The mission of Wounded Warrior Project (WWP) is to honor and empower wounded warriors. The vision is to ensure this is the most successful, well-adjusted generation of wounded warriors in our nation’s history. According to the Department of Defense (DoD), a total of 54,682 service members were medically evacuated from Iraq or Afghanistan between March 19, 2003, and February 28, 2009. Additionally, 320,000 of the approximately 1.6 million service members deployed in support of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) have suffered some form of traumatic brain injury (TBI) during deployment, while approximately 300,000 veterans suffer from post-traumatic stress disorder (PTSD) or major depression. The nature of injury for those returning from OEF/OIF varies with the invisible ones being the most prominent, including TBI and PTSD. Other physical injuries include; eye injuries (severe risk of blindness), amputation or burns, and spinal cord injuries.

From our earliest days as an organization, we knew enlisting the support of a grateful nation was essential to truly honoring and empowering wounded warriors. While the monetary contributions from the American public have allowed WWP to deliver programs and services, we remain most grateful for the intangible compassion and understanding our country has provided to warriors and their families.

One of the primary goals of WWP is to bring awareness to particular challenges warriors face upon returning home. Some of the wounds of war are visible, but some are not. The physical and mental stress warriors face has long-lasting effects on their readjustment. As a supporter of WWP, we urge you and your constituents to learn more about our warriors and what they are going through as your understanding is one of the best ways to show support.
What is Combat Stress?
Combat stress is an all-encompassing term WWP uses to describe the wide-range of reactions our warriors and their loved ones experience relative to OEF/OIF. While deployment strains all of our service members and families, most will recover naturally over time. Others will continue to struggle with their combat experiences. Unfortunately, research still cannot tell us why some people struggle while others do not. What we do know, however, is a combat stress reaction is NOT because of any type of weakness.

Experiences in the War Zone
Having an understanding of the type of war our service members are fighting is helpful. Service members are routinely exposed to very stressful or often life-threatening experiences. Many times the service member is deployed repeatedly with little time between deployments.

It is not uncommon for warriors to be in situations where they are shot at or required to fire (often in close range); see the death or serious injury of fellow Americans or civilian and enemy combatants; and encounter improvised explosive devices (IEDs) which can take on many forms (trash, vehicles, cell phones) and be transported by unlikely enemies, including women, children, and the elderly. Since there is no front line, and attacks, ambushes, or IEDs are a constant threat, troops are often on alert 24 hours a day.

What is Post-traumatic Stress Disorder?
Post-traumatic stress disorder (PTSD), is a word that many have heard in the media since 9/11 and the OEF/OIF conflict began, when talking to veterans or families. The symptoms of PTSD include common reactions that immediately follow a traumatic event such as reliving the event, avoidance, numbing, and feeling keyed up. If the reactions continue after the trauma, strong emotions caused by the event create changes in the brain that may result in PTSD.

A traumatic event is usually defined by a person feeling that he or she may die or be seriously injured or harmed, or events in which he or she witnesses such things happening to others or sees their effects. PTSD is common and can affect nearly anyone, regardless of deployment or military occupational specialty (MOS). Family members, friends, and caregivers of OEF/OIF veterans can also experience PTSD.

According to the most recent research on military combat stress conducted by RAND corporation:

*Many service members said they do not seek treatment for psychological illnesses because they fear it will hurt their careers. But even among those who do seek help for PTSD or major depression, only about half receive treatment that researchers consider “minimally adequate” for their illnesses.”* (2008)
**What is Traumatic Brain Injury?**

Traumatic brain injury (TBI) is a significant physical injury to brain tissue. It is often caused by a blow or jolt to the head that disrupts the function of the brain. Military service members are at greater risk for TBI when deployment areas are experiencing blast exposures from IEDs, suicide bombers, land mines, mortar rounds, rocket-propelled grenades, etc.

Communicating with someone who has a TBI requires patience, attention and being creative.

**Some challenges include:**
- Difficulties with thinking and problem solving
- Short attention span
- Behavior problems, such as using inappropriate language or having outbursts
- Inability to understand acronyms, jargon, or jokes
- Balance or coordination difficulty

**Some tips for communication include:**
- Do not take impatience personally
- Choose your words carefully
- Use short sentences
- Give instructions one step at a time to enhance success and reduce frustration
- Be prepared for slow response time to questions and try not to complete warriors sentences
- Reduce background noise or move to a quieter location

Every person with TBI is different, depending upon how severe the brain injury is and which part(s) of the brain are affected. Therefore, you may not be able to tell someone has a TBI just by looking at them.

**Deafness or Hearing Impaired**

Hearing impairment is a common injury that warriors face after combat. Sometimes, a warrior can have partial hearing and be able to hear on one side and not the other. Other times, the warrior is affected on both sides.

Some tips for communication include:
- Ask the warrior the best way to communicate with him or her
- Get the warrior’s attention using a gesture
- Keep your mouth and face visible
- Remove gum, cigarettes, food, or other objects from your mouth, so speech reading is easier
- Face the warrior directly when speaking
- Negotiate comfortable conversation space
- Use a writing board, assistive listening device/CRT, or interpreter services if appropriate
- If no devices available, use paper and pen to assist with communication
- Reduce background noise or move to a quieter location
- Maintain eye contact
- Speak clearly at a slow pace with short sentences
- Use normal volume
- Use facial expression and gestures when appropriate

**Blindness or Visual Impairment**

Visual impairment, another common injury from the conflict in Iraq and Afghanistan, can include impairment in one eye, both eyes, or one side of the visual field. Most warriors with visual impairments have some vision.

**To be on the safe side and avoid embarrassing situations, follow these basic guidelines:**
- Announce you are in the room or near the warrior and say who you are
- Say what you are doing
- Talk directly to the warrior— not through an intermediary
- Stand where you can be seen or let the warrior know where you are
- Unless the warrior has a hearing impairment, do not raise your voice
- Be specific and descriptive in your responses to questions
- Do not take care of tasks for the warrior that he or she would normally do, before asking if the individual needs help
- Leave things in the same place you found them
- Make eye contact with the warrior even if he or she does not return eye contact
Major Burns
A major burn is a serious injury affecting both the mind and body of the burn survivor. Medical technology has advanced beyond survival to issues of preserving function, optimizing cosmetic appearance, and restoring psychological well-being.

Major burn survivors are often concerned about:
- Managing excruciating and persistent pain
- Depression and anxiety
- Body image
- Upsetting memories about trauma
- Coping with staring and negative comments
- Going out in public
- Temperature regulation
- Staying out of direct sunlight

Many times, our warriors tell us that image-altering burns can be one of the most difficult injuries to cope with upon returning home.

Amputees
Warriors with limb loss represent one of the most publicly visible categories of serious injuries. Amputation can be traumatic, whether it occurs immediately after the injury or after a period of failed medical attempts to salvage the damaged extremity. Most, but not all, warrior amputees are survivors of extensive, lasting injuries.

Warrior amputees tend to quickly navigate military medicine’s rehabilitation process and master the use of state-of-the-art prosthetics. A new phenomenon is a significant number of warrior amputees choose to remain on active duty to complete their military careers.

Some issues which occur for warrior amputees are:
- Persistent pain issues with their residual limbs
- Phantom pains—when pain is felt in a missing body part
- Body image adjustments
- Initial difficulties reconciling what was lost versus what is still possible
- Survivor guilt
- Constant prosthetic shop adjustments and fine tuning of sockets and prosthetic components

The best advice we share is to maintain eye contact with the warrior, be an intense listener, watch the warrior’s body language, and ask open-ended questions.

How Do I Help?
Every WWP supporter has a chance to help a warrior with their return home. By considering the challenges a service member or family or friend of a warrior has dealt with, we are identifying combat stress as a real issue. While we might not be able to see combat stress, its effect is all around us.

Tips from WWP’s Peer Mentoring Program:
- Try to learn more about the warrior
- Make sure you’re comfortable before the contact begins
- Become a friend by earning trust
- Keep eye contact with the warrior, not the injury
- Ask appropriate questions (see the next page for some ideas)
- Avoid political or loaded questions
- Serve as an advocate
- Build self-confidence, concentrate on topics that aid the warrior’s recovery
- Listen and understand the best you can
- Serve as a role model
- Empower the warrior to solve his/her own problem on their own terms
- Help reduce the stigma of combat stress
- Educate yourself on veterans’ challenges
- Refer the warrior back to WWP if additional support is needed
Peer Mentoring skills are founded on the mantra: “Peer Mentoring is not about me, it is about the warrior I am mentoring.”

When all else fails, sometimes the best thing we can do for our warriors is **LISTEN**.

**Communication Tips**

Military culture can sometimes be intimidating for those who aren’t familiar with the abbreviations and terminology. However, that shouldn’t stop you from supporting warriors.

**Here are some dos and don’ts to help:**

- **✓ DO** talk with the warrior in a way you would like to be communicated with if the situation were reversed.
- **✓ DO** ask questions about what their job was in the military.  
  *Hint: MOS (military occupational specialty) is the military word for job*
- **✓ DO** ask open ended questions (e.g. Could you please tell me more about… I’d like to know more about…).
- **✓ DO** ask about the deployment (e.g. Where were you deployed? What was your best memory of being in country? Coming home?).
- **✗ DON’T** ask about an individual’s injury unless they volunteer information to you.
- **✗ DON’T** ask sensitive questions about death (e.g. Did you lose any of your buddies? Did you kill anyone?).
- **✗ DON’T** give advice or pass judgment.

**Key Terms & Abbreviations:**

- **OIF** = Operation Iraqi Freedom
- **OEF** = Operation Enduring Freedom
- **DoD** = Department of Defense
- **VA** = Department of Veterans Affairs
- **PTSD** = Post-traumatic stress disorder
- **TBI** = Traumatic brain injury
- **IED** = Improvised explosive device
- **Prosthetics** = Artificial limbs custom-fitted and fabricated for patients with amputations
- **AE** = Above elbow amputation
- **AK** = Above knee amputation
- **BE** = Below elbow amputation
- **Bilateral (BIL)** = Two sides
- **BK** = Below knee amputation
- **MTF** = Military Treatment Facility (Some common facilities include Walter Reed, Bethesda, Brook Army Medical Center (BAMC), Balboa)
- **Five Military Branches:** = Army, Air Force, Navy, Marine Corps, and Coast Guard
- **Service Members Titles:** = Army Soldier, Air Force Airman, Navy Sailor, Marine Corps Marine, Coast Guard Coastie