Voiceover: This program is produced in partnership with the Department of Defense Warrior Games.

(Theme music)

Voiceover: The following is a production of the Pritzker Military Museum and Library.

Bringing citizens and citizen soldiers together through the exploration of military history, topics, and current affairs, this is Pritzker Military Presents.

Clarke: Welcome to Pritzker Military Presents featuring a discussion about the Department of Defense Warrior Games and its role in the recovery, rehabilitation, and reintegration of wounded service men and women in the armed forces. I’m your host Ken Clarke, and this program is coming to you from the Pritzker Military Museum and Library in downtown Chicago, and it’s produced in partnership with the Department of Defense Warrior Games. Leading this discussion is Florent Groberg, director of Veterans Outreach and director of Eastern Regent Community Engagement in Boeing’s Global Corporate Citizenship Program. Groberg served as a captain in the army’s 4th Infantry Division and received a Medal of Honor for his actions in combat while serving in Afghanistan in 2012. Joining him for this discussion are Vice Admiral Forrest Faison, Kenneth Fisher, and Chaplain Lieutenant Andrew Hoyle. Vice Admiral Forrest Faison, III is the thirty-eighth Surgeon General of the United States Navy. Prior to this assignment, Faison served as the Deputy Surgeon General of the Navy and Deputy Chief Bureau of Medicine and Surgery and Commander Navy Medicine West and Naval Medical Center in San Diego. Kenneth Fisher is the Chairman and CEO of Fisher House Foundation, a network of homes where military veterans’ families can stay at no cost while a loved one is receiving medical treatment. The homes are located at major medical and VA centers, and Ken has overseen the construction of seventy-one Fisher Houses throughout the United States and has expanded operations to Germany and the United Kingdom. Lieutenant Andrew Hoyle is a chaplain in the United States Navy. He began his navy career in Newport, Rhode Island where he attended officer development school. Chaplain Hoyle was assigned to USS Lady Gulf in support of Operation Active Endeavor, NATO’s standing NATO maritime group to counter piracy operation in the Mediterranean. He also served as chaplain for destroyer squadron 22 aboard USS Carney. He is currently assigned to USS Gonzalez. Please join me in welcoming to the Pritzker Military Museum and Library Captain Florent Groberg and his distinguished panel. Welcome.

(Applause)

Groberg: Thank you, Ken. Gentlemen, thank you for being here today. The Department of Defense Warrior Games is part of a larger effort to ensure that all who experience service-related injuries are given every opportunity not to only reintegrate back into military or transition into civilian world but also to experience the empowerment of competition. These competitive events amongst service members are part of a complex and coordinated effort by the military and civilian sectors to help uphold our responsibilities to those who have sacrificed so much in the protection of our democracy. So before I get in there, personally I had my own history at Walter Reed. On August 8, 2012, I was part of a mission that was targeted by suicide bombers, and I suffered some injuries as well as I lost four of my brothers: Command Sergeant Griffin, Major Gray, Major Kennedy, and Ragaei Abdelfattah. Now when I was at the hospital, early on I struggled. I struggled with the idea of no longer being the same individual physically as I was a just couple of days prior. That led to emotional struggle as well. But through my support system and also the ability to participate in adaptive sports, I was given the opportunity to almost find myself again. I found that courage and resiliency through the
other wounded warriors to get back on my feet and go out there and tackle my own adversity. Now that's something that we're here to talk about today. We're talking about the warrior Games. So, Admiral Faison, we have to start with you. If you could tell me a little bit more about your role, specifically relating to the Warrior Games and what they mean to you.

Faison: Absolutely, Flo. I'm privileged to serve as the surgeon general of the navy. I'm responsible for coordinating and providing care for the navy and the Marine Corps service members and their family who volunteer to defend our freedom. A large part of that is making sure that we're caring for our wounded warriors and those that have gone in harm's way or suffered life changing illnesses or injuries. And we make a commitment to America's moms and dads, when their sons and daughters agree to join and volunteer and serve our nation, that we will provide the best care our nation can offer and do everything in our power to one day return them home safely. This is part of honoring that trust, and that's why I'm here.

Groberg: That's great. Mr. Ken Fisher, I have incredible, incredible respect for the Fisher House Foundation, which you did for my family as well, which we'll get later. But, same question, what is your role here at the Warrior Games and why is it so important for you?

Fisher: Well, Fisher House is one of the presenting sponsors along with Boeing. It's a great thrill for us to be involved in the Warrior Games. We believe that adaptive sports is a very, very powerful tool in the further of rehabilitation and recovery for our wounded service men, women, and veterans. It's empowering, it gives them a goal, it gives them something to shoot for. And then the self-esteem and self-respect I think is something that comes along with it. But the bottom line is, it's just as important for their families because they played the role in the recovery process as well. The family role has always been one that has been understated. Sometimes the attention that it should have always gotten has not been there. So if we can use the Warrior Games not only as a tool to help our wounded service men veterans but also for their families to share in the celebration of being here, then we've done what we set out to accomplish. So it's just a thrill.

Groberg: Thank you. Lieutenant Andrew Hoyle, you're competing in the Games this year representing the navy. Can you tell us a little bit more about that feeling and what's in front of you and, really, what the Games mean to you as well?

Hoyle: It is truly exciting to be competing in the Warrior Games this year. This is my first year. I learned about adaptive athletics, the Wounded Warrior Safe Harbor Program with the navy, the adaptive athletics portion of it, this past March and began training. And having that goal in mind and then not just the goal but then meeting my teammates as we had our training camp in Port Hueneme, California this past May, that camaraderie, the sportsmanship among us, the support--the some of that is formal through programs and plans and systems, but much of the support is really informal, just the peer-to-peer talking, encouragement, the conversations that identify, "Well, I struggle with this, too," kind of conversations. Those are huge. And then to be able to compete on a level like this and recognize that every one of us out there has faced some kind of challenge, and we're giving our best and working hard. It really is a morale booster as we watch our peers and for ourselves as well.

Groberg: Thank you. Forrest, the warrior--wounded warrior. In terms of injuries, what does that encompass? What does that mean, and what are some of the misconceptions maybe that the general public might have about wounded warriors?

Faison: Absolutely, Flo. I think when you look at wounded warriors many people think it's just someone who's been injured in combat. But less than one percent of our nation has ever served in the military and volunteered and sacrificed to defend our freedom, and it sure will pass on to our children the greatest gift we will ever give them: liberty. Those men and women sacrifice greatly to do that, and whether they are injured in combat or
injured in training or undergo a life-threatening or even life-changing illness, all of them are warriors and all of them we make a commitment to ensure that we are providing them the best care that we can provide them and do all we can to help them recover and get on with their lives either to serve our nation or go on with the rest of their lives in other ways. So to me the term wounded warrior is anybody who's volunteered or sacrificed to defend and serve our nation, if they've had a change in their health or they've been injured in the service of their country for whatever reason, they're a warrior in my book, and they deserve our best. Groberg: I couldn't say it any better. Now, in regards to the Warrior Games, what does it take? Who can compete in the Warrior Games? Faison: Absolutely. So we—competition and sports and all the things that Chaplain Hoyle talked about are critical to recovery. And we have found that as we've learned more about rehabilitation and recovery. So the Games are open to any member with a life-threatening or life-changing illness of injury or a combat injury, any of the things I just described. Those service members are eligible to compete. And it's very competitive. We run camps, we run competitions and things like that throughout all of the different services as well our international partners. This year, as you know, Great Britain and Australia are competing to ensure that we are picking service members who can benefit from this experience and at the same time will represent our services well. Groberg: Now, with your background, I'm gonna stick with you for one more question. What is the military’s commitment for those injured service members? Faison: Absolutely. So we are routinely saving men and women who in any previous conflict could have died of their injuries. We have the highest combat survival in history as we come out of this most recent conflict. And those men and women are returning home and have their entire lives ahead of them. And so this is an important part of our commitment to provide them with the best care our nation can offer and to help them with their recovery. So for me this is a part of an overarching plan of things that we do to make good on that commitment to do all that we can, and not just medically-- to care for wounded warriors and all those who have undergone changes in their life, to get them back to be able to do—and get on with the rest of their life. Groberg: So what do you think our service members expect from the military? Faison: Absolutely. I think, when someone volunteers to join our military, they are making a sacrifice and a commitment. As I shared, less than one percent of our nation today raises their hand and volunteers to wear this uniform and defend our freedom-- less than one percent. Those that do in my book represent the best of that generation. They have volunteered and sacrificed to defend our freedom. When they come on active duty, they and their families and their families back home are hoping, praying, and depending on us to do all in our power to care for them while they're on active duty and one day return them home safely. That's a commitment. That is a commitment of leadership to do that. That is a commitment that we make and a covenant that we make with every American family whose son or daughter is serving. Groberg: Alright. Andrew, I'm gonna put you on the spot. What is your view on that same topic? What do you expect from the military as a wounded warrior? Hoyle: As a wounded warrior I expect that there's gonna be sacrifice involved. There's gonna be hardship. I think anybody who is seriously considering what it means to enter our nation's military realizes sacrifices involved, discipline, hard work, long hours. But on the wounded warrior side, we recognize that we've taken that commitment. We've sworn that oath to protect and defend. And so we expect with that that our nation will provide us in our time of weakness and our time of illness or injury to give us the best resources available, to meet our needs or recover, get back to health, whatever can be done. We expect the best because we've taken that oath and we've put our life on the line.
Groberg: I agree. When I was recovering I think one of the biggest lessons that I had to teach myself was the fact that it was gonna be a long road. I had some of the best medical support in the world if not the best in the world. But I really needed to remind myself that I took that oath, and I was responsible for putting myself in that position. But now I had a commitment to go out there and get better. I have been a big fan--I have to say, I have to admit it--big fan of the navy, because it was a naval--Bethesda Hospital, and with Walter Reed I did have some great army doctors. But really it a--internally we have to take responsibility as well. But when I'm--when I think about my specific attack, I--I'm still amazed at the fact that I'm alive today. Suicide bomber detonated at my feet, and obviously I lived, but unfortunately four of my brothers didn't. But the fact that I lived is--I call it a miracle. To an extent. Can you tell us more about the advances in medicine that have happened over the years, and how that plays an impact in the role of saving lives?

Faison: They say the only real victor in war is medicine. We have worked very hard to improve our capabilities, the technologies we can bear, the advancements in medical care, to take that to the battlefield. So in this most recent conflict, we were able to ensure that the men and women who came under fire and went forward in combat were backed up by the best medical care and technology from point of injury all the way back to Walter Reed where you received your care. We were able to ensure that from point of injury within an hour any casualty was under the care of a trauma surgeon and receiving surgery. And from there, evacuation, critical care evacuation, which we have never been able to do before, as a result of the advances that occurred in the air force with medical evacuation back to Bagram and Landstuhl and Walter Reed and beyond. It was a seamless continuity of care from point of injury back to the rear, and along with that advancements in blood substitutes, infection control, and all the other things we have brought to bear and brought to the battlefield has allowed us to achieve that unprecedented combat survival. In addition as you went through your recovery, we have had advances in many other areas. The whole are of prosthetic research and the prosthetics that we are now providing for these young men and women who have got their entire lives ahead of them are really setting the mark for prosthetic and amputee care for the entire world. The science and research that we have done with our civilian partners and in our own labs in traumatic brain injury and the science behind posttraumatic stress has allowed us to not only demystify these conditions but bring to bear effective treatments, 'cause again you've got your entire life ahead of you, just like every single wounded warrior. We want to make sure those are fruitful years and we are not losing the contributions of the generation, and then putting in place those things necessary to preserve and build on those for the next conflict.

Groberg: Mind-blowing to me. It's just--I will never be able to understand how you do it and how your team does it and how our incredible doctors do it, but than k you. Andrew, it's a tough topic, I know, to talk about. As a wounded warrior I know sometimes it's not something I want to really talk about in front of others, but can you tell us more about your service related injuries and what your recovery was like?

Hoyle: Absolutely. So mine was an illness. Last July I was diagnosed with stage 3C cancer. I had returned from a deployment in April, felt some pain, was not sure what was going on, finally made my way to the emergency room in July, and right away at Portsmouth Naval Hospital they recognized with the skin that things were wrong internally. Within a matter of days I had biopsy, biopsy results, began chemotherapy right away, and that was my illness and the staff at Portsmouth naval hospital--the doctors, the nurses, all the way through--received superior care. I received superior care and was truly just given the best. They worked with the civilian references as needed, and we moved forward.
Groberg: That's—you're an inspiration, hands down. I think that's something the we all fear, and you lived one of our biggest fears, but looking at you right now, and just the passion and the way your representing yourself, and your beautiful family is with you, you are an incredible human being. I'm glad I got to meet you and this entire trip. Ken, you know you and your incredible team played a role in my recovery. I never planned on my military career to be cut short in seven years. I planned on doing it until they told me I couldn’t do it anymore. In this case it came a little different way. But while recovering at Walter Reed you were there for my family. My mom stayed at the Fisher House, and my father as well, for nine months. And it helped me. It helped me because it gave me an opportunity to really change my mindset and prepare me for that transition. Now what—in your programs, how do you do this? What is the goal in terms of changing that mentality for the families and the caregivers and giving them the opportunity to really face this new reality?

Fisher: I think the first thing, and probably the most important thing, is to be able to furnish the means for the family to be part of the healing process. I always, as a frame of reference when I'm discussing the program, I always ask a question, which is, if you were in the hospital what would you do if your family wasn't allowed or couldn’t—didn’t have the means to come and see you? So the family becomes part of the process, and the family when they do that, there's a couple of things that they all have in common. One is there's a financial aspect to this whole thing, which is a burden. There's enough burden placed on military families, which only grows when their loved one is in the—is being hospitalized for, whether it be wounds of war or injury or whether it be illness. The second is psychological. What's gonna happen? What's gonna happen to my mom? What's gonna happen to my dad? What's gonna happen to, you know, whoever the family member is? So we like to think that we provide the means for the families to take that first step, be part of the healing process. And then you know, I think as the process unfolds it's essentially the family bonding together. It’s learning what the new normal will be, and we hear that a lot, that term "new normal". What is the new normal going to be? And you know I think it's very important also for the children to be part of that as well because they need to understand what's happening. And I think those are the first steps, the building blocks in terms of how the service man, woman, or veteran will deal with the rest of their lives. That's probably the first and probably the most important aspect of it. Groberg: Absolutely. Forrest, what do you see the role of the family in recovery and rehabilitation process?

Faison: Absolutely. I believe their role is essential. You cannot recover anyone, service member or otherwise, unless you’ve got the support of others. That's so critical, and the support and love and caring of the family and those with whom you’re close is just so critically important. It’s so much more than just medicine. It’s the support and caring that you get from those that care about you, from the community, and many, many others to really take care of a patient and get them back to normal. You know, we’ve learned a lot in caring for wounded warriors and service members as a result of this most recent conflict. And we focused a great deal of effort and discussion and attention on acute injury and acute injury management. And with prosthetic care and traumatic brain injury and things like that, and we've made amazing advancements in that area. But you really have to look at the entire patient. And if you step back and look at the entire patient you realize there are about four areas of need. And the first is medical care, and we've talked about that. I think we've made enormous advances in bringing state of the art technology to the battlefield and then ultimately to the bedside to care for these men and women. The second is educational services. The signature of this most recent conflict was traumatic brain injury. A lasting impact of traumatic brain injury is short-term memory loss. You have to have short-term memory to get through college. It's one of those
higher-order functions of your brain that you’ve got to have. And so what were' finding is that despite having very generous GI--Montgomery GI Bill benefits and educational benefits, because of the impact of short-term memory loss, a lot of these wounded warriors with traumatic brain injury are struggling academically. And if you look at what's out there to help them, virtually all of the technology is being geared towards the Alzheimer's population, which is great if you’re elderly and sedentary, not so good if you’re twenty years old and trying to get around and trying to go to class and got a date that night. Third area is job and career transition. To get a job in the market today you’ve got to have a network. But if your deployment op tempo--and I'm sure you had this, Flo--is so high that you’re deployed so much, and then you come back to all-engrossing medical care, you don't have time to build a network. So you enter the job market at a disadvantage, and we're seeing that with increased unemployment rate amongst our veterans coming out of OIF and OEF. And we worry about that, because it doesn't do any good to give you seamless medical care and top-notch medical care if you can't get through college and get a degree to get on with your life or if you’re homeless ‘cause you can’t have a job. And the fourth area, which you’ve mentioned, is family support. As these service members have come back and processed what they've been through, they’re asking for help, and that's good. The services have worked hard to reduce stigma. But that means that family members are increasingly referred to the tri-care network, and it’s a wonderful network of providers in the civilian sector. But reflective of our nation, less than one percent have ever served in the military. So if you’re a spouse, and you show up talking about MEF or a BCT or an ARG or a MEW that provider doesn’t know what you’re talking about, and it's difficult to establish a relationship, and they don’t go back. So it doesn’t do any good to have perfect healthcare for the service member if the family is in pain. So we have to step back, as Ken talked about, and look at the whole patient. A critical part of that is the family.

Groberg: I agree. I actually couldn’t agree more. And talking about our family, what are some of the challenges our families are facing, and what support do they need, Ken?

Fisher: Well, as I said before, I mean, when they get that phone call that a loved one is being hospitalized for whatever the reason is, it becomes--it's a very, very stressful time. Now military families make sacrifices and bear burdens that most Americans have no concept of, and then when that phone call comes in the world gets flipped upside down. And so they start to wonder what's gonna happen. What is--where are we gonna stay? What's the long-term affect going to be? And it's why I said before on of the first aspect is the financial part of it. So Fisher House goes or provides these comfort homes for families to stay in at no charge. That relieves the financial burden. But they also need to know what is next, what's going to happen next. And you know, we don't know how long the hospital stay is going to be. We don't know what the long-term prognosis is going to be. What we try and do is we try and stay as involved as we can. We offer Fisher Houses not just for those receiving treatment but also as part of the rehabilitation process we had families use multiple Fisher Houses. Families need--there will always be unmet needs. The government will not take care of everything, especially as it relates to military and veterans' families. Today with budget cuts and financial hardships and so forth, it's up to us as Americans to make sure that we keep these issues in the forefront, that we keep discussing them, but also that America gets behind these families, these families as I said before, they beared enormous burdens, made enormous sacrifices. It's up to us to make sure that they have the tools that they need without wondering why the government's not supplying this or not supplying that.

Groberg: Andrew, my mother played a big role in my recovery process. She was there for me. And though at times I got a little frustrated, I have to be honest here; I know that your wife has played a big role. Can you tell us a little bit more about that?
Hoyle: Absolutely. As I went through treatment, chemotherapy treatment, my wife really became my sole caregiver, primary caregiver, and I relied on her for everything, from transportation to whatever would be done in the day, organizing, getting the lawn cut, or whatever it is. She took care of all those details. And that was hard for me to watch because I wanted to be able to do those things, but I was not able to do those things. And I think like you, found myself frustrated at times and then feeling guilty for being frustrated realizing that she's kinda got it all on her shoulders. And feeling that almost brought a level of guilt on my part, and then I think as we consider this, and I thought about this during my treatment as well, realizing that compassion fatigue is something that's real. And if the caregiver is feeling compassion fatigue it doesn't mean that the caregiver does not care. But it is about the families, and we do need to support the families. As we talk about wounded warriors, we are remiss if we do not address taking care of out families, and that's what I appreciate about Ken and Fisher House in this discussion. We have to take care of our families. And I'm thankful that my wife was my caretaker through that time. And it's been a challenge. But I'm thankful for that, and I'm thankful for the community's support as well. There were others who upheld her, and my command was fabulous for contacting. And they would text her or a phone call, "How are you doing? What do you need?" Whatever. And community support, we had likewise. Groberg: My mom, she came in, and she stayed at the Fisher House for nine months like I mentioned, and she took care of me. But that also meant that she could no longer do her job, and she held a business in North Carolina. And unfortunately the competition had no mercy for my mother, and they went into her customer base and took it away from her, and so she lost her business. Andrew, you told us some really powerful things, but that process, what they sacrifice for us, what does that mean to you? Hoyle: It's hard to watch. And you do feel those things, but there's an appreciation that builds that relationship. And I think as I think about a recovering wounded warrior, we need the medical, we need all of those things, but really there's that relationship. And so my wife as caregiver and the sacrifice, and looking at the other sacrifices that other individuals made as well to care for me. I remember at one point in my treatment my first ship was USS Lady Gulf, and it had been several years since I had deployed with that ship. But the chief selects called me up and said, "We heard about your story. What can we do? Do you need your lawn cut? Do you need something painted? Whatever. We're here to help." And there was that support. And appreciating that sacrifice that other people would be willing to take their time, take a portion of their life and invest it and help the wounded warrior get the care that he needs. And that was phenomenal for me. Groberg: I know, Ken—and I want to emphasize on one point here. You know, we're talking about families, but we're also talking about caregivers, which—and sometimes they're not a family, a direct family member. They might be a friend or acquaintance, but they're there, and they become family no matter what. I know that you've seen this over and over, thousands of cases. Some of these struggles, they're real. Can you talk to us a little bit more about what's out there and how that potentially impacts those families? Fisher: Yeah, the—you know, when you think about the role of the caregiver, the role of the family member in the recovery process, you have remember that they're not just there to visit. In the beginning it—depending on the nature of the wound and so forth or the nature of the illness, they may become the primary healthcare advocate. The patient laying in the bed may not be able to advocate for themselves. So right away it's not just about coming and bringing magazines or bringing food or what have you, although there's a time for that as well. But their role in this is critical. So that's I think the first aspect is just how important it is for them to be there. I think the second and very compelling issue about the caregiver and what their plight is—I first learned about this when I served on the Dole-Shelalal Commission back in 2007. I remember hearing the
testimony of a couple—the husband had gotten a traumatic brain injury, and the wife was testifying. And I had never heard this before, that she had been fired for her job. And the words that were used were, she was called into the back room, and her supervisor said, "You've got too much on your plate right now. I'm gonna have to let you go." Now when you hear that, you know, whether you're a veteran or non-veteran, you become infuriated because you understand the sacrifices that this woman has made or this family member has made. And so you wonder what the heck was the supervisor thinking? That don't we owe these men and women more than just, "You have too much on your plate right now. I'm gonna have to let you go." And so if I've done anything, or if there's anything left for me to do, it's gonna continue to shine the light on the caregiver and the family member who advocates, you know—it's so vital. The third thing I think that we have to be mindful of is respite care for the caregiver. That you know, they're there for a length of time, but the world doesn't stop. The world keeps going. Bills need to be paid. Children need to be raised. Decisions, important life decisions, need to be raised—need to be made. So we need to be mindful of that, and I think Congress is starting to take that into account with the new respite care act, and as long as we can keep that in the dialogue, I think that's critical. But these are all part of the caregiver plight. So it's not just about the service man, woman, or veteran who's wounded, sick, or ill or injured, but it's also about them. It's about the caregiver.

Groberg: You're absolutely right. Forrest, just quickly on this topic, what is the navy's view and plan in regards to the family? 'Cause we can't do it alone. There's no way I could have made it through my time in the hospital without the support system that I had specifically from my mother and father.

Faison: Right.

Groberg: But I know at your level, that's got to be part of the plan.

Faison: Absolutely it is, Flo. We are working very hard for family services and putting those things in place, the cocoon of service that is so essential to recovery but so essential to the family as part of the patient, if you will. We look at a patient not as just the individual laying in the bed but as that entire family because all of them have needs. So we have invested heavily as a navy and as a marine corps—really all the services have done this. In family support services, Ken mentioned the criticality of respite care. We've gone out with education programs, so frequently family challenges will show up in the children first. We've gone out to local school districts to educate teachers and school administrators on what to look for and most importantly who to call. We've done the same thing with our mental health providers in the community, to host them and bring them into our hospitals to educate them on military 101 so that they are sensitized to be able to provide those support services. And then we've done outreach with hotlines and folks that you can call. And the reason we've done this is perhaps best summed up by an example when I was in San Diego. You mentioned I had the privilege of being the commander in San Diego, and we took care of a fair number of wounded warriors out there. We had a fair number of folks that come and visit us and look at our programs and inspect us. And for the years that I was there I always asked the same three questions, and to date no one has been able to answer these questions. What should the future look like for wounded warriors and their families? What is our national strategy to achieve that? And what is everybody's role and responsibility? And nobody can answer that. So there's all these great efforts going on out there, but how does it all come together to a coordinated plan to not only care of the wounded warriors of today but the wounded warriors of the next conflict? Because if we don't do that—this is the greatest of the generation that raised its hand and volunteered in sacrifice. We will lose the contributions of a generation. Perfect example. When I was in San Diego, we had a wounded warrior who was a double amputee. Combat Valor Award recipient who came
from one of the more rural states in our country and wanted to go home. And I said, "Okay." So we worked very hard to be able to get him back to his hometown. Found a doctor that supposedly had experience in taking care of prosthetics. He didn’t really live near a VA, but we worked very closely with the VA so his medications could be delivered. Got him a house with adaptive modifications, a job in the local community. All set up because he wanted to go home. And we want that to happen. The family wanted to go home. Took him out to the airport, put him on the plane, I gave him my card. I said, "Hey, keep in touch. Let me now how you're doing." and off he went. And about a month or two later, he called and said, "Hey." I said, "How’s it going?" He goes, "I can't--I need to get my meds." I said, "Okay, we can work that for you. How are things going?" Well when he got home, that doctor actually didn’t have any experience with prosthetic care. The job fell through, the house wasn't what it was supposed to be 'cause the builders out there didn’t know anything about this. There were no mental health providers of any flavor to help him. Which is why we've invested in hotlines and things like that, because our nation's got a national mental health shortage. And he had—didn’t have the job that we'd set up for him. He was flipping burgers at a fast food joint. This side of homeless. So we sent a plane out to his town, picked him and his family up, and brought them back to San Diego, and helped them start a new life there. That's one service member. What’s our national strategy for everyone else? And I think we have a window of opportunity now in between conflicts to try and develop that. Groberg: You know, that's a powerful story. I'm committed personally in my professional world with the Boeing company and all the other partners around this country and globally to be a difference maker in this area, because we're seeing that one family, one individual, two families, three--one is too many. And unfortunately I don't want to get too deep into this topic and this is really emotional for me, but I wear this ring because of those individuals who struggle and don't have that support system to call back for that help, and then they decide to take their lives. And which the VA--twenty a day. So that's something that I'm glad and I'm happy that you see it this way at your level. I just know that we have a lot of work to do all of us with private and public sector. Fisher: By the way, I don't think that privatization is the answer either. It's very easy when we get into these conversations to start screaming for privatization of services and so forth. I know we have shortages, but--of mental health providers specifically, but I think we need to--I think we need to look long and hard at what we are doing and where our shortages are. And I think that there's more opportunities for public private sector engagement. I don't think privatization will be the long term answer because number one, the private sector healthcare providers are probably not too familiar with the kinds of wounds that these men and women have, and number two, a traumatic brain injury or posttraumatic stress due to combat is not something that a Park Avenue psychiatrist sees every day. So I think in that case we've got to try and engage the private sector but in a way that mingles properly with military healthcare and veterans healthcare. Groberg: I think that you make good points, and I can't disagree with that. It's--we've got to take a realistic approach. And we have to identify what hose needs are. And we already know what they are, but how do we come up through collaboration together with a plan to tackle those issues. I think the first thing that happened thought, which was step one, for example with PTS, one is to take the "D" out. And the second is the stigma; kick it out the door. Gone. It's okay to be struggling with the reality. We're human beings. We're not designed to go into certain settings and see some of the--or do some of the things that we've had to do, and we need to be honest with ourselves with that. And I think that in terms of our leadership and it started with our president--our current president, our previous president--I've said it. Just get rid of the stigma, and let's go out there and make a difference.
Fisher: I think that's important. The stigma, getting rid of the stigma, I think we've done--we've done well in identifying the fact that there is a stigma and taking strides to try and remove it. It's okay to come forward. But that's why events like the Warrior Games are so important. Because we, through television, through word of mouth, through newspapers--if one veteran at home who's struggling in silence sees what's going on, sees adaptive sports, sees what is possible, if I can come forward--and taking that first step is always the hardest step--but if they can come forward and seek treatment that is available, then competition and adaptive sports is a great endgame. It's a great kind of goal to shoot for. So it's so important to use adaptive sports as a tool to get these men and women to come forward. If they won't do it because of the stigma, they may one day see a man and a woman, who by the way had posttraumatic stress, competing, and say, "I can do that, too."
Groberg: I love this. I'm--it's always a lot more fun when you get to have a conversation with three individuals who are clearly a lot smarter than yourself. So that's a good thing. Fisher: Which three are we talking about?
(Laughing)
Groberg: Ken. But reality is--'cause I want to jump out of my seat and say, "Yes, yes. That's exactly what I've been thinking about." But talking about Warrior Games, Andrew, I know during my recovery process I really had to measure myself with successes. I think my first success happened about week for in the hospital--I was an in-patient--when my nurse came in, and she thought I fell out of my bed, but I was doing pushups. And I had my leg propped up, and I'm doing pushups because I figured, well, I'm getting chubby already, and this is ridiculous, and I need to do some PT. Now she saw me, she says, "You can't do that." I said, "Why not? Why do I need those restrictions? I'm ready to do some pushups." And next thing you know, I'm doing triceps. And it's this kind of progress, but these were wins. Now you faced a completely different journey, but how did you measure successes during your recovery?
Hoyle: At first I think it was one-day success at a time. I remember there was a point during my treatment when I told my wife, "I don't want to go today." And the success was, we got in the car and we go. And that was the biggest success for the day. And some days were like that. But then as I came through surgery and began the recovery process, the success was I want to be able to do a curl-up for our navy fitness test. I want to be able to do that. And so talking with my oncologist, the success was referral to physical therapy. And navy medicine worked that out, worked through physical therapy. And being able to do those curl-ups and being able to take my fitness test, that was the next goal, the next step of success. And then the following step of success was partnering with Livestrong organization. Livestrong at the Y and talking about that civilian/military partnership, that was a case and point in my life. And partnering with them brought me to my next level of success. And I remember my first time meeting with my Livestrong representative, he said, "Well, what's your goal?" And I said, "I want to be able to max out my score on my physical fitness test, and that's an impossible goal to do this year or this cycle, but that's my goal." And with his help, with that civilian partnership, with the Navy Medicine Foundation, we did it. And then it was Warrior Games. I want to be able to compete in Warrior Games. And so looking back, they're all baby steps, one thing at a time. And that's how it goes. One pushup, one curl-up, one little goal, and you take the next step.
Groberg: You motivate me. You absolutely motivate me. I think I was about to say, "That's a wrap. Drop the mic. We got this." When you talked about, to you success is, I don't want to go today, it's-- unbelievable. Unbelievable. And it's something that I'll never forget, personally. Forrest, in your professional experiences, you've seen individuals go through from cancer to burns to gunshot wounds or blasts or other type of injuries. And
you've seen that, you know, it's tough during the recovery and rehab process for them and their families. But what-- how do they measure success? What do they see as a-- how do they celebrate success when they have the opportunity to finally smile when facing such a tough road?

Faison: Right. As Chaplain said, it's baby steps one little bit at a time. It's day by day making progress. It's, can you get to the next level in your rehabilitation. And most importantly--and we talked about this previously--it's having that family there cheering you on. It's having that staff there. You know, the folks that I worry about is the folks that care for our wounded warriors and our patients day in and day out, because they're part of not just one person's, but every person's recovery and rehabilitation. And I agree with you--compassion fatigue is real. But I tell you I get inspired every day when I see our patients and their resilience and their determination to make those baby steps and improve, the families that are there to support them, and then our staff that are there with them as well--working through being tired, working through double shifts, working through all the things they deal with to deal with some very complex, catastrophic illness. But every patient and every victory is a victory for them as well.

Groberg: Unbelievable. Now when we're talking about recovery and all those steps and the successes, the wins, and finally, you're here— that's one of your goals, to be at the Warrior Games. So which is—that's a win. But in the end everything leads to that reintegration piece and, you know, that transition back into either military service or into the civilian sector, whether that is through corporate America, politics, or the educational field. What is our responsibility for us in the military to get these individuals in the right opportunities to get back into either the military or the civilian side?

Faison: I think we're working hard in those areas. As I share with you, we're looking not just at the patient and the medical care. I think there's a lot of focus on that and hand-offs to the veterans' administration and civilian healthcare, but we're partnering with academia to look at the impacts of traumatic brain injury. We're partnering with industry to develop those adaptive technologies. Because everyone who serves will one day go back and serve our country in other ways. And so those investments today will pay dividends tomorrow. Same with job and career transition services. A perfect example of this: San Diego has a strong partnership with the military where every year we do what's called Veterans Stand Down, where we take and set up clinics, dental laboratories in Balboa Park where we take care of homeless veterans that want to come and get a physical, get a new pair of glasses, things like that. And at the same time we help them with job and career transition services, put them in place with substance abuse support services if needed. And I had the privilege of going and speaking at this once. And I remember standing up there talking and thanking the volunteers. And there standing in the audience at attention was a young, twenty-two or twenty-three year old former veteran from OEF who had just gotten out, who was homeless, who had no shoes, stood at attention the entire time I spoke. And I was struck by that. And when the ceremony was over I went down, and I found this young man, and I got his story. He was in the army. He had just gotten out, from middle America, went home, couldn't get a job, came to San Diego 'cause he thought it's a pretty military-friendly career network, couldn't get a job, was living in Balboa Park, and somebody had stolen his shoes. And so I think we partner with local communities in the military to try and overcome that, 'cause we have a debt of gratitude to these young men and women who as I shared will help us pass on to our children the greatest gift we'll ever give them: the gift of liberty.

Groberg: Yeah, final thoughts. I'll start with you, Forrest.

Faison: Well I think we talked about some challenges today, but they're good challenges to have because they are men and women who would have died in any previous conflict. They are men and women with complex or chronic, life-changing diseases that we're
saying, "Thank you. We're here for you. We care for you." I think there's a great deal of pride to be taken from that. I think the response of the city of Chicago and the citizens of our nation and all those who will come out to support these competitors, these athletes, is something to be pretty proud of. I'm pretty proud of our nation right now. We are a democracy. We help bring freedom and liberty around the world. And for those who have sacrificed and paid a price to do that, we're here to say, "Thank you." And I think that's what this is all about.

Groberg: We're proud of you as well, sir.

Faison: Thank you.

Groberg: Ken.

Fisher: You know, when we sit here and think about the Warrior Games, we've covered a lot of ground here today. And I think that it is important to remember that we have gotten very good at coming up to a service man or woman or veteran and saying, "Thank you for your service." But we also need to be mindful of the fact that "thank you for your service," while other generations of veterans never heard that before, is not enough anymore. It might make you feel good, you say it, service man or woman is appreciative, and you walk away feeling as though you've done something positive. And you have. But it's not enough. We need to really, really embrace these initiatives that are out there. We need to embrace the issues that are facing veterans today, active duty and veterans, that is to say--you know, we've gotten so jaded when we start hearing these numbers--twenty veterans a day are committing suicide or any number of figures that are out there. And if it doesn't affect you, then there's something wrong. You need to really listen to what's going on out there and know that there are lots of problems in society. I acknowledge that. But these are men and women that have put their lives on the line so that you could go out there and disagree, speak you mind, whatever it is. I think we owe that one percent and the other veterans from other wars a lot more than what we're giving them.

Groberg: Right, absolutely. Andrew.

Hoyle: That was powerful. I'm motivated just by listening. In closing, I'm incredibly blessed. I have been the recipient of the Wounded Warrior Program of fantastic, phenomenal care and of family support, command support, civilian support, all the way down the line. And I think as I step back and I look at what is going on, what is happening, the changes that are being made, the dialogue here and elsewhere of looking to the future and asking those questions. What can we do to better care for our wounded warriors? What can we do to better care for those families? That makes me excited, one, as a wounded warrior, but two, as a member of our nation, to say we care about those people who have made that sacrifice. And so it makes me excited and ready to go compete. I'm ready to go. And so I think the last thing I have to say, last but not least, go navy. Beat army. Hoorah.

(Laughing)

Groberg: Now the problem is, I'm the moderator, and I get to close this out.

Fisher: I can switch seats with you for a minute if you'd like.

Groberg: I want to thank you all for this incredible discussion. We definitely covered quite an array of topics. And your leadership, your motivation, who you are as individuals, speaks volumes of who we are as a nation. Yes we have our problems, yes we have our struggles, but what we do have is a group of people who are willing to step up. And for that nobody else can compare to us. And that's why I'm confident. When I got to sleep like a baby every single night because I know I have men and women in this nation that are going out there to protect me. And I know that if something happens to them, that we have the medical support. And once that medical support takes place, that we have the Fisher Houses, that we have the corporate Americas, like-- I'm gonna blast out my
company-- the Boeings, and the many others out there that are doing a lot of good work for our community. Lastly, I want to say that for me it's an honor to be here. It's an honor to be in your presence. It's an honor to be here with my friend and fellow Medal of Honor Recipient Al Lynch and the many others who are in this crowd who are not just--doesn't mean that they only have to wear the uniform, but the families, the caregivers. I think we need to at times take a step back and realize how lucky we are and how grateful we need to be. And then we need to take that step a little bit further and ask ourselves, "What more can I do today to make this still a better place and support?"

Clarke: It's been a great talk. Thank you very much.

(AppAUSE)

Clarke: Thank you to the Department of Defense Warrior Games and the US Navy for their partnership in this program and to each of our guests for their insightful contributions. To learn more about the Warrior Games, visit DODWarriorGames.com. To learn more about the Pritzker Military Museum and Library, visit in person or online at PritzkerMilitary.org. Thank you, and please join us next time on Pritzker Military Presents.

Voiceover: Pritzker Military Museum and Library honors warriors through the generations. A living monument of those who serve, preserving and sharing the stories of veterans and their families, provoking dialogue about service and sacrifice and the true cost of war. Lest we forget.

(Theme music)

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(Theme music)

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