

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



**Reference Handbook of Key Topics and Terms**

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Including updates from NDAA 2014

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This Reference Handbook was prepared for Members of the Recovering Warrior Task Force (RWTF) as a primer on specific matters Congress charged the RWTF to address. Consisting of 14 separate information papers and an acronym glossary, the Handbook intends to provide a baseline familiarity across a wide array of initiatives undertaken on behalf of Recovering Warriors (RWs). The Handbook also intends to promote RWTF Members' fluency with terms and acronyms associated with these initiatives. (For purposes of this Handbook, the term "Recovering Warrior" is synonymous with "wounded warrior"; "recovering wounded, ill, and injured Service member"; "recovering Service member (RSM)"; and "wounded, ill, and injured (WII) Service member.")

As directed by Section 724 of the 2010 National Defense Authorization Act (NDAA), the RWTF will assess the effectiveness of the policies and programs developed and implemented by the Office of the Secretary of Defense (OSD) and each of the military departments (hereafter referred to collectively in this Handbook as "the Department") to assist and support the care, management, and transition of RWs of the Military Forces, and to make recommendations for the continuous improvement of corresponding policies and programs. The RWTF provides an invaluable service to the Department and, as an independent body of advisors, was formed to evaluate, provide expert advice, and give recommendations on the policies and programs within the Department that affect RWs. The RWTF's objective is to provide a report with legislative and administrative recommendations to the Department at the end of each year of its four-year duration.

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*\*Pub. L. No. 111-84, 123 Stat. 2190, §724 Subsection c (Annual Report), paragraph 3 (Matters to Be Reviewed and Assessed), subparagraphs A-Q). (The information paper on topic 3O, “Senior Oversight Committee,” was removed following consolidation of the Senior Oversight Committee into the Joint Executive Council and the advent of the DoD-VA Interagency Care Coordination Committee (topic 3P). No information paper was prepared on topic 3N, “Interagency Matters Affecting Transition to Civilian Life”).*



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**Topic:** Non-medical case management (performed by recovery care coordinators or federal recovery coordinators and non-medical case managers) (see also information papers on *medical care case management* and *wounded warrior units and programs*)

**Background:**

Case management is “a process intended to assist returning Service members with management of their care from initial injury through recovery” and “is especially important for returning Service members who must often visit numerous therapists, providers, and specialists.”<sup>1</sup>

Congress prioritized case management for Recovering Warriors (RWs) through the creation of the Recovery Coordination Program (RCP); the Department of Defense (DoD) published DoD Instruction (DoDI) 1300.24 with RCP implementation guidance in 2009.<sup>2, 3</sup>

According to DoDI 1300.24, the RCP includes (1) a Comprehensive Recovery Plan (CRP) developed and implemented for each RW, encompassing medical/non-medical needs and short-/long-term goals, to include transition to the Department of Veterans Affairs (VA) or civilian care, and medical separation or retirement or return to duty; (2) a Recovery Care Coordinator (RCC) with “primary responsibility for development of the CRP” and oversight and coordination of identified medical and non-medical services and resources throughout the continuum of care; and (3) a recovery team (RT) of multidisciplinary medical/non-medical providers collaborating with the RCC to develop the CRP, deliver or facilitate services, and provide resources. The RT includes a non-medical case manager (NMC) working closely with the RW and family to ensure they “get needed non-medical support” and assistance in “resolving non-medical issues.”<sup>4</sup>

DoD policy recognizes three care categories (CATs) to identify an RW:

- CAT I: an RW labeled with a mild injury or illness, likely to return to duty in less than 180 days
- CAT II: an RW labeled with a serious injury or illness, unlikely to return to duty in less than 180 days
- CAT III: an RW labeled with a severe/catastrophic injury or illness, likely to be medically separated from the military<sup>5</sup>

At a minimum, DoD policy requires RCCs be assigned to an RW whose medical condition(s) is expected to last at least 180 days (CAT II or CAT III).<sup>6</sup> In addition, Federal Recovery Coordinators (FRCs) are made available to an RW likely to separate from service due to his or her medical condition(s) (CAT III).<sup>7</sup>

RCCs are hired and trained jointly by DoD and the Services’ wounded warrior programs. As of January 2013, the Services reported a total of 168 RCCs (53 Army<sup>8</sup>, 51 Marine Corps<sup>9</sup>, 41 Air Force<sup>10</sup>, and 23 Navy<sup>11</sup>). DoD guidance requires the Services’ wounded warrior programs to assign RCCs and NMCs caseloads of 40 RWs or fewer, based on condition acuity and complexity of non-medical needs. Waivers are required for exceptions,<sup>12</sup> and DoD training for RCCs is provided by the Office of Warrior Care Policy (WCP).



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The Services' wounded warrior programs differ in their use of—and nomenclature for—RCCs and NMCMs. In the Army Warrior Transition Units (WTUs), more severely impaired RWs are assigned an Army Wounded Warrior (AW2) Advocate<sup>13</sup> (the 53 AW2 Advocates have an actual caseload of 1:27). The RW's triad of care within the WTU (primary care manager, medical care case manager, and the squad leader or platoon sergeant) functions as the RCC unless or until an AW2 Advocate is assigned, with squad leaders having an actual caseload of 1:10 and platoon sergeants having an actual caseload of 1:38.<sup>14</sup> Army Warrior Transition Command (WTC) has all AW2 Advocates attend DoD RCC training.<sup>15</sup> The Marine Corps uses RCCs (51, actual caseload 1:20) and Wounded Warrior Battalion (WWBn) section leaders as the primary NMCMs (actual caseload 1:10).<sup>16</sup> The Navy uses 23 RCCs, referred to as Navy Wounded Warrior-Safe Harbor non-medical care managers (actual caseload 1:12). The Air Force uses 41 RCCs (actual caseload 1:25), as well as 27 Air Force Wounded Warrior (AFW2) NMCMs (actual caseload 1:38).<sup>17</sup> Special Operations Command (USSOCOM) Care Coalition staff also fill RCC and non-medical case management roles<sup>18</sup> and some attend DoD RCC training<sup>19</sup>.

In October 2013, DoD reported more than 500 personnel had attended DoD's joint quarterly RCC training course, including RCCs, Army AW2 Advocates, Air Force AFW2 NMCMs, Navy Wounded Warrior-Safe Harbor non-medical care managers, and section leaders.<sup>20</sup>



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**Topic:** Medical care case management (see also information paper on *non-medical case management*)

**Background:**

Medical care case management, also known as clinical case management, is “a collaborative process...that assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual’s health needs through communication and available resources to promote quality, cost-effective outcomes.”<sup>21</sup> Medical care case management is one component of a broader field known as medical management, which also includes disease management and utilization management.<sup>22</sup>

Section 1611 of the 2008 NDAA, “Comprehensive Policy on Improvements to Care, Management, and Transition of Recovering Service Members,” provides guidance on medical care case management with the Recovering Warrior (RW) population.<sup>23</sup> In this legislation, Congress specified the duties of the medical care case manager (MCCM), which include (1) assisting the Service member or family member/designee to understand medical status during care, recovery, and transition; (2) assisting the Service member in receiving prescribed medical treatment during care, recovery, and transition; and (3) conducting periodic reviews of the Service member’s medical status with the Service member or, with a manager’s approval, a designated family member, if the Service member cannot participate.<sup>24</sup>

Congress prescribed other aspects of implementing the MCCM role, as well. It mandated uniform standards for the training and skills of MCCMs—and others who work with RWs—to detect and report signs of posttraumatic stress disorder (PTSD), suicidal or homicidal thoughts, and other behavioral health concerns. It tasked DoD and VA to develop policies for MCCMs on caseloads and training requirements, as well as rank and occupation specifications for supervisors of MCCMs. In addition, it specified MCCMs must be fully trained before assuming the duties of the job, and DoD and VA must provide the necessary resources to operate a medical care case management program.<sup>25</sup>

According to 2009 DoD Instruction (DoDI) 1300.24, “Recovery Coordination Program (RCP),” which promulgates the non-medical case management guidance contained in Section 1611, the MCCM works as part of the recovery team (RT) with the RW, the RW’s commander, a Recovery Care Coordinator (RCC) or Federal Recovery Coordinator (FRC), and a nonmedical case manager (NMCM).<sup>26</sup> This DoD policy also requires MCCMs to communicate directly with the accepting physician or facility as an RW transitions to Veteran status.<sup>27</sup>

To promulgate the medical case management guidance in Section 1611, DoD initially published Directive-Type Memorandum (DTM) 08-033, DoD Health Affairs’ “Interim Guidance for Clinical Case Management for the Wounded, Ill, and Injured Service Member in the Military Health System (MHS),”<sup>28</sup> which in 2013 it replaced with DoDI 6025.20, “Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas.”<sup>29</sup>

DoDI 6025.20 “establishes policy, assigns responsibilities, and prescribes uniform guidelines, procedures, and standards for the implementation of clinical case management in the MHS, for



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TRICARE beneficiaries including care of the wounded, ill, and injured (WII).”<sup>30</sup> For example, the DoDI identifies criteria for being assigned an MCCM: high-risk, multiple, complex conditions or diagnoses; catastrophic, extraordinary conditions; need for extensive coordination of resources and services; and complex psychosocial or environmental factors. It specifies MCCMs, or clinical case managers, must be at minimum licensed registered nurses (RNs) or licensed social workers, and it recommends they obtain national case management certification. It lists the training MCCMs are required to complete, which focuses on using a patient-centered approach, common combat-related injuries, and transition care coordination. It details clinical case management processes for improving care, such as tracking measurable patient and program outcomes, facilitating seamless transitions across health care systems and venues, and deploying comprehensive performance measures. While it calls for the reporting of acuity and/or case-mix, it does not provide caseload guidance.

DoDI 6025.20 applies to all TRICARE beneficiaries, including but not limited to the RW population.



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**Topic:** Wounded warrior units and programs (see also information paper on *non-medical case management*)

**Background:**

The wounded warrior units and programs are the vehicles through which the Services execute the Recovery Coordination Program (RCP) and manage the transition of Recovering Warriors (RWs), as directed by the 2008 NDAA and DoD Instruction (DoDI) 1300.24.<sup>31</sup>

Section 738 of the 2013 NDAA required the Secretary of Defense (SecDef) to establish policy for uniform measurement of effectiveness of the Army, Marine Corps, Navy, Air Force, and Special Operations Command (USSOCOM) programs for RWs in transition.<sup>32</sup> SecDef is to collect metrics on each of the programs and report to Congress annually until 2018. Congress specifically requested the reports address access to medical and rehabilitation services, effectiveness of vocational and employment services, differences in outcomes, numbers of providers, and numbers of Service members in need of providers' services.

**Army.** The Army Warrior Transition Command (WTC) oversees two programs: the Warrior Transition Unit (WTU) and the Army Wounded Warrior (AW2) program. WTUs are brigade-, battalion-, or company-level units to which RWs are assigned while healing and preparing to transition back to duty or to civilian status. WTUs are located at major medical treatment facilities (MTFs) and provide “critical support to Regular Army Soldiers who are expected to require six months or more of rehabilitation care and complex medical management in an inpatient or outpatient status and to Reserve Component Soldiers who are in need of definitive healthcare based on medical conditions identified, incurred or aggravated while in an Active Duty (AD) status.”<sup>33</sup>

As of January 2013, approximately 10,000 Soldiers<sup>34</sup> were assigned to 38 WTUs, including nine Community-Based WTUs (CBWTUs) for Reservists requiring only outpatient care<sup>35</sup>. Among the WTU population were 1,377 Soldiers with severe disabilities who were participating in the AW2 program<sup>36</sup>, which assigns RWs and their families an AW2 Advocate to assist with needs related to career and education, benefits, transition, information, and more<sup>37, 38</sup>.

**Marine Corps.** The Marine Corps Wounded Warrior Regiment (WWR) provides non-medical case management throughout the recovery period to post-9/11 wounded, ill, and injured (WII) Marines and Sailors assigned to or directly supporting Marine Corps units. WWR supports Active Component (AC) and Reserve Component (RC) Marines, including those who have separated or retired.<sup>39</sup> The WWR comprises battalions at Camp Lejeune (WWBn-East) and at Camp Pendleton (WWBn-West), which have detachments at 12 principal MTFs and four VA Polytrauma Rehabilitation Centers (PRCs). There are 15 to 20 RWs assigned to each detachment.<sup>40</sup> The Marine Corps program emphasizes outreach and reintegration through resources such as the Battalion Contact Centers, the Sergeant Merlin German Wounded Warrior Call Center (WWCC), District Injured Support Coordinators (DISCs) located in defined Veterans Integrated Service Network (VISN) regions<sup>41</sup>, and the Marine for Life (M4L)



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program<sup>42</sup>. As of January 2013, 759 WII Marines and Sailors were joined to the WWR.<sup>43</sup> An additional 3,140 Marines were supported by, but not joined to, the WWR.<sup>44</sup>

**Navy.** The Navy Wounded Warrior-Safe Harbor (NWW-SH) program provides non-medical case management for severely injured—and high-risk, non-severely injured—WII Sailors, Coast Guardsmen, and their families.<sup>45</sup> Wounded Warrior-Safe Harbor is available to those with injuries, whether combat related or due to a shipboard or liberty accident, and to those with serious physical or psychological illnesses; enrollees remain assigned to their parent unit.<sup>46</sup> The Wounded Warrior-Safe Harbor Operations Department consists of (1) non-medical case managers (NMCs) geographically dispersed at major MTFs and VA Polytrauma hospitals and (2) a Strategic Support Department of subject-matter experts who assist the NMCs.<sup>47, 48</sup> As of February 2013, 270 Sailors were enrolled in the Wounded Warrior-Safe Harbor program (excluding those retired or on the Temporary Disability Retirement List (TDRL)).<sup>49</sup> Wounded Warrior-Safe Harbor partners with volunteer mentors in the community to offer the Anchor Program for Reserve and separating/retiring Service members during their transition to civilian life, which extends RWs' contact with Wounded Warrior-Safe Harbor.<sup>50</sup> The Navy Medical Hold (MEDHOLD) program allows Reservists to stay on Medical Continuation (MEDCON) Orders and receive medical treatment beyond the expiration of their Service orders.<sup>51</sup> In 2012, the Navy realigned the Wounded Warrior-Safe Harbor program under Fleet and Family Support (N9) within Commander, Navy Installations Command (CNIC).<sup>52</sup>

**Air Force.** The Air Force Wounded Warrior and Survivor Care program comprises three branches: Warrior Care Support, the Air Force Wounded Warrior (AFW2) program, and the Recovery Care Coordination (RCC) program.<sup>53</sup> The AFW2 program, once only for Airmen with a combat-related injury or illness necessitating long-term care that would require a disability evaluation<sup>54</sup>, now serves all WII Airmen. AFW2 leverages existing resources, such as the Wounded Warrior and Survivor Care program and installation Airman and Family Readiness Centers (A&FRCs), to provide services including expanded transition assistance, extended case management, follow-up, and advocacy<sup>55</sup>. WII Airmen and their families also are assigned a Family Liaison Officer to facilitate the logistics of medical treatment away from home.<sup>56, 57</sup> As of February 2013, 1,035 AD Airmen were enrolled in the AFW2 program.<sup>58</sup> In 2012, the Air Force consolidated all RW, casualty, mortuary, Airman and Family, Integrated Disability Evaluation System (IDES), and MEDCON functions under the command of the Air Force Personnel Center (AFPC), in San Antonio, TX.<sup>59</sup>

**Special Operations Command (USSOCOM).** The USSOCOM Care Coalition provides mentorship, advocacy, non-medical case management, and support through return to duty or transition to civilian life.<sup>60</sup> The Care Coalition's Fiscal Year (FY) 2013 population consisted of 973 Special Operators, of whom 967 were currently serving.<sup>61, 62</sup> Care Coalition partners with governmental and non-governmental agencies to optimize RWs' access to services—particularly cutting-edge care—and works closely with unit leadership to facilitate swift return of Special Operations Forces (SOF) members to duty, as appropriate, and improve SOF readiness.<sup>63</sup>



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**Topic:** Services for posttraumatic stress disorder and traumatic brain injury

**Background:**

Posttraumatic stress disorder (PTSD) is “a psychological condition that affects those who have experienced a traumatizing or life-threatening event such as combat, natural disasters, serious accidents, or violent personal assaults.”<sup>64</sup> The prevalence rates of PTSD among Service members and Veterans vary widely. The Institute of Medicine’s (IOM) Committee on the Assessment of Ongoing Efforts in the Treatment of Posttraumatic Stress Disorder estimated the prevalence of PTSD among Service members to be between 13 and 20 percent.<sup>65</sup> The average prevalence rate among infantry, post-deployment, is approximately 15 percent.<sup>66</sup> Between 2000 and December 2012, there were 131,341 new diagnoses of PTSD among deployed and non-deployed Service members.<sup>67</sup>

DoD defines traumatic brain injury (TBI) as the “traumatically induced structural injury or physiological disruption of brain function as a result of external force to the head.”<sup>68</sup> According to the Defense and Veterans Brain Injury Center (DVBIC), between 2000 and the second quarter of 2013, there were more than 280,734 diagnosed cases of TBI at all severity levels across the Services, most not related to deployment.<sup>69</sup> PTSD and TBI frequently co-occur and affect moods, thoughts, and behavior, “yet these wounds often go unrecognized and unacknowledged.”<sup>70</sup> Mild TBI (mTBI), or concussion, is particularly difficult to diagnose because symptoms are not typically obvious.

DoD’s National Intrepid Center of Excellence (NICoE), which opened June 2010 on the Walter Reed National Military Medical Center (WRNMMC) campus, in Bethesda, MD, offers cutting-edge diagnosis, treatment, rehabilitation, and follow-up for Recovering Warriors (RWs) with complex interactions of psychological health conditions and mild TBI.<sup>71</sup> With the help of the Intrepid Fallen Heroes Fund, nine NICoE satellites, known as Intrepid Spirit Centers, are being built at military bases and medical centers around the country.<sup>72</sup> These NICoE satellites will provide eligible Service members local access to NICoE’s cutting-edge care and resources. The first of these NICoE satellites opened at Fort Belvoir, VA, and Camp Lejeune, NC, during summer 2013.<sup>73, 74</sup>

Several provisions of the 2013 NDAA addressed psychological health and TBI. Section 706 authorized the Secretary of Defense (SecDef) to conduct a pilot to improve research, treatment, education, and outreach on mental health and substance abuse.<sup>75</sup> Section 724 instructed SecDef and the Secretary of the VA to enter into a memorandum of understanding (MOU) to allow Service members returning from combat operations to participate in VA peer support counseling programs.<sup>76</sup> Section 725 instructed SecDef to “provide for the translation of research on the diagnosis and treatment of mental health conditions into policy on medical practices,” and it required a July 2013 report to Congress on translation of research to practice.<sup>77</sup> Section 726 of NDAA 2013 tasked VA with developing and implementing measures to assess the timeliness, quality, capacity, availability, and provision of evidence-based treatments and patient satisfaction with VA mental health care.<sup>78</sup> This section also required VA to develop staffing guidelines for providers of mental health care and to contract the National Academy of Sciences to study VA



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mental health care. Section 739 required SecDef to submit a plan to improve coordination and integration of DoD programs for psychological health and TBI to Congress by July 2013.<sup>79</sup> The report was to include identification of gaps in services, identification of unnecessary redundancies, a plan to mitigate the identified gaps and redundancies, and identification of the DoD official responsible for leading the plan.

Congress continued to address psychological health and TBI care in its 2014 NDAA—specifically, through provisions related to telemedicine, TBI management, and support for clinical research in Sections 702, 704, and 723. Section 702 required SecDef to submit to the congressional defense committees, within 270 days of the enactment of NDAA 2014, a report on the use of telemedicine to improve the diagnosis and treatment of PTSD, TBIs, and mental health conditions.<sup>80</sup> Section 723 required SecDef to report to the congressional defense committees, not later than 180 days after enactment of NDAA 2014, on the process for identifying, referring, and treating potential TBI among Service members who served in Operations Enduring Freedom (OEF) or Iraqi Freedom (OIF) prior to the June 2010 implementation of Directive-Type Memorandum (DTM) 09-033<sup>81</sup>, the landmark policy guidance for managing concussion/mild TBI in the deployed setting<sup>82</sup>, which has since been replaced by DoD Instruction 6490.11<sup>83</sup>. This legislation should help to close a service gap for pre-2010 combat Veterans whose blast injuries may have gone unrecognized and/or untreated. Section 704 authorizes SecDef to initiate a pilot program establishing a process for randomized placebo-controlled clinical trials of investigational TBI or PTSD treatments Service members may be receiving outside military treatment facilities (MTFs).<sup>84</sup> Each fiscal year (FY), SecDef is to submit a report to the congressional defense committees on the implementation and results of the investigational treatment trials in the preceding year.<sup>85</sup> The authority for this pilot program expires December 31, 2018.<sup>86</sup>

**Prevention and early intervention of posttraumatic stress disorder (PTSD).** A wide variety of DoD- and Service-level resources and initiatives exist to facilitate PTSD prevention and early intervention. DoD offers free, confidential counseling through Military OneSource<sup>87</sup> and the Military Family Life Counselor (MFLC) program<sup>88</sup>. The Army has begun to embed behavioral health teams within its Brigade Combat Teams.<sup>89</sup> The Marine Corps and Navy Reserves have established Psychological Health Outreach Program (PHOP) teams that provide access to psychological health services to increase resilience and facilitate recovery.<sup>90, 91</sup> Cognitive behavioral therapy (CBT), combat exposure-based therapies (ET), and psychological first aid are treatment methodologies found to be effective for early intervention and prevention of PTSD.<sup>92</sup> There is a push across DoD toward providing early intervention and care for PTSD in integrated mental health and primary care settings.<sup>93, 94, 95</sup> The Army's Comprehensive Fitness Program (CFP) is a historically unique, prevention-focused approach to addressing PTSD and other responses to trauma and adversity.<sup>96</sup> Based both on the Army's standard strategy for dealing with high-risk scenarios—which is to assess risk, mitigate at unit level, and mitigate at individual level—and on research in positive psychology, CFP is an Army-wide program in which all Soldiers participate.<sup>97</sup> Sister Services have initiated their own resilience programs, including the Navy's and Marine Corps' Combat Operation Stress Control and the Air Force's Comprehensive Airman Fitness.<sup>98</sup>



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**Screening for PTSD.** In accordance with legislation and DoD policy, Service members are required to receive medical examinations including mental health assessments before deployment, as deployment concludes, and during post-deployment.<sup>99, 100, 101</sup> Section 703 of NDAA 2013 extended the period for mandatory post-deployment person-to-person mental health assessments from between 180 days and 12 months post-deployment to between 180 days and 18 months post-deployment.<sup>102</sup> Additionally, in its plan for implementing the FY2012 recommendations of the Recovering Warrior Task Force (RWTF), DoD indicated draft DoDI 6490.ss, “Integration of Behavioral Health Personnel Services into Patient-Centered Medical Home Primary Care and Other Primary Care Service Settings,” would require primary care managers (PCMs) to screen for PTSD at least annually.<sup>103</sup>

**Treatment of PTSD.** It is estimated only 23 to 40 percent of Service members and Veterans in need of mental health services receive care.<sup>104</sup> Service members can access PTSD treatment and information through several mental health services, including the National Center for Posttraumatic Stress Disorder (NCPTSD), NCoE, and Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury, as well as local DoD and VA programs. NCPTSD’s mission is to advance the clinical care and social welfare of America’s Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and other stress-related disorders.<sup>105</sup> Treatment options for PTSD include psychotherapy, medication, and/or complementary and alternative approaches such as acupuncture, yoga, and herbal/dietary supplements.

In 2010, VA and DoD updated the 2004 VA/DoD “Clinical Practice Guideline for the Management of Post-Traumatic Stress.”<sup>106, 107</sup> The guideline identifies evidence-based psychotherapy (EBP) and pharmacological practices for the treatment of PTSD and protocols for selecting and implementing them on a patient-specific basis. The PTSD psychotherapies with the strongest evidence of effectiveness are ETs such as prolonged exposure therapy (PE); cognitive-based therapies (CT) such as cognitive processing therapy (CPT); stress inoculation training (SIT); and eye movement desensitization and reprocessing (EMDR).<sup>108</sup> In October 2013, DoD reported the Center for Deployment Psychology (CDP) had trained more than 2,600 DoD providers in EBP since 2011.<sup>109</sup> For pharmacological treatments, the evidence is strongest for selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs).<sup>110</sup>

**Screening and treatment of traumatic brain injury (TBI).** Section 722 of NDAA 2011 required SecDef to develop and implement a comprehensive policy on consistent neurological cognitive assessments of Service members before and after deployment no later than January 31, 2011.<sup>111</sup> TBI screening occurs in-theatre, at Landstuhl Regional Medical Center (LRMC), during post-deployment health assessment (PDHA) and reassessment (PDHRA), and in VA medical centers.<sup>112</sup>

The Military Acute Concussion Evaluation (MACE) tool helps to systematize the diagnosis of TBI.<sup>113</sup> DoD TBI treatment programs are established throughout the continental United States (CONUS) and overseas.<sup>114</sup> Evidence-based treatment protocols are tailored to treatment location



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(e.g., in-theatre, CONUS), acuity of condition (e.g., acute, sub-acute, chronic), and severity of condition (e.g., mild, moderate, severe, penetrating).<sup>115, 116</sup> DoDI 6490.11, “DoD Policy Guidance for Management of Mild TBI/Concussion in the Deployed Setting,” signed September 18, 2012, establishes mandatory protocols for exposure, medical evaluation, rest requirements, and resumption of activities following a potentially concussive event.<sup>117</sup> The DoD/VA clinical practice guidelines offer treatment protocols to be used beyond the deployed setting and the acute phase of a TBI.<sup>118</sup>

A comprehensive brain injury rehabilitation program might include visual, vestibular, vocational, physical, and cognitive rehabilitation; specialty services; and psychological counseling.<sup>119</sup> The focus of cognitive rehabilitation is on specific cognitive deficits and the effects of these deficits on social, communication, behavioral, and vocational/academic performance.<sup>120</sup>

Section 724 of NDAA 2012 required SecDef to report on how to identify, refer, and treat OEF/OIF Service members who served before the 50-meter-from-explosion criterion was established.<sup>121</sup> Additionally, it required SecDef to report on the effectiveness of several newer policies, including managing concussion and mTBI in deployed settings, identifying and treating blast injuries (including the 50-meter criterion), and operational effectiveness in-theatre.



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**Topic:** Centers of Excellence for Psychological Health and Traumatic Brain Injury, for Vision, for Hearing, and for Traumatic Extremity Injuries and Amputation

**Background:**

The Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury was established in November 2007 under DoD's Military Health System (MHS).<sup>122</sup> DCoE serves as the principal integrator and authority on psychological health (PH) and traumatic brain injury (TBI) knowledge and standards for the DoD.<sup>123</sup> DCoE currently oversees three component centers: the Defense and Veterans Brain Injury Center (DVBIC), the Deployment Health Clinical Center (DHCC), and the National Center for Telehealth and Technology (T2).<sup>124</sup> As of November 2013, the DCoE director was Captain Richard F. Stoltz, USN.<sup>125</sup> DoD Directive (DoDD) 6000.17E named the Army as the DCoE's executive agent.<sup>126</sup>

Established by congressional mandate, DCoE compiles and coordinates the work of scientific researchers, clinicians, and other health professionals—from DoD, VA, and other federal agencies, academic institutions, state and local agencies, and the nonprofit and private sectors—to expand the state of knowledge about PH and TBI.<sup>127</sup> DCoE endeavors to drive the translation of research to practice in the areas of PH, TBI, and suicide prevention and to ensure best practices and quality standards are continuously and consistently implemented throughout the continuum of care, regardless of a Service member's branch, component, or location.<sup>128</sup>

Among its many activities, DCoE and its component centers develop and train providers in new techniques and technologies in psychological health and TBI treatment; sponsor and conduct research studies on posttraumatic stress disorder (PTSD), TBI, and promising treatments; create and disseminate guidelines to military and civilian practitioners; develop outreach programs for military and Veteran communities and the public; and establish mechanisms to coordinate local, state, and federal resources to eliminate gaps in care for patients in transition between DoD and VA.<sup>129</sup>

Section 716 of the 2011 NDAA mandated several actions relevant to DCoE.<sup>130</sup> Specifically, it required the Secretary of Defense (SecDef) to develop and implement training on the use of pharmaceuticals in rehabilitation programs for seriously ill or injured Service members. NDAA 2011 also specified training shall be provided to several groups, including patients in or transitioning to a Recovering Warrior unit, with special accommodations in the trainings for patients with cognitive disabilities; non-medical case managers (NMCMs); military leaders; and family members. In addition, NDAA 2011 required SecDef to review DoD policies and procedures regarding the use of pharmaceuticals in rehabilitation programs for seriously ill or injured Service members.

In addition to the DCoE, Congress directed the establishment of three other centers: (1) the Vision Center of Excellence (VCE), mandated by NDAA 2008<sup>131</sup>; (2) the Hearing Center of Excellence (HCE), mandated by NDAA 2009; and (3) the Extremity Trauma and Amputation Center of Excellence (EACE), also mandated by NDAA 2009<sup>132</sup>. Like DCoE, these Centers of Excellence share a common purpose of addressing blast injuries, described as the signature



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wounds of the wars in Afghanistan and Iraq.<sup>133</sup> All four Centers of Excellence currently receive guidance and direction from the Military Health System (MHS) Center of Excellence Oversight Board.<sup>134</sup>

**Vision Center of Excellence (VCE).** The mission of the VCE is to “lead and advocate for programs and initiatives to improve vision health, optimize readiness, and enhance quality of life for Service members and Veterans.”<sup>135</sup> The concept of operations was approved January 10, 2012.<sup>136</sup> The VCE began with two locations—clinical headquarters at Walter Reed National Military Medical Center (WRNMMC), in Bethesda, MD, and administrative offices in Crystal City, VA.<sup>137</sup> As of January 2013, it had expanded to Madigan Army Medical Center, in Tacoma, WA, with plans to also expand to San Antonio Military Medical Center, TX.<sup>138</sup> The VCE made it a priority to coordinate and collaborate with other Centers of Excellence—including the HCE, DCoE, and the National Intrepid Center of Excellence (NICoE)—on the Joint Theatre Trauma Registry (JTTR) and VA Eye Injury Data Store.<sup>139</sup> As of November 2013, the interim executive director of the VCE was Dr. Mary Lawrence, a VA employee and former VCE deputy executive director.<sup>140</sup> The executive agent for the VCE is the Army.<sup>141</sup>

**Hearing Center of Excellence (HCE).** The HCE is headquartered at Joint Base San Antonio, TX, and headed by Executive Director (and former interim director) Lieutenant Colonel Mark D. Packer, M.D., USAF.<sup>142</sup> It began initial operating capability in May 2011 by drafting its concept of operations, and as of January 2013, was on track for full operating capability by December 2013.<sup>143</sup> The HCE is organized in five directorates: Prevention & Surveillance; Clinical Care, Rehabilitation & Restoration; Research; Global Outreach; and Informatics.<sup>144</sup> As of December 2011, five directorate chiefs were appointed, with plans for a staff of 37 to be hired incrementally over five years. HCE “hub” support personnel were partnering with the VCE to develop a registry able to capture clinical audiogram data, and the HCE continued to implement a communications/prevention campaign, prioritize ongoing research, and produce clinical practice guidelines.<sup>145</sup> The executive agent for the HCE is the Air Force.<sup>146</sup>

**Extremity Trauma and Amputation Center of Excellence (EACE).** The twofold mission of the EACE is to “serve as the Departments of Defense and Veterans Affairs lead element focused on the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations” and to “implement a comprehensive strategy and plan to conduct clinically relevant research, foster collaboration, and build partnerships across the multidisciplinary international, federal, and academic networks to optimize the quality of life of Service Members and Veterans.”<sup>147</sup> The concept of operations and decision to headquarter the EACE in San Antonio, TX, was approved by the Centers of Excellence Oversight Board in January 2012.<sup>148</sup> The EACE is organized in four divisions: Research & Surveillance, Clinical Care, Clinical Informatics & Technology, and Global Outreach. The Research & Surveillance Division includes three advanced rehabilitation centers located, respectively, in San Antonio, TX; Bethesda, MD; and San Diego, CA.<sup>149</sup> As of January 2013, initial operating capability of 50-percent manning had not yet been attained.<sup>150</sup> As of November 2013, the EACE was directed by Mr. John Shero. The executive agent for the EACE is the Army.<sup>151</sup>



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**Topic:** Interagency Program Office

**Background:**

The Interagency Program Office (IPO) was established by Congress in Section 1635 of the 2008 NDAA.<sup>152</sup> Congress mandated DoD and VA to work together to:

- Increase the speed of health information exchange
- Develop capabilities to share health information in a usable way (interoperability) by September 30, 2009
- Establish the IPO as the office accountable for developing and implementing the health information sharing capabilities for DoD and VA

The IPO was formed by DoD and VA on April 17, 2008, and chartered by January 2009.<sup>153</sup> At that time, the permanent staffing structure included seven government service (GS) civilian positions from DoD and seven GS positions from VA, led by a DoD director and a VA deputy director, both Senior Executive Service (SES) positions.<sup>154</sup> In April 2009, at the direction of the Senior Oversight Committee (SOC), the IPO charter was changed to include coordinating and overseeing the development of the Virtual Lifetime Electronic Record (VLER), which provides Veterans, Service members, families, caregivers, and service providers a single source of information for health and benefits in a way that is secure and authorized by the Service member or Veteran.<sup>155, 156</sup>

Since 2008, the IPO has received substantial scrutiny from Congress and the Government Accountability Office (GAO), which has issued a number of reports on the interoperability of DoD and VA health information systems and the IPO.<sup>157, 158, 159, 160, 161</sup> NDAA 2011 required the Secretary of Defense (SecDef) to assess and report on existing health information technology systems and future plans for legacy systems and new electronic health record initiatives, including IPO's role.<sup>162</sup>

Although significant data sharing existed between DoD and VA for years, the Departments had been taking separate paths to replace their existing legacy electronic health record (EHR) systems: DoD's AHLTA (Armed Forces Health Longitudinal Technology Application) and VA's VistA (Veterans Health Information Systems and Technology Architecture).<sup>163</sup> In March 2011, the Department Secretaries committed to jointly developing and implementing the next generation of EHR capabilities. The IPO organized teams comprising clinicians from both Departments to define individual EHR (iEHR) capabilities and processes and was communicating with private health care providers pioneering the exchange of information through VLER. In October 2011, the Department Deputy Secretaries signed a new IPO charter giving more authority to the joint program office and making the IPO the single point of accountability for the iEHR.<sup>164</sup>

The iEHR promised to enable DoD and VA to align resources and investments with business needs and programs to implement a common EHR platform. This single system would enable



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sharing of health care information to allow both Departments to track medical care from the time individuals join the military until they become Veterans and through the rest of their lives.<sup>165</sup>

In February 2013, however, DoD and VA announced their plan to move away from creating a single shared EHR and to instead build upon existing technology by integrating current DoD and VA health care data systems.<sup>166</sup> The change, which they said would lead to faster and less expensive implementation, involved using already available core applications and adding modules and applications as needed, rather than building a system from scratch.<sup>167</sup>

Many legislators expressed disappointment regarding the scaling back of the iEHR plans, which DoD and VA had been working toward for a number of years.<sup>168, 169, 170, 171, 172, 173, 174</sup> U.S. House Veterans Affairs Committee members questioned why DoD had not adopted VA's core technology, VistA. Although DoD indicated it would consider using VistA, it anticipated implementation challenges and wanted to explore commercial options.<sup>175</sup>

As of February 2013, the plan was to allow physicians at seven VA Polytrauma facilities (San Antonio, TX; Minneapolis, MN; Palo Alto, CA; Tampa, FL; Richmond, VA; Anchorage, AK; and Joint Base Elmendorf-Richardson, AK) and two DoD facilities (Walter Reed National Military Medical Center (WRNMMC) and San Antonio Military Medical Center) to view clinical information across a common interface by July 2013.<sup>176</sup> By the end of 2013, VA and DoD were to be able to exchange real-time health care data, and the graphical user interface to display the data was to be upgraded.<sup>177</sup> By May 2013, patients were to be able to download their medical records from any computer.<sup>178</sup>

The IPO indicated in February 2012 that while it aggressively pursues the goal of integrating DoD and VA health care data systems, other initiatives of the IPO would continue uninterrupted. This included the demonstration project at the North Chicago DoD/VA medical facility—an interagency collaboration leveraging interoperable legacy electronic DoD and VA health records that “speak to one another.”<sup>179</sup> Section 1098 of NDAA 2011 required ongoing review of the North Chicago pilot by the Comptroller General in July 2011, 2013, and 2015.<sup>180</sup>

Section 713 of NDAA 2014 is a comprehensive piece of IPO legislation that recognizes the Departments' failure to date to “implement a solution that allows for seamless electronic sharing of medical health care data.”<sup>181</sup> This legislation established numerous requirements to accelerate goal accomplishment and to increase accountability. The legislation directed SecDef and the VA Secretary to ensure the EHR systems of their Departments are interoperable and to deploy modernized EHR software no later than December 31, 2016.<sup>182</sup> The Secretaries were to brief the appropriate congressional committees no later than January 31, 2014, on their plan for the “oversight and execution of the interoperable electronic health record with an integrated display of data, or a single electronic health record.”<sup>183</sup> The legislation further called for the Secretaries to submit to the appropriate congressional committees (1) a detailed financial summary on a quarterly basis and (2) written notification prior to obligating more than \$5 million on any task order or contract in support of EHR system modernization.<sup>184</sup>



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The legislation also required each Secretary to identify a senior official responsible “for modernizing the electronic health record software of the respective Department” and stipulates that these officials’ performance evaluations should include metrics related to the execution of this role.<sup>185</sup> In addition, the legislation called for the Secretaries to jointly establish an executive committee to comprise three members from each Department, including a co-chair, a member of the technical community, and a member of the clinical community. This committee is required to submit to the appropriate congressional committees a quarterly report of its activities, with the initial report due June 1, 2014. Congress also in this section called for an independent annual review, by the Defense Science Board (DSB), of progress toward goal accomplishment.<sup>186</sup> Finally, the legislation expedited the completion of the implementation of the Healthcare Artifact and Image Management Solution (HAIMS) program, which is considered prerequisite to the integrated EHR<sup>187</sup>, by stipulating a completion deadline of not later than 180 days after the enactment of NDAA 2014<sup>188</sup>.



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**Topic:** Wounded warrior information resources

**Background:**

**National Resource Directory (<http://www.nationalresourcedirectory.gov> or <http://www.NRD.gov>).** The National Resource Directory (NRD)—a joint venture of DoD, the Department of Labor (DOL), and VA—is an online partnership “connecting Wounded Warriors, Service Members, Veterans, their families and caregivers with those who support them.”<sup>189</sup> The directory provides access to national, state, and local governmental and non-governmental services and resources for recovery, rehabilitation, and reintegration.<sup>190</sup> Major topic areas include benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, transportation and travel, volunteer opportunities, and other services and resources.<sup>191</sup> The NRD webpage includes a link to the Veterans Job Bank, an online tool that allows Veterans to search for jobs by their military skills and zip code.<sup>192</sup> The NRD webpage also provides the phone number to access Military OneSource (MOS), through which Recovering Warriors (RWs) and their family members can access Wounded Warrior Specialty Consultations.<sup>193</sup> The DoD Office of Warrior Care Policy reported to the Recovering Warrior Task Force (RWTF) the NRD receives approximately 100,000 visits per month;<sup>194</sup> it is unclear how many unique RWs/families these visits represent.

**Military OneSource (MOS) Wounded Warrior Specialty Consultations (800-342-9647 or [wwrc@militaryonesource.mil](mailto:wwrc@militaryonesource.mil)).** This initiative provides “immediate assistance to RWs and their families with issues related to health care, facilities, or benefits.”<sup>195</sup> It is staffed 24/7 by RW specialty consultants who are master’s-level professionals with specialties in the social sciences.<sup>196</sup> Specialty consultants work with the Services’ wounded warrior programs and VA to make referrals to help address callers’ needs.<sup>197</sup> Individuals can learn about this resource through MOS staff, briefings, or webinars.<sup>198</sup> Within 24 hours of each call, a consultant must reach out to the Services and/or VA; within 96 hours, the Services and/or VA must release a plan of action.<sup>199</sup> MOS Wounded Warrior Specialty Consultations processed 2,938 calls received by MOS in Fiscal Year (FY) 2012.<sup>200</sup>

**Military OneSource (<http://www.militaryonesource.mil> or 800-342-9647).** MOS is an all-purpose portal for Active (AC) and Reserve Component (RC) Service members, spouses, families, and service providers, through which DoD’s Office of Military Community and Family Policy (MCFP) disseminates information to the military community.<sup>201</sup> MOS is staffed 24/7 by master’s-level professionals.<sup>202</sup> The MOS Wounded Warrior webpage provides a link to the NRD.<sup>203</sup> According to MCFP, there were 347,065 total services received by Service members and 305,523 total services received by family members during FY2012 (i.e., received in-person counseling, assistance by phone or email, or online registration; note these numbers do not represent the total number of unique visitors).<sup>204</sup> The “Keeping It All Together” binder from MOS consolidates information across a range of websites, hotlines, and programs<sup>205, 206</sup> and is available online.<sup>207</sup> It is a valuable tool for family members<sup>208</sup>, filling an identified need for a “one-stop” information resource<sup>209, 210</sup>.



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**Soldier and Family Assistance Centers (SFACs).** The Army established SFACs at all medical treatment facilities (MTFs) with Warrior Transition Units (WTUs) to facilitate family and Soldier access to information and resources.<sup>211</sup> Army SFACs offer a wide variety of services, including information and referral; human resources/military benefits; education counseling; financial counseling/Army Emergency Relief; social services; outreach services; transition support; child, youth, and school services; and computer rooms.<sup>212, 213</sup> As of April 2013, the Army had 29 SFACs within the continental United States (CONUS) and three in Europe, all in close proximity to a WTU.<sup>214</sup> Nineteen of these locations recently completed construction; construction was ongoing in Schofield Barracks, HI.<sup>215</sup> As of April 2013, SFACs Army-wide had 206 recognized positions, but employed only 135.<sup>216</sup> According to DoD, a FY2013 manpower review validated current and projected SFAC staffing levels.<sup>217</sup> Sister Services and Army RC sites provide information to RWs and their families but do not have dedicated site-level facilities for them.<sup>218</sup>

**Service hotlines.** Three Service-specific hotlines operate 24/7:

- **Army Wounded Soldier and Family Hotline (800-984-8523)** is designed to allow Soldiers and their families to seek information and share concerns about medical care.<sup>219</sup>
- **Marine Corps Sergeant Merlin German Wounded Warrior Call Center (877-487-6299)** is for recovering Marines, their families, and eligible Sailors; it is also used for outreach.<sup>220</sup>
- **Navy Wounded Warrior Call Center (855-628-9997)** was established by Navy Wounded Warrior-Safe Harbor in October 2012.<sup>221</sup>

The Air Force wounded warrior website (<http://www.woundedwarrior.af.mil>) provides key links and telephone numbers<sup>222</sup>; however, Air Force Wounded Warrior and Survivor Care does not operate a hotline for RWs<sup>223</sup>.



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**Topic:** Support for family caregivers

**Background:**

The financial burden experienced by families and other caregivers is well documented.<sup>224, 225, 226, 227</sup> Several pieces of legislation have been written to address this burden and to support caregivers as they, in turn, support their Recovering Warriors (RWs).

**Special compensation for members of the uniformed Services with catastrophic injuries or illnesses requiring assistance in everyday living.** Catastrophic injury or illness is “a permanent, severely disabling injury, disorder, or illness that the Secretary [of the military Service]... determines compromises the ability of the afflicted person to carry out the activities of daily living to such a degree that the person requires personal or mechanical assistance to leave home or bed, or constant supervision to avoid physical harm to self or others.”<sup>228</sup> Section 603 of the 2010 NDAA<sup>229</sup> amends federal law<sup>230</sup> to authorize monthly compensation to RWs to pay for aid and attendance care without which they would require hospitalization, nursing home care, or other residential institutional care. Eligibility expires on the earliest of the following dates: after a 90-day period following the date of separation or retirement; when a Service member dies or is determined to no longer be afflicted with the catastrophic injury or illness; or when the Service member begins receiving comparable veteran’s compensation under Title 38.<sup>231</sup> Section 634 of NDAA 2011 changed the basis for determining the amount of special compensation paid to Service members: from the VA’s Veterans Administration Schedule for Rating Disabilities (VASRD) to personal caregiver stipends established under Title 38 United States Code (USC) Section 1720G.<sup>232</sup>

On August 31, 2011, this law was promulgated through the publication of DoD Instruction (DoDI) 1341.12, “Special Compensation for Assistance with Activities of Daily Living (SCAADL).” SCAADL pays Service members for the time and assistance their caregivers provide them at home.<sup>233</sup> To be eligible for this stipend, a Service member must have a catastrophic illness or injury incurred in the line of duty and must be certified by a licensed physician as (1) requiring assistance from another person in order to perform activities of daily living and (2) requiring some form of institutional care if such assistance was not available.<sup>234</sup> As of November 2012, the Army had received 694 applications, and 531 individuals were receiving the stipend<sup>235</sup>; the Air Force had received 40 applications, and 25 individuals were receiving the stipend<sup>236</sup>; the Navy had received 57 applications, and 51 individuals were receiving the stipend<sup>237</sup>; and the Marine Corps had received 246 applications, and 225 individuals were receiving the stipend<sup>238</sup>. DoDI 1341.12 was updated May 24, 2012, to remove the requirement that the Service member be homebound.<sup>239</sup>

**Expanded authority for family member travel.** Section 632 of NDAA 2010 expanded the authorized coverage for families of a seriously ill or injured Service member who was hospitalized to include roundtrip travel and per diem once every 60 days, and extended the benefit to individuals chosen by the Service member other than family members.<sup>240</sup> Eligible Service members may be hospitalized due to combat injury or other serious illness or injury.<sup>241</sup> This requirement is implemented in the current Joint Federal Travel Regulation (JFTR).<sup>242</sup>



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**Authorized travel and transportation allowances for non-medical attendants for very seriously and seriously wounded, ill, or injured Service members.** A qualified non-medical attendant (NMA) is defined as a person whose presence, in the judgment of the attending physician or surgeon and commander or head of the military medical facility, “may contribute to the health and welfare of the [Service] member” while hospitalized for treatment of the wound, illness, or injury or during continuing outpatient treatment.<sup>243</sup> Section 633 of NDAA 2010 amended federal law by authorizing roundtrip transportation for NMAs between their home and the location at which the member is receiving treatment, as well as additional transportation while accompanying the member for further treatment.<sup>244</sup> NMAs are also authorized a per diem or reimbursement for actual and necessary travel expenses.<sup>245</sup> This requirement is implemented in the current JFTR.<sup>246</sup> Eligible family members may also receive Invitational Travel Orders (ITOs) independent of their NMA status.<sup>247</sup>

**Respite care for seriously ill or injured Active Duty (AD) Service members.** Respite care is “short-term care for a patient” to “provide rest and change for the primary caregivers who have been caring for the patient at home,” to include assisting the Service member with activities of daily living (e.g., dressing, feeding, hygiene).<sup>248</sup> Respite care for seriously ill or injured AD members is currently available through DoD.<sup>249</sup> Respite care is available if the Service member’s care includes more than two “interventions in an eight-hour period.”<sup>250</sup> Respite care is limited to eight hours per day, five days per week, and must be provided by a TRICARE-authorized home health agency.<sup>251</sup> Federal law authorizing respite care for TRICARE Extended Care Health Option (ECHO) participants—family members of Service members—was amended to allow this benefit for Service members.<sup>252</sup>

**VA support for caregivers of Recovering Warriors (RWs).** On May 5, 2010, the President signed the Caregivers and Veterans Omnibus Health Services Act of 2010.<sup>253</sup> The law expanded VA support for family caregivers of AD (i.e., still serving) RWs.<sup>254</sup> Sections 101 through 104 provided for a program of comprehensive assistance, including (1) instruction, preparation, and training in providing personal care services; (2) ongoing technical support; (3) counseling; (4) lodging and subsistence; (5) mental health services; (6) respite care of not less than 30 days annually, including 24 hours per day; (7) medical care; and (8) a monthly stipend.<sup>255</sup> The VA launched this comprehensive caregiver program in May 2011 and began the first caregiving training in June 2011.<sup>256</sup>

The total amount of the stipend is calculated based on the Veteran’s condition, the amount of care the Veteran requires, and where the Veteran lives.<sup>257</sup> Under the program of comprehensive assistance, caregivers must complete caregiver training, developed by Easter Seals in collaboration with VA.<sup>258</sup> VA reported that as of January 10, 2012—little more than six months following the launching of the caregiver program—4,575 applications had been filed, with 2,671 approved, 692 disapproved, 449 withdrawn, and 763 still in process.<sup>259</sup>

**Inclusion in pre-separation counseling.** Section 529 of NDAA 2012 authorizes the inclusion of a spouse in portions of pre-separation counseling and added more content areas to that



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counseling.<sup>260</sup> Pre-separation counseling is required for transitioning Service members (see also information paper on the *Transition Assistance Program*).<sup>261</sup>



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**Topic:** Legal support

**Background:**

Directive-Type Memorandum (DTM) 11-015, “Integrated Disability Evaluation System (IDES),” issued guidance for providing legal support during the IDES process.<sup>262</sup> Each Service branch is required to provide uniformed or civilian legal counsel at no cost to the Service member.<sup>263</sup> In addition, each Service branch was required to establish procedures to inform Service members—upon referral to the IDES—of available government legal counsel and the alternative options of retaining private counsel at their own expense or using the services of a representative of a service organization recognized by VA.<sup>264</sup>

The Services historically assign attorneys to Physical Evaluation Board (PEB) locations, where they offer legal counsel and representation to Service members undergoing formal PEB (FPEB) hearings. As of February 2013, the Army had 24 Soldiers’ Counsel—mostly mobilized Reservists on one-year tours—assigned to support three PEB sites in the continental United States (CONUS) and to provide legal support for overseas FPEBs via video teleconference.<sup>265</sup> The Navy provides legal support for the FPEB process at the Navy Yard, in Washington, DC, which is the sole PEB site for Sailors and Marines.<sup>266</sup> The Air Force provides legal support for the FPEB process at Lackland Air Force Base (AFB), TX, which is the sole PEB site for Airmen.<sup>267</sup> Apart from their consistent support for FPEB hearings, the Services vary in their legal support to wounded, ill, and injured (WII) Service members in the Disability Evaluation System (DES), including the legal resources the Services have allocated and where these resources are housed organizationally. In addition, the Services vary in how early in the process they seek to engage Service members.

**Army.** In 2008, the Army initiated the Soldiers’ Medical Evaluation Board (MEB) Counsel (SMEBC) program to introduce legal support earlier in the disability evaluation process.<sup>268</sup> SMEBC teams also assist severely injured Soldiers receiving care at VA polytrauma centers.<sup>269</sup> In late 2011, the Army authorized the hiring of additional SMEBC attorney/paralegal teams, in order to increase the total number of SMEBC teams Army-wide.<sup>270</sup> As of November 2012, the Army had more than 40 SMEBC teams—mostly permanent civilian employees—at Army locations worldwide.<sup>271</sup>

The SMEBC teams are available to educate and advise WII Soldiers one-on-one before and during the MEB process and to help them formulate—and optimize the likelihood of attaining—their goals.<sup>272</sup> SMEBC teams also prepare MEB appeals, requests for impartial provider reviews, requests for reconsideration, requests for formal hearings, and requests for rating reconsiderations.<sup>273</sup> In addition, SMEBC teams conduct regular outreach briefings at Warrior Transition Units (WTUs), Soldier and Family Assistance Centers (SFACs), MEB in-processing briefings, and town hall meetings, and they coordinate with PEB Liaison Officers (PEBLOs).<sup>274</sup> WII Soldiers should be referred to the servicing SMEBC office for an informational briefing on the DES and their rights in the process within 14 days of initiation of the MEB process.<sup>275</sup>



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**Navy.** The Navy designed a program specifically to address the legal needs of WII Sailors and Marines.<sup>276</sup> As of February 2012, the Navy DES Outreach Attorney Program was staffed with 12 civilian attorneys, including a program manager, who provide legal counsel to Sailors and Marines as they navigate the DES process.<sup>277</sup> The program expanded its outreach campaign in 2012 to ensure those Sailors and Marines pending review by the PEB are made aware of, and have access to, Navy DES Outreach Attorney Program services at the earliest opportunity, including the limited duty and referral phases.<sup>278</sup> The early use of Outreach Attorney services helps ensure the most complete and accurate medical information is submitted to the PEB, assisting in expediting Sailors and Marines through the DES process.<sup>279</sup> The program also seeks to bridge the transition between the informal (IPEB) and formal (FPEB) phases of the DES process, allowing for an efficient overall evolution that instills confidence in Service members and their families.<sup>280</sup> Navy DES outreach attorneys are located at the major medical treatment facilities (MTFs) that process Navy and Marine Corps DES cases.<sup>281</sup> As of November 2012, the Navy reported a total of 19 Navy IPEB disability attorneys, including six Marine Corps assets, were assigned to provide legal advice and assistance to Service members at Navy MTFs.<sup>282</sup>

**Marine Corps.** The Marine Corps provides legal counsel to assist and advise Marines and Sailors as soon as they are referred to the MEB.<sup>283</sup> As of January 2012, the Marine Corps had mobilized six Reserve judge advocates within the Wounded Warrior Regiment and Judge Advocate Division, who provide legal support on the East and West Coasts, as well as at Quantico, VA, and Bethesda, MD.<sup>284</sup> The program manager, one of the six mobilized Reservists, is located at Marine Corps Headquarters.<sup>285</sup> In addition, two Reserve judge advocates were mobilized to provide legal support for the FPEB process at the Navy Yard, in Washington, DC.<sup>286</sup> The Judge Advocate Division was evaluating future use of Active Duty (AD) judge advocates.<sup>287</sup> As of November 2012, the Marine Corps' IPEB counsel staffing continued to consist of six Reserve judge advocates.<sup>288</sup>

**Air Force.** The Air Force provides disability evaluation legal support through the Office of Airmen's Counsel (OAC), at Lackland AFB, TX.<sup>289</sup> Formerly under the Air Force Personnel Center (AFPC), this program was moved to the Air Force Trial Defense Division in April 2011 to best serve the interests of WII Airmen.<sup>290</sup>

In August 2011, the Air Force began supplementing its staffing with Reserve support of three attorneys and two paralegals.<sup>291</sup> In December 2011, the Air Force had six attorneys and three paralegals providing Airmen legal support after the IPEB decision, and on a space available basis, during the IPEB and MEB stages.<sup>292</sup> As of January 2012, the Air Force had increased OAC staffing to 11 attorneys and nine paralegals.<sup>293</sup> The expanded staff enables OAC to provide legal support at the MEB, IPEB, FPEB, and appellate stages of the DES conduct outreach briefings and to provide educational support to affiliated service providers, such as PEBLOs, Military Service Coordinators (MSCs), and Transition Assistance Program (TAP) and family support personnel.<sup>294</sup>



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**Topic:** Vocational services

**Background:**

DoD and the Services collaborate with VA and the Department of Labor (DOL) to provide job training, counseling, referral, placement, and other assistance for Recovering Warriors (RWs) and Veterans.

**The VA Vocational Rehabilitation and Employment (VR&E) program.** The VR&E program can include free tuition at any institution of higher learning or vocational training where the Veteran is accepted, academic counseling, special tutoring if needed, dental care, job referrals, job placement, and other benefits.<sup>295</sup> VR&E is available to Veterans with a combined disability rating of 20 percent or more and to some Service members awaiting discharge.<sup>296, 297</sup> Access to VR&E for eligible Service members awaiting discharge, originally mandated by NDAA 2011, is directed by the VOW (Veterans Opportunity to Work) to Hire Heroes Act of 2011, which extended a previous sunset provision until December 31, 2014.<sup>298</sup> Since Fiscal Year (FY) 2012, VR&E counselors are being co-located at all Integrated Disability Evaluation System (IDES) sites; at these sites, Service members referred to the Physical Evaluation Board (PEB) are mandated to meet with a VR&E counselor for information and evaluation and to begin VR&E services where appropriate.<sup>299, 300</sup> DoD indicated in October 2013 the DoD Instruction (DoDI) on VR&E counseling for Service members awaiting discharge, which is being written with VA, was to be published in February 2014.<sup>301</sup>

**DoD Operation Warfighter (OWF) program.** OWF is a non-paid federal internship program for RWs that strives to place RWs in work experiences that support recuperation.<sup>302</sup> DoDI 1300.25, issued on March 25, 2013, provides guidance for the program, which provides RWs an opportunity to build their resumes, explore federal employment, develop job skills, and gain valuable federal government work experience.<sup>303, 304</sup> While there is no promise of permanent employment with a federal agency upon completion of the OWF assignment, the program helps federal agencies experience the talent and skills of transitioning Service members. Many employers participating in the OWF program hire transitioning Service members.

**Additional initiatives.** Vocational services are often addressed in the annual NDAs.<sup>305</sup> Many of these provisions target the needs of all Service members rather than RWs specifically. For example, Section 551 of NDAA 2012 allows the Secretaries of the Services to offer job skills training programs, including internships/apprenticeships, for Service members preparing to transition to civilian employment and civilian life.<sup>306</sup> For RWs, this means internship/apprenticeship opportunities beyond the federal sector. The office responsible for promulgating this law into DoD policy is Training Readiness and Strategy (TR&S), within the Office of the Deputy Assistant Secretary of Defense for Personnel and Readiness. In April 2013, the Office of Training Readiness and Strategy indicated to the Recovering Warrior Task Force (RWTF) this policy, DoDI 1322.bb, "Implementation Guidance for Job Training and Employment Skills Training (JTEST) Authority for Eligible Service Members," was forthcoming.<sup>307</sup> Pending publication of DoDI 1322.bb, the Services are not offering non-federal internships/apprenticeships.<sup>308, 309, 310, 311</sup> The exception is Special Operations Command



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(USSOCOM), which received authorization from the Secretary of Defense (SecDef), through the Office of Training Readiness and Strategy, on June 29, 2012.<sup>312</sup>

NDAA 2014, Section 542, was intended to improve not only the information available to Service members at every stage of their military training concerning correlation of their military occupational specialties (MOS) with civilian certifications and licenses, but also the equivalent information available to civilian accrediting organizations and related entities.<sup>313</sup> Such enhanced mechanisms should help Service members prepare for and find civilian employment that appropriately leverages their military training.



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**Topic:** Disability Evaluation System

**Background:**

Under the Legacy Disability Evaluation System (LDES), Service members are separately evaluated by DoD to determine fitness for duty and compensation for injury or disease incurred in the line of duty that inhibits a Service member's ability to perform the duties of her or his office, grade, rank, or rating.<sup>314, 315</sup> In LDES, VA evaluates the Service member separately to determine VA benefits, factoring in "all disabilities incurred or aggravated during military service."<sup>316, 317, 318</sup> This difference in what was considered in DoD and VA evaluations accounted for differences in ratings transitioning Service members received from DoD and VA.<sup>319, 320</sup>

Pilots for the military's Integrated Disability Evaluation System (IDES) began in November 2007 at three military installations.<sup>321</sup> The pilots were intended to provide a singular evaluation—using VA protocols and ratings—in lieu of the separate DoD and VA evaluations. Specifically, the goal was to increase consistency in ratings for Service members and Veterans, protect appellate procedures, ensure direct handoff from DoD case managers to VA case managers when a Service member transitions, and reduce the time from Disability Evaluation System (DES) referral to receipt of VA benefits.<sup>322</sup> Full DoD-wide implementation of IDES was achieved by the end of September 2011.<sup>323</sup> In December 2011, DoD published the first comprehensive Directive-Type Memorandum (DTM): 11-015, "Integrated Disability Evaluation System."<sup>324</sup> This was the first comprehensive policy document on the DES since DoD Directive (DoDD) 1332.18, "Separation or Retirement for Physical Disability," in 1996.<sup>325</sup> DTM 11-015 was reauthorized May 3, 2012, with an expiration date of January 1, 2013.<sup>326</sup>

The IDES features a single set of disability medical examinations for both determining fitness and ability to return to duty and determining disability. Evaluation of a Service member's fitness for duty by DoD runs concurrently with VA determination of a disability rating, and this led to a streamlined process that reduces the time it takes for Recovering Warriors (RWs) to receive benefits.<sup>327</sup> While the Physical Evaluation Board Liaison Officer (PEBLO) is assigned to assist the Service member through the process in both LDES and IDES, the assistance of a Military Service Coordinator (MSC) is a new support available in IDES.<sup>328</sup> Legal support related to DES is also available (see also information paper on *legal support*).

The IDES monthly report tracks IDES performance based on data from the VA Veterans Tracking Application (VTA) IDES module and customer satisfaction surveys administered by the Defense Manpower Data Center (DMDC). The IDES customer satisfaction survey was suspended for budgetary reasons in December 2011.<sup>329</sup> It was reinstated in July 2013, and the Recovering Warriors Task Force (RWTF) was informed in October 2013 results for the Fiscal Year (FY) 2013 Quarter 4 (Q4) would be published in November 2013.<sup>330</sup> As of August 2013, there were 32,628 Service members enrolled in the IDES.<sup>331</sup> The average number of days to completion of the IDES process for the Active Component (AC) was 398, as compared with the goal of 295; the average number of days for the Reserve Component (RC) was 401, as compared with the goal of 305 and the average of 378 one year prior.<sup>332, 333</sup>



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Congress has written numerous pieces of legislation aimed at optimizing the IDES process and expanding or protecting the rights of Service members who are leaving the military with medical conditions. Several sections of NDAA 2011 addressed disability benefits and the disability process, including Sections 533, 534, 631, 632, and 633. Section 533 introduced a modification of the Physical Evaluation Board (PEB) process, expanding the rights of Service members by broadening the criteria for those eligible to request a review of their retirement or separation without pay for physical disability (this eligibility was formerly restricted to officers).<sup>334</sup> Section 534 prohibited a Service branch from authorizing an involuntary administrative separation of a Service member due to that member's unsuitability for deployment or worldwide assignment, when the unsuitability is on the basis of a medical condition already assessed by a PEB.<sup>335</sup> NDAA 2012 introduced additional provisions regarding disability evaluations. Section 527 prohibited Services from denying reenlistment of a Service member based on the same medical conditions for which she or he was found fit for duty by a PEB.<sup>336</sup> Section 596 required the Secretary of Defense (SecDef) to report on the feasibility and advisability of an expedited disability determination process for RWs with certain specific diseases or conditions.<sup>337</sup> According to the Office of Warrior Care Policy (WCP), an expedited DES process is available for the most severely wounded, ill, or injured, but very few RWs take advantage of it.<sup>338</sup> Section 518 of NDAA 2013 expanded authority to conduct pre-separation medical exams for posttraumatic stress disorder (PTSD) to licensed clinical social workers and psychiatric advanced practice registered nurses (APRNs).<sup>339</sup> Section 524 instructed SecDef to standardize, assess, and monitor the Services' quality assurance programs for Medical Evaluation Boards (MEBs), PEBs, and PEBLOs to ensure accuracy, consistency, and regular monitoring.<sup>340</sup>

NDAA 2014, Section 574, addressed the military departments' use since January 2007 of the authority to separate Service members due to "unfitness for duty because of a mental condition not amounting to disability, including separation on the basis of a personality disorder or adjustment disorder."<sup>341</sup> Specifically, the legislation required the Comptroller General to evaluate the military departments' compliance with regulatory requirements in separating members on the basis of personality or adjustment disorder and the impact of such separation on their access to disability-related pay and compensation.<sup>342</sup> The Comptroller General's report is due to the Senate and House Armed Services Committees not later than one year after the enactment of NDAA 2014.<sup>343</sup> NDAA 2014, Section 526, called upon DoD, in consultation with VA, to review the progress the Departments are making to transition the IDES to an integrated and readily accessible electronic format Service members can use to learn their status during each stage of the process.<sup>344</sup> The legislation specifically required an assessment of the feasibility of improving in-transit visibility of pending cases, including cases at the VA's Disability Rating Activity Site (D-RAS)<sup>345</sup>, which the RWTF found many Service members and providers refer to as a "black hole"<sup>346</sup>.



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**Topic:** Support systems to ease transition from DoD to the Department of Veterans Affairs: Transition Assistance Program

**Background:**

Section 502 of the 1991 NDAA, as codified in 10 USC Sections 1141-1143 and 1144-1150, authorized comprehensive transition assistance benefits and services for military personnel and their spouses separating or retiring from the Military Forces, within the last 180 days of service and beginning no fewer than 90 days prior to separation.<sup>347, 348, 349</sup> The Transition Assistance Program (TAP) is a mutual responsibility of DoD; the Department of Labor (DOL); VA; and the Department of Homeland Security (DHS), representing the Coast Guard.<sup>350, 351</sup>

The VOW (Veterans Opportunity to Work) to Hire Heroes Act, enacted November 21, 2011, made TAP mandatory for all eligible Service members, exempting only those the Secretaries of DoD and DHS, in consultation with DOL and VA, determined would not benefit because they “are unlikely to face major readjustment, health care, employment, or other challenges associated with the transition to civilian life” and those whose specialized skills are needed to support a deploying unit.<sup>352</sup>

Directive-Type Memorandum (DTM) 12-007, “Implementation of Mandatory Transition Assistance Program Participation for Eligible Service Members,” issued on November 21, 2012, implements the redesigned TAP in accordance with Section 221 of the VOW to Hire Heroes Act of 2011.<sup>353</sup> TAP consists of mandatory pre-separation counseling and the newly created Transition Goals, Plans, Success (GPS) program.<sup>354</sup> The redesign of TAP was led by an interagency team with representatives from DoD, DHS, DOL, VA, and the Department of Education (ED), with the Office of Personnel and Management (OPM) and the Small Business Administration (SBA).<sup>355</sup> Transition GPS consists of a core curriculum, tracks (additional curriculum components designed to prepare Service members to transition into education, technical training, or entrepreneurship), and a mandatory capstone.<sup>356</sup> The DOL employment workshop and VA benefits briefing that were part of the legacy TAP are now mandatory components of the Transition GPS core curriculum, although the DTM does allow some exemptions to participation in the DOL workshop.<sup>357</sup> Other components of the core curriculum (transition overview, military occupation code crosswalk, resilient transitions, financial planning, and individual transition plan review) are not mandatory.<sup>358</sup> Full implementation of Transition GPS and the capstone at all military installations was expected to be complete by the end of 2013.<sup>359</sup>

The scope of Transition GPS encompasses all Active Component (AC) separations and retirements and all Reserve Component (RC) deactivations.<sup>360</sup> DTM 12-007 indicates eligible Service members may begin the transition process up to 12 months prior to separation and 24 months prior to retirement.<sup>361</sup> The DTM further specifies pre-separation counseling should begin “as soon as possible during the 12-month period before separation,” and the capstone should be completed no later than 90 days before separation.<sup>362</sup> Prior to release from Active Duty (AD), demobilizing RC Service members are encouraged to “begin pre-separation counseling as soon as possible within their remaining period of service.”<sup>363</sup>



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For those without easy access to an installation's Transition Assistance office, DoD established a TAP web portal (<http://www.TurboTAP.org>) that provided a set of resources.<sup>364</sup> Following the rollout of Transition GPS, the TurboTAP site was scheduled to re-launch with a new name and web address in March 2014.<sup>365</sup>



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**Topic:** Overall coordination between DoD and the Department of Veterans Affairs: DoD-VA Interagency Care Coordination Committee (IC3) of the Joint Executive Council Wounded, Ill, and Injured Committee

**Background:**

The DoD-VA Interagency Care Coordination Committee (IC3) evolved from several generations of interdepartmental initiatives targeting the health and well-being of transitioning Service members—the Joint Executive Council (JEC); the Senior Oversight Committee (SOC) for the Wounded, Ill, and Injured (WII); and the JEC Wounded, Ill, and Injured Committee (WIIC). The IC3 was established to address the complex care coordination of seriously or catastrophically ill or injured Service members and Veterans along the continuum of care.<sup>366</sup> Going forward, the IC3’s work may have a pervasive impact on care coordination for Recovering Warriors (RWs), including both severe and less severe cases.

As early as 2002, Congress recognized the need for health care collaboration between DoD and VA. To foster such collaboration, Congress established the JEC, which “provides senior leadership for collaboration and resource sharing between VA and DoD.”<sup>367</sup> The JEC laid a foundation of interagency collaboration, which was furthered by the creation by Congress of the SOC as part of the 2008 NDAA.<sup>368</sup> In early 2012, and consistent with the 2011 recommendation by the Recovering Warrior Task Force (RWTF), the SOC was folded into the JEC, becoming the Wounded, Ill, and Injured Committee (WIIC).<sup>369</sup>

In May 2012, VA Secretary Eric Shinseki and DoD Secretary Leon Panetta established the VA/DoD Warrior Care and Coordination Task Force to improve case management and coordination of RW care services by synchronizing efforts across providers and agencies supporting RW transitions.<sup>370</sup> Four primary strategies were identified to accomplish this objective: (1) a formal DoD-VA governance structure for the support of wounded, ill, and injured (WII) Service members and their families; (2) an integrated interagency community of practice, with common metrics for determining successful care; (3) an Interagency Comprehensive Plan (ICP) providing visibility to RWs, families, and providers on the status of care management; and (4) designated Lead Coordinators (LCs) who follow each Service member’s care management across the stages of recovery from military service to civilian life.<sup>371</sup>

As of April 2013, the VA/DoD Warrior Care and Coordination Task Force’s progress in executing these strategies included (1) a draft policy that provides interagency guidance on common practices, definitions, and responsibilities for RW care; (2) development of an LC Checklist and a phased process to build a dynamic, information system and data repository (i.e., an electronic ICP); and (3) a feasibility assessment of LCs through a pilot program at Walter Reed National Military Medical Center (WRNMMC) and VA medical centers in the National Capital Region (NCR).<sup>372</sup>

The IC3, an outgrowth of the VA/DoD Warrior Care and Coordination Task Force, was established for “governance under the Joint Executive Committee (JEC) to implement, maintain, and oversee the provision of interagency complex care coordination of seriously or



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catastrophically ill or injured Service members or Veterans.<sup>373</sup> In addition to its work developing the LC role and LC Checklist, IC3 also developed an ICP Checklist. The ICP checklist contains 634 activities organized under eight domains: Finances (142), Daily Living (120), Military (98), Health (88), Family (65), Legal (54), Career (45), and Spirituality (22).<sup>374</sup> The categories and definitions associated with each domain are organized according to the sequence of care: pre-admission, post-admission, acute and rehabilitative care, pre-discharge, post-discharge, and recurrent care.<sup>375</sup> The ICP tracks the status of each activity as it relates to the recovery, rehabilitation, and reintegration goals of each Service member or Veteran.<sup>376</sup>

The IC3 LCs are selected based on several factors, the most significant of which are the location (military treatment facility (MTF), VA, or civilian facility) and predominant needs of the RW or Veteran.<sup>377</sup> The LC Checklist is a component of the ICP and details specific LC tasks, responsibilities, and documentation procedures.<sup>378</sup> This checklist contains 91 items listed under the eight ICP domains, and it is organized according to the progression of the Service member or Veteran through the recovery process: from assignment of the initial LC through treatment or rehabilitation of the Service member or Veteran and, if applicable, transfer via warm handoff to a new LC. The LC Checklist tracks relevant items under each domain, including date, status, and responsible party for the action.

In DoD's implementation plan for the RWTF's Fiscal Year (FY) 2012 recommendations, the Department indicated the formal coordination of the draft interagency guidance was expected to be complete by November 30, 2013, and the rollout of the single, electronic ICP was targeted for May 2015.<sup>379</sup>

NDAA 2014 included a provision that might further help to facilitate the coordination of health care across the Departments. Section 525 required that DoD provide to VA within 90 days the military service records of each Service member who is discharged or released from the Military Forces after January 1, 2014.<sup>380</sup> The legislation specifically called for VA to make these records electronically accessible and available to the Veterans Benefits Administration (VBA) as soon as possible<sup>381</sup>; however, because military service records include health records, the Veterans Health Administration (VHA) might also benefit, particularly until interoperable DoD/VA electronic health records (EHRs) are a reality.



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**Topic:** Other matters: Resources for Reserve Component

**Background:**

In Fiscal Year (FY) 2012, the Reserve Components (RCs) of each DoD Service branch—Army Reserve (USAR), Air Force Reserve, Navy Reserve, Marine Corps Reserve, Army National Guard (ARNG), and Air National Guard (ANG)— totaled nearly 1.1 million Service members.<sup>382</sup> Members of the Ready Reserve comprised approximately 30 percent of the military force.<sup>383</sup> As of April 2013, more than 50 percent of the end strength of the USAR, Air Force Reserve, Navy Reserve, ARNG, and ANG had deployment experience.<sup>384</sup> As of September 2013, more than 9,500 of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND) U.S. military wounded-in-action casualties were Reservists.<sup>385</sup> The military Services are required to “ensure their Recovery Coordination Programs (RCPs) are extended to include Recovering Warriors (RWs) in their RCs and incorporate all program services, to include identifying RWs, assigning RWs to Recovery Care Coordinators (RCCs), and preparing recovery plans.”<sup>386</sup> The Services’ wounded warrior programs do not differentiate between Active Component (AC) members and activated Reservists (see also information paper on *wounded warrior units and programs*).<sup>387</sup>

That said, once deactivated, Reservists with conditions incurred in the line of duty may have difficulty accessing the health care and case management to which they are entitled.<sup>388, 389, 390</sup> In October 2013, DoD indicated the consolidation of two pre-existing DoD policies would help to address this problem: DoD Instruction (DoDI) 1241.2, “Reserve Component Incapacitation System Management” (May 30, 2001) and DoD Directive (DoDD) 1241.01, “Reserve Component Medical Care and Incapacitation Pay for Line of Duty Conditions” (February 28, 2004; certified current as of April 23, 2007). The consolidated guidance was to be published by December 2013.<sup>391</sup> Additionally, NDAA 2014 offered a potential new mental health resource for deactivated Reservists: Section 703 gave the Secretary of Defense (SecDef) the option of extending Transitional Assistance Management Program (TAMP) coverage, used by many deactivated Reservists, for an additional 180 days for mental health care provided through telemedicine.<sup>392</sup> This authority expires December 31, 2018. If the Secretary chooses to use this authority, a report must be submitted within one year to the congressional defense committees.<sup>393</sup>

Certain resources are unique to the RC as a whole and to specific components:

**Army Community-Based Warrior Transition Units (CBWTUs).** CBWTUs allow qualified ARNG and USAR Reservists to recover in their home communities. As of February 2013, 53 percent of the 9,977 Soldiers assigned to Warrior Transition Units (WTUs) or CBWTUs were ARNG or USAR Soldiers, and 21 percent of the 9,977 were managed by a CBWTU.<sup>394</sup>

**Army Reserve (USAR) Recovery Care Coordinators (RCCs).** As of February 2012, 19 RCCs, trained by DoD, were located in high-density areas throughout the USAR. The USAR RCC program does not support ARNG Soldiers.<sup>395, 396</sup> In addition to dedicated RCCs, as of May 2013, the Army Reserve Warrior Transition Liaison program had placed 18 liaison officers at



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locations throughout the country, including at 12 WTUs and at each of the Reserve's Regional Support Commands (RSCs).<sup>397</sup>

**National Guard Bureau (NGB) Transition Assistance Advisor (TAA) program.** NGB TAAs serve all redeploying or separating RC members, injured or not. TAAs are in each of the 50 states and four territories, co-located with the state Adjutants General and working with VA sectors and the CBWTUs.<sup>398</sup> TAAs assist RC members and families with reintegration into the unit or transition to civilian life by establishing one-on-one contact and educating them on federal, state, local, and community benefits and entitlements. TAAs partner extensively with entities such as the Joint Family Support Assistance Program (JFSAP), Employer Support of the Guard and Reserve (ESGR), the NGB's Psychological Health program (PH), Yellow Ribbon Reintegration Program (YRRP), CBWTUs, job assistance programs, veterans service organizations (VSOs), and others.<sup>399</sup> As of December 2012, there were 65 contracted TAAs and a handful working as state employees or in Active Duty for Operational Support (ADOS) status. TAAs carry caseloads of approximately 1:64 for RWs and 1:6,020 for all separating/returning Service members.<sup>400</sup> While TAAs serve all RC members, and even some AC members, ARNG members comprise their largest clientele.<sup>401</sup>

**Army National Guard (ARNG).** The ARNG took several steps to address gaps in RC medical care and the management of Soldiers who are not medically ready for deployment. One such step was creating a process for Soldiers with low-risk/low-acuity conditions who are injured or become ill during mobilization or training to return to Active Duty (AD) on short-term orders to resolve those duty-related limiting conditions.<sup>402</sup> The Reserve Component Managed Care (RCMC), initially a pilot and now implemented more broadly,<sup>403</sup> puts eligible Soldiers on AD orders for up to 179 days. Soldiers participating in this program are managed through the Medical Management Processing System (MMPS).<sup>404</sup> MMPS systematically monitors, manages, and facilitates authorized medical care for Soldiers who are medically non-available for deployment, focusing on facilitating a final disposition of their medical condition. MMPS uses many of the full-time medical staff the ARNG brought on board since September 2001 to assist in building and maintaining medical readiness. Overseen by the Deputy State Surgeon, the staff who support the MMPS include case managers, care coordinators, and medical readiness non-commissioned officers (NCOs). DoD indicated in October 2013 the USAR was pursuing a comparable program for managing low-risk/low-acuity line-of-duty Soldiers.<sup>405</sup>

Another RC initiative is the RC Soldier Medical Support Center (SMSC). Established in Pinellas Park, FL, in January 2011 and staffed by USAR and ARNG Soldiers, it was conceived as a short-term solution to facilitate the screening of the backlog of Army RC Medical Evaluation Board (MEB) packets, and as a gateway for RC Integrated Disability Evaluation System (IDES) medical processing support.<sup>406</sup> The RC SMSC screens RC MEB packets for accuracy/completeness, validates and submits RC MEB packets to Medical Command, and provides administrative/medical subject-matter expertise regarding IDES RC medical processing.<sup>407</sup> Having successfully eliminated the backlog as of November 2012, the SMSC was directed in March 2013 to close down and transition responsibility for the SMSC mission back to the NGB and the Army Reserve no later than October 1, 2014.<sup>408</sup>



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As of August 2013, the average number of days to completion of the IDES process for the RC, across all branches, was 401, as compared with the goal of 305 and the average of 378 one year prior.<sup>409, 410</sup> Section 526 of NDAA 2014 called upon DoD, in consultation with VA, to review the backlog of RC IDES packets and to devise measures to resolve it. A report was due to the House and Senate Armed Services and Veterans Affairs Committees not later than 180 days after the enactment of NDAA 2014.<sup>411</sup>

**Marine Corps Reserve.** The Marine Corps Reserve established its Psychological Health Outreach Program (PHOP) in 2009 to provide activated Reserve Marine forces access to appropriate psychological health (PH) care services, to increase resilience, and to facilitate recovery. Much like the Navy PHOP, six teams of five licensed clinicians work around the country (California, Georgia, Louisiana, Massachusetts, Missouri, and Washington). They provide Marines and family members initial screenings, referrals, and telephone/email follow-up services to ensure clients have received needed information and services, whether through military, VA, or civilian community resources. In addition, PHOP provides psycho-educational briefs and consultation to command, and it interfaces with civilian resources to ensure they have the background necessary to effectively serve the Marine Corps population.<sup>412</sup>

**Navy Reserve.** The Navy describes Medical Hold (MEDHOLD) as “a short-term medical treatment program for Reserve Component Sailors with the sole purpose of addressing medical conditions incurred or aggravated after completion of continuous active duty orders for more than 30 days.”<sup>413</sup> The Navy operates two MEDHOLD units: Navy Region Mid-Atlantic Reserve Component Command (RCC) MEDHOLD East, in Norfolk, VA<sup>414</sup>, and the Navy Region Southwest RCC MEDHOLD West, in Balboa, CA<sup>415</sup>. While MEDHOLD East and West both indicate they provide case management<sup>416, 417</sup>, the Navy reported in February 2013 only approximately one in five MEDHOLD Sailors were receiving non-medical case manager (NMCM) support through the dedicated Navy Wounded Warrior-Safe Harbor (NWW-SH) program<sup>418</sup>.

The Navy Reserve established a PHOP in 2008 aimed at maintaining psychological health and promoting resilience and recovery of Reserve Service members and their families.<sup>419</sup> PHOP staff, including clinically licensed outreach coordinators and outreach support team members, are co-located with RCC staff in five regions—Mid-Atlantic, Midwest, Northwest, Southeast, and Southwest. They conduct a thorough behavioral health screening to holistically assess an individual’s psychological, physical, and social functioning and family well-being. Based on this screening, PHOP staff link individuals with appropriate military or community-based providers and provide follow-up. PHOP also conducts outreach calls with recently demobilized Sailors and provides psycho-educational briefings on a variety of topics of interest to the Navy Bureau of Medicine and Surgery (BUMED).<sup>420</sup>

**Yellow Ribbon Reintegration Program (YRRP).** The 2008 NDAA called for the establishment of the YRRP to provide information, services, referral, and proactive outreach programs to RC members and families throughout the deployment cycle.<sup>421</sup> DoDI 1342.28, “DoD Yellow Ribbon Reintegration Program (YRRP),” provides comprehensive guidance regarding YRRP policy,



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responsibilities, and implementation, replacing earlier departmental guidance.<sup>422</sup> For reintegration purposes, the YRRP is organized on a 30/60/90-day post-deployment model.<sup>423</sup> Official health screening in the form of the post-deployment health reassessment (PDHRA) is to be incorporated into 90-day YRRP activities (see also information paper on *services for posttraumatic stress disorder and traumatic brain injury*).<sup>424</sup>



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---

## References

### References for non-medical case management:

- <sup>1</sup> Government Accountability Office. (September 26, 2007). DoD and VA: Preliminary observations on efforts to improve health care and disability evaluations for returning service members. Washington, DC: Author. GAO 07-1256T.
- <sup>2</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).
- <sup>3</sup> DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- <sup>4</sup> Ibid.
- <sup>5</sup> Ibid.
- <sup>6</sup> Ibid.
- <sup>7</sup> DoD. (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>.
- <sup>8</sup> Briefing submitted to the RWTF. Army Back-up Slides. February 26, 2013.
- <sup>9</sup> Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.
- <sup>10</sup> Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.
- <sup>11</sup> Briefing submitted to the RWTF. Navy Back-up Slides. February 27, 2013.
- <sup>12</sup> Mencl, P., Roberts, S., and Stevens, B. (June 10, 2010). Wounded warrior care and transition policy programs overview. Presentation to DoD Inspector General Office.
- <sup>13</sup> Army Warrior Transition Command. (n.d.). Army Wounded Warrior program (AW2) – Eligibility and enrollment. Retrieved November 25, 2013, from <http://wtc.army.mil/aw2/index.html>.
- <sup>14</sup> BG Bishop, D., LTC Brusher, E., Coffey, R., COL Jones, J., LTC Baker, J., Tuddenham, M., LTC Dudek, D., and Adams, N. Briefing to the RWTF. Army response to RWTF fiscal year 2012 recommendations. February 26, 2013.
- <sup>15</sup> Ibid.
- <sup>16</sup> Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.
- <sup>17</sup> Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.
- <sup>18</sup> LTC Deary, K. Briefing to the RWTF. Special Operations Command Care Coalition. May 19, 2011.
- <sup>19</sup> Johnson, F. (February 13, 2013). DoD training helps care coordinators ‘put the pieces together.’ Retrieved March 6, 2013, from: <http://warriorcare.dodlive.mil/2013/02/13/dod-training-helps-care-coordinators-put-the-pieces-together/>.



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---

<sup>20</sup> Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

**References for medical care case management:**

<sup>21</sup> TRICARE Management Activity. (2009). Medical management guide (version 3.0), p. 1. Retrieved November 18, 2013, from [http://www.tricare.mil/tma/ocmo/download/MMG\\_v3\\_2009.pdf](http://www.tricare.mil/tma/ocmo/download/MMG_v3_2009.pdf).

<sup>22</sup> Ibid.

<sup>23</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

<sup>27</sup> Ibid.

<sup>28</sup> DoD. (August 26, 2009). Directive-Type Memorandum 08-033: Interim guidance for clinical case management for the wounded, ill, and injured Service member in the Military Health System.

<sup>29</sup> DoD. (April 9, 2013). DoD instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

<sup>30</sup> Ibid, p. 1.

**References for wounded warrior units and programs:**

<sup>31</sup> DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

<sup>32</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §738 (2013).

<sup>33</sup> Army Warrior Transition Command. (December 1, 2011). MEDCOM Policy Memo 11-098: Comprehensive Transition Plan Policy and CTP-Guidance (CTP-G), p. 47.

<sup>34</sup> Briefing submitted to the RWTF. Army Back-up Slides. February 26, 2013.

<sup>35</sup> Army Warrior Transition Command. (n.d.). WTU locations. Retrieved November 25, 2013, from [http://wtc.army.mil/about\\_us/wtu\\_locations.html](http://wtc.army.mil/about_us/wtu_locations.html).

<sup>36</sup> Briefing submitted to the RWTF. Army Back-up Slides. February 26, 2013.

<sup>37</sup> Army Warrior Transition Command briefing to the RWTF. February 22, 2011.



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---

- <sup>38</sup> DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>.
- <sup>39</sup> Ibid.
- <sup>40</sup> Ibid.
- <sup>41</sup> Wounded Warrior Regiment Iowa District Injured Support Coordinators. Prepared briefing for the RWTF. District Injured Support Coordinators. n.d. (29 DISCs located across 22 VISNs)
- <sup>42</sup> Col Mayer, J.L. Marine Corps Wounded Warrior Regiment briefing to the RWTF. March 30, 2011.
- <sup>43</sup> Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.
- <sup>44</sup> Ibid.
- <sup>45</sup> DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>.
- <sup>46</sup> Ibid.
- <sup>47</sup> CAPT Carter, B. Navy Safe Harbor briefing to the RWTF, March 31, 2011.
- <sup>48</sup> CAPT Carter, B., and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- <sup>49</sup> Briefing submitted to the RWTF. Navy Back-up Slides. February 27, 2013.
- <sup>50</sup> Pennington, D. Briefing to the RWTF. Navy Wounded Warrior-Safe Harbor: Transition support. December 7, 2012.
- <sup>51</sup> Department of Navy, Bureau of Medicine and Surgery (July 28, 2008). NAVMED Policy 08-019: Medical oversight of reserve component medical hold personnel.
- <sup>52</sup> NAVADMIN 323/12: Navy Safe Harbor program realignment. October 31, 2012.
- <sup>53</sup> Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- <sup>54</sup> Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior program: Non-medical care management and support. December 6, 2011.
- <sup>55</sup> Lt Col Wyatt, M.C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.
- <sup>56</sup> MSgt Eichman, T. Briefing to the RWTF. Role of family liaison officer. December 9, 2011.
- <sup>57</sup> DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>.



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---

- <sup>58</sup> Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.
- <sup>59</sup> Brig Gen Murrie, E.J. and Col Zeh, G.R. Briefing to the RWTF. Air Force Wounded Warrior program. May 15, 2012.
- <sup>60</sup> Special Operations Command briefing to the RWTF, May 19, 2011.
- <sup>61</sup> McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior program. October 28, 2013.
- <sup>62</sup> Infelise, C. Briefing to the RWTF. SOCOM Care Coalition. January 11, 2012 (slide 12).
- <sup>63</sup> DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>.

**References for services for posttraumatic stress disorder and traumatic brain injury:**

- <sup>64</sup> VA. (n.d.). Polytrauma system of care definitions. Retrieved October 25, 2010, from <http://www.polytrauma.va.gov/definitions.asp#ptsd>, para. 13.
- <sup>65</sup> Institute of Medicine. (2012). Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment. Washington, DC: The National Academies Press.
- <sup>66</sup> Hoge, C. Panel presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.
- <sup>67</sup> Fischer, H. (February 5, 2013). U.S. military casualty statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom (Congressional Research Service Report for Congress). Retrieved September 30, 2013, from <https://www.fas.org/sgp/crs/natsec/RS22452.pdf>.
- <sup>68</sup> DoD. (September 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from <http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf>.
- <sup>69</sup> Defense and Veterans Brain Injury Center. (n.d.). DoD worldwide numbers for TBI. Retrieved September 30, 2013, from <http://www.dvbic.org/dod-worldwide-numbers-tbi>.
- <sup>70</sup> Tanielian, T., and Jaycox, L.H. (Eds.). (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND. Retrieved November 4, 2010, from [http://www.rand.org/pubs/monographs/2008/RAND\\_MG720.pdf](http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf).
- <sup>71</sup> National Intrepid Center of Excellence. (n.d.). NICoE information page. Retrieved October 26, 2013, from <http://www.nicoe.capmed.mil/SitePages/Home.aspx>.



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---

<sup>72</sup> Intrepid Fallen Heroes Fund. (n.d.). IFHF dedicates first NICOE satellite center, Intrepid Spirit, at Fort Belvoir, VA. Retrieved September 30, 2013, from <http://www.fallenheroesfund.org/News/Articles/IFHF-Dedicates-First-NICOE-Satellite-Center,-Intre.aspx>.

<sup>73</sup> Ibid.

<sup>74</sup> Wright, M. (October 2, 2013). Opening of new trauma center celebrated at Camp Lejeune. Retrieved October 26, 2013, from <http://www.wnct.com/story/23589763/camp-lejeune-dedicates-center-for-treatment-of-ptsd-tbi>.

<sup>75</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §706 (2013).

<sup>76</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §724 (2013).

<sup>77</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §725 (2013).

<sup>78</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §726 (2013).

<sup>79</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §739 (2013).

<sup>80</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §702 (2013).

<sup>81</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §723 (2013).

<sup>82</sup> DoD. (November 7, 2011). Directive-Type Memorandum 09-033: Policy guidance for management of concussion/mild traumatic brain injury in the deployed setting.

<sup>83</sup> DoD. (September 18, 2012). DoD Instruction 6490.11: DoD policy guidance for management of mild traumatic brain injury/concussion in the deployed setting.

<sup>84</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §704 (2013).

<sup>85</sup> Ibid.

<sup>86</sup> Ibid.

<sup>87</sup> Military OneSource (May 9, 2013). Counseling options for Service members and their families. Retrieved November 24, 2013, from [http://www.militaryonesource.mil/non-medical-counseling?content\\_id=268934](http://www.militaryonesource.mil/non-medical-counseling?content_id=268934)

<sup>88</sup> Military OneSource. (n.d.). MFLC: Military and Family Life Counselor program. Retrieved November 24, 2013, from [http://www.militaryonesource.mil/12038/MOS/Booklets/MFLC\\_Program\\_Brochure.pdf](http://www.militaryonesource.mil/12038/MOS/Booklets/MFLC_Program_Brochure.pdf).

<sup>89</sup> MCXE-BH. (October 2011). Evans Army Community Hospital embedded behavioral health teams (information paper). Fort Carson, CO: Author.

<sup>90</sup> Wells, T. Site briefing to the RWTF. Marine Forces Reserve Psychological Health Outreach Program. November 15, 2011.

<sup>91</sup> Navy Reserve Psychological Health Outreach Program. (n.d.). About. Retrieved December 23, 2011, from <http://www.navyreserve.navy.mil/Pages/PHOP.aspx>.



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---

- <sup>92</sup> Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (n.d.). PTSD: Treatment options. Retrieved October 28, 2010, from <http://www.dcoe.health.mil/ForHealthPros/PTSDTreatmentOptions.aspx>.
- <sup>93</sup> Site briefings to the RWTF. October 2011-March 2012.
- <sup>94</sup> Institute of Medicine. (2012). Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment. Washington, DC: The National Academies Press.
- <sup>95</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.
- <sup>96</sup> Cornum, R., Matthews, M.D., and Seligman, M.E.P. (2011). Comprehensive soldier fitness: Building resilience in a challenging institutional context. *American Psychologist*, 66(1), 4-9.
- <sup>97</sup> Ibid.
- <sup>98</sup> Kime, P. (July 2, 2012). Psychologists question Army resilience program. Retrieved November 20, 2013, from <http://www.marinecorpstimes.com/article/20120702/NEWS/207020323/>.
- <sup>99</sup> Deployment Health Clinical Center. (November 3, 2010). Enhanced post-deployment health assessment process (DoD Form 2796). Retrieved November 4, 2011, from [http://www.pdhealth.mil/dcs/DD\\_form\\_2796.asp](http://www.pdhealth.mil/dcs/DD_form_2796.asp).
- <sup>100</sup> DoD. (April 19, 2007). Force health protection and readiness policy and programs: The post-deployment health reassessment. Retrieved October 25, 2010, from <http://fhp.osd.mil/pdhrainfo/>. [Note: In accordance with DoD Instruction (DoDI) 6490.03, "Deployment Health," all re-deploying Service members must participate in a post-deployment health assessment (PDHA) and a post-deployment health reassessment (PDHRA), both of which include screening for posttraumatic stress disorder (PTSD).]
- <sup>101</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §712 (2011). [Note: Section 712 advances DoD's ability to detect and treat psychological changes in deployed personnel by mandating pre-deployment medical examinations, post-deployment medical examinations that include the assessment of mental health, and post-deployment health reassessments.]
- <sup>102</sup> Theohary, C.A., Kapp, L., Burrelli, D.F., and Jansen, D.J. (January 16, 2013). FY2013 National Defense Authorization Act: Selected military personnel policy issues (Congressional Research Service Report for Congress). Retrieved September 30, 2013, from <https://www.fas.org/sgp/crs/natsec/R42651.pdf>.
- <sup>103</sup> Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).



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---

<sup>104</sup> COL Ritchie (Ret.), E.C. Briefing to the RWTF. Assessment of ongoing efforts in the treatment of PTSD. December 4, 2012.

<sup>105</sup> National Center for Posttraumatic Stress Disorder. (n.d.). Mission and overview. Retrieved February 12, 2012, from <http://www.ptsd.va.gov/about/mission/mission-and-overview.asp>.

<sup>106</sup> VA/DoD. (January 2004). Clinical practice guideline for the management of post-traumatic stress (version 1.0). Retrieved December 30, 2013, from [http://www.healthquality.va.gov/ptsd/ptsd\\_full.pdf](http://www.healthquality.va.gov/ptsd/ptsd_full.pdf).

<sup>107</sup> VA/DoD. (October 2010). Clinical practice guideline for the management of post-traumatic stress (version 2.0). Retrieved December 30, 2013, from [http://www.healthquality.va.gov/ptsd/cpg\\_PTSD-FULL-201011612.pdf](http://www.healthquality.va.gov/ptsd/cpg_PTSD-FULL-201011612.pdf).

<sup>108</sup> Ibid.

<sup>109</sup> Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

<sup>110</sup> VA/DoD. (October 2010). Clinical practice guideline for the management of post-traumatic stress (version 2.0). Retrieved December 30, 2013, from [http://www.healthquality.va.gov/ptsd/cpg\\_PTSD-FULL-201011612.pdf](http://www.healthquality.va.gov/ptsd/cpg_PTSD-FULL-201011612.pdf).

<sup>111</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §722 (2011).

<sup>112</sup> DoD. (September 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from <http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf>.

<sup>113</sup> Defense and Veterans Brain Injury Center. (n.d.). Concussion/mTBI screening. Retrieved January 9, 2012, from <http://www.dvbic.org/Providers/TBI-Screening.aspx>.

<sup>114</sup> DoD. (September 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from <http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf>.

<sup>115</sup> Ibid.

<sup>116</sup> DoD. (June 21, 2010). Directive-Type Memorandum 11-033: Policy guidance for management of concussive/mild traumatic brain injury in the deployed setting.

<sup>117</sup> DoD. (September 18, 2012). DoD Instruction 6490.11: Management of mild TBI/concussion in the deployed setting.



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---

<sup>118</sup> DoD/VA. (April 2009). Clinical practice guidelines: Management of concussion/mild traumatic brain injury. Retrieved November 20, 2013, from [http://www.healthquality.va.gov/mtbi/concussion\\_mtbi\\_full\\_1\\_0.pdf](http://www.healthquality.va.gov/mtbi/concussion_mtbi_full_1_0.pdf).

<sup>119</sup> Vanderploeg, R.D., CDR Handrigan, M.T., and Pramuka, M. Panel presentation to the RWTF. Cognitive rehabilitation therapy and TBI. May 19, 2011.

<sup>120</sup> Ibid.

<sup>121</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §724 (2011).

**References for Defense Centers of Excellence:**

<sup>122</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>123</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. January 15, 2013.

<sup>124</sup> Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (n.d.). About DCoE. Retrieved February 24, 2012, from <http://www.dcoe.health.mil/WhatWeDo.aspx>.

<sup>125</sup> Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (n.d.). Who we are. Retrieved October 26, 2013, from [http://www.dcoe.mil/About\\_DCoE/Leadership.aspx](http://www.dcoe.mil/About_DCoE/Leadership.aspx).

<sup>126</sup> DoD. (January 2, 2013). DoD Directive 600.17E: Executive agent for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

<sup>127</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>128</sup> Ibid.

<sup>129</sup> Ibid.

<sup>130</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §716 (2011).

<sup>131</sup> National Defense Authorization Act of 2008, Pub. L., No. 110-181, §1611 (2008).

<sup>132</sup> National Defense Authorization Act of 2009, Pub. L. No. 110-417, §721 and §722. (2009).

<sup>133</sup> Statement to the Subcommittee on Military personnel of the House Committee on Armed Services, 111th Cong. (April 13, 2010). (Prepared statement of LTG Eric B. Schoomaker, Army Surgeon General).

<sup>134</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>135</sup> COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013, p. 4.



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<sup>136</sup> COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013.

<sup>137</sup> COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. May, 18 2011.

<sup>138</sup> COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013.

<sup>139</sup> Ibid.

<sup>140</sup> Vision Center of Excellence. (n.d.). VCE leadership bios. Retrieved November 20, 2013, from <http://vce.health.mil/about/DrMLawrence.aspx>.

<sup>141</sup> COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013.

<sup>142</sup> Lt Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. January 14, 2013.

<sup>143</sup> Ibid.

<sup>144</sup> Hearing Center of Excellence. (n.d.). Mission and overview. Retrieved October 10, 2012, from <http://hearing.health.mil/AboutUs/Mission.aspx>.

<sup>145</sup> Lt Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. December 9, 2012.

<sup>146</sup> Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. December 9, 2013.

<sup>147</sup> Randolph, B.J. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. January 14, 2013, p. 5.

<sup>148</sup> LTC Pendergrass, T. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. February 22, 2012.

<sup>149</sup> Randolph, B.J. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. January 14, 2013.

<sup>150</sup> Ibid.

<sup>151</sup> Ibid.

**References for Interagency Program Office:**

<sup>152</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1635, 122 Stat. 3, 460-63 (2008).

<sup>153</sup> Government Accountability Office. (January 2010). Electronic health records. Washington, DC: Author. GAO 10-332.

<sup>154</sup> VA/DoD Joint Executive Council. (2009). JEC annual report, fiscal year 2009. Washington, DC: Authors.



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---

- <sup>155</sup> DoD and VA. (n.d.). New Interagency Program Office off to a successful start. *Good News*, 2(3), 2.
- <sup>156</sup> Cool, R., Project Manager, DoD/VA Interagency Program Office. Personal communication with the RWTF. February 28, 2012.
- <sup>157</sup> Government Accountability Office. (July 2008). *Electronic health records*. Washington, DC: Author. GAO 08-954.
- <sup>158</sup> Government Accountability Office. (January 2009). *Electronic health records*. Washington, DC: Author. GAO 09-268.
- <sup>159</sup> Government Accountability Office. (July 2009). *Electronic health records*. Washington, DC: Author. GAO 09-775.
- <sup>160</sup> Government Accountability Office. (January 2010). *Electronic health records*. Washington, DC: Author. GAO 10-332.
- <sup>161</sup> Government Accountability Office. (February 2011). *Electronic health records*. Washington, DC: Author. GAO 11-265.
- <sup>162</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §1098 (2011).
- <sup>163</sup> Wennergren, D.M. Briefing to the RWTF. Interagency Program Office. February 23, 2012.
- <sup>164</sup> Cool, R. Project Manager, DoD/VA Interagency Program Office. Personal communication with the RWTF. February 28, 2012.
- <sup>165</sup> *Ibid.*
- <sup>166</sup> Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from <http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT>.
- <sup>167</sup> To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in Review of the Defense Authorization Request for Fiscal Year 2014 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April 17, 2013) (Testimony from Jonathan A Woodson, Assistant Secretary of Defense for Health Affairs, Director, TRICARE Management Activity, Department of Defense).
- <sup>168</sup> Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from <http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT>.
- <sup>169</sup> Vogel, S. (February 8, 2013). Retreat by VA and DoD on electronic health records criticized. Retrieved February 14, 2013, from <http://www.washingtonpost.com/blogs/federal-eye/wp/2013/02/08/retreat-by-va-and-dod-on-electronic-health-records-criticized/>.



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---

<sup>170</sup> Garamone, J. (February 14, 2013). DOD, VA to speed integration of health records. Retrieved February 14, 2013, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123336370>.

<sup>171</sup> Shane, L. III. (February 7, 2013). Effort to integrate DOD, VA medical records draws criticism. Retrieved February 14, 2013, from <http://www.stripes.com/effort-to-integrate-dod-va-medical-records-draws-criticism-1.206961>.

<sup>172</sup> Legislative presentation of AMVETS, Air Force Sergeants Association, Paralyzed Veterans of America, Jewish War Veterans, Gold Star Wives, Fleet Reserve Association, Vietnam Veterans of America, and the National Association of State Directors of Veterans Affairs: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (March 6, 2013). (Testimony from Mark A. Kilgore, National President, Fleet Reserve Association).

<sup>173</sup> Legislative presentation of Military Officers Association of America, Retired Enlisted Association, Non Commissioned Officers Association, Blinded Veterans Association, Military Order of the Purple Heart, Wounded Warrior Project, Iraq and Afghanistan Veterans of America, American Ex-Prisoners of War: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (February 28, 2013). (Testimony from SgtMaj (Ret.) H. Gene Overstreet, President, Non Commissioned Officers Association).

<sup>174</sup> Legislative presentation of AMVETS, Air Force Sergeants Association, Paralyzed Veterans of America, Jewish War Veterans, Gold Star Wives, Fleet Reserve Association, Vietnam Veterans of America, and the National Association of State Directors of Veterans Affairs: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (March 6, 2013). (Submission for the Record of LTG (Ret.) Guy C. Swan, Vice President, Association of the United States Army).

<sup>175</sup> Moore, J. (February 27, 2013). House committee worried DoD, VA 'moving the goal posts' on e-health records. Retrieved March, 14, 2013, from <http://www.federalnewsradio.com/538/3235513/House-committee-worried-DoD-VA-moving-the-goal-posts-on-e-health-records>.

<sup>176</sup> Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from <http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT>.

<sup>177</sup> Garamone, J. (February 14, 2013). DOD, VA to speed integration of health records. Retrieved February 14, 2013, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123336370>.

<sup>178</sup> Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from <http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT>.

<sup>179</sup> Wennergren, D.M. Briefing to the RWTF. Interagency Program Office. February 23, 2012.

<sup>180</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §1098 (2011).

<sup>181</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013), p. 123.



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---

- <sup>182</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).
- <sup>183</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013), p. 126.
- <sup>184</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).
- <sup>185</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013), p. 126.
- <sup>186</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).
- <sup>187</sup> DoD. (n.d.). Health Artifact and Image Management Solution factsheet. Author. (Available at <http://dhcs.health.mil/docs/factsheets/20120720-Fact%20Sheet-HAIMS.pdf>)
- <sup>188</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).

**References for wounded warrior information resources:**

- <sup>189</sup> National Resource Directory. (2012). Homepage. Retrieved October 13, 2013, from <http://www.nationalresourcedirectory.org>.
- <sup>190</sup> Ibid.
- <sup>191</sup> Ibid.
- <sup>192</sup> Ibid.
- <sup>193</sup> Ibid.
- <sup>194</sup> Seymour, D. Briefing to the RWTF. DoD response to the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces. April 3, 2013.
- <sup>195</sup> Military OneSource. (2013). Specialty consultations tab. Retrieved October 15, 2013, from [http://www.militaryonesource.mil/footer?content\\_id=268391](http://www.militaryonesource.mil/footer?content_id=268391).
- <sup>196</sup> Milam, C.E., and Clouse, N. Briefing to the RWTF. Office of the Secretary of Defense, Military Community and Family Policy (MCFP). February 22, 2012.
- <sup>197</sup> Ibid.
- <sup>198</sup> Ibid.
- <sup>199</sup> Ibid.
- <sup>200</sup> Clouse, N. Office of the Secretary of Defense, Military Community and Family Policy, personal communication with the RWTF, January 23, 2013.
- <sup>201</sup> Military OneSource. (2012). About us. Retrieved January 9, 2012, from <http://www.militaryonesource.com>.
- <sup>202</sup> Milam, C.E.. and Clouse, N. Briefing to the RWTF. Office of the Secretary of Defense, Military Community and Family Policy (MCFP). February 22, 2012.



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---

- <sup>203</sup> Military OneSource. (2012). Wounded warrior tab. Retrieved January 9, 2012, from <http://www.militaryonesource.com>.
- <sup>204</sup> Clouse, N. Office of the Secretary of Defense, Military Community and Family Policy, personal communication with the RWTF, January 23, 2013.
- <sup>205</sup> Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.
- <sup>206</sup> Site briefings to the RWTF. March/April 2011.
- <sup>207</sup> Keeping it all together. (2012). Retrieved October 13, 2013, from [http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether\\_May2012.pdf](http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf).
- <sup>208</sup> Site briefings to the RWTF. March/April 2011.
- <sup>209</sup> Defense Advisory Committee on Women in the Services. (2009). Report: Support for families of wounded warriors. Retrieved June 8, 2011, from [http://dacowits.defense.gov/annual\\_reports/DACOWITS%2009%20Final%20Report.pdf](http://dacowits.defense.gov/annual_reports/DACOWITS%2009%20Final%20Report.pdf).
- <sup>210</sup> Site briefings to the RWTF. March/April 2011.
- <sup>211</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division). Briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.
- <sup>212</sup> Ibid.
- <sup>213</sup> Site briefings to the RWTF. March/April 2011.
- <sup>214</sup> O'Leary, C. D. SFAC Program Manager, personal communication with the RWTF, April 23, 2013.
- <sup>215</sup> Ibid.
- <sup>216</sup> Ibid.
- <sup>217</sup> Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).
- <sup>218</sup> Site briefings to the RWTF. March/April 2011.
- <sup>219</sup> Wounded Soldier and Family Hotline. (2012). U.S. Army Medical Department. Retrieved February 7, 2012, from <http://www.armymedicine.army.mil/wsfh/index.html>.
- <sup>220</sup> Sergeant Merlin German Wounded Warrior Call Center. (2012). U.S Marine Corps Wounded Warrior Regiment. Retrieved February 7, 2012, from <http://www.woundedwarriorregiment.org/callcenter/callcenter.cfm>.



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---

<sup>221</sup> CAPT Hall, S. Briefing to the RWTF. Navy Wounded Warrior-Safe Harbor. December 6, 2012.

<sup>222</sup> Air Force Wounded Warrior. (2012). U.S. Air Force. Retrieved February 7, 2012, from <http://www.woundedwarrior.af.mil/>.

<sup>223</sup> Ibid.

**References for support for family caregivers:**

<sup>224</sup> Christensen, E., Hill, C., Netzer, P., Farr, D., Schaefer, E., and McMahon, J. (April 2009). Economic impact on caregivers of the severely wounded, ill, and injured. Alexandria, VA: Center for Naval Analysis.

<sup>225</sup> Defense Advisory Committee on Women in the Services. (October 17, 2008). Support for families of wounded warriors: Summary of DACOWITS focus groups. Fairfax, VA: ICF International.

<sup>226</sup> Defense Advisory Committee on Women in the Services. (March 23, 2010). 2009 annual report. Fairfax, VA: ICF International.

<sup>227</sup> Tanielian, T., Ramchand, R., Fisher, M.P, Sims, C.S., Harris, R., and Harrell, M.C. (2013). Military caregivers: Cornerstones of support for our nation's wounded, ill, and injured veterans. Retrieved April 1, 2013, from [http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR200/RR244/RAND\\_RR244.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR244/RAND_RR244.pdf).

<sup>228</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §439 (2009), p. 161, g 1-2.

<sup>229</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §603 (2011).

<sup>230</sup> 10 U.S.C. §1074, 1079, TRICARE Extended Care Health Option Program.

<sup>231</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §439 (2009).

<sup>232</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §634 (2011).

<sup>233</sup> Campbell, J.R., and Burdette, P.A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy status update. October 5, 2011.

<sup>234</sup> Ibid.

<sup>235</sup> Lock, L. and Perry, L.A. Panel presentation to the RWTF. Army Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.

<sup>236</sup> MSgt Noel, C. Panel presentation to the RWTF. Air Force Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.

<sup>237</sup> CDR Shapiro, D. and Weatherford, L.B. Panel presentation to the RWTF. Navy Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.



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---

- <sup>238</sup> Williamson, P. Panel presentation to the RWTF. Marine Corps Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.
- <sup>239</sup> DoD. (August 24, 2011, incorporating change 1, May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.
- <sup>240</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §632 (2009).
- <sup>241</sup> *Ibid.*
- <sup>242</sup> DoD. (October 1, 2013). Joint federal travel regulations, volume 1, change 322. Retrieved October 13, 2013, from [http://www.defensetravel.dod.mil/Docs/perdiem/JFTR\(Ch1-10\).pdf](http://www.defensetravel.dod.mil/Docs/perdiem/JFTR(Ch1-10).pdf).
- <sup>243</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §633 (2009), para. b2.
- <sup>244</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §633 (2009).
- <sup>245</sup> *Ibid.*
- <sup>246</sup> DoD. (October 1, 2013). Joint federal travel regulations, volume 1, change 322. Retrieved October 13, 2013, from [http://www.defensetravel.dod.mil/Docs/perdiem/JFTR\(Ch1-10\).pdf](http://www.defensetravel.dod.mil/Docs/perdiem/JFTR(Ch1-10).pdf).
- <sup>247</sup> TSgt Eudy, A., and Virostko, R. Special Operations Command Care Coalition, Walter Reed National Military Medical Center, personal communication with the RWTF, April 14, 2013.
- <sup>248</sup> TRICARE. (March 22, 2013). Health benefits for injured service members. Retrieved October 13, 2013, from <http://www.tricare.mil/LifeEvents/InjuredonAD/HealthBenefits.aspx?p=1>, para. 3.
- <sup>249</sup> Office of the Under Secretary of Defense for Personnel & Readiness. (August 1, 2008). Memorandum: Provision of respite care for the benefit of seriously ill or injured active duty members.
- <sup>250</sup> TRICARE. (March 22, 2013). Health benefits for injured service members. Retrieved October 13, 2013, from <http://www.tricare.mil/LifeEvents/InjuredonAD/HealthBenefits.aspx?p=1541484568?puri=%2Fhome%2FLifeEvents%2FSpecialNeeds%2FRespiteCare>, para. 4.
- <sup>251</sup> TRICARE. (March 22, 2013). Health benefits for injured service members. Retrieved October 13, 2013, from <http://www.tricare.mil/LifeEvents/InjuredonAD/HealthBenefits.aspx?p=1541484568?puri=%2Fhome%2FLifeEvents%2FSpecialNeeds%2FRespiteCare>, para. 5.
- <sup>252</sup> 10 U.S.C. §1074, 1079, TRICARE ECHO program.
- <sup>253</sup> Caregivers and Veterans Omnibus Health Services Act of 2010, Pub. L. No. 111-163, 124 Stat 1130, §101-104 (2010).
- <sup>254</sup> *Ibid.*
- <sup>255</sup> *Ibid.*
- <sup>256</sup> VA. (June 14, 2011). VA and Easter Seals open first round of caregiver training. Retrieved January 18, 2012, from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2118>.



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---

<sup>257</sup> Ibid.

<sup>258</sup> Ibid.

<sup>259</sup> Medve, J., Executive Director, Office of the VA/DoD Collaboration, Office of Policy and Planning. Personal communication with the RWTF. January 13, 2012.

<sup>260</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §529 (2011).

<sup>261</sup> DoD. (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel.

**Additional references for support for family caregivers:**

1. DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

2. U.S. Army Office of the Inspector General. (September 22, 2010). Inspection of the warrior care and transition program. Washington, DC: Author.

**References for legal support:**

<sup>262</sup> DoD. (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System (IDES).

<sup>263</sup> Ibid.

<sup>264</sup> Ibid.

<sup>265</sup> Fiore, U.L., Director, Soldier & Family Legal Services, Office of The Judge Advocate General, U.S. Army, Personal communication with the RWTF, January 30, 2012.

<sup>266</sup> Hostetter, M., Head Legal Assistance, Judge Advocate Division, Marine Corps Headquarters. Personal communication with the RWTF. February 27, 2012.

<sup>267</sup> Deam, S.R. USAF Special Counsel, Office of the Judge Advocate General. Personal communication with the RWTF. January 26, 2012.

<sup>268</sup> The Judge Advocate General Corps, U.S. Army. (n.d.). Legal services during the MEB/PEB processes. Retrieved October 25, 2012, from <https://www.jagcnet.army.mil/8525740300753073/0/56C016A9D039C927852573F000552C3B?opendocument&noly=1>.

<sup>269</sup> Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of the Judge Advocate General, U.S. Army. Personal communication with the RWTF. January 30, 2012.

<sup>270</sup> Ibid.

<sup>271</sup> Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of the Judge Advocate General, U.S. Army. Personal communication with the RWTF. November 27, 2012.



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---

<sup>272</sup> Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of The Judge Advocate General, U.S. Army, personal communication with the RWTF, January 30, 2012.

<sup>273</sup> Ibid.

<sup>274</sup> Ibid.

<sup>275</sup> Ibid.

<sup>276</sup> Morrisroe, K., Navy Disability Evaluation System Outreach Attorney Program Manager, Office of the Judge Advocate General, U.S. Navy. Personal communication with the RWTF. February 6, 2012.

<sup>277</sup> Ibid.

<sup>278</sup> Ibid.

<sup>279</sup> Ibid.

<sup>280</sup> Ibid.

<sup>281</sup> Ibid.

<sup>282</sup> Morrisroe, K., Grissom, D., and Moores, L. Briefing to the RWTF. Navy Disability Attorney Program. November 13, 2012.

<sup>283</sup> Hostetter, M., Head Legal Assistance, Judge Advocate Division, Marine Corps Headquarters. Personal communication with the RWTF. February 27, 2012.

<sup>284</sup> Ibid.

<sup>285</sup> Ibid.

<sup>286</sup> Ibid.

<sup>287</sup> Ibid.

<sup>288</sup> Maj Collins, W.J., Jr. Briefing to the RWTF. USMC DES Counsel Brief. November 13, 2012.

<sup>289</sup> Deam, S.R. USAF Special Counsel, Office of the Judge Advocate General. Personal communication with the RWTF. January 26, 2012.

<sup>290</sup> Ibid.

<sup>291</sup> Ibid.

<sup>292</sup> Ibid.

<sup>293</sup> Ibid.

<sup>294</sup> Ibid.



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---

**References for vocational services:**

<sup>295</sup> Congressional Research Service. (2008). Veterans benefits: The Vocational Rehabilitation and Employment program (CRS Report). Washington, DC: Author.

<sup>296</sup> DoD. (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>.

<sup>297</sup> VA. (October 29, 2011). Vocational Rehabilitation and Employment homepage. Retrieved February 1, 2012, from <http://www.vba.va.gov/bln/vre/index.htm>. [Note: The VA Vocational Rehabilitation and Employment (VR&E) website indicates Service members expecting an honorable discharge and with a memorandum rating of 20% or more from the VA can apply for VR&E.]

<sup>298</sup> VOW to Hire Heroes Act of 2011, Pub. L. No. 112-56, §231 (2011).

<sup>299</sup> Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment service. October 4, 2011.

<sup>300</sup> Devlin, M. Briefing to the RWTF. Veteran Affairs VR&E service. January 15, 2013.

<sup>301</sup> Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

<sup>302</sup> DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF).

<sup>303</sup> Ibid.

<sup>304</sup> Warrior Care Blog. (n.d.). Operation Warfighter. Retrieved October 17, 2012, from <http://warriorcare.dodlive.mil/wounded-warrior-resources/operation-warfighter/>.

<sup>305</sup> [Note: Section 2805 of NDAA 2011 instructed the Secretary of Defense (SecDef) to establish a program to allow Veterans to work on military construction projects. NDAA 2012 contained three provisions related to vocational services for RWs. Section 558 of NDAA 2012 required the SecDef to conduct a pilot program assessing feasibility and advisability of permitting Service members to obtain civilian credentialing or licensing for skills required in a military occupational specialty (MOS). Congress included a statement in its NDAA report encouraging the SecDef to include commercial driver's licenses (CDL) as one of the civilian credentials/licenses to be included in the pilot.]

<sup>306</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §551 (2011).

<sup>307</sup> DiGiovanni, F.C. Briefing to the RWTF. Job training, employment skills training, apprenticeships, and internships. April 3, 2013.



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---

<sup>308</sup> Mason, S.R. Office of Warrior Care Policy, personal communication with the RWTF, March 7, 2013.

<sup>309</sup> COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional Questions for Army WTC. February 26, 2013.

<sup>310</sup> Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.

<sup>311</sup> Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.

<sup>312</sup> McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior program. October 28, 2013.

<sup>313</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §542 (2013).

**References for Disability Evaluation System:**

<sup>314</sup> DoD. (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.

<sup>315</sup> DCoE Real Warriors. (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from <http://www.realwarriors.net/active/disability/disability.php>.

<sup>316</sup> Office of Wounded Warrior Care & Transition Policy (October 15, 2010). Integrated Disability Evaluation System (IDES) overview. Alexandria, VA: Author.

<sup>317</sup> DoD. (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from <http://www.pdhealth.mil/hss/des.asp>.

<sup>318</sup> DoD. (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.

<sup>319</sup> Government Accountability Office. (September 2007). DoD and VA. Washington, DC: Author. GAO 07-1256T.

<sup>320</sup> Marcum, C.Y., Emmerichs, R.M., McCombs, J.S., & Thie, H.J. (2002). Methods and actions for improving performance of the Department of Defense Disability Evaluation System. Santa Monica, CA: RAND.

<sup>321</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1612 and 1644, 122 Stat. 3 (2008).

<sup>322</sup> Office of Wounded Warrior Care and Transition Policy. (October 15, 2010). IDES. Alexandria, VA: Author.

<sup>323</sup> Air Force Wounded Warrior. (November 28, 2011). IDES program reduces disability benefits waiting period after separation. Retrieved December 1, 2011, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123281086>.



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- <sup>324</sup> DoD. (December 11, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.
- <sup>325</sup> DoD. (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.
- <sup>326</sup> DoD. (December 11, 2011, Incorporating Change 1, May 3, 2012). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.
- <sup>327</sup> Walton, B. (March 17, 2011). Integrated Disability Evaluation System helps separating Soldiers. Retrieved March 18, 2011, from <http://www.army.mil/article/53420/integrated-disability-evaluation-system-helps-separating-soldiers/>.
- <sup>328</sup> DoD. (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from <http://www.pdhealth.mil/hss/des.asp>.
- <sup>329</sup> Bruner, A.E., Warrior Care Policy. Personal Communication with the RWTF, March 8, 2013.
- <sup>330</sup> Bruner, A.E. and Sepehr, M., Warrior Care Policy. Personal Communication with the RWTF, October 23, 2013.
- <sup>331</sup> Office of Warrior Care Policy. (September 22, 2013). Final IDES performance report for August 2013. Alexandria, VA: Author.
- <sup>332</sup> Ibid. [Note: The medical examination stage is meeting the 45-day goal, with an average processing time of 37 days. As of the September Integrated Disability Evaluation System Performance Report (IDPR), the goal of the Medical Evaluation Board (MEB) stage of 35 days was close to being met, at 36 days.]
- <sup>333</sup> Office of Warrior Care Policy. (November 25, 2012). Final IDES performance report for October 2012. Alexandria, VA: Author.
- <sup>334</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §533 (2011).
- <sup>335</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §534 (2011).
- <sup>336</sup> National Defense Authorization Act of 2012 Pub. L. No. 112-81, §527 (2011).
- <sup>337</sup> National Defense Authorization Act of 2012 Pub. L. No. 112-81, §596 (2011).
- <sup>338</sup> Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012.
- <sup>339</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §518 (2012).
- <sup>340</sup> National Defense Authorization Act of 2013, Pub. L. No. 112-239, §524 (2013).
- <sup>341</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §574 (2013), p. 101-102.
- <sup>342</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §574 (2013).
- <sup>343</sup> Ibid.



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<sup>344</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §526 (2013).

<sup>345</sup> Ibid.

<sup>346</sup> Department of Defense Recovering Warrior Task Force. (September 3, 2013). 2012-2013 Annual Report. Washington, DC: Author.

**References for support systems to ease transition from DoD to VA (Transition Assistance Program):**

<sup>347</sup> National Defense Authorization Act of 1991, Pub. L. No. 101-510 (1991), Military Transition Assistance Programs.

<sup>348</sup> 10 USC, Chapter 58, Benefits and services for members being separated or recently separated (2010).

<sup>349</sup> DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>.

<sup>350</sup> DoD. (December 9, 1993). DoD Directive 1332.35: Transition assistance for military personnel.

<sup>351</sup> DoD. (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel.

<sup>352</sup> VOW (Veterans Opportunity to Work) to Hire Heroes Act of 2011, Pub. L. No. 112-56, §221, para. c2. (2011).

<sup>353</sup> DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members. [Note: Participation in mandatory components of the Transition Assistance Program (TAP) can only be waived by the Secretary of Defense or Secretary of Homeland Security or for those who meet exemption criteria specified in the DTM.]

<sup>354</sup> Ibid.

<sup>355</sup> Kelly, S. (2012). Briefing submitted to RWTF. Transition Assistance Program re-design.

<sup>356</sup> DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.

<sup>357</sup> Ibid. [Note: Among those exempted from the Department of Labor (DOL) workshop are Recovering Warriors (RWs) participating in the Education and Employment Initiative (E2I) or a similar vocational service through which the RW will secure employment, education, or training after separation.]



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<sup>358</sup> Ibid. [Note: According to the DTM, Attachment 2, Section 1b, “completion of these subcomponents is determined based on the Service member’s ability to attain career readiness standards.”]

<sup>359</sup> Transition to Veterans Program Office. (2013). Transition Assistance Program brochure. Retrieved October 24, 2013, from [http://prhome.defense.gov/Portals/52/Documents/RFM/TVPO/files/TVPO%20101%20\(FINAL\).pdf](http://prhome.defense.gov/Portals/52/Documents/RFM/TVPO/files/TVPO%20101%20(FINAL).pdf).

<sup>360</sup> DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.

<sup>361</sup> Ibid. Attachment 2, Section 3a.

<sup>362</sup> Ibid. Attachment 2, Section 3b.

<sup>363</sup> Ibid. Attachment 2, Section 3c.

<sup>364</sup> DoD, DOL, and VA Transition Assistance Program. (2012). TurboTAP homepage. Retrieved February 10, 2012, from <http://www.turbotap.org/register.tpp>.

<sup>365</sup> Defense Manpower Data Center. (n.d.) TurboTAP homepage. Retrieved August 26, 2013, from <http://www.turbotap.org/>.

**References for overall coordination between DoD and VA (Interagency Care Coordination Committee):**

<sup>366</sup> DoD and VA. (n.d). DoD-VA Instruction (Draft): Interagency complex care coordination policy for Service members and veterans.

<sup>367</sup> VA/DoD Joint Executive Council. (2009). Annual report, fiscal year 2009. Washington, DC: Author.

<sup>368</sup> National Defense Authorization Act of 2008, Pub. L., No. 110-181, §1611 (2008).

<sup>369</sup> Campbell, J., and Medve, J. (n.d.). SOC-JEC consolidation plan decision brief. Washington, DC: Office of Wounded Warrior Care and Transition Policy and Office of VA-DoD Collaboration.

<sup>370</sup> Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.

<sup>371</sup> Ibid.

<sup>372</sup> Ibid.

<sup>373</sup> DoD and VA. (n.d). DoD-VA Instruction (Draft): Interagency complex care coordination policy for Service members and veterans.



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<sup>374</sup> DoD-VA Interagency Care Coordination Committee. (January 10, 2013). Master comprehensive plan document. Washington, DC: Author.

<sup>375</sup> Ibid.

<sup>376</sup> Ibid .

<sup>377</sup> Interagency Care Coordination Committee. (n.d.) DoD-VA care coordination process. Washington, DC: Author.

<sup>378</sup> Interagency Care Coordination Committee. (December 31, 2012). DoD/VA lead coordinator checklist (version 1.0). Washington, DC: Author

<sup>379</sup> Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

<sup>380</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §525 (2013).

<sup>381</sup> Ibid.

**References for other matters: Reserve Component:**

<sup>382</sup> Defense Manpower Data Center. (2012). Profile of the military community. Washington, DC: Author.

<sup>383</sup> Ibid.

<sup>384</sup> Defense Manpower Data Center. (June 7, 2013). April 2013 Contingency Tracking System: Current military strength and number of OEF/OIF/OND deployments by Service/component.

<sup>385</sup> Defense Casualty Analysis System. (September 25, 2013). U.S. military casualties – GWOT casualty summary by service component. Retrieved September 25, 2013 from [https://www.dmdc.osd.mil/dcas/pages/report\\_sum\\_comp.xhtml](https://www.dmdc.osd.mil/dcas/pages/report_sum_comp.xhtml).

<sup>386</sup> DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program, p. 9.

<sup>387</sup> Site briefings to the RWTF. March 2011-April 2011.

<sup>388</sup> Department of Defense Recovering Warrior Task Force, (September 2, 2011). 2010-2011 annual report. Washington, DC: Author.

<sup>389</sup> Department of Defense Recovering Warrior Task Force. (August 31, 2012). 2011-2012 annual report. Washington, DC: Author.

<sup>390</sup> Department of Defense Recovering Warrior Task Force. (September 3, 2013). 2012-2013 annual report. Washington, DC: Author.

<sup>391</sup> Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department



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of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

<sup>392</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §703 (2013).

<sup>393</sup> Ibid.

<sup>394</sup> Army Warrior Care and Transition Policy response to the RWTF data call. February 26, 2013.

<sup>395</sup> CALIBRE. (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: Office of Wounded Warrior Care and Transition Policy.

<sup>396</sup> Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy. February 21, 2012.

<sup>397</sup> Tan, M. (May 15, 2013). Reserve liaisons help with WTUs. Retrieved November 24, 2013, from <http://www.armytimes.com/article/20130515/NEWS/305150004/Reserve-liaisons-help-WTUs>.

<sup>398</sup> Conner, M. Briefing to the RWTF. Transition Assistance Advisor program. December 4, 2012.

<sup>399</sup> Ibid.

<sup>400</sup> Ibid.

<sup>401</sup> Conner, M., Chief of Warrior Support, National Guard Bureau. Personal communication with the RWTF. February 27, 2012.

<sup>402</sup> COL Faris, J. K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. December 4, 2012.

<sup>403</sup> COL Faris, J.K. Deputy Surgeon Army National Guard, and Holdeman, R. Deputy Division Chief Personnel, personal communication with the RWTF, April 15, 2013.

<sup>404</sup> COL Faris, J.K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. December 4, 2012.

<sup>405</sup> Acting Under Secretary of Defense for Personnel and Readiness (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

<sup>406</sup> COL Faris, J.K., Deputy Surgeon, ARNG. Personal communications with the RWTF. January 12, 2012.

<sup>407</sup> COL Knowlton, K.E. Briefing to the RWTF. U.S. Physical Disability Agency (USAPDA) & Reserve Components Soldier Medical Support Center (RC SMSC). December 4, 2012.



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- <sup>408</sup> COL Knowlton, K., and COL McAtee, S. Briefing to the RWTF. Reserve Components Soldier Medical Support Center (RC SMSC). January 7, 2014.
- <sup>409</sup> Office of Warrior Care Policy. (September 22, 2013). Final IDES performance report for August 2013. Alexandria, VA: Author. [Note: The medical examination stage is meeting the 45-day goal, with an average processing time of 37 days. As of the September IDPR, the goal for the Medical Evaluation Board (MEB) stage of 35 days was close to being met, at 36 days.]
- <sup>410</sup> Office of Warrior Care Policy (November 25, 2012). Final IDES performance report for October 2012. Alexandria, VA: Author.
- <sup>411</sup> National Defense Authorization Act of 2014, Pub. L. No. 113-66, §526 (2013).
- <sup>412</sup> Wells, T. Briefing to the RWTF. Marine Forces Reserve Psychological Health Outreach Program. November 15, 2011.
- <sup>413</sup> NAVADMIN 124/11: Reserve Component medical hold screening and assignment. (n.d.). Retrieved February 10, 2012, from <http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2011/NAV11124.txt>.
- <sup>414</sup> CDR Alexander, M., and Costello-Shea, M. Briefing to the RWTF. Navy Medical Hold Department East. February 2012.
- <sup>415</sup> Navy Region Southwest Reserve Component Command. Briefing to the RWTF. Navy Medical Hold Department West. March 13, 2013.
- <sup>416</sup> CDR Alexander, M., and Costello-Shea, M. Briefing to the RWTF. Navy Medical Hold Department East. February 2012.
- <sup>417</sup> Navy Region Southwest Reserve Component Command. Briefing to the RWTF. Navy Medical Hold Department West. March 13, 2013.
- <sup>418</sup> Briefing submitted to the RWTF. Navy Back-up Slides. February 27, 2013.
- <sup>419</sup> Navy Reserve. (n.d.). Psychological Health Outreach Program. Retrieved January 12, 2012, from <http://www.navyreserve.navy.mil/PHOP%20Documents/PHOP%20Poster.pdf>.
- <sup>420</sup> Navy Reserve. (n.d.). Psychological Health Outreach Program. Retrieved December 23, 2011, from <http://www.navyreserve.navy.mil/Pages/PHOP.aspx>.
- <sup>421</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).
- <sup>422</sup> DoD. (March 30, 2011). DoD Instruction 1342.28: DoD Yellow Ribbon Reintegration Program.
- <sup>423</sup> Ibid.
- <sup>424</sup> Ibid.



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## **Appendix**

### **Acronym Glossary**

A&FRC	Airman and Family Readiness Center
AC	Active Component
AD	Active Duty
ADOS	Active Duty for Operational Support
AFB	Air Force Base
AFPC	Air Force Personnel Center
AFW2	Air Force Wounded Warrior program
AHLTA	Armed Forces Health Longitudinal Technology Application
ANG	Air National Guard
APRN	advanced practice registered nurse
ARNG	Army National Guard
AW2	Army Wounded Warrior program
BUMED	Navy Bureau of Medicine and Surgery
CAT	care category
CBT	cognitive behavioral therapy
CBWTU	Community-Based Warrior Transition Unit
CDP	Center for Deployment Psychology
CFP	Comprehensive Fitness Program
CNIC	Commander, Navy Installations Command
CONUS	continental United States
CPT	cognitive processing therapy
CRP	Comprehensive Recovery Plan
CT	cognitive-based therapy
DCoE	Defense Centers of Excellence
DCS	direct care system
DES	Disability Evaluation System
DHCC	Deployment Health Clinical Center
DHS	U.S. Department of Homeland Security
DISC	District Injured Support Coordinator
DMDC	Defense Manpower Data Center
DoD	U.S. Department of Defense
DoDI	Department of Defense Instruction
DOL	U.S. Department of Labor
D-RAS	Disability Rating Activity Site
DSB	Defense Science Board
DTM	Directive-Type Memorandum
DVBIC	Defense and Veterans Brain Injury Center



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E2I	Education and Employment Initiative
EACE	Extremity Trauma and Amputation Center of Excellence
EBP	evidence-based psychotherapy
ECHO	Extended Care Health Option
ED	U.S. Department of Education
EHR	electronic health record
EMDR	eye movement desensitization and reprocessing
ESGR	Employer Support of the Guard and Reserve
ET	exposure-based therapy
FPEB	formal Physical Evaluation Board
FRC	federal recovery coordinator
FY	Fiscal Year
GAO	Government Accountability Office
GPS	Goals Plans Success
GS	government service
HAIMS	Healthcare Artifact and Image Management Solution
HCE	Hearing Center of Excellence
IC3	DoD-VA Interagency Care Coordination Committee
ICP	Interagency Comprehensive Plan
IDES	Integrated Disability Evaluation System
IDPR	Integrated Disability Evaluation System Performance Report
iEHR	individual electronic health record
IOM	Institute of Medicine
IPEB	informal Physical Evaluation Board
IPO	Interagency Program Office
ITO	Invitational Travel Order
JEC	Joint Executive Council
JFSAP	Joint Family Support Assistance Program
JFTR	Joint Federal Travel Regulation
JTEST	Job Training and Employment Skills Training
JTTR	Joint Theatre Trauma Registry
LC	Lead Coordinator program, lead coordinator
LDES	Legacy Disability Evaluation System
LRMC	Landstuhl Regional Medical Center
M4L	Marine for Life program
MACE	Military Acute Concussion Evaluation
MCCM	medical care case manager
MCFP	Military Community and Family Policy
MEB	Medical Evaluation Board
MEDCON	Medical Continuation
MEDHOLD	Medical Hold program



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MFLC	Military Family Life Counselor program
MHS	Military Health System
MM	medical management
MMPS	Medical Management Processing System
MOS	military occupational specialty, Military OneSource
MOU	memorandum of understanding
MSC	military service coordinator
mTBI	mild traumatic brain injury
MTF	medical treatment facility
N9	Fleet and Family Support
NCO	non-commissioned officer
NCPTSD	National Center for Posttraumatic Stress Disorder
NCR	National Capital Region
NDAA	National Defense Authorization Act
NGB	National Guard Bureau
NICoE	National Intrepid Center of Excellence
NMA	non-medical attendant
NMCM	non-medical case manager
NRD	National Resource Directory
OAC	Office of Airmen's Counsel
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
OPM	Office of Personnel and Management
OSD	Office of the Secretary of Defense
OWF	Operation Warfighter program
PCM	primary care manager
PDHA	post-deployment health assessment
PDHRA	post-deployment health reassessment
PE	prolonged exposure therapy
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board liaison officer
PH	psychological health, Psychological Health program
PHOP	Psychological Health Outreach Program
PRC	Polytrauma Rehabilitation Center
PTSD	posttraumatic stress disorder
Q	Fiscal Year Quarter
RC	Reserve Component
RCC	Recovery Care Coordinator, Recovery Care Coordination, Reserve Component Command
RCMC	Reserve Component Managed Care



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RCP	Recovery Coordination Program
RN	registered nurse
RSC	Regional Support Command
RSM	recovering Service member
RT	recovery team
RW	Recovering Warrior
RWTF	Recovering Warrior Task Force
SBA	Small Business Administration
SCAADL	Special Compensation for Assistance with Activities of Daily Living
SecDef	Secretary of Defense
SES	Senior Executive Service
SFAC	Soldier and Family Assistance Center
SIT	stress inoculation training
SMEBC	Soldiers' Medical Evaluation Board Counsel program
SMSC	Soldier Medical Support Center
SNRI	serotonin norepinephrine reuptake inhibitor
SOC	Senior Oversight Committee
SOF	Special Operations Forces
SSRI	selective serotonin reuptake inhibitors
T2	National Center for Telehealth and Technology
TAA	Transition Assistance Advisor program, transition assistance advisor
TAMP	Transitional Assistance Management Program
TAP	Transition Assistance Program
TBI	traumatic brain injury
TDRL	Temporary Disability Retirement List
TR&S	Training Readiness and Strategy
USAF	United States Air Force
USAR	Army Reserve
USC	United States Code
USMC	Marine Corps
USN	United States Navy
USSOCOM	U.S. Special Operations Command
VA	U.S. Department of Veterans Affairs
VASRD	Veterans Administration Schedule for Rating Disabilities
VBA	Veterans Benefits Administration
VCE	Vision Center of Excellence
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record
VOW	Veterans Opportunity to Work



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VR&E	Vocational Rehabilitation and Employment program
VSO	veterans service organizations
VTA	Veterans Tracking Application
WCP	Office of Warrior Care Policy
WII	Wounded, Ill, and Injured
WIIC	Wounded, Ill, and Injured Committee
WRNMMC	Walter Reed National Military Medical Center
WTC	Warrior Transition Command
WTU	Warrior Transition Unit
WWBn	Wounded Warrior Battalion
WWBn-East	Wounded Warrior Battalion-East (Camp Lejeune)
WWBn-West	Wounded Warrior Battalion-West (Camp Pendleton)
WWCC	Wounded Warrior Call Center
WWR	Wounded Warrior Regiment
YRRP	Yellow Ribbon Reintegration Program