The George W. Bush Institute’s Military Service Initiative (MSI) advocates for awareness, policies, and programs that enable warriors to successfully transition from military service to civilian life. By fostering a successful transition we enable a generation of resourceful, determined, and experienced leaders to serve and lead our nations for decades to come. For service members and veterans directly impacted by the invisible wounds of war — Traumatic Brain Injury (TBI) and psychological health conditions like Post-Traumatic Stress (PTS), those injuries can serve as a significant barrier to a successful transition and meaningful quality of life.

Each warrior who comes home with symptoms of the invisible wounds of war must be the master of his or her fate — and must take the essential steps to seek treatment and care. As a nation, we have a duty to understand these issues, increase awareness, and build a system of care that empowers warriors to seek, access, and receive high quality care. Through the Bush Institute’s Military Service Initiative, we aim to:

- Increase awareness, recognition, and understanding of these injuries;
- Empower service members, veterans, and their caregivers to seek, access, and sustain high quality care; and
- Improve outcomes by fostering a comprehensive, integrative, and culturally competent system of high quality care.
At the Bush Institute, we believe that we all have a role to play in pursuing these objectives and helping warriors receive the high quality care and comprehensive support that they need. Our work includes new surveys on public and veteran opinions on invisible wounds, and later this year, we will release policy recommendations on how to best improve the systems of care for veterans seeking treatment.

While effective treatment exists, there are also significant barriers to accessing and receiving quality care.

**Key Constituencies**

Three key audiences must take tangible actions to eliminate the barriers to seeking, receiving, and sustaining high quality care. Those audiences include:

- **Warriors and Caregivers** — They play a critical role in recognizing the need for care and then seeking, accessing, and remaining in care.

- **General Public** — Employers, educators, community leaders, and other citizens can play a critical role in facilitating the effective transition, and the physical, mental, emotional, social, and financial wellbeing of our veterans and their families.

- **Providers and Key Influencers within the Systems of Care** — Healthcare providers and researchers across the public, private, and non-profit sectors are essential to the delivery of evidence-based and holistic care. Healthcare leaders and payers, as well as professional associations and organizations, policy makers, and other key influencers also play a critical role in creating comprehensive, high quality systems of care and support.

We all have opportunities to recognize the issue, connect warriors to care, and deliver high quality care. Our call to action focuses on three pillars for action: Recognize, Connect, and Deliver.
In order to increase awareness and understanding of the invisible wounds, it is important for everyone to be able to identify these wounds and what can be done about them. This problem transcends simple knowledge of the symptoms of TBI, PTS(D), and other psychological health conditions. It requires an understanding of how to treat those affected by these wounds with respect and empower them to get help.

We must all be able to recognize the signs of invisible wounds and provide them with unconditional support. Furthermore, as we address this issue, we have to balance the need to raise awareness without inflaming negative misperceptions that serve as barriers to care and a successful transition.
Barriers to accessing and receiving care are preventing many of our warriors from connecting to the treatment that they need. Many treatment options exist for the invisible wounds of war; yet, studies have shown that less than half of military personnel and veterans who experience them actually receive any care.

The warrior should make themselves aware of what treatment options are available as well as what he or she is eligible for. It is also important for the communities surrounding the warrior to create a supportive environment, one that encourages
seeking and engaging in treatment, provides flexibility, as well as understanding and respect. Healthcare providers, employers, and members of the public are in a unique position to close the access-to-care gap by addressing these issues. Technology can also aid in broadening and extending access to care.

The current state of the private health system of care is highly segmented and can be confusing. It includes an array of healthcare providers, employers, non-profits,
research communities, the insurance industry, the pharmaceutical industry, policy makers, federal, state, and local governing bodies, and a host of other entities. All of these constituencies have an obligation to help deliver a warrior-centric network that fosters a system of comprehensive, integrative, culturally competent, and high quality care. That care must span all phases of resilience, rehabilitation, recovery, and reintegration.

Substantial numbers of U.S. veterans rely on non-VA sources of healthcare, placing a significant responsibility on private and community providers. As the Department of Defense and the U.S. Department of Veterans Affairs have worked to expand their systems of care to increase their focus on evidence-based therapies, there must also be private insurance/provider payment structures in place to foster the most effective treatment modalities for mental health and neurological care in the private sector.
The distribution of providers makes it difficult for many warriors to conveniently access quality care. The quality of care delivery and cultural competence of providers – medical and psychological – are essential to care, but too often insufficient in the private sector. Warrior demand exceeds system capacity. In order to bridge critical supply gaps, we should consider public-private partnerships, general practitioner education, centers of excellence in mental and neurological health, and technology as possible avenues for extending access to care.

Increasing our understanding of invisible wounds and expanding our capacity to address them through research is critical. We need better diagnostic tools and methods, additional assessments of the efficacy of holistic care, evaluation of existing evidence-based care, as well as increased pharmaceutical research. Currently, the research on PTS and TBI is fragmented and competitive. There must be a push toward collaboration among all research entities, including federal, state, private, and non-profit organizations. With increased information, this environment could facilitate the standardization of data collection and best practices. In turn, this could lead to improved diagnostics and treatment approaches for specific psychological and neurological health conditions. All of these efforts, in concert, could help ensure that the treatments provided are the most efficacious for the individual. To reach this goal, there must be a commitment from both the private sector, philanthropic organizations, and the government to invest in this research.

The current approach for measuring and rewarding performance in the system of care is based upon volume rather than outcomes. This serves as a barrier to the delivery of high quality care because it does not consider the warrior as an individual, but as a relative value unit. We should move toward systems that value outcomes over volume, that emphasize meeting all of the warrior’s needs, and ones that foster collaboration across providers to ensure comprehensive care.
The George W. Bush Institute is committed to comprehensively addressing the invisible wounds of war. In the coming months, the Bush Institute will collaborate with the public, private, non-profit, and philanthropic sectors to develop a strategy and finalize an agenda that facilitates the environment for success. Together, we will consider what policies, programs, and partnerships are needed to ensure that gaps are closed to improve outcomes for all veterans.

Increasing our understanding of invisible wounds and expanding our capacity to address them through research is critical. We need better diagnostic tools and treatment methods, additional assessments of the efficacy of holistic care, as well as evaluation of existing evidence-based care. Currently, the research on PTS and TBI is fragmented and competitive. There must be a push toward collaboration among all research entities, including federal, state, private, and non-profit organizations. With increased information, this environment could facilitate the standardization of data collection and best practices. In turn, this could lead to improved diagnostics and treatment approaches for specific psychological and neurological health conditions. All of these efforts, in concert, could help ensure that the treatments provided are the most efficacious for the individual. To reach this goal, there must be a commitment from both the private sector, philanthropic organizations, and the government to invest in this research.

We will be convening additional meetings to focus on specific aspects of our work. We need your support, your leadership, commitment, and your innovation. Please help us to frame and answer the call to address the invisible wounds of war. We call upon you to join us in this effort.

For more information on the Military Service Initiative, please contact us.

Email: militaryservice@bushcenter.org
Phone: (214) 200-4300
REFERENCES

12. “Mental Health First Aid for Military Members, Veterans, and their Families.” Mental Health First Aid USA, 2016.