



# SUMMARY OF PRESENTATIONS AND DISCUSSIONS

Version 1.0

## EXECUTIVE SUMMARY

This report summarizes presentations and discussions that occurred during the fourth annual Warrior Care in the 21st Century (WC21) Symposium, hosted by Australia from 16-18 October 2018 at the ParkRoyal Darling Harbour in Sydney. Over 110 attendees from 11 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 WC21 2018 Symposium, over 35 speakers provided keynote addresses, work group updates, subject matter presentations, and panel remarks. During 2019, WC21 coalition members will continue to engage on work group objectives defined during the event.

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# Contents

<b>CONTENTS .....</b>	<b>1</b>
<b>INTRODUCTION TO WC21 .....</b>	<b>2</b>
Background .....	2
Strategic Vision .....	2
Strategic Intent .....	2
Guiding Principles .....	2
WC21 Work Groups .....	3
Outputs .....	3
<b>DAY 1   16 OCTOBER 2018   RESEARCH AND EVIDENCE .....</b>	<b>4</b>
Opening Remarks .....	4
Rehabilitation and Recovery .....	5
Reintegration and Transition .....	5
Resilience and Wellbeing .....	6
Work Group Breakout Session .....	7
<b>DAY 2   17 OCTOBER 2018   DEVELOPMENT AND APPLICATION .....</b>	<b>8</b>
Reintegration and Transition .....	8
Rehabilitation and Recovery .....	9
Resilience and Wellbeing .....	10
Impact of Systems and Cultures on Recovery and Reintegration: International Perspectives: Germany, Jordan, United States, New Zealand .....	11
<b>DAY 3   18 OCTOBER 2018   INNOVATIONS AND NEXT STEPS .....</b>	<b>12</b>
“Walking the Talk” .....	12
Innovations .....	12
Work Group Breakout Session .....	13
Summary of Closing Remarks .....	14
<b>APPENDIX .....</b>	<b>A-1</b>
Appendix A: WC21 2018 Symposium Agenda .....	A-1
Appendix B: Registration List .....	A-6



## Introduction to WC21

### Background

The Recovery Summit held during the 2014 Invictus Games in the United Kingdom initiated a global conversation around non-medical warrior care and amplified the demand for continued multilateral collaboration. In response, the WC21 coalition was established in 2015 by the United States Department of Defense and the United Kingdom Ministry of Defence to facilitate multilateral collaboration and sharing of both non-medical and medical warrior care best practices and lessons learned.

### Strategic Vision

The WC21 coalition aims to further enhance international medical and non-medical innovation in research, education, clinical practice, and concept development to build resilience; enhance health promotion, injury and illness prevention, and the delivery of care from injury to recovery and rehabilitation; and facilitate reintegration in all environments, to best support Service members and their families.

### Strategic Intent

The WC21 coalition intends to accomplish the strategic vision through:

- **Innovation** – Innovate through primary creation, early adoption, and effective translation of clinical knowledge and emerging research evidence to prevent, detect, treat, and inform policymakers.
- **Organizational learning and evidence-based change** – Use experience and evidence from audit, surveillance, and research to deliver multinational organizational learning to inform evidence-based change. Apply lessons learned and build upon past legacies and accomplishments.
- **Enhanced physical, psychological, and social outcomes** – Further enhance the quality of physical, psychological, and social measurable positive patient outcomes.
- **Publications** – Record and publish progress to add to academic literature, inform national and international policymakers, and remind the wider medical and non-medical global community that wounded, ill, and injured Service members are a priority.

### Guiding Principles

WC21's guiding principles for the care of wounded, ill, and injured Service members include:

1. Ensuring the patient is the principal stakeholder.
2. Engaging with patients' families.
3. Working with the chain of command.
4. Setting high expectations for outcomes, including the use of robust scientific metrics to determine the effect of policy, programs, and interventions.



5. Adopting a holistic approach: engaging mind, body, and spirit.
6. Recognizing that purpose, meaning and identity are central factors in achieving effective recovery and reintegration.
7. Facilitating a collaborative approach between those responsible for military and veterans’ health, personnel and performance management, and leadership and command.
8. Enabling people to maintain and sustain their wellbeing, so they can return and support the mission, or successfully transition to life after service.
9. Recognizing the positive economic benefits of improved, resilience, rehabilitation and reintegration that enables the social contribution of military ill and injured members and their families during and after service.
10. Acknowledging that success will require sharing responsibility and partnership between all stakeholders including Service members, family, professionals, chain of command, Defense and Veterans’ affairs, and private sector and charitable organizations.

## WC21 Work Groups

WC21 work groups facilitate focused efforts on distinct yet related warrior care domains by identifying priority issues facing WC21 nations and examining, proposing, and executing viable and innovative solutions. Examples of work group collaboration activities include but are not limited to conducting research, developing discussion papers, and publishing core practices and guidelines around specific program areas. As shown below, each work group has an overarching goal which guides its respective efforts and discussions. To address common needs and gaps, work groups identify objectives which are revisited annually and updated as needed to ensure relevance and feasibility to the WC21 coalition.

Work Group	Overarching Goal
Work Group 1 – Resilience	Build and maintain resiliency levels in Service members and their families
Work Group 2 – Recovery and Rehabilitation	Prepare Service members and their families for success during recovery and rehabilitation
Work Group 3 – Reintegration	Support Service members during reintegration into military service and transition to civilian life

## Outputs

Nations benefit from the WC21 coalition by exchanging experiences and synergizing efforts. Exposure to a variety of perspectives and innovative ideas enables nations to validate and customize best practices and lessons learned to improve their respective programs and policies. Collaborating and sharing information



through work groups and at annual symposia allows nations to synchronize on research and other time and resource intensive efforts. Examples of collaboration projects or outputs may include peer-reviewed papers, literature reviews, document repositories, and surveys, relating to the work group areas of resilience, recovery and rehabilitation, and reintegration.

## Day 1 | 16 October 2018 | Research and Evidence

Researchers, academics, and clinicians presented on existing research findings in the areas of resilience, recovery and rehabilitation, and reintegration, and discussed gaps and areas requiring more study and evidence-based findings. Following are brief summaries of the remarks, presentations, and discussions that occurred on day 1.

### Opening Remarks

Special guest, Ms. Yvonne Weldon, provided a welcome to country on behalf of the Metropolitan Local Aboriginal Land Council. She expressed the council's gratitude for the important role the attendees of this event play in the betterment of other peoples' lives.

Air Vice-Marshal Tracy Smart, Surgeon General for the Australian Defence Force, acknowledged the significant breadth of expertise and experience in the room. She encouraged attendees to speak frankly about their successes and failures during the event, explaining that active participation drives clear actions. The Air Vice-Marshal emphasized the need to use forums like WC21 to enhance Service members' abilities not only to both survive and thrive. She highlighted the importance of continued progress in the field of warrior care, challenging attendees to shift their way of approaching certain aspects – for example, by using resilience techniques “to change trajectories from post-traumatic stress disorder to post-traumatic growth.”

Mr. Bret Stevens, United States WC21 Co-Chair and Air Commodore Rich Withnall, United Kingdom WC21 Co-Chair, commended the attendees' commitment to the coalition and emphasized their contributions to breaking down the silos of and strengthening resilience, better enabling recovery and rehabilitation efforts, and achieving reintegration. They discussed strategic aims going forward to enhance measurable, positive patient outcomes, quality improvement through research, and other mechanisms that can improve the quality of support to patients. The success of these efforts is reliant upon partnership, such as the international collaboration facilitated through the unique forum provided by WC21.



## Rehabilitation and Recovery

### **UK ADVANCE Cohort Study – The Long-Term Consequences of Combat Trauma**

*Group Captain Alex Bennett, Defence Professor of Rheumatology and Rehabilitation, Defence Medical Services, United Kingdom*

Group Captain Alex Bennett summarized the methodology and initial outcomes of a cohort study that examined the long-term medical and psychological impact of combat trauma on Service members. The overall objective was directed at how to improve long-term quality of life and mental health, along with functional, social, and employment outcomes. This research helps identify adverse outcomes of battle casualties, facilitate evidence-based care, prevent adverse outcomes, and enhance support through long-term transition.

### **From Service to Transition: The Mental Health of Australian Military Personnel**

*Dr. Miranda Van Hooff, Director of Research Centre for Traumatic Stress Studies, University of Adelaide, Australia*

Dr. Miranda Van Hooff provided an overview of a study conducted on varying stages of a Service member's career and any resulting lifetime trauma exposure. This research helps bring further understanding to the experience and long-term consequences for Service members both during service and following transition. The results also highlight the need to consider health of Service members along a continuum before, during, and after transition from service, to inform risk mitigation and resilience building strategies.

### **Prevention and Response to Alcohol and Drugs in the Workplace**

*Professor Steven Allsop, National Drug Research Institute, Curtin University, Australia*

Professor Steven Allsop provided an overview of a study on the effects of drug use in the workplace. He discussed the impacts of this issue on the individual regarding factors like stress, workplace culture, and workplace conditions. He went on to discuss how this issue could be addressed through legislation and regulation and proposed ways in which organizations employing Service members can encourage healthy choices and develop awareness campaigns to inform the workforce of further guidance and interventions to assist with drug abuse.

## Reintegration and Transition

### **Impact on Families of Those Members with Illness and Injury**

*Professor Nicola Fear, Director of King's Centre for Military Health Research, King's College London, United Kingdom*

Professor Nicola Fear summarized research findings on the impact of Service members' illness and injury on families. Preliminary findings suggest that modern military families face a range of challenges that are often different than those encountered by the more traditional nuclear family. It is recommended that a broader, more holistic focus is facilitated through occupational wellness, drug abuse, mental health,

relationship status, and overall quality of life to drive better mental health and wellbeing outcomes for today's Service members and their families.

### **Impact on Identity and Meaning through Injury, Rehabilitation, and Transition**

*Dr. Paula Dabovich, Adjunct Senior Lecturer and Researcher, University of Adelaide, Australia*

Dr. Paula Dabovich discussed research findings regarding the impact of identity and its meaning specific to Service members. The objective of the research was to examine how identity of Service members is affected by injuries and illness, and how it impacts their overall health and behaviors during rehabilitation and transition. Recommendations include redesigning training for new missions, implementing integrated healthcare systems with peer support and culturally competent clinicians, and instituting clinical modalities that use narrative and interpersonal therapy and other tactics to encourage self-identity.

### **Assessing Transition Readiness: Development and Trial of the Military-Civilian Adjustment and Reintegration Measure (M-CARM)**

*Dr. Madeline Romaniuk, Leader of the Veteran Mental Health Initiative, Gallipoli Medical Research Foundation, Australia*

Dr. Madeline Romaniuk discussed research findings focused on veteran reintegration programs and the most common transition challenges. She discussed the differences between those who transition and adjust well versus those who struggle. She highlighted current methodologies for reintegration, risks and protective factors for coping and readiness, and developing metrics to assess key areas of need for those struggling to readjust to civilian life.

## **Resilience and Wellbeing**

### **Enhancing Resilience in the Early Careers of Serving Members**

*Dr. Lisa Dell, Senior Research Fellow, Phoenix Australia, Australia*

Dr. Lisa Dell presented on research that examined longitudinal patterns for wellbeing. This research helps to identify some early indicators of patterns which may best represent the ability of Service members to recover from adversity and key factors for determining those at higher risk of experiencing greater recovery challenges. Research findings suggest that most factors or variables measured are modifiable and represent opportunities to enhance or increase training in specific areas.

### **A New Approach to Wellbeing in Strategic Military Mental Health Policy**

*Ms. Martine Cosgrove, Director People Intelligence and Research, Department of Defence, Australia*

Ms. Martine Cosgrove presented research findings that analyzed the current mental health and wellness framework and strategic approach used by the Australian Defence Force. Strategies include a focus on building capacity for clinical care and medical employment, among others. This research highlights the strengths of the existing approach and programs and emphasizes the need for a more organizational-focused perspective on illness and injury recovery methodologies.



## **Recalibrating Attention Processes to Achieve Better Mental Health Outcomes - Stepping Out Attention Reset Trial**

*Professor Meaghan O'Donnell, Director of Research, Phoenix Australia, Australia*

Professor Meaghan O'Donnell provided an overview of a study using threat monitoring and attention control training to reduce mental health difficulties in Service members transitioning to civilian life. This research illustrated how perceived high levels of threat that are developed during military service do not translate well to civilian life and have been linked to the development of anxiety disorders. These methodologies evaluate the efficacy of threat monitoring and attention control training in both prevention and reduction of anxiety and traumatic stress symptoms in transitioning personnel. The testing of these methodologies suggests they successfully reduce the severity of self-reported hypervigilance, depression, anxiety symptoms, and impairments in day-to-day functioning.

## **Work Group Breakout Session**

Work group leads presented their work group's focus and objectives. Delegates participated in a facilitated discussion with one of the three work groups based on their scope of interest and expertise. Each work group was challenged to develop three high priority research questions which were used to inform work group objectives defined during a follow-up breakout session on day 3.

### **Work Group 1: Resilience**

*Mr. David Morton, Director General Health Policy, Assurance and Mental Health Adviser, Australian Defence Force, Australia*

Mr. Morton explained the overarching goal of Work Group 1 which is to build and maintain resiliency among Service members and their families with the overall aim of improving the rate of success in rehabilitation, recovery, and reintegration efforts. Example topics discussed during this session included how resilience should be approached as a shared responsibility between individuals, family, Command, and community, and the need to identify and better understand factors that can actively decrease resilience in both individuals, the team or unit, and organizations.

### **Work Group 2: Rehabilitation and Recovery**

*Colonel John Etherington, Director, Defence Rehabilitation, Defence Medical Rehabilitation Centre, United Kingdom*

Colonel Etherington explained the overarching goal of Work Group 2 which is to prepare Service members and their families for a successful recovery and rehabilitation process. Example topics discussed during this session included the need for increased sharing of responsibility between all stakeholders, including patients, family, professionals, Command, and charities, and the need to set high expectations for outcomes while using robust metrics to scientifically determine the effect of interventions.





### **Work Group 3: Reintegration**

*Mrs. Tatia Oniani, Head, Psychological Support Division, Ministry of Defense, Georgia*

Mrs. Oniani explained the overarching goal of Work Group 3 which is to improve mechanisms for support of Service members and the family during reintegration into military service or transition to civilian life. Example topics discussed during this session included the importance of increased involvement from non-governmental and civil society organizations in the reintegration process, encouraging private businesses to hire wounded warriors, and impacts of the transition process on the family.

## **Day 2 | 17 October 2018 | Development and Application**

Military and Veterans affairs personnel, clinicians, researchers, community organizations, Service members, and their families shared knowledge and experience that will help inform policies, interventions, clinical treatment, and support to wounded, ill, and injured Service members and families. Following are brief summaries of the remarks, presentations, and discussions that occurred on day 2.

### **Reintegration and Transition**

#### **Responding to the Needs of Members and Families Leaving Military**

*Rear Admiral Brett Wolski, Head People Capability, Defence People Group, Department of Defence, Australia*

Rear Admiral Brett Wolski discussed the Australian Department of Defence's policy and protocol for Service members in transition. He highlighted current initiatives to help improve programming for those at greatest risk of a poor transition. The program strives to provide an experience that is customized to the needs of each Service member based on the complexity of their medical condition and psychological factors, and willingness to engage in the program.

#### **Pathways to Care Serving and Ex-Serving Populations**

*Professor David Forbes, Director, Phoenix Australia, Australia*

Professor David Forbes discussed stigmas and barriers that Service members confront when seeking out assistance and support. He suggested solutions that researchers and clinicians can implement to more readily identify and extend assistance to these populations. Strategies to increase pathways to care include greater integration and coordination of services such as development of outreach capabilities and bolstering the skills and effectiveness of treatment through evidence-based treatments.

#### **Developing and Testing Interventions with First Responders and Emergency Workers**

*Associate Professor Samuel Harvey, Workplace Mental Health Research Program, University of New South Wales and the Black Dog Institute, Australia*

Professor Samuel Harvey discussed a study on the impact of repeated trauma exposure for emergency medical professionals. He demonstrated the development of a new mental health application for mobile



phones, which has mood tracking and mindfulness training. In trial the application has been shown to reduce new cases of depression and improve work performance. This, along with other proposed recommendations including simulated trauma training workshops, will provide a framework to help create a mentally healthy workplace for those with frequent exposure to emergencies and trauma.

## **Rehabilitation and Recovery**

### **Rehabilitation - the United Kingdom Experience**

*Colonel John Etherington, Defence Director of Rehabilitation, Defence Medical Services, United Kingdom*

Colonel John Etherington discussed current innovations applied to battlefield injuries, including equipment improvements for amputees and the importance of strength and conditioning programs that can make the technology of prosthetics more effective. He discussed the impact of depression, anxiety, and PTSD on the success of these treatments, and provided an overview of a physical and rehabilitation model which includes a multi-disciplinary approach involving psychological, social, educational, exercise, and group therapy methodologies to enhance treatment.

### **Arts for Recovery, Resilience, Teamwork and Skills (ARRTS) Program**

*Brigadier Wayne Goodman, Lieutenant Colonel Geoff Grey, Donna Bourke, Warrant Officer Brett Neale, Arts for Recovery Resilience Teamwork and Skills (ARRTS) Program, Australian Defence Force, Australia*

Representatives of the ARRTS Program provided an overview of the visual arts immersion and exposure program that is designed specifically for ill and injured Service members. Key benefits include development of purpose and self-worth after service, and initial findings indicate there is potential for the program to be used as a “pre-trauma” concept. The session also included the first-hand account from two Service members that shared their experience from their time in the program and the positive, life-altering impact it has had on them.

### **Rehabilitation Lived Experience**

*CPL James Dwyer and Mrs. Virginia Dwyer, Flight Lieutenant Kristina Filippi, Mrs. Jane Hayter, Australian Defence Force, Australia*

CPL James Dwyer, his wife Mrs. Virginia Dwyer, and Australian Defence Force transition program personnel provided first-hand personal perspective on their experience with recovery and transition programming. They discussed all aspects of their experience including the impact of CPL Dwyer’s injury on him and his family, the recovery process and the resources provided, and subsequent long-term planning, as well as challenges and benefits of the current programs in place.



## **Resilience and Wellbeing**

### **What is the Foundation of Evidence and What Are Next Steps in Building Resilience in People and Organizations?**

*Dr. Monique Crane, Adjunct Fellow, Department of Psychology, Macquarie University, Australia*

Dr. Monique Crane discussed common approaches used in resilience training and explained that people who are mentally healthy and high performing typically have useful strategies for coping. For those lacking strong coping mechanisms, resilience capacity can be increased through experiential learning. She also discussed how cognitive-behavioral programs can be helpful in this space because they aim to encourage multi-faceted self-reflection that allows development of self-awareness.

### **How to Build Wellbeing at Scale: Conclusions from the Evidence on Measurement, Evaluation and Embedding for Systemic Change in Organizations and Individuals**

*Ms. Gabrielle Kelly, Director, Wellbeing and Resilience Centre, South Australian Health and Medical Research Institute, Australia*

Ms. Gabrielle Kelly discussed taking successful resilience training from other sectors and life experiences that can be adapted for Service members. She provided an example wherein parents who are taught resilience are likely to teach resilience to their children. She also examined how changes in societal culture can facilitate improvement in conditions linked to wellness and standard of living, such as psychological health and hygiene; this is similar to previous cultural changes that resulted in widespread societal adoption of dental hygiene and sun protection practices.

### **Advances in Resilience: Individual and Team Perspectives**

*Dr. Amy Adler, Research Clinical Psychologist/ Senior Consultant Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research, United States*

Dr. Amy Adler discussed individual mindfulness as a moderator of combat exposure over time and the critical importance of sleep related to resilience. She introduced the idea of moving toward a “menu-driven concept.” Instead of having mandatory training, there will be options that a unit can select from to encourage treatment and unit cohesion. The focus of moving resilience interventions in the direction of coaching versus direct teaching of didactic skill development is also being explored.

### **Towards a Better Understanding of the Impacts of Moral Injury**

*Professor Andrea Phelps, Deputy Director, Phoenix Australia, Australia*

Professor Andrea Phelps explained that moral or ethical events – not fear-based events – tend to cause the greatest distress. Service members who experience these events often undergo a crisis of conscience or moral injury. This research identifies tools that can better identify moral injuries and how to address them properly.



## **Impact of Systems and Cultures on Recovery and Reintegration: International Perspectives: Germany, Jordan, United States, New Zealand**

### **German Experience**

*Brigadier General Dr. Bernd Mattiesen, Commissioner PTSD, Germany Ministry of Defence, Germany*

Brigadier General Dr. Bernd Mattiesen highlighted current post-traumatic stress disorder (PTSD) programming. Including animal-based therapy, a pension and benefits framework, deployment-related accident regulation, counseling, and development of mobile phone applications. He also discussed preventative measures that the German Ministry of Defence helps to facilitate to address PTSD, such as, mental fitness training and peer-lead psychological crisis intervention.

### **Jordan Experience**

*His Royal Highness Prince Mired Al-Hussein, Chairman, The Hashemite Commission for Disabled Soldiers, Jordan*

His Royal Highness Prince Mired Al-Hussein provided an overview of the Hashemite Commission program, which provides rehabilitation and social services to disabled soldiers from the military, police, Civil Defence, Gendarmerie, and Intelligence organizations. These services include home visits, counseling, vocational training, and social and sporting activities. This program aids Service members in all stages of their career, including those that are active duty and in retirement.

### **United States Experience**

*Ms. Jean Whalen, United States Medical Advisor, Ministry of Defense of Georgia, United States and Mrs. Krista Argiolas, Behavioral Health Consultant, United States Army Warrior Care and Transition Program, United States*

Ms. Jean Whalen and Mrs. Krista Argiolas provided an overview of a study that examines the impact of systems and cultures on recovery and reintegration. They also provided an overview of the United States' Warrior Care and Transition Program, which is a comprehensive soldier-centric program for medical care, rehabilitation, professional development, and achievement of personal goals. This program provides a holistic approach for soldier recovery and transition, as well as, a "Triad of Care" where each participating Service member is assigned a primary care manager, nurse case manager, and squad leader.

### **New Zealand Experience**

*Colonel Clare Bennett, Chief Mental Health Officer, Transition Program, New Zealand*

Colonel Clare Bennett provided an overview of New Zealand Defence Force programs for recovery and transition. She explained that the programs have an all-encompassing emphasis on four themes – lead, understand, prepare, and care – and integrate the psychological, family, physical, and spiritual health aspects for holistic Service member recovery and assistance. Colonel Bennett also discussed the importance of incorporating culture to create high-impact programming that is mindful of rules, language, rituals, values, and behaviors of Service members.

## Day 3 | 18 October 2018 | Innovations and Next Steps

The final day consisted of a simulation highlighting common challenges confronted in theater by Service members, their families, military command, and medical representatives. It also included presentations and discussions on innovations, with a focus on promoting and supporting collaborative efforts to improve knowledge and inform advancements in warrior care technology and practices. Following are brief summaries of the remarks, presentations, and discussions that occurred on day 3.

### “Walking the Talk”

Hypothetical scenarios were performed by professional actors, wherein select subject matter experts from the audience were asked to immerse themselves in the scene, to simulate how a real-life scenario may unfold and what they would do to address the simulated challenges. The activity demonstrated some of the nuances and unique perspectives found in situations that occur in combat and at home. Supporting discussion provided important insight relating to moral dilemma or moral injury; the importance of team support and collaboration; trust between the Service member, their unit, medical staff, and families; and the need for cohesion at all levels – from the individual, to the family and peer group, to the organization.

### Innovations

#### **Emerging Knowledge About Prevention and Treatment in Military Mental Health**

*Professor Alexander McFarlane, Director, Centre for Traumatic Stress Studies, University of Adelaide, Australia*

Professor Alexander McFarlane presented on emerging techniques and research related to prevention and treatment in military mental health. This research highlights key challenges including the importance of a personalized approach to treatment and the use of epidemiology and longitudinal data for long-term approach to treatment. Key findings show that small signs of shifts in symptoms after returning home from theater can be significant indicators of PTSD.

#### **Challenges in Applying Innovation and Technology to Improve Health and Wellbeing**

*Professor Ian Hickie, Professor of Psychiatry and Co-Director, Health and Policy, Brain and Mind Centre at the University of Sydney, Australia*

Professor Ian Hickie presented on a study which involved real time neurofeedback with war veterans with chronic PTSD. He discussed improved uses of various technologies to drive better outcomes and to validate best practices. This includes sleep hygiene, anger management interventions, and understanding traumatic memories as a focus for intervention.

## **Cognitive Ergonomics: The Role of Cognitive Fitness in Peak Performance and Prevention of Mental Health Risks**

*Dr. Eugene Aidman, Principal Scientist, Applied Cognition, Defence Science and Technology Group, Australia*

Dr. Eugene Aidman presented on research that examines cognitive exercises to establish indicators for preventative approaches and treatment of mental health risks. He discussed key issues including the need to develop more personalized care regimens and the lack of medical personnel's capacity or experience in using new technology as a regular part of enhanced care.

### **Work Group Breakout Session**

Attendees continued breakout discussions initiated on day 1. The focus of this session was to establish actionable objectives that will guide work group activities during 2019 and which directly address high priority needs shared by WC21 nations. These sessions provide an invaluable opportunity for new and current work group members to cross-collaborate on critical warrior care issues while leveraging highly specialized subject matter expertise from participating nations.

At conclusion of the discussions, the three-work group leads presented an overview of newly established objectives to begin addressing during 2019<sup>1</sup>:

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

- Develop a map of current approaches to resilience-building and an agenda statement, to inform and guide development and practice of resilience approaches with ill and injured Service members and their families. Include a focus on the Individual, family, team and organisation.
- Produce a statement for journal publication and invite other WC21 nations to test and adjust the guidance with reports back to the next WC21 Symposium.
- Support sharing of information and examples of policy, program, and practice innovations.

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

- Draft a series of principles for delivery of rehabilitation and recovery for wounded, ill, and injured Service members.
- Produce a consensus of core standardized outcome measures for all patients suffering from wounds, illnesses, or injury for international comparison of outcomes to enable us to determine the most effective treatment approaches.
- Determine the long-term research questions to be addressed in this population.

#### **Work Group 3 (Reintegration) Objectives**

- Define an end state for transitioning Service members utilizing the seven domains of wellness.

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<sup>1</sup> Work group objectives may be modified based on future work group discussions and progress.



- Conduct a comparative analysis of national reintegration systems to define the current state, desired future state, and attainment strategy; map the journey of a Service member; and lay the foundation for more long-term research objectives.

### **Summary of Closing Remarks**

Air Vice-Marshal Warren McDonald, Chief of Joint Capabilities of the Australian Defence Force, expressed his enthusiasm for the forum, and further encouraged the use of these forums for interaction with international stakeholders, and, be confident that what was done here to support those in need is exemplary.

Air Vice-Marshal Tracy Smart, as host of the event, emphasized that this international forum is not just three days. Rather, the work performed daily is what makes the greatest impact, and collaborative opportunities like WC21 facilitates the creation of new concepts, exchange of knowledge, and forward momentum.

Mr. Bret Stevens and Air Commodore Rich Withnall provided closing remarks as the WC21 co-chairs. They stated that the WC21 coalition will continue to address demand signals in the field of warrior care. Multilateral collaboration enhances the abilities of nations to provide and pursue actionable information and outputs that improve the support provided to wounded, ill, and injured Service members and their families. WC21 leadership is grateful to participating nations for the time and effort they have invested in the coalition and looks forward to continued collaboration.

## APPENDIX

### Appendix A: WC21 2018 Symposium Agenda

DAY 1 – TUESDAY, 16 OCTOBER 2018 | RESEARCH AND EVIDENCE

Time	Agenda Item	Presenter(s)
0730-0830	Registration and Breakfast	
0830-1000	Welcome to Symposium	Master of Ceremonies, Dr. Norman Swan (MC)
	Welcome to Country	Ms. Yvonne Weldon, Metropolitan Local Aboriginal Land Council
	Keynote Opening Remarks: Fit to Fight, Fit to Work, Fit for Life	Air Vice-Marshal Tracy Smart, Surgeon General for the Australian Defence Force
	WC21 Co-Chair Welcome	Mr. Bret Stevens, United States WC21 Co-Chair and Air Commodore Rich Withnall, United Kingdom WC21 Co-Chair
	Outline of Program and Administrative Remarks	MC
1000-1030	Morning Tea	
1030-1200	<b>REHABILITATION AND RECOVERY</b>	
	UK ADVANCE Cohort Study: The Long-Term Consequences of Combat Trauma	Group Captain Alex Bennett, Defence Professor of Rheumatology and Rehabilitation, Defence Medical Services, United Kingdom
	From Service to Transition: The Mental Health of Australian Military Personnel	Dr. Miranda Van Hooff, Director of Research Centre for Traumatic Stress Studies, University of Adelaide, Australia
	Prevention and Response to Alcohol and Drugs in the Workplace	Professor Steven Allsop, National Drug Research Institute, Curtin University, Australia
	Facilitated Panel Discussion with Presenters	MC
1200-1245	Lunch	
1245-1410	<b>REINTEGRATION AND TRANSITION</b>	
	Impact on Families of Those Members with Illness and Injury	Professor Nicola Fear, Director of King's Centre for Military Health Research, King's College London, United Kingdom
	Impact on Identity and Meaning through Injury, Rehabilitation, and Transition	Dr. Paula Dabovich, Adjunct Senior Lecturer and Researcher, University of Adelaide, Australia
	Assessing Transition Readiness: Development and Trial of the Military-Civilian Adjustment and Reintegration Measure (M-CARM)	Dr. Madeline Romaniuk, Leader of the Veteran Mental Health Initiative, Gallipoli Medical Research Foundation, Australia
	Facilitated Panel Discussion with Presenters	MC
1410-1530	<b>RESILIENCE AND WELLBEING</b>	





Time	Agenda Item	Presenter(s)
	Enhancing Resilience in the Early Careers of Serving Members	Dr. Lisa Dell, Senior Research Fellow, Phoenix Australia, Australia
	A New Approach to Wellbeing in Strategic Military Mental Health Policy	Ms. Martine Cosgrove, Director People Intelligence and Research, Department of Defence, Australia
	Recalibrating Attention Processes to Achieve Better Mental Health Outcomes - Stepping Out Attention Reset Trial	Professor Meaghan O'Donnell, Director of Research, Phoenix Australia, Australia
	Facilitated Panel Discussion with Presenters	MC
1530-1550	Afternoon Tea	
1550-1630	Work Group Breakout Sessions: 1) Resilience 2) Rehabilitation & Recovery 3) Reintegration	1) Mr. David Morton, Director General Health Policy, Assurance and Mental Health Adviser, Australian Defence Force, Australia 2) Colonel John Etherington, Director, Defence Rehabilitation, Defence Medical Rehabilitation Centre, United Kingdom 3) Mrs. Tatia Oniani, Head, Psychological Support Division, Ministry of Defense, Georgia
1630-1700	Wrap Up	MC
1800-1930	Cocktail Function	

DAY 2 – WEDNESDAY, 17 OCTOBER 2018 | DEVELOPMENT AND APPLICATION

Time	Agenda Item	Presenter(s)
0730-0830	Breakfast	
0830-0845	Welcome and Administrative Remarks	MC
0845-1005	<b>REINTEGRATION AND TRANSITION</b>	
	Responding to the Needs of Members and Families Leaving Military	Rear Admiral Brett Wolski, Head People Capability, Defence People Group, Department of Defence, Australia
	Pathways to Care Serving and Ex-Serving Populations	Professor David Forbes, Director, Phoenix Australia, Australia
	Developing and Testing Interventions with First Responders and Emergency Workers	Associate Professor Samuel Harvey, Workplace Mental Health Research Program, University of New South Wales and the Black Dog Institute, Australia
	Facilitated Panel Discussion with Presenters	MC
1005-1030	Morning Tea	
1030-1200	<b>REHABILITATION AND RECOVERY</b>	
	Rehabilitation - the United Kingdom Experience	Colonel John Etherington, Defence Director of Rehabilitation, Defence Medical Services, United Kingdom
	Arts for Recovery, Resilience, Teamwork and Skills (ARRTS) Program	Brigadier Wayne Goodman, Lieutenant Colonel Geoff Grey, Donna Bourke, and Warrant Officer Brett Neale, ARRTS Program, Australian Defence Force, Australia
	Rehabilitation Lived Experience	CPL James Dwyer and Mrs. Virginia Dwyer Flight Lieutenant Kristina Filippi and Mrs. Jane Hayter, Australian Defence Force, Australia
	Facilitated Panel Discussion with Presenters	MC
1200-1245	Lunch	
1245-1430	<b>RESILIENCE AND WELLBEING</b>	
	What Is the Foundation of Evidence and What Are Next Steps in Building Resilience in People and Organizations?	Dr. Monique Crane, Adjunct Fellow, Department of Psychology, Macquarie University, Australia
	How to Build Wellbeing at Scale: Conclusions from the Evidence on Measurement, Evaluation and Embedding for Systemic Change in Organizations and Individuals	Ms. Gabrielle Kelly, Director, Wellbeing and Resilience Centre, South Australian Health and Medical Research Institute, Australia
	Advances in Resilience: Individual and Team Perspectives	Dr. Amy Adler, Research Clinical Psychologist/ Senior Consultant Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research, United States
	Towards a Better Understanding of the Impacts of Moral Injury	Professor Andrea Phelps, Deputy Director, Phoenix Australia, Australia
	Facilitated Panel Discussion with Presenters	MC



Time	Agenda Item	Presenter(s)
1430-1450	Afternoon Tea	
1450-1615	<b>IMPACT OF SYSTEMS AND CULTURES ON RECOVERY AND REINTEGRATION: International Perspectives</b>	
	German Experience	Dr. Bernd Mattiesen, Commissioner PTSD, Germany Ministry of Defence, Germany
	Jordan Experience	His Royal Highness Prince Mired Al-Hussein, Chairman, The Hashemite Commission for Disabled Soldiers, Jordan
	United States Experience	Ms. Jean Whalen, US Medical Advisor, Ministry of Defense of Georgia, United States and Mrs. Krista Argiolas, Behavioral Health Consultant, US Army Warrior Care and Transition Program, United States
	New Zealand Perspective – Systems and Culture	Colonel Clare Bennett, Chief Mental Health Officer, Transition Program, New Zealand
	Facilitated Panel Discussion with Presenters	MC
1700-1730	Wrap Up	MC

DAY 3 – THURSDAY, 18 OCTOBER 2018 | INNOVATIONS AND NEXT STEPS

Time	Agenda Item	Presenter(s)
0730-0830	Breakfast	
0830-0845	Welcome and Administrative Remarks	MC
0845-1015	"Walking the Talk" - A Hypothetical	MC
1015-1045	Morning Tea	
1045-1215	<b>INNOVATIONS</b>	
	Emerging Knowledge About Prevention and Treatment in Military Mental Health	Professor Alexander McFarlane, Director, Centre for Traumatic Stress Studies, University of Adelaide, Australia
	Challenges in Applying Innovation and Technology to Improve Health and Wellbeing	Professor Ian Hickie, Professor of Psychiatry and Co-Director, Health and Policy, Brain and Mind Centre at the University of Sydney, Australia
	Cognitive Ergonomics: The Role of Cognitive Fitness in Peak Performance and Prevention of Mental Health Risks	Dr. Eugene Aidman, Principal Scientist, Applied Cognition, Defence Science and Technology Group, Australia
1215-1315	Lunch	
1315-1515	Work Group Breakout Sessions: 1) Resilience 2) Rehabilitation & Recovery 3) Reintegration	1) Mr. David Morton, Director General Health Policy, Assurance and Mental Health Adviser, Australian Defence Force, Australia 2) Colonel John Etherington, Director, Defence Rehabilitation, Defence Medical Rehabilitation Centre, United Kingdom 3) Mrs. Tatia Oniani, Head, Psychological Support Division, Ministry of Defense, Georgia
1515-1545	Afternoon Tea	
1545-1600	Keynote Closing Remarks	Air Vice-Marshal Warren McDonald, Chief of Joint Capabilities of the Australian Defence Force
1600-1715	Work Group Breakout Sessions Debrief: Gaps, Risks, Opportunities, and Goals for 2019	Mr. David Morton, Director General Health Policy, Assurance and Mental Health Adviser, Australian Defence Force, Australia Colonel John Etherington, Director, Defence Rehabilitation, Defence Medical Rehabilitation Centre, United Kingdom Mrs. Tatia Oniani, Head, Psychological Support Division, Ministry of Defense, Georgia
	Symposium Close	Air Vice-Marshal Tracy Smart, Surgeon General for the Australian Defence Force Mr. Bret Stevens, United States WC21 Co-Chair and Air Commodore Rich Withnall, United Kingdom WC21 Co-Chair



## Appendix B: Registration List

Title / Name	Position	Organization	Nation
Dr. Amy Adler	Research Clinical Psychologist	Center for Military Psychiatry and Neuroscience Walter Reed Army Institute of Research	United States
Dr. Eugene Aidman	Principal Scientist	Defence Science and Technology Group	Australia
H.R.H. Prince Mired Al-Hussein	Chairman	Hashemite Commission for Disabled Soldiers	Jordan
Prof. Steve Allsop	Professor	National Drug Research Institute Curtin University	Australia
Mrs. Krista Argiolas	Behavioral Health Consultant	US Army Warrior Care and Transition Program	United States
Cdr Iain Beck	Medical Advisor JPSU/Transition Group	Canadian Armed Forces	Canada
Ms. Helen Benassi	Sir Roland Wilson Scholar	Department of Defence	Australia
Group Captain Alex Bennett	Defence Professor of Rheumatology and Rehabilitation	Defence Medical Rehabilitation Centre	United Kingdom
Colonel Clare Bennett	Chief Mental Health Officer	Ministry of Defence	New Zealand
Lcol Markus Besemann	Chief of Physical Rehabilitation Medicine	Canadian Forces Health Services	Canada
Mrs. Donna Bourke	Lived Experience Speaker, Art for Recovery Resilience Teamwork and Skills (ARRTS) Program	Department of Defence	Australia
Captain Robert Carey	Chief Advocacy Officer	The Independence Fund	United States
Ms. Carolina Casetta	Senior Mental Health Research Officer	Department of Defence	Australia
Lcdr Victoria Caton	MSC-Sydney	Royal Australian Navy	Australia
Ms. Kirsty Chapman	Project Manager	National Centre For Veterans' Healthcare, Concord Repatriation General Hospital	Australia
Maj David Clarke	SO2 Psychology	Department of Defence	Australia
Mr. Brad Copelin	Veteran Advisor	National Centre For Veterans' Healthcare	Australia
Ms. Martine Cosgrove	Director, People Intelligence and Research	Department of Defence	Australia
Ltcol Jacqueline Costello	Military Psychologist	Department of Defence	Australia
Dr. Monique Crane	Senior Lecturer	Macquarie University	Australia
Ms. Laura Cronin	Senior Associate	Booz Allen Hamilton	United States
Captain Nicole Curtis	Director, Navy Health	Royal Australian Navy	Australia
Dr. Paula Dabovich	Adjunct Senior Lecturer	The University of Adelaide	Australia
Colonel David Rogez	Chief, Medical Physical and Rehabilitation Department	French Military Health Service	France

Title / Name	Position	Organization	Nation
Ms. Cathy Davis	Director, National Operations	Defence Community Organisation	Australia
Dr. Lisa Dell	Senior Research Fellow	Phoenix Australia Centre For Post Traumatic Mental Health	Australia
Mr. Michel Doiron	Assistant Deputy Minister, Service Delivery Branch	Veterans' Affairs	Canada
Mr. Ian Drayton	General Manager	University of Canberra	Australia
Cpl Jim Dwyer	Ground Mechanical Engine Fitter	Royal Australian Air Force	Australia
Ms. Miriam Dwyer	Chief Executive Officer	Gallipoli Medical Research Foundation	Australia
Mrs. Virginia Dwyer	Teacher	Queensland Government	Australia
Col John Etherington	Director, Defence Rehabilitation	Defence Medical Rehabilitation Centre	United Kingdom
Miss Carrie Evans	Service Delivery Manager, Military Portfolio	APM (Advanced Personnel Management)	Australia
Mrs. Caroline Falconer	Senior Policy Officer, Rehabilitation	Department of Defence	Australia
Professor Nicola Fear	Professor, Epidemiology	King's College London	United Kingdom
FLTLT Kristina Filippi	Personnel Capability Officer	Royal Australian Air Force	Australia
Colonel Michael Flatten	Director, Wounded Warrior Program	US Air Force	United States
Dr. Alicia Foran	Staff Specialist	Sydney Local Health District	Australia
Professor David Forbes	Director	Phoenix Australia Centre For Post Traumatic Mental Health	Australia
Dr. Ian Gardner	Chief Health Officer	Veterans' Affairs	Australia
Capt Amanda Garlick	Director, Fleet Health	Department of Defence	Australia
Chaplain Sarah Gibson	Command Chaplain	Department of Defence	Australia
Dr. (Major) Frédérique Gignoux-Froment	Military Psychiatrist	French Health Military Service	France
Gpcapt Wendy Gill	Chief of Staff, Personnel Branch	Royal Australian Air Force	Australia
Lcdr Tony Gilmour	OIC Personnel Support Unit, NSW	Royal Australian Navy	Australia
Brigadier Wayne Goodman	Head, Art for Recovery Resilience Teamwork and Skills (ARRTS) Program	Department of Defence	Australia
Brigadier Andrew Gray	Surgeon General	Ministry of Defence	New Zealand
Mr. Shane Greentree	Director, Psychology Services	Soldier On	Australia
Lieutenant Colonel Geoff Grey	Artistic Director, Art for Recovery Resilience Teamwork and Skills (ARRTS) Program	Department of Defence	Australia
Associate Professor Samuel Harvey	Associate Professor, Workplace Mental Health and Research Program	Black Dog Institute and University of NSW	Australia
Dr. Ross Hawthorne	Senior Staff Specialist	Concord Hospital, Sydney Local Health District	Australia

Title / Name	Position	Organization	Nation
Flight Lieutenant Mark Hayhurst	Deputy Chief of Staff	UK Defence Medical Services	United Kingdom
Mrs. Jane Hayter	Rehabilitation Manager	Department of Defence	Australia
Ms. Helen Helliwell	Head of Service Personnel Support	Ministry of Defence	United Kingdom
Ms. Heike Henjes	MA to Commissioner, German MoD, Members of the Armed Forces Suffering from PTSD and those Wounded in Action	Ministry of Defence	Germany
Professor Ian Hickie	Co-Director, Health and Policy	Brain and Mind Centre, The University of Sydney	Australia
Dr. Stephanie Hodson	National Manager	Veterans and Veterans' Families Counselling Service	Australia
Brigadier Sten Hulgaard	Surgeon General	Danish Armed Forces Health Services	Denmark
Mrs. Emily Jallat	Director, Centre For Mental Health	Department of Defence	Australia
LTCOL Bronwyn Johnstone	CO APSC	Australian Army	Australia
Ms. Gabrielle Kelly	Director	Sahmri Wellbeing and Resilience Centre	Australia
Dr. Yaseen Khayyat	Former Minister of Environment	Hashemite Commission for Disabled Soldiers	Jordan
Colonel Jim Kile	Director of Medical Policy and Clinical Services	Canadian Armed Forces	Canada
Dr. Richard Loizou	Fleet Medical Officer	Royal Australian Navy	Australia
Ms. Bernadine Mackenzie	Head of Veterans' Affairs	Veterans' Affairs	New Zealand
Ms. Liz Matthews	Command Warrant Officer Class One	Joint Health Command	Australia
BG Dr. Bernd Mattiesen	Commissioner, German Mod, Members of the Armed Forces Suffering from PTSD and those Wounded in Action	Ministry of Defence	Germany
Professor Alexander McFarlane AO	Director	Centre for Traumatic Stress Studies, The University of Adelaide	Australia
Mr. John Medve	Executive Director, Office of Policy and Inter-Agency Collaboration	Veterans' Affairs	United States
Mrs. Kim Mills	Assistant Director, Transition for Employment	Defence Community Organisation	Australia
Mr. David Morton	Director, General Health Policy Programs and Assurance	Department of Defence	Australia
General (ret.) Walter Natynczyk	Deputy Minister	Veterans' Affairs	Canada
Mr. Brett Neale	Warrant Officer Class Two	Australian Army	Australia
AVM (ret.) Tony Needham	Director	Commonwealth Superannuation Corporation	Australia



Title / Name	Position	Organization	Nation
Wing Commander Linda New	Deputy Director, New Horizon	Personnel Branch, Royal Australian Air Force	Australia
Professor Meaghan O'Donnell	Head of Research	Phoenix Australia Centre For Post Traumatic Mental Health	Australia
Mrs. Tatia Oniani	Head, Psychological Support Division	Ministry of Defense	Georgia
Ms. Michelle Padgett	Director, Warrior Wellness and Policy Integration	US Air Force	United States
Ms. Elizabeth Patch	Assistant Director, Rehabilitation	Department of Defence	Australia
Associate Professor Andrea Phelps	Deputy Director	Phoenix Australia Centre For Post Traumatic Mental Health	Australia
Ms. Pat Povey	Manager, Veterans' Services	Veterans' Affairs	New Zealand
Ltcol Sharon Purcell	SO1 MECRB	Australian Army	Australia
Mrs. Deirdre Rietdijk	Senior Advisor	Ministry of Defense	Netherlands
BG Christophe Rogier	Assistant to the Surgeon General	French Military Health Service	France
Dr. Madeline Romaniuk	Leader, Veteran Mental Health Initiative	Gallipoli Medical Research Foundation	Australia
Lieutenant Colonel Peter Rowe	Physiotherapy National Practice Leader	Canadian Forces, Health Services Group	Canada
Ms. Allison Ruyak	Lead Associate	Booz Allen Hamilton	United States
Ms. Veronica Scarlett	Contractor	Department of Defense, Warrior Care	United States
Dr. Paula Schnurr	Executive Director	National Center For PTSD	United States
Col Isaac Seidl	Director Army Health	Australian Army	Australia
Dr. Marie-Louise Sharp	Senior Research Associate	Centre For Military Health Research, King's College London	United Kingdom
Mr. Andrew Shulman	Lead Associate	Booz Allen Hamilton	United States
Ms. Stephanie Slater	Team Leader, Rehabilitation	Veterans' Affairs	New Zealand
Air Vice-Marshal Tracy Smart	Commander Joint Health, Surgeon General	Department of Defence	Australia
Col Mike Smith	Defence Professor	Ministry of Defence	United Kingdom
Colonel Ben Solomon, MD	Surgeon	US Army Warrior Care and Transition	United States
AVM (ret.) Margaret Staib	Non-Executive Director	Commonwealth Superannuation Corporation	Australia
Mr. Bret Stevens	Director, Disability Evaluation Systems; WC21 Coalition Co-Chair	Department of Defense, Warrior Care	United States
Dr. Norman Swan	Master of Ceremonies, 2018 Warrior Care in the 21 <sup>st</sup> Century Symposium	Tonic Health Media	Australia
Ms. Michelle Tafur	Contractor	Department of Defense, Warrior Care	United States





Title / Name	Position	Organization	Nation
Col Griffith Thomas	Director Personnel Policy	Australian Army	Australia
Mr. Randy Tillery	Director, Airman and Family Care	US Air Force	United States
Dr. Miranda Van Hooff	Director of Research	Centre For Traumatic Stress Studies, The University of Adelaide	Australia
Ms. Jennifer Veitch	Assistant National Manager	Open Arms Veterans & Families Counselling	Australia
Ms. Monica Vella	Manager Support to Wounded, Injured, & Ill	Australian Army	Australia
Dr. Duncan Wallace	Psychiatrist, Centre for Mental Health	Department of Defence	Australia
Mrs. Melanie Waters	Chief Executive Officer	Help for Heroes	United Kingdom
Ms. Lenora Weatherford	Policy Advisor	US Navy Wounded Warrior Program	United States
Ltcol Pip Weiland	A/CHO	Department of Defence	Australia
Ms. Jean Whalen	US Medical Advisor	Ministry of Defense	Georgia
SQNLDR Sarah Wheal	SO2 Health Policy and Programs	Royal Australian Air Force	Australia
Ms. Brid White	Rehabilitation Advisor	Veterans' Affairs	New Zealand
Air Commodore Rich Withnall	Head of Research & Medical Innovation; WC21 Coalition Co-Chair	UK Defence Medical Services	United Kingdom
Radm Brett Wolski	Head, People Capability	Department of Defence	Australia
FSGT Toni Woodhouse	Member Support Coordinator	Department of Defence	Australia
Mrs. Dianna Woods	Communication Advisor	Department of Defence	Australia