



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

## April Business Meeting Minutes Doubletree Hotel Washington, D.C.-Crystal City

**Tuesday, 2 April 2013**

The meeting began at 8:13am with Mrs. Suzanne Crockett-Jones providing opening remarks which included a statement that this meeting was the last for information gathering prior to preparing findings and recommendations for the annual report. Ms. Crockett-Jones then provided an overview of the remaining business meetings followed by introductions from the attending Task Force members. Major General (MG) Richard Stone, Major General Richard Mustion, Lieutenant Colonel Sean Keane, and Dr. Russell Turner were scheduled to be absent for the first day of the business meeting. Ms. Karen Malebranche arrived to the meeting at 8:40am.

Following introductions, the Task Force members discussed all installation visits executed since the last business meeting in February. The installation visit review included travel to Joint Force Headquarters (JFHQ) in North Carolina, Iowa, and Arkansas. It also included travel to Camp Pendleton in California, the San Diego Navy Operational Support Center (NOSC) and Medical Hold (MEDHOLD) West in California, Joint Base Lewis-McChord in Washington, and Joint Base Elmendorf-Richardson in Alaska. When discussing North Carolina JFHQ, the members addressed the need for greater collaboration between the JFHQ and North Carolina Department of Veterans' Affairs (VA). They also noted the under-utilization of case management and recovery coordinator resources, but alluded that these were issues across all JFHQs. As a best practice, the members did note the success North Carolina JFHQ had by providing a call center and centralized case management specifically for behavioral health concerns. Referring to Iowa JFHQ, the members discussed an inconsistency in behavioral health resources between the Air Guard and the Army National Guard. The members noted again the communication disconnection between JFHQ leadership and the state's VA. The members discussed similar issues between Iowa and Arkansas JFHQs and commented that both states are military-friendly but lack additional military installations that other JFHQs, such as North Carolina, may have access to. Specific to the Arkansas visit, the members further discussed the issue with finding local civilian behavioral health providers.

The members moved into discussion of the West Coast installation visits starting with Camp Pendleton. They began by addressing a best practice where contact is initiated with the health care team and the company commander if a Marine fails to complete Post Traumatic Stress Disorder (PTSD) treatment. This was the first location they had seen this type of procedure. The members also remarked that the Nurse Case Managers (NCM) felt isolated from



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working with recovering Marines. They also mentioned that during the focus groups, the lack of continuity with section leaders was a main issue. As the members transitioned into their review of San Diego NOSC and MEDHOLD West visits, they noted transportation concerns at the NOSC. They further inquired on how to make Navy Safe Harbor services available to MEDHOLD West Recovering Sailors. The members also noted concern with leadership as a reoccurring theme during the MEDHOLD focus groups. Regarding the visit to Joint Base Lewis-McChord, the members commented that the Warrior Transition Battalion (WTB) was the largest in the country and over half the population had behavioral health issues. They highlighted how NCMs were unable to contribute to comprehensive transition plans (CTP) as their caseloads increased. The members commented that the family members felt uninformed but leadership felt as if they were communicating with the families. Due to time restrictions, the Task Force members concluded their site review session and would make time later during the business meeting to discuss the Joint Base Elmendorf-Richardson visit. The Task Force took a short break at 9:29am.

At 9:39am, the Task Force resumed their meeting and welcomed Dr. Warren Lockette, the Deputy Assistant Secretary of Defense for Clinical and Program Policy. Dr. Lockette also serves as the Chair of the Centers of Excellence (CoE) Oversight Board. He began his presentation discussing various definitions for a CoE and the issues with establishing an operational definition. Dr. Lockette did state that the Oversight Board does not create policy but it reviews CoE Concept of Operations (CONOPS), validates CoE requirements, and establishes guidelines. The members inquired about the ability of the Oversight Board to have cost effectiveness data and the process of how CoE best practices are implemented across the Services. Dr. Lockette responded by stating that the CoEs are unable to answer cost effectiveness questions. He also stated there is a review of all mental health programs in the military health system to look at cost effectiveness. Regarding implementing CoE best practices, Dr. Lockette has not received any issues regarding the implementation process. The current practice is to allow the Services to work together to implement best practices before Health Affairs is involved. The Task Force members discussed the necessity of the Services taking ownership for the CoEs to be effective and wanting to hear more from the CoEs on prevention methods. The members requested to see an update on cost effectiveness within a year. The briefing ended at 10:51am and the Task Force took a short break.

The Task Force resumed the meeting at 10:55am and welcomed Ms. Regina Julian, the Director of the Patient-Centered Medical Home (PCMH) at TRICARE Management Activity. Ms. Julian provided an overview of the PCMH, including discussion on the seven principles used to holistically assess patients. Ms. Julian then discussed the PMCH goals, survey program, and the National Committee for Quality Assurance (NCQA) process for all PCMHs under the



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military health system. She later spoke about a secure messaging service that provides patients with access to their providers without needing an appointment. She mentioned this feature would be fully implemented by August 2013. Ms. Julian also spoke about a Tri-Service Workflow template that incorporates evidence-based and clinical practice guidelines to screen patients. The Task Force members highlighted the military's current need to be primary care managers and the need to change the system for providers. Another topic of interest with the members was the need to educate Service members on the necessity of having family involved in the PCMH process. The members stated they believe the PCMH system will bring down the cost of care and the significant contributor to its cost savings is the electronic communication service. The presentation concluded at 11:43am.

Immediately following the PCMH presentation, the Task Force received a briefing on genitourinary (GU) injuries. The Task Force welcomed Dr. Terry Rauch, Director of the Defense Medical Research and Development Program in the Office of Force Health Protection and Readiness Programs, and Colonel Andrea Crunkhorn, Chief of Rehabilitation and Reintegration Division under the Office of the Army Surgeon General. Dr. Rauch began the presentation providing a Military Health System research and development program overview. He discussed the objectives of the current research and development, investment, and focus areas. Dr. Rauch mentioned that a number of products had completed the clinical research phase and were starting the clinical trial process. Colonel Crunkhorn joined the presentation by providing GU information from a non-research perspective. She discussed the roles of the Department of Defense, U.S. Army Medical Research and Materiel Command (MRMC), and Joint Trauma Analysis and Prevention of Injury in Combat (JTAPIC) in leading the integration of new and existing research. She also provided some information on GU personal protective equipment for prevention available to Service members. The Task Force members shared concerns about Recovering Warrior expectation management regarding normal sexual conditions as a result of the GU injury. They also inquired about the harvesting and storage of reproduction samples prior to a deployment. Colonel Crunkhorn stated that there was work being done to address the issues but no actual harvesting of these samples was being conducted. The Task Force requested more information on the latest updates regarding reproduction policies that addressed harvesting and storage. The presentation ended at 12:35pm and the Task Force took a break for lunch.

At 1:10pm, the Task Force resumed the meeting. The members welcomed Mr. Timothy Ward, the Deputy Director of Program Analysis and Evaluation for the Navy Bureau of Medicine and Surgery. Mr. Ward's presentation was on process improvements with the Navy Integrated Disability Evaluation System (IDES) and information regarding Comprehensive Combat and Complex Casualty Care (C5). Regarding the Navy IDES, Mr. Ward discussed the focus on change management in order to decrease time and raise efficiency of the Medical



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Evaluation Board (MEB) and Informal Physical Evaluation Board (PEB) processes. He stated that through changing the Navy's processing method from a job shop approach to an assembly line approach, significant reductions in processing times and response times resulted. Mr. Ward explained that the Navy is not utilizing electronic means to submit board packets and they were creating a template for a standardized packet. The Task Force members discussed with Mr. Ward quality assurance and sustainability of the new approach. In reference to the C5 program, Mr. Ward discussed three primary deliverables but emphasized the Forecasting and Capacity Evaluation Tool (FACET) and the Guide for Patients with Lower Limb Amputation. Mr. Ward explained the six step process for utilizing a FACET as a planning tool to project anticipated provider requirements. He then displayed screenshots of the Guide for Patients with Lower Limb Amputation and explained the resources found within the guide. The members inquired about the C5 program's cost effectiveness and the possibility of applying C5 beyond Balboa Hospital. The Task Force took a fifteen minute break at 2:22pm.

The Task Force resumed the meeting at 2:37pm and Mr. Justin Constantine left for the day. The members welcomed Air Force Major General (Maj Gen) Douglas Robb, the Joint Staff Surgeon under the Office of the Chairman of the Joint Chiefs of Staff. Maj Gen Robb's discussion was centered on the Defense Health Agency (DHA) and the organizational changes resulting from its creation. He focused a large portion of the presentation describing the structure of the DHA and the formation of Enhanced Multi-Service Markets (eMSM). Within the structure of the DHA, Maj Gen Robb highlighted various departments that provide shared services to the Army, Marines, Navy, and the Air Force. He then explained the characteristics of the six eMSMs and the advantages behind having the enhanced authority. Maj Gen Robb stated that the DHA would be fully operational by October 2015. The Task Force asked Maj Gen Robb about the National Capital Region having its own Medical Directorate under the DHA as well as having an eMSM. The members also discussed with Maj Gen Robb the potential cost savings the eMSMs will bring to the military health system. At 3:45pm, the Task Force took a fifteen minute break.

The Task Force returned from their break at 4:00pm. They welcomed Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs, Mr. Joe Riojas, Interim Chief of Staff for the Department of Veteran Affairs, and Ms. Mary Carstensen, Senior Advisor to the Secretary of the Department of Veteran Affairs (VA). Dr. Guice and Mr. Riojas also serve as the Co-Chairs for the recently established VA-DoD Interagency Care and Coordination Committee (IC3). Their presentation focused on providing an overview of IC3 including its overarching plan and actions that are currently underway to support their plan. At the beginning of the briefing, Mr. Riojas had to step out and Dr. Guice, along with Ms. Carstensen, completed the presentation. Dr. Guice highlighted that the members of the IC3 included both clinical and



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non-clinical case management and the IC3 committee aligns directly under the Joint Executive Committee (JEC). She went on to discuss the IC3's initial focus on introducing a Lead Coordinator who is responsible for awareness and visibility of a Recovering Warrior's care, benefits, and services. The Task Force members asked various questions regarding DoD and VA information sharing with private sector care. Dr. Guice also mentioned how crucial the iEHR effort is in integrating DoD, VA, and private sector records. The members also focused on the importance of a lead coordinator in being a one stop shopping resource, which will contribute in providing a successful warm handoff. The briefing ended at 4:46pm and the Task Force concluded for the day.



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The second day of the meeting began at 8:07am. Members scheduled to be absent for the day included Vice Admiral Matthew Nathan, Major General Richard Stone, Lieutenant Colonel Sean Keane, Command Sergeant Major Steven DeJong, Mr. Justin Constantine, and Dr. Russell Turner. Ms. Crockett-Jones opened the public forum with an introduction of Mr. Michael Parker, a public forum participant. Mr. Parker provided a statement where he discussed cases that demonstrated the Services were avoiding PEB fit findings and were administratively separating Service members for compensable conditions without DoD disability benefits. Mr. Parker stated that most of the cases he has seen regarding this issue came through the Department of the Navy. In discussions with the Task Force, Mr. Parker stated that by addressing Service member issues as conditions rather than disabilities, some cases have been bypassing the IDES process.

At 8:14am, immediately following the Public Forum, the Task Force welcomed Dr. Susan Kelly, Principal Director of the Transition to Veterans Program Office, and Mr. Frank DiGiovanni, Director of Training Readiness and Strategy. Dr. Kelly began the presentation discussing the re-design of the Transition Assistance Program (TAP). She stated that the focus is on preparing Service members as early as possible for transitioning out of the military. Dr. Kelly also mentioned there are various updates to TAP that can help each Service member depart career-ready. Dr. Kelly spent time explaining the Transition GPS, which includes pre-separation counseling, a modular core curriculum, transition readiness tracks, and a Capstone. She then stated that the Transition GPS and Capstone will be fully implemented by October 2013. The Task Force members asked how the Tap re-design would affect the Disabled Transition Assistance Program (DTAP). Dr. Kelly discussed that it will be mandatory for everyone to go through VA benefits and pre-employment separation briefings, and the DTAP portion will be presented during the VA benefits briefing. The members also discussed with Dr. Kelly about how to measure success after separation. It was mentioned that the Department of Labor conducts the follow up with Service members but DoD will ensure the member has completed their career readiness standards. Dr. Kelly transitioned into Mr. DiGiovanni's presentation which focused on job training, employment skills training, apprenticeships, and internships. Mr. DiGiovanni referenced a November 2012 DoD policy to allowing Commanders to approve training, apprenticeships, and internships to qualified Service members. He also discussed the need to have Service members work towards licenses or credentials related to their military occupation specialty (MOS) areas. Mr. DiGiovanni later presented separating Service member demographics information that showed aircraft mechanic, automotive mechanics, EMTs, supply and logistics, and truck drivers as the top transferable occupational areas for separating members. The members asked about what is being done for Service members to receive their commercial



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driver's license (CDL). Mr. DiGiovanni stated that approximately 35 states are counting military service towards getting a CDL. He also discussed a White House information technology pilot program that is focused on Wounded Warriors. The members later asked about published guidance for internship opportunities. Mr. DiGiovanni discussed that a DoDI was currently being worked on but a directive type memorandum (DTM) has already been published and satisfies any legislative requirements. The briefing ended at 9:44am and the Task Force took a fifteen minute break.

The Task Force started the next briefing at 10:00am and welcomed Dr. Richard Bannick, Director of Beneficiary and Benefit Analysis and Evaluation under TRICARE Management Activity. Dr. Bannick discussed methodology and recent data from the TRICARE Management Activity survey. This was conducted as a census survey of five cohorts of ill or injured Service members which focused on areas such as medical hold, disability evaluation system, and DoD support for Veterans Administration care. Dr. Bannick discussed receiving favorable findings regarding medical hold, outpatient health care, and DoD support for Veterans Administration care. He then discussed receiving unfavorable findings regarding the Disability Evaluation System (DES) and access to outpatient care. Although medical hold received mostly favorable findings, one medical hold item that held the highest unfavorable rating was for managing duties and personal affairs. The members inquired about what improvement areas a commander should focus on from looking over the survey data. Dr. Bannick stated that a commander can see data as far back as fiscal year 2008 and tell a military treatment facility needs to improve their outpatient care or focus more on their medical hold unit. The presentation ended at 10:47am.

At 10:48am, the Task Force welcomed Ms. Donna Seymour, acting Principal Director for the Office of Warrior Care Policy (WCP). Ms. Seymour responded to various fiscal year 2012 Task Force Recommendations, discussed the Education and Employment Initiative (E2I), and discussed Operation Warfighter (OWF). Ms. Seymour began her briefing responding to recommendations regarding issues such as publication of guidance, Recovery Care Coordinator (RCC) training, the National Resource Directory (NRD), Reserve Affairs, IDES, and family assistance. She discussed the implementation of DoD and Air Force Instructions, the development of a Recovering Warrior Bill of Rights by late June 2013, and the decision to non-concur with the recommendation to adopt a new definition for category 2 wounded, ill, and injured Service members. Ms. Seymour addressed the decision to non-concur with the recommendation to rename the NRD, stating that the site receives approximately 100,000 visits per month. She also stated that there are campaigns and collaborations planned to better market the NRD. When addressing the IDES and family assistance recommendations, Ms. Seymour focused on multiple implementation tools being used to meet the specific recommendations. She did discuss in detail the non-concur result regarding the recommendations to develop a new



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Physical Evaluation Board Liaison Officer (PEBLO) staffing model and to ensure that 100 percent of Recovering Warriors are contacted by a MEB outreach lawyer. The Task Force members were very interested in the non-concur decisions regarding a change to the wounded, ill, and injured category 2 definitions, a change to the name of the NRD, and a change to ensure that 100 percent of Recovering Warriors are contacted by a MEB outreach lawyer. Ms. Seymour later transitioned into a discussion of E2I and OWF. A DoDI was signed in March 2013 but WCP is still working the opportunities for non-Federal internships. Ms. Seymour suggested having these programs co-located with Transition Coordinators or Recovery Care Coordinators as a best practice. This briefing ended at 11:45pm and the Task Force members took a break for lunch.

The Task Force reconvened at 1:00pm and welcomed members of the non-profit panel. The panel consisted of Mr. Mark Robbins and Ms. Lisa Morgan, Executive Director and Family Caregiver Program Coordinator with the Yellow Ribbon Fund, Ms. Tina Atherall and Ms. Tricia Winklosky, Executive Vice President and Clinical Health and Wellness Director for Hope for the Warriors, and Mr. John Molino, Chief of Staff for the Wounded Warrior Project. The panel provided overviews of their respective organizations, their work with Recovering Warriors, and their input on Recovering Warrior transitions to civilian life. The Yellow Ribbon Fund began their discussion stating that their mission is to fill in the gaps for injured Service members and their families where the government cannot. After introducing their programs, the Yellow Ribbon Fund discussed common issues such as delays to process VA disabilities, pay, and medical benefits for injured veterans. They also mentioned issues with Federal Recovery Coordinators (FRC) that do not communicate frequently with families. Hope for the Warriors then discussed their four program pillars that support Recovering Warriors and their families. Hope for the Warriors also discussed the challenges of getting family members involved during the re-integration process. Last, the Wounded Warrior Project discussed their programs, including Project Odyssey™ which is a program that collaborates with the VA to assist wounded Warriors. Another project discussed was TRACK™, which is a one year program for Recovering Warriors that provides academic and vocational opportunities. The Wounded Warrior Project also urged the DoD to have more collaborative opportunities with non-profit organizations. The panel briefing ended and the Task Force members took a short break at 2:34pm.

At 2:45pm, the Task Force welcomed Dr. William Brim, the Deputy Director for the Center of Deployment Psychology (CDP). Dr. Brim provided an overview of the CDP, which began in 2006 and explained their mission is to train military and civilian mental health providers to deliver deployment-related behavioral health services. Dr. Brim also explained how the CDP was originally organized under the Defense Centers of Excellence (DCOE) but now



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receives its funding from Health Affairs. He discussed the various courses and products the CDP provides including evidence-based therapy and military culture and terminology courses. Dr. Brim then provided information on CDP surveys that showed a majority of providers who attended the evidence-based treatment workshops for PTSD used portions of the taught protocol but did not use the full protocol. Dr. Brim stated that the full protocol is not being used due to time availability and the difficulty to measure outcomes from evidence-based therapy. Dr. Brim explained to the members about the minimal implications the updated Diagnostic and Statistical Manual of Mental Disorders (DSM-V) will have on PTSD assessment. The Task Force members were interested in whether the CDP training was a standard across the Services and about the use of evidence-based treatments. Dr. Brim stated that they train and work with all Service's mental health providers and that providers need to build confidence in their ability to use evidence-based therapy to maximize its effectiveness. The briefing concluded at 3:51pm and the members took a fifteen minute break.

For the last briefing of the day, which began at 4:06pm, the Task Force welcomed Ms. Marie Balocki, acting Executive Director of the Yellow Ribbon Reintegration Program, and Navy Captain (CAPT) Jami Mason, the Navy Liaison Officer for the Yellow Ribbon Reintegration Program. Ms. Balocki led the presentation by discussing the five year old program's mission and outreach opportunities to both National Guard and Reserve components. She discussed further the challenges of providing program representatives in areas where there are multiple events occurring on the same weekend. The Task Force members asked about outcome data from the Hero 2 Hired program that belongs to the Yellow Ribbon Reintegration Program. Ms. Balocki stated that 24 Soldiers per month since the beginning of this fiscal year have been placed in jobs. The members also inquired about best practices. Ms. Balocki stressed that the Yellow Ribbon Reintegration Program is a commander's program and if the commanders know their unit, the events are better executed. CAPT Mason transitioned into discussion regarding the Navy's Returning Warrior Workshop, which she highlighted as a best practice for the Navy. CAPT Mason explained that the workshop is a weekend retreat only for Sailors and their spouse, or other family member if single. She also stated that during the workshop, Chaplains and other professionals are on hand and discuss behavioral health issues. Anyone who has deployed in some capacity is eligible to participate and CAPT Mason provided data stating 26% participation to date. This briefing concluded at 4:36pm

Immediately following the Yellow Ribbon Reintegration Program presentation, the Task Force members completed their site visit review with a discussion about Joint Base Elmendorf-Richardson in Alaska. A primary concern the members focused attention on included family member issues with having child care in order to attend appointments. The members also stated that road conditions and geographic location caused added stress to family members and



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additional challenges in getting primary care. Task Force members noted that there was not a standard communication line between the PEBLO and the Disability Rating Active Site (DRAS) which impacted the timeline for IDES packets. The members also discussed the highly rated legal support as well as WTB Cadre availability and knowledge. The Task Force ended the meeting at 4:52pm.

Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.



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Date: 11 JUN 15

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones



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Date: 11 JUN 15



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Appendix A:

**Tuesday, 2 April 2013**

**Members Present:**

- Mr. Justin Constantine
- CSM Steven D. DeJong
- Mr. Ronald Drach
- CAPT Constance Evans
- TSgt Alex Eudy
- Mrs. Suzanne Crockett-Jones (Non-DoD Co-Chair)
- Ms. Karen Malebranche
- VADM Matthew Nathan (DoD Co-Chair)
- Dr. Steven Phillips
- Mr. David Rehbein

**Members Not Present:**

- LtCol Sean P. K. Keane
- MG Richard Mustion
- MG Richard Stone
- Dr. Russell Turner

**Members Arrived Late:**

- Ms. Karen Malebranche (8:40am)

**Members Left Early:**

- Mr. Justin Constantine (2:37pm)



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## Members Present:

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- Dr. Steven Phillips
- Mr. David Rehbein

## Members Not Present:

- Mr. Justin Constantine
- CSM Steven D. DeJong
- LtCol Sean P. K. Keane
- VADM Matthew Nathan (DoD Co-Chair)
- MG Richard Stone
- Dr. Russell Turner

## Members Arrived Late:

- CAPT Constance Evans (8:17am)

## Members Left Early:

- None



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Appendix B:

Sign-in Sheet:



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