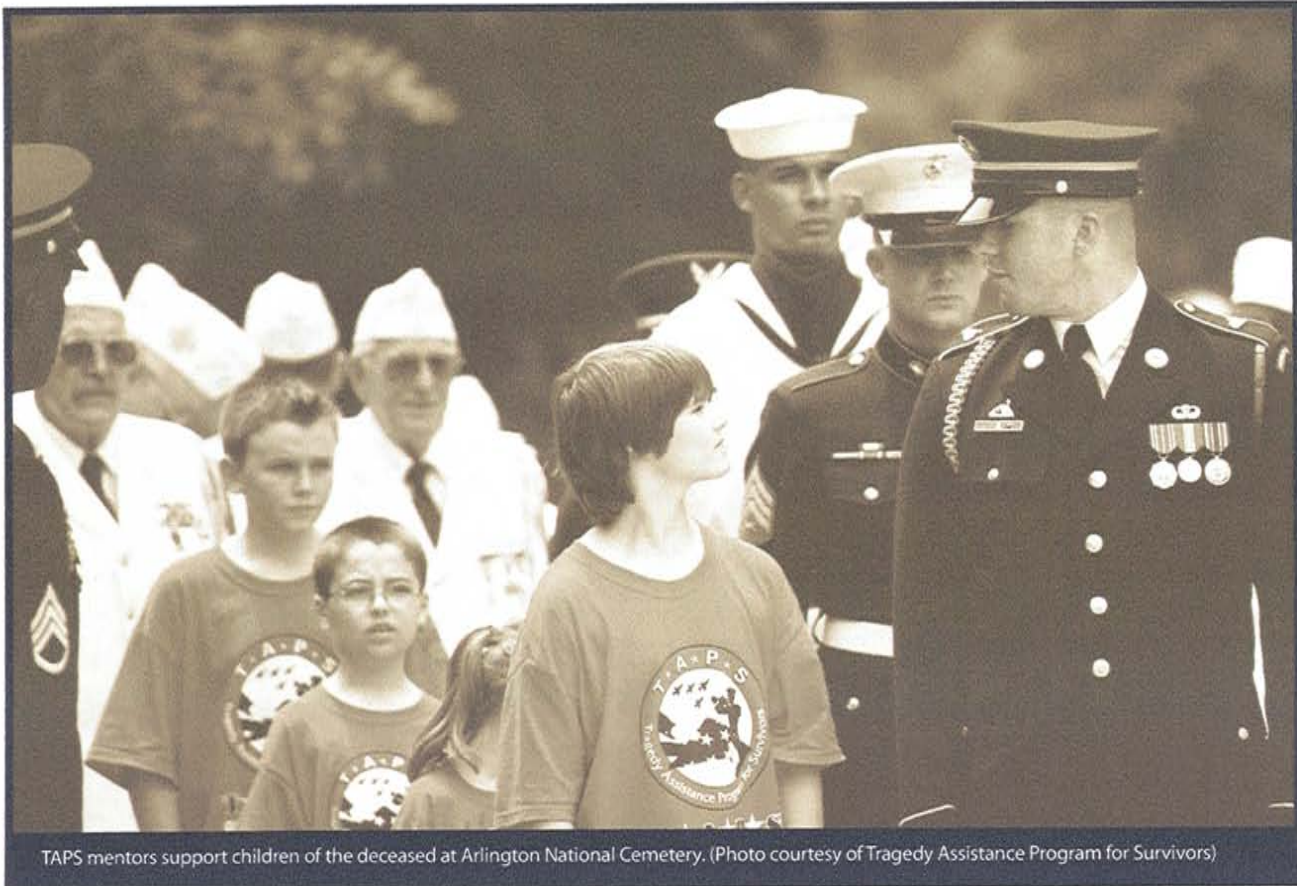
Sesame Street is expanding its commitment to military families by helping the children who have lost a parent killed in action. As these children grieve, Sesame Workshop will be there to help them and their families share their emotions and their strength with one another.



Elmo entertains a child of military family in the new Sesame Room for children of the deployed at McGuire Air Force Base. (Photo courtesy of Sesame Workshop)



Just before deploying, a father and son enjoy Sesame Street's live stage performance geared to help young children understand and cope with the absence of a parent. (Photo courtesy of Sesame Workshop)



TAPS mentors support children of the deceased at Arlington National Cemetery. (Photo courtesy of Tragedy Assistance Program for Survivors)

THERE AT THE WORST MOMENT: TAPS CARES FOR GOLD STAR FAMILIES

It is the moment military families fear most: a knock at the door from two uniformed service members, bearing the news that a beloved son or daughter, husband or wife, has been killed in action. For the more than 5,100 families who have lost a loved one in Iraq or Afghanistan, the Tragedy Assistance Program for Survivors (TAPS) has been there at their darkest hour.

TAPS was born from the commitment of a single military survivor. In 1992, Bonnie Carroll was the wife of the Army's youngest general, Brig. Gen. Tom Carroll. Bonnie's husband was killed at the age of 44 when his plane crash-landed. As Bonnie struggled to rebuild her life, she vowed to change the way the military cares for its survivor families. Taking the life-insurance payout from her husband's death, Bonnie founded TAPS to ensure every military family gets support when a loved one is killed.

TAPS provides peer-based support, crisis care, casework and resources to those grieving the death of a loved one in the military. Through its network of dedicated volunteers, many of whom are

military survivors themselves, TAPS has become a lifeline to thousands of families of fallen service members.

With IADIF's support and 120 volunteers, TAPS provides services to 25,000 people annually, compared to about 2,000 people three years ago. Up until 2006, TAPS held annual "Good Grief" camps, which provide children who've lost a parent the critical opportunity to bond with others in similar situations and to connect with highly-trained and compassionate volunteer military mentors. TAPS now offers three-day "Good Grief" camps throughout the year at military installations and in communities across the country. TAPS holds about 30 events annually, each serving up to 2,500 people.

As suicide rates increase, TAPS is providing care for families whose loss was due to suicide. One-third of the new families TAPS serves are suicide-affected. TAPS also captures trends about suicide and provides insight to the DOD, which looks to TAPS as a resource for emotional support to the families of fallen troops.

War has become less deadly for American troops, thanks to modern body armor and battlefield medicine. But the number of severely wounded troops who require long-term care continues to grow. More than 35,000 service members have been wounded in action in Iraq and Afghanistan; about half of those troops were too injured to quickly return to duty. Thousands of these troops have severe injuries, including traumatic brain injury, amputations, spinal cord injuries, disfiguring burns and motor and sensory loss. More than 6,000 TBI patients were treated through the joint DOD-VA network known as the Defense and Veterans Brain Injury Center. About 1,000 Iraq and Afghanistan veterans are amputees.

The military's emergency medical care is second to none. From anywhere in Iraq, a wounded service member is evacuated out of combat and into a medical facility, typically within an hour of the injury. The severely wounded are usually moved within 24 hours to the military hospital in Landstuhl, Germany, and then to Walter Reed Army Medical Center or Bethesda National Naval Medical Center outside Washington, DC. Later, they may move to another military medical facility, such as Brooke Army Medical Center in Texas, or to one of the VA's four Polytrauma Rehabilitation Centers. Both in the military and at the VA, research into treatment of war wounds is at the cutting edge of the medical field.

However, the military and the VA have been less successful in supporting the families of the wounded and caring for patients' long-term rehabilitation. Thousands of troops and their families have been left to battle the bureaucracy — facing long separations, problems with receiving pay and benefits and waits for follow-up appointments. The treatment of wounded troops at Walter Reed Army Medical Hospital — including dilapidated and pest-infested living conditions — finally drew national attention in 2007 due to investigative media coverage on the facility; some advances have since been made in improving care for wounded warriors.

Still, transition from the DOD to the VA is not always smooth — not only for the severely wounded, but also for all veterans seeking health care or disability benefits after their service is complete. Veterans wait an average of six months to receive disability benefits, and in many cases the benefits are less generous than are those for which they are eligible. A large part of the claims backlog is the appeal of erroneous claims, which indicate a systemic problem with benefits adjudication overall; 81 percent of claims in 2006 were re-opened on appeal. It can take years for veterans to go through the legal challenges necessary to correct a poor ratings decision. In the meantime, these veterans, many of whom are too disabled to work, struggle to make ends meet and provide for their families.

TAPS' exceptional service, in fact, is in high demand. Said Bonnie Carroll, "We've got a full-time presence at Fort Hood; the Army assigned us three wounded warriors in addition to our own staff. I've had military leaders tell me that every commander should take part in one of our programs." The military at the highest levels has recognized the unique value TAPS provides, and has redirected its own resources to support TAPS' work.

At one recent family event, a mother and father, whose only son had committed suicide a month earlier, told the other participants that they did not see any reason to go on. They simply could not imagine a future without their son. The TAPS community embraced these survivors, and by the end of the seminar, the mother said that in a year or two, she would like to be a TAPS mentor, and help someone else as much as she had been helped that day. By helping one another, TAPS members are giving each other their future back.

Economic Issues

Employment

In the online documentary series, "In Their Boots," Sgt. 1st Class Hector Torres reports being turned down — not for the first time — for a civilian operations and training position substantively identical to his six years of experience in the Army National Guard. As he reads the automatically-generated rejection letter to his wife, she exclaims, "But you'd be doing the same thing you've done over there for years!"

For veterans entering the civilian workforce, unemployment rates are shockingly high, and getting much higher in the current economic downturn. In early 2009, the unemployment rate for Iraq and Afghanistan veterans was 11.2 percent, nearly 2 percent higher than the national 9.4 percent rate for nonveterans. Those who join the military immediately after high school don't have the job-seeking skills of their civilian peers. Young veterans often have no experience networking, writing cover letters or preparing a resume. Many veterans have also expressed frustration that the "Rambo" stereotype of veterans as dangerous or psychologically damaged has impeded their ability to find work.

Employers often do not realize the relevant job skills a veteran can bring to the workplace. Almost two-thirds of employers polled say they do not have a "complete understanding" of the skills and experience offered by veterans. As a result, veterans with excellent qualifications from their military service — for instance, in fields like logistics, transport, medical care and management — are struggling to find work.

National Guardsmen and reservists face unique employment issues. Forty-one percent of reserve component military families see their income drop when the service member goes from a civilian career to a military paycheck. These families' struggles are exacerbated by the fact that they miss out on the community of support available to installation-based active duty families; many reservists live hours away from the closest military facility. For self-employed reservists, the economic burden is even greater; many family businesses have not survived the current tempo of deployments, although the exact number is unknown and is not tracked by the military.

Once home from combat, reserve component troops face still newer challenges. Although the law protects reservists from employment discrimination as a result of their military service, businesses that employ reservists struggle with every deployment, repeatedly losing a significant part of their labor force for deployments of as long as 15 months. For small businesses, in particular, the loss of a key staff member can be devastating. Many unscrupulous or uninformed employers have cut benefits or refused to rehire a veteran returning from combat. Veterans can sue their employers, but the support provided by the military and the Department of Labor (DOL) is very limited, and only a very small percentage of those losing benefits or jobs are taking this step; though tens of thousands of troops surveyed have reported employment discrimination, there are fewer than 2,000 formal cases handled by the government each year. Some veterans may be unaware of their legal rights under the Uniformed Services Employment and Reemployment Rights Act. Many veterans are doubtful that the legal system will be in their favor, and others prefer not to alienate their employer with a lawsuit. Out of those who do press forward, 44 percent of reserve component troops surveyed were dissatisfied with the DOL's handling of their case.

The new GI Bill will be a major boon to post-9/11 veterans looking to pursue higher education or retrain for civilian careers. Signed into law in 2008, the GI Bill gives every service member and veteran of Iraq and Afghanistan access to an affordable college education — including full tuition payments up to the cost of the most expensive public school in the state, a living stipend adjusted to the costs of living in the region a veteran resides, and a generous book stipend. Despite significant challenges with the VA's implementation of the law, hundreds of thousands of new veterans will begin using their GI Bill benefits in fall 2009. This landmark legislation has changed the futures of hundreds of thousands of Iraq and Afghanistan troops, veterans and their families, as it did for WWII veterans.



Iraq and Afghanistan Veterans of America Legislative Director and Marine Staff Sgt. Todd Bowers holds a press conference in our nation's capital in support of the new GI Bill. (Photo courtesy of Iraq and Afghanistan Veterans of America)

Housing

Jeffrey, a technical sergeant in the Air Force, served three tours in Iraq. Just before his third tour, Jeffrey and his wife, Kathleen, filed for bankruptcy. Kathleen was diagnosed with breast cancer, which wiped out their savings. The adjustable rate mortgage payment on their modest farmhouse in Des Moines, Iowa, doubled overnight, and the family simply could not keep up with the payments. Without assistance, Jeffrey, his wife and four children would lose their home.

The housing crisis hit military families especially hard; foreclosure rates around military bases have been measured at four times the national average. Troops and veterans have access to safe and affordable VA home loans — the loans that helped build the middle class after WWII. However, the program is not well-advertised, and applications dropped dramatically during the heyday of subprime lending. In addition, many military families not struggling with a mortgage have become the victims of the housing crisis. Some have lost the homes they were renting from a landlord who went into foreclosure. Others have been unable to sell their homes in the current market — an immense burden for those wanting to move near a wounded family member recovering at a military hospital.

For more than 35 years, veterans have been at high risk for homelessness. Former service members of all generations make up one-third of the homeless population, although they are less than one-tenth of the American population as a whole. On any given night, about 150,000 of America's veterans are homeless. At least 3,000 veterans of Iraq and Afghanistan reside in America's homeless shelters. This statistic dramatically underestimates the number of homeless post-9/11 veterans; those who are in unstable living situations (for instance, "couch-surfing" at friends' houses), and those who prefer to stay on the streets rather than in a shelter, are not included. Many homeless services agencies report challenges identifying and reaching out to today's homeless vets and their families, so the true numbers remain unknown and will grow over time.



Homes for our Troops celebrates the construction of Army Spc. Reas Axtell's new home in Lubbock, Texas. Every home built by Homes for Our Troops accommodates residents' special needs to help them live independently. (Photo courtesy of Homes for our Troops)

Coming Trends

In early 2009, Todd, a staff sergeant in the Marine Reserves, deployed on his fourth tour in five years. Though Todd is in the reserve component, he has served more time in uniform than if he had completed an active duty enlistment. His most recent tour in Afghanistan follows two tours to Iraq, including heavy combat in Fallujah, and a tour in South America. A decorated Marine and Purple Heart recipient, Todd's frequent deployments have forced him to leave school mid-semester three times, and have kept him from earning his bachelor's degree. Todd is tentatively due to return to the United States this winter, but he is unsure what his future holds.

The drawdown of troops in Iraq will not end the challenges facing troops, veterans and military families, particularly given the "surge" in Afghanistan and current economic downturn at home. The new GI Bill will help many veterans achieve their educational goals and career dreams. But with less civilian work experience than their peers, and the potential for additional deployments in the future, new veterans may struggle to enter the job market. Moreover, some Iraq and Afghanistan veterans are beginning to appear in the criminal justice system — particularly those coping with unrecognized and untreated PTSD and TBI.

Other long-term challenges for this generation of veterans may have yet to appear. The long-term impact of multiple deployments is unknown, but many experts predict surges in military divorce rates, family violence, substance abuse and long-term mental health concerns. It is not yet clear whether Iraq and Afghanistan will have their equivalent of Gulf War Syndrome or Vietnam's Agent Orange-linked diseases. Lawmakers and the Department of Veterans Affairs are currently investigating the results of troops' chemical exposures, including the health effects of the "burn pits" that are used to incinerate toxic waste on military bases.

Because of the gaps in government services, local communities and nonprofit organizations need to ensure these service members succeed when they come home. But the isolation of many veterans and their families, often in rural communities far from military bases or large population areas, makes the provision of service difficult. A wide array of agencies and organizations has responded to the needs of troops, veterans and their families, but this support cannot supplant the government and has led to gaps in care.

Serving Troops, Veterans and Their Families

The majority of government services are provided to this population by the Department of Defense and the Department of Veterans Affairs. Other agencies, including the Department of Housing and Urban Development and the Department of Labor also have some veteran-specific programs. Government programs and services, however, often do not address the deployment-related needs of service members and their families. As a result, military and veterans support organizations (MSOs/VSOs) and other nonprofits in communities across the country have stepped in.

The Government

In 2003, Robert was navigating through a busy street in Baghdad when a grenade was thrown through the window of his unarmored Humvee. It landed between his feet. Robert lost his right arm below the elbow, as well as the use of his legs. Asked about the attack, he said, "I remember seeing my hand just gone and my foot was turned completely backward... And I see it now when I go to bed at night. It's one of those things that will stick with me forever."¹⁰ Robert spent months at Walter Reed Medical Center recuperating, and experienced firsthand the bureaucracy that forced him to travel miles across the hospital campus, in his wheelchair, to personally deliver forms to different offices to request benefits for which he is eligible. It was not until Robert's story received significant media attention that his disability claim was prioritized and he received the benefits he needed to pay for his apartment and living expenses.

Headquartered at the Pentagon, the DOD includes all the branches of the American military and oversees every aspect of a service member's military life, from the equipment used to the health care the member's family receives. With an annual budget of more than \$600 billion — equivalent to one-fifth of all federal spending — the military has immense resources to support troops and military families, and oversees many effective and valuable programs. However,

the DOD is often criticized by troops, military families and sometimes by leaders within for losing sight of the individuals amid cumbersome rules and regulations. Government neglect of service members was encapsulated by an investigative news story about the Walter Reed Army Medical Center between 2004 and 2007 when injured troops were housed in unsanitary conditions and left to advocate for themselves in the face of bureaucracy that kept them from getting treated and accessing benefits.

When service members leave the military, they transition out of the DOD. If they choose, they can then apply to the VA. Enrollment is not automatic and veterans' records do not move automatically from DOD to VA, so veterans must prove to the VA things that have already been accepted by DOD, including the causes and extent of their injuries. Transferring paperwork can take months, or even years. Many veterans support organizations devote a major portion of their resources to guiding veterans through this process. The Office of Seamless Transition, founded in 2005, is the government agency tasked with integrating the DOD and VA record-keeping systems so that records move with the

¹⁰ alternet.org/asoldierspeaks/20293/

veteran, but progress has been slow. In the meantime, the VA does not have oversight of the entire veteran population.

The Department of Veterans Affairs provides benefits and health care. The Veterans Benefits Administration, or VBA, supports millions of veterans and families every year, through disability benefits, home loans, education benefits and survivor benefits for families of the dead. The Veterans Health Administration, or VHA, serves about 6 million people a year, and includes the more than 150 veterans' hospitals and thousands of clinics that provide basic care to intensive rehabilitation.

The DOD and the VA have been criticized for not communicating clearly with or conducting outreach to military and veteran families; because the VA has not promoted its services, millions of veterans are not receiving benefits or health care for which they are eligible. The VA has a backlog approaching 1 million claims from veterans and family members of all generations. Disability claims can take, on average, six months and as long as several years to process.

Troops and veterans also receive some benefits and support at a state level. Programs vary by state, but are typically minimal; examples include additional mental health screening and treatment, financial assistance, events for reserve component troops or scholarships at state universities.

Military and Veterans Support Organizations

On June 14, 2005, Michael, a soldier with a wife and two children, was critically injured in an Improvised Explosive Device attack in Kirkuk, Iraq. The IED burned more than 31 percent of his body, and broke his hip, scapula, clavicle and four bones in his left foot. His left little finger and thumb were amputated, and the blast also damaged his left ear and nose. As Michael began his recuperation in Texas and then in Los Angeles, a network of IADIF grantees worked together to ensure Michael and his family got support.

Michael said San Antonio's Returning Heroes Home "was the backbone of survival for my family," providing among many other forms of support, funding for travel so that Michael's wife, who had moved to Texas to be at her husband's bedside, could afford to visit her terminally ill mother in Minnesota. Michael was UCLA Operation Mend's 20th patient, receiving world-class plastic surgery to rebuild his face. While Michael and his family were in Los Angeles, the Intrepid Fallen Heroes Fund provided a stipend to cover the family's costs while away from home, and he and his family have an open-ended invitation to stay at the Fisher House at the West Los Angeles VA campus whenever he is in town. His daughter, who is interested in medicine as a career, even got to spend a day in the neonatal ICU at the hospital.

Thousands of organizations provide support — from the casual to the crucial — to military personnel, veterans and their families. Their missions touch every aspect of life, including counseling, financial assistance, scholarships and housing.

In this crowded field, some of these are military and veterans service organizations that are long-time players — often referred to as MSOs and VSOs, respectively — whose experience enabled their quick and effective response to the needs from the new wars in Iraq and Afghanistan. Among those funded by IADIF were the Navy-Marine Corps Relief Society, the Armed Services YMCA, the Veterans of Foreign Wars Foundation and the Fisher House Foundation.

- Founded in 1904, the Navy-Marine Corps Relief Society is a nonprofit organization sponsored by the Department of the Navy, and funded by charitable contributions. Its mission is to provide financial, educational and other assistance to members of the naval services and their families when in need. Over the past century, the society has helped more than 4 million needy sailors and Marines with almost \$1.2 billion in loans and grants. The support of IADIF was crucial to the development of a visiting nurse program for injured sailors, Marines and their families whose needs exceed what is provided in traditional hospital settings. These registered nurses — whose destinations have included remote Indian reservations, the swamps of the deep rural South and the country's urban centers — are now available to every sailor or Marine injured in OEF or OIF, at no cost to the service members and their families. In addition to providing medical services, the nurses are trained to act as case managers for military families in financial crisis, guiding them to emergency assistance and other support from the Navy-Marine Corps Relief Society and other nonprofit organizations.
- The Armed Services YMCA has been supporting service members since the Civil War, and now provides a wide range of health, education and family services that respond to the needs of troops and their families in communities across the country and around the globe. ASYMCA mostly serves the military's lowest-income families. With the support of IADIF, ASYMCA modernized its fleet of passenger vans at seven military installations nationwide, where the ASYMCA transports more than 1,500 military children a day to after-school enrichment and child care programs at or near military installations across the country.
- The Veterans of Foreign Wars Foundation distributes emergency financial grants to low-income military families struggling with the costs of deployment, and also provides advocates to injured veterans dealing with the difficult and time-consuming



Returning Heroes Home marks the grand opening of its Warrior Family Transition Center, which addresses the physical and emotional needs of America's veterans. (Photo courtesy of Returning Heroes Home)

ing process of applying for disability benefits. Since 2004, the Unmet Needs program has distributed millions of dollars to families with loved ones in harm's way, and has assisted tens of thousands of veterans with the benefits.

- Since 1990, the Fisher House Foundation has built warm and welcoming "comfort homes" that provide free or very low cost shelter to the families of wounded warriors hospitalized on or near military installations and medical centers. Fisher House operated 29 houses before the start of the war in Afghanistan and responded quickly and effectively to the needs of troops wounded in the current wars. There are now 43 Fisher Houses, and three more are under way. IADIF's grants allowed Fisher House to build eight new homes at the military installations serving troops injured in Iraq and Afghanistan, including two houses at Brooke Army Medical Center. The new houses are a vital support for families of the wounded, many of whom travel across the country to be at a loved one's side for extended periods of time during hospitalization and rehabilitation; they have an occupancy rate of 96 percent and save military families more than \$6 million in housing costs annually. But for families who have often dropped everything, including their jobs, to care for their wounded ones, the value of convenient, comfortable housing near the military hospital cannot be quantified. As Fisher House guest Ann Beers puts it, "I will never forget walking into the house. I felt like the sun had been behind a cloud and had just broken out the other side."

In addition to the long-standing military and veterans service organizations, many small nonprofits were established

during the current conflicts to respond to the urgent and emerging needs of troops, veterans and their families. IADIF focused a significant portion of its funding on supporting these organizations. Many of these groups, founded by volunteers a few years ago, have shown great success and have dramatically expanded their missions. Among these success stories are the Injured Marine Semper Fi Fund, Sentinels of Freedom and the Jacob's Light Foundation (see inset on p. 30).

- The Injured Marine Semper Fi Fund was founded in May 2004 by Karen Guenther, a Camp Pendleton nurse whose Marine husband was deployed to Iraq. Personally and professionally, she knew the tremendous financial burden placed upon the families of those returning home injured. More than 70 percent of those injured in Iraq and Afghanistan earn less than \$1,500 per month; an injury can be financially devastating. The Injured Marine Semper Fi Fund provides financial assistance to injured Marines and their families — as well as those from other branches injured while serving in support of Marine units — to help defray the expenses incurred during hospitalization, rehabilitation and recovery. Once in the Semper Fi system, participants are assigned to a caseworker who regularly visits clients and provides guidance and assistance throughout the Marine's recovery. With IADIF's support, the Semper Fi Fund provided more than \$22 million to about 9,000 military families, to provide emergency financial assistance; funding for modified homes, automobiles, wheelchairs and medical equipment; and therapeutic arts and sports programs.

COMFORTING THE DEPLOYED: JACOB'S LIGHT FOUNDATION

Like many young men inspired to serve their country, Jacob Fletcher enlisted in the Army soon after Sept. 11, 2001. A proud and capable paratrooper, Jacob embraced his deployment to Iraq with great determination and enthusiasm. In November 2003, less than six months after he arrived, he was killed by a roadside bomb.

While Jacob was serving overseas, he e-mailed his mother, Dorine Kenney, that he was concerned about the morale of a fellow soldier who did not have anyone to send him letters or care packages. Dorine immediately sent the young man a care package of comforts from home. Word spread, and before long, Dorine found herself fielding requests from several soldiers in Jacob's unit who did not have family of their own. With her son's help, she began providing continued material and emotional support to a growing number of her "kids."

After Jacob's death, Dorine's small project took on new meaning, and rapidly expanded. With the tireless support of more than 500 volunteers, Jacob's Light Foundation now sends approximately 10,000 pounds a month of toiletries, snacks, magazines, holiday treats, letters and other supplies to the troops. But some of the supplies Dorine sends provide much more than comfort — they actually impact military policy and save lives.

After a desperate plea from a Marine commander concerned about a shortage of QuikClot bandages (a chemical bandage that quickly stops severe bleeding), Dorine quickly sent several thousand of the lifesaving bandages to the combat zone. Dorine's work helped draw national attention to the bandage shortage, and convinced Congress to intervene and appropriate immediate funds to get the much-needed bandages to the front lines.

Since then, Jacob's Light has had a direct line of communication from individual troops in combat zones requesting urgently-needed supplies. The foundation has sent cases of Silly String to troops in Iraq, after soldiers discovered that this simple child's toy could be used to identify the almost invisible roadside bomb trip wires. Most recently, Jacob's Light is sending thermal blankets to troops serving in the freezing mountains of Afghanistan. What was once a mother's simple gesture of support to lonely soldiers overseas is now a life-saving program for thousands of American troops.



Injured Marine Semper Fi Fund

As the majority of injured service members who are wheelchair-bound or those with catastrophic injuries require assistance with modifications or adapted homes, the Injured Marine Semper Fi Fund provides grants to ease the burden of these costs. (Photo courtesy of Injured Marine Semper Fi Fund)

- Sentinels of Freedom was founded in 2003 by Northern California realtor Mike Conklin, after one of his three sons suffered severe, permanent injuries while serving in Iraq. Impressed by the impact of local volunteers on his son's morale, Conklin created a unique model of community integration. Volunteer businesspeople, civic leaders, churches, families and others "adopt" a severely wounded veteran in their community and, working together, provide well-integrated support for every aspect of the veteran's life for up to four years. Veterans receive help getting disability-appropriate housing and transportation, suitable long-term jobs with committed employers, and practical help with banking, enrolling kids in school, cooking and shopping. They also get a supportive social, emotional and recreational network that invites the veteran and his or her family to picnics, movies, dinner parties, community outings and other events. With IADIF funding, the program serves 25 veterans at an average cost of less than \$100,000 per veteran for each four-year period. Sentinels of Freedom provides a unique and potentially highly effective model for long-term support of the severely wounded.

Where troops, veterans and their families were impacted by deployment to Iraq, organizations across the country stepped into the breach. The support from IADIF — both in grants and technical assistance — allowed these organizations to dramatically increase their capacity and changed the lives of hundreds of thousands of Iraq and Afghanistan veterans.

The History and Strategy of IADIF

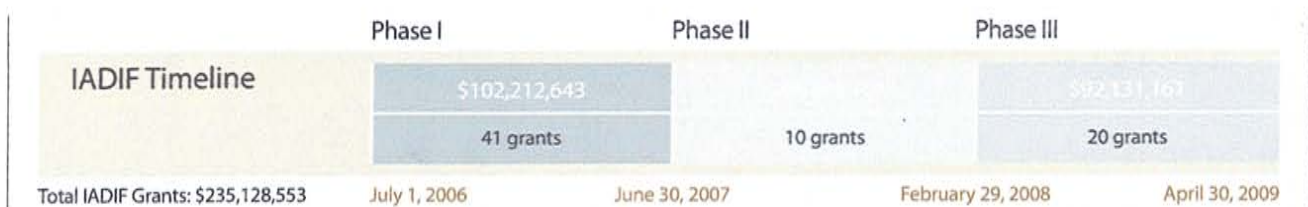
Established in 2006 as a donor advised fund at the California Community Foundation (CCF), IADIF has a single, crucial mission: to address the unmet needs of men, women and families affected by deployment to Iraq and Afghanistan. With an initial budget of \$105 million to commit within the period of one year, IADIF was not only the nation's largest, but also the first grantmaking effort to recognize and respond to the vastness and the urgency of the need in the military and veteran community.

The foundation was well positioned to handle the task. CCF is one of the nation's largest community foundations, and among the leading philanthropic organizations in Los Angeles County, managing more than \$1 billion in assets. In fiscal year 2008-2009, it granted more than \$191 million as investments in the future of communities in Los Angeles and beyond. In addition to the IADIF fund, CCF makes grants in the areas of the arts, civic engagement, education, health care, human services and affordable housing. Donor advised funds, such as IADIF, help donors create the change they envision by making giving simple and easy and taking full advantage of CCF's community expertise.

Originally intended as a single-year effort, IADIF's results in the first year of funding spurred even greater commitment from its donors. Over the following three years, renewed funding allowed IADIF to expand its investment in effective direct service programs and to address the long term, systemic challenges facing troops, veterans and their families.

In total, IADIF distributed more than \$235 million to 53 nonprofit organizations in support of the military and veteran community, investing in a sector that had never seen significant funding from organized philanthropy. IADIF changed the lives of hundreds of thousands of troops, veterans and their families, and reinvented the field of military and veteran support for decades to come.

As IADIF's grantmaking has come to a close, a final pool of technical assistance awards are being made to help IADIF grantees in good standing, move toward sustainability. Final proposals for projects that will expand institutional capacity to sustain their achievements are being accepted and reviewed for funding. Examples of projects may include the purchase of client-management software, the consultation with a strategic planning expert, or hiring a fundraising expert. With this final commitment, IADIF aims to help professionalize the organizations it supported and facilitate their long-term viability.



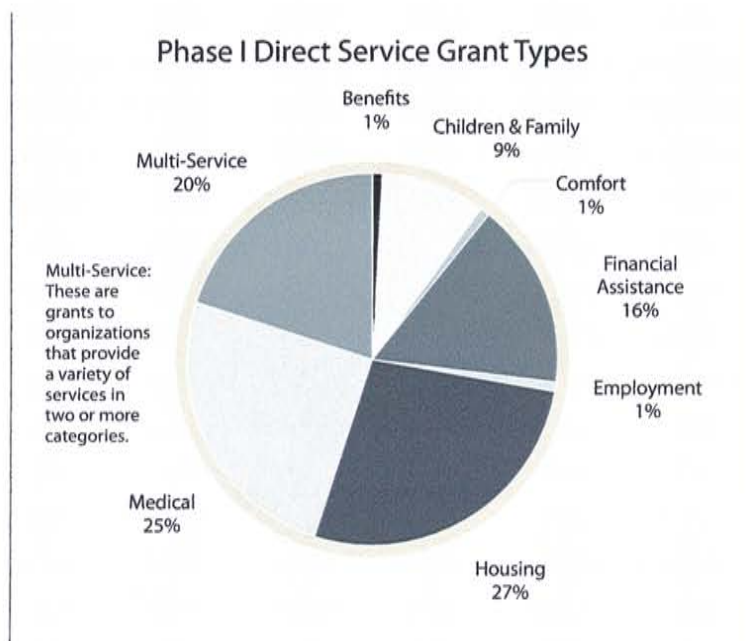
Phase 1: Direct Service

In 2006, the needs of veteran and military families were rapidly developing yet poorly understood. Basic data, such as the number of Iraq and Afghanistan veterans who had left the military, were not readily available. CCF first commissioned a report that would provide information about the field of military and veteran support. RAND issued a report from existing data and research currently under way. CCF also reached out to key leaders from the military and veterans support organizations who identified the emerging needs of troops, veterans and their families.

CCF reached out to organizations that provided direct support to troops and veterans. Early grants were divided between well-known national organizations and smaller grassroots organizations, and were marked by their breadth of support, including grants for financial aid, counseling, scholarships, health care, employment and housing.

IADIF's research showed that the vast majority of grassroots military and veterans support organizations did not have a history of working with institutional grantmakers such as foundations, and thus were unfamiliar with the vetting process to determine eligibility. CCF's standard application and reporting criteria, similar to those used by grantmakers nationwide and familiar to most nonprofit organizations applying for grants in other fields, were new to organizations used to relying on small individual donations or membership dues. Many of these small organizations had never completed a grant proposal before, and didn't understand the vocabulary or the performance metrics associated with foundation grants. Most had little-to-no experience handling large sums of money. Several were working out of home garages or offices in a spare bedroom.

Despite their lack of fundraising sophistication, however, these organizations were doing effective and vital work to meet the needs of troops and returning veterans. Moreover, they needed support if they were to transition from small grassroots efforts into effective professional organizations.



CCF responded by making a user-friendly application that gathered information needed for due diligence and also empowered the applicants to describe their work and think strategically about possibilities, without taxing their often volunteer staffs. (For a copy of the grant application, see Appendix A.) To be considered for funding, an organization was required to demonstrate a well-articulated mission, an understanding of the unique circumstances and unmet needs of post-9/11-era service members, a clear vision of the challenges of serving this community, a plan for and the capacity to do the actual work, and compliance with all rules and regulations governing nonprofit organizations.

If the organization had a fundamental strategic vision and basic capacity as described, CCF guided them through the proposal and reporting process.

The result was a unique initiative, one that invested significant funds in organizations that had little to no experience handling sizeable grants. This innovative approach paid remarkable dividends. Highlights include:

- Through the Intrepid Fallen Heroes Fund, IADIF's grant for the groundbreaking Center for the Intrepid funded state-of-the-art equipment that helped rehabilitate thousands of severely-injured troops who otherwise may have received less adequate treatment at Brooke Army Medical Center.
- The Injured Marine Semper Fi Fund provided more than 2,800 emergency financial assistance grants, helping military families in financial crisis to cover car repairs, buy school supplies and stay in their homes.
- Almost 6,000 troops, veterans and families were connected to critical services and often life-saving support through the National Veterans Foundation helpline, staffed entirely by veterans and trained counselors.

IADIF-funded programs served more than 400,000 troops, veterans and military families within the first year of grantmaking. Perhaps the most compelling evidence of IADIF's success comes from the stories of troops, veterans and their families:

A bomb blast left Xavier a double above-the-knee amputee. After being stabilized at Walter Reed Medical Center, he was moved to Brooke Army Medical Center in Texas to continue his rehabilitation. His family, living in Michigan, put their lives on hold to fly to their only child's bedside. Within three weeks, both the father and mother had exhausted the personal leave allowances offered by their employers; they both lost their jobs. As bills mounted back at home, Xavier's parents were desperate. The Injured Marine Semper Fi Fund provided more than \$10,000 in family support grants to help cover their expenses, and keep the family from losing its home. Today, Xavier's parents have new jobs and have settled their son back at home in Michigan.

Jena lost her father, an officer in the Marine Corps Reserves, when she was 14. She was initially reluctant to attend to the "Good Grief" session held by Transition Assistance Program for Survivors, but eventually flew to D.C. and took part. When she saw how "open and comfortable" the other kids were in talking about their loss, she decided that she too would talk, although her grief was so raw she could barely discuss it with her best friends at home. Jena said, "I just teared up, but so did others. I usually hated it when people cried when they heard my story. But this was different. They were crying for a different reason. The other kids there weren't

tearing up because they felt bad for me, it was because they could relate." Jena now considers her friends in TAPS to be like siblings. They are a deep and powerful force of support and comfort. Jena is looking forward to attending the next Good Grief camp and will soon become a counselor herself.



Military children who have lost loved ones to deployment find comfort at a TAPS "Good Grief" camp in Ft. Campbell, Ky. (Photo courtesy of Tragedy Assistance Program for Survivors.)

After his service in Iraq, "John" was told he had a pre-existing "personality disorder" rather than PTSD, a diagnosis that precluded his receiving any veterans' benefits. Upon returning to his community, while driving one day with his wife and children, he saw what turned out to be trash on the side of the road. Convinced that it was a roadside bomb, John swerved his car and drove off the highway into a steep canyon, slightly injuring his children. Operation Homefront arranged financial support to repair John's car, counseling to treat his PTSD, assistance with treating his kids' medical injuries, and last, connected him with a benefits advocate to help him correct his inaccurate discharge diagnosis and receive his benefits.

From the beginning, IADIF grantees provided direct services that dramatically improved the lives of thousands of troops, veterans and their families. IADIF's mission later expanded to promote the systemic changes necessary to ensure every military and veteran family received support.

Phase 2: Direct Service, Systemic Solutions

IADIF's earliest grants strengthened grantee organizations and sometimes enabled them to save lives. Within IADIF's first six months, however, it became evident that the need to serve this population went beyond what direct service provided. While continuing its direct service support, IADIF began funding research, advocacy and public awareness programs in its second phase of giving.

CCF also recognized that deployments were concentrated in certain geographic areas and wanted to take advantage of the local expertise of other community foundations to increase its reach and grantmaking effectiveness. By supporting advocacy and public awareness efforts, IADIF sought to have an impact at a systemic level to bring about long-term social change. By bringing together the

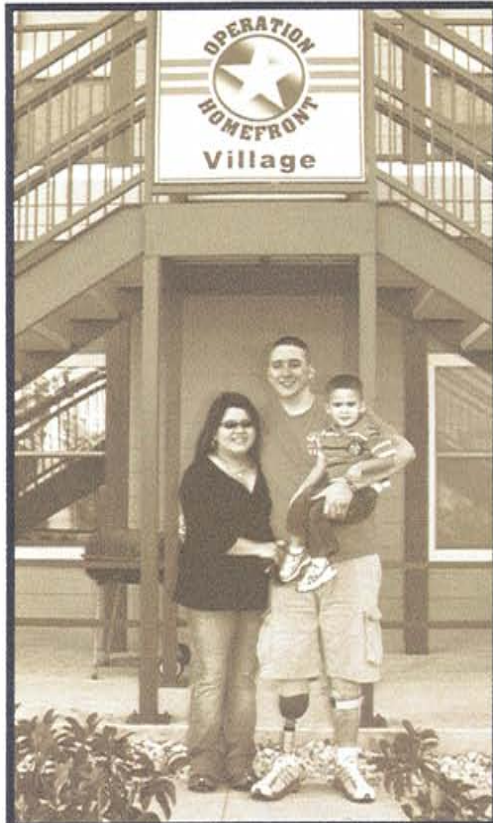
diverse grantees into a coalition of support for Iraq and Afghanistan veterans, IADIF could remake the field of military support for decades to come. IADIF's second phase of grantmaking focused on increasing the nonprofit sector's capacity to provide direct services by improving the infrastructure within and the policy landscape in which these agencies work.

Harnessing Local Expertise

Research showed that the wars in Iraq and Afghanistan had impacted certain regions more so than others. Certain states, such as Texas, were ground zero for the impact of the war. Ft. Hood alone has 52,000 soldiers stationed there, along with 100,000 of their family members. Brooke Army Medical Center, at Ft. Sam Houston in San Antonio, treats thousands of sick and injured service members annually, including many troops wounded in Iraq or Afghanistan. The presence of the troops and veterans is so predominant that San Antonio is sometimes referred to as Military, USA. In many Texas communities, deployment-related needs far exceeded the local organizations' capacity to address them.

CCF funded community foundations in Texas to re-grant funds from IADIF to local organizations whose primary populations may not be troop- or veteran- specific, but that were nevertheless reaching the target population. These foundations had the knowledge and expertise to evaluate local nonprofits and saved CCF considerable time in the research and vetting of grantees. The high density of military and veteran families in their area ensured that organizations addressing, for instance, mental health or homelessness, would invariably end up serving the military and veteran population.

In late 2006, three Texas community foundations received a total of \$15 million to re-grant to small nonprofits in their area. The Dallas Foundation, the San Antonio Area Foundation (see inset) and the Permian Basin Area Foundation in Midland, coordinated their efforts so they could implement a regional approach based on mutual learning. By dividing the state into sections, these three community foundations served the entire state. The partnership became known as TRIAD, Texas Resources for Iraq-Afghanistan Deployment. A shared TRIAD Web site (triadfund.org), common grant application and common funding deadlines made it easy for the three foundations to cover the entire state without duplicating one another's work. These foundations served more than 25,000 troops, veterans and family members within the first year. The model proved so effective that CCF granted an additional \$15 million to the San Antonio Area and Dallas Community Foundations in 2009, and the community foundation model was replicated in 2008 in Florida, another epicenter of deployment impact. The Dade Community Foundation, the Community Foundation in Jacksonville and the Gulf Coast Community Foundation of Venice received a total of \$15 million in 2008 to support local nonprofits working on military and veteran issues. Visit floridabraive.org to learn more.



A wounded warrior and his family stand in front of the Operation Homefront Village in San Antonio, Texas, which provides apartment-style interim housing for soldiers injured in Iraq and Afghanistan and their families. (Photo courtesy of Operation Homefront)

SUPPORTING THE FAMILIES: OPERATION HOMEFRONT

Family in Need in Arkansas. A family of four needs financial assistance with essential bills like utilities, mortgage and medical insurance. This 11-year military veteran returned home from his deployment only to lose his trucking business. Now in an inpatient program for PTSD at a VA hospital, this injured veteran is waiting for his disability compensation to begin.

Virginia Family Needs Home Repair. A Virginia family of four needs immediate assistance with a major home repair. Raw sewage leaking into the backyard has made the home unlivable for the wife and their two children, ages 5 and 10. The service member has been deployed to Iraq since January 2009; his family may have to vacate the property because they can't afford to fix the health hazard.

These stories and many others have found a place on the home page of Operation Homefront. For thousands of military families like these, Operation Homefront has been the link to community members ready to help a troop or veteran.

Operation Homefront was founded seven years ago by a few San Diego-based military spouses. Initially, volunteers helped with the day-to-day challenges like household chores, car repairs or child care, but the group rapidly expanded into a national organization, with more than 30 chapters across the country. From care packages to emergency financial support to back-to-school supplies, Operation Homefront has addressed every kind of need a military family might have — and has worked to ensure that families, once supported, are in a position to become self-sufficient.

Operation Homefront had to evolve as an organization if it were to become a national player in the field of veteran support. As Amy Palmer, president of Operation Homefront, said, "About two and a half years into the war, support was fading. The war wasn't in the media, and people weren't giving. Organizations couldn't just run on passion any more; they had to become professional." So Operation Homefront used IADIF support to bring on a professional staff, get quality databases to track clients and provide a higher level of support. Operation Homefront has now provided more than \$10 million in emergency assistance and morale boosters to more than 38,000 military families in need.

In 2008, Operation Homefront launched Operation Homefront Village near San Antonio's Brooke Army Medical Center. The complex provides fully-equipped transitional apartments to 20 wounded warrior families, to support them as they complete their recovery, finish training programs and rebuild their finances. Operation Homefront Village also has a community center with counselors to help receive disability benefits, educational assistance and employment workshops. Operation Homefront Village also boosts military families' morale with free monthly dinners, an entertainment library, support groups and holiday programs. This innovative and comprehensive program is a national model for the care and support of wounded warrior families.

GROWING THE GRASSROOTS: SAN ANTONIO AREA FOUNDATION

At an Operation Reunion ice cream social, a wounded warrior had instructed his wife and four children to sit very quietly at a table away from the rest of the families. The family was clearly under great strain, and the soldier spoke to family members as though he were their commander. With the help of Operation Reunion, however, this family has healed many of its wounds, and is stronger than ever before.

The wounded warrior joined a men's discussion group at Operation Reunion, and began to suggest activities, such as making a Thanksgiving dinner and baking Valentine cookies, that would allow the men to show their appreciation for their families. Through group sessions, the warrior's two eldest stepdaughters learned coping skills to deal with their stepfather's visible and non-visible injuries. During one activity, the girls were asked to create a drawing of what PTSD looked like to them. The eldest immediately drew a heart with a Band-Aid. She described the picture as her stepfather's heart, healing from its combat injuries. By attending group sessions, she was able to see and articulate her family's challenges, and its progress.

Though their work changes lives, small grassroots organizations like Operation Reunion rarely receive grants from foundations. The San Antonio Area Foundation had the local expertise to find and support more than 30 of these local organizations making a difference in the lives of military families. At SAAF, "we went out of our way to find these less well-established, 'mom and pop' organizations," said Sandra Palomo Gonzalez, program officer for the San Antonio Area Foundation. The foundation simplified its application and partnered with other community foundations to hold outreach events across the state, inviting local nonprofits to learn about the funding available.

The success of this community-based, outreach-oriented grantmaking has made SAAF a leader in a new kind of philanthropy. "We've been called upon by corporations and foundations across the country, asking how we made grants in these communities," Palomo Gonzalez said. SAAF's success has also allowed it to utilize IADIF funding to encourage other local donors to support organizations working with military and veteran families. As part of its commitment to outreach, SAAF is also building a nonprofit community for its grantees, so they can learn from one another. SAAF connects its grantees with other IADIF grantees nationwide, and hosts a local conference of SAAF grant recipients, built on the model of the annual CIAV conference (see page 38).

The IADIF-funded initiative has fundamentally changed SAAF's grantmaking and impact. Palomo Gonzalez said that before IADIF, "our discretionary grants process had been reactive to applications received, but now we're setting funding priorities. We'll be able to measure our impact more, because we've been working on strengthening the evaluation process. We know that if we can better tell our stories, it will lead to our long-term longevity, and the long-term sustainability of our grantees."

Encouraging Public Awareness, Changing Public Policy

During the early years of the wars, the impact at home of the combat in Iraq and Afghanistan was largely invisible to the American public. Outside of the small percentage of American families who have a loved one serving in the military, the average American was not asked to make the kinds of sacrifices — rationing goods, growing victory gardens or buying war bonds, for instance — that were commonplace in previous wars. Moreover, veteran and military families were isolated in their local communities, and their stories were not being told. Policymakers appeared especially uninformed about the war's toll on their local communities.

The impact of the government's inability to meet the needs of troops, veterans and their families went largely unnoticed. Grassroots organizations across the nation tried to fulfill the responsibilities of government agencies, but

lacked the capacity and the funding to do so. If IADIF were to reduce the long-term need for direct services, it had to first change the landscape in which services were delivered. Systemic change required a multipronged public awareness campaign and a significant investment in military and veteran advocacy.

IADIF has helped to change the public's understanding of the war. But that was just the first step. To turn that awareness into effective action, IADIF invested in advocacy.

First, IADIF invested in an in-depth reporting series produced by National Public Radio, called "The Impact of War." NPR, known for quality reporting and an engaged audience, used IADIF support to produce powerful news coverage

on issues of troops and veterans, and built a Web site that is now referenced several thousands of times a day as a definitive source for hard-to-find data about the wars. NPR's work led directly to a key public policy victory. At Ft. Carson, Colo., troops with PTSD were being processed out of the military with "personality disorders," a diagnosis that negatively affected one's discharge and made it impossible to receive veterans' benefits. In fall 2007, NPR reporter Daniel Zwerdling's reporting on this scandal prompted Congress to investigate. His work made possible a new set of policies to protect troops with PTSD from being wrongfully discharged, and earned Zwerdling a prestigious Peabody Award. To capitalize on the growing power of online journalism, IADIF also funded Brave New Foundation's "In Their Boots," an online series that profiles individuals, families and communities affected by the wars in Iraq and Afghanistan in 10 to 40 minute-long episodes. The series, now in its second season, has covered a wide range of issues, including some very difficult subjects, like suicide, homelessness and military sexual assault. More than 310,000 people log on to watch each week's new online episode. The work has had an influence far beyond the Web; "In Their Boots" has been the subject of stories on MTV, NPR and in the New York Times.

IADIF also funded an Ad Council campaign to raise awareness on the issue of veterans' services. Ad Council's public service announcements have been making a difference for more than 60 years, including such iconic ones as Mothers Against Drunk Driving's "Friends Don't Let Friends Drive Drunk," the United Negro College Fund's "A Mind is a Terrible Thing to Waste," and the U.S. Forest Service's "Only You Can Prevent Forest Fires." The nonprofit Ad Council's model relies on donated media and pro bono creative services from the industry's top advertising companies. The Ad Council does more than simply raise awareness; each campaign partners with an issue-specific nonprofit, and the PSAs direct viewers to a campaign Web site with concrete resources.

By partnering the Ad Council with the nonprofit Iraq and Afghanistan Veterans of America in a multiyear campaign, IADIF's support helped to draw attention to the impact of the wars. In its first four months, the Veteran Support campaign received \$26.5 million in donated media on TV, in print, online, on the radio and outdoors, including 100 placements on MTV and almost 700 placements on CNN.

The powerful public service announcements direct troops and their family members to online resources maintained by IAVA. The "troops and veterans" face of the campaign sends those who have served to communityofveterans.org, a secured online community similar to Facebook, which provides a dynamic database of resources in a veteran's area. A careful application process allows only authentic Iraq and Afghanistan veterans on the site, a distinction unique

99% of Americans hope their parking meter doesn't run out.
1% of Americans hope their luck doesn't run out.

We know where you're coming from.
If you're a veteran of Iraq or Afghanistan, you're not alone.
We've been there. Join us at CommunityOfVeterans.org

IAVA
Iraq and Afghanistan
Veterans of America

Ad
Council

This is one of a number of ads that the Ad Council created in partnership with the Iraq Afghanistan Veterans of America to raise awareness about veterans' issues. (Image courtesy of the Ad Council)

to this site that is critical to building trust within the community. Eight months after the campaign's launch, the community has approximately 2,000 active members and is rapidly growing.

There is a separate "friends and family" side of the campaign, which directs loved ones of troops and veterans to their own community to help them support one another as they reconnect with a veteran newly returned from war. The supportyourvet.org Web site has received more than 80,000 visits since its launch in April 2009.

Through its grants to NPR, "In Their Boots" and the Ad Council and IAVA, IADIF has helped to change the public's understanding of the war, making the experiences of troops, veterans and their families far more visible to the average American. And once Americans learned about the issues, they wanted to help, according to polls, focus groups and anecdotal evidence. To turn that awareness into effective action, IADIF invested in advocacy.

First, IADIF funded the research that could inform public policy. As aforementioned, IADIF commissioned RAND to conduct the first comprehensive study of Iraq and Afghanistan veterans' "invisible wounds."

This 2008 study, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to*

Assist Recovery, showed conclusively that at least one in five veterans of Iraq and Afghanistan have Post Traumatic Stress Disorder or major depression, and 20 percent of returning veterans had likely experienced a Traumatic Brain Injury in action. These shocking results, which made headlines across the nation, galvanized support for increased funding for VA mental health care. The data helped inform advocates' successful efforts to secure an increase of nearly \$1 billion increase in VA funding for the following fiscal year, part of the largest such increase in 77 years.

IADIF also funded the organizations that could take RAND's research and effect policy change, including DAV, IAVA (see inset) and the National Military Family Association.

Founded in 1969, the National Military Family Association (NMFA) is the leading expert on the challenges and emerging trends associated with military families and children, and is an effective advocate of policies that improve the lives of military families. With funding from IADIF, NMFA expand-

ed its Web site to support the deployed and their families, worked with the VA to improve the transition of emotionally and physically wounded vets back to their families, trained family members to speak publicly and work effectively with elected officials, and hosted "Military Family 101" sessions to train legislative assistants in Congress about the needs of military families in 18 months. NMFA's advocacy efforts helped lead to several victories for military families, including more than \$1 billion included in Congress' 2009 emergency supplemental legislation to fund military family assistance programs. The bill provides for family counseling and child care, and pays for the construction of 25 new child development centers, which will provide care for 5,000 children.

IADIF's public awareness and advocacy work changed the landscape of support for those affected by deployments to Iraq and Afghanistan, improving the work of the government and giving IADIF's direct service grantees a better field in which to provide their services.

Rebuilding the Field

Many working in the military and veteran support field were surprisingly unaware of one another's work. The isolation of different nonprofits working in the same field led to duplicate efforts and the jockeying for limited funding, political clout and media attention that sometimes led to in-fighting. If the hundreds of nonprofits serving troops, veterans and their families were to be truly effective, they would have to be convened in a way that fostered interagency awareness, respect and collaboration to advance the entire field.

From this observation, the Coalition for Iraq and Afghanistan Veterans was born. CIAV is a national coalition of IADIF grantees that aims to improve the coordination of organizations working in support of Iraq and Afghanistan veterans and their families.

In addition to providing a forum for networking and opportunities to address legislation, serving unmet needs and advocacy, CIAV's annual conference also provides sessions on many of the major issues facing nonprofits in the military and veteran support field, such as fundraising, developing an online presence and interacting with the media. By the second CIAV conference in 2009, it had gained enough traction and credibility at the national level that numerous senior officials from DOD, VA and the White House joined the nonprofit leaders both as panelists and observers.

CIAV also developed a new interagency referral process, pooling the collective expertise and resources of IADIF grantees to provide the nation's first known interagency electronic case management and referral model for today's veterans. Since it was first implemented in May 2009, the CIAV referral system has received an average of five referrals a week, representing coordinated interagency cooperation to address needs in the areas of housing, transportation, benefits advocacy, military sexual trauma, child care, education, employment substance abuse, mental health and more.

Additionally, CIAV's seminars, news feeds, chat boards, committees and working groups led to scores of unprecedented interagency partnerships. For example, Air Compassion for Veterans, an IADIF grantee that offers free flights to veterans in need, has flown more than 388 OEF/OIF veterans and their family members, in partnership with these organizations: The Coming Home Project, Fisher House, Injured Marine Semper Fi Fund, IAVA, Operation Homefront, Our Military Kids, Project Return to Work, TAPS, USA Cares, The Pathway Home, and Vets4Vets. In the years to come, CIAV will continue to build and strengthen the infrastructure of the veteran and military nonprofit sector, ensuring a united response to troops, veterans and military families.

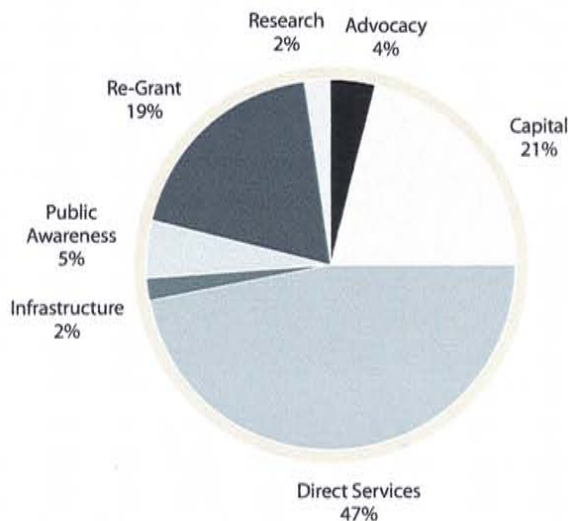
Phase 3: Building Sustainability

After distributing almost \$150 million to a diversity of troop- and veteran-serving nonprofit organizations across the country, IADIF focused on building sustainability.

IADIF funded mostly prior grantees, especially those who had shown excellence in grant stewardship, exceptional leadership and responsiveness to the changing needs of their constituents. But it also supported new organizations that forged public-private partnerships between the government and nonprofit sector. For instance, in its partnership with the DOD, the Intrepid Fallen Heroes Fund worked closely with IADIF to develop a sustainable organizational model for the National Intrepid Center of Excellence, a privately-built, government-operated facility on the grounds of the National Naval Medical Center in Bethesda, Md., which will be the world’s leading facility for the research, care and treatment of Traumatic Brain Injury when it opens in 2010. This grant met the IADIF mandate for a prompt payout, while also addressing the need for longer term/sustainable programs and services that address combat-related injury.

Another example is “Operation MEND,” a groundbreaking effort of UCLA Medical Center, which provides extensive reconstructive surgery to Iraq and Afghanistan veterans with severe facial disfigurements. It depends on collaboration with Brooke Army Medical Center and the West Los Angeles VA for both referrals and medical partnership. Since 2008, Operation MEND has rebuilt the faces of dozens of troops, including those the military had treated and released, having exhausted its formidable expertise. The DOD and VA have historically been wary partners in cross-sectoral partnerships with nonprofit organizations. However, thanks in some part to the efficacy and value of those efforts described here, leadership at both agencies has begun to increase its openness to and transparency with community partners. It is widely hoped that the coming years will show the results of this commitment.

IADIF Grants by Funding Categories



Marine Cpl. Ronny Porta received reconstructive surgery for his face and hand through Operation MEND. He is pictured here with his mother Rene (to his immediate right) and friends. (Photo courtesy of Operation MEND)

REPRESENTING THE NEW GENERATION: IAVA

When his Humvee flipped trying to avoid an Improvised Explosive Device, Joe R. suffered multiple injuries, including a broken back, a shattered arm and a severe TBI. After numerous surgeries, he could not go back to his old job as an auto mechanic in New York City. After a short stint patrolling Penn Station with the National Guard, Joe was unable to manage the mental and physical pain in which he lived and soon became homeless. Though he warranted a 100 percent-disabled rating from the VA, he had fallen through the cracks.

Iraq and Afghanistan Veterans of America worked to bring Joe's story to the public's attention, and after his story ran on CNN and NPR, the VA re-examined Joe's disability rating. With his new disability benefits, Joe got back on his feet. Months later, Joe surprised IAVA staff with a \$500 donation, asking that his gift be used to help other vets in financial crisis.

Founded in 2004, IAVA has become a powerful voice for those serving in Iraq and Afghanistan. Its members now appear regularly on every major network and are widely quoted in newspapers nationwide, discussing issues from equipment shortages on the field to the rising tide of suicide among new veterans. IAVA is also partnering with the Ad Council on their veteran support campaign (see page 37). IAVA played a significant role in helping to keep public attention on the impact of the wars in Iraq and Afghanistan.

With IADIF's early support, IAVA grew from a staff of four with a few hundred members, to a staff of 20, with New York and D.C. offices and tens of thousands of members nationwide. IADIF's support also allowed IAVA to have an impact on Capitol Hill. Its reports, testimonies before congressional committees and advocacy made possible several pieces of key veterans' legislation, including the new GI Bill, which made college affordable to every veteran of Iraq and Afghanistan. This \$60-billion education benefit was won with less than \$300,000 of targeted, effective advocacy, a return on investment of 180 to 1.

Phase 4: Going Forward

IADIF's grantmaking is complete, save for a small technical assistance fund soon to be distributed. Available to previously supported grantees, the technical assistance fund seeks to strengthen, build and sustain their capacity. Although IADIF has improved the field of military and veteran support, there is much more to be done, and CCF is hopeful that other funders will join its efforts. The following sections outline the lessons learned from the IADIF fund, and offer recommendations for policymakers, nonprofit organizations and funders who wish to improve the lives of America's troops, veterans and their families.

THE DONORS' STORY AND PARTNERSHIP WITH A GRANTMAKER

When the IADIF donors turned to CCF, they knew they wanted to address the unmet needs of troops, veterans and families that had been impacted by deployment to Iraq or Afghanistan. However, they didn't know which organizations to support or where to begin. Their motivation stemmed from having seen varied news accounts of the ways in which deployment had left our nation's service members with substantial unmet needs. And they wanted to help.

Known for its grantmaking expertise and ability to help donors identify areas of focus and implement and monitor a strategic giving plan, CCF embraced the opportunity. Initially, the donors were interested in making swift, high-impact grants, with a focus on organizations providing direct services to troops, veterans and their families. CCF worked to better understand the field at large, while pursuing the original mandate. Given the magnitude of the IADIF fund, the short timeline and the need for programmatic expertise in the military and veteran support field, CCF hired full-time consultant Nancy Berglass to lead the effort. Berglass brought more than 25 years of leadership experience in the nonprofit and philanthropic sector. As director of the IADIF initiative, her work included research and analysis, strategic planning, program design and innovation and extensive grants management with more than 50 nonprofits, many of which had never before stewarded a grant. She also provided critical technical assistance to grantees, helping them improve their services, evaluate their work and professionalize their organizations for long-term success, and also built the profile for organized philanthropy by building new bridges between grantmakers and military agencies.

Neither CCF, Berglass nor the donors had anticipated where the work would take them over the course of the first year, nor that the initiative would last three-plus years and expand to include other philanthropic strategies including research, public awareness and advocacy.

In the end, CCF was able to not only help the IADIF donors realize their initial objectives, but also to far exceed them. As the IADIF team researched and learned additional information along the way, it envisioned new, often innovative strategies to effect fieldwide change. Developing a strong case, CCF brought the donors along, and took risks by implementing ideas it hadn't initially considered. Thanks to some early successes, CCF and the donors were encouraged to continue to innovate.

In three years, IADIF became a leading expert and knowledge broker on this subject matter among grantmakers wanting to replicate the work, and stakeholders and leaders within the veterans support organizations wanting to effect change. It is in this role that IADIF will make the most permanent and lasting impact. IADIF's Berglass has made unprecedented connections and facilitated access to information among key stakeholders and players; through her leadership, IADIF has earned the trust and respect of a diversity of players, and is perceived as both a neutral and necessary party to move forward. Together with IADIF, veterans support organizations and other stakeholders are ready to make substantial steps toward change.

CCF was able to achieve this high level of success, both quickly and in a cost-efficient manner; the total fees and expenses of administering and supporting the grantmaking efforts of IADIF were a mere 1.4 percent over its three-plus-year life span. The costs per year were less than 0.5 percent of the fund. The IADIF fund was invested in CCF's conservative, short-term pool and the investment gains more than offset the cost. This means that IADIF was able to convert 100 percent of the contributions received to its grantmaking efforts.

Lessons Learned: What Funders, Government Agencies and Nonprofit Leaders Should Know About the Nonprofit Military Support Sector

Overview

IADIF's leadership in advancing the field of military and veterans support organizations offers important lessons to three key stakeholder groups: funders, nonprofit organizations and government agencies. Their collective efforts will ensure that service members, their families and their communities can recover and thrive after deployment to Iraq and Afghanistan.

Our government bears primary responsibility for addressing the human impact of deployment. However, it will take a diverse and coordinated group far beyond DOD and VA, both at the local and national levels, to strategically and systemically implement solutions to the challenges facing troops, veterans and their families. While veteran-serving organizations cannot — and should not — take the place of the government, they can play an essential role in addressing those needs.

Later in this report, we offer recommendations for funders, nonprofit organizations and government agencies specifically. Each of these groups must understand, however, that they must work together in order to have the necessary impact. Following are observations of the nonprofit military and veterans support sector based on IADIF's body of work.

- Most of the innovation in services to troops, veterans and their families is coming from the nonprofit sector.

Both the DOD and the VA have struggled throughout the course of this war at times, to meet many of the basic responsibilities associated with the needs of their charges. The nonprofit sector has stepped in to introduce new ideas, methods or devices to address unresolved problems or to meet unmet needs.

For example, the Intrepid Fallen Heroes Fund, a private nonprofit, stepped up and built the state-of-the-art Center for the Intrepid — the world's leading facility for combat burn and amputee rehabilitation — when its leaders saw the superior quality of care available in Israeli military hospitals. They were able to secure land to build the center right on the grounds of Ft. Sam Houston, adjacent to and in partnership with Brooke Army Medical Center, accomplishing in one year what the military saw as necessary and perhaps had hoped to do, but simply hadn't — five years and more than

20,000 casualties into this war. Now deeded in perpetuity to the DOD, the center has seen more than 1,000 patients since its opening, dramatically advancing, reaching and furthering their long-term recovery goals for returning to a normal life as possible post injury.

- Many military- and veteran-serving nonprofits operate without the cooperation, partnership or acknowledgment of government agencies. They need the support of funders and peer organizations to help raise their profiles, sustain their capacities to address critical needs and enhance their ability to advocate for a place at the table.

Not recognizing, if not prioritizing, the value of working with community organizations (as opposed to working exclusively with older VSOs) to meet service members' needs inhibits the military's capacity to reach their current charges in new ways and to test and prove new ideas where innovation may be advised.

To his credit, Joint Chiefs Chairman Adm. Michael Mullen has begun to invest increasing resources in meeting with and learning about community-based efforts that leverage what the DOD is able to do. The VA, however, which serves the much longer-term needs of our service members, remains woefully behind the curve in terms of identifying, accepting and partnering with community providers, although new leadership under the Obama administration has made some progress.

- The nonprofit military support field has many of the attributes of any emerging social movement; there is little (but growing) infrastructure, varying levels of interagency cooperation, and increasing in-fighting as some players emerge to seize the spotlight. This is not a bad thing.

The OEF / OIF campaign is in its eighth year; the field of organizations aiming to serve its personnel and their families is younger. A number of indicators — IADIF's proactive support for the CIAV, the first national coalition of Iraq-era nonprofits among them — point to an impressive growth trajectory that bespeaks the slow but definitive maturing of the movement.

Efforts to support the ongoing development of infrastructure in the military- and veterans-service community are likely to pay off shortly and in the long run. Many experts agree that once the "surge home" kicks in most intensively, the need for nonprofit agencies nationwide to provide coordinated case management and referrals — across geography, fields of interest or military branches — will likely rival the trajectory of need for actual direct service. Now is the time to invest in strengthening this field and building strong partnerships.

- The range of capacity within military and veterans support organizations is inconsistent.

Some of the military and veterans support organizations with which funders, government agencies and peer nonprofits may partner are very small, perhaps even staffed solely by volunteers. Some are new to the nonprofit sector, and their organizational learning curves are great. There are also a number of large and sophisticated organizations — primarily the officially sanctioned VSOs — whose constituents are largely limited to older generations. The contrast between these "camps" is significant; good work is being done in all cases, but possibly according to different standards.

These concerns merit close examination, but should not necessarily indicate a red light. With the proper support, many of the less sophisticated organizations can build their capacity while also providing important programs and services. Funder intervention in the proposal development process, in particular, will ensure that an otherwise underprepared agency considers all of the staffing and resourcing attributes of the work they propose to do.

By contrast, some of the older-guard VSOs may demonstrate strong organizational capacity, but a lack of knowledge about or biases against what today's troops feel make their circumstances unique. Funders and others can help these organizations reach their greatest potential to serve OEF/OIF troops and vets through grant interventions that build their capacities for outreach.

- Fund development activities among military-serving nonprofits have been limited; many military support organizations are new to the expectations of organized philanthropy, and some technical assistance may be required as they strive to comply with grantmakers' standards.

For most of the organizations within the veterans and military support community, foundation grants are new or rare. Older organizations have traditionally relied on membership fees, individual donations and an occasional corporate sponsorship. Younger ones are often running on a shoestring budget, with capital provided from personal savings accounts and credit cards. In IADIF's case, its grants were the first for many of its grantees. Taking the time to meet with organizational leaders and stakeholders, and helping them think out the trajectory of their proposed projects, helped hone and refine the final proposals, resulting in scores of successful programs and services being delivered efficiently.

Nevertheless, the learning curve remains steep, and both funders and government agencies will have to undo some traditional thinking and be open to a new kind of relationship that involves, at least in the early stages, some handholding.

- Not unlike other fields, ideology is a big divider.

The full spectrum of political /ideological approaches to the war is represented among the universe of organizations addressing its impact. There are those that unconditionally support the war as an act of perceived patriotism, as there are others whose concerns include advocating for an end to the war, or promoting a civil rights agenda for veterans wanting to voice objections to the war.

The majority of organizations, however, operate as either nonpartisan and/or humanitarian in nature, wanting to demonstrate support for the troops — from a human perspective — as distinguished by support for the war itself. These are the agencies that are building a national movement, and are flexible and maturing enough to continue to be of relevant service as the needs of our service members grow and change.

- One of the greatest values the nonprofit sector brings to veterans services is TRUST.

RAND's Invisible Wounds report revealed that among the primary reasons so many vets did not seek mental health care is due to concerns of the side effects associated with medications as well as concerns about potential negative

career repercussions associated with getting help. These reasons are followed closely by the fear of stigma, of being judged unfit to serve, demoted or otherwise ostracized within the military system. Many advocates and experts in the veteran-serving field are concerned that these factors indicate a growing sense of mistrust and fear on the part of some troops and veterans, about the systems under which they work and/or receive care.

Community nonprofits that are independently operated can be a safe haven for those who need help but who may not seek it due to fear of repercussion. Independent nonprofit services are not noted on military records, and often meet needs beyond the time frame or boundaries of what government programs might otherwise provide (services for the whole family, for example).

In this context, nonprofit agencies are essential partners to the military community, as they are able to reach those troops and veterans who do not feel "safe" bringing their problems to the attention of commanders and peers.

- There is a robust continuum of services for deployment-related needs being met by the nonprofit sector; the collective efforts of nonprofit providers nationwide demonstrate that the problems faced by our service members can be successfully addressed.

From basic financial literacy training to emergency financial assistance, from help with rent payments to the construction of customized homes for the combat disabled, and from crisis child care intervention to therapeutic programs that help children cope with the loss of a parent, virtually every aspect of deployment-related need is being addressed by nonprofit organizations somewhere in the nation.

What is needed is a coordinated response.

CIIV has been a good start. A national infrastructure of organizations, linked by the Internet and powered by excellent vetting criteria that rate the services recommended for referral, can and should be implemented as a basic first step.



A U.S. Air Force airman from the 135th Airlift Group, Maryland Air National Guard receives a hug from a loved one during a welcome home ceremony at Warfield Air National Guard Base in Baltimore, Md., in 2007. His group was deployed for nearly 24 continuous months in the Middle East. (Photo courtesy of the DOD)

Summary

With close to 2 million troops having served in these current wars, many of whom are injured, traumatized, unemployed and/or undereducated, now is the time — before their problems become public crises — for government agencies and funders alike to band together. They must embrace the potential and promise of the nonprofit sector to be a leader in supporting our troops and veterans through the provision of excellent programs and services. Working with the large field of military nonprofits to impact the lives of today's troops and vets, is an endeavor full of promise. What funders and government agencies must consider, though, is that these are groups that are working to ensure their own organizational stability and sustainability, at the same time that they are responding to the urgency of wartime human problems. An open-minded approach, a willingness to take risks, and of course, the patience needed to help today's military support organizations step into the larger nonprofit community as peers and allies, are critical components of any successful partnership.

Recommendations for Grantmakers: Where Can the Funding Community Make the Biggest Difference?

The next few years offer a tremendous opportunity for systemic change in the field of support to troops and veterans. Benefiting from new leadership and massive funding increases, the VA has indicated a shift toward transparency and to working more effectively with community partners. For VSOs, in particular, this could mean greater opportunities to provide support for veterans and their families. Here are strategies for grantmakers that can strengthen our collective capacity — both at the local and national levels:

Recommendation #1: Invest in building the civilian/nonprofit infrastructure for support to troops, veterans and their families, in conjunction with grants that support critical direct services.

The work of nonprofit providers will be as effective and sustainable as the infrastructure on which it is based. Grantmakers can and should help build the infrastructure necessary to encourage coordination within and long-term stability of the military and veteran support community. Smart grants that strengthen the capacity of military support organizations to operate within the confines of acceptable nonprofit standards, enable interagency communication and collaboration, encourage strategic partnerships within the field, and establish best practices, will have a long-term impact. Such grants will build sustainability into a field whose players would be well-poised to effect meaningful systems change if they were to collaborate effectively.

The need to support immediate, direct services remains dire; funders can make these investments while simultaneously giving grants for capacity and community building.

Recommendation #2: Support research where possible and needed, toward making a systemic impact in the direct services arena.

There are two areas in which investment in research can have a systemic impact:

- 1) Research that documents the scope and breadth of needs and problems faced by service members, and
- 2) research into and evaluation of best practices/models in nonprofit service delivery to the target population.

IADIF has demonstrated that focused, quality research is critical to the “new” sector of modern military support. RAND’s *Invisible Wounds* is an example of how research can touch lives by changing policy, but much more is needed.

Funders can help fill gaps in information about deployment-related outcomes, such as:

- Best practices in combat-related mental health treatments and therapies
- The impact of deployment on families and children (including but not limited to divorce, child abuse, depression, domestic violence and poverty)
- Workplace readiness: the application of military job skills to the civilian sector

Reliable data are needed in these areas so that the information can guide philanthropic dollars and ultimately, smart changes in the policy arena. Without reliable data that can educate concerned stakeholders, the problems, dynamics and causes with this population will persist.

Recommendation #3: Invest in case management.

Many say that the greatest direct service need among today’s warriors is for case management. There is no government agency that tracks and ensures the overall or comprehensive well-being of a troop or veteran with deployment-related needs. An injured warrior, for example, will receive the world’s best health care in a military hospital, but the DOD does nothing to make sure his wife and kids can pay the rent when they relocate to be near his side during recovery and rehabilitation. Grants that enable state agencies or local organizations, or that — like CIAV — use tools like the Internet to connect and build relationships between complementary nonprofits, may be among the most important a funder can make. Funding efforts that track and support veterans and their families through separation from the military and into veteran’s status are critical.

Recommendation #4: Invest in regional approaches.

Like the Sentinels of Freedom model, there is merit in funding regional approaches to serving our troops and veterans. State governments sometimes have flexibility in the ways they serve troops and vets. Guard and reserve services are often coordinated at the state level, and each state has its own department of veterans’ affairs; some state VA secretaries have demonstrated a promising level of open-mindedness and flexibility as they endeavor to reintegrate veterans after their service.

In some cases, the state itself can be a critical partner for funders; a partnership between IADIF, the California Secretary for Veterans Affairs and nonprofit fiscal sponsor, the TIDES Center, led to the creation of the Pathway Home. This program provides transitional housing, therapy, family support and case management to California veterans whose combat-related mental health conditions were “treated” to the extent allowable within the military system, but that remain too severe to overcome the challenges of immediate reintegration with family and society.

Once troops and vets come home, they may find it difficult to connect with their communities or are thrust into circumstances that muddle their sense of community. This is why local networks make critical partners. In many places, particularly those that are far from bases and official military services, “nonmilitary” partners like churches, Boys and Girls Clubs, etc., may become important players in implementing regional approaches to serving needy service members. Building infrastructure among the diverse players so that they can maximize the impact of their work, is a good way to strengthen capacity of a local nonprofit community to serve isolated and needy service members.

Recommendations for Military and Government Agencies, and Policymakers

If we as a nation are to mitigate the problems veterans face when they come home, we will have to tackle the issues while troops are still on active duty, before they become egregious. Inherent in this and all of the recommendations is the assertion that our military must act on the responsibility to intervene proactively after subjecting our troops to repeated combat exposures. Our military's obligation to its troops and vets requires swift and excellent intervention by well-trained mental health and other relevant providers who make proper diagnoses and provide quality treatment.

Equally important is a seamless transition from active duty to the VA that includes a case-managed hand-off as the service member transitions to veteran status. The DOD and VA must commit to formal partnership with well-vetted nonprofits and social service networks that are already catching service members and families as they fall through the cracks in the system. We must use all intervention opportunities before troops separate from service, to lessen the burden on the already-overtaxed programs and services in civilian society. This approach will save lives and ultimately strengthen our military by fostering renewed respect and loyalty.

It is imperative that the government design and oversee implementation of a comprehensive national "homecoming" plan that will address the short and long term deployment-related needs of our troops and veterans, and attend to their successful reintegration with family, workforce, community and society.

The at-home impact of the wars abroad is taxing families, communities, institutions, donors and local resources beyond what is sustainable. Without proper intervention, many of those outcomes could easily balloon to becoming a broader, if not pandemic, social crisis.

Helping our veterans reintegrate into their communities, however, need not fall entirely on the government's lap. There are outstanding resources available in every region of this nation, and if invested in properly, partnerships that facilitate cooperation between government and community agencies could be the answer. Below, IADIF recommends internal changes that might facilitate troop/veteran-centered service, and external actions that will maximize the government's capacity to properly serve its service members and their families, through effective partnerships with the nonprofit and philanthropic sectors.

Recommendations for Internal Action at DOD and the VA

Recommendation #1: Increase transparency and client service.

From guidance on the new GI Bill to disability claim advocacy, many veterans support organizations have entire programs and staff devoted to explaining federal benefits and advocating on behalf of beneficiaries. The fact that intermediaries exist to connect government agencies to those they are mandated to serve demonstrates the need for reform of government systems. A commitment to transparency and customer service, primarily from the VA, would allow these nonprofits to either focus resources where they can best augment the value and impact of what the government should be doing, or redirect those resources to other programs.

The same concern applies to both agencies when it comes to the documentation and distribution of data. While DOD tracks basic demographic information across all branches and components, the branches also keep their own specific records

and data, which are not uniform in content, form or accessibility. This makes it highly challenging for supporters, such as families and nonprofit providers, to identify and serve those troops and service members whose significant deployment-related needs may extend beyond the confines of what the government can provide. The transparency and consistency in and accessibility to records across all fields of information, and unified among the branches — for active duty, reserve and veteran components — will help the nonprofit sector help the government agencies, and their constituencies alike.

Finally, both transparency and client service can both be improved through full implementation and interoperability of the joint virtual lifetime electronic record system (or VLER), as mandated by Congress in 2008 as part of the National Defense Authorization Act. Meant to seamlessly transfer information vital to the health care, services and benefits of our service members from the moment they enter the military through their status as veterans and until their deaths, the system will only work if it is prioritized, implemented and used in equal measure by DOD and VA. There have been some successes in data sharing between DOD and VA, but the full interoperability of VLER has not been met by its September 2009 timeline, and complaints of lost and incomplete medical records still abound.

Recommendation #2: Ensure troops, veterans and their families receive “civilian readiness” training and comprehensive case management.

When troops leave the military, they receive only a day or two of briefings, at best. Those in the reserve component and military family members often receive no outprocessing support at all. The DOD should commit to the same comprehensive approach to preparing combat veterans to leave the military — a “deboot camp” to ensure that veterans are as healthy, well and ready for the job market and community life as they were for the battlefield. They also need to help veterans and their families to spot signs of trouble and communicate where to go for help.

The Coalition for Iraq and Afghanistan Veterans, programs like Sentinels of Freedom, and Web sites like communityofveterans.org, which provide returning service members with support, are excellent models for this approach to care. The DOD and VA should identify and partner with these and other nonprofit agencies, maximizing the capacity and value of what the government agencies can and should offer.

Recommendation #3: Prioritize formalization and commit to full, effective implementation of an anti-stigma program directed at troops and military leadership, to mitigate underreporting of mental health issues and increase responsible and timely care treatment for those who have combat-related mental health concerns.

Recent efforts by Joint Chiefs Chairman Adm. Michael Mullen and other military leaders to acknowledge and begin to address issues of stigma publicly are commendable and critical. While an important first step, talking isn't enough to overcome stigma; a systemic campaign that includes actual programmatic interventions to reduce stigma, penalizes those leaders who do not comply and increases access to quality mental health care and treatment, is crucial.

Recommendation #4: Develop and implement common tracking systems that capture and make transparent deployment-related data for the public record, across all branches and military agencies.

From civilians to policymakers, many Americans will be challenged to support our military in meaningful ways, if there is little information available to inform their decisions. To be sure, there are justifiable national security concerns about

sharing certain information, and while DOD's annual demographics report provides basic data on demographic trends in the military, areas like health trends and the financial impact of deployment on military families and veterans are key examples in which the various branches of the military and the VA have kept separate and inconsistent records if at all. The lack of consistency in data gathering and record keeping beyond basic demographics slows the capacity of advocates, policymakers and even military leaders to make smart upgrades or changes to policies, protocols and systems that could strengthen our military by most systemically addressing the needs of those who comprise it.

While understanding, for example, the factors that contribute to the spike in suicides in the Army is critical to that particular branch's capacity to conduct preventive activities, it is imperative that both DOD and VA invest in data collection protocols and methodologies that capture information about the impact of deployment across all branches and components. Only unified data collection and tracking methodologies can lead to effective strategies and interventions that address system-wide concerns. In-depth research will help both government agencies and their nonprofit partners understand and respond to deployment-related outcomes and needs. Without conclusive and commonly-shared data, it is hard to advocate for policy or systemic change, and impossible to meet the deployment-related needs of our troops and veterans.

Recommendation #5: The Department of Veterans Affairs must correct the enormous backlog of disability claims.

The VA's failure to adequately assess and process veterans' disability claims in a timely and fair fashion should be rectified immediately.

Between May and August of 2009, the backlog of disability claims at the VA grew by more than 100,000 — up 14 percent in four months — adding to an unfinished caseload that now includes close to 1 million¹¹ unfinished benefits claims and appeals at the Veterans Benefits Administration (VBA) and the Board of Veterans Appeals at VA.

Veterans of the wars in Iraq and Afghanistan now wait an average of six months to receive disability benefits and as long as four years for their appeals to be heard, in cases where their benefits were denied.

The nearly 1 million current claimants represent men and women who served their country through the wars in Vietnam to the current combat, and paid a hefty price for the effort. Their symptoms range from visible injuries such as burns, limb loss and painful shrapnel wounds, to invisible wounds like debilitating brain injuries.

A class action lawsuit currently with the federal Ninth Circuit Court of Appeals alleges that, "in some cases, the VA's failure to provide timely mental health care treatment for veterans resulted in suicide." Anecdotally, IADIF has heard from its grantees that the need for their services is exacerbated by the poverty and increased need brought on by disabled veterans who fall into financial despair while awaiting adjudication of their VA claims. An IADIF grantee, Disability Rights Advocates, provided the nonprofit legal representation for the plaintiffs in this lawsuit.

The VA should fully analyze and correct how and why this error occurred, and implement mechanisms by which the system will be permanently corrected and the veterans' claims be honored. IADIF calls upon VA Secretary General Eric Shinseki to correct the backlog entirely within a period of one year.

Recommendation #6: Invest in and maintain a viable, nationally coordinated case management and referral system that connects troops, veterans and military families seeking help at the DOD and VA levels, with well-vetted nonprofits in their own communities, and that contributes to a seamless transition to the VA system.

¹¹ Truthout: Crisis at the VA as Benefits Claims Backlog Nearly Tops One Million; June 5, 2009, by Jason Leopold (truthout.org/060509A)

Because the DOD and VA can't possibly meet every need of all service members, we call upon them to collaborate closely with and tap into the network of nonprofit providers that have effectively addressed these needs.

DOD and VA should both staff separate but interdependent, collaborative offices whose core functions are to: a) case manage troops and vets with deployment-related needs, through reasonable resolution of their issues, and b) continually research, vet, build relationships with and seek user feedback on community resources that meet the deployment-related needs, to augment or fill in the gaps where government programs and services are inadequate. America Supports You (ASY), a DOD-based Internet site that lists military nonprofits, isn't comprehensive and its listings aren't vetted or monitored. The lack of tracking and case management indicates that despite a healthy budget for the effort, DOD has no actual human return on the investment; there is no way to know whether or not those who sought help from the program received it, resolved their issues or — in the worst possible case — were in any way harmed.

Whatever the end result, any effective case management of needy troops and vets must have a robust, dynamic online component because it is serving a generation that communicates and connects electronically. And importantly, the case management function must allow for a veteran's needs to be discussed off the record as well.

Recommendations for External Action by DOD and VA

Recommendation #1: Invest more deeply and systemically in partnership with the nonprofit sector.

Nonprofit organizations have a flexibility and responsiveness that the federal government can rarely match. They have deep ties to communities across the country, and are experts at local outreach. They are the critical link to meeting the needs of those troops, veterans and military families for whom pride or stigma inhibit the use of government programs.

DOD's "Real Warriors" campaign, a multimedia effort to support the successful reintegration of returning service members, veterans and their families, has begun to connect our service members with community resources by posting links to nonprofit organizations nationwide. It is noteworthy that among these partners are some newer, grassroots and nontraditional organizations — such as the Coalition for Iraq and Afghanistan Veterans — that sometimes work with but exist outside of the community of "official" VSOs, to which the military has traditionally (if not exclusively) turned in the past. This is an important if not critical step in building bridges between the military and additional community resources that are geared to address the needs of the OEF/OIF troops.

One way both DOD and VA can build on and deepen those connections, however, would be to invest directly in qualified nonprofits through competitive grants or fee-for-service programs for well-vetted VSOs, MSOs and other qualified nonprofit organizations whose services would be offered in partnership with, and would be accountable to, the pertinent government agencies.

For example, Brooke Army Medical Center provides world class burn treatment, but does not have the capacity to provide world class reconstructive surgery for those whose burns caused gross disfigurement. UCLA, a nonprofit provider, does have this capacity through its Operation MEND program, currently funded through private sector support. This is an example of where DOD and perhaps the Veterans Health Administration might formalize an effective partnership to sustain this effort. It would be imperative that the DOD or VA maintain oversight of continuity and quality of care.

Another example would be to invest in the infrastructure for such services and partnerships, by supporting organizations like the Coalition for Iraq and Afghanistan Veterans. Whether through funding efforts like this directly, or using these resources in an advisory capacity, it is incumbent on DOD and VA to identify, know, engage with and, importantly — through compensation — uphold the capacity of nonprofit organizations whose collective strength leverages the government's capacity to most effectively serve its constituencies.

Both DOD and VA should develop a national strategy to build community partnerships that includes these components during and after separation from service:

- a. Adopt criteria of IADIF or create a government-approved vetting criteria by which nonprofit organizations shall be:
 - 1) qualified as vendors or partners to government agencies and
 - 2) listed as referrals to troops, veterans and their families.
- b. This vetting process should be neutral, rigorous and based on periodic review. The vetting infrastructure (whether by committee or internal office) must include experts in the fields of nonprofit management and philanthropy, alongside those with military expertise.
- c. Issue requests for proposals from nonprofit agencies that can provide services the government cannot adequately provide; use this strategy now, while problems are still young, so that they do not become full-blown societal crises.
- d. Abolish old-guard protocols that favor “official” veterans service organizations; all nonprofit organizations whose central mission is to serve troops and veterans and that meet vetting criteria, should be considered MSOs and VSOs, and should have equal access to opportunities for partnership with and recognition from government agencies. Re-vet agencies that have long been identified as official VSOs and ask them to demonstrate, like all other potential partners, their capacity, commitment and compliance.
- e. Sidestep bureaucracy in favor of strategic efficiency when the development of plans and the implementation of services are urgent. Good examples include the Center for the Intrepid at Brooke Army Medical Center and Fisher House Foundation.

Recommendations for Military and Veterans Support Organizations

Nonprofit organizations serving military service members are diverse, representing the many branches, factions, geographic distributions and needs of the population served. The levels of organizational development and interagency cooperation also varies, and following are recommendations to ensure growth and change among these nonprofits.

Recommendation #1: Professionalize.

To be sustainable and collaborate effectively with other partners, an organization must invest in infrastructure — professional and full-time staff, work space, software to track clients and donors.

Military support organizations should brush up on IRS and local compliance issues. This ensures that the appropriate staff and board personnel are familiar and compliant with, and have an infrastructure for enforcing the rules, regulations and protocols that govern nonprofit existence, and that also prescribe best practices.

Recommendation #2: Build a sustainable, diverse donor base; reduce reliance on single sources of funding.

Military and veterans support organizations must look beyond member dues and small individual donations, and diversify philanthropic support to include both institutional funders (such as foundations and corporate giving programs) and major gifts from individuals. That means seeking out potential funders and building successful relationships with them. In many cases, nonprofits should consider training a staff member in development and devoting their time to this work on a full-time basis, or hiring a full-time professional with fundraising experience.

Nonprofits that serve the military should also investigate and aggressively pursue opportunities for earned income, through contract opportunities with DOD and VA.

Recommendation #3: Achieve a higher standard of self-evaluation and business acumen.

Nonprofit organizations that serve our troops and veterans need to adopt systems reflecting transparency and accountability expected by most institutional funders and the nonprofit sector. Better reporting of outcomes, including quantitative metrics about dollars spent and population served, and an assessment of challenges that will impede their work, will improve their chances of receiving foundation support, and will also allow them to evaluate and plan their effectiveness. All nonprofits serving this sector should invest in the best possible information-gathering, record-keeping and accounting systems, and to implement checks and balances that ensure their consistent integrity.

Recommendation #4: Build the community as a whole.

Too many military and veterans support organizations are working in isolation, either unwilling to coordinate or are unfamiliar with others working on the same issues. Moreover, ideological and political differences have at times kept organizations from working together. Tools like the DOD's National Resource Directory and CIAV's new matrix for referrals will improve the coordination between organizations.

Leaders in the VSO/MSO community must acknowledge and provide guidance to grassroots organizations, otherwise many of the systemic problems in the field will still exist and the infrastructure needed to produce policy change will be weak.

Recommendation #5: Plan for succession where appropriate.

Many organizations founded to support our troops and vets since 9/11 are already showing signs of "founder's syndrome." While many organizations succeeded in large part because of the founder's passion, commitment and dedication, overdependence on the knowledge, skills or authority of one person could also be the downfall of that organization. In the military support sector, some organizations are beginning to see the negative effects of what happens when a charismatic leader suddenly deploys, comes home with a disabling injury or becomes "burned out" by the excessive workload.

It is imperative for the sustainability of nonprofits that serve troops and vets, that their founders, long-time staff and board members commit to a level of planning and management that acknowledges when it is time to bring on new professional talent to either share or transition the leadership of the organization.

Recommendation #6: Promote awareness of your organization, the needs of your constituents, the human impact of deployment on individuals and families, through documentation of your work.

Military- and veterans- support nonprofits must find creative, compelling and effective ways to best tell the story of their organizations, using examples of clients and people served, to capture the attention of the media and American public. Organizations can use data and statistics to share their work, and continue tracking and documenting data to identify trends. Perhaps most importantly, nonprofits must collect stories that personalize the work on an individual human scale and speak to emotions so people can understand what service members and their families are going through as a result of deployment.

Conclusion

The immense impact of IADIF's three years of grantmaking is beyond calculation. The work of IADIF grantees has immeasurably improved the lives of literally hundreds of thousands of people. From basic needs, including food, shelter and medical care, to morale boosters, like camp programs for the children of the deployed and books and video games for wounded troops, IADIF grantees have been there for America's troops, veterans and their families.

But the wars in Iraq and Afghanistan are far from over. Each day, more families are coping with the burden of combat deployments. Thousands of veterans are still falling through the cracks of the government and nonprofit safety net. For these military and veteran families to get the support they have earned, policymakers, the private sector and the nonprofit and philanthropic community must work together.

We hope that the lessons learned and recommendations in this report provide a road map for investments in the future of America's troops, veterans and their families. Those who have served and are still serving in Iraq and Afghanistan have made a tremendous commitment to their country. We owe them our deepest respect and gratitude. By ensuring they and their families can succeed in life post-deployment, we will have done no more than our moral duty.

Armed Forces Members of all five branches of the United States military (the Army, the Navy, the Air Force, the Marines and the Coast Guard) have been called to service as a part of Operation Enduring Freedom (the post-9/11 campaign that includes Afghanistan) and Operation Iraqi Freedom. The brunt of ground fighting has been borne by the Army and the Marine Corps, but more than 30 percent of Iraq and Afghanistan veterans served in the Air Force or the Navy.

Community foundations are tax-exempt public charities composed primarily of permanent funds established by many individual donors for the long-term benefit of a defined geographic area. They provide knowledge, staffing and programmatic expertise to individuals, families and organizations, which they would otherwise have to develop within their own private foundation.

Disability benefits are the benefits accrued by veterans after completing their military service. Veterans can receive benefits from both the Department of Defense and the Department of Veterans Affairs; the DOD pays severance or medical retirement benefits for those too severely wounded to complete their military service, while the VA pays benefits intended to reimburse a veteran for lost income that results from their service-related disability. Despite recent efforts to achieve “seamless transition,” the disability process is an exercise in frustration for most veterans, who can spend months or years in limbo, waiting for the bureaucracy to process their benefits paperwork.

The Department of Defense (DOD), headquartered at the Pentagon, includes all the branches of the American military and has an annual budget of more than \$600 billion.

The Department of Veterans Affairs (VA) provides benefits and health care to military veterans. The Veterans Benefits Administration, or VBA, supports millions of veterans and families every year, through disability benefits, home loans, education benefits and survivor benefits for families of the fallen. The Veterans Health Administration, or VHA, serves about 6 million people a year, and includes the more than 150 veterans’ hospitals and thousands of clinics nationwide.

Depression, a common term for major depressive disorder, is an illness, usually characterized by sadness, anxiety, hopelessness, fatigue or irritability, which prevents a person from functioning normally. Other symptoms can include insomnia, aches and pains, difficulty concentrating, loss of interest in once-pleasurable activities, or suicidal thoughts or action.

A donor advised fund is a type of philanthropic fund vehicle enabling donors to contribute assets at any time to make grants to qualified nonprofit organizations. This vehicle is the most efficient and cost-effective alternative to establishing a private or family foundation, due to more favorable tax benefits and lack of the extensive administrative paperwork and other obligations associated with a private foundation.

“The draft” typically refers to involuntary conscription into the Armed Forces. During World War II and Vietnam, the American Armed Forces relied on draftees; quotas during World War II reached 200,000 a month. More than 2 million of the 3.7 million American service members who served in the Vietnam field of operations were draftees. Today, the American military is an all-volunteer force.

Evidence-based care is a term used to define health care that has been empirically proven to be effective. Among those mental health treatments shown effective are what is called “cognitive behavioral therapy,” an umbrella term for a number of therapies that help patients to examine their own thought processes (for instance, through keeping a diary or speaking with a counselor) and to test new ways of behaving or reacting. Many widely available treatments for PTSD and depression — including eye movement desensitization and reprocessing, and hypnosis — have not been adequately tested to show that they are effective. Some medications have been proven effective for coping with depression, but there is less evidence that they are effective for PTSD.

Judging the quality of care is a difficult matter. For the purposes of the RAND Invisible Wounds study, “minimally adequate” care was defined as follows:

Participants were judged to have had a minimally adequate trial of a psychotropic drug if they (1) had taken a prescribed medication as long as the doctor wanted, and (2) had at least four visits with a doctor or therapist in the past 12 months. Minimally-adequate exposure to psychotherapy was

defined as having had at least eight visits with a “mental health professional such as a psychiatrist, psychologist or counselor” in the past 12 months, with visits averaging at least 30 minutes.

But many other factors affect the quality of care a troop, veteran or family member receives. In addition to simply not receiving an adequate number of sessions, there are many qualitative problems with the mental health care available to troops and veterans. “Mental health providers in community settings may come from a variety of medical and mental health backgrounds. Theoretical orientations and standards of practice are diverse, with little cross-disciplinary standardization. In addition, the training of many specialists does not emphasize evidence-based treatments. Furthermore, many are unfamiliar with military culture or combat-related trauma and disorders,” according to RAND’s Invisible Wounds study.

A Gold Star signifies a loved one killed in action. Historically, families with a service member at war would put a blue star in the window to represent each member of the family deployed to combat, and a gold star for any family member killed. The phrases “blue star families” or “gold star families” are often used in the military and veteran community.

The Individual Ready Reserve (IRR) is a reserve force within the U.S. Armed Forces composed of former active duty or reserve military personnel. Most troops have some IRR service, often about two years, written into their contracts. IRR service occurs immediately after the end of one's active service, but because it typically requires no activity on the part of the service member, few were aware of this obligation at the start of the Iraq War. An individual assigned to the IRR receives no pay and is not obligated to drill, conduct annual training, or participate in any military activities unless called to active duty. However, during one's period in the IRR, one can be called back to active service. Thousands of IRR troops, many of whom had not trained or served in years, have been called to active duty over the course of the Iraq War.

A Military Service Organization (MSO) is a nonprofit organization that provides services to military personnel and their families. The Department of Veterans Affairs and the Department of Defense recognize certain official MSOs to provide specific kinds of support services.

Operation Enduring Freedom (OEF) is the military operation that responded to the attacks of Sept. 11, 2001. Though OEF includes anti-terrorist operations all over the world, it includes and is most commonly associated with the United States' commitment in Afghanistan.

Operation Iraqi Freedom (OIF) is the official military title for the current war in Iraq. In the early years of the war, veterans would often refer to their time in Iraq as part of "OIF" followed by a number signifying the time period of their service. For instance, the phrase "veteran of OIF 1" denoted a service member who served in Iraq during the initial invasion. As the war has progressed and troops have served multiple, extended deployments, the numerical designation is falling out of use, but veterans still frequently use the shorthand "OIF" to describe the war as a whole.

The Office of Seamless Transition was established in January 2005, under the authority of the Department of Veterans Affairs Undersecretary for Health, to facilitate the transition of service members from active duty to civilian life by improving coordination between the Veterans Benefits Administration and the Veterans Health Administration and between the Department of Defense and Department of Veterans Affairs.

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after a traumatic event. Common symptoms include persistent frightening thoughts, memories or nightmares of an ordeal; anger, irritability or emotional numbness; sleep problems; a strong startle response.

The reserve component, or the Guard and Reserves, are a portion of the U.S. Armed Forces that live as civilians, and traditionally serve in uniform one weekend a month, plus two weeks of annual training. Before the Iraq and Afghanistan wars, reserve component troops were typically called

to extended active service only to cope with local natural disasters. Today, however, reserve component troops are serving multiple and extended combat deployments.

Stop loss is a military policy wherein service members can be held on active duty beyond their expected exit date. Before the Iraq War, this policy was very rarely used, but in recent years, the military has extended the contracts of tens of thousands of troops, sometimes multiple times.

Traumatic Brain Injury (TBI) denotes a range of injuries, from a mild concussion to a life-threatening open head wound. TBIs are a common result of the explosions of roadside bombs and mortars. In the most severe cases, Traumatic Brain Injury can leave a service member severely brain damaged and unable to care for themselves. Most troops who have experienced a TBI, however, received a mild or moderate concussion. About 20 percent of troops who have served in Iraq or Afghanistan have experienced at least one such injury. Mild and moderate TBIs often go undiagnosed, but they can cause lasting damage: headaches, dizziness, mood changes and difficulty concentrating. One challenge to diagnosis is the overlap between symptoms of mild TBI and psychological injuries, such as PTSD and depression. The long-term effects of blast-related TBI are still being studied, but TBIs observed in civilian populations (primarily through sport injuries or car accidents) have been known to increase the risk of Alzheimer's and Parkinson's disease.

TRICARE is the military's health care coverage. Unlike the VA, which runs its own network of hospitals and clinics, the military primarily offers health care to service members and their families through TRICARE insurance that allows them to visit civilian providers.

A Veterans Service Organization (VSO) is a nonprofit organization that provides services to military personnel and their families. The Department of Veterans Affairs and the Department of Defense recognize certain official VSOs to provide specific kinds of support services, typically assistance with disability claims.

Appendix A: IADIF Application

IRAQ AFGHANISTAN DEPLOYMENT IMPACT FUND OF THE CALIFORNIA COMMUNITY FOUNDATION GRANT APPLICATION

The purpose of the IADIF is to expand assistance to American military personnel and/or their families who have unmet needs due to death, injury, or other physical or mental detriment, or financial hardship, as a result of service in Iraq (OIF) or Afghanistan (OEF), who may include active duty, reserve, National Guard and veteran service members.

Please complete the following application form, include the required attachments and RETURN THREE COPIES OF EVERYTHING to IADIF c/o Nancy Berglass, Principal, Berglass Community Investment Consulting, 2658 Griffith Park Blvd., #273, Los Angeles, CA 90039. Print or type your responses in the space provided. If you have questions, contact consultant Nancy Berglass at 323- 665-1020 or at nancy@berglassconsulting.com. Please note that while applications to this fund are solicited by invitation only, the grantmaking process is a competitive one, and funding outcomes cannot be guaranteed.

APPLICANT INFORMATION:

Organization: _____

Address: _____

City/State: _____

Zip Code: _____

Web site: _____

Telephone: _____

Fax: _____

EIN#: _____

Name/Title of Agency Head: _____

E-mail: _____

Contact Person for this Application:
(if different from agency head) _____

E-mail: _____

Contact Person's Telephone: _____

Fax: _____

TYPE OF SUPPORT REQUESTED (check one):

- Direct Services Capital Projects
 Core Operating Regranting / Financial Assistance
 Nonpartisan Policy/Advocacy (Public Education / Awareness, Research, etc.)
 Other: _____
-

FINANCIAL INFORMATION:

Amount Requested: \$

Funding Time Period:

Total Agency Budget (current): \$

Total Project Budget (except for core operating support requests): \$

SUMMARY OF REQUEST:

In the space below, briefly summarize the purpose of the request, activities to be undertaken, target population — including ethnicity, gender, income level and estimated number of individuals — geographic focus and other relevant information regarding the request.

Signature of President/Executive Director or Board Chair/President

Date

DETAILS OF REQUEST:

In a total of no more than seven pages, in type no smaller than 12 pt, please answer the following questions. Please fill out the attached budget forms to the best of your ability.

I. Agency Background

- A. State the mission and goals of your organization and briefly describe its history (e.g., year founded, services and/or programs offered, population and geographic areas served).
- B. If applicable, briefly describe past accomplishments of your organization which you consider noteworthy. If your organization is new, please describe some of the objectives you wish to reach this year.

II. Description of Request

- A. Briefly describe the purpose of this request.
- B. What do you hope to achieve with IADIF grant support? Please discuss who/what will be impacted by your expected outcomes, and the general time frame in which you expect to achieve these results.
- C. Describe the activities to be undertaken through IADIF support and if possible, provide frequency, duration, number of units delivered, etc. Identify key staff, volunteers or consultants responsible for these activities. If other organizations will be involved, tell us about these partnerships and what resources (financial or otherwise) they will bring to the work.
- D. If your project includes:
 1. The distribution of grants / financial assistance to organizations, individuals or families, please describe your process for assessing need and eligibility. Include as attachments, any application forms, criteria, or assessment guidelines you use;
 2. The construction of a building(s), please fill out and attach the Capital Projects Supplemental at the end of this application, and describe within the narrative portion of your proposal, the extent to which your project will include "green", sustainable, environmentally-

friendly materials, systems and practices, especially as it regards to those identified by the US Green Building Council.

3. Direct Services: please include information about how many individual veterans, troops and/or families you will serve, and how many units of service you intend to provide.
4. Nonpartisan Policy/Advocacy: please describe the issues, legislation, policy changes you intend to impact; how many meetings you intend to secure with policymakers and others whose influence is brought to bear on OEF/OIF-related policy issues; your plans for related media impressions; and what will be your milestones for success over the course of this project.
- E. If the program or effort for which you are applying was operational in the previous fiscal year, how much did you raise for and expend on it? When your organization raises more funds than there are expenses, what is your process for managing / spending those extra dollars / assets?
- F. How do you anticipate the proposed grant will impact (enhance, change) your organization?

III. Rationale for Request

- A. What are the specific needs or problems among this population that you are trying to address through this requested support? Provide relevant statistics and/or data that help illustrate these issues, and describe your intended clients (e.g., gender, age, geography, ethnicity, physical limitations, etc.)
- B. Describe the capacity of the organization to undertake this work; if applicable, describe its past experience in undertaking this type of or similar work. If the project includes cultivating / hiring new staff or volunteers, please describe your plans to do so.

IV. Evaluation Plan

Based on the anticipated outcomes articulated in your answer to question IIB, please describe how you will determine the progress and success of your work. If your outcomes can be measured numerically (number of people served, average value of financial aid to families, for example), please describe that here. If there are qualitative or anecdotal measures to consider (vets will be relieved of traumatic stress, families will have respite from the stress of being in debt, for example) please describe those as well. Please note that all IADIF grantees will be subject to regular reporting requirements that assess progress on the goals, objectives and milestones established within the funded proposal.

V. Other

As necessary, please provide other important information that will help us better understand your agency or the specific needs of the targeted group or community that this request will serve.

VII. Organization Financial Information – Revenues

Total Agency Budget

(Required for all requests)

REVENUES	Total Agency Budget		
	Current Year: From _____ to _____		Previous Year: From _____ to _____
	Projected	Committed	Actual
Prior Year Carry Over of Funds			
Foundation Grants (list three top foundation grant sources)			
Foundation Grants (list three top foundation grant sources)			
Other Foundations: (provide total funds from other foundation sources)			
Government Grants (list agency and program type)			
Individual Donors			
Endowment Income			
Other:			
Total Revenue			

Notes: (1) Please attach a copy of your agency's current year operating budget in the format approved by your Board of Directors.
 (2) For capital projects, please attach the project budget and the project schedule in the format approved by your Board of Directors.

VII. Organization Financial Information – Expenses

Total Agency Budget

(Required for all requests)

EXPENSES	A Amount Requested from CCF	B Amount from Other Funders	C Amount from Internal/Other Sources	D Total Agency Expenses for Current Year (A + B + C)
PERSONNEL				
Salaries				
Benefits and taxes at %				
Subtotal, Personnel Expense				
RELATED COSTS				
Rent				
Telephone/Utilities				
Equipment rental and maintenance				
Printing/duplication				
Mailing/postage/delivery				
Materials				
Supplies				
Consultants				
Travel				
Other Costs				
Subtotal, Related Costs				
Total Expenses (Personnel + Related Costs)				

Proposed Project Budget

(Required for all requests except core operating support)

Where necessary, please provide a brief description or justification of line items. Budget should include only costs attributed directly to the proposed project. Please feel free to add or delete items as appropriate.

ITEM	A Amount Requested from CCF	B In-kind Donations	C Amount from Other Funders*	D Total Budget (A + B + C)
PERSONNEL / SALARIES (list title and % time on project)				
Subtotal, Personnel				
Benefits (% of personnel)				
Subtotal, Personnel Expense				
PROGRAM EXPENSES				
Consultants (list title and hours):				
Office supplies				
Printing/duplicating				
Mailing/postage/delivery				
Materials purchase (educational, etc.)				
Telephone				
Rent				
Local travel (miles x ¢)				
For building projects only: Project Audit Expense				
Other:				
Subtotal, Program Expense				
Total Expenses (Program + Personnel)				

* On an additional sheet, please specify source and indicate whether the amount is committed or pending.

IRAQ AFGHANISTAN DEPLOYMENT IMPACT FUND OF THE CALIFORNIA COMMUNITY FOUNDATION

List of Required Proposal Attachments

A complete application must include three copies of each of the following attachments:

- Roster of the agency's Board of Directors that includes officers, telephone numbers, professional affiliations and terms of office
- Board resolution or letter from the governing body, signed by its president or chair, authorizing submission of the application to the California Community Foundation
- Copy of original Federal Tax Exemption Letter under Section 501(c)(3) of the Internal Revenue Code
- Financials: Please note different requirements here for small, medium and large organizations.
 - a. Audited financial statements, management letter (if applicable) and IRS Form 990 for agencies with budgets of more than \$750,000
 - b. Independent auditor's review of in-house financial statements and IRS Form 990 for agencies with budgets between \$250,000 and \$750,000
 - c. Copy of the most recent IRS Form 990 for agencies with annual budgets less than \$250,000
- A copy of IRS form 1023 for agencies that have not yet filed an IRS form 990; please submit internal financial statements and the current year's operating budget as well
- Other printed materials (e.g. annual report) pertinent to the request

Application forms and attachments will not be accepted by fax or e-mail.

Please mail completed applications to:

Nancy Berglass, Principal
Berglass Community Investment Consulting
2658 Griffith Park Blvd., Ste. 273
Los Angeles, CA 90039
Attn: Iraq Afghanistan Deployment Impact Fund

IRAQ AFGHANISTAN DEPLOYMENT IMPACT FUND "STANDARDS FOR CHARITABLE ACCOUNTABILITY" COMPLIANCE FORM

As a measure of sound organizational management, governance and accountability practices among its potential grantees, the Iraq Afghanistan Deployment Impact Fund has adapted some of the Standards for Charitable Accountability developed by the Better Business Bureau, and created this compliance form. Please review and sign accordingly.

Additionally, the IADIF encourages all of its applicants to visit the BBB's Wise Giving Alliance's website at bbb.org/us/charity/, for a review of generally accepted standards in nonprofit management.

Organization name: _____

Contact person and title: _____

Phone: _____

E-mail: _____

By signing below, I hereby certify that (organization name) _____ is either wholly compliant with or is actively working to be compliant with the following standards for charitable accountability (check those with the organization currently complies):

Governance and Oversight

- 1. A board of directors that provides adequate oversight of the charity's operations and its staff. Indication of adequate oversight includes, but is not limited to, regularly scheduled appraisals of the CEO's performance, evidence of disbursement controls such as board approval of the budget, fund raising practices, establishment of a conflict of interest policy, and establishment of accounting procedures sufficient to safeguard charity finances.
- 2. A board of directors with a minimum of three voting members.
- 3. A minimum of two evenly spaced meetings per year of the full governing board.

Finances

- 4. Spend at least 65% of its total expenses on program activities.
- 5. Avoid accumulating funds that could be used for current program activities. To meet this standard, the charity's unrestricted net assets available for use should not be more than three times the size of the past year's expenses or three times the size of the current year's budget, whichever is higher. This measure excludes endowments and restricted cash reserves.
- 6. Make available to all, on request, complete annual financial statements prepared in accordance with generally accepted accounting principles.
- 7. Include in the financial statements a breakdown of expenses (e.g., salaries, travel, postage, etc.) that shows what portion of these expenses was allocated to program, fundraising, and administrative activities.
- 8. Have a board-approved annual budget for its current fiscal year, outlining projected expenses for major program activities, fund raising, and administration.

Fundraising and Informational Materials

- 9. Offer donors the opportunity for anonymity / privacy, respects donors wishes for anonymity / privacy, and never announce or create publicity materials regarding donation, without seeking funder / donor approval.

Our plans to comply with those measures not checked here include:

Signature of President/Executive Director or Board Chair/President

Date

CAPITAL PROJECTS ADDENDUM

If your proposed project includes the construction of buildings or the purchase of major equipment,

Please address the following questions in an attachment to your proposal, and sign at the line below, acknowledging agreement to IADIF's reporting and project auditing requirements.

Please note that all IADIF-funded building projects require our grantees' best efforts to comply with US Green Building Council LEED Standards.

1. How long do you project it will take to complete your project from the start time of your grant?
2. Please describe the projected percentages by which IADIF funds will be expended:
 - a. construction costs
 - b. architects and other professional service fees
 - c. project management by internal personnel (staff time)
 - d. purchases of materials, equipment, etc.
 - e. project overhead / administration not including personnel
3. For buildings: What is the projected square foot cost of construction?
4. For capital (non-building) purchases (software, vehicles, equipment, etc.) What is the per unit cost?
5. Service and Utilization Measures:
 - a. How many units / buildings will be completed or purchased?
 - b. How many units/ buildings to which IADIF funds will be applied are already in process of construction or purchasing?
 - c. In terms of percentage, what are their projected utilization rates?
(i.e. How many rooms are full, how much of an 8-hour day is the item(s) you purchased used?
 - d. For building projects: What is the projected average length of stay?
 - e. How many individual veterans and troops will be served?
 - f. How many family members will be served?
 - g. What amount of money do you estimate military families will save by virtue of using your IADIF-funded facility(ies) and/or resources, in the next three to five years?

We understand and agree that if funded, reporting requirements for this grant will include measurements of progress related to the projections herein indicated. We also understand that if awarded an IADIF grant, our agency will agree to undergo an independent third party audit of the project for which we received IADIF funding, and that the expenses of such an audit have been researched by us and included as a line item in this proposal.

Signature of President/Executive Director or Board Chair/President

Date

Appendix B: Vetting the Compliance and Quality of Nonprofits that Serve Troops, Veterans and Their Families

Whether it be a traditional grantmaker or a government agency, any entity that engages in partnership with nonprofits needs to establish baseline measures for the compliance and quality of those in which they will invest.

To a large extent, working with nonprofits that serve our nation's service members is no different than working with any others; establishing that the organization is compliant with state and IRS rules and regulations, that it adheres to generally accepted standards for excellence in nonprofit management, and that it has a clearly articulated mission toward which its programs and services strive, is core to conducting basic due diligence.

But just as effective grantmaking in any field is as much an art as it is a science, those who invest in military- and veterans-serving nonprofits — whether through grants, fees for service or other types of partnerships — will need to look beyond the obvious and consider those factors particular to this field, to assess the quality and worthiness of any given organization. Importantly, when it comes to partnering with emerging, innovative or even untried efforts, grantmakers and government agencies may find it worthwhile if not wholly satisfying to take risks, as long as they are informed.

This section recommends basic criteria that public and private partners can use in assessing whether or not a given military- or veterans-serving agency merits investment. There are three levels of assessment discussed here: basic nonprofit compliance, project-specific criteria, and factors pertaining specifically to service for veterans of Iraq and Afghanistan. These criteria are basic and not exhaustive; all agencies looking to fund or partner with nonprofit organizations are encouraged to develop criteria particular to their own needs, objectives, values and protocols.

Basic Nonprofit Compliance

Many readers will be familiar with those criteria most generally accepted as baseline for the assessment of compliance by and the sound management of nonprofit organizations. Government agencies, however — and military agencies in particular — are strongly encouraged to familiarize themselves with or revisit these criteria, which represent the most fundamental attributes of nonprofit compliance, but are rarely considered by public agencies that partner with them.

Readers should note that some of these measures cannot be demonstrated by newer organizations, because they may not yet have completed a fiscal year. Nevertheless, most organizations should minimally demonstrate:

- 501 (c)(3) status with the IRS; ability to produce a valid letter of tax-exempt determination from the IRS
- Compliance with IRS rules and regulations regarding financial reporting, by filing IRS Form 990 on time and correctly for a period of at least two years (if relevant; some new and emerging organizations, of which there are many in this field, have not yet been required to do so)
- Consistent internal financial accounting that indicates:
 - reasonable expenses and revenues
 - explainable assets and liabilities
 - salary and other administrative expenses in line with trends in the field
 - a consistent application of contributed revenues to the purpose for which they were intended
- Compliance with basic tenets of nonprofit governance:
 - a board of directors whose numbers and rules comply with bylaws and state regulations
 - professionally-drafted bylaws
 - documentation of regular board meetings
 - board approval of their submission for funding, if relevant.
- Clear and consistent articulation of a mission statement that is relevant to your agency's funding or partnership interests
- Evaluative measures; a mechanism by which the agency measures its success and plans for advancement
- A leader or leadership team that demonstrates knowledge of the field, can clearly articulate his/her responsibilities and incurs trust and respect
- If advocacy work is involved, an understanding of and compliance with the rights of and limitations on nonprofits engaged in lobbying and other forms of advocacy

Project-Specific Assessment Criteria

There will be times when engagement with a nonprofit organization will be very project specific. In these instances, the agency considering investment or partnership will want to look at criteria that additionally examine the organization's readiness and capacity to address the issues at hand. Among these are:

- Proven knowledge of the field; who are its stakeholders? what are the issues?, etc.
- A keen analysis of the problem to be addressed
- If the project is basic or not especially "new," consider the track record:
 - Has the organization undertaken a similar project? What were the results?
 - Are there peers who can serve as references?
 - Has the organization documented its success?
- A clear plan, with timeline and milestones, for addressing the problem
- Experience and credibility in the field, or if an innovative effort, demonstrated capacity to gain knowledge and trust
- If the project is innovative, by what measures does the organization consider itself to be qualified to lead the effort?
- Adequate staffing by qualified personnel
- A clear plan for evaluation of the effort

Criteria Pertaining to Organizations that Serve Veterans of Iraq and Afghanistan

There is a great range of organizations serving the troops, veterans and families of Operations Iraqi and Enduring Freedom. Many of those that have been most effective have not, surprisingly, been the larger, better-established organizations whose experience pertains to several generations of warfare; in many cases, the best, most meaningful services have come from smaller organizations whose drive, passion and commitment comes from leaders whose lives have been directly touched by this war. These are individuals and groups that have demonstrated keen, current insights into serving populations whose culture is still emerging, and whose needs spring from an unprecedented type of warfare and circumstance.

This observation leads IADIF to recommend that when it comes to partnering with nonprofits on projects that pertain to OEF and OIF troops and veterans, there are deeper, more specific assessment criteria to consider, including that the organization demonstrate:

- Knowledge of issues particular to OEF/OIF service members; can articulate unique challenges / circumstances of this population
- The involvement, where appropriate, of those affected by deployment, in organizational leadership and planning:
 - Are there veterans or military family members on the staff? Volunteer corps? Board of directors?
 - Are there places within the organization where troops/veterans have a voice?
 - If not, why not?
- Familiarity with/knowledge of local, regional and national efforts:
 - Awareness of who else is doing similar work, and where
 - What are the plans to collaborate or coordinate with, or otherwise leverage the value of this work in light of others that do the same or complementary work?
- Can distinguish between their services to vets of other eras; serving the elderly veterans of WWII is very different work than meeting the needs of a 20-year-old veteran with a missing limb and a Traumatic Brain Injury. If the nonprofit serves both:
 - How does its leaders distinguish programs and services?
 - How has the organization learned about and assessed what differentiates those needs?
 - What evaluative measures have been implemented to assess what pre-established or older programs and services are relevant to today's military population?
- A robust online presence
- Nonpartisan activity; a willingness to work with others, despite differences, toward the greater good of serving all troops and veterans.

IADIF GRANTS REPORTING CRITERIA TO BE ATTACHED TO ALL GRANT AGREEMENTS AS ADDENDA A AND B

(revised 11/19/07)

(Note: IADIF may customize grant agreements by revising or adding to these reporting criteria on an as-per basis, depending on the specific attributes of a given grantee).

A. "Addendum A"

(Attached to all Phase II and III IADIF grant agreements):

Qualitative Measures

All categories shall answer these qualitative questions:

1. What is/was the objective of your project? Please discuss progress toward meeting your project milestones. Discuss specific outcomes; for example, if you make scholarships, in addition to noting quantitative outcomes such as how many and in what amounts, please also note demographics, geographic distribution of recipients, etc.
2. What measures have you used to date to assess the progress/success of your project?
3. Have there been particular challenges and/or rewards reaching the program / service benchmarks you had projected? Please describe (these can be internal to your organization or external).
4. Please provide a range of 3-5 specific real-life anecdotes about how your IADIF-funded project(s) has impacted the lives of troops, vets and their families.
5. Please describe any partnerships or leveraged services/resources that have been cultivated to add value to your project. Community support, partnerships with other VSOs or community organizations, etc., are examples.
6. Please describe the impact of IADIF support on your organization and the population you serve.
7. Have there been any policy or political actions outcomes related to this work? If so, please describe.

Additional Questions for Construction / Capital Projects Only:

8. Please describe the organization's conflict of interest policy and describe the competitive bid process that has been / will be used for hiring all capital project staff / consultants / firms.
9. Is this construction project a Leadership in Energy and Environmental Design (LEED) certified building and/or employing other environmentally-friendly building practices? If so, please describe how so. If not, please describe.

B. "Addendum B"

(Attached to all Phase II IADIF grant agreements):

Quantitative Measures

Capital Grants

- How long did / will it take to complete your project from the start time of your grant?
- Please describe how IADIF funds are being / have been spent, and in what percentages:
 - construction costs
 - architects and other professional service fees
 - project management by internal personnel (staff time)
 - purchases of materials, equipment, etc.
 - project overhead / administration not including personnel
- For buildings: What is the square-foot cost of construction?
- For capital (nonbuilding) purchases (software, vehicles, equipment, etc.) What is the per unit cost?
- Service and Utilization Measures: Of all buildings constructed or material resources purchased with support from IADIF grants:
 - How many units / buildings have been completed or purchased?
 - How many units/ buildings are in process of construction or purchasing?
 - How many months/years will pass from grant award to project completion?
 - In terms of percentage, what are their utilization rates? (i.e. How many rooms are full, how much of an 8-hour day is the item(s) you purchased used?
 - For building projects: What is the average length of stay?
 - How many individual veterans and troops have been served?
 - How many family members have been served?
 - What amount of money do you estimate military families have saved or will save by virtue of using your facility(ies) and/or resources since the grant inception?
 - In the next three years?
- If there have been budget overruns of 20 percent in any category or overall, please describe why and how the attendant problems were solved.

Direct Services

- How many individual veterans or troops have you served?
- How many families served?
- How many units of service have been provided via IADIF support?
- How many community organizations or partners have worked with you to produce these results?
- Please quantify other achievements pertaining to your IADIF grant, in relation to what was outlined in your original proposal.
- What do you project has been the financial value of your work so far, in terms of savings to those served?
- IADIF will add customized questions for each specific grantee, as needed.

Core Operating

- How many individual veterans or troops have you served?
- How many families served?
- How many units of service have been provided via IADIF support?
- IADIF will add customized questions for each specific grantee, as needed.

Nonpartisan Policy / Advocacy

- How many pieces of legislation / policy have been affected by your IADIF-supported work?
- How many advocacy meetings have you been able to secure with policymakers and others whose influence is brought to bear on OEF/OIF-related policy issues?
- How many media impressions have been made by your IADIF-supported efforts?
- Describe the legislative / policy milestones that have been achieved toward your overall goals?
- How many legislative / policy victories have been achieved?
- IADIF will add customized questions for each specific grantee, as needed.

Regranting / Financial Aid

- How many:
 - Troops served?
 - Veterans served?
 - Families served?
- How many grants / awards / scholarships have you made?
- What is the:
 - Highest award amount
 - Lowest award amount
 - Average award amount?
 - Total amount granted / distributed?
- IADIF will add customized questions for each specific grantee, as needed.

Public Awareness / Media Grants

- How many:
 - Troops served?
 - Veterans served?
 - Families served?
- How many ads, films, videos or other media products have you produced?
- How many media impressions have you made, and/or how many viewers have seen this work?
- How many community organizations or partners have worked with you to produce these results?
- IADIF will add customized questions for each specific grantee, as needed.

Appendix C: IADIF Grantees

No IADIF grants were earmarked for lobbying. However, Internal Revenue Service rules allow charities to influence public policy using forms of advocacy that are not treated as lobbying, including nonpartisan analysis, study or research. IADIF encouraged its grantees to make full and effective use of those advocacy methods.

The Advertising Council

New York
adcouncil.org
\$3.3 million

Three-year support for a nationwide English and Spanish media campaign to raise awareness of the impact of the OEF and OIF wars on the troops, their families and our communities.

American Pain Foundation (APF)

Baltimore
painfoundation.org
\$256,368

Two-year support for programs and services of APF's Military/Veterans and Pain Initiative that helps Iraq and Afghanistan veterans, their families and their caregivers learn more about, gain access to and successfully utilize resources that help manage or abate pain resulting from combat-related injuries.

Armed Services YMCA of the USA (ASYMCA)

Alexandria, Va.
asymca.org
\$2.3 million

1) Support of \$400,000 to replace 10 15-passenger vans and purchase new vans and buses for activities involving service members and their families impacted by deployment to Iraq and Afghanistan; provide summer camp opportunities for children of junior enlisted Iraq and Afghanistan military OEF and OIF personnel

2) Three-year support of \$1,933,575 to expand Operation Hero, a program to support the academic, social and emotional needs of schoolchildren whose families must relocate due to OEF and OIF deployment.

Brave New Foundation

Culver City, Calif.
bravenewfoundation.org
\$4 million

Three-year support to raise awareness of the impact of OEF and OIF wars on military personnel and their families by telling their personal stories through the creation and broad electronic distribution of professionally produced visual media.

California Department of Veterans Affairs

Sacramento, Calif.
co.san-joaquin.ca.us/veterans/yount.htm
\$5.6 million

Three-year support for the department's Pathway Home program, a new residential outpatient, case-managed treatment program for returning California OEF and OIF veterans with service-related physical and psychological injuries, located at the Veterans Home of California-Yountville (VHC-Yountville). The Pathway Home will be managed as an independent program at Veterans Home of California as a project of Tides Center, with oversight by the California Department of Veterans Affairs.

California National Guard Financial Assistance Fund (CNGFAF)

Sacramento, Calif.
calguard.ca.gov/oc/j1/cngfaf/
\$600,000

Eighteen-month support to expand and promote the use of the California Military Financial Assistance Fund, available to members of the California National Guard currently or formerly deployed to Iraq or Afghanistan and their families.

Comfort for America's Uniformed Services (CAUSE)

Herndon, Va.
cause-usa.org
\$210,700

Support to design, outfit, implement and manage informational, recreational and entertainment-based lending libraries at three medical centers serving wounded OEF/OIF personnel.

Coming Home Project (also known as Deep Streams Institute)

San Francisco
deepstreams.org
cominghomeproject.net
\$1.9 million

Three-year support to expand programs that help heal the emotional wounds of veterans experiencing PTSD and other mental and emotional symptoms of combat trauma, and to provide critical educational and emotional support to those who care for them.

The Community Foundation of Jacksonville

Jacksonville, Fla.
jaxcf.org
\$5 million

Two-year support to establish the Florida BRAIVE Fund, a statewide regranteeing program that identifies and makes grants to local nonprofit organizations providing programs and services that address the unmet needs of Florida's military personnel and their families impacted by deployment to Iraq and Afghanistan. The Florida BRAIVE Fund is in partnership with the Dade Community Foundation and the Gulf Coast Community Foundation of Venice.

Disabled American Veterans Charitable Service Trust

Cold Spring, Ky.
dav.org/cst
\$1.5 million

To support activities that advance the Disabled American Veterans' legislative agenda, addressing the short- and long-term needs of sick, injured and disabled American war veterans and their families during the tenure of the 110th Congress, that do not constitute lobbying under Section 4911 of the Internal Revenue Code.

Dade Community Foundation

Miami
dadecommunityfoundation.org
 \$5 million

Two-year support to establish the Florida BRAIVE Fund, a statewide regranting program that identifies and makes grants to local nonprofit organizations providing programs and services that address the unmet needs of Florida's military personnel and their families impacted by deployment to Iraq and Afghanistan. The Florida BRAIVE Fund is in partnership with the Community Foundation of Jacksonville and the Gulf Coast Community Foundation of Venice.

Dallas Foundation

Dallas
dallasfoundation.org
 \$12.5 million

1) Two-year support of \$5 million to develop and implement the TRIAD (Texas Resources for Iraq and Afghanistan Deployed) Fund, a collaborative statewide regranting program that identifies and makes grants to support local nonprofit organizations providing programs and services that address unmet needs of Texas-based military personnel and their families impacted by deployment to Iraq and Afghanistan. The TRIAD Fund is in partnership with the Permian Basin Area and the San Antonio Area Foundations.

2) Support of \$7.5 million to expand the TRIAD Fund.

Disability Rights Advocates

Berkeley, Calif.
dralegal.org
 \$791,000

For support of a national class action lawsuit on behalf of all Iraq and Afghanistan veterans who have Post Traumatic Stress Disorder or Traumatic Brain Injuries, aiming to have a significant impact on the provision of medical care and benefits the VA will offer to all OEF/OIF veterans with mental disabilities.

Farmer-Veteran Coalition

Davis, Calif.
farmvetco.org
 \$130,000

Two-year support to Farmer-Veteran Council to pilot a demonstration project in California that helps returning OEF and OIF

veterans with farming experience to enter the farming/agricultural industry through training and education, or assistance with finding quality jobs or acquiring land to start a new farm.

Fisher House Foundation, Inc.

Rockville, Md.
fisherhouse.org
 \$22.5 million

1) Capital building support of \$20 million to construct and furnish eight Fisher houses, which provide critically needed, no-cost lodging and support for visiting families of those wounded in Iraq and Afghanistan, who are being treated or are recovering at major Veterans Affairs Hospitals and military medical centers around the country.

2) To provide additional support of \$2.5 million to construct more Fisher houses as described above.

Gulf Coast Community Foundation of Venice

Venice, Fla.
gulfcoastcf.org
 \$5 million

Two-year support to establish the Florida BRAIVE Fund, a statewide regranting program that identifies and makes grants to local nonprofit organizations providing programs and services that address the unmet needs of Florida's military personnel and their families impacted by deployment to Iraq and Afghanistan. The Florida BRAIVE Fund is in partnership with the Community Foundation of Jacksonville and the Dade Community Foundation.

Homes for Our Troops

Taunton, Mass.
homesforourtroops.org
 \$13 million

Four-year support to build customized homes for severely injured veterans of the wars in Iraq and Afghanistan that accommodate their specific physical disabilities and needs.

Injured Marine Semper Fi Fund

Oceanside, Calif.
semperfund.org
 \$9 million

Support to provide financial assistance to Marines injured in Iraq or Afghanistan, veterans and their families.

Intrepid Fallen Heroes Fund

New York
fallenheroesfund.org
 \$22.25 million

1) \$2.25 million to support the provision and maintenance of physical rehabilitation software and equipment for the Center for the Intrepid, a new \$40 million world-class state-of-the-art physical rehabilitation center at Brooke Army Medical Center in San Antonio, Texas.

2) Support of \$20 million to provide state-of-the-art facilities and equipment for the world's most advanced treatment and rehabilitation of combat-related Traumatic Brain Injury, Post Traumatic Stress Disorder, depression and other mental health outcomes of war at the new National Intrepid Center of Excellence (NICoE) on the grounds of Bethesda Naval Hospital.

Iraq and Afghanistan Veterans of America (IAVA)

New York
iava.org
 \$8.22 million

1) Three-year general operating support of \$4 million for programs and services that: empower OEF/OIF vets to effectively use the media to document their wartime experiences; advocate for policies that improve the well-being of combat troops; use community building tools to help veterans transition successfully to civilian life; and to expand IAVA's capacity to manage the impact of the Ad Council's "Veterans Support" campaign.

2) Two-year support of \$1 million to expand programs and services that empower OEF and OIF veterans to effectively speak out and use the media to document their wartime experiences and advocate for policies.

3) Three-year support of \$3.22 million of an Ad Council campaign to raise awareness about the impact of the war on the troops, their families and their communities; and to provide partial general operating support to IAVA to ensure that it remains a viable operation throughout the three-year effort.

Jacob's Light Foundation, Inc.

Port Jefferson, N.Y.
jacobsprogram.org
 \$1.5 million

1) \$500,000 to support programs and services that help meet emerging and urgent material and emotional support needs of active-duty and veteran OIF and OEF personnel.

2) \$1 million to support the programs described in the previous grant.

Marine Corps Scholarship Foundation

Alexandria, Va.
mcsf.com
 \$1.5 million

Three-year support for college tuition and financial assistance for children of Marine and Navy parents whose OEF and OIF deployments have resulted in significant financial hardship for their families.

Mercy Medical Airlift

Virginia Beach, Va.
mercymedical.org
 \$3 million

To support Mercy Medical Airlifts' Air Compassion for Veterans program, which provides critical medical air transport service to troops, veterans and their families affected by military deployment to Iraq and Afghanistan.

Michigan National Guard Family Fund, Inc.

Lansing, Mich.
mi.ngb.army.mil/family/FinAsst.asp
 \$500,000

To expand financial assistance and case management services to needy Michigan National Guard families impacted in OIF and OEF.

National Military Family Association

Alexandria, Va.
nmfa.org
 \$250,000

To support charitable advocacy efforts in support of military families affected by deployment to Iraq and Afghanistan.

National Public Radio

Washington
npr.org
 \$4.14 million

Three-year support to expand international, national and local

news and feature coverage on the impact of deployment to Iraq or Afghanistan on American military personnel and their families.

National Veterans Foundation, Inc. (NVF)

Los Angeles
nvf.org
\$1.2 million

Support to expand the awareness, capacity and use of the NVF's national Helpline and Los Angeles County service programs for veterans of military operations in Iraq and Afghanistan, and to develop both public awareness of the critical issues facing today's veterans and veterans' awareness of NVF's programs and services.

National Veterans Legal Services Program

Washington
nvls.org
\$3.96 million

Three-year support to train, coordinate and mentor volunteer attorneys nationwide to represent former and current OEF and OIF service members in need of legal help with significant disability discharge issues or obtaining their rightful benefits.

Navy Marine Corps Relief Society

Arlington, Va.
nmcrs.org
\$1.9 million

Three-year general support of the Combat Casualty Assistance/Visiting Nurses Program, which delivers professional case management and critical emotional and physical support to Marines and sailors injured in Iraq and Afghanistan. Support services range from hospitalization to an extended resettlement period once troops are home.

New Directions, Inc.

Los Angeles
newdirectionsinc.org
\$3.75 million

1) Three-year support of \$2.75 million for Operation Welcome Home, a comprehensive prevention program for Southern California-based OEF and OIF veterans and their families at risk of homelessness.

2) Three-year support of \$1 million to establish the Veterans Court Project, a Los Angeles-based national alternative sentencing

demonstration model that will provide customized case management and treatment services to OEF/OIF veterans who have committed crimes attributable to combat-related trauma, mental illness and/or addiction.

ONE Freedom, Inc.

Boulder, Colo.
onefreedom.org
\$850,000

To support therapeutic and educational programs and services that help veterans of OEF and OIF understand, manage and heal from significant combat-related trauma and stress.

Operation Homefront

Santa Ana, Calif.
operationhomefront.net
\$9.9 million

1) Support of \$5.9 million to expand emergency financial assistance and provide mental health counseling and recovery services to American military personnel and their families who are experiencing hardship as a result of deployment to Iraq and/or Afghanistan.

2) Three-year general operating support of \$4 million to continue programs and services that address the unmet deployment-related needs of OIF/OEF troops and veterans, with a strong emphasis on families.

Our Military Kids, Inc.

McLean, Va.
ourmilitarykids.org
\$3 million

Three-year support of fine arts programs, sports and recreational activities, academic tutoring and other enrichment programs that help children of deployed and veteran National Guard and Reserve OEF and OIF troops stay focused and perform at their grade levels during stressful periods when their parents are deployed and/or recovering from war-related injuries or illness.

The Pentagon Federal Credit Union Foundation

Alexandria, Va.
pentagonfoundation.org
\$1.5 million

Support to expand the Asset Recovery Kit emergency relief program, an effort to steer needy formerly deployed Iraq and/or

Afghanistan military personnel and their families away from predatory lenders and toward personal economic improvement.

Permian Basin Area Foundation

Midland, Texas
pbaf.org
\$5 million

Two-year support to develop and implement the TRIAD (Texas Resources for Iraq and Afghanistan Deployed) Fund, a collaborative statewide regranting program that identifies and makes grants to support local nonprofit organizations providing programs and services that address unmet needs of Texas-based military personnel and their families impacted by deployment to Iraq and Afghanistan.

The TRIAD Fund is in partnership with the Dallas Foundation and the San Antonio Area Foundation.

Project Return to Work, Inc.

Boulder, Colo.
return2work.org
\$1 million

Two-year support to expand both automated and in-person job counseling, training and placement services to severely injured and disabled military personnel returning from Iraq and Afghanistan.

RAND Corp.

Santa Monica, Calif.
rand.org
\$3.55 million

To conduct nonpartisan analysis, study and research of the needs of and services for military personnel with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other mental health or emotional injuries and consequences associated with deployment to Iraq or Afghanistan, through a study entitled: "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery."

Regents of the University of California, Los Angeles

Los Angeles
ucla.edu
\$10 million

Three-year support of Operation MEND, facilitating world-class treatment and reconstruction of the severely disfiguring facial and head wounds faced by OEF/OIF combat personnel, by providing access

to the nation's top surgeons and specialists in the areas of facial and cranial reconstructive surgery.

Returning Heroes Home Inc.

San Antonio, Texas
returningheroeshome.org
\$1.5 million

Support to build the Warrior and Family Support Center (WFSC) Therapeutic Gardens, providing unprecedented access to the outdoors for the severely injured and burned OEF/OIF patients and their families at Brooke Army Medical Center and Center for the Intrepid; and to purchase both educational and recreational equipment for the WFSC, for use by patients and their families during long and grueling hospital stays.

The Salvation Army, Southern California Division

Los Angeles
salvationarmy-socal.org
\$1.3 million

Three-year support to expand case-managed housing, substance abuse recovery and integrated services to homeless OEF and OIF veterans and their families through the Liberty Program in Los Angeles County.

San Antonio Area Foundation

San Antonio
saafdn.org
\$12.5 million

1) Two-year support of \$5 million to develop and implement the TRIAD (Texas Resources for Iraq and Afghanistan Deployed) Fund, a collaborative statewide regranting program that identifies and makes grants to support local nonprofit organizations providing programs and services that address unmet needs of Texas-based military personnel and their families impacted by deployment to Iraq and Afghanistan. The TRIAD Fund is in partnership with the Dallas Foundation and the Permian Basin Area Foundation.

2) Support of \$7.5 million to expand the TRIAD (Texas Resources for Iraq and Afghanistan Deployed) Fund.

Sentinels of Freedom Scholarship Foundation

Denver
sentinelsoffreedom.org
 \$2 million

Two-year support to place permanently disabled OEF and OIF veterans in carefully developed "caring communities" nationwide, and financially support their reintegration needs.

Sesame Workshop

New York
sesameworkshop.org
 \$6.75 million

1) Three-year support of \$6 million for the "Talk, Listen, Connect" program that provides a broad range of critical support and education tools and resources to at least 400,000 families and caregivers with young children struggling to cope with multiple deployments and/or parents who return home changed from military service in Iraq and Afghanistan.

2) Eighteen-month support of \$750,000 to expand the "Talk, Listen, Connect" program.

Swords to Plowshares

San Francisco
swords-to-plowshares.org
 \$5.1 million

1) Support of \$3.5 million for the Iraq Veteran Project, which helps OEF and OIF veterans and their families access Veteran Affairs entitlements, medical benefits and other critical services for their unmet deployment-related needs through free professional legal advocacy and case management.

2) Three-year support of \$1.6 million to develop, plan and implement the new Coalition to Support Iraq and Afghanistan Veterans, an effort to build infrastructure within the military support field through networking, training, professional development, conferences and other opportunities. Swords to Plowshares' services are primarily focused in Northern California but are offered nationwide.

TIRR Foundation

Houston
tirrfoundation.org
 \$3 million

Three-year support for TIRR Foundation's Project Victory, a collaborative outpatient rehabilitation and community reintegration program that provides cognitive,

physical, psychological, vocational and educational services to aid Texas and Louisiana OEF and OIF veterans who have sustained moderate to severe Traumatic Brain Injury resulting from deployment.

Tragedy Assistance Program for Survivors (TAPS)

Washington
taps.org
 \$6.6 million

1) Three-year general operating support of \$6 million to expand TAP's capacity to meet the rapidly increasing requests for its critical and unique emotional support services for troops, family members and friends of warriors who have died in combat, committed suicide, or otherwise suffered death related to OEF/OIF deployment.

2) Support of \$551,585 to two Good Grief Camps for children and families of deceased Operation Enduring Freedom and Operation Iraqi Freedom service members, and to hire and support a child services specialist.

United Through Reading (formerly Family Literacy Foundation)

San Diego
unitedthroughreading.org
 \$810,000

Three-year support to expand United Through Reading's Military Program, an effort to strengthen the emotional bonds, communication and morale of military families facing combat-related separation by enabling parents to read aloud to their children on videotape.

USA Cares, Inc.

Radcliff, Ky.
usacares.us
 \$4.5 million

1) Two-year support of \$2.5 million to expand the size and scope of financial aid to families impacted by deployment in Operations Enduring Freedom and Iraqi Freedom, and to provide general operating support to USA Cares as it expands resources in service to the target population.

2) Support of \$2 million to expand this agency's capacity to meet rapidly increasing requests for emergency financial assistance, case management and referral services from troops, veterans and their families facing serious financial hardship related to OEF/OIF deployment.

Veteran Homestead Inc.

Fitchburg, Mass.
veteranhomestead.org
 \$4.5 million

For construction of the Northeast Veteran Training and Rehabilitation Center, a LEED-certified residential, educational and therapeutic community utilizing the clinical, educational, recreational and psychosocial support resources of the Mount Wachusett Community College campus in Gardner, Mass. The center will provide customized therapies and life skills support to injured and traumatized OIF and OEF veterans and their families making the transition back to civilian community life.

Veterans of Foreign Wars Foundation

Kansas City, Mo.
vfwfoundation.org
 \$1 million

To increase the scope and volume of immediate financial assistance to OEF and OIF families in crisis through the Veterans of Foreign Wars' Unmet Needs program; and to support the National Veterans Service program, which helps veterans returning to eight core military bases throughout the nation to apply for and secure critical veteran benefits.

Veterans Village of San Diego (formerly Vietnam Veterans of San Diego)

San Diego
vvsd.net
 \$940,217

Three-year support of Warrior Traditions, a multi-agency, case-managed professional and peer support service program for OEF and OIF active duty personnel and veterans and their families facing Post Traumatic Stress Disorder (PTSD), homelessness, substance abuse and other trauma-related symptoms. These services are for military personnel and veterans in San Diego and the surrounding communities.

Vets4Vets (also known as Deep Democracy)

Tucson, Ariz.
vets4vets.us
 \$1.2 million

1) One-year support of \$556,000 to expand Deep Democracy's Vets4Vets program, offering intensive training for, provision of, and ongoing support to peer-to-peer emotional and mental health

support groups for OEF and OIF veterans exclusively in communities nationwide.

2) Support of \$600,000 to further expand current programs and services in 2008.

Zero To Three: National Center for Infants, Toddlers and Families

Washington
zerotothree.org
 \$3.7 million

1) Three-year support of \$3.2 million for Coming Together Around Military Families (CTAMF), a program to strengthen the resilience and coping capacity of young children and families who experience trauma and loss as a result of a family member's deployment in Iraq or Afghanistan.

2) Program support of \$490,797 to expand Coming Together Around Military Families to include support and dissemination of CTAMF materials to National Guard and Reserve communities nationwide, and further the project's reach into the military communities that currently participate.

Appendix D: Resources For Veterans

- Military One Source is a program of the Department of Defense that connects active and reserve component service members and their families to free official services. The service, available at 1-800-342-9647 (24 hours a day) or militaryonesource.com, is intended to act as a single source for all official military resources; the service does not provide information for former service members about veteran issues.
- The National Resource Directory is another project of the Department of Defense, available at either 1-800-342-9647 (24 hours a day) or nationalresourcedirectory.org. It delivers access to the full range of medical and non-medical services and resources specifically for wounded, ill and injured service members and their families. The government resources are federal, state and local; some academic, philanthropic, professional, nonprofit and faith-based resources are also included.
- The National Veterans Foundation runs a veterans' hotline, from 9 a.m. to 9 p.m. PT, at 1-800-777-4443. The confidential call center is staffed by counselors and is not affiliated with the Department of Defense.
- The public awareness campaign developed by the Ad Council and operated by Iraq and Afghanistan Veterans of America directs service members and veterans to an exclusive online community, communityofveterans.org, which provides the support of a social network and links to local resources rated by other veterans on the network. Families have a similar resource at supportyourvet.org.
- VA has recently set up a suicide hotline at 1-800-273-TALK. A part of the national suicide hotline, veterans can press 1 to be connected with a trained counselor. The call is confidential.