UNITED STATES DEPARTMENT OF DEFENSE

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TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

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BUSINESS MEETING

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WEDNESDAY
DECEMBER 5, 2012

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The Task Force met in the Commonwealth Room of the Doubletree Hotel Washington, D.C.-Crystal City, 300 Army Navy Drive, Arlington, Virginia, at 8:30 a.m., Suzanne Crockett-Jones, Co-Chair, presiding.

PRESENT

SUZANNE CROCKETT-JONES, Non-DoD Co-Chair
JUSTIN CONSTANTINE, JD, Member
CSM STEVEN D. DeJONG, ARNG, Member
RONALD DRACH, Member
CAPTAIN CONSTANCE J. EVANS, USN, Member
LIEUTENANT COLONEL SEAN P.K. KEANE, USMC, Member
COLONEL KAREN T. MALEBRANCHE, RN, USA Retired, Member
STEVEN J. PHILLIPS, Member
DAVID REHBEIN, MS, Member
COLONEL RUSSELL A. TURNER, MD, USAF Retired, Member

ALSO PRESENT

DENISE F. DAILEY, PMP, Executive Director

JESSICA ALLEN
CHRISTINA ESSEX
CHRIS FROST
LARRY LOCK, U.S. Army
MICHAEL F. LoGRANDE, DAF, Physical Disability Board of Review
MSGT CINDY NOEL, U.S. Air Force
LTC MICHAEL A. PARKER, U.S. Army (Ret.)
LOUIS PERRY, U.S. Army
SGT MATT RAMSEY
CDR DAVID SHAPIRO, U.S. Navy
PAUL WILLIAMSON, U.S. Marine Corps

C-O-N-T-E-N-T-S

C-O-N-T-E-N-T-S

P-R-O-C-E-E-D-I-N-G-S

8:30 a.m.

CO-CHAIR CROCKETT-JONES: Good morning, everybody.

This morning General Stone won't be here; actually, he won't be here all day.

We have a few members who are coming in later in the morning. But just to hit every official marker, I would like us to go around once again and introduce ourselves.

MEMBER REHBEIN: Dave Rehbein. As I said yesterday, Army veteran, research scientist, Past National Commander of the American Legion.

MEMBER DeJONG: Command Sergeant Major Steve DeJong, National Guard Bureau.

MEMBER PHILLIPS: Steve Phillips, retired Army physician, Department of Health and Human Services.

MEMBER DRACH: Ron Drach, retired Department of Labor, Disabled American Veterans, one of the non-DoD members.

MEMBER KEANE: Lieutenant Colonel Sean Keane, Wounded Warrior Regiment, liaison to the VA.

MEMBER EVANS: Captain Constance Evans, Nurse Corps, Bureau of Medicine, Director of Case Management.

CO-CHAIR CROCKETT-JONES: And I am Suzanne Crockett-Jones. I am the civilian Co-Chair and the spouse of a recovering warrior.

At this point, I know we are probably running a little ahead of schedule. But if Mr. Parker is ready, we can go right to our public forum.

Mr. Parker is a retired Army Lieutenant Colonel. We have public forum information under the H tab. We have Mr. Parker here, and then we have some statements that we are going to introduce into the record, even though we don't have the folks here to present them to us.

So, I am going to turn this over to you for the next couple of minutes, Mr. Parker.

LTC PARKER: Good morning.

Later this morning, you will receive a brief from the Physical Disability Board of Review. My No. 1 concern is that the PDBR is acting as a unilateral, temporary disability retirement list adjudication body. The PDBR's authority is to review the initial PEB separation decision. Neither the law nor DoD instructions give the PDBR any authority to conduct TDRL reviews.

A proper TDRL review is complex, and it protects the rights of the wounded warrior. It requires a new medical evaluation board that covers all current medical conditions with full clinical data. The wounded warrior has a right to appeal this PEB and provide additional information to both the Physical and Medical Evaluation Boards.

TDRL adjudication includes an informal PEB and a formal PEB option. It also provides multiple levels of appeal. All these procedures and protections evaporate when the

PDBR steps in and conducts a TDRL review in a vacuum and without the required information.

A great example of this problem involved Sergeant First Class Michael Rindorf, whom I wrote about in my DES Outrage No. 1. In short, the PDBR found that Sergeant First Class Rindorf should have been found unfit by PTSD, rated at 50-percent disabled and placed on the TDRL. However, the PDBR then exceeded its authority by artificially determining that Sergeant First Class Rindorf, what his TDRL outcome would have been.

The PDBR decided his TDRL outcome would have been a PTSD rating of 10 percent, removal from the TDRL, and loss of DoD disability but retirement benefits. The PDBR made this finding despite the fact that Sergeant First Class Rindorf's VA ratings for his PTSD had never been less than 30 percent and were currently at 70 percent. Sergeant First Class Rindorf was left holding the bag, stripped of all the requirements and rights to do him by a proper and

complete TDRL reevaluation.

Bottom line: if the PDBR decides a PEB should have placed a wounded warrior on TDRL, the individual should then undergo a proper and complete TDRL evaluation by their service. Not to do so cheats wounded warriors out of their proper DoD disability benefits.

I relayed other PDBR concerns to the Task Force. If you have not done so already, please review these issues prior to this morning's presentation by the Physical Disability Board of Review.

That concludes my statement, pending any questions.

CO-CHAIR CROCKETT-JONES: I just want to make sure I understand. You are saying that the Board, the Review Board, has the authority to determine that they should go to TDRL, but does not have the authority to determine TDRL?

LTC PARKER: Correct. If you read both the law and the DoD Instruction, they were

to look at people who were rated less than 30 percent by the PEB and then make a recommendation as to what that should have been in actuality. But nothing in that law or the regulations says, then, go and act as a TDRL authority and figure out what that would be.

Again, the TDRL review has a lot of things to it and a lot of protections to it. PDBR, you are not allowed to appear in front of it. It is a Board behind closed doors, and it is done in a vacuum, like I said. And they are making these determinations based on what they think would have been the outcome, based on the limited information they have without a current reset of that information and the ability that we would need a lawyer to input that decision.

CO-CHAIR CROCKETT-JONES: Okay. Thank you.

MEMBER EVANS: So, what happens during the appeal process? That individual has the right to appeal that, correct?

LTC PARKER: No. On the PDBR, by

law, the PDBR's decision is final. You can no longer appeal it throughout the services or DoD channels. Your only course of action, then, is with the federal courts. The federal courts have actually issued quite a few decisions on this, saying, "Hey, when you don't give us the rationale for why you do things, we have a hard time trying to make a decision and providing judicial review of a decision, if there is no rationale behind it."

The other problem is that there is a six-year statute of limitations to appeal to the federal court. Often, that has already gone by, by the time somebody has gone through the PDBR, since it extends back to 2001 for review.

CO-CHAIR CROCKETT-JONES: Thank you, Mr. Parker.

MS. DAILEY: Thank you, Mr. Parker.

Ladies and gentlemen, can I get your attention to tab H, please? Mr. Parker's complete statements are in tab H.

We solicited input from the PEB

Forum, ladies and gentlemen. It is website for individuals going through the PEB, and they are able to blog on the PEB Forum about their experiences in the IDES.

In this last iteration, in preparation for this meeting, we went into the PEB Forum, we asked the Administrator of the PEB Forum to post a request for participation in this upcoming meeting.

In our panel this afternoon, our wounded warrior panel, we have several individuals who responded to that post in the PEB Forum and said they would like to sit on the panel this afternoon.

What we also received were submissions from two individuals who live out in California and Arizona. Since I can't pay for them to come in and talk to you on the panel, what I have in tab H is their statements.

The first one you see is from a Mr. Scott Morong. Mr. Morong, his experience was in the first part of our wars in Afghanistan and

Iraq, two tours in Iraq for Mr. Morong. And he talks about how he came back from Iraq after his second tour and was experiencing neck pain, orthopedic pain.

Yesterday, when we had Colonel Faris in here, she talked about the level of orthopedic injuries that result in individuals who have deployed multiple times. We talk a lot about IDES. We talk a lot about signature injuries. But when you are really working through all of the cases in the IDES, what you find is a lot of orthopedic injury.

So, Mr. Morong had an orthopedic injury. It took him through his process. He was identified. He had a number of years of rehabilitation.

He explains in this email, also, his struggles with his chain of command. There were some concerns that these weren't real injuries. And so, he had to struggle to establish that this was his injury and the state of his injury.

And he was finally released from the

military after going through the legacy IDES with a 10-percent disability. He appealed it in the VA and got a 30-percent disability.

And then -- this ties back to Mr. Parker's comments, and we have the PDBR coming in today -- he then went through the PDBR. He was given a 30-percent retirement and back pay for five years. He was in this email very complimentary about the PDBR's ability to look at these issues.

He also talked about PTSD in the units that he was with; he observed; he had friends who were experiencing PTSD. He talks a little bit about that in his email.

Again, it is an interesting perspective from before where the WTUs were set up. He appreciates the concept of the WTU. And he also expressed, without using the current language we understand as IDES, the concept of the combined ratings between VA and DoD and the concept of evaluating everyone according to the VASRD and trying to limit the number of

discrepancies between services. And again, his last comment was about the PDBR.

A full statement is in tab H. I thought it offered you a good perspective about an individual who is seeing this process change from the start of the war to 10 years later.

The other comments that were sent in were sent in by CW2 Zumwalt, who is a retired W2. His experience is a little more recent, in that he was a member of the WTU and he worked at ACS.

He has very strong feelings in this email about the value of the WTU allowing individuals to move out of their line unit. He also expressed concern about being in line units with an injury, struggling to establish the fact that these are real injuries, and that they are not faking it.

He explains that being able to work with the WTU and then work in ACS allowed him opportunities to prepare for his transition. And he is tough on the WTUs, but he also sees their value.

His last few bullets talk about the transition piece, which is there is a lot of information about transitioning out of the military. His final comments here were about targeting that transition to real job and real employment when individuals step out of the military.

Again, all these are a part of your tab H, along with Mr. Parker's complete packet of information.

We will have a panel this afternoon from the local individuals who responded to the PEB postings.

Any questions, ladies and gentlemen? If not, we are going to need a few minutes here to set up for the SCAADL panel and we are a little early for that. So, we are going to take some time to do that. I might not have all my briefers here yet. The panel starts at 9:00, I think. It starts at 9:00. So, we have got about 15 minutes here.

CO-CHAIR CROCKETT-JONES: If the

members want to look over the statements that we received that you just walked us through a little, if there is any discussion of this, they should bring it forward now. If there is anything that we might want to ask these folks about or that isn't clear, if you guys want to take a quick moment to review those. And then, if there is any discussion, just let me know. There might not be, but I want to give us an opportunity.

MEMBER PHILLIPS: I would just suggest that, when we are in our final meetings at the end of year to create the recommendations, maybe the staff can bring back some of these bullet points and recommendations that we could discuss. Even though we make personal notes, we may forget some of that.

CO-CHAIR CROCKETT-JONES: Yes, I would ask that the bullet points especially and just the general information from these two, if they could be included sort of in the same place for our review as the panel that we are going to

see, so that we have sort of an overall context? I don't think that is a problem.

MEMBER EVANS: In today's session, we will walk away clearly understanding the PDBR process, hopefully, and how, when someone -- we would like to understand the rules for the members, once they enter into that process. So, clearly, we need to have a brief to make sure that we all on the panel understand the PDBR process.

MEMBER PHILLIPS: Maybe I can add a suggestion to that? Perhaps look at the rules the way they were in the early years, 2000 and 2005 or 2006 or even 2007, before the WTUs were established, and then see what the new rules or the current rules are, so we can have a comparison.

MS. DAILEY: You all have Mr. LoGrande for an hour and 15 minutes this morning. He has only got like eight slides. Feel free to consume all hour and 15 minutes. He is here for you to ask those questions.

Now I do a prescription of questions

for them to walk through, and this was a little bit more of a 101 for you. When I bring people in, I don't really want them to do a 101. You all are beyond the 101. But this was a new experience, so he has got opportunities here to walk you through what the PDBR is.

MEMBER REHBEIN: Along with this list of bullet points that comes out of Mr. Zumwalt's message, I would like to see the staff give us some indications. A couple of these I think might have some legal ramifications. And so, I think there is some additional background that needs to be done on a couple of them as we go into our recommendation meetings to make sure that we have a full understanding of what is and may not be possible.

CO-CHAIR CROCKETT-JONES: Very good. Then, I think that we will pause here until we are ready, the panel is ready for us.

Thank you.

MS. DAILEY: And for those panel members that I have in the audience, let me bring

you on up, so we can get you seated and settled up here at the Board, please.

(Whereupon, the foregoing matter went off the record at 8:47 a.m. and went back on the record at 8:55 a.m.)

MS. DAILEY: So, ladies and gentlemen, I have all my panel members here. If we can take our seats, we will start.

CO-CHAIR CROCKETT-JONES: Good morning.

Joining us this morning to participate as members of the Special Compensation for Assistance with Activities of Daily Living Panel, we have Army G1 Representative, Mr. Larry Lock, and Army Warrior Transition Center Representative, Mr. Louis Perry. And from the Marines, we have Mr. Paul Williamson, the Command Advisor for the United States Marine Corps Wounded Warrior Regiment. From the Navy, we have Commander David Shapiro -- Yes? Okay, very good -- the Senior Medical Advisor for Navy Wounded Warrior Safe

Harbor, and Ms. Lenora Weatherford, the Operation Support Officer for Navy Wounded Warrior Safe Harbor.

Do we have --

MS. DAILEY: She is out in the audience.

CO-CHAIR CROCKETT-JONES: She is here, but back there?

And from the Air Force, we have Master Sergeant Cindy Noel, the Superintendent of the Air Force Wounded Warrior and Survivor Care.

In response to Recommendation 15 under our 2011 Annual Report, DoD implemented a policy to provide Service members with catastrophic injuries or illnesses special compensation for assistance with activities of daily living, SCAADL.

This panel of subject matter experts from each Service gives us an opportunity to understand how the implementation process is working.

You can find the panel's biographies and the material for their briefings is in tab I, but I believe you all got the updated Air Force briefing.

I am going to turn it over to you all. I am not sure if we have settled, if everybody is comfortable with the order in which they were introduced as being how we are going to proceed.

I am sure we will have lots of interruptions where we will ask a million questions.

Are you all ready?

Thank you very much.

MR. PERRY: In response to the question that you all asked about the number of recovering warriors who applied for SCAADL and the number receiving SCAADL, currently, as of 12 November, we had 694 total applicants apply for SCAADL and currently we have 531 receiving it.

This is the demographic breakdown. We have 382 active components, 93 Guard, and 56 Reserve soldiers.

Under B, this is the breakdown by grade level.

And under C, this shows us what tier level that they are receiving, with Tier 1 being the lowest level and Tier 3 being the highest.

MEMBER EVANS: I am sorry to interrupt, but I just want to ask a question. You have about how many members in your WTCs, in your WTBs?

MR. PERRY: Total?

MEMBER EVANS: Total.

MR. PERRY: Ten thousand one hundred and twenty-four.

MEMBER EVANS: So, of your 10,000 you identified, you have had 694 applicants?

MR. PERRY: Yes, ma'am.

MEMBER EVANS: And that is based on, you are looking at the applicants as they move from inpatient to outpatient?

MR. PERRY: Yes, ma'am.

MEMBER REHBEIN: I may be the only one who needs this, but just for my knowledge,

if nobody else's, can you review the three tiers and what the dividing lines are?

MR. PERRY: Yes. Tier 1 is the lowest entry level. That is the lowest tier rating. Tier 2 is the medium tier rating, and Tier 3 is the high tier rating.

MEMBER REHBEIN: But what determines which tier level an individual is in?

MR. PERRY: That is based off the 2948. When the doctor does the evaluation form on the DD Form 2948, each area is given a number. That number corresponds with the tier rating.

CO-CHAIR CROCKETT-JONES: It is an acuity-based rating, severity of injuries, and it is formatted.

MR. PERRY: This tells how we market SCAADL. Soldiers' families are briefed on a program during a reception by the nurse case managers.

At the Warrior Transition Command, our STRATCOM has developed flyers and posters that we distribute out to the individual WTUs

that they use to post within their WTUs.

A distribution email was sent out to all 10,000 soldiers that I put together and sent out to each soldier individually. We also sent it out to the nurse case managers, the command teams, and all of the WTUs and CBWTUs, and it is also posted on the WTC website. We have a new page going up that will be exclusively for SCAADL, and it will list all the components of SCAADL and everything you need to do to get in contact and need any information on SCAADL.

The estimated percentage of our eligibles who are receiving SCAADL, we estimated that 100 percent who are eligible are receiving it currently.

All new recovering warriors that come into the program, they are screened when they come from inpatient to outpatient status to see if they are eligible for SCAADL.

CO-CHAIR CROCKETT-JONES: Who does that screening?

MR. PERRY: The nurse case

managers. And we also at the Warrior Transition Command. We work with the cadre members and make sure that they understand SCAADL and they can brief it back to the soldiers.

MEMBER PHILLIPS: Just a quick question. After the screening, who determines -- the acuity, the physician determines whether they enter the program or not?

MR. PERRY: Yes, sir, the physician.

Overall, how effectively does SCAADL meet the needs of eligible recovering warriors? If you look at 1, 2, and 3, these are statements that I received from family members that actually speak to the success of the program.

CO-CHAIR CROCKETT-JONES: Do you have any numbers on what percentage of SCAADL goes to spouses and what percentage goes to other family members or non-family members?

MR. PERRY: No, not at this time we

don't.

MEMBER EVANS: So, one of the reasons that we asked for the brief on SCAADL is that we hear from family members that they have to find out about SCAADL from other family members. So, I am little concerned. I mean, we want to make sure that you are capturing 100 percent. We want to make sure that all recovering warriors and their family members are fully aware of the SCAADL.

But when a WTB has over 9,000 members in their WTB and you have less than 10 percent -- looking at what? -- 5, 10 percent on SCAADL, and you have some significant injuries with your warriors, I am just making sure that you are capturing everyone that should be on that program.

And sometimes we hear from the families that they have to learn about SCAADL from another family member. That is across -- that is just not Army -- that across all the Services.

So, again, go back and reassess how you are. I know we hit them inpatient. I have seen that. But we want to make sure that we are not missing anyone and that everyone that should be on the SCAADL program, that they are on the program, because we do hear that from the family members, that the information, they feel as though they have to find out about it from another.

MR. PERRY: Yes, ma'am.

MEMBER PHILLIPS: You know, broadly speaking, I think that is an interesting comment. What it brings to mind -- and I don't know if it still the same -- when I was inducted, among other things, I had to sign my beneficiary for my life insurance. You know, I knew that if I died, someone would get some money, but I was not given any education or information on what happens if I got wounded or was sick or ill.

I mean, this is a recurrent theme. I don't mean to take time away from the presentation, but I don't want to lose that

thought among the panel.

CO-CHAIR CROCKETT-JONES: Also, nurse case managers are briefing. My concern is that, if they are briefing recovering warriors, that the information might not be getting to potential caregivers. When we go from installation to installation, we see a communication gap between the information that is given to folks who frequently are suffering from TBIs, have memory issues and retention issues, and then, the expectation is that they will be effective in getting that information to the person who is doing that service of caregiving. And that assumption that that gap gets covered, that that information makes it to the right person, that is not always actually happening.

So, I am wondering if there is a protocol for nurse case managers to brief SCAADL, if that includes an attempt to brief it to potentially the caregiver.

MR. LOCK: Ma'am, Mr. Lock, the

Compensation Chief for the Army.

They are all valid points that have been brought up by the panel. What we have done by design with the program is to ask Army auditors to come back in. And what we would like to do is to capture the Task Force concerns as we scope for the audit.

So, I think rather than rely on anecdotal testaments as to how well things are working, or who knows what, let's get some actual information and make adjustments accordingly. We will be happy to take that on and make it part of the audit review.

CO-CHAIR CROCKETT-JONES: Thank you very much.

MR. PERRY: These are some of our new best practices that we have.

What Mr. Lock was talking about, we are currently developing our unit-level audit program where we are going to go out to the individual units to verify that the SCAADL is being put out to the unit and is being processed

correctly, the packet is on in correct order. And that is in preparation for the big Army audit that is going to be coming.

We have pushed out SCAADL information to subordinate commands, TRADOC, SOCOM. We do have soldiers from those commands that we are treating that are outside of the Warrior Transition Command in the WTUs.

It was also added to the Organization Inspection Program that we do. We have an inspection team that goes out and checks the WTUs. SCAADL was added to that. So, that is now being checked.

And we also do a monthly and quarterly VTC with the unit commands, and we talk over SCAADL, any issues they are having down at the unit level and how we can address or fix those issues.

MS. DAILEY: And, gentlemen from the Army, your intent here is really that people do not have to apply for SCAADL? They come out of inpatient, they are screened, and the

paperwork is taken care of by the nurse case manager and the physician, and this benefit comes to them without them having to seek it out. It is basically an entitlement which only requires them to be screened by their nurse case manager and approved by their physician? Is that correct?

MR. PERRY: To some extent, yes. But we also take care of soldiers who are not in the WTU system.

MS. DAILEY: Right, right.

MEMBER DeJONG: Gentlemen, if you would, in all Services, I will kind of field the same question. What, if any, issues are you having now? I mean, we got some great feedback on your slide, and that is explanation in itself. But what problems are you seeing at unit-level or brigade/battalion-level? Are there any problems that you are facing with SCAADL that you are trying to overcome right now?

MR. PERRY: I think one of the main issues that we get, one of the main complaints

we get, that it is taxable income. So, it is paid to the soldier and it is being taxed, and tends to be a problem that has been coming up quite often.

MS. DAILEY: Yes, this is the first full year that Service members will be receiving this. So, the tax issues are starting to come home to roost.

Ms. Aberta corrected me here. Individuals do get briefed on it, correct? They can opt-out based on other benefits that may be more --

MR. PERRY: Yes.

MS. DAILEY: -- to their advantage, or even if someone calculates the tax advantage right there in front of them, they may say, "No, thank you." Once briefed, once it is calculated for them, they have an option to not take it because other options are better?

MR. PERRY: Yes.

MS. DAILEY: Okay.

MEMBER DeJONG: Are you able to

easily identify those Service members who are not in a WTU, who are in their primary unit? Or are you missing some?

MR. PERRY: Those are harder to find. Normally, they come to us because it is just the Army so big, it is hard for us to go out to individual units. But, once we locate them, we get them processed, and it is a fairly-quick process.

MEMBER PHILLIPS: Would you have any ideas or suggestions on how to capture, you know, close to 100 percent of those? Or is that something that is difficult?

MR. PERRY: I think that would just be an Army-wide distribution, something we would have to get with Army G1 and get them to press out Army-wide.

MR. WILLIAMSON: In the Marine Corps, every morning our Operation Center reviews all personnel casualty reports that are generated across the Marine Corps. So, that is the first catch point, is if that personnel

casualty report was submitted by the unit commander. Whether they are in theater, whether they are on recruiting duty out in Idaho, we have the opportunity to be made aware that we have a severely- or catastrophically-injured Service member that we are going to track. And part of that tracking process includes the assignment of a recovery care coordinator. That recovery care coordinator is responsible for monitoring those benefits, TSGLI, SCAADL, anything else that would be appropriate for a catastrophically-wounded Service member.

MR. PERRY: Subject to your questions.

CO-CHAIR CROCKETT-JONES: I think we will just continue on. We might come back and grill you some more.

MR. PERRY: Okay.

CO-CHAIR CROCKETT-JONES: Don't feel you have gotten away yet.

(Laughter.)

MR. WILLIAMSON: Thank you for the

opportunity to present to the Task Force this morning.

I am Paul Williamson from the Marine Corps' Wounded Warrior Regiment.

Answering your question on how many Marines are currently receiving SCAADL, right now we have 225 as of the 1st of November, '12, who are receiving the benefit. You see the numbers of applicants who are currently in receipt of it, what their determination was for those who were determined to be zero rated, and those that are currently in the appeals process.

Since the inception of the program back in September of '11, there has been a total of 315 Marines that have been receiving SCAADL at some level.

I wanted to point to the appeals process there. What typically that amounts to is a Service member has been rated by their provider as perhaps a low or medium tier and they are seeking a higher level of compensation for their care required. While they are in appeals

process, they continue to receive the level of compensation as determined at the time. In the event that the higher rating is accorded them in that appeal process, then the retroactive payments for that higher tier are made to them.

In the Marine Corps, the way this process works is the individual Service member, as someone pointed out earlier, when they move from an inpatient to an outpatient status -- they cannot draw the benefit while they are an inpatient -- but when they are moving across, there is a coordinated effort between the medical case manager and the recovery care coordinator. We, the Marine Corps, believe the responsibility for ensuring the delivery of this benefit rests with our recovery care coordinator and the command that this Service member is currently assigned to.

We have very few of our population receiving SCAADL who are not currently assigned to a Wounded Warrior Regiment. That number of 225 that are currently receiving SCAADL

represents about a quarter of the Marines who are currently assigned to a Marine Corps Wounded Warrior unit. Very few others outside of the unit are currently receiving that SCAADL payment.

This is a demographic breakdown. We have a little different presentation here than what Army presented, but we do have a separate information sheet that we could provide to the Task Force that gives a little bit further breakdown.

The number up there of recipients you see is scaled heavily towards the male population. The breakdown of the Reserve and Active Duty is provided for you there.

There are the conditions that typically result in the determination that the Service member is eligible for this benefit.

I just want to point out that there are two phases to the determination of the SCAADL benefit. First, there is the determination of eligibility, that the Service member has

sustained a catastrophic injury. And then, the second phase of the process is to determine how that injury impacts or will drive their requirement for assistance with activities of daily living. Only a licensed physician, whether it be VA or DoD, can make that determination.

The grading scale for providing that rating level is somewhat subjective, and it does present some problems. We are working with OSD and the other Services to try to make that a little more consistent, so that doctors who are executing this evaluation are doing it consistently across the board.

As you might expect, with the various specialties that, again, are licensed physicians, you could have a family practice physician or an orthopedist or a neuropsych who are making these evaluations. So, we just want to make sure that there is consistency across that.

Captain Evans mentioned earlier

that some of the Service members are receiving information about SCAADL from other Service members before they receive it from the official means. I can't speak directly to that. I am going to surmise, though, that some of that may be a discussion while they are in an inpatient status, and they wouldn't be apprised of the SCAADL benefit until they got closer to that discharge from that inpatient status.

And in the Marine Corps, too, it is a pull process where we are working directly with the Service member to ensure that an application is done for them. They are made aware of the benefit, and I will talk about the marketing process here a little later.

Right now, the predominance of our recipients of SCAADL are in the E2 to E5 pay grade. There are 175 of them that are currently receiving that benefit.

Marketing of this, the Marine Corps, General Dunford, who is the Assistant Commandant of the Marine Corps, worked aggressively with

the Deputy Secretary of the Defense to get this benefit in place. It was established in law back in 2009, and OSD implemented it in September of '11.

The ACMC wanted to ensure that as close to the implementation date that our Marines would receive this benefit. The benefit became available on the 1st of September, '11. On the 15th of September, 105 Marines were paid SCAADL.

We have been very aggressive in marketing this. You can see we have an information campaign. We have the information sheet that we have -- I am sorry; I didn't advance the slide there.

This information sheet here is part of a library of information that is available to Service members, their families. They can access this through our website or through an application that we introduce to them when they become a member of the Warrior Transition Unit. It is also provided to our field commanders for

those Marines who are not assigned to a Wounded Warrior Regiment element.

As I mentioned before, a PCR review is done every morning in our Wounded Warrior Operations Center. Therefore, we have, I would hesitate to say 100 percent, but very close to 100-percent assurance that all of those who are eligible for the benefit are being apprised of it and being encouraged or if not assisted to make application for the benefit.

And here are some of the other means by which we put that information out. We have a very aggressive training program for our section leaders, our recovery care coordinators, and any of our direct staff who are touching those Marines about these various benefits. Again, we have a high level of confidence in the marketing of this benefit to our Marines.

The effectiveness of SCAADL, someone asked the question earlier about challenges with the benefit. Part of the

confusion on the SCAADL benefit is, first, you have to be eligible for the benefit. That is, as I stated earlier, is a separate process from, then, doing the rating.

But a lot of our Service members are confused about compensation in general. This was one of the concerns that the Assistant Commandant had because some of our Marine families were being compensated -- or reimbursed is the more correct term -- when they were serving as a non-medical attendant. And this situation is that, when they go from an inpatient to an outpatient status, a physician can determine that a non-medical attendant is appropriate. That non-medical attendant is not necessarily providing the same caregiver services that someone who is under SCAADL would be, but they are bedside with the Service members.

Well, they are being compensated under the rules of the Joint Federal Travel regulation that, if you are in a travel status

as a non-medical attendant on invitational travel orders, you are entitled to lodging and per diem for the area where you are serving.

In the event that the Service member's family is co-located where that Service member is recovering, then there is no entitlement to that travel benefit. But the Service members and their families don't quite understand that distinction between why is it that the Marine over here next to me, his family is being paid, in their mind, for them to be here, and my family is being denied that. So, it is an information and education process.

When Service members get together, there is an opportunity for them to, if you will, try to provide counsel to another about what they should be receiving, and they may not be completely accurate in that. That is something we just have to deal with on a more aggressive level to ensure that our Marines understand what benefit they are entitled to, what compensation/reimbursement their families are

entitled to, that are not necessarily SCAADL-specific.

The other challenges that we have --

MEMBER EVANS: Hey, Paul?

MR. WILLIAMSON: Yes, ma'am.

MEMBER EVANS: I am sorry to interrupt.

So, I think that is something that we may want to look at towards the end of the year when we do our recommendations. So, there is confusion between family members receiving, whether they should receive non-medical attendant pay, right, and SCAADL?

MR. WILLIAMSON: Is that a question for me?

MEMBER EVANS: Yes.

MR. WILLIAMSON: Yes, ma'am.

MEMBER EVANS: Okay. Okay. So, I think one of the things that we need to, we, as a panel, should look at, and maybe make a recommendation, although it is a Service responsibility to ensure that the families are

well-informed, I still think we need to look at the pay, because that is a question that we see from the families all the time, that "This family member is receiving more pay than I am receiving" or "I didn't get this benefit because my family member didn't have" such-and-such. So, that is something that I think we should look at towards the end of the year with our recommendations of what we can submit to Congress, as to how we better assist the families or educate the families.

MR. WILLIAMSON: Captain, that is something that has been looked at a couple of times. But, all means, it can be attacked again.

Let me give you a scenario that makes this complicated for the family to understand. Let's say you have a Marine who is stationed at Camp Pendleton, and he is forward in Afghanistan, and he suffers a catastrophic injury. He is recovering here in Bethesda. His family is brought here on invitational

travel orders. While they are in a travel status, they are reimbursed for their travel expenses. But the family doesn't typically recognize that as a reimbursement for travel expenses; it is just money being paid for being bedside.

Well, the patient then moves to outpatient status here at Bethesda. The family member is still in a travel status, and they are receiving the non-medical attendant reimbursement for travel. But the Service member is also now eligible for special compensation for assistance with activities of daily living. So, there are two income streams coming to them.

A decision is made then to return the Marine to Camp Pendleton to recover at Wounded Warrior Battalion West. When they relocate back to Camp Pendleton, the family member is no longer in the travel status. So, the $71 a day in per diem that they were being paid being bedside here in Bethesda disappears. And for

them, there is no change; their life did not change. They are still bedside by their Marine. They just don't happen to be in a travel status now.

That is difficult to explain to someone who is not familiar with Joint Federal Travel regulations, you know, and it is a very emotional issue in some cases because it is a dramatic drop in, if you will, income because per diem is a non-taxable benefit where SCAADL is taxable. That is the issue.

Best practices, I won't go through each and every one of these, but I wanted to point to the one on the bottom. That is our coordination with the VA to ensure that the dual payment of the VA's caregiver stipend and the DoD SCAADL allowance don't overlap.

This is an interesting issue because a Service member is entitled to receive SCAADL for 90 days after their separation. They can apply for the VA caregiver stipend once they have the determination from the disability system

that they are going to be transitioning out and they have an established date.

They can apply for the VA caregiver stipend on the 1st of July and not separate until November in some cases. VA will pay them back to the 1st of July the caregiver stipend. For the period of 1 July to November, the Service member is also eligible to receive SCAADL.

So, our effort here with the VA is to ensure that we don't place the Service member in overpaid status. That is one of the challenges that we have in the program.

And that concludes my presentation. Any questions?

(No response.)

Thank you.

CO-CHAIR CROCKETT-JONES: I am sorry, I had a question. I got distracted. If we go on, I will come back when I have figured it out.

CDR SHAPIRO: Good morning.

I am Commander David Shapiro, and I

have been asked to speak about SCAADL from the Navy Wounded Warrior Safe Harbor perspective.

So, here is a breakdown of our recipients of SCAADL since the inception. You can kind of see the breakdown.

I understand that probably the Board might be interested in the Service member that declined. So, here is a Service member who, working with his caregiver, decided to use a TRICARE benefit, get a home health nurse instead, as opposed to using SCAADL. So, they kind of analyzed what their options were and said, "This is what we want to do."

So, here is a breakdown of the demographic compositions of our current SCAADL recipients. I am not necessarily going to read it all to you, but you can kind of see what you would kind of expect.

What I kind of found interesting was I did peek at the other Services' presentation and kind of saw sort of a lining-up of percentages in terms of Reservists versus Active

Duty. Well, the Board is already familiar with the fact that our Navy folk tend to be a little bit older than the Marine Corps and our Army compatriots.

But you can kind of see the breakdown in terms of wounded in combat, which we include TBI and PTSD in; cancer probably being our major serious illness, and we are talking about sort of higher-stage cancers that put people in a situation where they are permanently disabled. And polytrauma patients, the liberty accidents or the training-accident-type patients that end up catastrophically-disabled. As well, as you can also see on the far end the number, breakdown, in terms of tier.

Okay. So, how do we market SCAADL? We do trainings and briefings. Our non-clinical care managers do get out there and brief. It is an important, when we start looking at capturing individuals, to just analyze them in general. I personally kind of make the point that SCAADL is just a small piece

of a bigger picture of any Service member. And so, it should be something that is considered along with a host of other things. I don't personally like to say, "Zoom, SCAADL." No, I am a holistic sort of guy. We need to include might they be somebody who is eligible for SCAADL or not when we look at them and when we are initially capturing them, and it is part of the CRP, which gets heavily discussed between our Operations Department and the non-clinical care managers. Obviously, a heavy focus in how we do business with our CAP2's and 3's.

Ongoing discussions with the multidisciplinary team, so that, as people start to get ready and start looking at going from inpatient to outpatient, that we are ready to get set up to do the analysis.

We have fact sheets. We speak monthly with the non-medical care managers, and cases get discussed, like who got SCAADL, what their problems were, that sort of thing.

What is really important -- maybe it

is personal -- like the Military Personal Manual article is something that we have been waiting for because it is going to allow us to re-ping, if you would, the benefit. So, basically, the MILPERS manual, if you would -- I am not used to saying it that way -- and that is sort of a bible of sorts of policy. And so, once that gets released -- and we are getting close; as you can imagine, it is sort of a long, strung-out process that jumps through many wickets -- but once that gets released, that allows us to kind of re-ping and re-advertise the benefit because this gets blasted out as an addition to, essentially, the bible of personnel issues for the Navy.

CO-CHAIR CROCKETT-JONES: Can I get you to go back, actually, to the slide before where you have showed us the number and monthly average per tier level? I am interested that the highest tier level of injury and acuity, those folks are not receiving as much per month as those in the low tier. I am interested in that because it seems opposite in the other

Services, that the highest-tiered acuity are averaging only $200 a month in compensation. Or am I having trouble reading this chart?

CDR SHAPIRO: You may have trouble. I can't exactly answer your question. But one of the things that I have observed with SCAADL is it is also about location, meaning that you have the tiers, right, and someone gets a tier? And this is something that we are on the lookout for. If the Service member is in a different -- it depends on the zip code. Ultimately, the level of compensation is based on zip code.

When my Marine Corps colleague was speaking about when someone goes from Bethesda to Camp Pendleton, that is a big change in zip code. So, it confuses kind of how you look at how people are paid because like Bethesda would be very different than an area in the middle of the Midwest because it is based, the payments are based on zip codes. So, that really kind of blurs to some degree your analysis of kind of how

you are looking at that pay.

And it is something that we are careful about because, if a Service member is like, "Hey, I am getting ready to move home," then we kind of caution them, "This is how much you are getting now. When you move, your zip code changes. We are going to have to change the SCAADL and your payment shifts." So, that confuses the numbers of what you are looking at.

MEMBER REHBEIN: I have the same confusion that our Chairman does. I don't see where the combined monthly average of $1400 comes from out of that graph because none of those other three come anywhere near that level.

CDR SHAPIRO: I would have to refer back and look at the numbers again to see if perhaps it is a visual presentation problem, which I suspect it is.

MEMBER PHILLIPS: I am sorry. Perhaps I can ask the question in a different way. If you eliminate the variables of per diem and those independent variables, is the

reimbursement the same for basic SCAADL for all the Services at all the levels?

MR. WILLIAMSON: Yes. Yes. Excuse me, Doctor, but the determination is based on Bureau of Labor statistics for the geographic area where the service of recovery care is being provided. Whatever the local market is paying within that zip code, this is established by the VA. The Services and the VA utilize the same compensation schedule.

So, regardless of Service, regardless of VA caregiver stipend recipient, the compensation is the same for that geographic area. If they are low tier, this is the dollar figure, et cetera.

MEMBER PHILLIPS: Thank you. I understand.

So, if you eliminate the per diem and some of those other things, it is just basically related to the cost of living in a particular area, zip code. Okay. Thank you.

CDR SHAPIRO: Okay. So, this is an

interesting slide and it is important. So, due to the acuity, eligibility, Navy Safe Harbor is highly confident that eligible sailors are receiving SCAADL. Due to the acuity of their medical condition, Service members meeting SCAADL criteria fall within the purview of Safe Harbor. As a result, we are out there looking for them and capturing them.

Many SCAADL recipients are classified as CAT3's and assigned an FRC. A Navy Safe Harbor is an FRC assigned to its HQ component, which is a nice benefit that we have; she works with us, which works directly with our staff at Headquarters.

Current SCAADL policy does not cover the Coast Guard. Remember, if you kind of go back and look at the original policy, it was Department of Defense, and the Coast Guard is Department of Homeland Security.

At present, we have five Coast Guard recovering Service members who would likely meet SCAADL criteria. This has been discussed with

the Coast Guard, in other words, the existence of the benefit and the fact that here is a policy that the DoD has. The Coast Guard has to go and decide whether they want to execute the benefit. My sort of experience in executing the benefit, it involves a lot more than just Safe Harbor to execute the benefit. You need money, and then you need people to actually pay the money.

So, the Coast Guard is aware. Their numbers, obviously, are smaller than our numbers in terms of sailors or Coast Guard or the other Services, but in terms of everybody that we help take care of getting it, I can't honestly say yes, because the Coast Guard falls under a different purview when it comes to policy.

They have been educated about it and it has been discussed. They said they were kind of looking at it. But I want to answer the Board honestly about what the story is there.

Yes?

CO-CHAIR CROCKETT-JONES: Do you have any numbers on how many CAT2's might be, who

are on that little edge --

CDR SHAPIRO: In terms of the Coast Guard?

CO-CHAIR CROCKETT-JONES: No, in terms of Navy, how many CAT2's are eligible for SCAADL? I mean, sometimes people are, we find sometimes that the categories are a little gray at the edges.

CDR SHAPIRO: I concur with you about the grayness because I am heavily involved with enrollment. So, I would tell you that I can't give you an exact number. When we look at enrollment and there is a question, well, the answer is you always err on the side of the member and say, "Let's just go for it."

And so, what happens is there is a general blurring of Category 2's and 3's. Obviously, your 3's are going to tend to score higher on the SCAADL, but then you should have a subpopulation of Category 2's as well. So, I can't give you a great answer because the definitions themselves do -- because I am doing

this analysis; this is something I do every day, is look at cases. And you kind of see that there is often a blurring of 2 and 3.

My philosophy and the Command's philosophy is we will always err on the side of the member in terms of what a Category 2. But, then, when you start looking within Category 2's, you kind of realize that there are subpopulations of Category 2's. And so, what happens, and how usually it will scale out, is how they score on their activities of daily living in terms of how catastrophic somebody is.

I know that is not the best answer, but how that kind of peels out.

So, how effective is it? Feedback provided by non-medical care managers, recovering Service members, and caregivers indicates SCAADL compensation provides critical financial relief. You know, it is just one less thing to worry about. And I think that what we hear is that people like that option, meaning if they have an option between using a

government-funded service which eliminates your source of SCAADL, and they are capable of doing it themselves and want to do it, and take care of their loved one, or it is not always necessarily a direct family member, that it is something that relieves that stress of having to worry about what the financial impact is.

And they can focus -- you know, the other thing, the reality is that all along people do this, and then it creates other problems, right? Because, then, you get other phone calls, like "Can't afford to pay for something" or "We are behind on our car payment." That kind of gets removed from the table. And so, it is a lot less stress, and they can focus a little bit more on just getting the job done.

What we are just talking about now is to incorporate questions regarding the effectiveness and benefits gained through the SCAADL compensation on our next family member/caregiver survey to try to get more feedback and some more lucidity, if you would,

on what the feedback is. We know it is beneficial, but we want to get a little bit more information as to how people feel about it.

Best practices. Okay. So, we want to make sure that our non-clinical case managers are aware of the VA benefit and some of the nuances. And it is always good to have a reference. Because the VA benefit, when this all started, I talked to the VA about their benefit. There are definitely some differences. We want to be able to check. It is always helpful to have a reference. You are only as good as where are your facts really coming from. So, we look at the bible, so to speak.

This is very helpful. It is to have a designated point of contact for Safe Harbor at DFAS-Cleveland. So, DFAS are the pay people. So, having one person that you go to with questions turning on and off, it is obviously very helpful. Because if you talk to anybody and they are not familiar how to do it, or there

is a problem or a question, obviously, it is going to get a lot of worse. So, having a specific point of contact who is familiar with the benefit and what is going on is really helpful when you have got to make a phone call, stop, start, or change, that there is no confusion. So, things happen faster.

Non-medical managers provide additional training to illness recipients and caregivers on the potential that they may not meet VA caregiver criteria and recommend additional resources to meet caregiver needs. Something that scares me is just that, especially when you have someone who is really catastrophic due to an illness, and the VA doesn't provide that benefit, that the people are prepared way ahead of time and kind of know that things are going to change once they transition out of the Navy, or the Coast Guard, if we could get them the benefit; that they are aware that financially things are going to shift.

So, it becomes important, not at the last minute, or I would hate for someone to find out -- you know, the worst nightmare is, when they get to the other side and go to the VA, and the VA says, "Well, our policy doesn't indicate you get it."

Non-medical case managers provide additional training to illness recipients. We covered that.

So, this was something that my Marine Corps colleague brought up, which is something that I think many of us in the military have personally experienced this. DFAS is very good at getting money back when they overpay you. I mean, I have experienced it. They are very good at that. And they are always bad like if they underpay you. It takes forever. I know my colleague is snickering.

So, it becomes really important that we make sure that people aren't overpaid, that people are aware. So, we want to avoid that.

The way we kind of handle that is we

have the non-medical case managers. We have a person that works at MILPERS and our liaison at DFAS. We are all kind of scanning to make sure that we don't overpay. Because the worst thing is, you know, if you think about it, someone gets a couple of months' overpayment, and all of a sudden, these guys, they will come a-knockin' and want their money back. And they are very good at it.

All right. Lastly, conduct SCAADL screening on all recovering Service members during the comprehensive needs assessment and intake process, just to kind of be on the lookout for the right people who may be potentially eligible for the benefit sort of constantly. People's illnesses change over time. Things aren't necessarily apparent in the beginning in terms of how bad they are or when they present to us they are not quite catastrophic.

But, you know, cancer would be one. It starts off in one phase, but as they progress along in their treatment, things get worse. It

is time, then, to, well, okay, you were able to take care of yourself before, but now that you have mats and all these other things, that is not going to be possible. Now you are entitled to SCAADL. But to constantly kind of have to scan for the right people going.

Questions? I know you had that one question, and we will go back and take a look at the data again.

MS. DAILEY: Real quick, Commander Shapiro or Dr. Shapiro, your best practices -- and we might want to have everyone go back through best practices since we want to gather good data on best practices on these programs. I just want to clarify. These are best practices that you currently employ in your operations, and they have proven themselves to be good processes, good procedures?

CDR SHAPIRO: You can tell I am a big fan of that three-pronged approach --

MS. DAILEY: Okay.

CDR SHAPIRO: -- just seeing what

happens when people get overpaid. If we can just avoid it from being a problem in the first place --

MS. DAILEY: Okay.

CDR SHAPIRO: And that works well.

MS. DAILEY: Okay. So, these are recommendations, basically, you would make to the other Services; this is how you do it. You think this is the best way to prevent these types of pitfalls and to capture the audience and the individuals who are eligible?

CDR SHAPIRO: Yes.

MS. DAILEY: Okay.

CDR SHAPIRO: You know, another side note -- and this is also based on previous jobs -- is I am always kind of peeking at what the other Services are doing. You know, the hospitals are often Purple. If someone has a good idea, I don't really mind if it is Air Force Blue or Marine Corps Green, if it is something that looks good. Because when you kind of step back from a generic standpoint, really, these

are Purple benefits and Purple ideas.

I think it is important to try to be consistent amongst the Services. I know when SCAADL was coming out, I spent a lot of time talking with Captain Evans' predecessor to kind of say Navy facilities have Navy and Marine folk there. We want to be as consistent as possible because they are all in the beds together next to each other.

And personally, from a provider's standpoint, I said the worst thing to do would be to have a bunch of different requirements if they are Navy and a bunch of different requirements if they are Marine Corps, as well as the other Services. To be as consistent as possible because I know as a provider that sort of level of frustration, you know of go, it is the same benefit; why do I have to do all this for this person, but these guys says I don't need to do so much? So, consistency becomes very important from that perspective.

MSGT NOEL: Good morning.

I am going to stand because he put me in the corner over here.

(Laughter.)

Good morning, everyone.

Master Sergeant Noel with Air Force Wounded Warrior and Survivor Care.

What I decided to do was give a little bit of program overview, kind of get everyone smart on SCAADL as a whole, where it stems from, and making certain that we understand that it is a voluntary program, based on DoDI 1341.12, and the legal stuff underneath. It pertains to recovering Service members with permanent injuries or illnesses, and those injuries or illnesses are incurred or aggravated in the line of duty.

The purpose of the SCAADL is basically to help relieve any economic burden that is placed on the caregiver who may stop working at Target, or wherever they are working, to help that recovering Service member.

Again, it is paid in conjunction

with any other pay and allowance, and like the Marines talked about earlier, it being taxable income.

Our Air Force demographics, we have 40 applicants since the program started back in September of 2011. Fifteen of those applicants are no longer on SCAADL. Unfortunately, some of them have passed or they became self-sufficient. They were able to take care of themselves. They may have separated, medical retirement, or some of them have returned back to duty.

So, 25 applicants currently receiving SCAADL. This is basically our breakdown. We have 23 Active Duty members and two Air Force Reservists. And again, these are the pay grades, and a breakdown of our tiers.

How do we market SCAADL? Primarily, when a member is identified, you know, we have a recovering Service member, our recovery care coordinators, they are at the different locations. They are introduced to the new member. Whether he is an amputee or a

cancer patient, whatever it is, during their initial orientation, SCAADL is going to be presented to that individual.

They are able to ask any questions, and so forth and so on. And caregiver being present for someone who may have PTSD or TBI, whatever their injury or illness is, someone is there to basically receive the information and get a clear understanding of the information during that orientation.

Our RCCs have their own Facebook page. We have our fact sheet over here on the right. Again, the medical case managers, our non-medical care manager, and our AFW2. We have a website and a quarterly newsletter that goes out to all Air Force units.

So, they are able to -- I am a senior NCO and I am in my unit, and someone in my unit may have gotten injured. I am reading through this newsletter. I am like, oh, Airman So-and-So, you know, this might be something that that person can qualify for. Let me just

at least say something, if it hadn't been captured by these other individuals up here, just because it may have been my airman that was injured, and I can go to the airman and their family and maybe discuss it with them. So, these are marketing tools, as of today.

So, we have 25 of 31 eligible RSMs receiving SCAADL, which gives us 80 percent. We talk about the rate, the low, medium, and high tier. Well, we also have the acuity levels and we have the CAT1, CAT2, and CAT3.

The 31 number we are talking about is based on the CAT3 RSMs in the program as of 1 November 2012. And the Category 3 people, they may still be in an inpatient status. So, we look at them and we are like, okay, we have these people in here. They are CAT3. Once they move out of that inpatient status and they become outpatients, we understand that these are people who we can look at and make sure the RCC targets and introduces SCAADL to them. So, if they voluntarily want to receive the compensation,

they can.

And so, we make sure we keep an eye on those individuals who are sitting at the CAT3 level, so when they move out, we can, you know, "Hey, SCAADL is here." If you are eligible, like we talked about earlier, we offer that to them.

How do we meet the need? Again, I want to make sure that we understand that SCAADL is there to offset any financial hardship that the caregiver may incur. Like I said earlier, we have people who are employed.

I will give you one case, an example. We had a Major who was hurt in a boating accident. He lost his spouse and his six-year-old daughter. But he had two other children at home, but they were teenagers.

So, his brother came to California to take care of him. I don't know if his brother was employed, but let's say his brother worked for Hertz rental car. So, when he moved to California to take care of him, the income that

the brother may have lost, you know, essentially, that is what SCAADL is kind of there for, to offset that financial hardship. If that brother had a family, or whatever, he is like, okay, I will make the sacrifice, take care of my brother. That money is there for that purpose. That is the need that SCAADL is meeting.

I want to talk about the amount being based on the RSM residence and the cost of living in that area. I have up here a couple of examples.

For someone living in this area code, and they are sitting at a Tier 3, based on the SCAADL calculator -- there is a calculator that we all use -- we input the zip code, the tier level, and this calculator spits out this number.

I think this is Las Vegas. Someone told me I say "Nevada" wrong. So, I have stopped saying "Nevada," and I just say "Las Vegas," because I am from New York, so it is difficult.

If you are living in Las Vegas and

you are Tier 3, this is the money that you are going to get, whether you are wearing this uniform, the Marine uniform, the Navy one, the Army, based on the calculator that we all use.

And so, for example 2, someone living in this area code with that tier, that is the money that they are going to get. And that sort of answers the question I was asked earlier about all of us receiving the same compensation.

Based on your zip code and your dependency category or your tier, that is equivalent to the compensation. So, if your dependency tier changes -- let's go back to the Major. He was in the boating accident. He was injured pretty severely, and I believe he may have been at a Tier 2. So, let's say before he came off SCAADL altogether, he dropped down to a 1. Then, his compensation would be recalculated and we would go back and put his tier, the same zip code, into the computer, and we would get his new compensation.

So, the SCAADL meets the need until

the RSM is medically better, becomes self-sufficient, or he or she may return to duty. Thankfully, this major, he was on SCAADL for 45 days. When I saw the request come in to stop, I was kind of like, oh, wow, this is amazing. But that was all he needed. He just needed those 45 days. He got better to where he is able to take care of himself and his two children, and he went back to work, miraculously.

So, our best practices, I think the most important thing that we try to do in the Air Force is make sure we inform the RSMs about the compensation. We don't want to shove anything down their throat, but we do want to make sure that they understand, hey, this is available to you. It is completely voluntary, but this is what is available to you, make sure our RCCs are giving them the information that they need to make the right decision, whatever that decision is for them.

And training, a big thing for us is making sure that that DD Form 2948 is filled out

completely and accurately. One of the main things that I would encounter with the 2948 is sometimes the physicians, they weren't necessarily clear on where to fill things out and what was needed on the form, which makes it difficult. Because when I get that form, everything has to be correctly filled out on that form, so I can process it and get it over to DFAS to get this individual paid.

And I was just a big stickler on getting the money to these people on time. So, the biggest thing, I would get on the phone and I would call the RCC or their nurse care manager and say, "Hey, this needs to be done. Get this back to me."

Now it doesn't change when that person was approved, you know, became eligible. The date doesn't change, but the longer it takes for that form to be completed correctly, that is time. I was just very adamant about making sure this thing was done right.

So, training, making sure we train,

train, train. And sometimes, the medical people, they rotate out of that section or they do something different. They still need to be trained on how to accurately fill out this form so DFAS can get it and get that money into that RSM's account.

Like I said, one of the biggest things was the medical provider's signature and making certain that we know where the RSM is located. I can't guess, even though the person may be stationed in New Mexico, they may not be residing in New Mexico. They may go back to Brooklyn to get cared for. So, I need to make sure that I have their zip code.

So, again, training, big thing. We are really happy about the RSM no longer having to be homebound to get the compensation.

And one thing that we do with the Air Force is that we have monthly checks and balances between AFPC, DFAS, and OSD. What we do, so we have our different spreadsheets, and, you know, we are keeping track of everything.

So, each month we contact DFAS. By the 24th of each month, DFAS sends me a master list of basically what I sent them. I cross-reference DFAS's master list. I may have had some staff SCAADLs within that month. I double-check to make sure that Staff Sergeant Smith's SCAADL was stopped when it was supposed to, and I cross-reference that list with DFAS before I go over to OSD's SharePoint, their master list, and make sure we are all tracking.

So, I have my double screens, and then I have everything open, and I am looking and I am checking. I highlight, hey, this is some new people, so Ms. Sabato can know that we have new Air Force SCAADL people. And so, I just definitely want to make sure.

Like the Commander said, if you haven't experienced DFAS taking your money away or not paying you enough, that is just definitely not something we want these individuals to experience, especially in their situation. So, we check and double-check and we get it over

there, and Ms. Sabato is very good about telling me if something is wrong.

Do we have any questions for the Air Force?

MEMBER DRACH: I have a question for all of the panelists. Thank you all for the information.

In your marketing and outreach efforts, I didn't hear anyone saying that you do anything to reach out to the veteran service organizations or the military service organizations. Should you be?

MR. WILLIAMSON: You mean to address the SCAADL benefit? It is an Active Duty benefit. Are you perhaps talking about those Service members we have moved on to veteran's status and what type of connectivity they have with the veteran service organizations to be made aware if there is any change in their status?

MEMBER DRACH: The other reason I ask is that in some instances -- I am not sure

how many anymore -- the veteran service organization and perhaps a military service organization may be the point of contact that the wounded or injured Service member is looking to or looking for assistance in the MEB/PEB process and can act as an advocate to help promote the use of the benefit. I don't know if that makes sense to you or not.

MR. WILLIAMSON: It would be my hope, sir, that the Service member, if they were eligible for the benefit, would be well aware of it before the PEB process started. I mean, it should go into effect as soon as they become an outpatient, and it is typically a very long time between that outpatient status and their referral into the MEB/PEB process.

MSGT NOEL: And just to add to that, like you said, once a person is eligible, that RCC who is helping to take care of that person should have already notified the member. And so, before they even get to the point for that transition period in their career, they would

have been told about SCAADL before then.

CO-CHAIR CROCKETT-JONES: I did remember what my question was. You have -- I don't know if I have got the acronym right -- FRSCs?

MR. WILLIAMSON: Federal Recovery Coordinators?

CO-CHAIR CROCKETT-JONES: No, no. Family Support --

MR. WILLIAMSON: Yes, ma'am, we have the Family Readiness Officer. We also have the Family Support Coordinators.

CO-CHAIR CROCKETT-JONES: The Family Readiness Officers, and I know the Army has at the WTUs a similar position. I am hoping that you are pushing out SCAADL information to those folks. So that, when we have the gap between information given to a recovering member and the caregivers who may not be aware of all the same information, that that is another way to sort of tap the family member or the caregivers who are not always getting great

direct information.

MR. WILLIAMSON: Those, again, are why so many of the Services have adopted that fact sheet format and pushing information. Those fact sheets are intended to provide bite-sized pieces of information on a particular benefit with a link back to the organization. They almost all have a "What Next?" box that says, "See your Recovery Care Coordinator," "See your non-medical case manager for more information on this benefit."

On the Marine Corps case, we have our call center number at the bottom. So that, if at two o'clock in the morning the spouse or the family member wants more information about the benefit, they can get that through us.

One of the things that I wanted to bring up to the Recovering Warrior Task Force is the tax liability associated with SCAADL. SCAADL, again, different from the VA caregiver's stipend, is paid to the Service member as compensation. The expectation is that that

Service member will, in turn, if required, provide for their own healthcare -- I'm sorry -- their recovery care by hiring someone or at least asking one of their family members to do that.

In the case where that Service member were to hire someone outside, what do they become? They become an employer. They become an employer with the same responsibilities that someone who hires a home cleaner or childcare provider. They are responsible for their Social Security payment. Then, that Service member's caregiver is responsible for paying tax on the compensation that is paid to them. So, there is a potential for a triple tax to be applied to that benefit.

And again, that scenario that the Air Force representative provided with relocation, where in this geographic area the spouse or other family member might be compensated at a higher level based on the locality, but they go back to Sweatsocks, South

Dakota per se, and that compensation drops dramatically.

Well, that is an issue that many of the Service members' families don't quite understand. I am still doing the same job supporting this person, but now I am getting compensated much less than I was before.

MEMBER EVANS: I would just like to commend all the Services. I think you have taken this process -- I think this is what, about a year into the SCAADL? -- and it seems you have taken this head-on to ensure that the family members are being compensated. And so, I would like to commend each one of you and say thank you.

I know we still have some issues out there, and we will, but one of the things that I think the Task Force should look at is the tax on this SCAADL and why we have on the VA side it is not taxable, and then on the DoD side it is, the compensation pay. And so, we just need to look at that and see if that is something we can recommend.

MEMBER PHILLIPS: And maybe I might add, it sounds like you are also concerned about the zip code. Is that an issue we should address as well?

MR. WILLIAMSON: Somewhat. I mean, there is an expectation, again, on the family's part that, if they are providing the same level of service wherever they are doing that, it should be a base amount.

MEMBER REHBEIN: In your demographics, and specifically the Marine Corps and the Navy, although the Army and the Air Force may have the same situation, I saw a small number of people rated at zero. Who are they? I am assuming that is not a denial of the benefit, but maybe it is just not ripe for benefit?

MR. WILLIAMSON: No, it would be a denial of the benefit. And the reason that statistic, obviously, is captured is we want to make sure that -- in the Marine Corps process, it works like this: the application is generated in the field, typically, within the

walls of a medical treatment facility by a Wounded Warrior Regiment element. But all those applications, although the evaluation is done by a local doctor, they come to the Wounded Warrior Regiment, where it is a centrally-managed program. We ensure that the eligibility is what the requirements of the DoDI are, and that the evaluation of the Service member comports with what the current guidance is to validate, if you will, to review that application. And perhaps there is an up in that actual amount being provided or a reducing or a referral back for another reevaluation.

So, yes, there are people who apply for SCAADL who are evaluated by their doctor. They have suffered a catastrophic injury, but their functionality is such that they do not rise to the level of requiring a caregiver.

Curiously, they may have a non-medical attendant approved by their physician to support the Service member, but, again, that is not necessarily to provide the

same level of support that would be required of a caregiver compensated under SCAADL or the VA stipend. It may oftentimes be more moral support and minor issues.

CO-CHAIR CROCKETT-JONES: Do all the Services have an appeal process or is there any limitation on reapplying?

MR. PERRY: Yes, in the Army we have an appeal process. It is an established appeal process that is put out to the units and is vetted up through us at the Warrior Transition Command.

CO-CHAIR CROCKETT-JONES: And can folks reapply if they think their status -- there is no limitation on reapplying or approving eligibility? Is there any limit on that?

MR. PERRY: I am not sure what you mean by --

CO-CHAIR CROCKETT-JONES: If it seemed obvious initially, they didn't apply, is there a limit to when they can try to apply later? If they have applied once and been turned down, a status changes, it is not really an appeal, can

they apply again?

MR. PERRY: Yes.

CO-CHAIR CROCKETT-JONES: Are there any limitations on that?

MR. PERRY: No, there are no limitations on it.

CDR SHAPIRO: Yes, this is Commander Shapiro.

So, you know, an appeals process is important. When this all started, I also talked with the VA to understand how they did business, and it is a different entity. But we wanted to make sure that we put out an appeals process that made sense to all parties to make it happen.

Obviously, when these come in and we look at them, if we need clarification, it is nice because we want -- I know my Air Force colleague mentioned the physician's signature -- I really want the physician's stamp, so I can get their actual name.

Sometimes we will have conversations, if the scores are borderline, or

whatnot, to make sure that they are consistent and accurate. And so, there is sort of an unofficial appeal where, if it is close, you can go back and discuss with the provider, and then a formal appeal.

Now, if someone's clinical status changes -- you know, I kind of point this out -- then it is really a new application as opposed to consistently asking over and over again, "Can I get this? Can I get this? Can I get this?", as opposed to "I was rated this. Clinically, I deteriorated," and that happens.

I mean, we have people that they have cancer, they are cured. They are on full active duty. They are running around. And it recurs. From a medical perspective, I am like that is no longer the same patient that they were, even though it is the same cancer. Their prognosis, their staging, everything is different. We have to look at them anew, as opposed to ask, ask, ask, ask, with absolutely nothing changing.

So, there is an appeals process. If

someone's clinical status changes, they worsen, then go for it. And this is something, as we know people and follow them along, we should be aware of.

We also have to keep in mind that, if their clinical status improves, their SCAADL benefit can change also. We are careful to kind of keep an eye on things.

I know the VA, from a recovery standpoint, has some different perspectives on the benefit, in a sense that they felt that the VA told me they are times when the benefit could be a crutch to their recovery. And that is an interesting thought.

Even our own experience with members after some time, they are like "I am ready to do this on my own." I have seen that happen a couple of times where I am ready to move on; I have worked at it in order to get to a point where I don't need this level of help anymore. And interestingly enough, they know what they are saying, what that implies in terms of the SCAADL

benefit. You know, the VA kind of pointed that out to me, and I hadn't thought about that.

But the short answer to your question is there is a formal appeals process. If their clinical status changes, they are no longer the same person. I look at that as a new application.

MR. WILLIAMSON: I believe I am accurate when I say this: that all the Services have established a reevaluation process within SCAADL. Marine Corps is that they will be reevaluated every six months, that they will be reevaluated upon relocation from one geographic region to another, or whenever it is determined by the providing physician that there has been a significant change in their status that may impact their SCAADL evaluation.

One of the other anecdotal issues with SCAADL is that, as a Service member improves, there is concern that, if I improve too much, it is going to be a penalty to me, that I will no longer qualify for the benefit. That is

difficult to address because, yes, we want you to definitely get better, and, yes, if you do improve, your change in benefit could be impacted by that.

So, we have folks, Marines, who have what appear to be significant, catastrophic injuries, missing two limbs, who no longer qualify for SCAADL because their requirement for assistance with activities of daily living isn't there.

And when you have a Service member who is cognitively impaired by a traumatic brain injury, he looks to be physically capable, and that Service member is receiving a high level of SCAADL, and that double-amputee is no longer qualified for it, it really does cause people to scratch their heads and wonder, how could that be? But it is functionality-based.

CO-CHAIR CROCKETT-JONES: Thank you very much. This has been very informative. I know we had quite a few concerns. And we will take the tax liability and the zip code analysis,

we will be looking at that much more carefully and see if we can take it forward to the panel as a whole.

Thank you.

MS. DAILEY: We have a break, 15 minutes, and then our next briefer will present.

(Whereupon, the foregoing matter went off the record at 10:13 a.m. and went back on the record at 10:31 a.m.)

CO-CHAIR CROCKETT-JONES: All right. We will now receive a briefing from Mr. Michael LoGrande -- am I pronouncing that right? -- President of the Department of Defense Physical Disability Board of Review.

The PDBR was legislated by Congress and implemented by DoD to ensure the accuracy and fairness of specific Service members who were medically discharged between September 11th, 2001 and December 31st, 2009.

In our 2012 Annual Report, we recommended that DoD should consider a Joint Board to replace the formal Physical Evaluation

Board modeled after the PDBR.

Mr. LoGrande's information can be found under tab J in the briefing book.

I will turn it over to you.

MR. LoGRANDE: That is great. Thank you very much. I appreciate the opportunity to speak to this group.

We are about three-and-a-half years into our Board process. We are at that point where a lot of folks are starting to hear about the PDBR. In my opinion, it has taken too long. But I think some of the results will bear out to demonstrate that I believe that the Board itself has satisfied, at least in the past three-and-a-half years, satisfied the congressional intent of the 2008 NDAA, which was the Wounded Warrior legislation which kicked off the PDBR at the beginning.

So, I will start off with some of the slides.

You sort of mentioned what the background is, that there was a concern on

Capitol Hill that our individual Services were treating disproportionately soldiers, sailors, airmen, and marines with similar conditions. And Congress felt as though it was important to lay in a Board that could retroactively review the cases of those individuals who separated from the Service, using one standard of adjudication and having it be a Joint Board to do this review. And from that came the PDBR.

So, without restating what you have stated, what the eligibility criteria are, the PDBR was stood-up -- actually, the original draft of the DoD Instruction, DoDI 6040.44, came out in 2008. It was amended in 2009, June 4th, 2009, and that was our first adjudication, three-and-a-half years ago yesterday.

The Board itself was assigned to the Air Force to organize, manage, and administer the PDBR on behalf of all of the Department of Defense, and in the Coast Guard's case, the Department of Homeland Security.

So, we have stood-up in fairly short

order. We got together as a group, a complete group, March 16th of 2009; our first adjudication, June 4th, 2009. And I will get through some of the metrics here in a minute.

Why does the Air Force operate this Board? We get this question quite frequently. I am retired Air Force. So, I like to give all kinds of ridiculous answers as to why the Air Force should do it, but I won't do that.

The truth of the matter is the Air Force had the fewest people who were eligible for the PDBR. We had core competencies in doing Boards at our Air Force Review Board's agency, as does the Army or the Corps, for that matter, on the Navy side.

But the Air Force was given the responsibility to stand-up the Board, given manpower to do that. We did it in fairly short order and started adjudicating cases within three months.

It truly is a joint entity. It is a Board made up of Army, Navy, Air Force, Marine,

and when we have Coast Guard cases, we actually have Coast Guard augmentation to the panels, so that there is representation from that individual Service on the panel when we review their cases.

The bottom line there is very, very important. For the first couple of years, OSD, in fact, Wounded Warrior Care and Transition Policy Office funded the PDBR's operations. But, as we went forward, the funding from OSD came down, and we were able to stand-up the reimbursement construct from the Services. So, the Services are assessed, basically, a bill on a pro-rata basis to fund PDBR operations.

Okay. What do we review? The sentences there in red show what changes took place in the June 4th revision to the DoD Instruction. These changes were done primarily because the folks on Capitol Hill, on the Armed Services Committee, asked us to ensure that we opened the aperture to make sure that we were looking at all of the conditions that had been

looked at in the Disability Evaluation System, not just the MEB/PEB documentation. And they wanted us to be able to add unfitting conditions if we felt, in the opinion of the Panel or Board, that unfitting conditions that were looked at in the Disability Evaluation System should have been added and rated accordingly.

So, at that point in time, we made the revisions. Actually, Wounded Warrior Care and Transition Policy folks made the revisions to the DoD Instruction and had those in place. As soon as those were complete, we did our first adjudication.

PDBR will review medical conditions determined to be specifically unfitting for continued military service, as previously determined by PEB, and then medical conditions identified, but not determined to be unfitting. So, I think that is an important aspect. We actually can add those unfitting conditions and rate them accordingly. In fact, several or our applicants, we added conditions as being

unfitting along the way.

Okay. Our intake, well, I will say it this way: our Board is currently at the Jones Building at Andrews Air Force Base, and we have our intake facility down in San Antonio. It is co-located with our intake for our Air Force Board for Correction of Military Records as well as our Air Force Discharge Review Board.

So, all of the applications come in in San Antonio. And from that point, our intake office works as a liaison to both the VA and to the individual Services to gather the records, the documentation necessary for us to complete our reviews.

We have had pretty solid support from the VA, to be very frank with you, given the fact that we asked them to provide Service treatment records and any compensation and pension exams, and that we have a process by which we work with the Office of Field Operations here in D.C., and they send out sort of urgent messages to the field to expedite the gathering

of Service treatment records and compensation and pension exams.

Once we get those from the VA and we get the MEB and PEB documentation from the Services, from that point forward, our process is completely electronic. There is not a single piece of paper.

The VA, we are still working with the VA to get the electronics, but, as of now, once they send us the hard-copy service treatment records and compensation and pension exams, they're digitized at our intake and destroyed because they are copies and we don't keep them.

But, from that point forward, everything is digitized all the way through the Board process and through my signing our recommendation to the respective Service Secretaries. That has helped us dramatically. It has made us fairly nimble. We can move around, and we are not encumbered by the paper-laden processes, which is very, very helpful.

I like to foot-stomp the fact that we are a joint Board. I mean having presence from each of the Services is critically important.

The way we currently operate our Board is we will always have the Medical Officer, typically, not from the individual applicant's Service, sit on the panel. But we will always have, when possible, a line officer from the applicant's Service. That is not a requirement. The requirement for us is, if the individual is from a Reserve component, that we have a Reserve component officer sitting on the Panel to represent the challenges of the Reserve components.

We have been very, very successful in doing that. In fact, the vast majority of the people who have been provided to us by the United States Army or detailed to us by the United States Army have been Reservists and they have been fantastic.

CO-CHAIR CROCKETT-JONES: Can I ask

you, what triggers intake? Is it that the applicant triggers the intake or just the parameters of their finding?

MR. LoGRANDE: No, ma'am, it is the applicant. There is an application process. There is absolutely an application process. They fill out a DD Form 294 and a Privacy Act release, which allows us to access their service treatment records and the compensation and pension exams, as well as their service exams.

Some of the important considerations: our reviews cannot lower, in the aggregate, cannot lower the overall disability rating. So, there is essentially no harm to the applicant. The only thing we can do is end them home with what they came in with in terms of overall aggregate rating or improve their rating. That is what it comes down to.

I will say, once again, I have to foot-stomp this. Our review is merely a recommendation to the Service Secretaries. I think that is an important aspect, and I will get

to that in the next slide.

Yes, sir?

MEMBER DRACH: Excuse me. Your recommendation is only a recommendation. If the Service accepts your recommendation and the Service member is not satisfied, can he or she appeal that decision? That is no longer your recommendation.

MR. LoGRANDE: That is correct. They can no longer appeal that recommendation. I'm sorry. They can no longer appeal the decision of the Service Secretary within the Service appeal structure. Let's put it that way. Their next stop is the federal courts.

That is why I think we worked very, I like to think that we worked very, very closely with each of the Services' General Counsels and the attorneys that they have at their Review Board agencies, which is where their designated decision authority lies, to produce a product that is not only comprehensive in spelling out our recommendation process, but it also would be

sufficient to stand alone in a court of law.

Because, in the event that we ended up in litigation on any of these cases, I feel pretty strongly, given we had a lot of legal input to what is included in our records and proceedings, I feel pretty strongly that those documents are very well-put-together and thoroughly explain to the applicant our rationale for our recommendation.

So, the next bullet is, yes, after our stop at the PDBR, we make a recommendation to the DDA, the Designated Decision Authority, and the next stop for the applicant after that decision is to the court, if they are not satisfied with that decision.

Okay. Corrective actions. This is making the recommendation. I have to keep saying that. I will tell you the statistics. Ninety-nine percent, overall in the aggregate, 99 percent of our recommendations are adopted by the Services. I think that is pretty solid testament to our process.

At the same time, I will tell you I think it is a solid testament to the fact that the Services have come to the same realization, that we will all rate using the VA Schedule of Rating Disabilities. So, you are not finding just huge disparities. There are onesies/twosies, and some Services adopt more frequently than others. But, in the aggregate, a 99-percent overall adoption rate is pretty solid.

Yes, sir?

MEMBER TURNER: Well, there is this 1 percent. Could you give us an example of a case where they didn't?

MR. LoGRANDE: Without using specifics, I can tell you, typically, when the Services do not concur with my recommendation, which is basically I sign every one of our cases and send them to the DDAs, typically, when they differ from our recommendation, it is because that there was a minority opinion. In other words, there was a split vote.

Our Panel is made up of three people. So, if there was a minority opinion drafted, and it had more convincing or probative information, and compelled the decision authority, which is the Directors of the respective Services' Review Board agencies, it compelled them to side with the minority's opinion, okay?

It is a fairly robust process. I will tell you, we have had great relationship with the Services and the Designated Decision Authorities. If they have questions, I mean, believe me, they make no bones about picking up the phone and calling me directly.

And we are very transparent in our discussions. There is no agenda by any stretch on what we do. I mean, we want to make sure that the applicant was afforded fair and equitable treatment in the review of their disability evaluation process.

So, if it comes out that we send them home with what they came in with, we are okay with that. But if it comes out that it is

substantially higher than what the Services assigned, we are okay with that, too. And we are not afraid to say to the Services, "Hey, we think you got it wrong." By and large, the Designated Decision Authorities have agreed with our recommendations.

MEMBER REHBEIN: Sir?

MR. LoGRANDE: Yes, sir?

MEMBER REHBEIN: Can the applicant appear in front of your Board or is this simply a records review?

MR. LoGRANDE: It is a documentary review, yes, sir. And to get into a little bit of the specifics on it, what we do is, once we get the records, we look at what they have contended. And some can just say, "Hey, look, I want my entire disability evaluation reviewed," and that is exactly what we will do.

We will look at anything that was included in the MEB/PEB process all the way through the Disability Evaluation System. We will scrub their service treatment records. We

will scrub any records that they provide from civilian providers post-separation even, as long as it was within 12 months of separation.

What we have to do sometimes, in fact, because we are looking at cases all the way back to 2001, where there are discrepancies, we will use exams -- we will bounce the VA exams off the Service exams, Service-completed exams back in those days, and we will use the exam with the most probative value, the most comprehensive and complete exam, to make a fair assessment as to what the disability evaluation should have been at that time.

So, I was mentioning earlier to somebody that we sometimes -- and this is a broad sort of generalization -- sometimes the VA exams are a lot more thorough than what was completed on the Services side, the Service-completed exams. So, we will side with a VA -- we will look at the VA metrics or VA's assessment, and then we will bounce their assessment off the VA's Schedule of Rating

Disabilities and make a determination, and that becomes our recommendation.

Once we send our recommendation to the Designated Decision Authorities, there are obviously multiple actions that need to take place subsequent to their decision. I just sort of listed the things that happen downstream.

We don't get into the compensation piece. I actually sat through the compensation panel. We try not to be worried about the compensation side. We are more concerned about what is right, and we are more concerned about what the appropriate rating should be than we are about the compensation.

But, once we hand them off to the Service Secretaries, there are many, many actions that take place downstream from our Board action. Let's put it that way.

Here is sort of a summary: this is a snapshot in time, changing every day. In fact, the overall total adjudicated cases is up, and the Air Force rate is now at 30 percent. So,

Army, Navy -- I should say Air Force and Navy and Marine Corps are at 30; the Army is at 40 still.

But I can explain that by saying this: when we had the -- yes, ma'am?

MS. DAILEY: Members, you can stop him at anytime. But I might be a little confused.

These figures, give us a little more depth about what these figures apply to.

MR. LoGRANDE: Okay. This is a reflection of the number of times our recommendation was to raise the disability rating from a separation severance, which is 20 percent or less, to above that point, so 30 percent or greater.

So, 36 percent of the time, as of today, when an applicant applies, the outcome has been, or is as of today, 36 percent of the time it is to a disability retirement 30 percent or higher. So, it is more than a third of our cases we are making a recommendation to the Services that these folks should have been

retired as opposed to separated and paid separation severance pay.

I want to point out, because I am not trying to poke the Army by any stretch -- I am going to try to explain to you the anomaly of the 10-percent higher, basically, in the Army recharacterization rate.

When we handled the PTSD class action lawsuit, part of that lawsuit was remanded to the PDBR; parts were handed to the respective Service BCMRs, BCNRs. Eighty-six percent of the Sabo class action lawsuit cases were United States Army. So, it skews the data.

These people were all PDBR-eligible individuals, but when you have a block of people that are thrown toward the Board that tend to be from one Service, you are going to see a skewing of our data upward, especially considering that 94 percent of our cases that we reviewed at the PDBR that were Sabo PTSD class action lawsuit cases, 94 percent resulted in a disability rating of 30 percent or greater. So, that is why

I believe that the Army's numbers are higher.

If you strip out Sabo -- and we have done this repeatedly, and I probably should have done it for this panel -- if you strip out Sabo class action lawsuit cases, the PTSD cases were reviewed because those are sort of thrown at the Board by the courts, the standard deviation between the Services, the last time I checked, which is probably back in September, the standard deviation is between 2 and 3 percent.

So, I mean, that is a pretty good grouping. In other words, I am trying to point out that none of the Services did anything wrong necessarily. They were all following their own rules that they were given at the time. We are finding that when you use VA's Schedule of Rating Disabilities only as the rule set with no other rules to suppress perhaps a disability rating, you are going to get the same results across all the Services.

So, I know that there were a lot of folks offended when we first started out because

these numbers were a lot higher. We weren't trying to rub anybody's nose into it, and I said at the very beginning, and I stand by it today, I think those who felt as though they were most egregiously treated and inappropriately assigned artificially-low disability ratings, I think those people applied first. So, we saw most of our recharacterizations early on, and now we are seeing a substantial drop in the number of recharacterizations.

MEMBER EVANS: That was my question.

MR. LoGRANDE: Yes, ma'am.

MEMBER EVANS: So, core application plus the Sabo cases, over 5,000, or right at close to 5,000. So, now that you have looked at those cases that were class action lawsuit, you are starting to see a trend down?

MR. LoGRANDE: Well, let me just also say, we only got through 232 Sabo cases before the courts directed us to settle. That was a court-directed settlement.

MEMBER EVANS: Okay.

MR. LoGRANDE: So, we were only through about a third -- we had 1,105 PDBR-eligible individuals who were in the class, and 105 of those opted for the PCMR review as opposed to a PDBR review. So, we really only had a thousand cases that were presented to us, and we got through 232.

MEMBER EVANS: Ruling?

MR. LoGRANDE: Before the ruling, yes, ma'am.

MEMBER EVANS: Okay.

MR. LoGRANDE: In fact, for our records purposes, we list the Sabo cases as administratively closed. The ones that we did not get to, we list them as administratively closed. But cases that we worked, because we didn't adjudicate them necessarily, the administratively-closed Sabo cases are not listed in that number, the 2350 there. It is we listed them on the administratively-closed because it was directed by the court.

A lot of the administratively-closed cases -- and I think this is important to note -- we get multiple applications from people who are not eligible, for a variety of reasons. Some are greater than 30 percent or 30 percent or greater. Some did not meet the date, the bounded dates criteria, which is 11 September 2001 to 31 December 2009.

So, we routinely get, unfortunately, applications from Vietnam vets who want to be considered, but they don't fall within that criteria. So, we cannot consider them. We have to administratively close them. We correspond back to them saying that, "You are ineligible due to the date-bounded criteria."

That is all I have on this one, unless anybody has more questions on that.

(No response.)

Okay. This I sort of spoke to. It is roughly 99 percent of the time the DDAs adopt our recommendations.

That is all I have for a

presentation. I am glad to go into any detail about anything else you might have regarding the PDBR.

You know, I will add this: we work very, very diligently to try to get the message out about the PDBR. It is difficult. These folks are difficult to reach because they are all veterans. Without exception, they are all veterans. Many of them do not have the same address that they had when they were in the Service.

So, I will say this: we worked very, very closely with the Department of Veterans Affairs, the Under Secretary for Veterans' Benefits, retired Air Force Brigadier General Allison Hickey, who was very, very helpful and was very, very willing to lean forward and work with us collaboratively to do outreach for these folks who were eligible to the PDBR.

We have engaged in a process by which we will systematically mail, going forward, mail

to these PDBR-eligible folks and process the cases as we get them in.

In May of this past year, so May of '12, we mailed the first batch of 17,265 cases to those veterans. We had sort of a pool going in the office, an artificial pool going in the office of what the take rate was going to be. I swore it was going to be 22 percent.

Because when I get mailings that I am supposed to do something with, I usually read it, I put it on the counter, and I say, "All right, I am going to get to that this week." And two weeks go by, and my wife goes, "What are you going to do with this thing? Are you going to do something with this thing?" And I pick it up and I am like, all right, and then I usually put it down. About 20 percent of the time, I don't do anything with it and I throw it in the garbage.

So, I contended that with this, because it could potentially have an impact, a fiscal impact, to these folks or, if nothing else, the benefit of having TRICARE for life, I

believed that the take rate was going to be higher. The first mailing yielded an 8.2-percent take-rate, which is substantially lower than what I expected.

It is okay. I mean, we didn't do this outreach effort to keep our jobs; we didn't. In fact, I would be happy to be able to say that we have gotten through everybody and we are going to process everybody who has applied and we can be done. But I just expected a lot higher take-rate, and it just didn't come.

I don't know what to say about that. I mean, my obligation from the DoDI, as the President of the Board, is to establish administrative and operational relationships to publicize what we do and what they are eligible for. And we have done that. We have worked -- I can't tell you -- we have worked with -- somebody had asked a question in the last panel about reaching out to the VSOs. We wrote to the VSOs. We wrote to 86 VSOs that we said had some remote connection to military members,

86 VSOs, and we didn't hear from a single one.

In fact, several weeks later, I called and asked to speak with the individuals that we wrote letters to, and I think I finally got to speak with one individual. I called 26 of them, and I spoke with one of them. We were not getting traction.

So, that is why we went to the VA. We said, look, the only way out of this for DoD is through it. To say that you have made a concerted effort to reach out to all those who are eligible by mailing, let them opt to apply or not apply, and then, once they applied, get through those who have applied. And then, you can go back to Capitol Hill and ask for a sunset clause to 1554(a), which put us in place.

It is open-ended. The Board is open-ended. There is no sunset. There is no sunset to an application. There is no sunset to the process.

But I feel as though, once we can prove that we have done a mailing to all those

who are eligible, I think we should go back to the Hill and say, "Now we can put a sunset to the application." Even if they do it two years hence, I think we should do it at that point in time, but not until then, not until we get to reach everybody at least in a systematic way.

CO-CHAIR CROCKETT-JONES: I have a question for you. Are you empowered to change a temporary rating to a permanent rating? Or are you just basically reevaluating what was done?

MR. LoGRANDE: We reevaluating what was done. We don't pick anybody up midstream in the TDRL. We pick up somebody who has a permanent disability rating or either permanently separated, or we don't say anybody is permanently retired because they are not eligible, right?

MEMBER PHILLIPS: I have a -- go ahead. I'm sorry.

MEMBER TURNER: You said that the funding for the Board is pro-rata. Could you

comment on that? I guess where I would like for you to take that is how durable is the Board's existence?

MR. LoGRANDE: Well, I will say it this way: pro-rata means, if 68 percent of the applicants are Army -- we take our overall bill, which is scrutinized at many levels, as you could imagine, and it is divided up by the number of applicants we have had from that respective Service. In other words, if 68 percent were Army, we would take our overall bill, divide it out, and 68 percent of the overall cost is sent back to the Army.

MEMBER TURNER: So, you actually invoice the Services for your service?

MR. LoGRANDE: Yes, sir.

I will tell you, it is a challenge. I know that there was some suggestion, one of the recommendations from the Task Force is to have a DoD-level PEB for nothing other than to eliminate lines of -- three logistics lines would service the Departments. There might be

value in just doing it for that.

But I have my own opinion on the other pieces of that, but --

MEMBER TURNER: I would expect you would get pushback from the Services for invoices?

MR. LoGRANDE: Truthfully, I have got to hand it to them, and I think it is because of the leadership within each of the Services, MNRAs. They are supportive of this function; they really are.

Now, I should say, it is very similar to every other new program in DoD. A lot of people didn't know about it. A lot of people didn't realize the direction we were getting from the Hill. And so, it wasn't high on everyone's priority list at first. But I will say, the Services have stepped up and the reimbursements have flowed as appropriate.

MEMBER TURNER: So, you do not have to compete in the POM? You just bill?

MR. LoGRANDE: We have a marker out.

We have forecast what the cost of PDBR operations is, and each of the Services has what that forecast is. And so, they can account for it.

But I have been told -- and I don't know how valid this is -- but I have been told that the Services end up cashflowing this portion of it because they don't look at it as a program level, right? It is a subset of a program, but they don't look at it in the aggregate as a program level.

CO-CHAIR CROCKETT-JONES: Can I ask you, how was the cutoff date determined, the end, the close date of your actions?

MR. LoGRANDE: To be honest, I don't know the exact answer, but this is what we have speculated. And I think, in fairness, I have to say that it is speculation.

MS. DAILEY: Real quick, first of all, it was legislated.

MR. LoGRANDE: Right.

MS. DAILEY: So, he has the legislation. And then, now we are speculating.

Now we know --

CO-CHAIR CROCKETT-JONES: I understand that it was legislated; I just didn't know if there was a reason that Congress gave for that cutoff.

MR. LoGRANDE: All right, and this will be my explanation. In 2008, in the NDAA, right, it is when they changed the rules and made it very clear to everybody we are going to use the VA Schedule of Rating Disabilities as the baseline for adjudication, right?

I think they gave the Services or they gave the applicants one extra year, because when you make a change legislatively, nothing is implemented immediately. There is sort of a rampup to implementation and compliance with the law. It happens all the time. Okay?

So, I feel as though they gave the extra year of eligibility to give the benefit of the doubt to the applicant, to say that, even though you were outprocessed between 2008 and 2009, and the Services were supposed to have been

using the VA Schedule of Rating Disabilities, we are going to give you another chance because it is likely that they didn't implement it; they didn't get it right the first time. I shouldn't say it that way. It is likely that there is not a --

CO-CHAIR CROCKETT-JONES: I understand what you are saying. You are saying that it would give them time to implement the change.

MR. LoGRANDE: Yes.

CO-CHAIR CROCKETT-JONES: Do you think that they managed to implement that change in that year? Is this cutoff date the right one? I mean, because I am wondering, because then we also saw after that going to IDES versus legacy, continued change hitting this. So, I am wondering if that cutoff date is the right one.

And from you getting applicants who maybe are outside your cutoff date --

MR. LoGRANDE: Usually prior. Usually prior.

CO-CHAIR CROCKETT-JONES: It is usually too early?

MR. LoGRANDE: Yes.

CO-CHAIR CROCKETT-JONES: Okay.

MR. LoGRANDE: It is rare --

CO-CHAIR CROCKETT-JONES: So, you are not getting much oversight of the people who might be in the gap between that 2009 to the standup of IDES? Do we know what is happening with those folks? Not from your perspective?

MR. LoGRANDE: From my perspective, no.

CO-CHAIR CROCKETT-JONES: No?

MR. LoGRANDE: From my perspective, no. I mean, I will tell you, I had 24 years in the Air Force. I never saw such emphasis placed on a process that spanned Services, anything like what I saw in the IDES process. I mean, there is universally, I think, people who are very serious about making sure we get this right, within uniform and out of uniform. And I really believe there is a true commitment to make sure

that we are doing this right.

And I think there was such emphasis placed on that, that there was such direction given to the individual Service, informal and formal Physical Evaluation Boards, that they wanted to get it right, too.

Without exception, every doctor that has come to work with us at the PDBR has said, "Yeah, we have" -- and some of them were in the disability evaluation process earlier -- "Yeah, we were just following our rules, and we did it the way the rules were outlined." And the rules changed. When the rules change, you are going to get different results. You are going to get a 36-percent recharacterization rate.

Believe me, the medical professionals that work with us are happy that we are doing it by the book. I mean, they really genuinely are. I think you find the same thing at the PEBs.

You know, there are all sorts of

allegations of which PEB suppresses -- I don't think that that is really going on; I really don't. I think people just follow the rules the way they interpret the rules, and they are trying to do the right thing. So, that is my personal opinion.

MEMBER PHILLIPS: Thank you for the comments.

I am trying to understand the process a little better.

MR. LoGRANDE: Yes, sir.

MEMBER PHILLIPS: And this perhaps broader, and for the Task Force as well. And correct me if I am wrong. Each Service has its Evaluation Board and so does the VA. And then, the Service member has an appeal process for each Service. If that is not satisfactory, they move on to you for a recommendation, for further review. And then, they can also move on to the federal courts.

MR. LoGRANDE: They can move on to us only, sir, if they meet the eligibility

criteria.

MEMBER PHILLIPS: Right.

MR. LoGRANDE: Yes, yes.

MEMBER PHILLIPS: But I am saying, broadly, there are three or four or five different steps.

MR. LoGRANDE: Oh, yes.

MEMBER PHILLIPS: And, of course, there is a big timeframe involved in all these different steps.

MR. LoGRANDE: Yes, sir.

MEMBER PHILLIPS: I am just wondering, I am asking the Task Force, or even you to comment, is there a way to simplify this whole process? I mean, we create a Board and then an oversight Board, and then another process. I mean, should we be thinking more out of the box to try to make it easier for the Service member? I don't know how to do that. I am just saying, is that something that should be looked at?

MR. LoGRANDE: I think part

of -- again, this is just my personal opinion, please -- but I think part of the process being long, and not complex, but long and several iterations, is to afford the individual Service member as many opportunities to get it, as many fair shots at getting this right, because you have only got really, once you go through the Disability Evaluation System, you can go back to your Service, BCMRs or BCNRs, to change. But those steps are there to afford them maximum opportunity to get it right.

MEMBER PHILLIPS: No, I understand that. It is kind of a double-edge. I just wish we could sort of simplify the process to make it work better for most.

MR. LoGRANDE: Yes, sir. You know, I don't know what to tell you on that one.

MEMBER PHILLIPS: Well, I was happy to see that the vast, vast majority of your recommendations are accepted.

MR. LoGRANDE: Yes, sir.

MEMBER PHILLIPS: Just a policy

question, and I assume it was legislated, but why is your review, which is above and beyond perhaps in certain respects the individual Service Boards, only a recommendation, not simply just taken?

MR. LoGRANDE: That is a good question. My answer to that, I don't know if there is a book answer to that, but my answer to that is that the Service Secretaries retain the authority and the right to manage their force. I think, from our perspective, even though we are a DoD Board, we have to respect to their authority to manage their force.

I am very sensitive about that. That is why I always foot-stomp the recommendation, because we don't make a single decision at the PDBR. We make recommendations. And if they decide to side with us, great. If they don't, that is fine, too. I am okay with that, too.

It is just, if they don't, then if the individual goes to the courts, then there is

the "Well, these guys said this and these guys said this." That is the dilemma.

That is why I am pleased that we are at the 99-percent adoption rate because there are fewer opportunities to have --

MEMBER PHILLIPS: I understand, and you are very diplomatic. But perhaps the next iteration --

MEMBER TURNER: Just to give you a clarification, that is actually a philosophical point that the military takes. Typically, medical recommendations are recommendations, much like recommendations for flying duty; it is just a recommendation to the Commander, but, typically, they take them.

MR. LoGRANDE: Right.

MEMBER TURNER: One quick housekeeping question.

MR. LoGRANDE: Yes, sir.

MEMBER TURNER: Maybe you covered it. What specifically is your chain of command?

MR. LoGRANDE: We are embedded

within the Air Force Review Board's Agency, which answers through the Secretary of the Air Force, Manpower and Reserve Affairs chain. So, it goes from me to the Director of the Air Force Review Board's Agency, to the Assistant Secretary for Manpower and Reserve Affairs, through the Secretary of the Air Force. But we do this on behalf of Army, Navy, Air Force, Marine, and Coast Guard, yes, sir.

MEMBER REHBEIN: Sir, this may not be a question that you can answer; maybe it is for our staff; I don't know. But I am struck by the difference, the previous briefers on the SCAADL program, because they were DoD, could not include Coast Guard. But, yet, you are DoD and you can include Coast Guard. Is that some quirk in the legislation? The Coast Guard seems to me to drift in and out of some of these processes, and I am wondering what determines that.

MR. LoGRANDE: Good question. If I could give a plug for the Coast Guard, we have had 11 Coast Guard cases.

MEMBER REHBEIN: Yes, I was very surprised to see that you were dealing with Coast Guard because the SCAADL folks said they weren't eligible.

MR. LoGRANDE: That is legislatively-based, sir. I mean, we are expected to be able to review them based on the legislation.

MEMBER EVANS: So, my question, this morning we were briefed that the PDBR acts as a unilateral TDRL. And so, I am trying to understand why. Just for my understanding, why is that perception and why is it a thought that that is the way the PDBR is acting?

MR. LoGRANDE: I am sorry I missed Mr. Parker's presentation this morning. I read some of his presentation. But I had a chance to talk to him before I came up here, in fairness, to let you know. So, make sure I have got this right and I am telling the story straight.

We have an obligation in cases where an individual has a condition where the VA

Schedule of Rating Disabilities allows us, or directs us, frankly, to apply 4.129, which is essentially the mental health section of the VA Schedule of Rating Disabilities.

The guidance to rate that mental health condition is to put somebody retroactively on a TDRL for a six-month period, and at the completion of the Temporary Disability Retired List, for a six-month period, and at the completion of that six-month period, make a determination what the overall disability rating should have been.

Since we do not have the luxury of personal appearances, we can constructively place them on a TDRL, a Temporary Disability Retired List. So, we could say that they should have been placed on a TDRL from 2001 for a six-month period. And then, we have to use the documentation that we in place at the time and use the exam with the most probative value to determine what the aggregate overall disability rating should have been.

Mr. Parker's contention is, as I understand it -- Mike, you can correct me on this -- is that he believes that they should have been placed, physically placed, on the TDRL today, which we don't have the ability to do that. We are directed to retroactively place them constructively on a TDRL and then make a decision.

And he believes that they should have been afforded an exam and appeals within those exams. We just don't have the luxury of doing that.

These apply primarily to -- in fact, I can't think of another case where we would put somebody on a TDRL outside of a mental health condition.

We use the exams, then, with the most probative values. And I keep saying that because it is very, very important. As long as that exam took place within a 12-month period after their separation, it doesn't matter if it was a VA exam or if it was a private mental health

provider exam; we are going to look at those exams to determine what that individual's disability was, a snapshot in time. Okay?

So, if you separated April 1st of 2003. Six months later -- you know, we will set you back to that date in their records, because essentially what we do is a correction of records. We correct the record to say you should have been on TDRL on April 1st. Six months hence, you should have been reassessed, and based on the aggregate documentation that we have with the exams with the most probative values, we believe that this is what your disability rating should have been.

That means April, May, June, July, August, September -- in September, we could use September of 2003 or we could use August of 2004's exam by the VA, if it is the exam with the most probative value, to determine that that rating should have been in September of 2003.

So, in my opinion, it gives the at-least-as-likely-as-not benefit to the

applicant, which is the way the VA rates. And it gives more of an opportunity for us to roll in the VA's assessment, which is sort of similar to, very similar to the IDES process where the VA is doing all the exams and all the ratings. It gives the benefit to the applicant in that case.

So, the contention, I think -- Mike was asked the question --

LTC PARKER: I don't think you captured exactly what I was trying to say.

MR. LoGRANDE: I don't know; I am not sure, Denise -- hold on. Okay.

LTC PARKER: I would just put an exception -- I mean, I don't disagree with everything he is saying, but there are some points missing.

MR. LoGRANDE: Okay. And we do what we can do within our authority -- within our authority -- and within the direction that we were given by, frankly, SECDEF, USDP&R memo/directives that allowed us to

retroactively apply 4.129 to mental health cases. And Ms. McGinn put that out. Frankly, it was helpful to us because it made it very explicit what our application of those rule sets should have been.

CO-CHAIR CROCKETT-JONES: What would you be able to find if there were no later exams? How would you?

MR. LoGRANDE: Then, use the exam with the most probative value, which if it is the Service-conducted exam at the time, we would use that exam.

MEMBER EVANS: I think, just for the members, we needed to understand that comment this morning. And I appreciate it.

MR. LoGRANDE: Yes, ma'am.

That is a complex issue; it really is. But, since we do not ever see a patient, we do not ever look at anything other than the documentation, it is really difficult to make an assessment. But the assessment is made using the assessment that gives the applicant the most

benefit or the most benefit of the doubt.

MS. DAILEY: I am not trying to shut down conversation about that. I just can't have a debate between Mr. LoGrande and Mr. Parker in this forum.

MR. LoGRANDE: And it would be a respectful conversation, but I understand, yes, ma'am. And I will talk to Mike offline.

Any other questions?

MS. DAILEY: I do have a question. Will there be another mailout? You said you did 17,000 in May.

MR. LoGRANDE: Yes, ma'am, there will.

MS. DAILEY: And the year between when you started and the May mailout, how were you advertising? How was this word getting out?

MR. LoGRANDE: A lot of it tends to be -- we have got a lot of coverage, thanks to a lot of our Service media. The mailout is most effective way, in my opinion, to ensure that you say, I mean, to ensure that we have really

touched people, reached out and touched them.

That is why I think we will continue the mailouts. I don't think we should stop until we have completed that. But, once we have completed that, in fairness here, we need to make sure that you, then, go back -- we go back to Capitol Hill and say, "Okay, we have made every reasonable attempt to reach these folks." I would like to be able to say that, by that time, there is confidence in the Disability Evaluation System within DoD, and then the Hill will have no more doubts and we will just be able to sunset it. But we need to reach everybody first.

MS. DAILEY: Any discussion about extending the timelines beyond 2009?

MR. LoGRANDE: No, ma'am.

MS. DAILEY: Okay. Good. And you do think there will be another mailout to reach the 2001 --

MR. LoGRANDE: Yes, ma'am.

MS. DAILEY: -- to 2002 population again?

MR. LoGRANDE: Well, we have done the first mailout, which we have gone all the way back to our first part of our eligibility through 2003. And then, the subsequent mailings we will keep stepping forward.

MS. DAILEY: Okay. So, your first mailout is 17,000 and only covered three years?

MR. LoGRANDE: Half a year for 2001, from September 11th, 2001 through December 31st of 2001, and then, the subsequent two years, yes, ma'am.

MS. DAILEY: Okay. All right. So, there are subsequent mailouts to cover the rest of the years up to 2009?

MR. LoGRANDE: Correct. Yes, ma'am, that is correct.

MS. DAILEY: Any breakout by year of your current caseload? Are they almost all from the early period? Or are you getting a lot of 2007 and 2008's?

MR. LoGRANDE: It is sort of through the normal application process, not the VA

mailing, but the normal application process, it is a smattering.

MS. DAILEY: Okay.

MR. LoGRANDE: At first, we did see many, many, like I mentioned before, many, many from the earliest timeframes, but that waned.

To me, an applicant is an applicant is an applicant; we are going to use the same rules. We are going to do it as fast as we can to get them a prompt response, so that they can get on with their lives and settle all this stuff.

I mean, I have talked, I have corresponded with many of the applicants. Every once in a while, we get a really, really nice letter that moves you, I mean that makes you realize that it gets people on with their -- they feel as though, once that decision is rendered, they can get on with their life. They know that I got a fair shake, which that is not a tribute to me, trust me; it is a tribute to the guys that work all this stuff at the PDBR. They are good

folks.

CO-CHAIR CROCKETT-JONES: I would also like to know if you could get us data that shows us the year of the original rating versus your rate of readjustment and adjudication to see if there is anything that is happening, that happened over time. I think that, if we saw that there was less change in later -- we have been talking about this as a recommendation, that a Joint Board would still meet some need. I would just like to see that data to see how the later adjudications compared to earlier rates. Your changes might support our contention.

MR. LoGRANDE: So, I am going to just sort of clarify. You are wondering if those who are separated closer to the end of our eligibility criteria had more recharacterizations or fewer recharacterizations. Okay, I will do what I can to pull that data, yes, ma'am.

MS. DAILEY: And I want to emphasize, going back to Dr. Phillips' point,

which is one of the reasons that you made the recommendation last year, was, in fact, to simplify the process, to have one joint formal PE Board, PEB Board that would still allow a final review by the Service. But for the very small number of individuals who are doing a formal PEB Board, you would only bring them to one formal PEB Board, instead of having four Service formal PEB Boards. And then, the individual would still have the option to go back to their Service, if they did not like the outcome of that.

So, that was the intent, going back to Dr. Phillips' comment about simplifying this process. And that was part of your recommendation in making a recommendation to assess if this would be valuable to the Services in simplifying a process.

MR. LoGRANDE: The notion of a DoD-level Board is great. I have my own personal opinions about it. If we can prove that it is more effective for the soldier,

sailor, and the marine, great, and if it not going to cost us a ridiculous amount of money, because, frankly, that tends to be a focus, but balance the two.

There are a lot of people that are involved in the Disability Evaluation System within the Services. I don't know if you have pooled all of the Air Force, Army, Navy personnel, or Coast Guard personnel for that matter, into one room, and then said, "Stand this up at the DoD level," if you could do it. I am not sure you could. I am not sure you could do it for the same amount of money.

But if you could, there are other problems. I think there are more authority issues that may be involved where the Services do the informal portion, send it off or give it to the VA. You get the rating. You get the informal portion. It goes to the DoD level. Is that a decision there? And what is the appellate from that? It is atypical to have a decision at a DoD level to appeal, then, back to

the Service. And that is sort of back to the authority issue. I don't know; I mean, that is a Mr. Cassiadi question.

I don't know. I mean, I think there is probably merit. Here is what I could speak to: I think the merit is in the fact that you had a joint adjudication, that there is no particular -- and I don't mean this pejoratively -- but there is no particular Service bent on a decision. It is a joint decision, agreed upon using on rule set, and not any Service-specific rules or Service-specific mindset.

And I think that is the value in the PDBR, is that, I mean, there are folks who are detailed to us who come to work in their uniforms and look just like our folks around the table that are in uniform. But you would never know by the way they vote. They vote the same way every time. It is not a block, but they vote consistently in a repeatable manner, which that is the advantage of having a Joint Board. You

get a variety of backgrounds, but they are very consistent. And I think there is merit in that.

MEMBER PHILLIPS: I would think that we would all agree that trying to make the system more efficient is at least worth discussion.

MR. LoGRANDE: Yes, sir.

MEMBER PHILLIPS: And there are issues related to this which we didn't discuss, and I keep bringing up periodically at these meetings, if we could somehow harmonize or have a consistent IT system, so that all the information could be available to everyone immediately, I mean, that is a way to do at least a paper review without having all these Boards.

I am sure the difficulty is just collecting the information. And I think this time limit that is imposed also is affected by the ability of the Service member, or whoever, to collect all their records and information. So, I mean, there are a lot of issues associated with this.

But I think it is at least worth a discussion, and it can be solved. Pilots can be created, and so forth, to test it.

MR. LoGRANDE: Sure. I mean, I am certainly not suggesting that you use the PDBR as a beta test. But I think we have digitized. From the alpha of the process through the omega of the process, it is completely digitized, which that is a huge savings in physical footprint. It is huge savings in speed at which you can transmit documents.

So, along the line, it can be done very efficiently if you use what you are talking about. You have these systems that it would be nice; it is a little bit of a John Lennon "Imagine" if all of us had one system that everybody talked to each other, it would be nice.

(Laughter.)

And I think, in fairness, we have made huge strides to get down that path, but it is just not there yet. You know, if you keep jumping halfway to the wall, you never get there.

MEMBER PHILLIPS: Our Chairlady has always said that, if we have one monetary system for the U.S., why can't we have one IT system, at least for what we do?

MR. LoGRANDE: Because there is always competition.

(Laughter.)

CO-CHAIR CROCKETT-JONES: If wishes were horses, we would now be eating steak.

So, I am thankful for your bringing this to us. I think we all have a better grasp than we did this morning, and over time it has gotten a lot clearer for me.

MR. LoGRANDE: Yes, ma'am.

MEMBER REHBEIN: Suzanne, may I ask one question before we close?

CO-CHAIR CROCKETT-JONES: Yes, you may.

MS. DAILEY: And we don't have to rush to a close; we still have Mr. LoGrande here for 15 minutes. I got him up here for an hour and 15 minutes, ladies and gentlemen. I know

you don't mind. This is it; this is your chance.

(Laughter.)

MEMBER REHBEIN: Someone discharged in 2002, you mailed the letter; the letter came back because the person has moved. There is no good address. But, then, later on, they hear about that maybe this process is going on. How do they find you? Websites?

MR. LoGRANDE: Yes, sir, there is a website.

MEMBER REHBEIN: Facebook?

MR. LoGRANDE: We are on the OSD Health Affairs website, believe it or not. It is www.pdbr -- basically -- .com. I will give you the information.

Basically, what it comes down to is there is all of the information, probably too much, quite frankly, because it gives them scenarios of what their options are to either go to the BCMR or the PDBR, what the advantages of each venue is. I mean, there should be no questions, if they go to this site, there should

be no questions from an applicant as to what each venue affords them. It is pretty exhaustive, actually.

Because we did it when we first stood this up. We had a person who was working with us, a contractor who was working with us who didn't know anything about -- they knew all kinds of stuff about public affairs, but didn't really know anything about the Disability System. So, she asked a million questions, and all those questions were great questions, and that is the stuff we captured in our FAQs, our Frequently-Asked Questions, that are on that site.

To get back to your initial premise, though, in the mailing, if the address changed, the VA has a contract to track people down. And I will just be very frank with you. Of the 17,265 letters that went out in the first mailing, 18 percent of them were returned. But those are automatically rolled into the subsequent mailing, and it gives their

contractor an opportunity to run to ground the valid addresses.

So, again, I can't say enough about how helpful the VA has been in working with us. Once you are in the military, you are a veteran, but you are a military veteran. But they look at them as their folks, too, and they want to do what is right for them. It is sort of a mutually-beneficial arrangement because they want to help them; we want to help them.

We at least want them to be notified of it. And they don't want to apply, that is their business. But if they want to apply, we are glad that we could reach them.

MS. DAILEY: Mr. LoGrande, what can you tell the Services about the 36-percent recharacterizations? Are there trends? Were they erring in certain areas for orthopedics? Or where were they most inconsistent? How can those results be turned back around to the Services to fix their process?

MR. LoGRANDE: They are mostly

orthopedic, backs, knees, ankles, necks. I mean, if you grouped them by MOS or AFSC, you are going to find that the infantrymen more frequently will have bad backs and bad knees than an airman who turned wrenches on a flight line. So, it depends on MOSes, but we see mostly orthopedic-type issues.

MS. DAILEY: And then, why the recharacterization?

MR. LoGRANDE: Typically, the recharacterization is -- typically, and this is not the universal rationale -- but, typically, the recharacterization basis is strictly using the VA Schedule of Rating Disabilities, because when you use that and that alone with no further guidance, you are going to get a higher disability rating, because the VA looks at things differently than perhaps the Air Force did 10 years ago using additional Air Force guidance to rate at the PEB. So, you are going to get different results.

MEMBER EVANS: To go back to the

presentation we had I think at the last meeting as to the difference in VA and DoD rating and how, typically, you receive higher results. So, if they are using the VA, their exams, then you are probably going to see a higher, during the appeal process, you are going to see a higher result.

MR. LoGRANDE: Uh-hum.

MS. DAILEY: So, in these recharacterizations you can pretty much track your recharacterization back to a policy by the Service at that time for doing these ratings --

MR. LoGRANDE: Yes, ma'am.

MS. DAILEY: -- that were used in conjunction with the VASRD?

MR. LoGRANDE: Yes, ma'am.

MS. DAILEY: And, theoretically, with the elimination of those individual Service policies and use of only the VASRD, your Board is leveling the playing field for that time period between 2002 and 2009. And from about that time period forward, everyone is using the VASRD and would have a level playing field from

that time forward.

MR. LoGRANDE: That is a great characterization. That is exactly right.

Anything else? Yes, ma'am?

CO-CHAIR CROCKETT-JONES: I think we are all comfortable now.

MR. LoGRANDE: Okay.

CO-CHAIR CROCKETT-JONES: Are we good?

Then, we can thank you again.

MR. LoGRANDE: Yes, ma'am.

CO-CHAIR CROCKETT-JONES: And I think we are breaking now for lunch, but we have a little leeway. Do you need any administrative time? No? Okay, then we are good.

MR. LoGRANDE: And I will hang around, if people have side questions.

CO-CHAIR CROCKETT-JONES: Thank you.

MR. LoGRANDE: Yes, ma'am. Thanks.

MS. DAILEY: Thank you, everyone.

We do have lunch, and we have a break for lunch. My staff will take you over to the lunchroom. There will be a buffet today.

(Whereupon, the foregoing matter went off the record for lunch at 11:37 a.m. and went back on the record at 12:58 p.m.)

A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

12:58 p.m.

MS. DAILEY: Well, we have got everyone here, I believe. We will start.

I am up for this next hour, ladies and gentlemen. We will be going over our installation visit schedule. We are going to hit a number of topics here.

One is I do have some blanks that we would like to fill in. This is also an opportunity to reassess where you want to go or where you think you want to go or reassess a commitment you might have made earlier.

Our guidelines on our installation visits is that I generally like at least two members to go on each installation visit. More is fine. And I would like to have at least a civilian member and a military member go on each one.

When we get beyond two, three is a good crowd; four is also fine. Five and six going out to an installation starts to make you

a little crowded. I can handle it. But somewhere between the four to five, three to four, is a good group of people.

Now, Ms. Crockett-Jones, you have been out on most of them. Rotating the focus groups through a Service member and a civilian member is helpful, so that one member isn't doing them all.

The other item I would like to bring to your attention right now -- and we can start there because it is at the end -- but I did have to rearrange this. So, I do need you to kind of take a look at your calendars again.

I am going to get you to flip to the third slide. There we go. All right.

If you remember my initial email I sent out, I had a West Coast run from the 19th through the 29th. What I have had to do is split that 10 days or two weeks up. So, we have a Pendleton and a Naval Reserve for that last two weeks of March, 21, 22, through 25 and 26 -- excuse me -- 19 and 20, 21 and 22.

And then, theoretically, I would be traveling back here for a meeting on Monday and Tuesday, and then, traveling back out to the West Coast for the Joint Base McChord and Elmendorf.

So, this changed. This is not now a straight run from Pendleton to San Diego to Fort Lewis to Elmendorf. This is now a business meeting back on the East Coast between two of those four installation visits. So, keep that in mind.

Now what is an option for this is -- and we are constrained to that March date other than cancelling it -- what is an option is we can hold a business meeting out in San Diego. We can attempt to hold a business meeting out in San Diego, similarly to what we did for our San Antonio visit in Texas in December of last year. For those who are interested in doing that whole 10 days from Pendleton to Alaska, that would keep you in San Diego for that meeting on Monday and Tuesday.

So, that is new information. Keep

in mind. We will get back to it.

We are going to go to our very first installation visits. Now we are going to talk about coverage in January, February, and March. We are going to get back to the first one.

All right. This is what we have planned for the year, and this is the coverage it gives us for every installation. I think we have got pretty much everyone covered. We are not committed to this schedule, ladies and gentlemen, in that the later ones are flexible.

But I will tell you, the January meetings, the January installation visits, they are a lock. I am having telephone calls. I am getting points of contact. I have sent out the agendas for all of the January meetings.

So, I have some flexibility beyond January, but when I leave here today and tomorrow, the February agendas will be going out. No later than next week, I will start sending out the February agendas. So, very quickly, February is going to be locked in also.

Installations will be doing their planning. They will be wringing their hands. There is always kind of a process where they go through denial, and then they wring their hands and say, "Well, how do we do this?" And then, they come to grips with the fact we are going to be there.

So, February will very quickly be locked in. Pretty much, I would like to do February before the middle of December. December is a waste, and they really need six weeks. So, before mid-December, I will send out the February installation visits.

Again, March, I have got some flexibility in March, and I am happy to talk about changes. Let's just make sure we want those changes to be what they are.

So, Walter Reed is completed. We did that the 13th-14th. We will go to Navy Safe Harbor Thursday and Friday. And we have a fairly-robust group for that. I am very appreciative of that.

Just in case, anyone else interested in going to Navy Safe Harbor? I can pull you in. It is local. It is not going to cost me anything. But I have got a fairly-robust crew going to Navy Safe Harbor.

Let me just run those names down for you. Ms. Crockett-Jones, Mr. Drach, Mr. Rehbein, Mr. Turner, and Captain Evans are going to Navy Safe Harbor Thursday and Friday.

Thank you, Captain Evans. I think she has left for the day, but she is my uniform on that. I have got a lot of civilian representation, but Captain Evans is my military representation on that.

It looks like you want to hit your button there. Okay. All right. All right. Anticipation. Okay.

And, ladies and gentlemen, that is going to be pretty much our only touch with the Navy. The Navy Safe Harbor is a similar agenda to what we did with the Air Force AFW2 program last year. It is a two-day embrace of the Navy

Safe Harbor programs. We are parked in their Headquarters. We are going to do telephonic focus groups.

And so, this is one way for us to kind of get our arms around those types of Wounded Warrior Programs that don't have units. Army and the Marine Corps have units. We can go to them with some regularity.

The review at the Air Force Wounded Warrior Program, the AFW2 program, was very fruitful for us, I thought, last year. I thought I would replicate that model on the Navy Safe Harbor program.

Now our San Diego visit, and we said, "Well, you are going to San Diego," it is really to see the Naval Reserve Unit out in San Diego. It is not really to go back to Balboa or to go to the Balboa Naval Hospital again. Now that can change.

But we did the Navy Reserve Unit last March on the East Coast. And we really want to look at the Navy Reserve Medical Hold Unit on the

West Coast, and that is the intent of that installation visit.

Okay. So, we are going to, right after Thanksgiving (sic), we are heading out to Fort Carson. In the note here, I have Army and I also have RC. Usually, when we go to the WTUs, we get a lot of RC input. So, I counted WTU. You visit as a Reserve component, not the National Guard so much, but as our touch for the Army Reserve. There are other ways to get the Army Reserve or the Reserve component, and we can talk about that.

Fort Carson, we do one day. Right after the business meeting, we have a day of travel, and then, Thursday and Friday, the 17th and 18th of January, you all have expressed an interest in the IPO demonstration going on at Naval Station Great Lakes.

The work we did last year with the IPO, the Integrated Health Record Initiatives, the VLER Initiatives -- one of the sites at which they demonstrate how these processes, new

processes, how these interfaces are working is at Naval Station Great Lakes, the IPO demonstration.

So, that is why that is on there. That is not a traditional site visit. That is more of a visit to people who brief us. They will be here on Tuesday of that week. IPO will come in and brief us on the Electronic Health Records Initiatives, the major push and reorganization they did last year to basically change each Service's health records, so that they are now accessible to both Departments. We are following up on that briefing from last year with their briefing at the January business meeting, and then, a followup meeting at location, essentially, to see the demonstration or to see their products at that location.

MEMBER TURNER: So, is one day IPO, the other day VA?

MS. DAILEY: Yes. Well, I haven't -- yes, that is correct. The IPO is part of it. The hospital is very integrated into the

IPO operation. They are functioning as the demonstration. So, we want to spend time with the hospital, which is an integrated VA/DoD hospital. And so, we will see that whole operation.

And then, I do want to spend some time, I have programmed some time for the OEF/OIF Program Management Office, which we go in and we talk to that touchpoint for people who have left the military and are integrating into the VA system through the OEF/OIF Program Management Office. So, that is not the same thing as putting our hands on the Electronic Health Record Initiatives and demonstration site.

So, no focus groups there. It is going to be a lot of in-the-receive-mode type of installation visit.

Okay. So, right after that, that next week, we head out to Fort Bragg. The pattern here is there is an installation visit or business meeting every week between now and the 3rd of April. And there is no expectation

you are all going to go on them. The expectation is, I call it, you know, plug-in where you can. And then, my first priority is actually to have you at business meetings, and I would like you to go to at least two installation visits. If that is not possible, just let me know.

Okay. So, we will go, after we have been to Fort Bragg, we are going to go to the Joint Forces Headquarters, North Carolina. This is really Joint Forces Headquarters visit. Some of you have been on those. It is an opportunity to get our arms around deployments and redeployments in that State with the National Guard.

The following week, we are heading out to a Community-Based Warrior Transition Unit in Arkansas. Then, we will go to the Joint Forces Headquarters in Arkansas.

I have split these into two weeks, ladies and gentlemen, two weeks at the CBWTU -- excuse me -- one week at the CBWTU, two days, and then, the next week at the Joint Forces

Headquarters.

I have found people can't take four full days out to go to these installation visits. So, I have split them out. And so, it is two days in the travel mode, in the installation visit a week. That is why I have split these out.

I am happy to try, if you really think you can do four days in a row, take it out of your schedule and function four days in a row in these installation visits and the Joint Forces Headquarters, I can go back to that mode. But we have found over the last two years that two days on the road is just about all people can take out of their schedule.

All right. So, we are going to go to Arkansas Community-Based Warrior Transition Unit, Joint Forces Headquarters, Arkansas. Then, we are going down to San Antonio. This is a late-February installation, but I don't have the agenda out yet.

I am conflicted. My intent to go down to San Antonio is actually to go down and

get a followup on our Air Force programs that were briefed to us last year. I haven't had a chance to coordinate with Air Force. That is a meaningful visit to go down there. What am I going to see? Are they going to show us the operations? And so, I don't have this agenda firmed-up, but the original intent of this visit is an Air Force look. And it would pretty much be our only Air Force look.

Our intent is to kind of followup on the briefings they gave us last year about how they are reorganizing management of their Guard and Reserve, case management, and how they are managing wounded, ill, and injured in the Guard and Air Reserve. Now, with a little more investigation, I may find that there isn't any point going down there; that they will just brief us. But my intent was to kind of do an on-the-site with the items they briefed us last year and how far down the road those items have gotten on managing Guard and Reserve.

Okay. We want to revisit Iowa.

With Iowa goes a look at the Community-Based Warrior Transition Unit at Rock Island. This is an installation visit we cancelled last year. And so, I do want to get out to the Community-Based Warrior Transition Unit at Iowa.

That takes us to mid-March, and pretty much the last two weeks of March are all out on the West Coast. We are going to Camp Pendleton. We have been to the Marine Corps Headquarters Battalion East for their Wounded Warrior Regiment at Camp LeJeune last February. And then, we need to get out to the Marine Corps Battalion Headquarters West for the Wounded Warrior Regiment, for the Marine Wounded Warrior Regiment. So, that is where we are starting.

Again, as I mentioned earlier, we move off the coast. We will go to San Diego, talk to the Naval Medical Hold Station West, business meeting, Fort Lewis, and then up to Alaska.

MEMBER KEANE: May I make a

suggestion?

MS. DAILEY: Sure.

MEMBER KEANE: March seems very aggressive. I would recommend cancelling that March business meeting and having it the third week or some other time in April.

MS. DAILEY: Yes.

MEMBER KEANE: That would alleviate your concern of going back and forth.

MS. DAILEY: It would. However, I cannot get on the other Co-Chair's calendar in April or May. That is what kind of drove this last change.

By our next meeting, we will have another player, and I am coordinating on schedules, and this is where we are at with that schedule.

Okay. I am open for suggestions. I keep saying I am open to suggestions, and then, I just said no to that one. I apologize. I have constraints. So, those constraints that I am not subject to, it won't be a suggestion; I will

take it; I will do it. We will do it. But I have a constraint April and May.

CO-CHAIR CROCKETT-JONES: Okay. I want to just comment that for Fort Bragg and the Arkansas visits, so far, there seems to be no military presence. I am a little concerned about that. For Chicago, Captain Evans is available for the trip to Chicago. So, we do have military there. And then, later on in the schedule, Rock Island, we have no one for military. So, I just want to throw that out, that we need to focus a little on.

MS. DAILEY: Okay. Good. Yes. So, here when I sent out my initial, I got back responses and I have plugged those in here. So, this is what you made commitments to last week. And again, things change. I am cool with that.

So, we are well-covered for Navy Safe Harbor. I have got two people going out to Fort Carson, three. I have got three going out to Fort Carson.

Anyone else interested in going out

to Fort Carson? Anyone else interested in heading out to Fort Carson?

MEMBER DRACH: I'm interested, but I am not sure if I am going to be home from another trip. So, I can let you know in the next probably less than a week.

MS. DAILEY: Okay. So, good. I have three. If there is anyone else dying to go and absolutely wants to put it on their calendar, I will save you for one of the later trips. I have three. Okay. We are good. I have three.

All right. The next one, I do think we need to talk. We have the business meeting. Let me know, and my staff pings you pretty regularly if you aren't going to be able to be at a business meeting.

So, we come back from Colorado. We head into the business meeting. We have got one day before we head out to Chicago. And I have got two people going to Chicago.

Anyone else interested in --

MEMBER TURNER: I will go to

Chicago.

MS. DAILEY: Dr. Turner wants to head out to Chicago.

CO-CHAIR CROCKETT-JONES: Let's put Captain Evans in Chicago because --

MS. DAILEY: Captain Evans in Chicago. Okay. David is doing "Xes" in the blocks here.

Okay. So, I think Chicago is covered. I have got Dr. Turner, Captain Evans, Ms. Crockett-Jones, and Mr. Rehbein heading out to Chicago. And Dee will handle that transition on how to get you from here to there, get you home from there.

All right. Fort Bragg, I have two going to Fort Bragg, Ms. Crockett-Jones and Dr. Phillips. I will take a volunteer, particularly a military volunteer, if I can get one. And I do have a third candidate. I do have three. Okay. Fort Bragg has three, has coverage for three.

North Carolina, our Joint Forces

Headquarters at North Carolina. Mr. Rehbein, you are in the yellow there. How committed are you to that, yes/no?

MEMBER REHBEIN: I will take those as fill-ins as you need them.

MS. DAILEY: Okay. Okay. That will put me at four, North Carolina. Okay. We are going to take you off yellow there. However, that might not be our best option. If we need a yellow, if we need you to stand in, it might be better with the Community-Based Warrior Transition Unit, yes.

MEMBER REHBEIN: You can move me around.

MS. DAILEY: Yes. Let's move Mr. Rehbein into this one, then. Yes, yes.

So, I have three. I do have three. Okay. So, I have three for North Carolina, and I have got three for Community-Based Warrior Transition Unit.

You aren't bailing on me yet, are you? Okay.

All right. It is helpful, but not required, that the people who went to the Community-Based Warrior Transition Unit, it is usually a good follow to go to the Joint Forces Headquarters, but not a requirement. And I got low participation.

The other thing is, ladies and gentlemen, we are this far out; if you wanted to cover the Joint Forces Headquarters, Arkansas, next year, I could move it into next year, and we could lighten up this year's schedule.

CO-CHAIR CROCKETT-JONES: I can that one, Denise, that one.

MS. DAILEY: Okay. And, Dr. Phillips, I have got your light on.

MEMBER PHILLIPS: Yes, I notice I think I am down for February 5th and 6th. Am I seeing that correctly?

MS. DAILEY: Correct.

MEMBER PHILLIPS: I have a conflict.

MS. DAILEY: Okay.

MEMBER PHILLIPS: You could move me to Joint Forces, if you want, or use me for some other time.

MS. DAILEY: Okay.

MEMBER PHILLIPS: I am sorry.

MS. DAILEY: Okay. Let's put you in there, and then, that does take us back to the CBWTU. I have two people now at the CBWTU. And I do have two people -- and I have got three people going --

CO-CHAIR CROCKETT-JONES: If he is able to do Arkansas, the Joint Forces Headquarters, then you could take me off and I could get back to you about the 5th and 6th. If it would be better to move me over there, I can probably switch that.

MS. DAILEY: Okay. So, the Community-Based Warrior Transition Unit, I know I have two.

Mr. Rehbein, you are good on that one.

And then, our other candidate. So,

that gives me two at CBWTU.

And then, the Headquarters, I now have three, which is Dr. Phillips and Ms. Malebranche. I have three. I have a military coverage there.

CO-CHAIR CROCKETT-JONES: Then, take me off of the Headquarters.

MS. DAILEY: Okay. Yes. Good.

All right. Are your calendars clicking here and you are keeping track of what you have committed to and what is still open?

So, I have three -- who do I have? So, we are taking that yellow off Ms. Crockett-Jones there.

CO-CHAIR CROCKETT-JONES: Mr. Rehbein.

MS. DAILEY: Or we are taking the yellow off Mr. Rehbein because I have three at the JTF. Now that is correct.

MEMBER MALEBRANCHE: It looks like you need a third for Fort Carson. I can do Fort Carson.

CO-CHAIR CROCKETT-JONES: We have a third for Fort Carson.

MS. DAILEY: I do have a third.

MEMBER MALEBRANCHE: You have a third? Okay.

MS. DAILEY: Yes.

Okay. Where are we at? I have two going to the CBWTU. I have three going to the Arkansas Headquarters. Hold on. So, we were concerned we only had civilians going on one of them, but, no, I have --

CO-CHAIR CROCKETT-JONES: You have something.

MS. DAILEY: -- I have a military there.

So, keep in mind, anyone, that you want to go on these, they are open to go on them anytime. So, three is good coverage on these.

All right. So, we have gotten ourselves through the middle of February. I appreciate that. And we are going to save that.

All right. Okay. San Antonio is

our next, and I appreciate you being patient with the ambiguity on the San Antonio visit.

MEMBER TURNER: I am going to be in town. So, I am free for San Antonio.

MS. DAILEY: Yes, so you are there. Okay. I appreciate that. I appreciate that.

And I see I also have Ms. Crockett-Jones, but you are yellow.

Colonel Keane, you want to go.

Dr. Phillips, you are interested.

General Stone has indicated his interest, and Dr. Turner is --

MEMBER DRACH: I would like to go to San Antonio.

MS. DAILEY: Okay.

MEMBER PHILLIPS: You could take me off San Antonio and use me for another visit, if you want to do that.

MS. DAILEY: Okay, yes.

MEMBER REHBEIN: Yes, the same thing with mine; if you want, I can do something else.

MS. DAILEY: Okay. And so, I have pretty good representation there. I think we are pretty good with that one. If General Stone is going, I have got military coverage. You are saying that is a high-risk assumption there?

(Laughter.)

CO-CHAIR CROCKETT-JONES: No, we are saying Colonel Keane is also on there.

MS. DAILEY: Oh, I'm sorry. I'm sorry. I'm sorry. Colonel Keane, I apologize. Yes, we are good on San Antonio.

And so, are we okay with ambiguity? I don't have that agenda locked-in yet. So, it is either going to be the Air Force or it is at some risk of being cancelled if there is not a lot of business down there.

I can go to BAMC, which is the major population down there. We can go back to BAMC. We were down there two years ago. I do need to let the Army know pretty quick, though, if we are going to be at their facility.

Okay. A business meeting, the 26th

and 27th February. The 26th and 27th February meeting, ladies and gentlemen, is all about the Services. They are all coming in to do their briefings for us, their annual march through their programs for us with questions we are asking them about how their programs are going. So, two days. It is Service briefings almost exclusively.

MEMBER MALEBRANCHE: I am committed to the business meetings, Denise.

MS. DAILEY: Good. Yes.

MEMBER DRACH: Yes, I am committed to the business meeting as well.

MS. DAILEY: Okay. Okay.

All right. And just as a note also, our January business meeting is mostly about our non-Service charter items, IPO, Hearing Center of Excellence, Psychological Center of Excellence, NICoE. It is almost all of those entities. Extremities and Amputation Center of Excellence, Vision Center of Excellence. That is our January.

I am simplifying these agendas. January is all about those charter items. February is all about the Services and their briefings of their programs, Warrior Transition Unit, Wounded Warrior Regiment, Navy -- I don't have too much Navy Safe Harbor in there since we are spending two days with them, but we are bringing in the Air Force. And that time gets consumed pretty quickly. The Services want to talk to you about their programs.

Iowa in March, early March, it looks like I have got good coverage on that, three to four people. I appreciate that.

And Community-Based Warrior Transition Unit, Mr. Rehbein, you are interested in going back up there or going there. Thank you. And I do have one other individual.

Anyone else interested in going to the Community-Based Warrior Transition Unit? I do have two. Anyone else?

(No response.)

Okay. I have got coverage.

Okay. Camp Pendleton.

MEMBER MALEBRANCHE: Okay. Captain Evans told me to put her in for both Camp Pendleton and San Diego.

MS. DAILEY: Okay.

MEMBER MALEBRANCHE: And with the new timing, I can also do San Diego.

MS. DAILEY: Okay. And Command Sergeant Major DeJong had his hand up. We have got you marked.

MEMBER DRACH: I am in for Camp Pendleton. I am in for Camp Pendleton.

MS. DAILEY: Camp Pendleton for Mr. Drach.

MEMBER MALEBRANCHE: I can do San Diego.

MS. DAILEY: San Diego for Ms. Malebranche.

MEMBER MALEBRANCHE: And I guess the other thing, Denise, get the business meeting as moved to down there. I am like the Sergeant Major; I was looking to take a block and

cover it, so I can get the meetings and the business meeting in one place, and that is easier than kind of a hopscotch thing.

MS. DAILEY: Okay. All right. I need to pitch that to the --

MEMBER PHILLIPS: I am the same. If the business meeting is there, just use me.

MEMBER DeJONG: Denise, even if the business meeting isn't there, it is easier for me to block those 15 days out on my calendar --

MS. DAILEY: Okay.

MEMBER DeJONG: -- and just do all from pretty March and April.

MS. DAILEY: Okay. Okay.

MEMBER MALEBRANCHE: The same with me for Lewis, McChord, and Elmendorf and Richardson. I can do those because I am going to block them.

MS. DAILEY: Okay. Okay. All right. So, we are going to put Command Sergeant Major DeJong and Ms. Crockett and Ms. Malebranche in Pendleton, San Diego, Joint Base,

McChord, and Joint Base. Okay.

Consequently, with that in mind --

CO-CHAIR CROCKETT-JONES: And you can put me in on Elmendorf as well.

MS. DAILEY: Okay.

CO-CHAIR CROCKETT-JONES: But not, well, not the business meeting in between. I need those six days, those five days in between.

MS. DAILEY: Okay. So, we want to take you out of here? Take you out of --

CO-CHAIR CROCKETT-JONES: No, you can leave me in there, but not the business meeting that is scheduled there. That is the only thing I can't do.

MS. DAILEY: Okay. So, you are not able to attend the business meeting. So, I haven't gained much here, have I? I have got one Chair without the other. Is that the real situation? I am okay with that.

Okay. Okay. That is good to know. I can continue to try to juggle. Can you give me some dates you are available, and we can go

back to the negotiating, not in here, but when you know?

CO-CHAIR CROCKETT-JONES: Yes, we will figure that out.

MS. DAILEY: Okay. Okay. All right. So, I have got lots of good coverage plus.

So, these yellows down here, Mr. Rehbein --

MEMBER REHBEIN: Yes, why don't you take me off Lewis-McChord? It looks like you are covered well.

MS. DAILEY: Okay.

MEMBER KEANE: Ma'am, I am not sure how I got on that McChord one. It may be a mistake.

MS. DAILEY: Okay.

MEMBER KEANE: I was interested in the Joint Base-Elmendorf.

MS. DAILEY: Okay.

MEMBER KEANE: I do have a conflict for that March 20-29th.

MS. DAILEY: Okay. So, we will take Lieutenant Colonel Keane off Joint Base-McChord and move him over. Good, he is already there. Okay.

So, yes, lots of coverage out there and probably plus one.

Dr. Phillips, did you want us to leave you on McChord? You are yellow on McChord?

MEMBER PHILLIPS: If you need me, I am free for that.

MS. DAILEY: Okay. I would kind of like to leave you on there, and it will be a big party, five going to McChord, but I think it is a pretty complex location. So, I think good coverage would be a good idea.

Okay. What you probably also do not have on your calendar are the business meetings, these last two business meetings. One is the development of our findings and recommendations in June and review of topics in June, and then, July business meeting is the voting session.

So, we are eight months out. I know I am first on your calendar, right? Okay.

Do you have concerns?

CO-CHAIR CROCKETT-JONES: I don't have any problem. I don't have any concerns for either the June or July. That is fine.

MS. DAILEY: Okay. Okay. And, of course, we will re-ping you over time. We know you have commitments. Just because I am first, I can get bumped, but when you have conflicts, ladies and gentlemen, don't ask me if you think it is important I think you come to the meeting. It is my job to tell you, "Yes, it is important you come to my meeting."

All right. All right. This is what our schedule looks like over the year. I don't see any risk, ladies and gentlemen. I am funded, and membership will be resolved this month. So, we will have all membership taken care of. And they combined the appointments this year with the renewal, so we won't have the situation we had last year where I was gapped in

membership. So, membership risk is off the table. I am funded.

The only thing I can think of, frankly, would be sequestration. The one January event, if, in fact, it happens, it could impact all DoD. That is the best way to put it. It could impact all DoD. We are a non-mission-essential function, and if it requires a cut-line, we fall below the cut-line and all functions would cease. It would be probably similar to a budget not being in place or a Continuing Resolution not continuing, speaking of which, Continuing Resolution is probably not going to be a problem. The NDAA is probably going to get through. So, I don't see that as a risk.

Anything you think I have missed?

MEMBER KEANE: Point of clarification?

MS. DAILEY: Yes?

MEMBER KEANE: The March 25-26 business meeting, so that is in San Diego? To

be determined?

MS. DAILEY: TBD, yes. Better way to put it, TBD.

All right. I appreciate everyone's time on this.

Again, I have got you four months out. Hopefully, I am going to be on your calendars. We are going to send out calendar reminders to you. We know some of you operate almost exclusively with your staff, like Peggy James and Lois. Is that her name, Dr. Phillips?

MEMBER PHILLIPS: Diane.

MS. DAILEY: Diane.

So, we know you have people who manage your schedules. We will send it to them, too, so that your calendars can get blocked.

All right. This actually completes my portion of it.

I know I have two people from my panel at 2:15. I don't know that we will be able to start early.

But I am happy to continue with

questions here.

MEMBER KEANE: Can we get a copy of this?

MS. DAILEY: Yes. Yes. David, why don't you and Stephen send it to the main desk and do some printouts?

Is there a change over here? Did I hear you all talking about a change?

MEMBER TURNER: Yes, it was very critical. My name was misspelled.

(Laughter.)

MS. DAILEY: I'm sorry.

Okay. All right. So, we are going to print this out, put it on your desk.

My panel is due to set up at 2:15. I know I have two of them here.

And we have some down time between now and then.

(Whereupon, the foregoing matter went off the record at 1:38 p.m. and went back on the record at 2:19 p.m.)

CO-CHAIR CROCKETT-JONES: Okay,

guys. We have the privilege to speak with a panel consisting of recovering warriors to family members. And these are folks who are in various stages or just recently completed the IDES process. And they are subject matter experts right at this moment on the process.

Before we start talking with you all I thought you might like if we do one more time a go-around of introductions and let all of us introduce ourselves to you. And then I will turn it over for you all if you'd like to introduce yourselves. I can do it but I figure you'd do it better than I will.

So let me start. Mr. Rehbein again.

MEMBER REHBEIN: Yes, I've been first all week. My name's Dave Rehbein. I am an Army veteran, 69-71. Spent my career in academics at Iowa State University as a research physicist and am also privileged to be one of the past national commanders of the American Legion.

MEMBER DEJONG: Welcome. Command Sergeant Major Steve DeJong. I represent the

National Guard Bureau on this task force.

MEMBER MALEBRANCHE: Karen Malebranche. I'm also an Army veteran and I'm from the VHA for Interagency Health Affairs.

MEMBER PHILLIPS: Steve Phillips. I'm both retired Army and retired physician. And in retirement I work at the NIH now.

MEMBER CONSTANTINE: Hey guys, thanks for coming today, good to see you. I'm Justin Constantine, I'm a Marine. I was shot in the head in Iraq in 2006.

MEMBER DRACH: Hi, I'm Ron Drach. I was wounded in Vietnam in 1967. You may have read about it in the history books. And I'm the non-DoD member of the task force and have been working in Veterans Affairs since 1968.

MEMBER TURNER: Welcome, good to see you guys. I'm Russ Turner, a retired Air Force doc.

MEMBER KEANE: Lieutenant Colonel Sean Keane, part of Marine Corps Wounded Warrior Regiment. I'm the Marine Corps liaison to the

VA.

CO-CHAIR CROCKETT-JONES: I'm Suzanne Crockett-Jones. I'm the spouse of a recovering warrior. My spouse was injured in 2004 in Iraq. And I am the civilian co-chair of the task force. And we are so glad that you're speaking to us today. I want to turn it over to you. Why don't we start with you, Chris, and introduce yourselves and give us an idea of where you are and how you're doing in the transition process. Something brief to start with and then we'll start asking you questions.

MR. FROST: Okay. Chris Frost and I'm career U.S. Air Force. Was wounded in Iraq, actually ended up getting both legs removed in 2008. A long process. We tried to save one leg so it was kind of a long process as I watched both the DoD and the Air Force's wounded warrior policies kind of evolve. So I've been through a lot of it.

Started the IDES in 2011 and just completed it and was able to retire. So I

retired just over a month ago, started at DoD as a civilian and started growing facial hair for the first time in my life. Successful. So yes, so I've been through both the wounded warrior, the IDES and then a hiring type process.

SGT RAMSEY: My name is Sergeant Ramsey. I got wounded in Afghanistan in June of 2011. I stepped on an IED, lost my leg below the knee, my left leg. I'll be retired on December 20 of this year.

MS. ESSEX: My name is Christina Essex. I'm married to Specialist Isaac Essex who is stationed at Fort Bragg. He has been through the WTU, he's back with his unit and now going through the IDES process. We have filed our appeal and now we are waiting on a formal PEB.

MS. ALLEN: I'm Jessica Allen. I am the wife of Staff Sergeant Charles Allen. He joined the service in `99. I met him in 2001. He was on a dismounted patrol in the Zhari District of Afghanistan, January 22, 2011, stepped on an IED. He lost both legs above the

knee as well as pieces of his elbow so we have a fused arm -- our right arm is fused at a 93-degree angle.

We have two little girls that we homeschool and I am now the director of family caregiver services for the Yellow Ribbon Fund.

CO-CHAIR CROCKETT-JONES: Okay, so I want to open this up however you all feel like contributing. Just taking turns here.

The process, the IDES process. Can you talk to us about how you felt regarding how informed you were or were not and how the -- whether the information came to you when it was appropriate and who was the -- what was the main method that you got information regarding how the process would unfold for each of you.

MS. ESSEX: We -- most of the information that we have received has been because we went in during walk-in hours. At one point our PEBLO went on leave and we weren't notified. So we were calling, we weren't getting call-backs and finally went in to figure

out what was going on, get an update. And then they said she was gone for 2 weeks. And then we went back later to try and meet with her, and come to find out that she's left, she moved to Fort Campbell and we hadn't been notified.

So, everything really recently that we've gotten up until right before Hurricane Sandy has been we called in. We went to talk to team leads. We went and pulled up information. That's how we got copies of the letter from the PEB president to the VA. That's how we saw the DRO response. That's -- pretty much everything has been proactive on our part.

And then at one point we spoke with the clinical director at the VA hospital regarding some of the issues that we had had. And one of them was, well, how do you get a new VA exam if there's a disagreement. And he told us that there is no new VA exam, that there's a clarification. And that when he spoke to people in Seattle they told him that the PEBLO is the one who orders a new exam.

The Veterans Services Officer told us there are three people at the VA including the DRO, the review officer, who can call for a new exam. So we still aren't sure exactly who would call for a new exam if there is a disagreement or there is an issue with that.

MS. ALLEN: And same story here. All of our IDES, we've sought it out. We sought out everything. We sought out the PEBLO, we sought out the whole 9 yards. We actually had to go to Fort Campbell and get my husband's initial entry into the Army record that showed he had legs before he joined the service. We had to do that. Kind of embarrassing.

I suggested photographs or other physical examinations. None of them would work. We had to have the one from June of 1998 or they would not proceed with our IDES process.

Last week I had to get my girlfriend to get my marriage license from Tennessee to prove that I had been married to my husband since 2001 even though I have an active duty ID card

that says when my status was effective which proves that I submitted my marriage certificate to the DEERS system. I still had to get them paper proof that we were married as well as paper proof that our children are his children.

MEMBER MALEBRANCHE: I have a question. Do either of you or all of you I would hope have a recovering care coordinator and/or a care coordinator case management from the service or VA?

MS. ALLEN: We have a recovery care coordinator and embarrassingly I know more than she does. And we ended up going to the Marines, I think it's FRC with the Marines. It's a different -- three letters. We ended up consulting with the Marines and got more information than the one that we had here.

And then whenever we got the adapted vehicle grant for my husband we were put into the national VA system and we've gotten more information out of our national VA system than we have at Bethesda.

MEMBER MALEBRANCHE: So you have a federal recovery coordinator? That's the VA person.

MS. ALLEN: We have a federal recovery coordinator and also for the state of Tennessee there's someone who's assigned to us just to handle my husband's adapted vehicle as well as there's someone assigned to us just to handle our housing which we're currently dealing with. And then once we transition out and hopefully have a warm sendoff next month, knock on wood, then we will get our OIF/OEF case manager in Nashville and we'll have one for the VBA and VHA.

MEMBER MALEBRANCHE: So you don't have one lead person.

MS. ALLEN: No.

MEMBER MALEBRANCHE: You are going to different.

MS. ALLEN: Yes.

MEMBER MALEBRANCHE: Okay.

MS. ALLEN: And we seek them all

out.

MS. ESSEX: I honestly haven't heard that title before. I -- but right now the people that we've been -- we have our PEBLO and if that's from ACAP I know we had a person that my husband was working with but she is also gone.

So I'll be honest, a lot of this stuff has just been myself on the internet and making phone calls to MEB legal, to whoever. The clinical director at the VA hospital said that they have no idea what the -- they need a flow chart. They don't know who to go to, how the process is at all and he's in charge of the IDES part for the VA hospital.

He's like we don't know where any of this is going or who we need to talk to or how this works. He wanted to do a conference call between the director for the MEB program at Fort Bragg and MEB legal counsel, and just get everybody together to try and figure out exactly what happens and where they need to go and how to do this.

MR. FROST: My story in the Air Force, between the recovery care coordinator and then the Air Force Wounded Warrior Program Office, the majority of stuff that I needed I could always either call one of those two people until I got into the IDES with the PEBLO. PEBLO gives you information, here you go, here's a handout.

And then it's sort of the, you know, my joke is it's stovepipe of excellence. The one single point of contact for that. Your recovery care coordinator, the Air Force Wounded Warrior Program Office, they don't have the access to the information, even where it is in the process.

And then the -- my PEBLO particularly didn't want to be contacted. Sort of, when there's information we'll let you know, you just need to be patient. So it's an opaque process from the servicemember standpoint and for somebody going through the program.

And because every single case is

different and different circumstances, there's a different time line. So, it's sort of -- it becomes frustrating that there's not somebody you can reach out to because it's sort of a stand back.

But it's single point of failure because it's single point of contact. If there was more, you know, getting away from HIPAA issues and that sort of stuff, if there was more access to the rest of the care team, they can say oh yes, it's been checked in somewhere, or it's at the next step.

MEMBER PHILLIPS: Just curious. Related to the paperwork to verify that you were married and children. Was this -- I know it's frustrating. Did they tell you this because they felt like you telling this? Or was this official?

MS. ALLEN: This was official. This was official documentation. When I questioned why it couldn't be verified through the DEERS system I was told that they do not

consult the DEERS system, that we were entering into a separate system and therefore the additional documentation is required. To which I questioned if the IRS can socialize with Social Security as well as all 50 states in regards to child support and student loan issues then I would love to know why the VA can't handle 1 percent of our population that serves the military. And he just looked at me like I had two heads to which I gave the marriage certificate because I knew my husband wanted to move on.

MR. FROST: I was asked for my marriage certificate and I smiled and passed it in and nodded. Moved on.

MEMBER PHILLIPS: I've been through the same. Thank you.

SGT RAMSEY: My first contact with my PEBLO, she just sort of told me what I needed to do through the VA. And then I've had a long period of time, a few months when I didn't hear one word from her. And then she called me up one

day and told me she needed me to come in that day and sign something. I did it and then I didn't hear from her again for a few months, few weeks maybe. Same thing.

She called me up and said I needed to come in that day, no ifs, ands or buts, that I had to come in that day and sign something. And that's kind of the way it's been until I signed my -- I signed off on my ratings and I haven't heard from her since then.

CO-CHAIR CROCKETT-JONES: Did anyone who was informing you in this process indicate that you had access to designated legal assistance for general information or consultation in this process?

MS. ESSEX: I first heard about it when we had to go file the request for reconsideration. Since then Ms. Quist has been extremely, extremely helpful, open to conversations, questions, going out of her way to really help us out.

MR. FROST: In my final rating

decision which I just received from the VA yesterday happily there was a paragraph in there saying we noticed you hadn't gone to any Veterans Service organizations and hadn't got any legal representation at any time in the process and wanted me to know that I did have that option in the past if I had a time machine which I'll go somewhere else if I find that.

MEMBER TURNER: Ma'am, you had mentioned earlier that you're in the process of appeal now. Could you kind of walk us from when you got your -- I'd just be very interested since no one seemed to be helping you very much kind of walk us through when you got the decision. Then how you and your husband decided to appeal and then what it took you personally to go get the appeal on the road.

MS. ESSEX: We were called by the PEBLO office and it was actually what he said. You need to come in, you need to sign something, so I went with him. And we looked at the ratings and said we can't -- they gave my husband zero

percent for his back even though his range of motion was to 60 during the VA exam.

So we said this is unacceptable. They said oh good, go to the JAG office. So we went to the JAG office and we walked in and started telling Ms. Quist what had happened. And she actually knew the VA examiner. She went let me guess, it was this particular examiner. We said how did you know. She said the appeal's already halfway filled out. You're not the first.

As of right now my husband is actually one of it's either seven or eight active cases that are being tracked by the JAG office for this exact same thing where she'll do the range of motion and then later on at the same point in the exam every time she will contradict the finding. She said that my husband bent to 90 degrees over a waist-high examination table.

And we ended up, we took in another MRI. We took in another range of motion from an orthopedic MD and we sent all of that up. It

went to the PEB. The PEB president said that our appeal was correct, it was violating VASRD code and that they recommended the rating be increased to 20 percent.

That went over to the VA to a decision review officer and her response or his -- it just says DRO on it -- was our PA is just as qualified as an orthopedic MD to make the call and he went from 55 degrees in November to 60 in March. He's getting better. And that they were going to maintain the zero percent rating.

So when we saw that letter the PEBLO, who wasn't the one that we saw while our PEBLO was on leave. He was the one that when we went in we found out that she was gone. This was the PEBLO they had available to see us. Said well, you're out of options now, you're not getting retired. And that's where we are.

MEMBER TURNER: So this is the part of the appeal process you're in right now. Is there -- did you want to or are you in the process of appealing it further?

MS. ESSEX: We were told we can't. That we can go to the formal PEB and we can argue that he's fit for duty or we can try to add injuries and say they're disqualifying from service but that his ratings, you get the one shot and that's it. And they said we have exhausted our option.

CO-CHAIR CROCKETT-JONES: Did legal agree that you had exhausted your options, or have you not spoken yet?

MS. ESSEX: We -- she has -- she contacted the board above the PEB and she has gone to the VA office to the person in charge of the MSCs, Ms. Paris. I've spoken with her as well. We've contacted Senator's offices. We have -- because she's tracking all those different appeals and none of them have gotten a rating increase so far. So, we're just trying to knock on as many doors as possible to find an answer and find a way around this.

She was actually the one who told us about the ABCMR where if down the road we were able to

get his rating increased to get him retroactively retired. But when the PEBLO told us that the increase had been denied that was when we were told there's nothing you can do about it. So we've been.

MEMBER MALEBRANCHE: This is occurring here in the D.C. area? North Carolina. And you were told you couldn't do any more appeals?

MS. ESSEX: Not while he's active duty. That you get one appeal while you're active duty and the Army has to take the rating given by the VA. So as of right now he would be at 20 percent from the Army and get his severance and 30 percent from the VA as opposed to 40 percent from the Army. And I believe it works out to still be 40 percent from the VA.

MEMBER MALEBRANCHE: I've never heard of that, only one appeal. I guess that's what surprised me.

MS. ALLEN: Well, we can -- my husband's report. And of course since he's

missing both legs, boom, we get 100, right? And then you go through his elbow is gone and according to the medical staff at Walter Reed he's not a candidate for a cadaver transplant because he's 33. That's the reason. He's also not a candidate for an artificial elbow because once again he's 33 and it would just wear out.

So we opted to leave the facility and retire and seek other options because I disagree with the fact that my husband -- the reasoning is because he's 33. I disagree with that.

When he got his ratings it was 100 percent for his legs, 60 percent for his elbow, zero for his back injury which we have video documentation proof of him being blasted, thrown up into the air into somersaults, thrown down into the crater that the IED created and then pulled out. And one of his plates hurt his back.

Also, the epidural that was also given to my husband, it didn't heal because he had so many infections that his wounds wouldn't close. So he had a pocket of fluid that grew

from that that contained MRSA and two additional infections that were found at the MATC. That was a zero percent. His hearing is also a zero percent.

We were told to go ahead and proceed and transition out because it's listed on his report and then we can challenge it at the VA and our luck would be better in the Tennessee VA system than it would be here.

MEMBER TURNER: Who told you your luck would be better in the Tennessee VA system than here?

MS. ALLEN: Off the top of my head I really couldn't tell you but I've heard that from more than one person. More than one person has told me Tennessee is much better than.

MEMBER TURNER: Was that a military person, VA person or just a person?

MS. ALLEN: Military. VA, not so much. Our VA housing advisor did tell us that the medical system would help us find the elbow for my husband because the Tennessee VA partners

with Vanderbilt. And we also had the Tennessee Titans and we have the Preds, and we all know that they don't take care of their elbows very well. And so we have that research as well. They may not be injured by IED but hockey injuries aren't very nice. So we were told that we would just have a better option there.

And then in regards to the VA disability what my husband and I agreed on was it's 100 percent. It's 100 percent, it's 100 percent, it's 100 percent. And at the end of the day it's on his chart.

And honestly I am too tired to fight anymore. It has been a never-ending fight. We have had to fight for housing. We have had to fight for our children to be acknowledged. When my husband was sent here they sent me, my mother-in-law and my father-in-law and had no intentions of bringing our children here. Zip, zero, nada. I had to go to a non-profit. I had to get Hero Miles to bring my children here.

And it's been a constant fight from

the day you get the phone call. The only people who have taken care of us is the 101st Airborne and I am very proud to say how well we were taken care of by our unit. Our rear detachment was amazing and that's how everybody's rear detachment should treat them. But once you get into D.C. you are just a number. And I hate to tell you that but it's the truth. Every family that I work with has a different story and every one of them ends I'm just a burden and they want me out of here. That's how families feel. So we waive surgeries, we waive things because we want to go home. Because we know that if we go back to our community we'll find somebody who actually cares. And that's the consensus at Walter Reed.

CO-CHAIR CROCKETT-JONES: Did all of you or your spouses participate in transition units at Walter Reed or before coming to Walter Reed or since? I'm trying to get a sense of your sort of unit assignment over the course of this trajectory.

MR. FROST: Sure. So, Air Force and I was stationed in England, deployed to Iraq. When I was wounded, automatically PCS'd stateside as I was a patient at Walter Reed. It was Andrews Air Force Base kind of working assignment to where I wasn't assigned as a patient squadron. At the time the Air Force, it was kind of a holding pattern. You know, people with cancer, older, waiting for you to die, waiting for you to get out. I wasn't ready to do that. I was trying to remain active duty.

Stayed, actually got into another EOD unit as an attached body which actually helped quite a bit. I was able to stay busy and then ended up going into Operation Warfighter and being quite productive. And that's kind of what got me through, given me perspective. I'm working, I'm doing this. Let the slow process be slow because I did have an outlet.

SGT RAMSEY: I was with the 10th Mountain Division, that's who I deployed with, and when I got wounded I went to Germany for like

a week. Then I went to the Army Medical Center, Walter Reed in D.C. until they switched to Bethesda and that's where I've been ever since.

CO-CHAIR CROCKETT-JONES: And are you in the transition unit at Walter Reed?

SGT RAMSEY: Yes.

CO-CHAIR CROCKETT-JONES: Okay.

MS. ESSEX: My husband did get sent to the Warrior Transition Unit and it was a very bad experience for both of us.

CO-CHAIR CROCKETT-JONES: Where was that Warrior Transition Unit?

MS. ESSEX: Fort Bragg. And when he got there at one point his doctor prescribed him Tramadol and Ambien at the same time and I woke up to him choking in his sleep and I actually had to hold his head out of the pillow that night. He would not wake up, he would not respond. His doctor refused to give him a 9 a.m. work call. Told him to go home, take his Ambien and be there for PT in the morning. And at one point she said we're not going to bring you over here because

you weren't injured while deployed so your medical care means nothing to me and sent him back to his unit.

MS. ALLEN: My husband with the WTU my one experience is we've had eight squad leaders since January 2011 which to me is unacceptable. They've all left for different reasons. Some were because -- some because of the BRACCs. Our first one unfortunately got called up to deploy and she set the bar really high. She became a part of our family. I actually just ran the Army 10-Miler with her. That's how amazing our first squad leader was and every one of them should be meeting her bar.

But ever since then we've had ones that don't want anything to do with our families and they want us out of our sight as fast as possible. Since my husband's a double amputee his circulatory system is quite abridged. And if he begins vomiting then he will dehydrate much more rapidly than you and I.

And we recognized this. He took

himself to the ER. He texted his squad leader and his squad leader told him he was to wait there until 5 a.m. when sick call opened to which I replied no, no, no, you're going to ER. My husband ended up needing two bags of fluids to get himself back up to par. And had he listened to that squad leader he could have easily have dehydrated and caused no telling what kind of health consequences would have come from that.

But the squad leaders are not trained at all to handle the medical issues that are at hand as well as the families. And I mean we do have some troublemakers, you know, it's just the way it is. You can't blame these families for being angry. We gave the Army our loved ones in the sincere hope they would come back okay. There's going to be a degree of anger when you get your loved one back and they don't have legs anymore.

But rather than sitting down with the families and valuing their opinions and seeing that these families have the windows of

opportunity we can tell you if our husbands have their pain under control. We can tell you where their PTSD level is. We can tell you things that you're not going to get from a 10-minute meeting in formation that you're required to go to three times a week which is, I mean, really? Formation? I honestly just don't see the point in formation anymore. I agree with accountability but the formations have got to go unless useful information is going to be passed out, and it's usually just hey, show up, all right. I mean things can be done in a different way.

And then these squad leaders don't even touch base with the families. We had a power outage. We're in 1200. Fourteen-story apartment building, 30 families in that unit, most of them amputees. We had no power for a week. Do you know how many people WTB sent over? One. One person to evacuate the building. One.

The maintenance crew at 1200 and the

admin helped me get my husband up and down the stairs for that week. I never heard from WTB again. When we called our squad leader and asked him where the nearest Home Depot was he told me to look it up online.

This is what we're dealing with. We're dealing with people who are -- they're not trained to deal with the issues at hand. We are asking too much of them, we really are, because we're asking them to be psychologists. We're asking them to be friends. We're asking them to get on a different level. They're not going to war, we're healing families. And we're sending these families home with broken foundations that we could really fix right here while we've got them. And instead we try to get them out as fast as possible.

MS. ESSEX: When we started having issues with the unit doctor at WTB we went to the ombudsman and we raised the issue. We went through the whole process of trying to get him a new doctor and the chain of command's response

was it's too much paperwork.

MEMBER PHILLIPS: Would you speculate on the difficulties that you went through, is it related to the cadre being overloaded with work or just not caring?

MS. ALLEN: Yes. At one point our squad leader had 30 soldiers assigned to him. In a normal line unit you'd have a team leader to help buffer that so we really are holding them to a much higher standard.

I suggested from the very beginning that day one as a squad leader at the WTB you are strapped to a wheelchair, your legs are strapped to a wheelchair and you try to get around Bethesda campus in a wheelchair. If that doesn't open your eyes and you don't understand where these guys are coming from then we need to pass you along because that experience alone will really show them what's going on.

And I think that these guys -- I know that the Surgeon General has addressed the issue and now it's going to be 70 percent active duty,

16 percent, 14 percent Reserve and National Guard which is going to make a huge difference because I'll tell you right now a degree of my anger did come from having a squad leader barking orders at me who had never deployed. I had huge issues with that. And that is a personal issue and I understand that but how can you be a squad leader and never left our country, and then tell me how to deal with my husband's PTSD when my husband literally saved lives. And you're telling me how this is supposed to work?

And the way they talked to me was so degrading. They talked to me like I had no education whatsoever. I had one that told me, when my husband was first injured our girls were 5 and 8. There was no way I was bringing them here. And when I did go to bring them here the Army was like not our problem, I figured it out. I had a squad leader tell me that I had to choose between my husband and my children.

And at the time every Wednesday I was on an airplane in Nashville going to D.C. or vice

versa. I'd get up, take my kids to school, catch the first morning flight to D.C., get to my husband by lunch, spend a week with him, then the next Wednesday get on the afternoon flight and I'd be back in Tennessee to pick my kids off the school bus. I did that from January 26 to May 2. Like a robot. Don't ask me how I did it because I still don't know how I did it, but I did it.

And at one point the second squad leader we had told me I needed to quit my BS, get my rear end, not nice word, use the other one, back to D.C. where I belonged because it was unacceptable and the Army paid for me to be there to take care of my husband and I should be ashamed of myself for picking my children over my husband.

This same squad leader harassed five other 101st families. I went to the chain of command. At the advice of our 101st LNOs, all three of them who watched me have a very unpleasant conversation with the squad leader I

went through the chain of command. I sat down with the command sergeant major of the WTB. His solution was get the Allen family from headquarters to battle company as fast as possible so we don't have to deal with that wife anymore.

Later on when I had a conversation with the medical inspector from the VA I was called to the principal's office which would be the colonel and the command sergeant major's office. I call it the principal's office. I was told that I needed to watch what I say because I'm an attractive female, my husband's a double amputee and people might listen to what I have to say.

This is the leadership. If the leadership talks to us that way how are the squad leaders supposed to talk to us? It all rolls down. If the colonel and the command sergeant major do not respect these families we're never going to win.

We need WTB to succeed. We need it.

We are healing heroes and we need them to be a part of it. And their attitudes and their behavior, acting like this is just a blip on the radar is unacceptable.

Now, the new colonel that has taken over, the interim colonel over at WTB, she has done a great job thus far. I'm actually very sad that she's going to be transitioning out. But the command sergeant major still remains. His attitude has changed because of the new leadership but it's still got to filter down and we've got awhile.

These squad leaders have no idea how to help these families. They do not know the resources that exist. I can't tell you how many of them text me and ask me where to send families. They have no idea.

MEMBER PHILLIPS: To follow up on that, I understand your frustration. Would you think it's a lack of training and education for these leaders to know how to deal with this? I mean that's what you seem to be implying.

MS. ALLEN: Yes, yes. I think it is a total lack of training. I think that, like I said, I think we're asking too much of them. We're asking them to multitask like they've never done before. They've led battles, they've, you know, they've done policies and procedures. We're asking them to heal families and it's a lot and I get that. But we can work together. These non-profits are bridging a gap, that is so obvious, and we can use these non-profits to help us heal these families if we sit down together and start talking. And the number one thing we've got to do is take away this whole I'm Army, you're Navy, you're Marines. It's, you know, at the end of the day they all stepped on an IED. They've all been hurt in the same way.

And once they go into the VA system, I mean I know you're always a Marine, you're always Army, I get that. But once you go into the VA system you're a veteran. And we need to start treating them, we need to start healing

this army as one army, one military and heal together instead of you're Army, I can't help you, or you're Marines, I can't help you.

With my non-profit we help all the families and that's what we need to be doing. We need to look at what the non-profits are doing right.

MEMBER TURNER: Ma'am, just if I could get you while you're on that topic. You just implied that there is a lot of discrimination depending on what service you're in for care.

MS. ALLEN: Sometimes.

MEMBER TURNER: Could you give us some examples or comment on that further?

MS. ALLEN: A lot of families feel like they don't have the same access as the Marines or even -- okay, so I was at the original Walter Reed where it was an Army hospital. We had Marines there and everybody got along. When we jumped ship and merged this hospital we had a fistfight on the fourth floor between the Army

and Navy nurses. Army won, by the way. That just shows you exactly what we're dealing with is that if -- once again it rolls down. So if we have that to where our nurses are fighting on the fourth floor then how is that going to roll all the way down?

And I can't tell you how many times I've heard people say oh, he's a Marine, that's why the Marines get this, or he's Navy, that's why they get this. You know, the Army really needs to start listening to the Marines because the Marines are doing a lot of things right. They are doing a whole lot of things right. But we can't listen to them because they're Marines.

I sit on Joint Task Force CapMed's panel and we discuss it all the time. There are so many things that we could be doing to help each other heal but we have got to tear down that I'm Army, you're Navy. We've got to tear that barrier down.

MEMBER DEJONG: I don't want to change subjects too much. I mean a lot of why

we had you guys up here was for talking about the different processes of IDES so I want to go back to IDES for a second. And Chris, correct?

MR. FROST: Yes, sir.

MEMBER DEJONG: Okay. You seem to be the furthest along through this. Can you tell us how long this process has taken you from start to finish?

MR. FROST: Yes, absolutely. So, the -- my second leg after about 2 and a half years of limb salvage we finally took it off. About 7 months after that I recovered pretty well and I talked to my care team and said hey, you know, let's start the process. I know it's a long process. That was June of 2011.

There's a period where you've sort of started the clock but you haven't really started, not the official clock because you're gathering paperwork and that sort of stuff. The VA date is September 2011. I had my VA exams in September of 2011. Just maybe about 10 and a half months before I got my rating, my

preliminary ratings back.

Pretty good process as far as going to the VA, getting the appointments as long as, and this is a caveat, as long as you as a servicemember, as someone going into the process are prepared and you have the list kind of ahead of time. It's not something you can do ad hoc as you show up at a medical treatment facility.

CO-CHAIR CROCKETT-JONES: I want to jump in and ask you to add something before we maybe talk to Matt about the length.

At some point along that trajectory, you know, I know that a lot of folks feel like you're sort of launched into the air on this trajectory and you don't quite know where you're going to land. And eventually at some point you start getting an idea of where you're going to land, you know, what's going to come next. When did you feel like you knew if you do, how -- that you were going at least -- when did you start thinking I'm going to be able to handle this and when did you start really knowing what was going

to come next?

MR. FROST: Well, I'm stubborn, sort of a caveman, I kind of put my head down. As soon as I went to my care team and said hey, let's start this process. I've decided that there's not a chance that I'm going to try to stay active duty or coed or anything. Within 2 weeks I had actually gone and talked to for Operation Warfighter sort of get my mind -- change the mind set. I'm going to be going through the process. A lot of the process is sitting and waiting for the next step in the process to happen.

Operation Warfighter, for those who don't know, it's a DoD-level to get wounded warriors, kind of get them in, get them doing stuff. It doesn't have to be something they've done before, but it's sort of get them back in the community. It helps with sort of self-worth. It helps keep people busy but for me it was really like it was my first step on this is my transition plan. Show that I can do something and then keep my mind off of the

process.

MEMBER DEJONG: If you were in charge of the process what would you do to -- what suggestions would you make to make it smoother, to make it better. Frustrations that you had that you would correct and how would you correct them.

MR. FROST: For me the -- and luckily I'm pretty cut and dried as far as my injuries and there's not a whole lot of ways you can deal with that. The first rating came through.

It's just the opacity of the process. So with the Air Force we have the care coordinators and the Air Force Wounded Warrior Office. And like I said earlier, you can talk to them, you can call them anytime on any issue and they can go and reach out. I mean they were willing to be your point of contact. They were willing to be your advocate or whatever until you get into the IDES process.

And then there's the PEBLO who

handles the PEBLO part. And that's sort of where it stovepipes. There's now way for anybody on the outside to know where you are in the process. No news may be good news but it's not helpful as far as -- it sort of causes anxiety. My wife was constantly bugging me, you know, hey honey, when are you going to find out. I'd always tell her, you know, 6 months we should know. She's like 6 months ago you said that. I'm like well it's still true it's just we haven't started the clock yet.

MS. ALLEN: And to add to that it adds a lot of stress on these families because they can't adequately plan for their transition out. A lot of these families are living in base housing and then they transition into, well, in our situation Bethesda.

We still own our house in Clarksville, Tennessee outside of Fort Campbell. The reason is because I knew at the end of this we were going to have to have a place to go. Many of these families will be out of

Bethesda and they have no place to go.

And the other foot drops is whenever you go to your VA and find out, okay, so here's what's going to happen. You're going to get your last payment, your last active duty paycheck in say January and then you're going to get 75 percent of 75 percent for 90 days, and at the end of those 90 days hopefully the first of that month the VA will start paying you.

But oh by the way, if the Army happens to pay you then we're going to come back and we're going to subtract here, and then if it rains on Tuesday sideways then we're going to do this. It's not clear. And it adds so much stress to these families. And these families are not ready, especially like the E-4's and E-5's, I mean they are so lost. They are so lost and confused. And we're sending them back home ill-prepared for transition.

TAPs class, that's a great time. They're doing TAPs class, that's when we should be saying hey, FYI, when you transition out this

is what's going to happen. So right now while you're here in Bethesda and you're banking BAH and BAS you need to be putting some of that back.

Oh, by the way, when you get your TSGLI and then you choose to separate from service you should have saved back X amount because this is what's going to happen. We're missing major key milestones along this process that we could be dropping and planting these seeds in these families and setting them up for success.

Instead, we don't say anything, we keep our mouth shut, we don't address the issue that when they transition out that they're going to have the SGLI to cover them for 2 years and their life insurance. And oh by the way, you need to be hunting down other life insurance because the VGLI, this is the rate for it, but if you go get private insurance, you're an amputee, you're subjected to pulmonary embolisms so an actuary is not going to like you. So your rates are going to be insane. But oh by

the way, if something happens to you and you die in a car accident the Army cuts off all payment so that income that your family has been living off of doesn't exist anymore.

We're not talking about it. We're just letting them all go. And then once they get home they all fall apart.

MS. ESSEX: Our grand plan is to move in with my husband's parents and start from there. We've figured out what degree he wants to go for. I have a job waiting in Seattle, Washington that has been waiting for months for me. I'm very lucky the guy I'd be working for, his family is Army. So he understands the waiting process.

But he's an E-4, my husband's an E-4 and that's just how it's been. And it is very, very terrifying to be facing the loss of our independence and to go back to that, especially having to be such an adult. You know, we're 26 and I've said this a lot and I kind of joke about it. I said nothing ages you faster than being

in the military. And it's very true.

And for us it's kind of embarrassing to have to call his parents and go do you mind.

MS. ALLEN: And to add in on that, we have moms, dads, cousins, uncles, girlfriends, fiancees that are drafted by phone call. Whoever their next of kin contact is, once they've been injured they draft those people here. We have moms losing six-figure jobs, losing their retirement plans, their health insurance and all of the above, and they have to go to command and fight for an exception to policy to be seen at Bethesda. They're getting $71 a day.

And then there's the beautiful SCAADL which is technically a taxable disaster. In case you're not tracking, some of our soldiers will end up own taxes next year. Before injury, my real life, I do taxes. I run my own tax company. I've done taxes for over a decade. When I saw this proposal come down I cringed. IRS Publication 3 totally supports SCAADL being

non-taxable. And no one has been able to answer my question of why does SCAADL go to the servicemember. Why does it go to the servicemember? It needs to be going to the families that are there taking care of them.

It makes no sense to have this income of possibly $20,000-plus going to a servicemember, kicking them into a higher taxable bracket and then them having to pay taxes on their injuries? That's an insult. You're adding insult to injury here. It's things we need to address.

Now, these moms, we're doing nothing for them. They give up everything and then when the Army says your son/daughter doesn't need you anymore, go away, they have to start all over again.

Hiring Our Heroes with the U.S. Chamber of Commerce is now opening their job fairs up to -- open to caregivers. But once again it's a non-profit recognizing the need of these moms and their sacrifice and their

service. They've served too. They just served in a different way and we're doing nothing to support them. Once again they go home and a lot of times these moms are still full-time caregivers once they transition out of the service. But they've lost their identity too.

MEMBER MALEBRANCHE: I was wondering, the second young man. Matt, is it? Are you still active duty?

SGT RAMSEY: Yes, I am, ma'am.

MEMBER MALEBRANCHE: And are you -- so, who is your primary person in the service assisting you? And has the VA contacted you -- are you getting care out of Walter Reed here or elsewhere?

SGT RAMSEY: I get all my care out of Walter Reed. I have been contacted by a VA rep but they've pretty much set up all my appointments for after my retirement date.

MEMBER MALEBRANCHE: But now as you're going through all this do you have somebody from your -- I'm not talking about from

the command but from the medical side of the house? I mean, because you're in the IDES, right, the process. Do you have any medical people in the Army helping you?

SGT RAMSEY: No. I have my prosthetist. She's probably the only person I see from there like as of months now.

MEMBER MALEBRANCHE: And you've not been contacted?

SGT RAMSEY: I've been contacted by the VA but I don't hear too much from Bethesda anymore.

MEMBER MALEBRANCHE: You were in this before they merged?

SGT RAMSEY: Yes, I was at Washington, D.C. Army Medical Center too.

MEMBER MALEBRANCHE: Okay. Have you noticed a difference since the merger? Did something drop through there?

SGT RAMSEY: I can just tell you that being there, I don't like being there so I don't go there. I try to avoid going there at

all costs. I go there for my prosthetic care and that's about it. I would avoid getting an appointment there any day of the week. So I just try to keep myself away from there. It's just a headache every time I go there. So I keep my, like I said, I just try to stay away.

I don't really need too many appointments except for prosthetic care but I take care of that on my own so nobody has to schedule that for me. And I'm very good friends with my prosthetist so it's.

MEMBER MALEBRANCHE: Do you have a connection to your previous unit still?

SGT RAMSEY: No, not so much anymore. He used to call me every week but once I cleared out of there that was kind of it.

MEMBER MALEBRANCHE: It's kind of figure it out yourself?

SGT RAMSEY: Sort of. I'm a single soldier so I don't have kind of the same issues they're having. Or at least, if I do I -- they're nothing compared to these ladies' issues

so I'm not going to discuss them. But I mean, I feel like that's how it's been the whole time I've been through this is it's just been me.

MEMBER MALEBRANCHE: Have you learned things from other patients? I mean I would think that some --

SGT RAMSEY: That's where I get a lot of information from is other patients. People that have been there longer, they'll tell me about certain things that I would probably have never found out about otherwise.

Or like my physical therapist and occupational therapist and my prosthetist, they were the big ones. They have been there for awhile and they knew kind of programs and like grants and things that I'm eligible to get and where to go to get them. So they kind of told me all about that.

MEMBER MALEBRANCHE: Has your VA person -- you mentioned in the future appointments but have they helped you with anything current or have you asked that? Is it

a social worker, case manager, or what type of person at the VA?

SGT RAMSEY: I believe it's my social worker.

MEMBER MALEBRANCHE: Okay, from Walter Reed? The one that was assigned to Walter Reed, the liaison?

SGT RAMSEY: No, she's actually at the Washington, D.C. VA. I've had appointments with them but --

MEMBER MALEBRANCHE: But you weren't contacted when you were at Walter Reed by a VA liaison assigned there?

SGT RAMSEY: Oh, I was, yes.

MEMBER MALEBRANCHE: You were.

SGT RAMSEY: I don't really remember too much. It probably didn't make too much of an impression because I don't remember.

MEMBER TURNER: Just interested in your care as a single soldier. As you were going through all this did you feel that the care was different for single people versus married

people, or was it easier being single, or easier being married?

SGT RAMSEY: It's just, I mean -- I didn't find it to be too difficult but I've been in the military for 5 years. I've had two deployments so I can take care of myself. And remembering appointments and stuff, writing it down is not that hard.

The frustrating part is through the WTB command. Like Jessica was saying they're kind of like last-minute type people to where when they want you to do something it's not like they give you any notice. It's like come here now and do it no matter what you're doing or where you are. I don't live on that -- I live in Alexandria. But, yes.

My main thing is I was moved to like three different barracks and every time it was one day. You have to move today, right now. And I had like one dude to help me.

MS. ALLEN: And that's the same thing for us. We went from the hospital to the

Fisher House and then when we BRACC'd we moved to a different Fisher House. And then we moved into the apartment we live in now. And now next month I'll be moving us home for the fourth time by myself with a double amputee and two children. There's no one to help us. Like they just told us to figure it out.

MR. FROST: I went from a single wounded guy at Walter Reed in D.C. to a married guy at Bethesda. Got married to an Army girl I met at Walter Reed who has since medically retired. So she medically retired a year before I started my IDES process. So actually she was the one -- it was much easier keeping track of appointments, asking the questions, and then she was kind of like made me aware of all the pitfalls. I was a fairly informed wounded guy going into the IDES process. I think that helped.

MS. ESSEX: My husband has flat out told me that if it wasn't for me he would have fallen apart at this point. And I said that's

because you married someone who was an executive assistant. I can keep track of your schedule and I can make a fine cup of coffee.

(Laughter)

MS. ESSEX: But.

MEMBER TURNER: So from your experience do you think -- I know you're not single. Do you think it would be more difficult for a single person as a whole going through it?

MS. ESSEX: Absolutely. Because there have been phone calls, I've made phone calls. I've called and made appointments for him. I've gone with him for -- I was the one who found another range of motion for him in his medical records because right now I'm out of work. I was a contract employee, contract ended, so this has become my full-time job. Whereas he still has to get up, still has to report. Until he was put on 8-hour profile because he's taking narcotic painkillers he was still doing CQ. He was still not really getting a lot of time.

And actually he was at sick call this morning because yesterday his platoon sergeant told him to go outside and pick up trash. He said, well, my profile says I can't bend over. I have a disk protrusion at L4-L5. I'm very limited and my ACL's been replaced. I can't do this. I can't bend over. And his platoon sergeant's response was, well, bend sideways.

MS. ALLEN: And it's the families who pick up the single soldiers. There was one single soldier that I don't know why, he just decided to tell me everything and I called it to not WTB chain of command. I went way above that to get this soldier the attention he needed. And helped him find his way back.

We have another soldier that's probably going to drink himself to death but they don't pay attention. We had a suicide in building 50 not too long ago. There was two over in Fort Meade. It's happening right underneath their eyes.

I had a family just recently, the

wife came to me. Her husband had PTSD so bad she feared for her safety. I told her the proper thing to do was to go to the chain of command. She did that. But I said but the non-proper thing to do is here is a therapist that's not in the system that will happily see you. And we sent them there.

WTB interviewed her husband for about 10 minutes and said that he was fine, called her back in, said he was fine. While we were out of town I got a text message letting me know that she had taken her child to a safe place and was not returning to Bethesda.

And so there's another broken family. There's no telling what's going to happen to that soldier because he's not getting the care that he needs. And it's happening again and again and again.

MS. ESSEX: We have become kind of an unofficial point of contact within -- when my husband's unit, when he was part of Rear D every single soldier in his squad except for one was

going through the IDES process. And some started after him and they've wrapped up but some are going through it. And we're getting phone calls from various people going what do we do. Who do we talk to.

The other day I had a 22-year-old calling me saying that he had the same VA examiner, same thing happened to him, where is he supposed to go. And I provided him with the contact information for this task force as well as Senator Burr and basically said just start making phone calls. Just start telling people what's going on.

I said, I empathized with you guys, you guys are here because you want to know what the soldiers and the families are going through and what this is doing to us.

It really helps knowing that, even just meeting Jessica today I feel renewed, like I can do this. Because there have been a lot of days where my husband and I, we've just been standing there and we're like with this, with

retirement versus severance, losing medical care, losing all of this stuff, being put in an extreme financial bind and all of this.

And in the appeal it shows what VA, the VASRD code was violated and it just came back that it didn't matter. It's really hard to keep faith in a system like that when you feel like you're staring at a mountain and you can't climb it. But you're being told if you want to have a normal or a livable life that you need to climb it. Figure out how.

MEMBER MALEBRANCHE: One thing I've heard in some manner or form and probably most overtly, Chris, was from you, but it sounds like throughout the process of this IDES it would have been helpful for you personally to be able to go in and look at where you were in the process. And it sounds like all of you don't know. And it doesn't sound like you have someone to assist you either from the service or VA or a consistent person.

But if you were able to in this day

and age of going in and saying look, I'm on this, my milestone should be here, I should have some time frame. Is that an accurate perception? I guess I'm checking in with you, and/or is there something else that would be of more assistance that you think is possible that hasn't been offered or be assistive to you?

MR. FROST: That's absolutely my feeling about it. Because I've described it an opaque process. It goes in one end of the magic box. It's going to be in there an unknown amount of time and hopefully the product that comes out the other end is what you're looking for.

But in the absence of information, and you're not getting it from the PEBLOs. You know, the best PEBLO in the world isn't going to want to take the same phone call from the same person every single day. You know, there has to be a balance somewhere. But the absence of information, soldiers are going to reach out and look for the information. Sometimes it's good, sometimes it's bad.

The internet, you know. It's the bane of the existence and probably the -- but a great boon as well. There are websites out there that talk about the IDES. Some of them I'm not sure which planet their IDES is on because it's not information that's useful.

You've got the normal, you know, the e-form guys. Guys, you know, hey man, I got this, why don't you have that. And because we're not getting it, you're not getting the information from a person.

With the Air Force we've got a great care team. Recovery care coordinators, we have the Air Force Wounded Warrior Program Office. But they're also kept out of that PEBLO lane, you know, stovepipe of excellence.

MEMBER PHILLIPS: You pretty much described your own personal issues that you had to face going through this process. And again you talk about the bottlenecks and so forth.

Could you comment on how long it took and maybe refresh us a little bit on some of the

real bad bottlenecks? But also I'd like to hear from you if there were any good aspects of this, some of the best practices that we could perhaps try and emphasize that you hopefully ran into.

MR. FROST: Absolutely. So, once I let my care team that hey, you know, my plan is let's start the med board, going to lead to a physical evaluation board. That process moves along. And there's a path. They can show you a roadmap sort of thing.

Here's the stuff you're going to need to do. Here's the next step. And all the steps work really well until you have completed your VA examinations and they're not going to call you back for any more examinations. And it goes into the big, black, you know, black pit of Calcutta where it disappears. There's no updates.

The VA has e-benefits where you can, if you learn how to interpret the signs and read the chicken bones you can kind of maybe see movement, where it's moved from. The PEB to the

VA and then back. Or it's moved to the VA because there's a rating decision, or it's an unfit decision but it's not cut and dried anywhere.

But every time I get the milestone, you know, the PEBLO would call you and say come in, you have an appointment with the VA to sit down and talk about something. And all of those have been great. They explain the paperwork, they kind of explain that stuff's happening. It's the in-between times and they vary for everybody.

So for me, my last VA exam and to sign that stuff was September 26. The next time I heard from anybody was July 13.

MEMBER PHILLIPS: How about some of the best practices or good? Anybody else?

MS. ALLEN: I really like the little lady that started our process. She was really cute. And she was really sweet. And she had a PowerPoint presentation that normally they would show. And she had it all printed out.

She joked around with us quite a bit and was just like this is this, this is this, this is this. The best part was she said yes, this is supposed to take 6 months, but it's really about double that. And I'm not going to sit here and lie to you. And she was just very honest with us. And honestly I feel like she was the only person that was honest with us through the whole process.

My husband started his med board, he was injured January of 2011. We started it February of 2012 when we agreed to waive the elbow surgery. And then he did all the appointments. And I really don't remember, it all kind of like blurred together because it was just random and we got the whole you need to be here within 24 hours to sign this. And one of them he said I can't do it, I'm going on leave. And then they said that if he didn't sign it within X amount of days they were going to make him start the process all over again. That was nice. So he came in just out of spite because, you know, I don't blame him. I would have done

it too. So he came in on the last day, like literally at 4 o'clock when they were supposed to get off at 5 just because the guy kind of -- honestly, he kind of deserved it. He was just very rude.

And then he started that. And then we were shocked because we signed that in September. So we started everything in March and then, yes, the findings came back in September and then they called him. That's when they told him he had 6 days to get there because he couldn't be there in 24 hours. And then they came back with the thing, and then yes. It's just, it all just kind of just blends together. And allegedly we're going to be retired in January and switched over to Nashville in that time frame.

MR. FROST: So in my case my last day in uniform on the books, active duty ID card October 28, first day as a veteran October 29. My final VA rating package was signed, stamped on November 30 and I received that. So that part

of the IDES worked really well. I didn't retire and then have to schedule VA exams to get that piece taken care of so that's worked.

In my case, you know, cut and dried. Both legs gone. There's not a question about that rating. There wasn't, you know, you get the 100 percent. You got 100. Fight it later, fight it on your own time. Don't delay.

But the process worked for me. I mean it is, I think the IDES definitely after talking to my wife was better than the DES/VA switchover that she had to go through.

MS. ESSEX: With the process itself the only issue that we've run into is appealing the ratings. When we went to call the VA we were told there wasn't an appeal in the system. Then we found out there's a terminology difference and they call it a request for reconsideration. So there was a minor heart attack at that moment when we were told they didn't have any paperwork.

But getting that decision back and being told that that's final, that's terrifying.

Especially, like I said, in our case they won't do 10 percent. He has the spasms, he has -- in his CMP exam lists I have spasms, I have this, I have this, this, this, this. And because the examiner said well, I didn't see any of them, that's why they're sticking with the zero percent.

But as far as going over, getting the appeal done, getting that filled out, getting that sent there was no issue with that. MEB legal has been extremely helpful and now our new PEBLO that we've had assigned to us has been calling on a regular basis saying we still haven't heard anything but how are you doing. And our -- we had a VA contact but she, she was promoted so we have no idea who our current MSC is. We have not had an exit interview. So that's kind of where we are right now.

The legal part, that part, she was very helpful. The person who started us off was also very helpful. I can still call him at any point and say well, what about this. You know,

ask him questions and everything. So he has been extremely helpful. There have been a few parts that have been just great.

And then -- but the parts that aren't working. You know, in our case we have one person who threw the wrench in and then a second person who threw a second wrench in. It's just two people that are causing this -- what looks like a major life issue for us.

Even with all the evidence and all the stuff backing it, that it's -- we were told too that the raters, that they don't have any medical background. So there's been a lot of information that we've been given that we aren't sure what's true, what's not.

The system itself, the way it's supposed to work is phenomenal. It's those kinks that I think are causing the issues.

MEMBER TURNER: Did anyone else access the reconsideration or appeals process? Anyone else look at it or talk about it?

MS. ALLEN: We're not there yet.

MEMBER TURNER: Not there yet.

MS. ALLEN: We got our 100 percent.

MEMBER TURNER: Sir?

SGT RAMSEY: I had to appeal mine the first time. It wasn't for a ratings discrepancy, it was just there was a few tests that weren't on the list of -- it was a big test. It was a TBI test. It was like the big one they give you. It wasn't on there and there was a bunch of stuff pertaining to that that wasn't on there. And that was handled pretty quickly. It came back and all that stuff was on there. So it didn't affect the ratings or anything but I was told that that stuff should be on there.

MS. ESSEX: You reminded me of this. When we went to speak to the clinical director at the VA hospital and we told him the issue with the ratings and everything his response was I thought the PEB did the ratings. And we said no, with the IDES they get the ratings from the VA. They take what the VA gives them and applies them. Your Army rating is on the disqualifying

conditions. And he went really. I could have sworn that the PEB did those ratings. So it was very disconcerting to be looking at this guy in charge of the VA examiners and hearing that.

MS. ALLEN: And with the VA examiner my favorite story was when my husband had audiology and the lady asked him how many times he had been exposed to small arms fire and/or explosives. My husband's been in since 1998 and my husband, he's a big jokester. So he says I'll be conservative, let's say 2,000. The lady turned around and said you're kidding me. There's no way you've been exposed to small arms fire or explosions 2,000 times. He goes no, I told you I was being conservative. And she's like no, no, no, there's just no way.

And my husband literally said have you seen Platoon. You watched any army movies? He's like ma'am, I'm being extremely conservative. Like literally there was one day I know I was engaged in live fire five times off the top of my head and I stopped counting at five.

And she literally just humiliated my husband, basically told him he was making it up.

And I had a family come visit me the other day that her husband, severe TBI, PTSD, it's obvious what they've been through. He wears it on his face, bless his heart. And she said that his PTSD had never been that far out of control than when he left the VA because the lady basically told him to get his tic under control. And he can't. It's what's happened to him and she told him to get it under control and that he needed to behave himself in front of her. He needed to get his stuttering under control. And it was quite humiliating.

And she told me that she would never go back there and she wouldn't take her dog there. It was a very hard day for that family. And I really just don't know what to say. I laughed about the lady in the hearing but then finding out that a VA examiner would look at one of our guys and tell them to quit making it up. It's kind of unacceptable.

And when I questioned the VA guy about our world class surgeons that we have. We have phenomenal medical care at Bethesda. We really do. Those surgeons, they saved my husband's arm. The battlefield medicine, it's phenomenal. It really, really is.

But then you send your husband to the VA to someone who doesn't even know what an infantry soldier does. To me it's embarrassing to put our veterans through that.

MS. ESSEX: When my husband got home from the VA exam he looked hurt. I mean I could -- he could just barely move. I said what happened. Because I have been kicking myself to this day that I was not there. He said that when he was doing his range of motion he would bend as far as he could go and then he's like she put her hands on me and she shoved. What do you mean she shoved? He's like it hurt. I would go as far as I could and she would put her hands on and repeatedly shove over and over again and yell at me.

During the last part we talk about when she said she saw him bent to 90 degrees. He said, the table, it was high enough that I had to hoist myself onto it which she mentions in the CMP exam. And when she had me bend over the table I went as far as I could go and she went back to shoving and yelling at me and telling me to bend further. And I couldn't. And he said it was extremely embarrassing for him to be in that position.

And then again, just a couple of days ago, getting a call from another specialist who went through the exact same thing with the exact same person. And this is after we went to her boss and brought this stuff up. So I told the specialist. He called the boss and as far as we know the clinical director took his name, Social Security, and we don't know what's going from there.

But it was -- to see my husband like that, hurt, knowing that what am I supposed to do? How are we supposed to protect our husbands

from that?

MEMBER PHILLIPS: Personally I want to thank you because I know it's not easy to stand up in public and do what you've done but it's been very helpful for us.

I took some notes as you were talking and I don't want to put any words in any of your mouths but I thought I'd try and summarize some of the key points. And please say yes or no or add to it.

And they're not in any priority order, but basically communication and information throughout the whole process is very important. You know, the educational part.

Better trained staff throughout the whole process who are really focused and trained to do what they're supposed to do and not as a secondary job or whatever, you know, with the compassion that's associated with that.

Look at ways to reduce the bureaucracy. I mean, proving who you are when you have acceptable documented evidence who you

are and what you do. Did I hit on most of those things? Are there other things?

MS. ALLEN: I think compassion and communication is totally what we're missing. We're definitely missing the communication. I always joke that the military is a one-way communicator. It's one-way. And it's whenever you start coming back two-way, you know, to the second way, that's when you end up with problems with the military. Because they don't -- they give it to you. You don't talk back. That's the end of it. And when you do talk back is when the problems arise.

And the lack of compassion is just, it's unbelievable. What I've seen. These men are heroes flat out, they are heroes. We have asked them -- yes, it's a volunteer Army, I get that. But we've asked them to leave their families for extended periods of time. We have had them fight for their lives. We have had them rescue each other. They're missing limbs. They're going through so much and yet we keep

piling it on. Again and again and again.

And we don't understand why the families are falling apart. We don't understand what's going on. It's because we don't look at the root issue, that we are healing a family. We just look at them as -- I'm going to steal a quip from one of the soldiers -- I'm broken, I'm no longer of use to the U.S. Army, they're done with me.

And that is how our soldiers see themselves. And if it's not, if we don't have wives who are willing to step up and literally get your hand smacked by the ruler because I get smacked all the time, if you're not willing to do that then they will fail. And these wives can't take it and that's why they're leaving. That's why the families are falling apart, because there's no communication and no compassion. It's embarrassing. We can do better.

MS. DAILEY: We just have about 15 more minutes and I would like to talk a little

bit about -- and Christina, and I have the right -- Christina, you're heading back to Washington State. And I'd like Jessica, I'd like you to talk a little bit about Dollar Mart. Don't forget that.

And then let's kind of walk down the panel and talk about everyone's, their preparation for their next job and what you're doing now. And Chris, how you got into your job. We know a little bit about OWF. But let's talk a little bit about the next stage.

MS. ALLEN: Right. We were talking about how our warriors are on an assembly line at Bethesda. And the way it works at WTB, every single soldier has to be involved in an internship or be going back to school.

My husband's been in for 14 years and for 14 years he's been an infantry soldier. He is not ready to go back to school and he is not ready for a civilian job. He needs to be a father right now and we need to heal our family and that's where we are.

My biggest thing that I proposed to the WTB is, okay, it's great that you have all these federal jobs and internships and stuff. But realistically what are these guys going back to? They're not going -- they're going back to rural Georgia, rural Alabama. They're not going back to a federal job. I mean, they want to leave this area and go home. So it's time that we look at non-federal employment, Walmart, Target, Dollar General. All of these great employers, we could totally send our warriors there to be managers or assistant managers or things like that. These men are phenomenal and they could be great leaders in the private sector. So rather than focusing on the federal jobs we need to also invite in the non-federal jobs to help them transition back home and put them to work.

MR. FROST: I guess I can speak to that. So I was, you know, Wounded Warrior. Got into Operation Warfighter, not as a jobs program but it's -- it does a couple of things. It gives

you an opportunity to meet a whole bunch of people who -- one of them is probably going to turn out to be a good mentor and hopefully they've made mistakes that I haven't lived long enough to make. I can learn from them.

So for my particular case I ended up within DoD sort of in a completely different office than what I was trained to be. I was an EOD team leader and doing that sort of stuff. But they made sure that I was talking to hiring managers and that I got a resume together. It's one of the requirements of the thing. You kind of keep moving forward, have your longer-term goals, have your short-term goals, but be able to get this stuff down on paper.

And then translate it into the point where both government and civilian hiring managers can understand the great things we do every day. You know, even when I was out kicking dirt clods with the 101st if you put it down the right way it's completely true and it makes you, you know, it characterizes your abilities and

skills. And that's the value I think.

MS. ALLEN: In TAPs class we're addressing like how to dress for success and we're addressing employment. But not all soldiers are taking advantage of the Warfighter program nor are they encouraged to do so. And so we're missing that key component and we're -- at our WTB it is go to college, get an internship in one of their list.

And we're trying to put these guys into a little box and thinking that they're all going to, you know, go back to school or go to one of these jobs but they're not. And the Warfighter program, I am familiar with it, it's wonderful, but we're not encouraging the guys to do that because honestly, I'm going to put money on the table you go ask a squad leader up at WTB, I bet they don't even know who it is or what it is or how to get in touch with them to get it started.

MS. DAILEY: And Matt, what are your plans? You're really close here.

SGT RAMSEY: I'm going to Northern Virginia Community College right now. My initial plan was to just get an associate's degree in physical therapy -- become a physical therapist assistant. But I'm kind of reworking my plan to -- going to get certified as a personal trainer and work in that field.

I also have a few friends that are contractors and they're helping me, connecting me with people to try and get back into some overseas work. That's what I really want to do but I don't really have the -- a lot of the times they want special operations experience and I don't really have that. But they're trying to see what they can do for me and if there's any place for me in that right now, so that's my ultimate goal. But if not I'll be in the area as a personal trainer.

(Laughter)

SGT RAMSEY: And if anybody wants my number I will give it to you. And we can set something up.

MEMBER REHBEIN: Interested in TAP and the Transition Assistance Program. Is there any one single thing that isn't there that could be that would help?

MS. ALLEN: Financial planning. Big time. There is no financial planning. That doesn't exist.

MEMBER REHBEIN: Does it need to be -- is it a class or is it individualized?

MS. ALLEN: Both. We have Fleet and Family Services over there at Bethesda and Fleet and Family Services is great. They have a wide array of classes that address all sorts of financial issues. But once again it becomes that that's a Navy program. And so a lot of times whenever I bring up Fleet and Family Services I usually get hit with that's a Navy program. Well, it's open to everyone and you should go.

But TAPs, we're not talking about it. We're not talking about TSGLI and how you could invest for your future. We're not talking

about the key components about retirement and things like that. We're talking about dress for success, very important. We're talking about resume skills, very important.

But we're not talking about these guys being able to retire one day in the real world. We're not talking about them saving money and building a house. We're not talking about the resources that are out there for them. We're literally throwing a whole bunch of stuff at them in a 40-week course and sending them home to which my husband comes home with a stack of stuff and says thank God I'm married to you. That was exactly his reply.

And I sat down and I'm flipping through and I was like oh my goodness, did they talk to you about this. He was like nope. And I flipped through. I mean there's some really amazing things that are out there for our soldiers. And we're not emphasizing them. We're literally hitting our PowerPoint slides, we're going click, click, click, click, okay,

break for lunch. Click, click, click, have a good day, see you tomorrow. We're not talking about the tools that are available for them to really make a difference in their life.

MR. FROST: So when I was a kid at the school library we had a card catalog and you could flip through the card catalog and look for stuff that was interesting or you could go ask the librarian. And if you ask the librarian she's going to tell you what she either thinks you should hear or her favorites. Or you could look through the card catalog. Neither one of them gives you the depth of a certain program but they both provide information.

TAP class to me was the card catalog and then some of the way I've been steered, physical therapists, occupational therapists, friends in Operation Warfighter and throughout was the ask the librarian.

What to add to TAP, there's already so much. I think there's a -- it's either a mentoring piece or there's a focus piece or

there's a localization to your particular situation and interests, hobbies. Almost like a career counselor in high school type piece that I'm not sure how to capture that or how to move that. Whether it's a short survey before TAP so they can look at it and go oh yes, I guess we can skip the forestry section, for instance. We'll skip the nonfiction for these guys, we'll keep it under the, you know.

MS. ALLEN: We joke around and call it the Walter Reed mafia because you've got to know somebody to get things done. Like I'm not kidding it is the biggest joke. If you know so-and-so they'll connect you with so-and-so to get you whatever it is you need. But if you don't know so-and-so then you've got to wait until you find someone. So we joke around that it's the Walter Reed mafia, that's the insider's joke.

And once you get into the club then all the access is there. You can easily find everything you need. But if you don't then it

doesn't happen.

It's just like I had a conversation with one of the Navy personnel about access to the non-profits and he said, well, the SVAC does that.

Stop a new family. Stop a new family that has just arrived. I bet you they don't even know what the SVAC is, they don't even know where the SVAC is, and they do not know what's available. They are so traumatized they have no idea what's going on. And they literally walk around in a zombie-like state for weeks trying to figure everything out until literally someone says do you need some help.

And if you're lucky you have an awesome nurse case manager or case worker which we did. Our nurse case managers all the way through have been phenomenal. We've had three, they've all three been great. We've had two social workers, both have been great. Those have been the people who have helped us the most through this process.

It's just a big who do you know and who can you know. And the number one problem that we have over there is families, whenever there's an issue, what do they do? They run to Congress. Where are they supposed to go? Nobody tells them until they run to their congressman and then they get in trouble for running to their congressman. But the whole time they didn't know where to go at the beginning because no one gives them clear direction from the time they hit the floor.

If we welcomed these families and just not hold their hand but to a degree you have to hold their hand. They've just been traumatized. So if we would welcome them and kind of honestly like I guess introduce them to the Army I think things would go a lot smoother and I think the communication would just come from that welcoming.

Because think about it, when you go into a restaurant, if you're welcomed into the restaurant your experience has already started

off on the right foot. If you go up to the counter and you're waiting for someone to take your order you're already angry at them. And we have to make that decision which way we want to handle this. Either have their families running the rat race trying to seek it out or welcome them to the process and make it smoother.

MS. DAILEY: And ladies and gentlemen, we do need to wrap here. If there's some closing statements let's do that and then we're at time.

MS. ESSEX: I really just wanted to thank everybody for being here and for giving us the opportunity to come up and share our stories because I can say today is the first time I've really, really felt like I've been listened to by a group of people who cared about what I had to say and wanted to help. It's the first like where I've actually had hope that my husband may get retired and things may go how they're supposed to. So I just really, really wanted to be grateful. And are you looking to adopt?

(Laughter)

MS. ALLEN: And just thank you. And please don't give up because our military system is amazing. Look at what we've done. Look at our history. We have accomplished incredible feats.

These families, I'm embarrassed that it's taken 10 years. I truly am embarrassed because I've been with my husband since 1998. I was with him before 9/11. I've been through this whole thing. And we have friends who have been amputated. We have friends who were killed in action. I had no idea how bad this was until I was here.

And I'm embarrassed. I really am embarrassed at how the military has treated these families. And we should be ashamed. And it's time. We're overdue to take care of these families. We owe it to these heroes to help set them up for success. And thank you for taking the time out to try.

MR. FROST: I'd definitely like to

thank all of you for being here. Ten years ago there wasn't a Recovering Warrior Task Force. There was the same issues. Soldiers were going through the same things. And there was no focus. There was probably small groups, there was, you know, some people really cared. I definitely support the mission of the Recovering Warrior Task Force and thank you for allowing me to come here and represent I guess.

SGT RAMSEY: I guess much the same. Mrs. Jessica over here, I met her a long time ago and I remember she was just as passionate as she is now and she really wanted to help me. So she's a great lady. And hopefully everything goes well for them and they do get retired.

I mean Bethesda will be missing an important person. They'll be partying. Well, the soldiers will be missing an important person because she knows a lot and she helps a lot of people.

I agree with her 100 percent. I've seen a lot and I've gone through a lot in the

military but when I got to Walter Reed I never knew how bad it was. I never knew how many people were there, how many people suffered injuries like that and it was really a shock to me. That was -- I couldn't believe it. And yes.

I mean when somebody gets hurt overseas they go in the chopper and you get back to your outpost or wherever and all their stuff's gone and it's kind of like you never hear from them again. You know, talk to them on the internet or whatever. But you know, that's it. It didn't really quite click to me how bad it was.

And I know that the Vietnam veterans had a real tough time with like especially amputees and anybody who needed to get separated from combat wounds. Here's your prosthetic and see you, you know. They didn't get nearly as much attention as any of us get so I try to think about them a lot and what they had to go through. But that's all I've got to say.

CO-CHAIR CROCKETT-JONES: Thank

you all. I know it has helped the task force focus on our purpose to have you here. And your experiences and sharing them with the task force means that we can carry that forward as we make our recommendations and make our report again this year.

At this point though I think we are done for the day. So no more breaks needed, we're finished for the day. And I look forward to seeing you all at the next business meeting.

MS. DAILEY: Task force visit to the Safe Harbor, meet in the lobby at 7:30. We're all jumping into a van and it'll be heading over there. Thank you. Thank you all for the last 2 days. Thank you, panel.

(Whereupon, the foregoing matter went off the record at 3:52 p.m.)