



# SUMMARY OF PRESENTATIONS AND DISCUSSIONS

Version 1.0 | November 28, 2017

## EXECUTIVE SUMMARY

This report summarizes presentations and discussions that occurred during the Warrior Care in the 21st Century (WC21) 2017 Symposium (“the Symposium”). Canada hosted the third annual WC21 Symposium from September 21-23, 2017, at the Westin Harbour Castle in Toronto, Ontario. Over 130 attendees from 15 nations attended the three-day event, which centered on the three WC21 work group focus areas of resilience; recovery and rehabilitation; and reintegration of wounded, ill, and injured Service members. During the Symposium, over 28 speakers provided keynote addresses, work group updates, subject matter presentations, and panel remarks. Following the Symposium, WC21 coalition members will continue to engage in work group activities. Australia will host the fourth annual WC21 Symposium in October 2018.

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# Contents

<b>DAY 1   SEPTEMBER 21, 2017</b> .....	<b>2</b>
Opening Remarks (0800-0840).....	2
Strategic Vision and Intent (0840-0900).....	2
Work Group Summary of Past Year and Way Ahead (1020-1130) .....	3
Speaker Session: Give an Hour (1200-1250) .....	4
Work Group Breakout Session A: Core Elements (1310-1410) .....	4
Speaker Session: Rehabilitation Efforts for the Canadian Armed Forces (1410-1500).....	7
Work Group Breakout Session B: Application (1520-1620).....	7
<b>DAY 2   SEPTEMBER 22, 2017</b> .....	<b>9</b>
Speaker Session: Dealing With Deployment-Related Physical and Mental Disorders in the DEU Bundeswehr (0800-0850).....	9
Keynote Speaker Remarks (0900-0940) .....	10
Work Group Breakout Session C: Shared Responsibility (0940-1040).....	10
Speaker Session: State of Wounded, Ill, and Injured Service Members in Pakistan (1100-1120) .....	12
Work Group Breakout Session D: Defining Success (1120-1220) .....	12
Speaker Session: How Did I Get Here? Connection, Community, ad Growth (1300-1350) .....	14
Work Group Breakout Session E: Post-Symposium Agenda (1350-1450) .....	15
Speaker Session: NATO Trust Fund Project to Support Practical Cooperation with Ukraine in the Area of Medical Rehabilitation (1450-1510) .....	17
Speaker Session: Moral Injury in Military Members and First Responders (1530-1620).....	17
<b>DAY 3   SEPTEMBER 23, 2017</b> .....	<b>18</b>
Speaker Session: Finding my Inner Peace: Veteran Programming, Maslow’s Hierarchy of Needs, and Me (0800-0850).....	18
Keynote Speaker Remarks (0900-0930) .....	18
Military and Veteran Support Panel Discussion and Question and Answer Session (0930-1130).....	18
Speaker Session: Military to Civilian Transition (MTC): Understanding and Using the Power of Identity, Groups, Action & Family (1200-1250) .....	19
Work Group Recap and Closing Remarks (1300-1400) .....	19
Co-Chair Closing Remarks (1400-1410) .....	20
2018 Symposium Announcement and Handoff (1410-1430).....	21



## Day 1 | September 21, 2017

### Opening Remarks (0800-0840)

Brigadier General Andrew M.T. Downes, CD, Surgeon General, Canadian Armed Forces, Canada

Brigadier General (BGen) Andrew M.T. Downes provided keynote opening remarks. BGen Downes welcomed attendees to Toronto, and gave an overview of nations and delegates in attendance. He provided a brief history of the development of medicine in the military up to the present day. Current developments include the management of amputee care, traumatic brain injury (TBI), and psychological trauma. Developments also include the newly recognized concept of “moral injury”—killing or injuring others in combat, engaging the wrong target, or participating or witnessing a traumatic event. Military medical leaders are working to understand the biological underpinnings of mental illness and reduce the barriers to treatment-seeking through education programs and campaigns.

Dr. Dorothy Narvaez-Woods, DDS, Special Assistant to the Assistant Secretary of Defense for Health Affairs, Department of Defense, United States

Dr. Dorothy Narvaez-Woods thanked the Canadian delegation for hosting the 2017 Symposium, and emphasized the need to leave the Symposium having produced meaningful and tangible results. Dr. Narvaez-Woods challenged attendees to approach the Symposium with urgency and high expectations. She reminded attendees of the history of recent military conflict, including her own experience as a Service member and Gold Star wife. Dr. Narvaez-Woods described WC21’s three focus areas, and detailed recent developments and plans among the three work groups.

### Strategic Vision and Intent (0840-0900)

Mr. Bret Stevens, WC21 Co-Chair and Director, Disability Evaluation Systems, Department of Defense, United States

Mr. Bret Stevens initiated the WC21 Co-Chair remarks, in which he and the United Kingdom Co-Chair discussed the strategic vision and intent of the Symposium. Mr. Stevens outlined his key premise for the Symposium: “that what we accomplish over these next three days must find its way back to our Service members and their families.” Mr. Stevens stressed the need to have valuable outcomes to show for attendees’ efforts during the Symposium. He provided a brief history of WC21 and summarized key outcomes from previous WC21 efforts. Mr. Stevens also provided a brief global history of military health and medicine, noting how far the military community has come in its perception of wounded, ill, and injured Service members since past conflicts.

Air Commodore Richard Withnall, WC21 Co-Chair and Medical Director, UK Defence Medical Services, United Kingdom

Air Commodore (Air Cdre) Rich Withnall stressed the multidisciplinary, multinational aspect of WC21, and how all nations and individuals in attendance comprise one team. He recited the WC21 strategic vision that he and Mr. Stevens composed: “To further enhance international medical [and non-medical] innovation in research, education, clinical practice, and concept development in order to: build resilience; enhance health promotion, injury & illness prevention, and the delivery of care from insult to recovery and rehabilitation; and facilitate reintegration in all environments, in order to best support Service members (past, present, and future) and their families.” Air Cdre Withnall reiterated Mr. Stevens and Dr. Woods’ visions for the Symposium, and the need to deliver results. Air Cdre Withnall stressed his intent to publish WC21 progress to add to academic literature; inform national and international policymakers; and remind the wider medical and non-medical global community that patients are our most valuable customers, and that the customer is always right.

### **Work Group Summary of Past Year and Way Ahead (1020-1130)**

Mr. David Morton, Lead, Work Group 1 (Resilience) and Director General Mental Health, Psychology and Rehabilitation, Department of Defence, Australia

Mr. David Morton presented on Work Group 1’s progress since the 2016 Symposium and Work Group 1’s expectations during the 2017 Symposium and beyond. In 2016, Work Group 1 agreed to use an existing working definition for resilience, as adapted from The Technical Cooperation Program (TTCP), and agreed on the importance of producing a unique tangible output on the topic of resilience. Mr. Morton detailed proposed outputs for 2017, including an “agenda for warrior care resilience” and a library of resources for military medical and personnel program individuals and organizations. Mr. Morton described Work Group 1’s approach to resilience, which includes stakeholders such as employers and the community and their contributions to an individual’s resilience.

Colonel John Etherington, Lead, Work Group 2 (Recovery and Rehabilitation) and Director, Defence Rehabilitation, Defence Medical Rehabilitation Centre, United Kingdom

Colonel (Col) John Etherington presented on Work Group 2’s desired outputs for the 2017 Symposium, as well as the group’s updated objectives and 2017 Symposium breakout session structure. Col Etherington detailed his experience as a physician specializing in rehabilitation and recovery. Col Etherington noted that a key objective for Work Group 2 is to retain and disseminate knowledge gained over the past fifteen years, as described in Work Group 2’s second objective, “Identify ways to improve stakeholder and civilian knowledge of military medicine and mental health injuries.” Col Etherington reiterated Mr. Morton’s call for tangible outputs and outlined possible deliverables, including a consensus statement.

Mrs. Tatia Oniani, Lead, Work Group 3 (Reintegration) and Acting Head, Psychological Support Division, Ministry of Defense, Georgia

Mrs. Tatia Oniani outlined Work Group 3's goals and objectives for the 2017 Symposium and beyond. She described the continuum of resilience, recovery and rehabilitation, and reintegration, and the codependency and interrelated aspects of the three focus areas. Mrs. Oniani stated the need for developing resilience during rehabilitation to facilitate successful reintegration. She also stressed the importance of diverse reintegration activities for Service members, and provided local and international activities that Georgia supports, as well as the Invictus Games, as examples. Mrs. Oniani described the importance of supporting the family in addition to the Service member, and the need to underscore the role of public and private sector partnerships in the reintegration process.

### **Speaker Session: Give an Hour (1200-1250)**

Dr. Barbara Van Dahlen, Founder and President, Give an Hour, United States

Dr. Barbara Van Dahlen described mental health and reintegration challenges for Service members and veterans, and how her organization has impacted the care and advocacy for veterans suffering from mental illness. She described the prevalence of mental health issues in society at large, but stressed that military service poses unique challenges, such as the transitory nature of service, stress, and separation from family. Dr. Van Dahlen detailed common obstacles to treatment-seeking, and how Give an Hour has worked to lower these barriers in society. The "Campaign to Change Direction" focuses on changing the culture of mental health in society, allowing veterans to more easily talk about their illnesses. Give An Hour works to promulgate the "Five Signs" of mental illness—observable indicators to help the community recognize when someone is suffering emotional pain.

### **Work Group Breakout Session A: Core Elements (1310-1410)**

The three work groups conducted simultaneous breakout sessions to discuss pre-determined topics and questions.

#### **Work Group 1 (Resilience)**

Mr. Morton led the group in a discussion to identify the core elements required to strengthen and bolster resilience in warrior care. Questions and topics discussed included:

- What are the essential components of a successful resilience program?
- How can a more holistic approach to health and wellbeing domains (e.g., nutritional, physical, financial, social, psychological, spiritual, etc.) contribute to increased resilience?
- What other approaches have been successful or unsuccessful for your nation or organization, and why?
- What novel approaches have been adopted?

- What are the greatest barriers when developing and implementing resilience programs, and how can they be overcome?

Core elements identified by Work Group 1 members and other session participants included:

- Leadership support (without relying fully on it)
- Individual's connections/network
- Family support
- Feeling of purpose/value
- Focus on ability gap (what you can currently do vs what you are capable of doing) rather than focus on disability (what you can't do)
- Accessibility to triage of offerings (e.g., having multiple offerings available at same location will encourage Service members/families to take advantage of multiple offerings, even if they originally only intended to use one)
- Recognizing factors that can detract from resilience
- Targeted/customized resilience training (focusing on future scenarios that individuals actually want to work towards)
- Timing (build resilience in advance – e.g., implement early mental healthcare, other resources)
- Direct feedback from individuals to identify what they truly need

#### Work Group 2 (Recovery and Rehabilitation)

Col Etherington led the group in a discussion to identify the core elements required to improve a recovery and rehabilitation outcomes after injury or illness. Questions and topics discussed included:

- What are the essential components of a successful recovery and rehabilitation program?
- What novel approaches have been adopted?
- How do we ensure that these approaches are adopted and retained within organizations?

Core elements identified by Work Group 2 members and other session participants included:

- Successful recovery and rehabilitation programs should take a whole-patient approach, that must go beyond the individual to include the family and other stakeholders
- Approaches should be interdisciplinary (e.g., involving a "complex trauma team"), and experts from diverse domains should be co-located within the organization
- Service member must be motivated, feel empowered, and have a sense of purpose to recover
- Military and Veteran organizations must collaborate to minimize Service members' confusion and fear from bureaucracy
- Novel approaches cited were peer support programs, and approaches that emphasize small, personal, short-term goals
- Reintegration aspects are important for recovery, including consistent communication between recovery and reintegration personnel, and a shared IT system

How to ensure these approaches are adopted and retained within organizations:

- Lines of Operation, or “LOOs,” where line officers and commanders drive the recovery process
- Accurate messaging about programs to Service members
- Engagement of military leadership, administration, politicians, and the medical system
- Signed contract and other moral obligations for Service members to recover and transition successfully

### Work Group 3 (Reintegration)

Mrs. Oniani led the group in a discussion to outline the journey that is common for the wounded warrior to go through during reintegration into military service or transition to civilian life across the nations. Questions and topics discussed included:

- Are there identifiable stages a wounded warrior passes through in a journey for successful transition?
- Can we identify stages and map strategies that enable warriors to progress to the next level?

Core elements identified by Work Group 3 members and other session participants included:

- A “Journey of Veterans” map, which highlighted stages of reintegration as “getting back to the team”; “denial phase”; “acceptance of the new normal”; “quasi-retirement and loss of control”; and “preparation for transition”
- Fellowships for Service members to sample civilian sector during active duty have been well-received, and may serve as a mechanism for career transition
- The Spouse is primary factor for aiding Service member’s reintegration
- Encouraging retention and returning to unit to prevent reliance on disability benefits and identity crises
- Intermediate or temporary retirement stages while determining benefits or assessing whether a Service member can return to duty can place the Service member in a limbo state
- Suggestion of additional stage—“loss of control”
- Empowering Service member to take responsibility for “becoming vital again” while providing resources
- Giving responsibility and control to the Service member during transition helps prevent negative feelings towards the military
- Recommendation to emphasize “ability” vs. “disability”
- Shared desire to collect feedback from Service members about individual treatment plans through a future survey

### **Speaker Session: Rehabilitation Efforts for the Canadian Armed Forces (1410-1500)**

Lieutenant Colonel Markus Besemann, Chief of Rehabilitation, Canadian Armed Forces, Canada

Lieutenant Colonel (LCol) Markus Besemann presented on his experiences overseeing rehabilitation efforts for the Canadian Armed Forces. He discussed non-medical best practices to help patients rehabilitate successfully, such as managing the patient's expectations and ensuring the patient has full perspective of his or her recovery. LCol Besemann also recommended raising the patient's goals, and suggested out-of-the-box ways of thinking, such as "fixing something by breaking it first," or extending deployment if it helps a Service member recover. He described the importance of Service members expressing their emotions as opposed to internalizing them, using animals' reactions to traumatic events as examples. LCol Besemann stressed that rehabilitation and care efforts must be centered around the patient.

### **Work Group Breakout Session B: Application (1520-1620)**

The three work groups conducted simultaneous breakout sessions to discuss pre-determined topics and questions.

#### **Work Group 1 (Resilience)**

Mr. Morton led the group in a discussion to examine the application of resilience programs. Questions and topics discussed included:

- How does your nation or organization incorporate individuals, families, the workplace, military leadership, and the greater community into resilience programs? What effects have you observed from incorporating these populations into resilience programs?
- Practical examples of the successful application of resilience programs across nations and organizations; issues and lessons arising from these programs.
- Evidence for their effectiveness – if there is limited evidence, how do we improve this evidence base?

Key points discussed by the Work Group 1 members and other session participants included:

- Agreed to implement a collaborative needs assessment following the symposium
- Will enable group members to identify core focus areas for improving resilience by identifying themes as well as unique issues directly from wounded, ill, and injured Service members/their families from several nations
- Will provide a tangible product from the work group
- Will not necessarily be representative of entire wounded, ill, and injured population, however the resulting information can be used to drive the way the work group and other stakeholders examine resilience and help identify, prioritize, and improve core elements

- Group will make decisions on assessment scope/characteristics (e.g., respondent demographics, development and implementation timeline, focus areas, questions, etc.) during and following the symposium

### Work Group 2 (Recovery and Rehabilitation)

Col Etherington led the group in a discussion to examine the application of recovery and rehabilitation programs. Questions and topics discussed included:

- Practical examples of the successful application of recovery and rehabilitation programs across nations and organizations
- Issues and lessons arising from these programs
- Evidence for their effectiveness – if there is limited evidence how do we improve this evidence base?

Key points discussed by the Work Group 2 members and other session participants included:

Examples of successful application of recovery and rehabilitation programs:

- A three-week residential period in which casualties were quartered and recovered in the same space
- Embedding mental health providers in operational units, which lowers barriers to treatment-seeking
- Returning to one's point of injury as a form of therapy and to provide sense of closure
- Alternative treatments, such as horticultural therapy

Issues and lessons learned:

- The importance of managing Service members' expectations
- Preventing a "culture of disability" from arising
- Focusing on "ability" rather than "disability"

Gauging evidence for effective programs:

- Difficulty measuring success or researching alternative or novel therapies
- Economic prudence of enrolling Service members in rehabilitation programs at early stages of recovery cycle to reduce medical costs, prescription usage, and overall impact on resources

### Work Group 3 (Reintegration)

Mrs. Oniani led the group in a discussion to examine the efficacy and effectiveness of the services supporting transition and reintegration. Questions and topics discussed included:

- Is there a core service that facilitates transition and reintegration more effectively than others?

- What are the best practices or programs that utilize peer to peer support in accomplishing a Service member's transition/reintegration goals and objectives?
- What other programs and services are effective in helping Service members overcome barriers and transition successfully to a new lifestyle?

Key points discussed by the Work Group 3 members and other session participants included:

- Contrast between nations regarding reliance on government for transition services and availability and breadth of non-governmental organizations
- Non-governmental organizations provide extra support, but often only target Veterans
- Recommendation for minister of defense and minister of veterans' affairs to collaborate
- Recommendation of adaptive sports in aiding transition, as both participant and spectator
- Public appearances and events such as Invictus Games have helped raise awareness in the community
- Recommendation to ensure proper hand-off if different people and organizations are coordinating a Service member's transition; coordinate all specialists
- Social programs for Veterans to share experiences with each other, peer-to-peer activities
- Recommendation to study efficacy of peer-to-peer groups
- "Team Room"—a monitored, secure peer forum facilitated by trained professionals
- Transition process can pose challenges to family, spouse
- Families need care and support as well, including mental health support

## Day 2 | September 22, 2017

### Speaker Session: Dealing With Deployment-Related Physical and Mental Disorders in the DEU Bundeswehr (0800-0850)

Brigadier General Bernd Mattiesen, Commissioner of the German Ministry of Defence for Members of the Armed Forces Suffering from PTSD and Those Wounded in Action, Ministry of Defence, Germany

Brigadier General (BGen) Bernd Mattiesen described his responsibilities as Commissioner for PTSD, including a liaison role to the German government, the head of a working group on post-traumatic stress disorder (PTSD), and a point of contact for personnel injured on operational deployments. BGen Mattiesen described the rate of PTSD cases treated in the Bundeswehr since 2004, and how certain measures, such as early detection, mental health training, and debriefing seminars can help prevent the development of PTSD. He described the Bundeswehr's interactive psychosocial training platform, known as "CHARLY" (Chaos Driven Situations Management Retrieval System), as an innovative prevention method for PTSD. BGen Mattiesen detailed other novel approaches to mental health therapy and rehabilitation, including dog and horse therapy.

### **Keynote Speaker Remarks (0900-0940)**

The Honourable Seamus O'Regan, Minister of Veterans Affairs, Associate Minister of National Defence, Canada

Minister Seamus O'Regan underscored the need to ensure that wounded, ill, and injured service members have the resilience necessary to face a traumatic event, recover, and successfully reintegrate into society. He described the relationship between Canada's Ministry of Defence and Veterans Affairs Canada: the two departments enjoy a joint, collaborative relationship. Transition between the two departments should be seamless, and the Minister is responsible for closing the gap between the two departments in his position as both Minister of Veterans Affairs and Associate Minister of National Defence. Minister O'Regan stressed the importance of having a feeling of purpose for a Service member's mental health, in addition to financial security and housing. Veterans Affairs Canada strives to instill purpose in Veterans through employment and education programs.

### **Work Group Breakout Session C: Shared Responsibility (0940-1040)**

The three work groups conducted simultaneous breakout sessions to discuss pre-determined topics and questions.

#### **Work Group 1 (Resilience)**

Mr. Morton led the group in a discussion on resilience as a shared responsibility between individuals, family, command and community. Questions and topics discussed included:

- What framework and/or process does your nation or organization use to develop and implement resilience programs?
- What efforts has your nation or organization implemented to build organizational resilience (e.g., high reliability and learning organization practices)? How are these efforts linked to individual resilience?
- What efforts are you aware of to build resilience programs or initiatives that include individuals, families, the workplace, military leadership, or the greater community?
- What are the most successful methods to encourage this engagement?

Key points discussed by the Work Group 1 members and other session participants included:

- Set realistic expectations – important for both the individual as well as the organization
- Develop self-efficacy – focus on the skills they possess/have used in Service that are valuable and set them apart from others, rather than what new skills they need to acquire (ability vs disability)
- Build trust in the process and in the treatment being offered
- Understand gap between the support their families need vs what they receive
- Build organizational resilience by integrating it into personnel's performance expectations

- Peer support – those with similar experiences, similar backgrounds, can provide valuable resilience support to individuals

### Work Group 2 (Recovery and Rehabilitation)

Col Etherington led the group in a discussion on recovery and rehabilitation as a shared responsibility between individuals, family, command, and community. Questions and topics discussed included:

- What efforts has your nation or organization implemented to build recovery and rehabilitation programs involving patients, family, command and the community?
- What is the most successful methods to encourage this engagement?
- What are the greatest barriers to involving all stakeholders in developing these programs?

Key points discussed by the Work Group 2 members and other session participants included:

- Effectiveness of non-profits in bringing together families and Service members in the community
- Non-profits as avenue for alternative, innovative, or otherwise unconventional therapies
- “Graduate programs” in which recovered amputees meet with current patients to demonstrate recovery pathway and success
- Use of in-person social gatherings and social media to engage Veterans
- “Return to Duty Coordinators” provide a link between Service members and commanders
- In some cases, families can also be barriers to recovery
- Benefit of collaboration between Service members and first responders

### Work Group 3 (Reintegration)

Mrs. Oniani led the group in a discussion to examine the importance of the involvement of the private sector and to identify the role government should play in supporting the wounded warrior's transition. Questions and topics discussed included:

- What are the best practices for engaging business and community leaders to support the development of transition and reintegration programs?
- Which services might maximize return on investment, particularly for countries with limited resources (i.e., do we prioritize healthcare access and coordination over mental health, housing assistance, etc.)?

Key points discussed by the Work Group 3 members and other session participants included:

- Use of non-governmental organizations to host expeditions, trips
- Engaging businesses to expose them to Veterans’ skillsets
- “Let’s Talk” program increases publicity of wounded warrior issues and may encourage private businesses
- Recommendation of long-term mentorship and support for Service members

- Strategy of filling gaps, such as services that Veterans agencies cannot provide, with resources from private entities
- Convincing business leaders that there must be a balance between Veterans and civilians for a successful organization
- Incentivizing businesses to hire Veterans through giving awards, public recognition
- Encourage community members to provide minor commitment to helping Service members and Veterans—an amount of time that is manageable
- Recommendation to place Service members in internships or fellowships in civilian sector during final six months of Service
- Need to consider not forcing Service members down same one-directional path, particularly for most severely injured
- Partnership with colleges with transitional programs specifically for Veterans
- Acknowledgement that Service members are not looking for merely a paycheck, but a second career

### **Speaker Session: State of Wounded, Ill, and Injured Service Members in Pakistan (1100-1120)**

Lieutenant General Asif Mumtaz Sukhera, Surgeon General Pakistan Army and Director General Medical Services, Pakistan

Lieutenant General Asif Mumtaz Sukhera presented on the recent and current state of wounded, ill, and injured Service members in Pakistan. He depicted an environment in which medical support for Service members is “forward-leaning”: Regimental officers are trained to provide care on the battlefield, including training to stop hemorrhaging and control shock. Four treatment centers provide secondary care. In addition, with support from the British Armed Forces, the Pakistan Army employs aeromedical evacuation. Lieutenant General Sukhera described the difficulty of transporting personnel and supplies across the rugged terrain. He stated that Pakistan’s borders were previously “porous,” allowing a free-flow of drugs and guns. Currently, the Pakistani government enforces border patrol effectively. In terms of the rehabilitation and reintegration of Service members, the Pakistani Army decided to retain soldiers in the unit even after suffering an injury and being deemed unsuitable for combat. This way, the Service member remains part of the team and does not grow resentment. Lieutenant General Sukhera explained that rehabilitation for PTSD has been a challenge in Pakistan. Service members tend to refuse psychological therapy, and the Pakistani Army is reaching out to the community for support.

### **Work Group Breakout Session D: Defining Success (1120-1220)**

The three work groups conducted simultaneous breakout sessions to discuss pre-determined topics and questions.

### Work Group 1 (Resilience)

Mr. Morton led the group in a discussion to identify what successful resilience looks like. Questions and topics discussed included:

- Are there gaps in our knowledge and research about resilience during transitions throughout service, following illness or injury, return to duty or reintegration to civilian life, for military personnel and their families? What are they?
- What are likely to be indicators of resilience levels (of the organization, unit, individual, and family) that could inform useful metrics of success?
- How can military organizations collect reliable data from Service members, Veterans, and family members to contribute to longitudinal studies?

The Work Group 1 members and other session participants identified topics/questions that may be considered when defining/recognizing success:

- How to help individuals use/adapt current skills for post-transition
- When/how do individuals/families expect to receive information about the transition process, services available to them, etc.?
- How to measure/gauge impact of resilience interventions?
- What are the concrete/specific leadership behaviors that support resilience?
- What are the individual behaviors that help a Service member adjust to being wounded, ill, or injured?
- How to create and provide information that will enable leaders to support resilience in their Service members?

### Work Group 2 (Recovery and Rehabilitation)

Col Etherington led the group in a discussion to identify what successful recovery and rehabilitation looks like. Questions and topics discussed included:

- What are good metrics of success?
- What post-symposium actions would improve our efforts to strengthen recovery and rehabilitation?
- How does your organization manage the patient transition from military service to civilian life? What mechanisms do you have in place to assess long-term outcome?

Key points discussed by the Work Group 2 members and other session participants included:

- Most clinical performance measures focus on vocational outcomes, such as returning to civilian work or Service
- Success is subjective, depends on the individual's goals
- Need to gauge success in the context of metrics of competing importance

- Challenge of retaining institutional intellectual capital
- Development of a document repository would help maintain knowledge and lessons learned
- “Lead Coordinator” method ensures continuous oversight of Service member during transition process
- Benefit of one-on-one work between Veterans agency representative and Service member

### Work Group 3 (Reintegration)

Mrs. Oniani led the group in a discussion to identify the metrics of success and what successful reintegration means. Questions and topics discussed included:

- What role should government play in identifying metrics and outcomes of success for Service members' transitions?
- Which metrics might most effectively measure the success of reintegration programs?
- How does your country support transition from military service to civilian life?
- What mechanisms do you have in place to assess long-term outcome?

Key points discussed by the Work Group 3 members and other session participants included:

- Observation that courage, compassion, commitment, and other abstract factors can be difficult to measure
- Some nations currently have no system to measure successful reintegration
- Reintegration should not be considered the final objective
- Discussion over how to measure well-being as a result of successful reintegration
- Recommendation to measure “burdens imposed,” “transparency through process,” “fair and equitable treatment,” family’s perception of treatment, long-term outcomes past transition, physical, mental, and spiritual health, financial security, and housing
- “Program for life”—receiving long-term support from care coordinators
- Successful reintegration depends on individual’s goals
- Recognition that surveys are not ideal forms of measurement; should consider more quantitative approaches
- Need to consider caregiver’s point of view
- Involve epidemiologists when developing studies

### **Speaker Session: How Did I Get Here? Connection, Community, and Growth (1300-1350)**

Mr. Michael Douglas, Veteran, Canada

Mr. Michael Douglas, a Veteran of the Canadian Armed Forces, depicted his struggle reintegrating to society after experiencing traumatic events as a Service member, consequently suffering from PTSD and depression. Mr. Douglas relayed to attendees the experience of someone suffering from PTSD—rethinking memories, relitigating oneself, filling in the blanks of fragmented memories. He suffered from constant

feelings of guilt after losing friends in Afghanistan, and personal relationships deteriorated as a result. However, Mr. Douglas began working at the Canadian Armed Forces' Joint Personnel Support Unit, providing peer-to-peer support to struggling individuals and helping in their recoveries from illnesses, PTSD in particular. This work, in turn, has contributed significantly to Mr. Douglas' mental health, stability, and successful transition.

### **Work Group Breakout Session E: Post-Symposium Agenda (1350-1450)**

The three work groups conducted simultaneous breakout sessions to discuss pre-determined topics and questions.

#### **Work Group 1 (Resilience)**

Mr. Morton led the group in a discussion to draw together an 'agenda for warrior care resilience'. Questions and topics discussed included:

- What elements would need to be included in an agenda statement to best inform and support our efforts to improve our approach to resilience and recovery?
- What post-symposium actions would improve our collaborative efforts to strengthen resilience and enable recovery during transitions throughout service, following illness or injury, return to duty or reintegration to civilian life, for military personnel and their families?
- How do we apply and test the agenda over the next 12 months?

The Work Group 1 members and other session participants identified top prioritized focus areas to include in the proposed needs assessment:

- Leadership
- Personal resources (meditation, skills, coping strategies, etc.)
- Expectations (of self)
- What is successful transition / how to recognize success?

The group recognized there will be several decision points to make throughout the needs assessment process. There are also important considerations that should be properly communicated, such as:

- This effort will not be to validate, but rather to gain better understanding of certain areas, then perhaps evaluate further with more qualitative/robust research
- Need to incorporate specific stories – both successes and failures, to identify what has worked and what hasn't worked

#### **Work Group 2 (Recovery and Rehabilitation)**

Col Etherington led the group in a discussion to draw together an 'agenda for recovery and rehabilitation'. Questions and topics discussed included:

- Production of a statement which will assist us in our efforts to improve resilience and recovery

- What post-symposium actions would improve our efforts to strengthen recovery and rehabilitation?
- How do we apply and test the agenda over the next 12 months?

Key points discussed by the Work Group 2 members and other session participants focused on the value of WC21 and recommendations for future efforts, and included:

- Appreciation of information exchange that WC21 provides
- WC21 provides validation that one's own nation is employing best practices or facing similar challenges as other nations
- Validation also helps justify innovative approaches to leadership
- WC21 helps officers better understand senior leadership and commanders' intents
- WC21 helps establish and build communication between foreign representatives
- A WC21 product outlining guidelines or recommendations of best practices would help nations decide which programs are worth funding before implementing
- Proposal to develop online networking site that hosts research papers
- Proposal to launch a multinational study on alternative or unproven therapies
- Proposal to modify WC21 2018 Symposium to the form of an education exchange
- Observation that discussions in Toronto have grown from discussions during the WC21 2016 Symposium in Tampa, Florida
- Observation that WC21 gathers the world's experts on the subjects at hand
- Recommendation to hold WC21 2018 Symposium adjacent to Invictus Games

### Work Group 3 (Reintegration)

Mrs. Oniani led the group in a discussion to draw together an 'agenda for reintegration'. Questions and topics discussed included:

- Production of a statement which will assist us in our efforts to improve reintegration
- What post-symposium actions would improve our efforts to strengthen reintegration?
- How do we apply and test the agenda over the next 12 months?

Key points discussed by the Work Group 3 members and other session participants focused on the value of WC21 and recommendations for future efforts, and included:

- Shared metrics among WC21 nations as a useful product for learning from other nations
- Recognition that all nations can improve upon current level of operations
- Need to produce international consensus on what each nation should provide its Veterans
- Acknowledgement that one agenda will not work for all nations; however, attendees also stated nations can agree on core outcomes, while customizing the delivery of these outcomes within each nation
- Recommendation for policymakers to experience warrior care programs firsthand

- Developing a “core services” document—the key characteristics and services that successful reintegration should include, based on nation’s needs and resources; nations can build on foundation for their individual needs, where appropriate
- Recommendation to use APAN website to share documents, discuss, collaborate
- Recommendations for 2018—determine metrics and research projects (with emphasis on quantitative methods); develop consensus document for best practices and lessons learned; conduct a literature review
- Each nation to report back during WC21 2018 Symposium to share lessons learned

### **Speaker Session: NATO Trust Fund Project to Support Practical Cooperation with Ukraine in the Area of Medical Rehabilitation (1450-1510)**

Dr. Frederic Peugeot, Partnership for Peace Section Chief, NATO Trust Fund Project Manager, NATO

Dr. Frederic Peugeot explained that this presentation was an extension of one that was delivered at the previous year’s WC21 2016 Symposium. He provided updates on the project and sought support from WC21 nations for aid both financially and in the form of donations of prosthetics. Dr. Peugeot’s project works to reform and improve both patients and the rehabilitation system in Ukraine. This includes vocational, sport, and medical rehabilitation for patients, while upgrading equipment and technology in rehabilitation facilities and ensuring proper training and development of professional staff.

### **Speaker Session: Moral Injury in Military Members and First Responders (1530-1620)**

Dr. Manuela Joannou, Assistant Professor, Department of Family Medicine, Queen’s University, Canada

Dr. Manuela Joannou, a family and emergency physician and Medical Director of Project Trauma Support in addition to her professorship, described “moral injury” as the negative feelings and emotions associated with PTSD that a Service member or first responder might suffer. Dr. Joannou and her associates began Project Trauma Support as a response to the need for effective and affordable treatment for Service members and first responders suffering from PTSD. The program relies heavily on peer support, as program providers have all experienced similar situations and work environments as their patients. The program aims to restore meaning and purpose in patients and encourages patients to develop plans for self-care. The program employs team-building and wilderness exercises to restore patients’ confidence and optimism. Animal therapy allows for emotional connection. Research shows the program has yielded successful results.

## Day 3 | September 23, 2017

### **Speaker Session: Finding my Inner Peace: Veteran Programming, Maslow's Hierarchy of Needs, and Me (0800-0850)**

Lieutenant Colonel (Retired) Robert Martin, Canadian Armed Forces, Canada

Lieutenant Colonel (LCol) (Ret.) Rob Martin described Maslow's Hierarchy of Needs as an accurate comparison to a Service member's recovery from trauma, reintegration into society, and subsequent health, stability, and success. LCol (Ret.) Martin spoke of his long journey to recovery, peppered with participation in numerous non-profit and charity programs with mixed results. For him, the most powerful and effective program was Project Trauma Support. LCol (Ret.) Martin advocated for a holistic, interdisciplinary approach to recovery, the importance of an emphasis on a sense of purpose greater than oneself, and the need for the Service member to take an active role in his or her own healing.

### **Keynote Speaker Remarks (0900-0930)**

The Honourable Harjit Singh Sajjan, Minister of National Defence, Canada

Minister Harjit Singh Sajjan underscored the timeliness of the WC21 2017 Symposium: not only coinciding with the 2017 Invictus Games, but occurring three months after The Canadian government's new "Strong, Secure, Engaged" defense policy, a defense policy committed to investing in the Canadian Armed Forces, its Service members, and their families. Minister Sajjan emphasized the need to close the gap between the Ministry of Defence and Veterans Affairs Canada during the transition process, ensuring that the Service member has all benefits in place before releasing to Veterans Affairs Canada. The Minister noted that transition should be a continual, recurring process, as part of the Service member's normal military life. Service members should perceive the transition to civilian life as one of many transitions he or she has experienced. Minister Sajjan outlined plans for a \$200 million investment in the Ministry of Defence's total health strategy that addresses Service members' physical and mental well-being.

### **Military and Veteran Support Panel Discussion and Question and Answer Session (0930-1130)**

Moderator: Mr. Gord Steinke, News Anchor for Global TV Edmonton, Canada

Panelists: International Veterans and Representatives from Military/Veteran Service Organizations

This panel discussion showcased a cross-section of Military/Veterans Services Organization (MSO/VSO) representatives and Veterans to discuss challenges and solutions for the recovery and reintegration processes, as well as forms of resilience that contribute to a successful transition. Represented MSO/VSOs included foundations, non-profits, and animal therapy organizations. Panelists discussed proven strategies for transitioning from the military and adjusting to the civilian workplace. Panelists recommended the utilization of one's military network, and reminded attendees that transitions are rarely "seamless."

Panelists spoke of rebuilding trust in Veterans to engage with military and veterans' organizations, as well as the need to build trust with civilian employers. Panelists discussed the unique skills that Veterans bring to the workforce, but questioned the viability of developing a "Plan B" or civilian career track concurrent to a Service member's military duty.

### **Speaker Session: Military to Civilian Transition (MTC): Understanding and Using the Power of Identity, Groups, Action & Family (1200-1250)**

Dr. Tim Black, R. Psych., Associate Professor of Counselling Psychology and Department Chair of Educational Psychology and Leadership Studies, University of Victoria, Canada

Dr. Tim Black discussed issues facing Veterans during transition, the role of the family in facilitating transition, and the role of the community in Veterans' transition, among other key topics. He explained the difference of the military and civilian identities: the Service member is embedded in the unit as a military member, while civilians are fundamentally self-interested and untied to a particular organization. From this insight, Dr. Black explained how the Canadian Institute for Military and Veteran Health Research (CIMVHR) utilized a group environment and "strategic action therapy" to ease individuals' transitions. These therapies use non-verbal communication for Veterans to more easily express deeply-held emotions. Dr. Black described the program "COPE" (Couples Overcoming PTSD Every Day), and the effectiveness of allowing couples to undergo the transition process together. Dr. Black and COPE representatives plan to deliver the program in Israel and France in the future.

### **Work Group Recap and Closing Remarks (1300-1400)**

WC21 work group leads (or representatives on behalf of leads) provided closing remarks regarding their respective work group discussions that occurred during the 2017 Symposium.

Lieutenant Colonel (LCol) Suzanne Bailey, Representative, Work Group 1 (Resilience) and Senior Social Work Officer, Canadian Armed Forces, Canada

LCol Suzanne Bailey provided remarks on behalf of Work Group 1. She noted the need for military health organizations to better retain and disseminate existing research and industry practices. LCol Bailey expressed that resilience is a process that must be build and sustained, and is not an intrinsic characteristic. Further, there are certain factors that can actively decrease resilience in both individuals and organizations. Individuals must be able to define success for themselves, and success differs by the individual. Individuals must have purpose and meaning to be successful and healthy. Military health organizations should work to recast the perception of transition as a start of a new chapter rather than an ending. LCol Bailey stated that all three work groups' missions are interrelated, and cannot be treated as separate.

Colonel John Etherington, Lead, Work Group 2 (Recovery and Rehabilitation) and Director, Defence Rehabilitation, Defence Medical Rehabilitation Centre, United Kingdom

In his remarks, Col Etherington stressed the importance of collaboration among work groups and nations. Through the Symposium, attendees have established that nations face the same issues and employ similar principles, although solutions are slightly different. Col Etherington explained that the WC21 Symposium is the only forum that allows stakeholders to discuss and validate their clinical practices and approaches to warrior care. He then outlined what Work Group 2 established as key components of a recovery and rehabilitation plan: it must be collaborative, including work with the public sector; it must involve the patient as the main stakeholder; it should set high expectations for outcomes; it should embrace a holistic model, including mind, body, and spirit; it should involve clear communication to the chain of command regarding the macroeconomic benefit of rehabilitation; it involves a shared responsibility among all stakeholders; the Service member should not be victimized; and it should involve robust metrics.

Mrs. Tatia Oniani, Lead, Work Group 3 (Reintegration) and Acting Head, Psychological Support Division, Ministry of Defense, Georgia

Mrs. Oniani provided an overview of Work Group 3 activity during the Symposium and subsequent plans for the upcoming year. She discussed the Service member's journey through transition, which Work Group 3 documented in discrete stages. Mrs. Oniani emphasized the crucial role that family plays, especially in helping a Service member retain dignity and confidence, during the journey. Mrs. Oniani detailed core reintegration services that Work Group 3 identified. These include the involvement of all stakeholders in the reintegration process, as well as equipping Service members with applicable skills with long-term usefulness. Mrs. Oniani referenced LCol (Ret.) Rob Martin's example of Maslow's Hierarchy of Needs, indicating that this model is what Work Group 3 wants to achieve. Mrs. Oniani stressed the importance of public/private partnership, as well as the value of metrics in giving confidence to Service members and Veterans that military health organizations are engaged. Work Group 3 agreed that the use of metrics must go beyond measuring whether a Service member was released from the military. Organizations must consider health, well-being, processes, different stakeholders, observational outcomes, and longitudinal research when developing metrics. Work Group 3 hopes to reconvene in 2018 and share metrics that each nation has implemented.

### **Co-Chair Closing Remarks (1400-1410)**

Mr. Bret Stevens, WC21 Co-Chair and Director, Disability Evaluation Systems, Department of Defense, United States

Mr. Bret Stevens reiterated his appreciation for the Canadian delegation and planning team for their hospitality, and expressed his hope to attendees that they found the WC21 2017 Symposium valuable, and that it met and exceeded expectations. Mr. Stevens returned to the central premise that WC21 activity must make its way back to Service members, and urged attendees to continue the dialogue following the Symposium. Mr. Stevens extended his thanks to his fellow Co-Chair, Air Cdre Withnall.



Air Commodore Richard Withnall, WC21 Co-Chair and Medical Director, UK Defence Medical Services, United Kingdom

Air Cdre Rich Withnall extended his thanks to the Canadian planning team and all staff involved in supporting the Symposium. Air Cdre Withnall shared with the audience insights he has gathered from the past three days. He reiterated Dr. Woods' call to action on day 1, and Mr. Morton's comparison of resilience to a jelly. He echoed attendees' sentiments that WC21 is the only international forum in this domain. He stated that sometimes tough love is better than a group hug; that successful reintegration includes a feeling of self-worth; and that the three focus areas are co-dependent and interrelated. He urged attendees to recognize that progress can be measured as a journey, and urged attendees to stay involved in WC21.

### **2018 Symposium Announcement and Handoff (1410-1430)**

Brigadier General Andrew M.T. Downes, CD, Surgeon General, Canadian Armed Forces, Canada

BGen Andrew Downes expressed his gratitude for the privilege to host the 2017 Symposium. He relayed to attendees a meeting he recently attended with senior military leaders, including General Paul Selva, Vice Chairman, United States Joint Chiefs of Staff. During the meeting, these leaders discussed common issues pertaining to wounded, ill, and injured Service members, including mental and physical health and suicide. BGen Downes assured WC21 attendees that they have the support of senior leaders, and charged attendees to return to their nations with new ways forward, including better incorporating support for families. BGen Downes formally passed responsibilities to Australia for planning and administering the WC21 2018 Symposium. Warrant Officer Steve Weaver, Royal Australian Air Force, accepted the in-person handoff on behalf of the Department of Defence of Australia.