

U.S. DEPARTMENT OF DEFENSE

+ + + + +

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

+ + + + +

BUSINESS MEETING

+ + + + +

TUESDAY  
JUNE 11, 2013

+ + + + +

The Task Force met in the Commonwealth Room of the DoubleTree by Hilton Hotel Washington DC-Crystal City, 300 Army Navy Drive, Arlington, Virginia, at 8:00 a.m., VADM Matthew L. Nathan, DoD Co-Chair, and Suzanne Crockett-Jones, Non-DoD Co-Chair, presiding.

PRESENT

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

VADM MATTHEW L. NATHAN, M.D., USN, DoD Co-Chair  
SUZANNE CROCKETT-JONES, Non-DoD Co-Chair  
CSM STEVEN D. DEJONG, ARNG, Member  
RONALD DRACH, Member  
TSGT ALEX T. EUDY, USAF and SOCOM, Member  
CAPT CONSTANCE J. EVANS, USN, Member  
LTCOL SEAN P.K. KEANE, USMC, Member  
KAREN T. MALEBRANCHE, RN, MSN, CNS, Member  
MG RICHARD P. MUSTION, USA, Member  
STEVEN J. PHILLIPS, M.D., Member  
DAVID K. REHBEIN, M.S., Member  
RUSSELL A. TURNER, M.D., Member (by phone)

ALSO PRESENT

DENISE F. DAILEY, PMP, Executive Director,  
Designated Federal Officer  
JESSICA JAGGER, Ph.D., Research Director  
SUZANNE LEDERER, Ph.D., Deputy Research  
Director  
KAREN EGAN (by phone)  
MICHAEL A. PARKER

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

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

Call to Order and Administrative Denise F. Dailey Executive Director and Designated Federal Official	9
Public Forum Michael A. Parker	19
Task Force Recommendation Developments: Review of Support to Family Care Givers	45
Matthew L. Nathan Co-Chair	45
Constance Evans Member	45
Recommendation 1	45
Decision	58
SCAADL	58
Denise F. Dailey Executive Director and Designated Federal Official	58
Decision	75
Recommendations 5, 6, and 7	76
Decision	103
Recommendation 10	105
Decision	107

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

## C-O-N-T-E-N-T-S (CONTINUED)

Recommendation 11	108
Steven J. Phillips Member	108
Tabled Until Afternoon	114
Task Force Recommendation Development: Review of Information Resources	115
Steven D. DeJong Member	115
Decision	159
SFACs	162
Decision	163
Task Force Recommendation Development: Review of Integrated Disability Evaluation System	164
Karen Mealebranche Member	165
David K. Rehbein Member	
Decision	188
TDRL	189
Decision	191
DES Process Improvement	191
Decision	195

## NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

## C-O-N-T-E-N-T-S (CONTINUED)

Task Force Recommendation Development: Review of Integrated Disability Evaluation System (Continued)	
Ensuring All Medical Conditions Are Covered in the MEBs	194
Decision	200
Number in the IDES Should Not Be Counted Towards Each Service's End Strength	202
Decision	207
Who Writes the Non-Medical Assessment	208
Decision	227
Paperwork for the Conditions	228
Decision	228
Army Should Invest Construction Funds in a Consolidated IDES at Fort Carson	228
Decision	232
DoD Should Establish One Formal PEB for All Services	232
Decision	226
Narrative Summaries	226
Decision	239
Invite All Recovering Warriors to Complete Each Phase of the DES Survey	241
Decision	244

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

## C-O-N-T-E-N-T-S (CONTINUED)

Task Force Recommendation Development: Review of Legal Support for IDES	246
David K. Rehbein Member	246
Karen M <u>a</u> elebranche Member	
Establishing a Legal Support Working Group	246
Decision	276
Task Force Recommendation Development: Review of Resources for Reserve Components	277
Suzanne Crockett-Jones	277
Steven D. DeJong Member	277
Constance Evans Member	
Recommendation 1	277
Decision	293
Recommendation 2	295
Decision	298
Recommendation 3	299
Decision	324
Recommendation 4	325
Decision	335

## NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

## C-O-N-T-E-N-T-S (CONTINUED)

Task Force Recommendation Development:  
Review of Resources for Reserve  
Components (Continued)

Recommendation 5	336
Decision	342
Recommendation 6 and 7	335
Decision	335
Recommendation 8	342
Recommendation 9 and 10	350
Decision Regarding Combining 8, 9, and 10	355
Recommendation 10	357
Decision Specific to 10	358
Recommendation 11	358
Decision	361
Recommendation 12	361
Decision	367
Recommendation 13	368
Decision	369
Recommendation 14	369, 370
Decision	369, 377, 379

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

## C-O-N-T-E-N-T-S (CONTINUED)

Task Force Recommendation Development: Review of Vocational Training	380
Matthew L. Nathan Co-Chair	380
Ronald Drach Member	381
Wrap-up	412

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

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

2 7:59 a.m.

3 MS. DAILEY: Good morning, ladies  
4 and gentlemen.

5 Thank you for all the hard work that  
6 you did yesterday, and we will continue that  
7 today.

8 We have 15 minutes for admin time.  
9 I want to briefly go over with you the soundbites  
10 where we would be taking the recommendations for  
11 next year and what we worked on yesterday, very  
12 quick, very rough, but just to refresh  
13 everybody's memory.

14 I have to tell you, ladies and  
15 gentlemen, I just got it also. So, I will have  
16 to stand up close here, take a quick look at it.  
17 You all don't have it. I don't have copies of  
18 it yet.

19 But this is 13 that you discussed  
20 yesterday. We will develop these. We will put  
21 findings and recommendations against them. I  
22 can remind you of your process last year.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           We do a lot of work around the  
2 language in the recommendation. These are not  
3 the final language or they will be close to the  
4 language I may give to you in a draft, but in your  
5 process, in your actual vote, ladies and  
6 gentlemen, you reword these pretty  
7 significantly. That is ultimately where most  
8 of your work takes place in those two days.

9           So, this is intent. This is ideas  
10 right here. This isn't necessarily what you are  
11 going to end up with. This is what you talked  
12 about yesterday.

13           All right. So, we coalesced around  
14 the Centers of Excellence and the mechanisms for  
15 translating their discoveries into policy. You  
16 want a recommendation that facilitates,  
17 empowers, and makes that more efficient for the  
18 Centers of Excellence.

19           You want a recommendation in No. 2  
20 about transition, ensuring that these  
21 transitions -- and we centered around low-acuity  
22 transitions from the Department of Defense to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 VA, and ensuring these transitions are smoother,  
2 are engaging in some of the best practices we see  
3 in the acute cases. And that is a role model.  
4 That is a kind of best case, best practice that  
5 you discuss as transitioning individuals in the  
6 low-acuity stages to and from the DoD and VA.

7 CO-CHAIR NATHAN: And, Denise, if I  
8 could?

9 MS. DAILEY: Go ahead, sir.

10 CO-CHAIR NATHAN: To the members,  
11 this is the distillation of the major points that  
12 we sat on yesterday. Again, all these may not  
13 make the cut, and we may come up with some more  
14 today as well.

15 And then, Ms. Dailey and her staff  
16 will distill these a little further, send them  
17 out to us after the meeting today. And you will  
18 have them to peruse over the next month and a half  
19 or so before the next meeting, when we make final  
20 cuts. So, all of them may make the cut or we may  
21 limit them down to, as we said before, maybe a  
22 total of 15.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   MEMBER PHILLIPS: I was just going  
2 to say, No. 1, I thought we also recommended a  
3 direct funding stream for this, the Centers of  
4 Excellence.

5                   MS. DAILEY: We have it in our  
6 notes. No one coalesced around it. No one  
7 advocated for it.

8                   MEMBER PHILLIPS: Okay.

9                   MS. DAILEY: Okay. Non-medical  
10 case management, this is what I called the  
11 technology recommendation. You want to create  
12 a recommendation here where DoD is driving its  
13 information delivery to the mobile platforms.

14                   This one is what we call, between me  
15 and my staff, we are a little flatfooted on the  
16 technology piece here. We are going to have to  
17 do some research on this. These other topic  
18 areas we have been discussing for the last six  
19 weeks. This one is kind of one out of left  
20 field, which is a little bit more of a workload,  
21 but we got it.

22                   No. 4, this was also rolled into 3,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 correct, Jess? Three and 4 here are one, will  
2 probably be one recommendation in which you are  
3 identifying and want to encourage the Department  
4 of Defense to utilize mobile platforms. And  
5 with that recommendation is a requirement to  
6 evaluate the effectiveness of the delivery and  
7 the absorption of the content. That I see will  
8 be one recommendation.

9 CO-CHAIR CROCKETT-JONES: And 6  
10 goes in there. Six mentions the mobile  
11 platforms. So, 3, 4, and 6 really are a single  
12 unit about increasing education and engagement  
13 through current technology, cutting-edge  
14 technology, and measuring their effectiveness  
15 in doing so.

16 MS. DAILEY: Okay. Good.

17 In retrospect -- you think 3, 4, and  
18 6 are one recommendation -- in retrospect, I am  
19 thinking we did parse out No. 3 as a requirement  
20 to re-engage Service members, re-engage in the  
21 information distribution. We will have to go  
22 back and take a look at our notes. There might

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 be. There might be a combination of two here or  
2 a combination of three. Okay. All right.

3 No. 5 was a little more discrete.  
4 We were going to narrow this one down to 24-month  
5 tours for liaisons. We have in the past  
6 addressed longer tours across the board, for  
7 squad leaders, section leaders, Reserve  
8 Component personnel, but this one was going to  
9 become very narrow for liaisons that are pulling  
10 in and pulling out in 90-or-less-day tours. Are  
11 we okay with that? Okay. All right.

12 No. 7, we had the medical case  
13 management. This might also be one  
14 recommendation, medical case management and  
15 community interest coming together for joint  
16 training and measures of effectiveness.

17 PTSD, for No. 9, we wanted to  
18 highlight the standardization, the evaluation  
19 of the effectiveness of these programs. We  
20 wanted to use two case studies or two best  
21 practices, PHP and the Army's portal being one  
22 way to get to this type of outcome measurements.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1                   No. 10 was spouse involvement in  
2 PTSD.

3                   On No. 11, you coalesced around  
4 talking a recommendation which is somewhat  
5 narrow, but also has to address putting  
6 uniformed providers in the remote locations and  
7 contractors and other hiring groups that are  
8 easier to hire in the more populated areas.

9                   No. 12, want to recommend to the  
10 Department of Defense that the TBI programs be  
11 more standardized.

12                   And No. 13, trying to create a  
13 feedback loop between the Reserve Component,  
14 Joint Forces, Headquarters, and the VA. This  
15 one, we ended up communicating about it, talking  
16 about it in the PTSD session yesterday, but we  
17 have a very extensive Reserve Component section  
18 that we will get into today. And No. 13 might  
19 also go very well in a robust discussion about  
20 the Reserve Component.

21                   Basically, it goes into a larger  
22 picture that one of the Surgeon Generals at the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 National Guard said to us. It was a quote. I  
2 remember it.

3 "I, as the Surgeon General of this  
4 National Guard, I should be able to touch every  
5 medical record that my Service member is  
6 generating, the public, the in-theater, the  
7 private, the TMA, the VA. I, as the Surgeon  
8 General of this State, should have access to all  
9 those medical records."

10 Now that is a big mission. I am not  
11 sure everyone put it that crisply for us before,  
12 but it is a very good conceptual construct for  
13 giving the National Guard visibility of its  
14 Service members.

15 All right, ladies and gentlemen,  
16 that is where we are at. Like I said, good job  
17 yesterday, and even going over this helps us  
18 refine that there are, in fact, some places that  
19 these will be, we can bring them into one  
20 recommendation.

21 And I say that, ladies and  
22 gentlemen, I say that. We want to make sure

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 that, when we combine, we do not lose fidelity.  
2 Okay.

3 All right. The next person we have  
4 up is Mr. Parker for our public forum. And I  
5 need to talk with him just a minute. I have got  
6 a surprise for him.

7 I do want him to spend a little more  
8 time with us this morning. I got feedback from  
9 you guys that the briefings that he gave the  
10 staff, and which we try to synthesize for you,  
11 still creates some confusion.

12 So, I am going to ask Mr. Parker, you  
13 don't need to do your prepared statement. I  
14 have up here your briefing. And in 20 minutes  
15 or less, I would like you to walk the Task Force  
16 through it. All right? Okay. I am sure you  
17 can do it. I role-modeled really well for you  
18 35 recommendations. I am sure you can get  
19 through these. Okay? Okay. All right.

20 So, let's take these 20 minutes and  
21 try to get our arms around these concepts that  
22 Mr. Parker has been talking to us piecemeal, but

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I am going to only give you until 8:30. I have  
2 got to cut it off at 8:30.

3 Ladies and gentleman, also, I would  
4 like to let you know that out in California we  
5 have Dr. Karen Egan. Dr. Egan is part of our  
6 research staff. She is listening-in on the  
7 Skype right now.

8 She is the lead -- I have several  
9 leads back here for topic areas -- she is the lead  
10 for the 8:30 family recommendations. She wrote  
11 last year's family recommendations, collating,  
12 synthesized the information for you.

13 She is out in California now doing  
14 residencies or gaining her time for counseling  
15 that she needs to become a registered, licensed  
16 social worker -- psychologist -- sorry. And she  
17 just earned her PhD here back in May.

18 So, she is listening-in on this, and  
19 I am going to turn it over to Mr. Parker. You  
20 can do this, right?

21 MR. PARKER: Good morning.

22 So, I am going to have to shift gears

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 real quick. But I do ask that you make sure that  
2 you read this statement and the attachments that  
3 I included with it this morning, if possible.

4 Back on 17 April, at the request of  
5 the Task Force, I gave them a briefing of some  
6 of my key issues in terms of the Disability  
7 Evaluation System.

8 Next slide.

9 I established this as the anchor  
10 points for kind of the center of gravity of the  
11 issues that I was presenting.

12 No. 1 is that the purpose of the DES  
13 is to maintain a fit force and to compensate  
14 careers terminated by disability. The current  
15 system or the current construct of the DES  
16 doesn't really do either of those functions very  
17 well, from the experiences that I have had  
18 helping wounded warriors.

19 Chapter 61 is the Career  
20 Compensation Act, not the Disability  
21 Compensation Act. And I think that is a key  
22 thing we need to remember, is that it is not to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1       compensate for a disability. It is to  
2       compensate for a career that was lost due to a  
3       disability, and that is not done well under the  
4       current system.

5               Let's see, again, the system does  
6       focus more on the degree of disability versus the  
7       degree of the career lost. And it is the VA's  
8       role to compensate for the disability,  
9       specifically the impact to your earnings  
10      capacity.

11             CO-CHAIR NATHAN: So, Mr. Parker,  
12      you are saying that the Career Compensation Act  
13      is to compensate for the loss of military career?

14             MR. PARKER: Correct.

15             CO-CHAIR NATHAN: And then, the VA  
16      picks up for loss of potential future livelihood  
17      based on disability?

18             MR. PARKER: Correct.

19             CO-CHAIR NATHAN: Okay.

20             MR. PARKER: Next slide, please.

21             Okay. This is what I framed as my  
22      Holy Grail recommendation: the go big or go

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 home. If this was done, the vast majority of the  
2 issues that I see as a wounded warrior advocate  
3 would, by and large, evaporate or at least be  
4 highly mitigated.

5 Again, DoD compensates for the  
6 career lost due to a disability regardless of  
7 severity. That's the recommendation. No  
8 matter ~~if~~ if it is a hangnail or terminal cancer,  
9 you lost your career. A board of officers has  
10 said you can no longer stay in the military  
11 because of this physical ailment, no matter what  
12 it is.

13 This echos the level of disability  
14 protection that we give to civil servants in the  
15 federal government. If a civil servant is found  
16 unfit for duty, they receive 60 percent of their  
17 pay for the first year, 40 percent until the age  
18 of 62, and at the age of 62 they receive a  
19 retirement as if they never stopped working.  
20 And key is also they don't lose their health  
21 coverage, which is a big impact for those who are  
22 physically separated versus retired under the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 DES.

2 Again, the VA continues to  
3 compensate for the impact of disability on  
4 earnings capacity in this overall  
5 recommendation here. So, basically, you have  
6 DoD compensating the career, the VA compensating  
7 the disability.

8 CO-CHAIR CROCKETT-JONES: Can I ask  
9 you a question? Has anyone ever done like a  
10 cost/benefits comparison to switching over to  
11 this and eliminating all of the sort of  
12 extraneous --

13 MR. PARKER: Infrastructure cost.  
14 Certainly I haven't, and I don't know if anybody  
15 else has. But I think another important  
16 takeaway -- and it has been brought up here  
17 before -- is that there is like two divisions'  
18 worth of strength tied up in the DES on the Army  
19 side right now. And so, that needs to be part  
20 of any such calculations that you speak of there.

21 CO-CHAIR NATHAN: And just to get a  
22 little more granular for hypothetical examples,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 I am a 23-year-old E4 --

2 MR. PARKER: Correct.

3 CO-CHAIR NATHAN: -- in your  
4 system, and I become unfit for duty, medically  
5 boarded-out.

6 MR. PARKER: Correct.

7 CO-CHAIR NATHAN: I would, then,  
8 receive 60 percent of the pay for that first year  
9 of disability --

10 MR. PARKER: No, no. I wasn't  
11 trying to say that this is exactly what we would  
12 do. I was trying to show what we do for civil  
13 servants --

14 CO-CHAIR NATHAN: Okay.

15 MR. PARKER: -- to show that, for a  
16 civil servant, they have disability protection  
17 that is quite effective and that protects the  
18 loss of that career.

19 I don't see a problem with staying  
20 with the current construct --

21 CO-CHAIR NATHAN: Right.

22 MR. PARKER: -- of compensating for

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 the career, which is pro rata. You have done two  
2 years; it is based off two years of service. If  
3 you have done 19 years, it is based off of 19  
4 years of service.

5 CO-CHAIR NATHAN: Okay.

6 MR. PARKER: Next slide, please.

7 If this recommendation sounds  
8 familiar, it is because Dole-Shalala actually  
9 proposed something very similar to this in 2007.  
10 One Congressman and at least one Senator that I  
11 know of have proposed legislation for it. And  
12 I would say it is a cost issue probably. But,  
13 again, if you look at the equity of how we treat  
14 federal civil servants, why don't we treat  
15 military to at least that standard?

16 And their recommendation was to  
17 completely reconstruct the disability and  
18 compensation system. The recommendation is DoD  
19 would maintain the authority to determine  
20 fitness to serve. Those not found fit for duty,  
21 DoD shall provide payment for years served, and  
22 VA, then, establishes the disability rating,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 compensation, and benefits. The goal would be  
2 to update and simplify the disability  
3 determinations compensation system, eliminate  
4 parallel activities, reduce inequities, and to  
5 provide a solid basis for the return of injured  
6 veterans to productive lives. Again, that is  
7 right out of the Dole-Shalala report from 2007.

8 CO-CHAIR NATHAN: Mr. Parker, one  
9 distinction between the federal employees'  
10 system is, assuming you continue to do your job  
11 well and meet your position description, the  
12 only way you can be separated from the government  
13 is a RIF.

14 MR. PARKER: No, they can separate  
15 people for disability.

16 CO-CHAIR NATHAN: Oh, I'm sorry,  
17 outside of disability would be a RIF.

18 MR. PARKER: Correct. Right.

19 CO-CHAIR NATHAN: Whereas, in the  
20 military system, you may not be promoted and,  
21 then, separated.

22 MR. PARKER: Correct.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: So, is there any  
2 sort of adjustment there? In other words, you  
3 are making a presumption. In the federal  
4 system, you are getting to stay on the system  
5 until 62 regardless at some pro-rata portion of  
6 your pay, presuming you will work until those  
7 years if you weren't disabled. In the military,  
8 there is no such presumption because many people  
9 who don't make grade have to go home at some point  
10 prior to retirement.

11 MR. PARKER: True. And if that  
12 happened before they became disabled, yes, they  
13 would be eliminated via a RIF or some quality  
14 program that says, if you don't make E6 by 12  
15 years, or whatever the rule is, out you go. I  
16 would say, yes, there is a presumption that  
17 somebody has joined the military for a career.

18 In the current construct, I mean, if  
19 you go back to the 1800s, having a pension, you  
20 are in high cotton. You know, very few people  
21 had it, and military led the way. I think that  
22 has been overlapped. They have been stagnant to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 some degree, and that has been overlapped by the  
2 current system of a transportable retirement  
3 system.

4 I have an IRA. I quit that job. I  
5 move on to my next job and continue to work  
6 towards my future retirement. And this would  
7 kind of do that, presuming that they work for two  
8 years to nineteen years, whatever that is. That  
9 career was terminated due to disability.  
10 Therefore, they should be able to have that  
11 career equity protected, not offset by VA, and  
12 to have that as part of their entire retirement  
13 portfolio, as part of their entire working  
14 career, be it one year or nineteen years of  
15 service.

16 I think Congress has kind of toyed  
17 with the idea of getting rid of the traditional  
18 retirement system and going to something like  
19 that as part of their how do we restructure cost  
20 and whatnot. I have got some concerns with  
21 that, but I think it captures the idea that you  
22 do 19 years and you have a 20-percent disability

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 and you lost all your retirement equity. That  
2 is a pretty inequitable system.

3 CO-CHAIR NATHAN: Exactly. I  
4 mean, it depends which side of it you fall on.  
5 As Congress is wrestling now, they are wrestling  
6 with the fiscal constraints and the fact that  
7 somebody who joins the military at age 18 can  
8 retire at age 38, and then, receive a military  
9 retirement for the next 50 years.

10 MR. PARKER: Work for 20; get paid  
11 for 60.

12 CO-CHAIR NATHAN: Right. And so,  
13 that is what they are working with and just  
14 balancing the fiscal realities with trying to  
15 maximize the benefit as much as possible to  
16 maintain a fit-and-~~f~~ighting force --

17 MR. PARKER: Right.

18 CO-CHAIR NATHAN: -- a volunteer  
19 Service.

20 MR. PARKER: And I would just  
21 counter that it is a handsome program in terms  
22 of retiring at 38, but the other side of the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 ledger, the deployments, the whole military  
2 structure I think justifies that.

3 And my barometer for when military  
4 benefits are too great is when there is a line  
5 around the recruiting center, which I have yet  
6 to see in recent times. So, I think that both  
7 sides of the ledger have to be balanced in terms  
8 of the costs and the benefits to the individual  
9 serving.

10 MEMBER REHBEIN: Sir, to return to  
11 that E4 that was found unfit for duty a minute  
12 ago --

13 MR. PARKER: Okay.

14 MEMBER REHBEIN: -- in regards to  
15 the promotion issues, his compensation for the  
16 career that he has lost, that would stay at the  
17 E4 level, would it not?

18 MR. PARKER: Correct.

19 MEMBER REHBEIN: So, that is sort of  
20 the other side of the coin, that he would not  
21 receive the compensation based on those  
22 promotions he may have gotten --

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 MR. PARKER: Correct.

2 MEMBER REHBEIN: -- he would have  
3 gotten in order to stay in?

4 MR. PARKER: Correct.

5 MEMBER REHBEIN: That is a  
6 double-edged sword.

7 MR. PARKER: True.

8 MEMBER REHBEIN: It helps and it  
9 hurts.

10 MR. PARKER: You could make an  
11 argument that the VA, if properly calibrated,  
12 their intent as to the VA side is to compensate  
13 for the diminishment of earning capacity, which  
14 would help offset that aspect that you are  
15 talking about; that I have lost the ability to  
16 build my career, promotion, higher pay, yadda,  
17 yadda, yadda. Well, that is a decrease in  
18 earning capacity, and that is what the VA's job  
19 is to compensate for.

20 MEMBER REHBEIN: I guess the point  
21 I am trying to make is that, once that person is  
22 found unfit for duty, we can't make any

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 assumptions about what the rest of his career  
2 would look like.

3 MR. PARKER: Correct. I would just  
4 add a sidebar to that. One of the concerns I do  
5 have, if you did something like this, you find  
6 somebody fit; they can't go to career-required  
7 schools; they can't do PT tests, can't deploy.  
8 They are not going to be promotable and they  
9 would attrit anyway due to the disability.

10 So, this kind of has a little hanger  
11 on it, that we have got to make sure that we are  
12 just letting people die of natural causes, so to  
13 speak, careerwise to avoid paying disability  
14 benefits, because we know that in three years,  
15 since he can't deploy, he can't go to ~~BNOEBNCO~~COC,  
16 he can't do this; he is not going to make rank  
17 through staying anyway. So, that has to be part  
18 of the equation as well. So, if the disability  
19 is going to kill your career eventually because  
20 of those issues, that has to be looked at.

21 Next slide, please.

22 I have a bunch of other

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 recommendations to follow. And the point is  
2 that most of them would either be moot or greatly  
3 diminished if something like a Dole-Shalala  
4 solution was done.

5 Okay. Next slide.

6 A solution to the Dole-Shalala that  
7 doesn't require congressional involvement,  
8 since they have already given them this  
9 authority under 1216(a), 1216(a) has a provision  
10 that says you have to rate for the VASRD unless  
11 DoD and VA come together and create criteria that  
12 rates the disability higher than what the VASRD  
13 provides. And they have already done that once  
14 for severely-wounded folks, that they say, if it  
15 is that bad, we are just going to give them 100  
16 percent. And that keeps them from having to go  
17 through the DES.

18 It is the expedited DES system,  
19 policies that they have out there that basically  
20 take the guys who are really, really screwed-up,  
21 and this is a no-brainer. Let's just give them  
22 100 percent and move them on, if that is what they

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 want, if they want to leave early.

2 DoD and VA could get together under  
3 1216(a) and say anything that is so bad that  
4 somebody cannot continue their career would be  
5 rated at no less than 30 percent. That would,  
6 in essence, do the same thing because now  
7 everybody would get a retirement versus a  
8 separation. And then, they would get that  
9 career equity.

10 Part of this would have to be as a  
11 concurrent receipt fix as well, which would be  
12 part of the Dole-Shalala as well. So that the  
13 VA disability compensation doesn't offset the  
14 career compensation.

15 By analogy, if I worked for IBM, and  
16 IBM is giving me a salary and they have a 401(k),  
17 and perhaps I get the stock option as part of my  
18 compensation, and on the way to work I get hit  
19 by a bus, and I have a disability program with  
20 them or privately, then my disability, Aflac, is  
21 going to pay me for being disabled; Social  
22 Security is going to pay me for being disabled,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 but I am going to keep my 401 and my stock  
2 options.

3 Under the military system, when VA  
4 offsets that, it is like IBM saying, "Yes, here's  
5 your disability check, but we are confiscating  
6 your 401 and we are confiscating all that other  
7 stuff we gave you over the years. That is what,  
8 in essence, happens to these folks when their VA  
9 offsets their DoD disability compensation.

10 Next slide. Oops, did we skip one?

11 When the idea first came out, there  
12 was a big fanfare saying, hey, the IDES has now  
13 been fully implemented, loddy-doddy, and  
14 everybody is now under the IDES. Well, that is  
15 not quite true because soon afterwards DoD put  
16 out a policy that said those who are Academy  
17 cadets or midshipmen and those who are new  
18 entrants can still be evaluated under the legacy  
19 DES and all the protections that come along with  
20 the IDES evaporate.

21 Why they did that, I have no idea,  
22 but I have seen several cases where these guys

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 get injured in basic training or something like  
2 that. They go through the DES legacy-style, and  
3 all the problems that were in the legacy DES, for  
4 example, the PEBs rating these conditions, not  
5 covering all conditions, they all come back to  
6 bear. And plus, they are not getting their VA  
7 stuff started, so that they have VA once they  
8 leave.

9 Under the legacy, they have to,  
10 then, subsequently apply for VA benefits.  
11 Again, I have no idea. I think it is a great  
12 question for the Task Force to ask DoD: why do  
13 you do that? What is the sense in that?

14 And the answer I always get is, "So,  
15 we can do things quicker." That, to me, is not  
16 the right answer.

17 Next slide, in my last three minutes  
18 here.

19 Congress should expand concurrent  
20 receipt for all. What I tried to show  
21 here -- and again, this goes to the fact that  
22 they shouldn't have their career compensation

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 offset by disability compensation -- I try to  
2 highlight some of the oddities with the current  
3 system that kind of illuminate the inequities of  
4 it.

5 Disability retirees of 20 years  
6 cannot collect CRDP. By law, you must have 20  
7 years. But disability retirees are the only  
8 type of retirees that that applies to. So, if  
9 you have a TERA retiree who got picked up on the  
10 Navy's Quality Management Program, I think it is  
11 called, they are offered TERA retirements.  
12 "Hey, your career is dead. You're not good  
13 enough to stay. Out you go, but you can have a  
14 TERA retirement." Well, those guys get  
15 concurrent receipt, and that could be up to  
16 \$3,000-plus more a month to them.

17 But the disability retiree of 19  
18 years cannot get it. Why? That is a good  
19 question for Congress.

20 In 2008, Congress passed the  
21 Enhanced Severance Pay Act. It basically says  
22 those who were disabled in a combat zone, if they

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 are rated below 30 percent and get severance,  
2 that severance will not be recovered by the VA.  
3 Again, that is their career compensation, and it  
4 is goodness that it is not going to be offset by  
5 their DoD disability -- or I'm sorry -- their VA  
6 compensation.

7 The oddity is that I can injury my  
8 knee in a basketball game in the green zone in  
9 an air-conditioned gym, and I will not lose my  
10 DoD compensation. But if I have the same injury  
11 from an air-born training accident, I will. It  
12 doesn't make sense. It is not fair. It is an  
13 inequity in the system.

14 Next one.

15 Another oddity, when you do have  
16 your VA offset your severance pay, it is only to  
17 the amount that that unfitting condition is  
18 compensated by the VA. So, if it is rated 10 or  
19 20 percent, and let's say a 10-percent injury is  
20 \$150 to the VA and they gave me \$10,000 in  
21 severance, they will withhold \$150 until that  
22 \$10,000 is recovered.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           But if I am rated at zero percent,  
2 they are not compensating me. So, they are not  
3 taking anything out. So, the way it works is  
4 that, if I have zero percent, I get to keep my  
5 severance. If I have a 10 or 20, I lose it.  
6 Again, another oddity and inequity of the  
7 system.

8           Next slide.

9           MS. DAILEY: And we will talk about  
10 TDRL and, then, I will have to give you the hook,  
11 Mr. Parker. Thank you, though.

12          MR. PARKER: All right. Well,  
13 since a lot of these slides are there, if I could  
14 go to my last slide, I would rather put that one  
15 in there because it addresses a VA issue. There  
16 may be one or two.

17          But, anyway, the takeaway here is I  
18 think part of the VA process could be simplified  
19 if we allow doctors at the C&P level to award  
20 disability for the no-brainers. I have kidney  
21 stones. Here's my report. I'm taking medicine  
22 for it. That is a 30-percent rating. Check the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 block; move on, and leave the hard stuff to the  
2 raters, to help eliminate the backlog.

3           These things that are no-brainers.  
4 The diabetes, I am taking insulin,  
5 duh-duh-duh-duh, it is always 20 percent, the  
6 more objective-type criteria. Check the block;  
7 move on. Let the raters deal with the hard PTSD  
8 subjective-type rating criteria.

9           This would also allow the veteran to  
10 start things like vocational education and get  
11 other benefits that require some type of rating  
12 to begin with, gets them some kind of payment to  
13 start with, while the tough stuff is figured out  
14 by the rating staff.

15           I think there was one more here.  
16 The other issue that I had for the VA is,  
17 particularly if we get a combined health record  
18 system, is to do Service connection as it  
19 happens. If I hurt my leg, then, damn it, let  
20 that DoD doctor Service-connect my broken leg.  
21 He broke his leg, blah, blah, blah, blah, blah.  
22 So that, when I get to the VA, they don't have

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to worry about whether it is Service-connected  
2 or not, not to worry about records getting lost.  
3 Ba-boom, you empower the DoD people to  
4 Service-connect the condition. The VA can look  
5 at that and appeal it if they want. But when I  
6 leave the Service, everything that I had is  
7 already Service-connected. That half of the  
8 battle is already done.

9 Okay. Thank you.

10 And I encourage you to read the rest  
11 of the slides. I will be around all day if you  
12 have any questions.

13 And, sir, if I could get a moment of  
14 your time to discuss some of the issues in my  
15 briefing that I didn't present today, I would  
16 appreciate that.

17 Thank you.

18 MEMBER MUSTION: If I could make one  
19 comment, in 2011, Secretary McHugh signed off as  
20 the No. 1 legislative priority a recommendation  
21 to re-engineer DES very similar to Dole-Shalala,  
22 as Mr. Parker outlined. That went forward to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 OSD and was summarily rejected by the Department  
2 of the Defense and all the other Services.

3 The annual cost to the Army to  
4 implement that was somewhere in the vicinity of  
5 \$800 million. And that is the accruals for  
6 retirement. That is all the other costs, as  
7 well as offsetting the 17,000 soldiers, the  
8 21,000 soldiers at the time, now down to 17,000,  
9 that were in some phase of the Disability  
10 Evaluation System.

11 Senator Burr has submitted, I think,  
12 multiple changes, recommended changes, that  
13 would get closer to Dole-Shalala and take out the  
14 adversarial nature. Service compensates for  
15 time-served; VA compensates for the disability.

16 CO-CHAIR NATHAN: They are all good  
17 points.

18 And thank you, Mr. Parker, for  
19 certainly stimulating ideas.

20 It is always a little distressing  
21 when there is a perception that, the more you  
22 push the system and the more you arm yourselves

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 with either legal support or you are just willing  
2 to take your truckloads of records and dig  
3 through them, the higher the benefit you can get.  
4 It means that the system is more subjective in  
5 many cases than it is objective. You are  
6 recommending more objectivity into it, saying,  
7 "These diagnoses are cut-and-dry."

8 And as a physician who has had to  
9 write NARSUMs and do disability evaluations, I  
10 support that because I think we really need to  
11 put the gravitas of our energy on those diagnoses  
12 which need further evaluation to determine  
13 really what disability is created by them.  
14 Because there is low back pain and there is low  
15 back pain; there is a broken arm and there is a  
16 broken arm, and depending on what it is.

17 And so, I think we support that. We  
18 are swimming upstream a little bit because  
19 everything you are recommending here, as a rule,  
20 is going to amplify. And that is why you call  
21 it the Holy Grail; go big or go home. Everything  
22 you are recommending here is going to widen the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 aperture. And I am not saying yes or no, that  
2 that is right or wrong, but will lower the  
3 thresholds and the obstacles for people to get  
4 a bigger benefit as a rule. And that is going  
5 to increase the coffer requirements. And that  
6 is why we are swimming upstream at this  
7 particular time. But I think there is merit in  
8 what you say and I am interested in looking at  
9 more of it.

10 MR. PARKER: And if you have any  
11 more breaks today, I will be glad to finish up  
12 with mine.

13 CO-CHAIR NATHAN: Okay. So, we are  
14 going to review our first topic today, which is  
15 support to the family caregivers. This falls  
16 under restoring into society, the focus group.

17 Last year the Annual Report  
18 Recommendations 14, 15, 16, 17, 18, 19, and 20  
19 were related to this topic area. The  
20 recommendations focused on enhancing the  
21 support and the education provided the families  
22 and caregivers, especially when entering IDES.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   Captain Evans and Command Sergeant  
2 Major DeJong can start our conversation perhaps.

3                   MEMBER EVANS: I don't know why I am  
4 always selected to be the first one to speak here  
5 in the group.

6                   So, I think we have about 11  
7 recommendations or items under this topic. I  
8 would like to start with No. 1. I do think we  
9 need to look at No. 1 as a recommendation.

10                   I know there is a lot of variability  
11 out there on getting the family members ITOs when  
12 we transfer members to the polytrauma center. A  
13 prime example, we may have an Army patient that  
14 only one can be on ITOs when they transfer. And  
15 then, you have right in the same room or right  
16 down the hall a Marine patient where they have  
17 three families on ITOs. So, I think we need to  
18 look at --

19                   CO-CHAIR NATHAN: Three family  
20 members.

21                   MEMBER EVANS: Three family members  
22 on ITOs, yes, sir.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           So, I think we need to look at, if  
2 possible -- it goes back to that  
3 standardization. Do we want to look at  
4 standardizing that?

5           And on the joint travel, actually,  
6 it is the instruction, the rule, that we follow,  
7 but I think each Service interprets it  
8 differently.

9           And then, it goes back to the same  
10 question about when we house, the lodging. So,  
11 one Service may have a contract with Navy Lodge  
12 or Avon Town, and they other Service, they may  
13 utilize a credit card or some type of card system  
14 to pay for the lodging. So, do we even dive into  
15 that as far as standardizing the policy? So, I  
16 think we need to discuss No. 1.

17                   CO-CHAIR                   CROCKETT-JONES:  
18 Personally, I don't care how they get to it; I  
19 just want the outcomes to be on a par. So, the  
20 one versus three, you know, a minimum distance  
21 of lodging --

22           MEMBER EVANS: Right. I think it

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 goes back to, is there a perception of the have  
2 and the have-nots? So, I am in the polytrauma  
3 with one family member, that is all on orders.  
4 I mean one on orders. And then, whereas, you  
5 have another family warrior with three, and they  
6 are all on orders. So, then, is that fair across  
7 the board and equal?

8 I mean, I think it is something that  
9 we need to look, maybe have addressed back to the  
10 Warrior Policy Command to take a look at if we  
11 can standardize or at least have the Services to  
12 come back.

13 MEMBER EUDY: And that delineation,  
14 ma'am, was between ITOs and NMA orders.

15 MEMBER EVANS: Correct.

16 MEMBER EUDY: And the movement of  
17 inpatient facilities to VA polytraumas or  
18 civilians to MTFs, the Services determining if  
19 families continue on ITOs due to inpatient  
20 status or if it is viewed as an outpatient move  
21 or to a lesser level of care.

22 In some cases, as we now deal with

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 more CONUS-related injuries and training  
2 injuries, we have Service members that start in  
3 civilian facilities or VA facilities first  
4 before going to MTFs. And so, the jumping of  
5 policy; it just should be a set standard if you  
6 are an inpatient or an outpatient, but that was  
7 the delineation between ITOs and NMA orders.

8 CO-CHAIR NATHAN: Yes, I think it  
9 gets at the larger issue of non-medical support  
10 for ~~recovery~~ recovering warriors. Anybody who  
11 has been in the MTF business at joint facilities  
12 like I have, you are always taken back by the  
13 disparity between the Services in the  
14 non-medical support. Medically, everybody  
15 gets the same thing. You know, you get the same  
16 ICU care. You get the same OR care. You get the  
17 same rehabilitation care. But there are  
18 differences in how each Service pays for lodging  
19 for ITO and for NMA. There are differences in  
20 the number of personnel, depending on which  
21 Service you are in.

22 And I have never understood that.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 It has just been I understand it because there  
2 are Service stovepipes, but we have always  
3 pushed for, if you are leading those  
4 organizations, then you are the one who gets  
5 called up by the Marine spouse who says, "How  
6 come the Army gets this and I don't?" Or called  
7 up by the Navy spouse who says, "How come the  
8 Marines get this and I don't?"

9 And some of it is inherent culture  
10 differences, you know, as to creature comforts  
11 for certain things. Some Services want  
12 austerity more than other Services.

13 An example would be that the Marine  
14 Corps tends to want their Marines to be housed  
15 in barrack-like housing while at a medical  
16 center or a medical facility because they want  
17 those Marines to want to get out of the barracks  
18 and get better and get back to the unit. Right  
19 or wrong, that is just sort of their philosophy.

20 Whereas, the Army says, if you are  
21 going to be there and you are going to be with  
22 your family, let's make it as comfortable as

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 possible for you, so you can just concentrate on  
2 your healing and medical care, and not worry  
3 about the creature comforts you have.

4 I think both Services are correct,  
5 but the disparity can be pretty significant.  
6 So, again, I think this is part of the larger  
7 issue. So, I certainly agree that we ought to  
8 remove as much of the haves and have-nots as  
9 possible or recommend that they remove them.

10 MEMBER MUSTION: Is it an issue of  
11 the guidance from the Department of Defense or  
12 the travel regulation is not clear, or is it one  
13 of separate interpretation?

14 MEMBER EUDY: Sir, in my  
15 experience -- and, Captain Evans, you may be able  
16 to back me up on this one -- I see it as Service  
17 implementation --

18 MEMBER MUSTION: Okay.

19 MEMBER EUDY: -- because the  
20 policies are set, such as the allowance of two  
21 NMAs for more severe patients. That was adopted  
22 all by the Services. It came out at one time,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 but it was adopted at different points within the  
2 Services, until it had been delineated down to  
3 the lowest levels.

4 Just as the policy is the same for  
5 when ITOs can be created for a Service member if  
6 you have Army versus Navy with the same exact  
7 injury, when those orders can be started, let's  
8 say, at arrival of the Service member at  
9 Landstuhl versus waiting for a wheels-up order  
10 from Germany to get CONUS.

11 I discussed this with ~~Mr~~Ms. Dailey  
12 and several members of the research team. It  
13 basically comes down to that paperwork that you  
14 need Friday at 5:00 p.m. There is no reason that  
15 a Service member or one Service family would be  
16 able to arrive there in an easier fashion than  
17 the other by the time the Service member gets to  
18 CONUS.

19 CO-CHAIR NATHAN: Each Service had  
20 to develop their own administrative cell to do  
21 this. And so, that is why there was variance.  
22 And then, some aspects, if you are SPECOPS, there

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 is such robust benevolent organizations that the  
2 Services sort of don't even have to worry about  
3 it because they take care of their own, the  
4 benevolent organizations.

5 And so, the classic example was,  
6 when you would come to Walter Reed, and if there  
7 wasn't room at the Fisher House or at the Navy  
8 Lodge, and you were sent to a contract hotel, the  
9 Army had a contract with those hotels. So, all  
10 the family had to do was go in and show their Army  
11 ID, and they were given a room right away.

12 The Navy required you to use your  
13 personal credit card to guarantee the room. And  
14 then, you could file for compensation later.  
15 The government would pay you back. And here is  
16 a young family who may not have even the limit  
17 on their credit card to do that.

18 We have fixed that, but those are the  
19 examples of the disparity that can happen  
20 because the Services are allowed to implement  
21 and interpret the regulations to their own  
22 desire.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   MEMBER EUDY: I think at the same  
2 time, though, what this will provide is overlap  
3 for some of these other recommendations. If  
4 families are then brought in on the same fiscal  
5 plane, we are heading off a lot of issues that  
6 occur down the line, and the family is able to  
7 keep faith with their Service Branch. It is not  
8 an issue of the families recognizing this need  
9 amongst those that are down the hall. Each  
10 Service has done a great job of taking care of  
11 its own, but, then, the standardization.

12                   MEMBER EVANS: I mean, Suzanne --

13                   CO-CHAIR CROCKETT-JONES: I can  
14 talk about SCAADL here. I am comfortable  
15 talking about SCAADL.

16                   MEMBER DeJONG: So, I guess to kind  
17 of wrap up No. 1, I am just trying to figure out  
18 at what level -- where do we go with the  
19 recommendation on this? I mean, are we looking  
20 for DoD to revise legislation? Are we looking  
21 for each Service to come together? I am just  
22 trying to figure out. We kind of talked around

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 it, but we haven't come up with any verbiage as  
2 far as what we are looking to do with this. I  
3 mean, I know we want to standardize it, but how  
4 do we get to that point of standardization?

5 CO-CHAIR CROCKETT-JONES: I think  
6 we have to make it clear that -- I mean,  
7 personally, it seems to me that DoD is  
8 responsible for parity of outcome. It doesn't  
9 exist at this point. There isn't between  
10 Services, across Services, there isn't parity,  
11 but that resolution should be found at DoD.

12 I don't think the family at bedside  
13 cares if DoD reaches parity by creating a more  
14 precise policy. I don't think they care if DoD  
15 does that by telling the Services they  
16 have -- you know, what method DoD uses.

17 I think that the important thing is  
18 that they are the accountable level of  
19 responsibility. Upon notification that their  
20 policy has been implemented in a way that is not  
21 equitable across the board, they have to find a  
22 solution, I would think.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: I think the  
2 answer to your question is we have two choices.  
3 One is to just simply make an overarching  
4 recommendation that DoD should ensure that  
5 non-medical support for recovering warriors and  
6 their families has parity across all Services,  
7 you know, policy. So, that would just be the  
8 overarching.

9 Or we can get more specific and say  
10 that DoD should ensure that the policy for  
11 funding ITO and non-medical attendants, ITO  
12 orders for families and non-medical attendants  
13 order is equivalent across all services. So, it  
14 depends how specific you want to go.

15 MS. DAILEY: Do you want me to  
16 present a recommendation? I mean, we have had  
17 some good discussion. My staff has got the  
18 notes. We have had it on our radar for a while.  
19 We will give you a product in June or in July.  
20 If not, then we are not going to write anything.  
21 That really answers your question, Sergeant  
22 Major. It is a tasking to tell the Department

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 of Defense to standardize this process.

2 CO-CHAIR NATHAN: Okay.

3 MS. DAILEY: If that is what you all  
4 are coalescing around, and you feel strongly  
5 about it, then we will give you a product in July.  
6 If you are not, if there is a no-vote here, if  
7 there is someone who is saying, "I don't think  
8 we need to do this," then say that, and we will  
9 move on to No. 2, and you all can work it out.

10 MEMBER EVANS: Have we addressed  
11 this issue in the past, Denise? I don't recall.

12 MS. DAILEY: No.

13 MEMBER EVANS: No? Okay.

14 MS. DAILEY: Not this specific  
15 issue. The overall intent that everything  
16 should be standardized, yes. The specifics of  
17 this situation is a no. And you all get to say  
18 no. I mean, you get to say, "We don't want to  
19 go there. Some other time."

20 CO-CHAIR NATHAN: I think is there  
21 anybody who is not in favor of this? Or against  
22 motherhood? Either of those two things?

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 (Laughter.)

2 (No response.)

3 MEMBER DeJONG: The reason I  
4 brought it up, sir, I am completely fine with it.  
5 I just wanted to figure out where we were going,  
6 at what level, and who we were directing this  
7 towards. And that was all clarified. So,  
8 thank you.

9 MS. DAILEY: We are a go. Okay.

10 I can talk a little bit about SCAADL.  
11 SCAADL came through taxable. So, we give a  
12 benefit, and a good portion of it gets taken  
13 back. Other compensations are not. So, we  
14 should consider what SCAADL is intended to do.

15 It is also zip-code-dependent, but  
16 it is given to the zip code not where the person  
17 was, but where the recovering is happening. So,  
18 the zip code doesn't actually -- it is  
19 zip-code-dependent, but it is not actually  
20 related to the place where the income was lost.

21 SCAADL is compensation for the  
22 family member who has to leave a job in order to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 be an assistant, like an NMA to a recovering  
2 Service member. They made it  
3 zip-code-dependent, but it is not to where the  
4 job was lost. It is depending on where they are  
5 currently.

6 So, they might consider just  
7 eliminating the zip code variation, have a  
8 standard SCAADL payment. It will still not  
9 fully necessarily compensate someone who left a  
10 very high-paying job, but it will be more -- I  
11 mean, they don't get that anyway often because  
12 of zip-code changes. So, standardizing it so  
13 that it is a more fair compensation.

14 Now my other issue with SCAADL is  
15 that it is paid to the Service member, but it is  
16 a compensation for their family member's loss.  
17 I am not sure that there is anything to be done  
18 about that, but that does bother me about SCAADL,  
19 unlike care-giver compensation from the VA.

20 MEMBER KEANE: I have a comment on  
21 that. I actually see that as a benefit, that it  
22 is their military member because you need to be

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 a U.S. citizen to get the care-giver monies. We  
2 have Marines, Service members who are married to  
3 non-nationalized citizens. So, we have some  
4 cases at the VA where a military member is trying  
5 to get their non-U.S. family member care-giver.  
6 They can't.

7 CO-CHAIR CROCKETT-JONES: Thank  
8 you. I feel much better now about SCAADL.

9 MEMBER EVANS: How do we address, do  
10 we even want to address that it is taxable? And  
11 that is the reason that it is taxable, because  
12 it goes into the income of the Service member by  
13 a separate -- directly to the family.

14 CO-CHAIR CROCKETT-JONES: But, you  
15 know, we say that, like housing compensations  
16 have variation on taxability. You know, they  
17 don't go -- so, it could be reclassified as a  
18 non-taxable benefit and eliminate the zip-code  
19 differentiation. Make it a standard.

20 And it would seem less variable and  
21 capricious to the people who are receiving it.  
22 The impression, the complaint people get is that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the zip code where they find themselves has  
2 nothing to do with any choices they made.

3 MEMBER EVANS: Right.

4 CO-CHAIR CROCKETT-JONES: And yet,  
5 it is reflected, you know. And sometimes, there  
6 are real differences. So, making it a standard  
7 or a benefit and/or a benefit that is not taxable  
8 would just make it a more equitable and  
9 predictable compensation.

10 MEMBER EVANS: Because I believe  
11 the VA care-giver pay is not taxable. So, they  
12 don't tax the VA care-giver pay. I think that  
13 is correct. That is what I have heard from  
14 family members.

15 So, I am just wondering if we could  
16 verify if that is taxable income or not.

17 MS. DAILEY: Yes. Can I get the  
18 research team to address whether the VA piece is  
19 taxable or not? Regardless, ladies and  
20 gentlemen, the taxation of this compensation is  
21 a legislative change. It is not a policy  
22 change. So, this one goes to Congress and says,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 "You, Congress, need to exempt this from  
2 taxability."

3 We ran this down with a lawyer about  
4 could we exempt it under a combat exclusion  
5 because many of these individuals earned it in  
6 a combat zone. You can't. It goes to Congress.  
7 They have to specifically exempt it for  
8 taxation.

9 The zip-code change is a policy  
10 change. That could be executed at the policy  
11 level.

12 And I am not saying any of these things  
13 aren't doable. We send a recommendation to  
14 Congress all the time. It just goes to the point  
15 of how strongly do you feel about it.

16 MEMBER MALEBRANCHE: I think we  
17 have to be a little bit careful about the zip code  
18 because it could have the reverse effect if you  
19 are going from an area that was low-paying to a  
20 higher-paying area. I mean, we could  
21 unintentionally have that same sort of thing.

22 So, I mean, I don't know the right

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 answer, but I am just saying be careful that we  
2 don't cause not thinking. Because if the  
3 injured member is in a higher city urban area,  
4 chances are salaries are higher. I don't know.

5 And I think the other thing, we  
6 talked one time about trying to make this equal  
7 to the VA, the care-giver and SCAADL. I don't  
8 know what happened. I mean, we talked amongst  
9 ourselves. I don't know what happened with  
10 that.

11 CO-CHAIR CROCKETT-JONES: Yes, I  
12 wonder if we could -- one of the other issues is  
13 criteria. The criteria for SCAADL are  
14 different than care-giver, and whether that  
15 should be something that should be closer in  
16 order to make the transition from one to the  
17 other more predictable.

18 I know people who are getting SCAADL  
19 don't always go to care-giver, and people who  
20 don't get SCAADL sometimes do qualify for  
21 care-giver. So, this may actually require more  
22 research.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: Do we have any  
2 idea what population numbers in general we are  
3 talking about?

4 CO-CHAIR CROCKETT-JONES: Very  
5 small.

6 MS. DAILEY: Yes. I mean, the Task  
7 Force was briefed on who is receiving SCAADL at  
8 this point. So, we have a general population  
9 figure; that is correct, sir.

10 CO-CHAIR NATHAN: I mean, are we  
11 talking 200 people, 2,000 people, 25,000 people?

12 MS. DAILEY: Yes. Dr. Egan or my  
13 staff, as of our last count, how many people in  
14 the Department of Defense are receiving SCAADL?  
15 We have a data-point that we measure it against.

16 PARTICIPANT: I have it by Service.

17 MS. DAILEY: By Service, go right  
18 ahead.

19 PARTICIPANT: Five thirty-one for  
20 Army.

21 MS. DAILEY: Five three one for  
22 Army.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 PARTICIPANT: Twenty-five for Air  
2 Force.

3 MS. DAILEY: Twenty-five for Air  
4 Force.

5 PARTICIPANT: Fifty-one for Navy.

6 MS. DAILEY: Fifty-one for Navy.

7 PARTICIPANT: Two twenty-five for  
8 the Marine Corps.

9 MS. DAILEY: Two twenty-five for  
10 the Marine Corps.

11 CO-CHAIR NATHAN: So, 800-900  
12 folks?

13 MS. DAILEY: Correct.

14 CO-CHAIR NATHAN: Okay. So, I  
15 mean, do we want to just make it a specific  
16 concern and just simply say that, the  
17 recommendation in here -- I mean, Suzanne, how  
18 would you synthesize this down to a specific,  
19 that SCAADLs should be tax-exempt and that  
20 should be our recommendation to Congress? And  
21 as you say, that would require legislative  
22 change.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 MS. DAILEY: And the VA stipend is  
2 tax-exempt; that is correct.

3 CO-CHAIR NATHAN: And maybe stay  
4 away from the Third Rail of zip code?

5 MS. DAILEY: That is a good way to  
6 go.

7 CO-CHAIR CROCKETT-JONES: That  
8 would be fine.

9 CO-CHAIR NATHAN: I concur.

10 CO-CHAIR CROCKETT-JONES: Okay. I  
11 would also like to see us crosswalk the two to  
12 see why the criteria are different. When we  
13 talk about continuity and the seamless  
14 transition from DoD to VA, this is part of that.  
15 It is a confusing process. I mean, I have just  
16 been through it.

17 What stays, what goes, what is  
18 coming, what is not, benefits and concurrency  
19 and offsets. It is a very, very, very confusing  
20 process. If these are intended to be two  
21 similar compensations, getting those criteria  
22 to align makes sense because it creates more

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 predictability.

2 The veil that happens at that  
3 DD-214, it is huge. You land and you have no  
4 idea what is going to happen. If you are getting  
5 one and, then, it goes away because you didn't  
6 meet some check on the list, you would like to  
7 know. And none of that information is readily  
8 available to the family members in the process.

9 MEMBER KEANE: The biggest  
10 difference between two is a care-giver doesn't  
11 assist the ill; wounded and injured.

12 MS. DAILEY: Correct. Correct.  
13 The VA policy does not include ill. Do, the  
14 Department of Defense policy is compensating  
15 for, for example, a cancer, a debilitating  
16 disease. And then, that is the major  
17 difference.

18 The efforts to align the policy with  
19 the VA was made. They attempted that. They  
20 were constrained by the legislation when it does  
21 come to who is eligible, the way the law was  
22 written. So, the law was written with some

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 constraints on who could be eligible for it.

2 In some places, the VA -- I will use  
3 the boss' word "aperture" -- the VA's aperture  
4 for who can be a part of it is wider than DoD  
5 because of the way the legislation was written.  
6 In some places, it is obviously narrower. There  
7 is a whole population of the defense eligibility  
8 that are not eligible in VA.

9 But the zip-code alignment was  
10 aligned with the VA process for aligning zip  
11 codes as a manner of compensation. So, if you  
12 rewickered the DoD side and didn't use zip codes,  
13 it would be a different policy when they hit the  
14 VA.

15 And I think my last --

16 CO-CHAIR CROCKETT-JONES: Except  
17 for the VA doesn't displace families the way DoD  
18 does for care. I mean, you go to the nearest VA.  
19 You know what your zip code is.

20 MS. DAILEY: Correct.

21 CO-CHAIR CROCKETT-JONES: I mean,  
22 that is where --

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 MS. DAILEY: I see your point.

2 CO-CHAIR CROCKETT-JONES: -- the  
3 difference is.

4 MS. DAILEY: Yes.

5 CO-CHAIR CROCKETT-JONES: And  
6 there must be differences in apertures. At  
7 least either that or there is some element -- I  
8 guess we need better eyes on this. You know, tax  
9 exemption is fine, but we need to look at this  
10 more over the next year because the differences  
11 for people, the number of people who apply and  
12 who know all about it, it is just big; it is out  
13 there.

14 MS. DAILEY: Yes. Agreed. The  
15 staff has done some work in the broader context  
16 SCAADL, and it is the next recommendation there  
17 that you have. That talks a little bit about is  
18 it being utilized cross the Services  
19 consistently.

20 And it was noted at the SCAADL  
21 briefings -- because we have been briefed on it,  
22 we did have the Services in here for a

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 briefing -- there are some proportion and ratio  
2 differences that are on a broader scale that  
3 gives you indicators that it might not be being  
4 utilized in the intent that Congress wanted it  
5 to be.

6 So, we can make the tax-exemption  
7 recommendation. We can do that. That has been  
8 on our radar for a while. We can talk about  
9 moving forward with a review for the Services to  
10 ensure that everyone who is eligible for it is  
11 receiving it. You do have evidence from your  
12 installation visits that there is a choke-point  
13 at the case manager level. That is the only  
14 vote. If the case manager says no, Service  
15 members don't know to press forward or they are  
16 not advocating for themselves to talk to the PCM.

17 CO-CHAIR CROCKETT-JONES: Yes, I  
18 don't know that they know who they should go to  
19 outside of the case manager if they are told no.  
20 I don't know that they know where the next step  
21 is.

22 MEMBER EVANS: By instruction.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Case managers can't say no. That is a medical  
2 determinant. That is on the rehab staff to say.

3 So, I guess we need to look at or  
4 maybe come back to the process because, if you  
5 look at I think it was the DoDI or the instruction  
6 that drives that, that has to have rehab, right?  
7 And so, that is interesting. Case managers  
8 shouldn't have that ability to say no.

9 MS. DAILEY: They are the first  
10 gate. You know, the Service member's case  
11 manager is going to tell the PCM, "I need you to  
12 sign-off on this SCAADL request." And if the  
13 case manager isn't putting that piece of paper  
14 in front of the medical community, then SCAADL  
15 is not being considered by a wide range of people  
16 in the chain of command.

17 You have indicators of this in your  
18 focus groups. You have data that also  
19 indicates --

20 CO-CHAIR CROCKETT-JONES: Yes, we  
21 have had focus group commentary that says, "She  
22 wouldn't put it in because she said they won't

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 get it anyway."

2 MS. DAILEY: Yes. And No. 3 here  
3 talks about the Army's data, just a strict look  
4 at numbers in relation to who they have in a WTU  
5 who has SCAADL is relatively low. If your entry  
6 criteria for being in a WTU is the most complex  
7 cases, if being in a WTU is the most complex  
8 cases, it would, then, lead to an assumption that  
9 there would be higher utilization of SCAADL in  
10 the WTUs.

11 That is a hypothesis. It is not a  
12 fact. But you bring your focus group comments  
13 together with some quantitative data on numbers  
14 and low ratios, and you can make some hypotheses.

15 MEMBER EVANS: Denise, how do we get  
16 more information on it? I'm not sure. So, I  
17 mean, it is interesting because I have listened  
18 to the families talk about SCAADL. If we have  
19 a choke-point, then how do we get rid of that  
20 choke-point? How do we know what is truly the  
21 SCAADL process? Because what we implemented at  
22 Walter Reed may be different at BAMC or different

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 at San Diego.

2 So, I think we need to look at what  
3 is the true process out there. Because the case  
4 managers had to take that paper to get it signed.  
5 So, we just need to make sure that we don't have  
6 that broken system out there, and that truly the  
7 families are getting what they deserve, the  
8 benefits.

9 MS. DAILEY: Sunshine is a  
10 wonderful thing. You write up in your findings,  
11 "We have indicators. We have a quote." I can  
12 put a quote in a finding, ladies and gentlemen,  
13 that highlights this. So, sunshine helps the  
14 Services understand there may be a choke-point.

15 You know, you have the policy. The  
16 policy is in place. How it is being implemented  
17 and what it looks like on the ground is your value  
18 added to this process. Yes, here's SCAADL, but  
19 we see that there is a point here that it is not  
20 fulfilling its intent. That is our observation  
21 from our focus group visits. Here's the  
22 sunshine on the actual application.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: Okay. So, I  
2 think you and your team have enough input to  
3 throw some paint on the canvas for us. And then,  
4 between now and the next meeting, if it scratches  
5 your SCAADL itch, we will go with it.

6 (Laughter.)

7 If it doesn't, we will regroup and  
8 reformulate at the next meeting on the intent of  
9 SCAADL and how to best utilize it for the  
10 most-deserving families.

11 MS. DAILEY: Okay, and we will go  
12 with the tax-exempt. We will highlight some of  
13 the data we have on utilization, and we will go  
14 or not go with the zip-code issue.

15 CO-CHAIR NATHAN: I think we can  
16 table the zip-code issue.

17 MS. DAILEY: Okay. All right.  
18 Okay. We are good.

19 MEMBER EVANS: So, for No. 5 and 6  
20 and 7, those all fall under the education, the  
21 previous discussion about how do we keep the  
22 family members informed. So, I am not sure if

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 we want to -- that is my opinion.

2 CO-CHAIR CROCKETT-JONES: Yes, the  
3 only specifics that are sort of highlighted  
4 here, and it may be that we want to include it  
5 with the other anyway, it was just that the units  
6 that a specific in-processing, a very deliberate  
7 process to inform families when they first get  
8 there seem to have a little more success at  
9 maintaining contact.

10 But I would also say that the other  
11 critical part to look at, depending on where we  
12 think it goes, is the change from inpatient to  
13 outpatient status is felt very discretely by  
14 families. And so, often, actually, when they  
15 become WTU, you know, when they move from  
16 critical care into a WTU -- so, this might all  
17 be the same basic issue.

18 MEMBER MALEBRANCHE: When we were  
19 in Seattle, I think when we were doing the  
20 out-brief there, one of the things that was said  
21 is having something written for families coming  
22 in because they were coming in from all different

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 places, and some were coming from Reserve units,  
2 some from Active Duty. But, if they would all  
3 have that, because some of our focus groups  
4 mentioned that they had gotten something. And  
5 I think somebody might have locally or homegrown  
6 type of done something. And one person was much  
7 more informed than the other. I am not sure.

8 But I think some of these things we  
9 did recommend, but the written document,  
10 especially for the local area, so they knew the  
11 resources in the Seattle area, seemed to be  
12 really helpful. So, that might be something,  
13 too.

14 CO-CHAIR CROCKETT-JONES: The only  
15 caution is that folks were -- you know, Navy Safe  
16 Harbor, for instance, was using a written  
17 product that they modified to individualize for  
18 Safe Harbor.

19 The "Keeping It Together" book,  
20 which can be done in notebook form -- it is also  
21 available online -- they have had a diminished  
22 utilization because it is paper. So, written is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 great, but access, some sort of access to  
2 personalized or localized information is a good  
3 idea. I think we have made that basically  
4 clear. And I think this is just a reiteration  
5 of the continuity of education for family  
6 members.

7 CO-CHAIR NATHAN: So, can you tease  
8 out a recommendation from that? Or would you  
9 tease out one?

10 CO-CHAIR CROCKETT-JONES: I am  
11 saying it might be rolled into the other.

12 MEMBER EVANS: We think we have it,  
13 sir.

14 CO-CHAIR NATHAN: From yesterday  
15 you mean? Right.

16 MEMBER EVANS: Yes, sir. So, 5,  
17 6 --

18 MEMBER DeJONG: I don't know about  
19 7.

20 MEMBER EVANS: I am not sure about  
21 7, but definitely 5 and 6 into the recommendation  
22 that came from yesterday.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: Now 6 goes on to  
2 saying, "Family members should be required to  
3 accompany recovering warriors at the  
4 in-processing and transition units and  
5 programs." That is a departure from what we  
6 said yesterday. I mean, that is in addition to  
7 what we said yesterday.

8 MEMBER EVANS: Definitely.

9 CO-CHAIR NATHAN: So, would you go  
10 that far?

11 MEMBER DeJONG: I just don't know if  
12 we can -- we have been down this road so many  
13 times of trying to force family members to do  
14 something. It seems like the ones that want to  
15 are there. I think it is a dicey road that we  
16 are going down of trying to force family members  
17 to do stuff. And I don't know how far we can take  
18 that.

19 CO-CHAIR NATHAN: Yes, I think the  
20 intent -- and again, my interpretation of it,  
21 which could be remiss -- but I think the intent  
22 is to try to default to have the families engaged

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 as opposed to not engaged. So, I agree with you.  
2 To mandate or legislate that a family must be  
3 there with the warrior or recovering ill person  
4 is probably a bridge too far.

5 But how do we create a culture or a  
6 mindset among the patients that it is an  
7 expectation that their family be with them?  
8 Because, as you know, Sergeant Major, we have  
9 heard so many family members say, "I feel  
10 disenfranchised. I feel out of the loop. My  
11 spouse tells me that I am not welcome at this  
12 thing."

13 And when you go back and talk to the  
14 care-givers, they said, "Well, we have never  
15 said the family is not welcome. They must be  
16 getting that from the spouse."

17 And so, we walk that delicate  
18 balance of trying to be intrusive leaders,  
19 "intrusive" meaning here I am sort of inserting  
20 myself in that family dynamic, taking the  
21 spouse's side of it, saying, "If you want to be  
22 there with your loved one who is undergoing the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 injury or the illness, then you should darned  
2 well be there."

3           Whereas, the injured person may have  
4 a mindset that says, "I don't want my spouse  
5 involved in this." Yet, we know that this  
6 creates a friction point.

7           MEMBER MALEBRANCHE: You know, I  
8 think some of this is the nature of families and  
9 how they interact and communicate. I am only  
10 thinking that yesterday when Captain Evans and  
11 you all were talking about training, that we can  
12 train medical folks to say -- it is kind of like  
13 an opt-in/opt-out -- "Is there a reason your  
14 family member is not here with you?"

15           I mean, I think it is part of the  
16 training that we do on that side because you  
17 can't force it, you're right. And we did hear  
18 some, especially in the remote areas, where they  
19 said, "Yes, they didn't want me there" or "No,  
20 they didn't tell me." Or the fact where we  
21 happened to hear two opposite things.

22           But it is the nature of families and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 how they communicate. So, I think the doc or the  
2 nurse or the intake person is the one to say, "Is  
3 there a reason they are not here?", like "Do you  
4 want me to wait" or "Do we need to come back?"  
5 I think that is partly on us as an institution.

6 CO-CHAIR CROCKETT-JONES: Well, I  
7 agree with you that there is sort of a need to  
8 start looking at what the family dynamic is as  
9 a part of how you retreat and recover, how this  
10 person is going to recover.

11 But I also think we give that card,  
12 you know, an ID card. That brings people  
13 privileges. We are talking about making sure  
14 they get their benefits. It is okay to have a  
15 requirement of those families, too.

16 I mean, I, as a person who has that  
17 ID card that gets me into the commissary, that  
18 gets me into the PX, and gets me on post to all  
19 kinds of benefits, it is okay that someone has  
20 a requirement of me in order to maintain that  
21 privileges, and these are added benefits that we  
22 are sitting here trying to make sure that family

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 members get all this information and we are  
2 concerned for them. It is okay if we also say  
3 they are required -- they have got to show up.  
4 They have got to show up.

5 In fact, to say, "You've got to show  
6 up," it is a benefit to the cadre that is taking  
7 care of them, too. Because, until they see the  
8 family situation and meet the family member that  
9 is going to be there, they might not know what  
10 red flags exist. Until there is contact, they  
11 can't enlist the help from the family members to  
12 make that recovery quicker and they also can't  
13 know when there are red flags within that family  
14 that need to be addressed in order for the  
15 recovery to happen.

16 MEMBER REHBEIN: You know, I tend to  
17 agree with the Sergeant Major about the  
18 requirements and disagree with you a little bit,  
19 Suzanne. But I wonder if sometimes, as we walk  
20 up to the recovering warriors, whether it is  
21 bedside or outpatient, do we say, "Your family  
22 can be here if you want.?" Why don't we say,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 "Why isn't your family here?"

2 I mean, we have all learned  
3 leadership tactics, that we can convince people  
4 to do things they don't really want to do without  
5 specifically ordering them to do it. And so,  
6 maybe the way that that is presented to the  
7 ~~recovery~~ recovering warrior influences them to  
8 understand that, if they stand in the way, it is  
9 a detriment to them. Maybe it is not just a  
10 detriment to their recovery, but a detriment to  
11 any future career.

12 CO-CHAIR NATHAN: Some of it is  
13 stigma that we are encountering. I think the  
14 Task Force has three levels that we can approach  
15 this at.

16 Level 1 would be the least  
17 aggressive, which simply accepts the status quo  
18 and says we rely, we default to the family  
19 dynamic to engage or not.

20 Level 2 is we pulse the system and  
21 we make sure the system says, "You will be  
22 available and allow any family participation

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 that is so desired," and encourage family  
2 participation. So, we are talking now to the  
3 system, saying, "The cadre, the SFAC, the  
4 intake, briefs, you will encourage and allow  
5 family participation at a minimum." And if they  
6 choose not to participate, it is not your fault.

7 The most aggressive would be there  
8 is an expectation that families participate in  
9 the briefings that have to deal with the  
10 CSF -- I'm sorry -- the CRP, briefing in many of  
11 these programs, transition programs, IDES  
12 in-processing. There is an expectation there.  
13 That is the most intrusive, and that is the one  
14 that is going to probably hit head-on to some  
15 family dynamics.

16 As you know, Mr. Rehbein, if you say  
17 to some Service members, "Why isn't your family  
18 here?", they will say, "They don't want to be  
19 here, and I'm okay with that."

20 And then, you will go talk to the  
21 family and you will say, "I understand you didn't  
22 want to be there." "No, my spouse said I wasn't

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 allowed."

2 And then, you clearly recognize that  
3 the spouse doesn't want the family involved  
4 because of stigma, doesn't want to say what they  
5 are saying, or whatever reason.

6 So, I think we have to decide at what  
7 level we are comfortable with intercepting. We  
8 can do nothing. We can pulse simply the system,  
9 which is an easy thing to do, and just make sure  
10 the system has no barriers to family coming in  
11 and encouraging families. Or we can take it a  
12 step beyond and we can say there is an  
13 expectation -- it is not a law; you are not going  
14 to be thrown out on the street if you don't do  
15 this -- but there is an expectation that your  
16 family accompanies you.

17 And it is the wording of it, right?  
18 The wording of it, Karen, would be, "When I come  
19 in for the first time as the patient, the  
20 warrior, the recovering warrior, for whatever  
21 reason, I am either told, `You know your family  
22 is more than encouraged to join you, if you like

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 and if they like, and we will certainly make room  
2 for them to be here.' Or the card we read to them  
3 is, "We expect you to come with your family. If  
4 they are not here, can you give us a good reason  
5 why they are not here?'" The two tacts we can  
6 take.

7 MEMBER DeJONG: I just want to be  
8 very careful about how aggressive we go because  
9 you are taking a large population of Reserve and  
10 Guard who are probably at a WTU or somewhere  
11 remote from their home of record whose families  
12 do not have the benefits provided to bring the  
13 families to them, and are probably not in a  
14 financial situation possibly to get the families  
15 to them. So, I just want to be very careful on  
16 how aggressive we go because we are going to  
17 cause more burden than what we may -- it is kind  
18 of like the zip-code thing.

19 CO-CHAIR CROCKETT-JONES: I just  
20 want to say that we are seeing the lack of  
21 education in people whose families are  
22 co-located with them at WTUs. I mean, I think

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 we have done the "pulse-it," ask them to come,  
2 say they are welcome, and we are not seeing  
3 really much change in actual participation.

4 I can also say there have been times  
5 it was made clear to me that, if I didn't attend  
6 the spousal training for infantry officers, my  
7 husband would be required to attend it. And it  
8 was also made clear to me he would be the only  
9 husband who had to attend it. So, I went. That  
10 is okay. That is part of the deal.

11 I think we are shortchanging  
12 military spouses' ability to understand that  
13 sometimes there are requirements for the  
14 benefits. I think they get that.

15 I think that if we decide that we  
16 don't want to be more assertive, we don't need  
17 to make it -- I mean, we have made all these  
18 recommendations. We have done the  
19 encouragement, and we have done it for several  
20 times. And if we don't want to go further, that  
21 is fine. You know, we function as a group.

22 But I don't see any point in just

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 saying, "Do it better. Get those families in  
2 there." I don't think we need to keep  
3 rah-rahing the same point because it is obvious  
4 that there are limitations on the results we will  
5 get from that.

6 MEMBER REHBEIN: The Sergeant Major  
7 brings up a good point about resources. And I  
8 think if we did decide to go very aggressive,  
9 then it is also incumbent upon us to have the  
10 accompanying recommendation that we provide the  
11 resources for them to be there.

12 I understand that is considerable  
13 financial complication, but I think if we are  
14 going to be aggressive, we have to provide the  
15 resources to allow them to fulfill our  
16 expectation.

17 CO-CHAIR CROCKETT-JONES: Or we  
18 make this clear; this is for those families who  
19 are located at those WTUs where the information  
20 is available. I mean, those are the families  
21 that we are able to know aren't participating.  
22 Families who decide not to co-locate, by and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 large, you know, that is, in effect, a way of  
2 saying how they want to progress forward.

3 CO-CHAIR NATHAN: I think the No. 1  
4 frustration we saw are those families that are  
5 proximally located with their loved one, and  
6 their loved one comes home at night to them, and  
7 they don't know what happened during the day.  
8 And so, I think that is where the bang for the  
9 buck is, for those folks.

10 Even those that are remote, such as  
11 the Reserve community, there are ways that you  
12 can say, "We want your family to call in on a  
13 conference call. We would love to have them  
14 listening on the telephone, or something, while  
15 we are telling you about what is going to happen  
16 to you. Is there a convenient time when your  
17 wife," if you are the male patient, "or your  
18 husband," if you are the female patient, "can  
19 dial in and hear?"

20 So, again, I think each one of us has  
21 to decide, based on our personal experiences and  
22 what we have seen, what has happened to us, if

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 it has been our families, or what we have seen  
2 on the road or hearing in briefs, have to decide  
3 if you think this is a significant issue or not.

4 If you don't and you think it is a  
5 "nice to have," then we can sort of leave things  
6 status quo with, as Suzanne says, sort of the  
7 rah-rah; it is just a good thing to have your  
8 family involved; how can that be bad?

9 If you feel that it has been a  
10 significant enough issue that it has impaired  
11 the healing process and created more strife than  
12 goodness, sometimes it is good to push people  
13 past their stigma point. Sometimes family  
14 members or the patients themselves don't  
15 understand the benefits they can reap when there  
16 is a team approach as opposed to just the  
17 patient.

18 So, that is where I think we have to  
19 settle on this. We are sort of dropping anchor  
20 here, and I understand that, because this is an  
21 emotional issue. We are talking about  
22 intersecting a family dynamic here. And so, we

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 are always worried about that. We don't want to  
2 create more problems than we started with. I  
3 don't want to get a letter from a Service member  
4 that says, "Thanks a lot. My wife and I are now  
5 splitting up because you made her talk to me  
6 about this stuff, and we got in a fight and we're  
7 done." More help like that -- so, we are very  
8 cautious as we talk about this as to what we want  
9 to do.

10 But, on the other hand, we certainly  
11 have seen some anguished family members who have  
12 said, "I just don't know what is going on, and  
13 I can't help, and I don't know where we are going.  
14 And they won't tell me." And then, you find out  
15 it is all because the Service member themselves  
16 has said, "I want them insulated from the  
17 process."

18 And do we determine that we are going  
19 to interfere in that dynamic? At best, we  
20 should certainly be -- and maybe you have done  
21 this already -- at best, we should certainly be  
22 pulsing the system, as Karen says, to simply err

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 on the side of telling the individual, "We really  
2 want to talk to your family. So, if there is a  
3 way they can be here...."

4 And making sure that we don't have  
5 any resistant nodes in our system, making sure  
6 there is not a NOSC somewhere, there is not a WTB  
7 somewhere, there is not a cadre somewhere that  
8 at any time says to the individual, "Your family  
9 is not allowed." We can at least say that is  
10 verboten. That is verboten. "You will at a  
11 minimum make your process family-friendly." Do  
12 we go beyond that?

13 MEMBER EVANS: So, I think we have  
14 two options here. I would think that we would  
15 go where -- you know, so you have the case manager  
16 or the RCC to say, "Where is your family member?"  
17 But we also should have the Service programs, we  
18 should encourage the Service programs, heavily  
19 encourage them, strongly encourage the Service  
20 programs to have a flow of family liaison  
21 officers to provide that outreach to the  
22 families, to give that information.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   When we were in Arkansas, they did  
2 not have one. They didn't have anyone that was  
3 doing -- they kind of had someone that they  
4 identified that they were going to put into that  
5 position. And so, we listened to the family  
6 members to say, "I don't receive the  
7 information. I didn't know that I could get  
8 paid/reimbursed for when I take my Service  
9 member to some of these appointments."

10                   So, do we have that type of position  
11 and programs where they have that outreach  
12 specifically to the families? Not all the  
13 programs have that. And so, maybe that is a  
14 recommendation that we could --

15                   CO-CHAIR CROCKETT-JONES: Well,  
16 one of the other situations that we have also  
17 seen is that, even those places that have a  
18 position specifically to do this outreach, they  
19 accept a passive calculation of contact. If you  
20 ask, "Have you contacted family members," they  
21 will say, "A hundred percent." And you find out  
22 they have sent out emails. They sent out emails

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 to 100 percent of the emails they had, and they  
2 consider that 100 percent contact.

3 In part, because this is  
4 culturally -- this is a matter that involves a  
5 lot of stigma, and there has been 100 years of  
6 this stigma building up, and we have seen some  
7 change, but I am not sure -- I mean, we have got  
8 the sort of wave right now of the folks who are  
9 still in it. My serious concern is that we are  
10 going to see less as conflicts end, and we are  
11 going to go right back to the families aren't  
12 welcome, because we aren't quite getting to the  
13 point of overcoming the stigma while we have the  
14 population that needs the information.

15 MS. DAILEY: So, we can -- we have,  
16 to answer your question, Captain Evans, we have  
17 made recommendations that says there will be  
18 someone who is talking to the family at each  
19 stage and keeping them informed. That has been  
20 a recommendation, yes. Encouragement has been  
21 a recommendation.

22 And I think Admiral Nathan

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 identified that we have established some base  
2 grounds on the encouragement and highly  
3 recommending. Your decision here is, do you  
4 want to move forward in a more aggressive  
5 recommendation? If you do, we will give you a  
6 conservative aggressive approach in which there  
7 are only very small touch-points that the family  
8 member would be required -- and I know that is  
9 a bad word -- but there would be a very  
10 conservative encroachment in requesting that  
11 they be in attendance or moving beyond the  
12 request that they have to do this activity and  
13 this activity.

14 So, it would be a more aggressive  
15 approach, but we could write it in a  
16 conservative, you know, try in a very  
17 conservative way.

18 Or, again, you need to decide  
19 whether you want to leave your standing  
20 recommendations, which are about inclusion and  
21 information and allow it to process from there.

22 CO-CHAIR NATHAN: You know, one

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 sort of middle ground may be a requirement that  
2 at the beginning of the process there is a  
3 requirement on our part, on the system's part,  
4 to contact every family and let them know that  
5 they are fully welcome to participate in the  
6 process.

7 That removes at least those families  
8 that say, "I'm not allowed to come." Because if  
9 there is a requirement that says, on our  
10 part -- we are not requiring the families to  
11 come -- but there is a requirement on our part  
12 that every family, the significant other who is  
13 listed on the page 2, or whatever, is contacted  
14 early in the process and told, "You're not  
15 required to come, but you're certainly welcome  
16 to come. And we have seen benefits from having  
17 the family attend."

18 Then, I have taken the beehive and  
19 thrown it back in their living room. And the  
20 Service member and their family can sort of duke  
21 it out as to whether the family comes or not, but  
22 the family can no longer say, "I didn't know I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 was allowed."

2 CO-CHAIR CROCKETT-JONES: Okay.  
3 Then, we just have to really define contact  
4 carefully because what we hear when we are  
5 everywhere we go is that, "Yes, I contacted them.  
6 I sent this email." You find out it is the  
7 emails they receive, not everybody's email.  
8 You find out they got the emails by asking the  
9 Service members. You find out that quite a few  
10 of the Service members gave their own emails, not  
11 a spouse's email.

12 So, the stigma is such that this is  
13 exactly what we are bumping into when we go to  
14 the installations. It is that they have worked  
15 around this soft approach. There is plenty of  
16 workarounds.

17 CO-CHAIR NATHAN: And by contact, I  
18 mean -- and again, logistically, this can be  
19 difficult, because if you want to hide your  
20 family, you can hide your family. I mean,  
21 people do it for the IRS; they can it from us.

22 (Laughter.)

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           But my expectation would be that  
2           contacting the family means you have actually  
3           had an exchange with a family member.

4           CO-CHAIR CROCKETT-JONES: Yes.

5           CO-CHAIR NATHAN: You have actually  
6           had an exchange with a family member. Now, if  
7           the Service member wants to go to the lengths of  
8           disguising their voice when you call the  
9           home -- (laughter) -- and say, "Yes, this is Mrs.  
10          Jones. Thank you very much," there is not much  
11          I can do about that. I give up. You know, I say  
12          "Uncle."

13          But I agree with you, Suzanne, just  
14          sending an email to, quote/unquote, the number  
15          you have been given or the address you have been  
16          given, and saying that is contact, I don't think  
17          that is sufficient.

18          To me, it means I have had an  
19          exchange with a family member either on email,  
20          they have contacted me back and said, "I  
21          understand. Thank you," or I have talked to  
22          them on the phone and they say, "I understand I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 am encouraged to come, I am welcome to come to  
2 the process. Thank you. I will talk to my  
3 loved one and see what we are going to do."

4 MS. DAILEY: Sir, every Service has  
5 a stipulation, a policy, a statement that they  
6 will contact the family. RCC has five  
7 categories where they have to contact the  
8 family, correct? I have an RCC back here.

9 And the Army, when we said, "Who is  
10 responsible for contacting the family? How are  
11 they doing it?", they lay it all out on who is  
12 contacting the family and what their  
13 responsibilities are.

14 So, based on my experience, the  
15 Services have met that requirement at their end.  
16 Now, again, 100 percent is not capable, and they  
17 inefficiently execute it. And there are  
18 numbers of individual variances there, but every  
19 Service can point to where they are hands-on with  
20 the family.

21 CO-CHAIR NATHAN: You know, we have  
22 many families that don't understand what is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 available to them. So, we either take this on  
2 or we don't.

3 MS. DAILEY: Correct. Correct.

4 MEMBER EVANS: I think, Denise, you  
5 offered to craft a recommendation for us?

6 MS. DAILEY: I have. The research  
7 team has looked at it, and we have put our most  
8 salient thoughts in the bullets there about  
9 moderate incursions into touch-points that they  
10 would be required to participate in;  
11 in-processing and IDES, got to be there. And  
12 those would be, yes, the in-processing and the  
13 IDES briefing, the initial IDES briefing.

14 And, yes, you can also say you will  
15 provide TDY funds for the Reserve Component  
16 family members to participate or you can craft  
17 that they will get those briefings out in their  
18 community. But that is the next step. You  
19 either make it a requirement or you say it is do  
20 better, work harder.

21 CO-CHAIR NATHAN: Why don't you and  
22 your team craft up some examples for these and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 we will look at them? And that way, if a Service  
2 member calls us up and starts screaming that we  
3 have broken their family up, we can give them  
4 your name.

5 (Laughter.)

6 But I do think we saw enough dramatic  
7 examples on the road of families that felt  
8 disenfranchised. As we all know, in a  
9 tight-knit community, especially in the remote  
10 locations, when a couple of families feel  
11 disenfranchised, all they do is sort of give  
12 negative-speak about the whole process, and that  
13 inflames the entire community, who sort of  
14 starts thinking, you know, I didn't think I had  
15 it that bad, but now that I am listening to you,  
16 I do.

17 And so, we really need, I think, to  
18 try to nip that in the buds as much as possible,  
19 again, being reverent to the family dynamic and  
20 trying to respect that. Yet, I do agree with  
21 Suzanne that sometimes you have to push the  
22 patient a little bit past their stigma point.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 And once you do, sometimes they realize what an  
2 ally they have in their family member, as opposed  
3 to someone who they are trying to insulate from  
4 the process, and they heal better when they are  
5 doing it with their family, as opposed to trying  
6 to manage it all themselves.

7 And that tends to happen more, in my  
8 observations -- the senior families engage much  
9 more than the junior families because the senior  
10 family member, be it senior enlisted, senior  
11 officer, tends to incorporate their families  
12 more, either because the family insists more.

13 Whereas, the junior officer or the  
14 junior enlisted's family isn't that facile with  
15 the system, doesn't really understand. And  
16 their junior member comes home and says, "If you  
17 were to go with me on this visit or if you were  
18 to involve yourself, I would be in trouble with  
19 my command." And the junior member says, "Oh,  
20 I'd better not then, and I will just be  
21 completely paralyzed here at the whim of what you  
22 tell me, wondering what our future is." Very

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 upset, and then, talking to the other junior  
2 spouses saying, "Isn't this a horrible system  
3 that we're in." So, I think we need to see if  
4 we can reverse that trend.

5 Okay. What other points remain to  
6 be discussed here in the next seven minutes?  
7 No. 10?

8 So, this basically just simply says  
9 that, look, when you have had a significant  
10 genitourinary injury, what kind of counseling  
11 are you getting when you transfer to outpatient  
12 status? I know that they are doing a good job  
13 at the tertiary care facilities, at Reed,  
14 Brooke, San Diego. They have actually  
15 developed counseling teams, inpatient  
16 counseling teams, that come and talk to you about  
17 your options, if you have an impairment ranging  
18 all the way from total destruction of your  
19 anatomy to simply some partial impairment.  
20 They do a great job of providing counseling on  
21 that.

22 I don't know what happens when

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 you -- and I think that probably covers you, as  
2 they talk about the whole range of options as you  
3 leave the hospital -- but I don't --

4 CO-CHAIR CROCKETT-JONES: This may  
5 just be a timing thing because at some of the  
6 installations that information hadn't been  
7 given. So, this may just be a timing thing that  
8 the programs for getting that information  
9 weren't in place when people --

10 CO-CHAIR NATHAN: Right.

11 CO-CHAIR CROCKETT-JONES: -- who  
12 were further along --

13 CO-CHAIR NATHAN: Right. I think  
14 it has developed some interest. I know in the  
15 Marine Corps and the Army this is a front-burner  
16 issue with the Commandant and the Chief of Staff  
17 of the Army for families. Fortunately, it is  
18 not a large percentage of people who have  
19 suffered devastating impairment, but for  
20 anybody who has and they are in their twenties,  
21 boy, do you need support, both medical and social  
22 support for these issues.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           So, I think I may be deluding myself,  
2           but I think that the Services have sort of  
3           turned-to on this because they finally  
4           understand that this a real impairment ever  
5           since we migrated more to Afghanistan with the  
6           dismounted mission and the IEDs coming from the  
7           ground up. So, I don't know if we need to push  
8           this point more or more.

9           MEMBER DeJONG: I don't think we  
10          need to push. And I know I will be corrected if  
11          I am wrong. This year is really the first year  
12          that we have heard about a lot of this, and it  
13          is on the front burner of a lot of things. So,  
14          I think this is something we need to track over  
15          the next year and see how it is going.

16          CO-CHAIR NATHAN: It works for me.  
17          Going once, going twice.

18          Okay. Other points?

19          MEMBER DeJONG: No. 11, I am trying  
20          to get some clarification on No. 11.

21          MS. DAILEY: I think we need a  
22          clarification also. Who was -- Dr. Turner, Dr.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Phillips.

2 MEMBER PHILLIPS: Let me get my  
3 notes, but I think there was a disparity  
4 between -- oh, one DoD method duty policy for all  
5 Active Guard and Reserve, Title 10 and 32.  
6 There is a difference between the LOD policy.  
7 And so, that was No. 11, to try to harmonize or  
8 make them all the same. Related to assistance  
9 to the families, there are different policies.

10 CO-CHAIR NATHAN: The difference  
11 between Title 10 and Title 32?

12 MEMBER PHILLIPS: The difference  
13 between Active Duty and Title 10 and 32, that was  
14 my understanding, related to family policies and  
15 assistance.

16 Other than that, my gray hair  
17 doesn't let me remember the rest of it.

18 It is kind of a small detail, but an  
19 important detail. I don't know if we want to  
20 spend a lot of time on that. Perhaps the staff  
21 can assist.

22 CO-CHAIR NATHAN: So, an example

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 would be what?

2 MEMBER PHILLIPS: Well, if you are  
3 on Title 10 or 32 orders, the ability of the  
4 family to extend family assistance.

5 CO-CHAIR NATHAN: Would this be the  
6 difference between a family that is getting care  
7 while the patient is on Active Duty --

8 MEMBER PHILLIPS: Yes.

9 CO-CHAIR NATHAN: -- vice what  
10 benefits are available once they have left  
11 Active Duty and they are in like a VA polytrauma  
12 unit or they are going to the local VA and ITO  
13 or housing or per diem or --

14 MEMBER PHILLIPS: Yes, that is my  
15 understanding, that if they are in a  
16 community-based unit or they are a Title 10/32,  
17 the family assistance is a lot less than an  
18 Active Duty.

19 MS. DAILEY: Okay. So, we are  
20 ringing some bells here. So, are we talking  
21 about -- well, yes, obviously, a spouse whose  
22 Service member is in a drill status can't walk

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 into an MTF and get service. I mean, that is the  
2 nature of the Reserve Component versus the  
3 Active Component. So, there are significant  
4 differences.

5 They have to be on Title 10 orders.  
6 If a Reserve Component Service member is on Title  
7 10 orders, such as in a CBWTU or in a WTU, they  
8 are on Title 10 and they have full benefits,  
9 absolutely complete full benefits of any spouse,  
10 any Title 10. It is transparent to the system  
11 when a Reserve Component individual is on Title  
12 10, transparent to the system.

13 Providing care for the Reservist who  
14 is still in their community and not on Title 10  
15 becomes a process of their own individual  
16 healthcare or whether they are on TRICARE  
17 Reserve Select. That is, then, a decision by  
18 the Reserve Component and the Active Component.  
19 That status change is only when they decide to  
20 put the Service member on Title 10.

21 So, providing Title 10 services to  
22 individuals on Title 32s is an interesting

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 dynamic. The real issue is, the overarching  
2 issue ends up being, are you going to care for  
3 your Reserve Component in their communities on  
4 Title 10 with full benefits or are you going to  
5 make a decision to pull them into a consolidated  
6 location for their healthcare. If you leave  
7 them in their communities and they are not on  
8 Title 10, they have to go on INCAP pay; they have  
9 to use TAMP benefits; they have to use the VA.

10 And so, the real decision,  
11 ultimately, is all those sources are available  
12 to a Selective Reserve in their community or a  
13 National Guardsman in their community, the TAMP,  
14 the VA, their own healthcare system. And are  
15 you going to resource that population in their  
16 community for care or are you going to put them  
17 on Title 10 in their community or are you going  
18 to bring them back to the WTUs for care?

19 Each one of those is an option for  
20 your Reserve Component. So, the Task Force has  
21 generally come down on the side of caring for the  
22 Reserve Component in their community, if

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 possible, because you don't separate them from  
2 their family and their support. The intent  
3 would be the most severe would be consolidated  
4 at a WTU.

5 MEMBER DeJONG: And that is  
6 currently happening. And even on Title 32, if  
7 it is an injury that happens at drill status, all  
8 of the medical benefits are covered under that.  
9 They will continue to stay on orders. If it is  
10 something that allows them to go back home, if  
11 it is severe, they will put them into a facility  
12 where they need to be.

13 I don't think we need to breach this  
14 one. I think the system is set up to work. I  
15 think the system does work.

16 CO-CHAIR NATHAN: Any other  
17 discussion on that?

18 MS. DAILEY: And I validate Dr.  
19 Phillips' points here, that there are  
20 disparities when you are caring for your loved  
21 one in the community on Title 32 versus the Title  
22 10 options. There is a disparity.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I am not sure what policies even it  
2 out other than to go to caring for your Reserve  
3 Component in their community on Title 10. That  
4 does level the playing field, instead of leaving  
5 them on Title 32 in their communities.

6 MEMBER PHILLIPS: And I may be  
7 wrong, but I thought, if you go back on Title 10  
8 and you are sent to a facility, the benefits to  
9 the family, or lack of benefits to the family is  
10 the disparity between Active Duty -- in other  
11 words, family assistance can be provided to  
12 Active Duty, and again, I may be wrong, but not  
13 provided to the Title 10.

14 MS. DAILEY: No, when a Service  
15 member goes on Title 10 and is sent to a WTU, that  
16 family gets a green ID card; they get TRICARE  
17 Prime benefits. Now, if they are not near an  
18 MTF, they will get remote. But Title 10, Active  
19 Duty orders encompasses the whole family and the  
20 whole package.

21 CO-CHAIR NATHAN: Okay. Denise, I  
22 note that at 2:45 we are going to be

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 drilling-down on Reserve Component Title 10  
2 activities.

3 MS. DAILEY: Correct. Yes, yes.

4 CO-CHAIR NATHAN: So, why don't  
5 we --

6 MS. DAILEY: Yes, that is a good  
7 discussion for then. Good.

8 CO-CHAIR NATHAN: -- table this  
9 until then? We can take it in the context of all  
10 those things.

11 So, why don't we take our break now  
12 until five after and we will reassemble?

13 (Whereupon, the foregoing matter  
14 went off the record at 9:50 a.m. and went back  
15 on the record at 10:05 a.m.)

16 CO-CHAIR CROCKETT-JONES: Okay.  
17 So, we are now going to review information  
18 resources, which also falls under restoring into  
19 society. The same recommendations that related  
20 to the family care-giver-focused area also apply  
21 to this focus area, with the addition of  
22 Recommendation 35.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           Again, we will begin our discussion  
2 with -- I guess because Captain Evans is  
3 busy -- Command Sergeant Major DeJong, would you  
4 mind beginning our discussion of the information  
5 resources?

6           MEMBER DeJONG:     Well, we spoke  
7 about it a little bit yesterday. We know that  
8 the National Resource Directory is not going  
9 away, and we need to figure out how to get better  
10 utilization of that or somewhere make one  
11 central touch-point for the information  
12 resources that are out there. We hear from the  
13 families that they are not getting enough  
14 information and they don't know where to look for  
15 the information. So, we hear a lot of family  
16 members talking about Googling different things  
17 and coming up with different ways.

18           So, as we spoke yesterday a little  
19 bit about coming up with a more adaptive way of  
20 getting the information out to the families,  
21 somehow we worded it into mobile platforms and  
22 other things. I can't go much more onto it than

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 what we did yesterday.

2 CO-CHAIR CROCKETT-JONES: I recall  
3 being briefed. There was going to be some  
4 change in the 800 number and service-based  
5 OneSource administration. At least that was  
6 being proposed. I vaguely remember that coming  
7 up at a briefing. Can someone remind me if I am  
8 just remembering wrong?

9 MEMBER EUDY: Yes. I think when we  
10 were briefed, they had also talked about placing  
11 informational kiosks within the Washington,  
12 D.C., area to provide direct access points.

13 In the discussion we had also talked  
14 about how the utilization would be better served  
15 in the Guard and Reserve Component areas in the  
16 podunk towns where people need to have that  
17 access to plug in their MOS or qualifications  
18 versus in the D.C. area when you are  
19 oversaturated with abilities, capabilities.

20 MEMBER REHBEIN: DoD non-concurred  
21 with our recommendation, but there were really  
22 two parts of that recommendation, one being the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 renaming and one being an aggressive marketing  
2 campaign. Did they non-concur with everything  
3 or just the renaming portion of it?

4 MS. DAILEY: Sir, just the  
5 renaming. They made a commitment for continued  
6 marketing and aggressive marketing of the  
7 website.

8 CO-CHAIR CROCKETT-JONES: But,  
9 when they briefed us, they did say that their  
10 marketing efforts had started with D.C. and  
11 Congress.

12 MEMBER REHBEIN: Their marketing  
13 efforts started with, I'm sorry, what?

14 CO-CHAIR CROCKETT-JONES: The D.C.  
15 area and Congress. They had gotten Congress  
16 members to link to the NRD on their websites.

17 MS. DAILEY: And real quick, let me  
18 just kind of talk about No. 1 a little bit.  
19 Believe it or not, all these recommendations  
20 come from something you all have said sometime  
21 in which we find actually had a lot of  
22 information, somewhat validated out in the focus

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 group.

2 So, No. 1 is really a very aggressive  
3 recommendation, and we can move beyond it with  
4 discussion. It is really saying there should be  
5 only one 800 number, only one website for all the  
6 Services and all the families to go to. You have  
7 expressed that before. Whether you actually  
8 want to put it into a recommendation is here  
9 before you. I will take it off or you can go  
10 there.

11 CO-CHAIR NATHAN: Well, I have been  
12 pretty vocal over the last several months about  
13 one-stop shopping. And I know that there is a  
14 variety of assets available to various families.

15 But the reason I like pushing  
16 one-stop shopping is that in itself forces  
17 standardization. If you tell an Army, Navy,  
18 National Guard family, Reserve or Active Duty,  
19 to call a 1-800 number and it is the same number,  
20 that is going to foster standardization. It is  
21 much easier said than done.

22 But, nonetheless, I think in my

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 experience talking to families that, as we all  
2 know, 10 years ago they were just bereft because  
3 they didn't know who to call and now are bereft  
4 because they have too many people to call.  
5 Wouldn't it be nice if they could just dial 1-800  
6 and they would get somebody on there who  
7 understands the complete algorithm and says,  
8 "Okay. May I ask you first, are you in a Reserve  
9 Component or Active Duty? May I ask you, were  
10 you injured in the war? Is this an injury at  
11 home? May I ask you where you are in the  
12 process? And I will hook you up with the right  
13 person who can guide you from that point in the  
14 process."

15 "I'm calling because my husband has  
16 just now been admitted to Brooke Army Hospital  
17 and from the war." Or "I'm calling just now  
18 because my Active Duty spouse has developed what  
19 may be a terminal cancer. What do I do? Who do  
20 I talk to? What do I do next?"

21 And then, the person says, "Where  
22 are you located? Here are the individuals

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1       there."

2                   I mean, it requires a lot of work,  
3       but I really think, if we had a time machine and  
4       we could go back 15 years ago, 10 years ago, we  
5       would have built it this way. And it would have  
6       obviated so many problems with disparity and  
7       created standardization all the way from the  
8       non-medical care management, be it ITO orders,  
9       non-medical assistance, to the IDES system and  
10      the way we do it.

11                   But I am just one guy here, but I  
12      like, to borrow Mr. Parker's term, I like the  
13      sort of go big or go home, 1-800 approach.

14                   Do we think realistically the  
15      Services are going to concur and say, "You know  
16      what? We're all for it." But, again, if we  
17      really believe -- and I am using the "royal we"  
18      again -- if there is a consensus here that this  
19      still remains a big problem with stovepipes and  
20      various Service approaches that result in best  
21      practices in some and bad practices in others,  
22      I think the onus is on us to recommend a better

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 mousetrap.

2 That is the end of my speech.

3 MEMBER PHILLIPS: But there are  
4 things that we can do to revisit this with them.  
5 I mean, we can look at the historical statistics  
6 of usage. Their response to us was,  
7 paraphrasing, that we are being more aggressive  
8 in advertising, and we can look at the more  
9 recent statistics and see if that has made a  
10 difference related to utilization. And if it  
11 hasn't made a difference, I think it justifies  
12 us to say, "Listen, you tried, and it is not  
13 working. We need to think again. Either  
14 change the name or modify the way you are  
15 approaching it," if we want to go that way.

16 CO-CHAIR CROCKETT-JONES: Well, I  
17 think the energy was intended to be that one-stop  
18 shop, although only web-based. That was  
19 intended to be the one-stop shop. It is largely  
20 unused as far as the people that we poll in the  
21 installations. They don't have a phone number.  
22 As far as I know, they don't have phone access.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Military OneSource is broad. It is  
2 not targeted to this population and isn't  
3 specialized in that way. It is helpful. It is  
4 known. It is used.

5 But when we have talked to the  
6 Services about their individual call-in's, they  
7 don't want to give them up because they feel they  
8 give specific information that is necessary.

9 I don't know that the NRD could be  
10 expanded to a phone system as well, but I think  
11 it would have the same problem. I get the  
12 impression, because funding comes from so many  
13 sources, that it is quite expensive.

14 So, yes, I agree with you. I am  
15 person who likes to have a simple central source  
16 to standardize that information. I am not sure  
17 where we could recommend. I mean, we asked them  
18 to advertise more, but I am not sure how  
19 effective it is. It is so unknown. I am not  
20 sure where the actual obstacles and difficulties  
21 are anymore. Well, I know one thing I think it  
22 still an obstacle, but --

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           MEMBER DeJONG: I think, depending  
2 on how we word this, we are going to get a  
3 response back of, "We have the National Resource  
4 Directory." They are very adamant about having  
5 it and that it is there.

6           If we do go down the road of a  
7 recommendation with this, I think we should  
8 somehow tie that into other ways of getting the  
9 information that is out there.

10           MS. DAILEY: Okay. Let me also  
11 clarify. This recommendation addresses  
12 consolidating the current 1-800 resources, the  
13 current 1-800 phone numbers by the Services, and  
14 the current websites by the Services, and it  
15 would probably also roll NRD in. So, think of  
16 it holistically.

17           So, your decision point here,  
18 again -- and I thought Admiral Nathan was very  
19 on-point -- your decision here is, do you want  
20 to make a recommendation to consolidate the  
21 Services' websites and phone numbers and the NRD  
22 into one location? Do you want to go there?

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 You will see it in July. If you don't want to  
2 go there, this one comes off.

3 NRD is a separate topic, if you want  
4 to address it and its relative use to the Service  
5 member. Otherwise, it is encompassed in this  
6 recommendation.

7 MEMBER PHILLIPS: As stated, I am a  
8 firm believer in one-stop shopping because you  
9 look at Google; that works. So, one way of  
10 perhaps couching the recommendation is at least  
11 to create a one-stop shopping portal. In other  
12 words, someone puts in "military information" or  
13 "military help," at least they can come to the  
14 portal that, then, allows them to choose a  
15 scroll-down list of what they want. "I am a  
16 veteran," "I am an injured Service member," et  
17 cetera.

18 I mean, it can be done. I could  
19 elaborate on it, but --

20 MEMBER MALEBRANCHE: I think we  
21 would be remiss if we didn't suggest this because  
22 of the day of constrained resources, and all

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 these resources doing all these individual  
2 things could be put into one.

3 I think the other thing that I would  
4 like, especially with the 1-800 number -- and I  
5 think the VA has seen it, obviously, with the  
6 suicide hotline when you go in -- but you talk  
7 to people. And these little roll-around  
8 things, "Press 1, Press 2" -- if you put the  
9 resources into a person on the other end, instead  
10 of having four or five, I think this is real  
11 important.

12 And I think Congress did it one time  
13 to tell us, you know, get one 1-800 number  
14 because of polytrauma. People had 35 business  
15 cards. Who do I call? Well, the one that helps  
16 you with your pay probably. But I really do  
17 think we have to focus on that.

18 MEMBER PHILLIPS: I agree, and I  
19 have been searching it. It doesn't have a  
20 mobile app for the smartphone.

21 (Laughter.)

22 So, that is a simple thing to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 recommend.

2 MEMBER MUSTION: I agree with the  
3 effort for a consolidated, centralized, single  
4 phone number, single portal, as Steve mentioned,  
5 as the way forward. We talked just the last hour  
6 and a half, and half of the recommendations all  
7 centered on getting timely, accurate, and  
8 relevant information in the hands of a person to  
9 help them address a problem or a concern.

10 We have left it in the hands of the  
11 Services to wrestle with it for about 10 years  
12 now, and we are where we are.

13 But in visits that I made and the  
14 discussions that we have all had over the last  
15 day and a half, they all center or they all  
16 eventually come back to not getting the  
17 information we need or informing the Force the  
18 way that we need to.

19 MEMBER KEANE: The NRD does have a  
20 1-800 number. There is a search option in the  
21 NRD that you type in anything and it brings up  
22 25 web pages. I think the Service is going to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 say, "Yes, we have this thing called the NRD."  
2 So, there is a 1-800 number, 1-800-827-1000.

3 CO-CHAIR CROCKETT-JONES: Okay.  
4 So, I am very positive I think consolidation is  
5 a good thing. I think it is fiscally-sound. I  
6 think it is good for families who need the  
7 information.

8 My concern is, if they all get rolled  
9 into the NRD, they all become invisible because  
10 the NRD is generally invisible. So, I don't  
11 mind this recommendation. I don't oppose its  
12 intent. I have that one concern. But I support  
13 the concept of rolling them all into one. But,  
14 if they are all rolled into the NRD, the  
15 visibility for all of those resources goes down  
16 because they are the least known.

17 MEMBER DRACH: I did some checking  
18 yesterday on the NRD. We have seen consistently  
19 on the site visits that the Service member, the  
20 family member never heard of the NRD. The NRD  
21 is getting almost 100,000 hits a month; 97.5  
22 percent are unique. That is a lot of hits a

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 month. Who is doing it? They don't know.  
2 There is no way to track who is accessing the NRD.

3 I also asked them about an app. You  
4 know, is there an app or have they looked at it?  
5 This is a quote from the response:

6 "We haven't approached that for a  
7 couple of reasons. One, it would be  
8 extremely-costly and time-consuming.  
9 Secondly, and more importantly, there is not any  
10 functionality that an app would provide that  
11 isn't already available or wouldn't be in terms  
12 of future development on a desktop or mobile  
13 site. Many content-driven sites are moving  
14 away from apps, as they require functional  
15 updates and are much more unstable than a useful  
16 mobile site."

17 MEMBER PHILLIPS: I mean,  
18 technically, apps are not expensive. And  
19 recent statistics show that fewer people are  
20 using their desktops or laptops, and they are  
21 really moving to the mobile devices.

22 CO-CHAIR NATHAN: I just think

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 whether the NRD has the functionality that we are  
2 looking for and just needs to be -- you know, in  
3 my ideal world, you could not reach a  
4 Service-specific organization without going  
5 through a 1-800 number. You should not be able  
6 to call the Navy's help unit, the Army's help  
7 unit, the Army's SFAC oversight, the RCC, the  
8 FCC. You shouldn't be able to call them  
9 initially without being referred through a 1-800  
10 number. And then, once you are siphoned off to  
11 them, then you communicate with them.

12 But, otherwise, we are never going  
13 to create -- the NRD exists, but so do four or  
14 five separate agencies that handle the same  
15 problem different ways. And I contend that if  
16 you are calling -- and again, you will have to  
17 educate me on this, does the NRD have the help  
18 line to it? Meaning, I am the family member of  
19 a wounded warrior. I feel that I am not getting  
20 what I need and I want to call somebody.

21 The VA has been very successful with  
22 their suicide hotline, and you get a lot of

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 extraneous mental health calls there, too, which  
2 eventually get -- I mean, many people who are  
3 calling the suicide hotline are not suicidal;  
4 they are just not doing well or they have  
5 somebody in their home who is not doing well, and  
6 they get siphoned off to somebody. It is a warm  
7 handoff.

8 This could also proffer a warm  
9 handoff because you would have the consolidation  
10 of resources. Instead of 50 people at each  
11 Service trying to troubleshoot something, you  
12 could bring them all together, train them, and  
13 you would have a total of 100 people instead of  
14 200 people doing it.

15 And you call and you are the spouse.  
16 You are up in Anchorage, Alaska, and you call and  
17 you say, "Nobody is telling me what is happening  
18 with my husband. I can't figure out what's  
19 going on. He won't talk to me. I don't know if  
20 we are going to have to get orders out of here  
21 or not."

22 And the individual is then trained

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to say, "You need to speak to this person."

2 "I've tried to talk to them. They  
3 won't talk to me."

4 "Okay, we'll call them and give them  
5 your name, and they'll be in touch with you.  
6 Call us back in 48 hours if you haven't heard from  
7 them."

8 I mean, those are the kinds of things  
9 that I think a marquee organization does. We  
10 still are doing it hit-and-miss. We are beating  
11 up on the various Services and giving them  
12 accolades, depending on which piece of the  
13 puzzle they do well or do badly.

14 So, again, if we are going to create  
15 standardization, I don't know how you do it  
16 without having all the Services have to be  
17 front-and-center in a common input media, be it  
18 a web page.

19 And you know who would do back flips  
20 over this is the SASC staffers. They are the  
21 ones who, every time I run into them, are just  
22 pummeling me on the 100 different websites that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 are available at the entry level. And I'll say  
2 Military OneSource. And they will say, "Yeah,  
3 but, you know, that's not on the tip of  
4 everybody's tongue."

5 So, again, that is why I feel that  
6 we need to at least go on record saying, "We told  
7 you so," even if nobody concurs.

8 MEMBER PHILLIPS: I would say,  
9 rather than asking them to change their name,  
10 which is what they would not concur about, can  
11 we ask them just to put an "M", "Military" in from  
12 Military National Resource Directory?

13 CO-CHAIR CROCKETT-JONES: Well, I  
14 don't think we need to worry about that. I think  
15 that the idea of a recommendation to consolidate  
16 is a good idea.

17 And you're right, I think that if we  
18 are going to hear a non-concur back, I think we  
19 do need to go on record requesting that  
20 consolidation. It makes fiscal sense and it  
21 makes user-friendly sense. I think that most  
22 people here think it is the right method. So,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 making the recommendation is a good idea, I  
2 agree.

3 MEMBER MALEBRANCHE: I think we  
4 should add to that recommendation, too, in  
5 addition to doing this, an active, aggressive  
6 marketing campaign on this. Because, as Dr.  
7 Phillips mentioned -- you know, he is looking at  
8 the military, how to make it -- but part of this  
9 is you are going to consolidate and you are going  
10 to save some resources. Spend some of those  
11 resources on marketing this, which a lot of  
12 people don't know about the NRD.

13 MEMBER EVANS: Do we say -- this is  
14 kind of outside of the box -- that if we don't  
15 see an improvement, that we can recommend it goes  
16 away? What is to benefit?

17 MS. DAILEY: I need you all to  
18 distinguish between a recommendation to  
19 consolidate websites and 1-800 numbers and a  
20 separate recommendation for the improvement of  
21 the NRD. So, which one are we talking about  
22 right now?

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: We are talking  
2 about consolidation right now.

3 MEMBER EVANS: Consolidation.

4 MS. DAILEY: Okay. All right.  
5 So, consolidating, in that context, your  
6 question is?

7 MEMBER EVANS: But it goes back to  
8 the NRD. So, we continue to hear, and I believe  
9 the Task Force over the past couple of  
10 years -- so, we want to handle that one  
11 separately, the Co-Chair is telling me.  
12 Somewhere we have to address the NRD.

13 CO-CHAIR NATHAN: See NRD doesn't  
14 match 1-800. You need something smarter than I  
15 am to figure out the number of letters. Well,  
16 you do. I mean, you need -- you know,  
17 1-800-ATT-COLLECT was genius. I guess it was  
18 genius. Nobody uses it anymore.

19 MEMBER REHBEIN: 1-800-DOD-HELP.

20 CO-CHAIR NATHAN: Right. You  
21 know, you just need something that is a mnemonic  
22 that people can catch onto. And then, when you

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 call it, though, it has to be helpful; it has to  
2 be value-added.

3 And so, it requires training  
4 individuals to be able to know where to go for  
5 the various things, all the way from the person  
6 who calls 24 hours after they have been  
7 grievously wounded or injured all the way to  
8 somebody who is eight months into the process and  
9 is struggling with IDES.

10 That needs to be the one-stop  
11 shopping. They need to either be able to give  
12 you the technical answer or refer you to somebody  
13 with a one handoff that can give you the  
14 technical answer. That is what I see as  
15 Nirvana.

16 What else do you need?

17 MS. DAILEY: Well, we will go with  
18 that. We will go with that. You know, we get  
19 No. 1. We will put it in the recommendation.  
20 It is going to be a broad-reaching  
21 recommendation, ladies and gentlemen. It is  
22 not going to be how to suck the egg or how to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 advertise it or --

2 CO-CHAIR NATHAN: Right.

3 MS. DAILEY: -- what 1-800 number  
4 would be utilized or how to market it. You are  
5 just going to have to get this is your thought  
6 process for getting a consolidation of resources  
7 into one location.

8 CO-CHAIR NATHAN: Exactly. I  
9 think you can hang some verbiage on it. You  
10 know, as you make the recommendation, you can  
11 say, "In order to foster standardization,  
12 Service parity, and warrior-centered care,  
13 warrior-centered support, it is recommended  
14 that there be a universal, one-stop shopping  
15 number and website."

16 I mean, you could add, "If busy, call  
17 forward to Captain Evans' cell phone."

18 (Laughter.)

19 But I just think that you could add  
20 some verbiage on there which kind of puts a  
21 little more gravity behind it and emphasis.

22 MEMBER KEANE: In my mind, if we are

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 trying to keep it around 15, this doesn't  
2 percolate to the top. We have asked the DoD to  
3 address NRD in the past. I would suggest maybe  
4 the team could call the 1-800 number that exists  
5 and see if that number does what we want it to  
6 do, and see if we can get a person that would  
7 direct us, if they are knowledgeable in that, or  
8 if it is more of a computer-based "Press 1 for  
9 the Marine Corps, Press 2 for the Marine  
10 Corps" -- I mean, sorry.

11 I also disagree with the finance,  
12 that this is fiscally-savvy. So, because we  
13 have four different web pages, it is initially  
14 not going to be fiscally-savvy because someone  
15 is going to have, you know three of the four, if  
16 not all four, will have to change theirs. All  
17 the web-based is through contracting. All the  
18 smart knowledge engineers are not military  
19 members. And as we are cutting down contracts,  
20 sequestering civilians, I don't think it would  
21 be fiscally-savvy.

22 I think the NRD, we have asked them

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 before to promote it. I don't know; we have  
2 gotten a mixed review.

3 If the 1-800 number does what we want  
4 it to do, maybe the recommendation, or it is not  
5 one of the top five, but one of the smaller  
6 recommendations is promote the 1-800 number that  
7 exists.

8 CO-CHAIR NATHAN: I think the  
9 status quo is suboptimal. What I hear you  
10 saying is let's maintain the status quo and let's  
11 simply advertise, figure out a way to  
12 re-energize people's awareness of the NRD  
13 contact system.

14 And then, I think you made a good  
15 point, which is, you know, shouldn't we test that  
16 first and see if it is really doing the same thing  
17 that we are trying to foster here? Maybe it is  
18 already in existence and we just don't  
19 appreciate its validity.

20 The one thing I know -- and this is  
21 where I think, Colonel, you and I have to agree  
22 to disagree -- is that not only would it, I think,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 and this is the premise on the Defense Health  
2 Agency, which is you are going to get these  
3 various services, these three services, which  
4 provide medical care to beneficiaries in the  
5 military treatment facilities, and we all do it  
6 three different ways.

7 We have our own IT system. We have  
8 our own pharmacy systems. We have our own  
9 education and training and research systems.  
10 And we are going to coalesce those to remove  
11 redundancies and to create standardization, so  
12 that we can have one funding stream and we can  
13 have one standard of provision of service.

14 That is difficult to do. And the  
15 concern is there is going to be more bureaucracy  
16 when we finish than when we started. But the  
17 idea is a good one.

18 And I would contend it is the same  
19 for wounded warrior care. I understand that  
20 there is some Service parochialism here, and  
21 especially usually that parochialism is most  
22 evident in the Army and in the Marine Corps

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 because they are the ones that have the biggest  
2 dogs in the hunt. And so, there is always a  
3 reticence to divest your cultural status quo or  
4 equilibrium that you have that seems to be  
5 working.

6 But I think from our perspective so  
7 many of the things we deal with here have to do  
8 with education of families, being able to reach  
9 out for information, being able to understand  
10 the process, understanding what is available to  
11 you, not knowing who to call. And I still  
12 contend that we have different stovepipes  
13 providing different solutions to the same  
14 problem.

15 And I don't know how you get those  
16 all together. I don't know how you get Tito to  
17 rule the Balkans and get them all to play  
18 together without some sort of forcing function.

19 Now I am the first to admit that  
20 probably on my tombstone it will say, "One of  
21 these days I've got to get all the Services  
22 together." But I think the onus is on us to at

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 least say that is goodness, say that is the way  
2 to go.

3 I just don't personally -- and  
4 again, I am one person, and please, this is why  
5 we have a democracy here, to sort of get the  
6 general consensus of the group -- but I  
7 personally don't believe there should be one way  
8 of providing non-medical support that the Marine  
9 Corps does and that the Army does.

10 I'm sorry.

11 CO-CHAIR CROCKETT-JONES: No, I  
12 just want to say I am not hearing actual  
13 conflict. So, I want to reiterate the two  
14 possible -- I know you are thinking of it as two  
15 different -- as a disagreement. I am not sure  
16 that is what I am hearing.

17 I am hearing you say you want to  
18 consolidate everybody into a single new entity  
19 that would be universal to the DoD, that would  
20 force some parity, and that would act as a portal  
21 and be easy to advertise, so people would have  
22 their one number to call. And a person at the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 other end of that line would, then, disseminate  
2 them to where they needed to be.

3 I think the only thing I am hearing  
4 Colonel Keane say is that that may be the  
5 intended function of the NRD, and since they do  
6 have an 800 number, that really what we need to  
7 know is if that is the intended function, and if  
8 that is how an 800 number call to the NRD  
9 functions, that that same consolidation could be  
10 made into what already exists rather than  
11 reinventing the wheel.

12 And so, I am not sure that there is  
13 actual disagreement here. I think that we need  
14 to know how that 800 number functions and if that  
15 is the intention of the NRD, which that is the  
16 way I understood it. And if so, then, actually,  
17 our recommendation can be more pointed and more  
18 clear to say, "You have the NRD. Get rid of the  
19 other stuff and consolidate."

20 It may take time. There may have to  
21 be plans to do so, but make the NRD function as  
22 intended, rather than saying invent yet another

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 wheel to add over top of the NRD.

2 So, I don't necessarily think there  
3 is a disagreement here, at least from what I am  
4 hearing from the two of you. So, have I  
5 summarized either of you incorrectly?

6 MEMBER KEANE: Are we envisioning a  
7 1-800 number that is a joint 1-800 number that  
8 would replace the Marine Corps' Wounded Warrior  
9 Call Center, that would replace any other  
10 numbers that are out there? I don't envision  
11 that.

12 I envision the NRD being the first  
13 stop, and they are kind of, whether or not they  
14 are gathering some information initially, but  
15 directing the person to answer the question;  
16 that this 1-800 that does exist for NRD may not  
17 have all the answers, but they know where to go.

18 I went on the NRD site. Two clicks  
19 and I am at Wounded Warrior Regiment's home page  
20 with all the points of contact and email  
21 addresses.

22 We can't make people use the NRD.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 We can't make people use the 1-800 number. I  
2 don't know if DoD can promulgate it or push it  
3 any more than they can.

4 But I think I heard someone say that  
5 we may want to use this recommendation to go on  
6 record, even if DoD says that we already have  
7 that. Do we want to waste that, a  
8 recommendation, on something that we think that  
9 they are going to say they already have? I don't  
10 think so. I don't know.

11 CO-CHAIR NATHAN: So, you went on  
12 the NRD site, and within two clicks, you got to  
13 the Wounded Warrior Regiment, which is a  
14 Marine-centric --

15 MEMBER KEANE: Two clicks got me to  
16 all the Services; a third click would get me to  
17 the Regiment.

18 CO-CHAIR NATHAN: Right.

19 MEMBER KEANE: Two clicks brings me  
20 to all the Services.

21 CO-CHAIR NATHAN: And all that does  
22 is propagate a disparity in the way the Services

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 approach wounded warrior recovery care.

2 MEMBER KEANE: The exact reason why  
3 the Marine Corps wouldn't want someone else  
4 answering our 1-800 number.

5 CO-CHAIR NATHAN: And so, I would  
6 offer that that is a suboptimal system. And  
7 there is what I believe is idealistic, and my  
8 approach is idealistic, and there is what I  
9 believe is realistic. Because probably nobody  
10 in this room has dealt more with the Commandant  
11 over these kinds of issues than I have and, as  
12 the Navy guy, is committed to the support of the  
13 Marine Corps and making sure that they do well.

14 And I had to broker on the same  
15 campus a tremendous amount of non-medical  
16 support issues between mostly the Army and the  
17 Marine Corps. And I had to constantly be a  
18 referee over why they did and didn't do this.

19 And so, my point is simply I think  
20 that the Services have not yet been forced to  
21 have to really sit down and do the hard work of  
22 deciding what works best for them and what would

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 work best in a joint continuum.

2           So, again, the reason I am not  
3 hard-over on this is I don't necessarily -- I  
4 agree with you, Colonel -- I don't necessarily  
5 believe that, all of a sudden, that  
6 recommendation will come out, all the Services  
7 will jump up and say, "Oh, I could have had a V-8.  
8 We're going to do this. Why didn't we think of  
9 this sooner? I love you, man." "No, I love  
10 you, man." And they are all going to gravitate  
11 towards each other and create a system; I can  
12 tell you it is just the opposite.

13           When I would go to the Commandant and  
14 say, "You know, well, the Army does this for  
15 them," he would say, "Well, that's good for the  
16 Army. God bless them and good luck."

17           And when General Chiarelli would  
18 come by, and I would say, you know, "Have you  
19 thought about doing this because the Marine  
20 Corps" -- he would say, "The Marines, there's  
21 just a few of them. I've got to deal with  
22 thousands of people."

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I could never get anybody to really  
2 try to meet in the middle. I always felt that  
3 there were certain Service equities that had to  
4 remain different, discrete, but not nearly as  
5 do.

6 And how do I get everybody to the  
7 table to broker that? I will never get that; I  
8 will never allow that to happen; I will never  
9 foster that if I have a OneSource that simply  
10 does nothing but direct people to their various  
11 Services to get their specific Service solution  
12 to the same problem.

13 So, I am a Marine Corps family, a  
14 National Guard family, or an Air Force family,  
15 and I go to the NRD, and it simply very quickly  
16 and efficiently sends me to the Air Force, the  
17 National Guard, and the Marines.

18 I think that, okay, that is the "B"  
19 answer. It is the "B" or "B-" answer. The  
20 "A-/B+" answer is the DoD says, "You know what?  
21 Let's put you all in a room and lock the door and  
22 slide pizza underneath until you come out with

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 a more congruent approach to these common  
2 problems."

3 Because everywhere we go we see cool  
4 things about the SFAC and, then, very  
5 challenging things about the cadre, and cool  
6 things about the Wounded Warrior Regiment, and  
7 then, challenges compared to other things.

8 And we see those from our level. We  
9 are the ones who make these recommendations  
10 because we see from our aparochial,  
11 higher-global view better ways to build a  
12 mousetrap for various services. And not a  
13 minute goes by where somebody doesn't say in this  
14 room, "You know what? Remember, where we were  
15 here and they really had this licked? That was  
16 a great thing. Everybody should be using that."  
17 But we can't get that done. We can recommend it,  
18 but we can't get that done.

19 So, again, the reason I am not  
20 standing on the table screaming and ranting and  
21 raving about it is because I don't know that  
22 realistically it is going to happen on our watch.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I just offered the philosophical perspective  
2 that, if you think it is the right thing to  
3 do -- and you may disagree with me; you may be  
4 saying, "Sir, I get all that, but, I, Colonel  
5 Keane, don't really think it is the right thing  
6 to do. I think the system we have right now that  
7 takes care of Marines taking care of Marine  
8 issues is the best way to go." -- then, I  
9 respect that completely.

10 But if the consensus of the group is  
11 this is the right thing to do, even though it is  
12 probably not going to realistically occur,  
13 aren't we obligated to say this is the direction  
14 you should head?

15 MEMBER MUSTION: Sir, I would  
16 comment that the status quo doesn't work and we  
17 have seen that every place we have been, that  
18 information doesn't get where it needs to get to.  
19 You can't find it or it is difficult to get to.  
20 And for that reason, I think, if nothing else,  
21 we just need to comment strongly that  
22 information/education is -- we are never going

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to solve the problems if we don't figure out how  
2 to inform and educate soldiers, sailors, airmen,  
3 and marines and their families, as well as those  
4 providers that render the support and  
5 assistance.

6 And the current environment that we  
7 are in, and the current IT solution sets, the  
8 websites and phone numbers and the status quo  
9 doesn't work.

10 CO-CHAIR NATHAN: And, General  
11 Mustion, I think we are all in violent agreement  
12 with you there. The question I would have that  
13 Colonel Keane asked, legitimately asked, he  
14 legitimately asked is, if we use skywriting and  
15 mailouts and subliminal advertising and stamped  
16 "NRD" on every door -- in other words, if we put  
17 a big banner up in every MTF and NOSC and  
18 recruiting center, and everything else, that  
19 said, "For all things wounded warrior,  
20 recovering warrior care, wounded, ill, and  
21 injured, the NRD number, call it for all things,  
22 complaints, concerns, questions, issues, VA,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 DoD, for all things," the question you are asking  
2 is, do they have the resources to get us where  
3 we are going?

4 And my answer is, if they do, that  
5 is a "B" answer. That is not an "A"; that is a  
6 "B", but it is still a "B" because it still  
7 siphons it off to various Services. And I don't  
8 think there is a forcing function.

9 Do I ever think the Marines and the  
10 Army will absolutely create congruent policies  
11 for each Service? No, I do not. Do I think they  
12 could do more together than they understand?  
13 Absolutely. But they are not forced to. So,  
14 that is my point.

15 MEMBER PHILLIPS: We chose to  
16 recommend changing the name because we all know  
17 that name recognition is critical. The  
18 question I have for the staff is, when we get a  
19 non-concurrence, is there an explanation as to  
20 why or it is just a non-concurrence?

21 MS. DAILEY: Yes, sir, we get an  
22 explanation why. The NRD is owned really by

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 three agencies, VA, the Department of Labor,  
2 DoD, and the White House is significantly  
3 involved in it because the job functions in it.

4 And the agencies are not willing to  
5 take one on for name change. They will take it  
6 on for increasing their advertising, advancing  
7 the utilization of the site. So, you have that  
8 commitment out of them.

9 But, you know, I mean, when you said,  
10 "Can we call it the 'Military National Resource  
11 Directory,' when I say VA owns it also and the  
12 Department of Labor owns it also, you now have  
13 to negotiate with them about the right language  
14 and the right words to put in there. So, that  
15 is really they don't want to go there right now  
16 for that, and that is their position.

17 Now that it be utilized,  
18 cost-effective, that is an easier commitment for  
19 them to make to us. How we measure it, how they  
20 get there, what success they have doing that is  
21 to be determined. And we do that by gathering  
22 data and assessing.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           You know, we have heard for the last  
2 two years that they get 100,000 hits a year.  
3 What is our expectation, that they get 500,000  
4 hits a year? We have laid out the expectation  
5 that they be able to identify individuals who are  
6 wounded warriors. They have put a widget on it,  
7 so that they can parse and compartmentalize  
8 utilization of it. We can ask them for those  
9 statistics.

10           CO-CHAIR CROCKETT-JONES: Okay. I  
11 just want to let you know that the 800 number for  
12 the National Resource Directory actually does  
13 not belong to the National Resource Directory.  
14 That 800 number is for the Wounded Warrior  
15 Resource Center. If that is the National  
16 Resource Directory, now we know it has two names.  
17 But I am not sure. There is no website or  
18 location that I can find for Wounded Warrior  
19 Resource Center. I don't know if they are two  
20 different entities. There is a lot of smoke on  
21 this one.

22           MS. DAILEY: And again, we went over

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 this last year. The Wounded Warrior Resource  
2 Center is on Military OneSource, is that  
3 correct? It is on the Military OneSource  
4 website. The telephone number, as you just  
5 stated, from the National Resource Directory  
6 refers you to the Wounded Warrior Resource  
7 Center. The Wounded Warrior Resource Center  
8 refers you to the Marine, Army, Air Force  
9 hotlines, if that is your request. Have I got  
10 it right here, Nora? Okay.

11 But I don't want to go into it right  
12 now. Again, I want to bring it back to a  
13 conceptual discussion, which --

14 CO-CHAIR NATHAN: Well, I think  
15 that, again, we should probably call for the  
16 question here because we are going to run out of  
17 time.

18 But what concerns me is that, is  
19 there supposedly anybody smarter on the planet  
20 about these kinds of things than we are supposed  
21 to be? And we don't quite understand.

22 So, where Colonel Keane and I would

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 agree is, at the least, there needs to be better  
2 situational awareness among the population as to  
3 what the system is that is available and how to  
4 utilize it. Because we do know from datapoints  
5 on our travels that it is not penetrating.

6 As General Mustion says, the status  
7 quo isn't working. We still have many people  
8 who are frustrated and in despair because they  
9 don't know who to call, because they have been  
10 given so many places to call, and the don't know  
11 where to start.

12 And so, if we really think we have  
13 a viable system now, I am willing to accept that.  
14 At the minimum, we need to amp it up and figure  
15 out how to advertise it. You have recommended  
16 that in the past, changing the name, yell louder,  
17 those kinds of things.

18 Or do we need to sort of go for the  
19 centerfield fence and say, "You know what? You  
20 need to coalesce your expertise and your  
21 resources under one website, under one 800  
22 number, and it needs to be manned by various

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 personnel from the VA."

2 It needs to be this Committee. It  
3 needs to be this Task Force. It needs to be  
4 manned by Army, Navy, VA, National Guard experts  
5 that receive training and work through the  
6 disparity in their services to decide which ones  
7 they can remove disparity and which ones are  
8 sacrosanct and can't be moved.

9 Right now, there is no forcing  
10 function. There is none. All that we know is  
11 that, when a Marine complains, the Commandant  
12 calls Navy Medicine and/or the Wounded Warrior  
13 Regiment and says, "Fix it," until we have fixed  
14 that Marine's complaint. But we don't know if  
15 there is a better system out there that they  
16 could use from the Army or the Air Force or the  
17 National Guard.

18 So, that is my point, is just that  
19 I still believe that we have allowed this process  
20 to be stovepiped for too long.

21 MS. DAILEY: Sir, I do think we are  
22 seeing some traction in the IC3 and the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 interagency efforts to, as you said, force. And  
2 I do think they are coming to the table as a  
3 forcing function for ensuring that every Service  
4 is providing a consistent service in non-medical  
5 case management.

6 Oh, well, let me take that off the  
7 table. It is probably confusing the issue more.

8 CO-CHAIR CROCKETT-JONES: Can I  
9 just ask this: I think that our researchers are  
10 really, really good and they are wonderful  
11 people. And I am buttering them up.

12 I would think that maybe what we need  
13 is for them to craft two or three alternate  
14 recommendations that vary wording according to  
15 the various voices they have heard around this  
16 table and let us have something very clear to  
17 choose between.

18 We know we want to hit this area. We  
19 seem to be having trouble finding our footing.  
20 And I think rather than rehashing the  
21 variations, we need to see them delineated in  
22 clear language in a couple of different choices

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 of recommendation that we can, then, find  
2 consensus on when we next meet. Is that  
3 possible?

4 CO-CHAIR NATHAN: I think it is  
5 fine.

6 MS. DAILEY: We can do that. I am  
7 good with that. We have a lot of material here.  
8 So, we are good with that.

9 CO-CHAIR NATHAN: No, I think it has  
10 been a healthy discussion and it has helped us  
11 tee-up our thoughts. So that, when your folks  
12 put it together and look at a little more data  
13 to drive it one way or the other, we can all make  
14 our collective issues.

15 And my mind is open on this. I am  
16 just explaining my frustrations. But, as my  
17 boss when I worked part-time in college used to  
18 say, I may be slow, but I do poor work.

19 So, I think that I am very eager to  
20 hear what your staff comes up with, as well as  
21 I have been very appreciative of the education  
22 I am getting from Colonel Keane and others as to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 what is already out there and existing.

2 MEMBER EUDY: Sir, in structure and  
3 in principles and background, I would ask that  
4 Special Operations Command be -- I don't know if  
5 placed in the language of that to help provide  
6 some guidance, as we, since our inception of the  
7 Care Coalition, have conducted this as a Joint  
8 Center of Excellence, being able to look through  
9 those stovepipes, identify those best  
10 practices.

11 Regardless of the Service member  
12 that is in front of me, I can ensure you that I  
13 give the same level of non-medical case  
14 management to that soldier, sailor, airman,  
15 marine, coast, guardsman that has come under  
16 SOCOM service.

17 So, if we decide to push forward,  
18 that SOCOM is used to help guide any area.

19 CO-CHAIR NATHAN: No, absolutely.  
20 The parochialism, though, with SOCOM is pretty  
21 high. I mean, SOCOM would be very happy to share  
22 their process with us, but, remember, the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 funding level for SOCOM and the benevolent  
2 organizations for SOCOM are really robust.

3 MEMBER EUDY: Understood, sir.

4 CO-CHAIR NATHAN: And so, I am not  
5 sure that SOCOM would ever accept the other way.

6 MEMBER EUDY: Understood, sir.  
7 Separate of the specific ways that each wounded  
8 warrior organization is financed, just to look  
9 at it from a perspective of how we are structured  
10 and how we operate, regardless of not throwing  
11 money at the problem, just looking at ways that  
12 we do operate, we may be able to benefit.

13 CO-CHAIR NATHAN: Yes. No, I think  
14 a rising tide would lift all the boats. So, that  
15 would be great.

16 Okay. How are we doing on -- we have  
17 five minutes to figure out how to staff the  
18 SFACs.

19 (Laughter.)

20 CO-CHAIR CROCKETT-JONES: I think  
21 we have made a recommendation previously to say  
22 that we support the continued staffing of SFACs.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 We have made that recommendation before. I  
2 think that, unless we have something new to say,  
3 I am not sure we want to reiterate. I don't  
4 think we ever --

5 MS. DAILEY: I am good with that.

6 CO-CHAIR CROCKETT-JONES: We never  
7 got a non-concurrence with that. In fact,  
8 didn't they concur? Functionally, it may have  
9 been some variation, but they concurred, did  
10 they not?

11 MS. DAILEY: Of course they concur,  
12 and they are doing a staffing study. So, we can  
13 look at it again next year.

14 Again, you are seeing out in the  
15 field, you know, we walk into an SFACs. The  
16 Director at SFAC in Colorado has been on interim  
17 orders for three years, and they don't have  
18 Education Specialists.

19 So, just again raising the issues  
20 you are seeing out in the field, and we can wait  
21 and see how they end their sourcing document and  
22 how they source their document.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR CROCKETT-JONES: Good.  
2 Thank you.

3 CO-CHAIR NATHAN: Other issues,  
4 Connie? Anything else? You're good?

5 You've got the 11 o'clock blues?

6 (Laughter.)

7 Going once, going twice. Okay.

8 You can call "1-800-I-WANT-TO-TAKE-A-BREAK".

9 (Laughter.)

10 And we are going to be back at 11:15.

11 (Whereupon, the foregoing matter  
12 went off the record at 11:01 a.m. and went back  
13 on the record at 11:22 a.m.)

14 MS. DAILEY: We are going to be  
15 talking about IDES, ladies and gentlemen. I  
16 would like to give it a full set of your  
17 attention. A very complex topic. So, we have  
18 a lot of recommendations in this area.

19 CO-CHAIR NATHAN: So, the next  
20 topic for review is going to be the IDES system.  
21 This falls under the Enabling a Better Future  
22 Focus Group. We provided recommendations 29

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 through 33 on the last report, which covered  
2 areas including creating the individual  
3 electronic record, not counting terminal leave  
4 against the timeline, which was a non-concur,  
5 and developing a more accurate PEBLO staffing  
6 model.

7 At this time, we will ask Ms.  
8 Malebranche and Mr. Rehbein, if you would, to  
9 frame the discussion.

10 MEMBER MALEBRANCHE: Okay. For  
11 the first area, where we talked about the PEBLOs  
12 and the recovering warriors, about visibility of  
13 their status in DES, when we did our West Coast  
14 sweep, one of the things that was brought up,  
15 that it would be nice if PEBLOs and the  
16 recovering warrior could view the status of  
17 their benefit and where they were in the system.

18 And I believe -- I think this was in  
19 the Seattle area -- they were calling the DRAS  
20 at a routine interval to find out the status.  
21 And I think that was a very important thing. Now  
22 if they could have tools, certainly that would

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 be of benefit. I don't know the status of some  
2 of these tools, if you will, currently.

3 CO-CHAIR CROCKETT-JONES: Yes, I am  
4 not sure what the status is, but I know we have  
5 heard that there are tracking tools in  
6 development, so that CBWTUs and everyone in the  
7 process -- well, that a Service member will be  
8 able to find out the status of where he is.

9 But does anyone know the latest as  
10 far as that development goes?

11 MS. DAILEY: Everyone has  
12 visibility of their status through their  
13 eBenefits.

14 CO-CHAIR CROCKETT-JONES: Okay.

15 MS. DAILEY: And you have  
16 universally heard that it does not give them an  
17 accurate status.

18 So, we go back to depending on the  
19 PEBLOs. The PEBLOs use the VTA, and everyone  
20 develops tools for tracking individuals from the  
21 VTA. The VTA is generally the one source for all  
22 information.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           Generally, the recommendation has  
2           been that the VTA be more accessible to  
3           everybody, the lawyers, the CBWTUs. That takes  
4           some of the pressure off the one person providing  
5           the status, the one phone call that has to have  
6           the status. Now we are not talking about  
7           putting a VTA with every individual, but making  
8           it more accessible to the larger organizations  
9           that are bearing the brunt of trying to explain  
10          to Service members their status in the system.

11                   MEMBER MALEBRANCHE: Denise, was  
12          there a place that we went to that they talked  
13          about having a limited number of people that  
14          would have access to VTA? That somehow is in my  
15          memory.

16                   MS. DAILEY: Absolutely. Right  
17          now, the individual with the most access to the  
18          VTA is the PEBLO. It is their tool.

19                   MEMBER MALEBRANCHE: Well, I would  
20          say that we want to go with this. It kind of  
21          jumps into the next section, I know, but when we  
22          were also up in the north section, the attorneys

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 that were giving advice also had access. This  
2 was very helpful. I think that we want to stick  
3 with this as a pretty strong recommendation. I  
4 can't imagine doing away with it.

5 MEMBER REHBEIN: There is actually  
6 a second part of this, too, if you jump to  
7 Observation No. 13 or potential Recommendation  
8 No. 13. If we don't do No. 1, obviously, the  
9 PEBLO can't update the nurse case manager. And  
10 I don't know if weekly is an appropriate, is a  
11 necessary interval for the nurse case manager to  
12 get an update on the case. I would just change  
13 that word to "regularly" and let them determine.

14 MEMBER EVANS: I think that the  
15 nurse case managers are to attend the weekly IDES  
16 brief or update. I am not sure if that is  
17 standard or across all commands, but I know at  
18 Walter Reed we had a weekly -- just what are your  
19 numbers? -- of going through the list of  
20 individuals going through the IDES process.  
21 So, case managers are involved in that.

22 MS. DAILEY: At Fort Lewis they had

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 someone whose sole job was to track PEBLO. It  
2 was to track status. And they didn't have  
3 access to the VTA. They had to call the PEBLOs.

4 Just trying to connect the dots  
5 across the world, the issue is VTA is dependent  
6 upon Service entries being accurate. It is  
7 dependent upon the VA being accurate in the DRAS,  
8 in the black hole of the DRAS, which we found they  
9 are working hard to fix.

10 Everyone has to be providing  
11 accurate information. But the dots are it is  
12 all going into the VTA. And so, the next step  
13 is, well, why, then, don't more people have the  
14 VTA? The VTA is not a perfect document, but it  
15 is the most informative, the most well-used, and  
16 the follow-on thought process would be, then,  
17 why isn't it ubiquitous?

18 MEMBER EVANS: Have we ever asked  
19 that question to -- I think WCPO owns that,  
20 correct? So, have we ever -- VA owns that?

21 MEMBER MALEBRANCHE: VA does.  
22 And, see, there is so much change right now in

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the IT; I don't know the current status. I mean,  
2 I know just last night they were talking about  
3 VTA. I would think that, if that is something  
4 that we need to do that, that we would ask for  
5 more access points or more ability to access. I  
6 don't know why wouldn't. Imperfect as it is, it  
7 is the system.

8 MEMBER EVANS: Have we ever had a  
9 brief on just VTA?

10 MS. DAILEY: No. We did ask  
11 yesterday, do CBWTUs have VTA? They said, "No,  
12 they don't." I mean, I sent you the emails.  
13 And I asked, did the lawyers have them? And they  
14 said the lawyers have PEBLOs; the PEBLOs have  
15 them.

16 So, again, you see the whole system.  
17 And I don't know what the structural impediments  
18 would be, or whatever. Again, it is not a  
19 perfect document. But the concept here is, as  
20 well-utilized as it is, it might be a good idea  
21 to ensure its greater accessibility.

22 CO-CHAIR CROCKETT-JONES: Yes, I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 think it is a sound recommendation to make.  
2 Increased access for CBWTUs and legal  
3 assistance, and those in the system to have more  
4 access to VTA. I don't think we have to be more  
5 specific than that, but I think it would help a  
6 lot of the anxiety. So, I think it is a solid  
7 recommendation.

8 MEMBER MALEBRANCHE: I do, too. It  
9 is communication, and they have been asking for  
10 more. I mean, you can't go wrong with  
11 communicating the status. I mean, people want  
12 to hear; they hear more often, connect with the  
13 nurse case manager.

14 The reason for the nurse case  
15 manager recommendation I think was so that he or  
16 she could communicate that back to the  
17 recovering warrior, so they know where they are  
18 at. That makes for better situations.

19 No. 2 is in order to reduce the  
20 transition time, that all Service members should  
21 be allowed to go on leave or encouraged to go on  
22 leave after they sign their findings. Was this

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 so it doesn't count against a timeline? Is this  
2 all related to the timeline?

3 CO-CHAIR NATHAN: I don't know that  
4 that is going to carry the day.

5 MEMBER MALEBRANCHE: I don't think  
6 that is the right answer.

7 CO-CHAIR NATHAN: The Service  
8 members, you know, they want to take their  
9 terminal leave; they are going to take their  
10 terminal leave.

11 Now in the past we tried to say you  
12 won't count the terminal leave against them,  
13 against the timeline, because, right now, the  
14 only reason the Marines are exceeding the 295  
15 days is because of the terminal leave. But it  
16 seems like an artificial --

17 MEMBER MALEBRANCHE: It does to me,  
18 too, because, I mean, encourage to take leave or  
19 don't take leave because of the timeline, the  
20 timeline is our problem, not theirs, and they  
21 should be allowed to take the leave when they  
22 feel like they need it. So, I think the timeline

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 issue, you're right, is artificial, and that is  
2 in the explanation.

3 I think that is how we first found  
4 out why some of them were so very long, is like,  
5 oh, it counted against timeline; therefore, the  
6 numbers. That was actually a good thing to  
7 know. And I think there were other things that  
8 were discovered along this line of processing of  
9 the timeline. But the timeline is an issue for  
10 us to work on, not for Service members to put  
11 their leave around.

12 MS. DAILEY: Sorry, context here.

13 MEMBER MALEBRANCHE: Okay.

14 MS. DAILEY: In particular, the  
15 Marine Corps, once an individual signs his MEB,  
16 signs his packet that has come back, in the time  
17 period between when the packet comes back and he  
18 has signed and he gets his orders, currently, the  
19 Marine Corps does not allow them to go on leave.

20 MEMBER MALEBRANCHE: Does not  
21 allow?

22 MS. DAILEY: I'm sorry, this

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 context area is a Service-specific  
2 recommendation.

3 CO-CHAIR NATHAN: Currently, the  
4 Marine Corps does not allow them to on leave?

5 MS. DAILEY: Correct. Correct.  
6 During the time they sign and they start building  
7 the packet for the orders --

8 CO-CHAIR NATHAN: Right.

9 MS. DAILEY: -- and cutting a set of  
10 orders for them, and an estimated date for  
11 departure, that is the time period which they are  
12 concerned about losing the member and not  
13 getting them back for the execution and  
14 outprocessing. And so, there is a constraint on  
15 taking annual leave during that time.

16 CO-CHAIR NATHAN: Okay. I will  
17 have to check on that.

18 MEMBER MALEBRANCHE: I know I  
19 hesitate to make a Service-specific --

20 MEMBER KEANE: Yes, I don't want to  
21 make it Service-specific.

22 CO-CHAIR NATHAN: Right.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           MEMBER KEANE:    I don't have an  
2 answer.  I am usually working with our veterans.  
3 I don't know the answer.  We do have a couple of  
4 civilian Marines in the audience who might be  
5 able to answer, but I don't know.

6           MS. DAILEY:  I will cross-check.  I  
7 will cross-check.

8           MEMBER MALEBRANCHE:  Okay.  The  
9 next one on "DoD should ensure treatment that  
10 would delay or limit employment post-DD-214, as  
11 provided."  I have to say, when I went through  
12 this, I don't really understand this one.

13           When care is delayed, I believe it  
14 is the medical case manager should work towards  
15 with the OEF and OIF program at the local VA to  
16 schedule a TRICARE referral to a VA provider,  
17 warm handoff, initiating care during the  
18 transition phase.

19           I am not sure about this.  Mr.  
20 Rehbein and I were talking about this because --

21           MEMBER REHBEIN:  Let me ask a couple  
22 of questions and make sure that I understand.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           That first sentence, "DOD should  
2           ensure treatment that would delay or limit  
3           treatment post-DD-214, as provided." Is  
4           provided pre-DD-214? Is that what that was  
5           intended to mean?

6           MS. DAILEY: Or is arranged for  
7           prior to departing the Service. Currently, in  
8           IDES, for example, if you have a torn rotator  
9           cuff and you are going to need surgery on it, but  
10          it is still elective surgery, you will not get  
11          that surgery before you leave. You can make  
12          arrangements for that surgery to be done the day  
13          after you leave with, let's say, a VA provider,  
14          if you work on those issues early.

15          MEMBER REHBEIN: So, what we are  
16          really addressing here is that we have heard at  
17          times about long delays, elective surgeries that  
18          couldn't be done during IDES, and then, the  
19          process was started to get it scheduled until  
20          after the DD-214. And that led to a  
21          several-month delay that drastically affected  
22          the employment prospects of the individual.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   So, is this the best solution to  
2                   that?

3                   MEMBER MALEBRANCHE: Well, I mean,  
4                   I think always it is kind of like the dental care,  
5                   right? If you can't get it before you get out,  
6                   you have something that allows you to get it  
7                   afterwards, but that usually isn't a problem  
8                   with employment. So, to delay a person getting  
9                   out because of a treatment, I guess I am still  
10                  just not really clear on it.

11                  CO-CHAIR CROCKETT-JONES: I don't  
12                  think they are saying delay someone getting out.  
13                  I think they are saying the ability to sign them  
14                  up for post-DD-214 treatment at a VA prior to the  
15                  DD-214 actually being processed. I think that  
16                  is all that is being recommended here.

17                  MEMBER MALEBRANCHE: Okay. I was  
18                  going to say, because they can get a TRICARE  
19                  referral and the VA is a TRICARE provider. So,  
20                  I don't know that I see this as an issue, the  
21                  referral out there, unless there was a delay.

22                  MS. DAILEY: Yes, second- and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 third-order effects here. I mean, the Services  
2 have uniformly made elective surgery while an  
3 individual is in IDES a concern. Generally,  
4 they don't want to do it. Generally, they will  
5 not do it.

6 There are concerns now -- and I just  
7 want the Task Force to sort of think about  
8 second- and third-order fix -- which is they get  
9 their -- this is surgery -- after they leave the  
10 military. There are employment issues if they  
11 are going to be engaged in rehabilitation, knee  
12 reconstruction, knee therapy, shoulder therapy,  
13 back issues that prevent them from working.

14 So, there are some second- and  
15 third-order effects of not addressing these  
16 things, so when they walk out the door, they are  
17 employable.

18 This came up. It is a very  
19 emotional issue among your Service members, that  
20 they can't get things taken care of before they  
21 leave. For example, down at Fort Stewart two  
22 years ago we had an individual who related that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 he had a hernia. It was elective surgery, but  
2 it did become critical. And they did have to  
3 perform emergency surgery. So, there are just  
4 second- and third-order effects here of a policy  
5 which has merit and is understandable as far as  
6 managing the timeline, but how are you going to  
7 ensure Service members are employable when they  
8 walk out the door, when there have been delays  
9 in giving them elective-care surgery,  
10 quality-of-life surgery that would allow them to  
11 work?

12 MEMBER EVANS: So, is that a medical  
13 call or a Service call? So, medical deems that  
14 you need to have this procedure. So, the  
15 Service can say no, because you are currently  
16 going through the IDES process?

17 CO-CHAIR CROCKETT-JONES: If it is  
18 considered elective, yes.

19 MEMBER PHILLIPS: That is my  
20 understanding, that unless there is potential  
21 loss of limb, loss of life, or loss of sight, they  
22 want you to wait until you are out and do it at

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the VA. That is what we have been told.

2 MEMBER REHBEIN: Short of making a  
3 recommendation that would totally change that  
4 process, which I am not sure we want to do, is  
5 there anything in this early scheduling part of  
6 this observation that can't be done right now?  
7 Or are we simply dealing with some situations  
8 here that were human-dependent?

9 MEMBER PHILLIPS: Let me just share  
10 a thought with you related to this because we  
11 have heard this in a number of different places.  
12 Someone may be six months into their process, and  
13 they have a hernia or a torn rotator cuff, and  
14 they know they are going to be another three or  
15 four months and they have to wait, by regulation,  
16 until they get to the VA because the military  
17 facility just doesn't have the ability to do all  
18 these elective cases.

19 Now I don't know whether we can make  
20 the recommendation that they can choose to  
21 either wait and go to the VA or choose to go to  
22 the civilian sector and be covered. If you have

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 a hernia, it is elective, but if it incarcerates,  
2 then it becomes an emergency and it has to be  
3 done.

4 So, I am just wondering about the  
5 cost savings and the benefit to the Service  
6 member, if we could just make a recommendation  
7 that you can go to the civilian sector while you  
8 are waiting and you can be recovered and go to  
9 work as soon as your DD-214 is done.

10 MEMBER MALEBRANCHE: Well, that is  
11 what I would think because -- I mean, I didn't  
12 realize it was solely elective here, but I think  
13 that both DoD -- I mean, DoD has got TRICARE, but  
14 VA also is a TRICARE provider. VA also has fee  
15 basis. So, either way.

16 But if it is going to delay  
17 employment for someone -- and I am thinking only  
18 of the Reserve group that we talked to that were  
19 waiting for something -- that doesn't make sense  
20 because our intent is to get the folks back to  
21 duty as soon as possible. It is not going to  
22 cost less if you wait. It probably ends up

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 costing more.

2 But I guess I didn't understand the  
3 genesis of this particular one. But I don't  
4 know why we would delay anything. If you can get  
5 it done, you would get it done.

6 MEMBER PHILLIPS: I was told -- I  
7 mean, I asked this as a physician -- that they  
8 just didn't have the global manpower, womenpower  
9 to do all these elective cases that need to be  
10 done.

11 But, Karen, a question: could  
12 someone go to the VA? I mean, can that be  
13 arranged, so they can go, rather than to go the  
14 civilian sector while they are still in the  
15 process?

16 MEMBER MALEBRANCHE: The VA sees  
17 Active Duty. If they are sharing agreements in  
18 the area and the capacity is there, they can be  
19 done at the VA. But that is very local. So, one  
20 VA might have an orthopedist, and they have some  
21 down time that they could do this in. So, they  
22 might have a sharing agreement with the local

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 MTF, so that can be arranged.

2 If they are at capacity, they never  
3 displace any veterans. However, it is  
4 different at every place. So, it is hard to make  
5 a generalization, but certainly they can find  
6 out from the VA in the area. And it might even  
7 be that the VA does or doesn't have that  
8 capability back at their home station, pending  
9 where their home station is.

10 MEMBER PHILLIPS: Perhaps maybe we  
11 need to clarify the issues before we make a  
12 recommendation.

13 CO-CHAIR NATHAN: So, is there a  
14 specific recommendation you want out of this  
15 one?

16 MEMBER EVANS: Because what I am  
17 reading is that we want the medical case manager  
18 to work with the OEF/OIF program and the local  
19 VA to schedule these patients. So, I think we  
20 do that. We are supposed to be doing that.

21 MEMBER MALEBRANCHE: And we have VA  
22 liaisons at facilities that are high-volume

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 facilities or the platforms to do this. So, I  
2 guess I don't know; it is supposed to be being  
3 done.

4 MEMBER REHBEIN: And that was the  
5 intent of my question. Is this a situation that  
6 is simply human-dependent or are there  
7 mechanisms in place? It is just that in a  
8 specific location or two they weren't being  
9 used? Because if that is the case, then that  
10 doesn't rise to the level of anything we can do  
11 about it.

12 MEMBER EVANS: And that is probably  
13 the case. That is the scenario, that we do not  
14 have the liaisons at all the facilities. So,  
15 that may be more of the medical, the case manager  
16 reaching directly to the OEF/OIF, and there is  
17 a delay in that happening.

18 It seems to be more successful where  
19 we have the VA liaisons because they are right  
20 there at the MTF vice where we don't. So, that  
21 may be the scenario. So, I am not sure if a  
22 recommendation as a Task Force, because this is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 something that we should already be doing.

2 CO-CHAIR CROCKETT-JONES: Yes, I am  
3 not sure this is a Task Force recommendation, but  
4 I can say I do think that there is a gap in  
5 knowledge of what the policy is and what is  
6 possible. I think there is an impression among  
7 Service members that they just can't get them  
8 until they are out and everything goes on hold.

9 So, I don't think this is  
10 necessarily a matter of changing policy so much  
11 as it is better informing the support staff and  
12 care providers with what policy actually is and  
13 how to make it happen.

14 MEMBER MALEBRANCHE: I think  
15 Suzanne is right, from the one visit that I did  
16 on the Arkansas trip, that they were told to wait  
17 until they got out and go to the VA. If that is  
18 the case, and this is where that is from, that  
19 is, again, one locale and better information.

20 MS. DAILEY: We are getting this  
21 from -- there are complaints about being delayed  
22 in IDES to get your elective surgery. It has a

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 number of policy implications. IDES has a  
2 timeline. We want to meet that timeline. Will  
3 a surgery delay that? Will it incur a  
4 rehabilitation process for a rotator cuff or  
5 knee or back that will delay the process for  
6 IDES?

7 And your real issue is you want to  
8 get care for the Service member, regardless of  
9 how the timeline plays out. But being sensitive  
10 to the fact that you are trying to meet a  
11 timeline, how are you arranging for the care for  
12 the Service member?

13 MEMBER MALEBRANCHE: So, I think it  
14 goes back again to timeline. And if that is the  
15 case, that is the wrong motivator.

16 CO-CHAIR NATHAN: Right, but I am  
17 not sure that -- again, there is a lot of  
18 ambiguity in this. We don't really know  
19 hard-over what the direction is.

20 The other side of the story is that  
21 there are often Service members who want to get  
22 out. If they have a condition that makes them

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 unfit for separation, they have to have that  
2 taken care of. If it is not something that makes  
3 them unfit for separation, they themselves have  
4 said at times -- I am not saying this is always  
5 the case, but this complicates the stew -- they  
6 themselves sometimes will say, "Well, can't I go  
7 ahead and retire anyway? And then, am I  
8 eligible for this procedure in the VA system?"

9           And the answer is, "Yes, you are.  
10 We can do it now and get it done, but it will delay  
11 your retirement." "Or, if you want to, since it  
12 is not a condition that makes you unfit for  
13 service, go ahead and retire, and then, you can  
14 get it done later."

15           So, I think there is probably a  
16 little bit of truth from all sides. So, I am not  
17 hearing enough consensus to make a definitive  
18 recommendation on this one, but we certainly  
19 need to keep our radar at full gain, I think, as  
20 we proceed next year to look for this, to see if  
21 this is a problem.

22           Let's move to TDRL. You are either

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 "fer or agin" it.

2 Anybody have -- the originators of  
3 this?

4 I would have to agree -- this is not  
5 my soundbite; I am not the one who proffered  
6 this -- but I would have to agree with it in  
7 concept. Very few TDR members are found fit.  
8 The TDRL system was created so that you could  
9 have the way to put the long arm of the law back  
10 on somebody and bring them back into the system.

11 It has been my experience that  
12 almost entirely the only people who come back on  
13 TDRL are those who want to come back. Very  
14 rarely does the Service ever make you come back  
15 in one-year periodic physicals.

16 But I am not smart enough from the  
17 overall PEB perspective to really comment on it,  
18 other than the fact that I do agree with the  
19 concept that very, very few members return to  
20 Active Duty from the TDRL status, only those that  
21 for some reason want to.

22 And I remember, when I first learned

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 about the system, I thought it was interesting  
2 that somebody would have a job and go out and get  
3 a job with IBM or Walmart or the VA, or whatever,  
4 and then, I could recall them if I wanted to. I  
5 thought, is that fair? I can just snag them out  
6 of the private sector and bring them back onto  
7 duty?

8 And I was educated by people smarter  
9 than myself, it very, very rarely, if ever,  
10 happens. It is almost always that the  
11 individual says, after 36 months on TDRL, "I  
12 really would like to come back. Am I fit now to  
13 be recalled?"

14 MEMBER MUSTION: Sir, I agree with  
15 that recommendation --

16 CO-CHAIR NATHAN: All right.

17 MEMBER MUSTION: -- having been in  
18 the PDA. It was, then, the Army that -- it  
19 doesn't provide the value. It doesn't meet its  
20 intent.

21 CO-CHAIR CROCKETT-JONES: And it  
22 does contribute to a lot of anxiety for those who

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 are put on TDRL who are pretty much dissuaded  
2 from getting treatment if they are afraid their  
3 benefits are going to suddenly end. So, I think  
4 this is a good, solid recommendation.

5 CO-CHAIR NATHAN: Going twice.  
6 Okay, done. That stands as a recommendation.

7 MEMBER MALEBRANCHE: Okay. The  
8 next one. The DES process improvement is  
9 necessary. That focuses on the quality of DES  
10 processing and adjudication, starting with DoD  
11 and the Services, and what causes DES timeline  
12 delays and providing feedback for process  
13 improvement.

14 In addition, a checklist of all  
15 requirements should be developed and followed by  
16 all DES stakeholders. I think that is  
17 occurring, the DES process improvement, and that  
18 they are going through checklists. It seems to  
19 me that process -- there has been a full-court  
20 press on this whole issue of DES. So, I don't  
21 see that as a --

22 MEMBER REHBEIN: Yes, we have seen

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 lots of data that talks about separate pieces of  
2 the process and what is taking too long and the  
3 attention that is being focused on them. So, I  
4 guess I am not sure what is in here that isn't  
5 already being done.

6 MEMBER MUSTION: Sir, I agree. I  
7 know you see the numbers from Navy, just as we  
8 do in the Army. And how it is compartmentalized  
9 now allows us to identify the long pole in the  
10 tent.

11 CO-CHAIR NATHAN: Oh, yes.

12 MEMBER MUSTION: And we are able to  
13 attack it in partnership with the VA and the  
14 other stakeholders.

15 CO-CHAIR NATHAN: Right. And that  
16 is why I am intrigued by the fact, and probably  
17 just uneducated now or unaware of the Marine  
18 policy withholding leave. Because the one  
19 thing that has kept the Marines from hitting 295  
20 days is terminal leave. So, maybe that is why.

21 I don't know if that is a recent  
22 change, Denise, or not, but I will go back and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 try to sort that out.

2 MS. DAILEY: It has always been like  
3 that. I am surprised Captain Evans didn't jump  
4 in on it. You mentioned it to me the first time  
5 when I briefed you.

6 MEMBER EVANS: That is why I looked  
7 at Colonel Keane, because I thought they got rid  
8 of that policy. I thought they were getting rid  
9 of that.

10 We have problems at Walter Reed with  
11 saying, "Well, we are going to hold him until he  
12 receives his" -- you know, "and then he can start  
13 his terminal once he receives his ~~FDD~~-214."  
14 And I thought the Marine Corps, WWR, went back  
15 to revisit that policy because of the IDES,  
16 because of the numbers. And so, I am surprised  
17 to see here that it is on the books as a true  
18 policy.

19 CO-CHAIR NATHAN: Yes, we will find  
20 out.

21 MEMBER EVANS: Yes.

22 CO-CHAIR NATHAN: We will find out

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 if it is still --

2 MEMBER EVANS: Because they were  
3 supposed to revisit that over a year ago.

4 CO-CHAIR NATHAN: -- in existence  
5 or not. I know we had a congressional complaint  
6 of an amputee who was denied leave a few years  
7 ago and took it up to Congress. And Congress  
8 said, "There shall be leave."

9 MS. DAILEY: Well, for sure, I had  
10 an RCC at Walter Reed look me in the eye and say,  
11 "We" --

12 MEMBER EVANS: So, they continue.  
13 They still --

14 CO-CHAIR NATHAN: Okay.

15 MS. DAILEY: Yes. They are here  
16 until we get them squared away for departure.

17 CO-CHAIR NATHAN: Yes, we will  
18 drill-down on it. Thank you.

19 Six?

20 MEMBER MALEBRANCHE: I think 6 and  
21 9 are somewhat related. But ensuring all  
22 medical conditions are covered in the MEBs.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Right now, again because of this  
2 focus on this all comp and pen and the records  
3 coming to the VA, I think they are actually  
4 signing off that these are complete and thorough  
5 records. So, I am not sure that this warrants  
6 a recommendation, knowing that currently it is  
7 in the works. I mean, that seems like a  
8 no-brainer to me, but I don't know other comments  
9 from the Services.

10 MS. DAILEY: Okay. So, just in  
11 context, keeping in mind, the NARSUM has to cover  
12 all the claimed conditions, and the  
13 documentation has to be in the NARSUM for all the  
14 claimed conditions.

15 As it goes forward, there are often  
16 many techniques out there that the Services want  
17 to develop in order to make that NARSUM and that  
18 NARSUM process shorter. So, the tendency is  
19 always going to be to kind of want to compress  
20 that NARSUM. What are the most important  
21 conditions? But the law is pretty clear that  
22 all conditions have to be covered.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           As the Services get more pressure,  
2           again, the Service gets more pressure to meet  
3           their timelines, there are more and more  
4           initiatives that kind of bubble up to low acuity.  
5           There is new language out there, low-acuity  
6           MEBs. You know, when you are advocating for a  
7           low-acuity MEB -- let me use the Army's  
8           language -- are you still covering, as per the  
9           law, all the claimed conditions?

10           And then, the third-order effects  
11           down the road are, when it gets to the PEB -- so,  
12           you really nailed the MEB because you found a way  
13           maybe not to cover all the claimed conditions.  
14           But it gets up to the DRAS, and now, we see the  
15           big block at the DRAS. We don't know why it is  
16           all piling up at the DRAS. But if it is all  
17           piling up at the DRAS because there are claimed  
18           conditions that aren't documented in the NARSUM,  
19           then you have just kind of moved that problem  
20           down to the VA.

21           CO-CHAIR NATHAN: So, the question  
22           is, do we feel strongly enough that the MEBs are

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 not getting the medical conditions? I know that  
2 initially there was a confusion over what you had  
3 to be documenting to retire and your separation  
4 physical. And then, other people would leave  
5 things off the table for the VA. That wasn't  
6 just the typical separation process. In other  
7 words, you are not going to the IDES system; you  
8 are separating. And there, you simply, for  
9 separating physical, you only have to note what  
10 may be unfitting conditions.

11 And you don't have any. And so, you  
12 document certain things, and you tell the folks,  
13 "You can go to the VA later to get these other  
14 things looked at."

15 Now, when you go to the IDES system,  
16 everything has to be covered under the -- if you  
17 are going to be medically-boarded or  
18 medically-retired, everything has to be  
19 documented under the MEB. And are we seeing  
20 enough of that not happening that we need this  
21 as a recommendation?

22 MEMBER MALEBRANCHE: You know, I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 guess I am not close enough to know this. I  
2 mean, that is from the VBA side. But something  
3 that did kind of resonate with me was when Mr.  
4 Parker was talking about all disability; why  
5 would not all disability go through DES? Why do  
6 we have two separate systems? Why not do it all  
7 and do it once and do it right? That just kind  
8 of sticks in my mind. And that would be, I  
9 think, a good recommendation.

10 MEMBER EVANS: Yes, I concur with  
11 that one. Karen, you said "all". It should be  
12 one system.

13 CO-CHAIR NATHAN: So, in other  
14 words, stand by the recommendation that all  
15 medical conditions are covered in the MEBs,  
16 which is really the law anyway.

17 MEMBER MUSTION: Sir, that is the  
18 law right now.

19 CO-CHAIR NATHAN: Right.

20 MEMBER MUSTION: And I am not aware;  
21 maybe we have cases where we are trying to go to  
22 an abbreviated NARSUM in some cases that may not

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 be, in some areas that may not be covering all.  
2 But, I mean, that is the law. I know we are  
3 attempting, to the extent we can, particularly  
4 now under IDES, what we get back from the VA as  
5 a result of the examinations identifies all the  
6 conditions that have to be considered --

7 CO-CHAIR NATHAN: Right.

8 MEMBER MUSTION: -- both fitting  
9 and unfitting conditions or those identified.

10 So, I don't believe that we need that  
11 recommendation. That would be my view. If  
12 anything, it should be that the Services need to  
13 be very cognizant that efforts to try to simplify  
14 the MEB process, they have got to be leery that  
15 they don't exclude conditions.

16 CO-CHAIR NATHAN: So, you are  
17 saying, if anything, they have to be cognizant  
18 that they don't exclude conditions? Isn't that  
19 the same thing as saying they must ensure that  
20 all conditions are covered?

21 MEMBER MUSTION: I don't believe it  
22 warrants a recommendation --

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: Oh, I see.

2 MEMBER MUSTION: -- from this body  
3 as part of the report. I mean, as we continue  
4 into next year, maybe this becomes a particular  
5 area that we pay attention to, a little bit more  
6 definition, and talking to the MEB providers as  
7 well as the PEB adjudicators.

8 CO-CHAIR NATHAN: Well, you know, I  
9 mean, we are sort of stating the obvious. But  
10 if there is a problem, if the Task Force has found  
11 a problem with it, then it stands as a legitimate  
12 recommendation.

13 MEMBER MUSTION: But I don't know  
14 the source of that recommendation, where that  
15 particularly came from, if that was the result  
16 of a particular visit isolated to a particular  
17 location, or is that something that we found  
18 systemically across all Services at all  
19 installations.

20 CO-CHAIR NATHAN: Let's go ahead  
21 and put it in, and your group can do a little  
22 research on it, Denise, and let's see what we

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 find out. Okay?

2 MEMBER EVANS: I was going to say I  
3 think we need definitely to come back to see if  
4 this has been across all Services. What  
5 research, what datapoints do we have to support?  
6 So, if we can just come back, have the  
7 researchers to come back with some more  
8 information?

9 CO-CHAIR NATHAN: Right, and it is  
10 easy enough to ferret out because we can simply  
11 go to our nodes in the Services that collect the  
12 NARSUMs and ask for verification of that or not.

13 No. 7?

14 MEMBER MALEBRANCHE: Okay. So,  
15 your VA person is going to ask this. So, the  
16 number in the IDES should not be counted towards  
17 each Service's end strength.

18 MEMBER REHBEIN: This is kind of a  
19 follow-on. If you look back at the  
20 recommendations, No. 28, from last year, we  
21 recommended that the Services make every effort  
22 to ensure that those who enter IDES are going to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 be leaving the Service, and they concur.

2 And so, if you follow that line of  
3 thinking, then those folks are going to be  
4 leaving the Service. Why should they be counted  
5 in the end strength? Why should there not be an  
6 end strength made up of people that are going to  
7 be productively employed in the military  
8 Services?

9 CO-CHAIR NATHAN: So, playing the  
10 devil's advocate here, I would say the reason you  
11 would count them in the end strength is, if you  
12 don't, the Service grows complacent with  
13 allowing a large pool to sort of sit there in an  
14 eddy current without disposition. But if they  
15 count against my end strength, if I have to get  
16 this individual off my rolls before I am allowed  
17 to recruit a new one or promote to that rank, I  
18 am very interested in keeping my foot on the neck  
19 of the medical and the VA people to keep that  
20 pipeline moving through. And I will resource it  
21 and I will do whatever is necessary.

22 Whereas -- and I will pick on the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Army for a second, which has thousands and  
2 thousands and thousands of these folks, these  
3 soldiers currently in the pool waiting to be  
4 disposed of -- the Army might tend to get  
5 complacent and say, "You know, as long as these  
6 folks don't count, I don't care how many back up  
7 in that system because I get to recruit the new  
8 ones."

9 So, that I think is the incentive to  
10 move them, to keep them covered.

11 MEMBER REHBEIN: And I agree with  
12 you, if the primary driver to move people through  
13 the IDES system is the ability to replace them  
14 once they are through the system, if that is the  
15 primary driver, then I agree with you.

16 But I don't necessarily agree that  
17 is the primary driver. I think the primary  
18 driver right now is that the country, and  
19 particularly the Congress, understands that we  
20 have a large population in limbo. And they want  
21 to see that population brought back to health and  
22 productivity as quickly as possible.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           So, yes, I can understand that one  
2 of the Services may become complacent about  
3 that, but, as we enter a period where end  
4 strength numbers, there is pressure on the end  
5 strength number already, I think it would only  
6 help not only the Services and the people, but  
7 the country, to let that end strength number be  
8 populated strictly by fully-capable soldiers,  
9 airmen, marines, sailors, Coast Guardsmen.

10           MEMBER MUSTION: Sir, I don't agree  
11 with that recommendation for the reasons that  
12 you primarily indicated earlier. I think  
13 counting it in the end strength forces our  
14 attention to it, forces us to make sure that we  
15 care for soldiers and we process them as quickly  
16 as we can with quality, and take care of them as  
17 they go out. We will generate an environment of  
18 complacency, a very difficult process to manage  
19 of somewhere between 15 and 17 thousand soldiers  
20 in the Army above our current end strength. And  
21 it is also extraordinarily expensive, as you are  
22 well aware, sir.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR NATHAN: Yes, I think you  
2 both make excellent points. Mr. Rehbein, I  
3 think if we were in an era of increasing our end  
4 strength, meaning we were gearing up for more war  
5 and Congress and the country had decided that our  
6 Army is too small, our Marine Corps is too small,  
7 and we need to amp it up in a hurry because we  
8 have significant capability gaps because of a  
9 force shortage, I would be more inclined to say,  
10 "You know what? Let's not penalize the active  
11 force or the ready force for a cadre of  
12 individuals who are still in an  
13 administratively-discharged process, because  
14 we need every hand to the pump."

15 But we are in the opposite system  
16 right now. We are doing everything we can to get  
17 people off of Active Duty. The Army has got to  
18 come down by 80 to 100 thousand soldiers over the  
19 next five to ten years; the Marine Corps by about  
20 20,000; the Navy a few; the Air Force a few.

21 So, I think, because of that,  
22 because the Army needs to look smaller tomorrow

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 than it does today, and the Marine Corps smaller  
2 tomorrow than it does today, I think that we are  
3 still okay sort of holding their feet to the fire  
4 as part of their end strength for this.

5 MEMBER REHBEIN: But we can  
6 certainly agree to disagree.

7 (Laughter.)

8 In fact, I have seen that very often  
9 in this Task Force over the three years, very  
10 strong, very knowledgeable opinions here, and I  
11 think this is probably a place where we choose  
12 to do that. And in those situations where we  
13 agree to disagree, we don't have the consensus  
14 to go forward.

15 CO-CHAIR NATHAN: Other comments,  
16 concerns? Anybody want a 1-800 number for  
17 people who are being discharged?

18 (Laughter.)

19 (No response.)

20 Okay. So, we will table that one  
21 for now.

22 MEMBER MALEBRANCHE: Okay. And I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 am not sure of the context of this. So, I am  
2 going to need a little clarity. But "The  
3 Non-Medical Assessment should be written by  
4 commanders who have been instructed on what  
5 constitutes an effective Non-Medical Assessment  
6 and who have full visibility of how the Service  
7 member's injury impacts actual duties."

8 I don't know what the context of this  
9 one was. Do you, Suzanne?

10 CO-CHAIR CROCKETT-JONES: I think I  
11 remember the context, in that we have had focus  
12 group members basically say, because of the way  
13 the process works, the person who winds up being  
14 in charge of them doesn't know anything about  
15 them. You know, it is not their unit commander  
16 who knows what kind of Service member they have  
17 been. You know, the person who winds up writing  
18 that is someone who they do not feel has a good  
19 assessment of them as a person because it might  
20 be they have been in a WTU for a brief amount of  
21 time or they might have gone from a WTU to a  
22 CBWTU, and the CBWTU is about how well -- the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 person who winds up being responsible for  
2 writing that, how well they know that person.  
3 And I believe that is the genesis of this, was  
4 from our focus groups having some frustration  
5 with that.

6 MS. DAILEY: Yes, we have got  
7 documentation in the focus groups, Army focus  
8 groups, and we also heard it at the MEDHOLD  
9 locations where they are now with MEDHOLD  
10 commanders, and he writes a Non-Medical  
11 Assessment. And they are not able to really  
12 assess the individual in his original MOS.

13 And we heard it when we talked to  
14 Navy Safe Harbor. There were some concerns  
15 about Non-Medical Assessments being written by  
16 commanders.

17 So, I think at least here this has  
18 bubbled up. At least it warrants, there should  
19 be at least be a training package for commanders  
20 who sit down and have to write a Non-Medical  
21 Assessment. They are walking into it pretty  
22 cold right now, from what I understand.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   MEMBER EVANS: I think from the Navy  
2 side, we actually addressed this with the PEB,  
3 of they need to better instruct commanders at the  
4 Reserve units on how to write those Non-Medical  
5 Assessments. Because we may send someone to a  
6 MEDHOLD and they are there for six months, but  
7 we are relying on the commander of the MEDHOLD  
8 to write that Non-Medical Assessment. So, I am  
9 not sure if we need to make a recommendation, but  
10 I think somehow we need to better get the  
11 training or have them to come back to us, and we  
12 can express our concerns.

13                   MEMBER MALEBRANCHE: Maybe we could  
14 fold this into what you had talked about earlier,  
15 about training and policy that all commanders  
16 have something. I mean, we talked about  
17 training and education for a number of things.  
18 But maybe this folds into that, so it is not lost  
19 entirely, but specifically.

20                   MEMBER EVANS: If we are going to do  
21 an overall type of policy on looking at education  
22 and training, then this would definitely be one

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 because we did hear from out in the field, from  
2 the focus groups, that there were issues with the  
3 Non-Medical Assessment.

4 And when we were at the PEB, we  
5 brought this issue to their attention. And he  
6 mentioned they rely heavily on the Non-Medical  
7 Assessments. And so, I think it does require  
8 some education.

9 MEMBER MUSTION: This is a case  
10 where -- I will speak for the Army -- where  
11 soldiers in a WTU are disadvantaged in this  
12 process because the WTU is assessing them in  
13 their current environment, which is a WTU  
14 environment as opposed to the soldier who is  
15 still in an operational formation, who still has  
16 his principal chain of command with him, and  
17 those soldiers saw or the chain of command saw  
18 him both before and after injury, illness, or  
19 wounding.

20 So, it is fundamentally a challenge  
21 that I know the WTC is working their way through  
22 how we can do a better job of preparing those

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 assessments for the MEB and PEB as it goes  
2 forward. I am not sure it warrants a  
3 recommendation here, but it is something we have  
4 got to pay attention to as we move forward.

5 MEMBER MALEBRANCHE: Do you think  
6 we can cover this in a large umbrella of training  
7 and education for medical/non-medical, that  
8 sort of thing? Because, I mean, we should be  
9 putting together that on the broad umbrella. We  
10 talked about fewer recommendations specific,  
11 but underneath.

12 CO-CHAIR CROCKETT-JONES: I don't  
13 mind if folks are better trained to write them.  
14 But, also, my concern is that that is not really  
15 a solution to the issue, which is that, exactly  
16 as General Mustion delineated it, the person  
17 doing that has seen them only post-injury.

18 And I think that the reason we don't  
19 have that Non-Medical Assessment bumped back to  
20 unit commanders is because of timeliness issues.  
21 And so, we are basically disadvantaging Service  
22 members, especially soldiers, based on trying to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 meet a timeline. This worries me a little.

2 I don't know; if it is being  
3 considered, then perhaps a solution will emerge.  
4 I am not sure that we need to make a  
5 recommendation if there are solutions being  
6 considered. I wonder why a Service member can't  
7 say, "I want my unit commander to write it," and  
8 that person be held to that timeline for  
9 turnaround. I don't understand why that  
10 doesn't happen. But, if there are solutions in  
11 the process at the policy level, I would want to  
12 hear what is going on about that before I knew  
13 what --

14 MEMBER EVANS: But there is no  
15 reason for them to -- I mean, it can go back to  
16 the unit commander, my understanding, my  
17 understanding. That is an option for that  
18 process.

19 MEMBER MUSTION: It certainly is an  
20 option for the soldier to go back to his former  
21 chain of command to get a statement that would  
22 accompany the packet and go forward, but it is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 not always used, for the reasons that are  
2 mentioned: timeline, in particular, and it  
3 could be six to twelve months since that chain  
4 of command, and that chain of command saw the  
5 soldier before they left the battlefield.

6           And the soldier's ability to perform  
7 today in his or her MOS or specialty based on  
8 injury or illness is completely different. The  
9 former chain of command can talk about prior  
10 performance, prior abilities, strengths,  
11 weaknesses, character, or those types of things,  
12 but he has no frame of reference to the current  
13 level of capacity of a soldier.

14           CO-CHAIR NATHAN: So, what I am  
15 hearing is not necessarily instructing people  
16 how to write the NMAs as much as it is revamping  
17 the NMA process. I mean, the whole point of the  
18 NMA process is it is non-medical. In other  
19 words, you have the MEB and the NARSUM, which is  
20 written by "medical experts," quote/unquote, to  
21 talk about the medical, the pathogenesis of  
22 medical issues within the individual. And

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 then, you have a commander's assessment of how  
2 their performance is based on their day-to-day  
3 activities.

4 And what I hear you saying is, boy,  
5 kind of unfair to the recovering warrior, to the  
6 patient, to judge them on their ability to  
7 perform the mission now that they have already  
8 been siphoned off into a MEDHOLD area or  
9 somewhere else. That doesn't really give the  
10 best view of their non-medical issues.

11 How are they as far as it goes to  
12 discipline? How are they as far as their  
13 ability to meet the current mission that they are  
14 handed? Or are they working as a reception  
15 person somewhere? Or are they working as a  
16 towel/laundry sorter? You know, all the things  
17 that a commander looks at outside of medical.

18 And so, do we need to ask them to  
19 revamp? I would contend we either decide that  
20 we study this a little closer for the next year  
21 or, if you think there is enough information,  
22 enough of a groundswell on this, we ask them to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 revamp the non-medical. We point out that the  
2 Non-Medical Assessment system is not working in  
3 places. I mean, it needs to be relooked at.

4 MEMBER DeJONG: In my opinion, the  
5 right commander to sign that would be the  
6 LOD-signing commander. Now, depending on the  
7 timeline of what it is, sometimes you can't track  
8 that person down. But that is the one that  
9 actually signs that LOD, the Service-connected  
10 injury, who knows him. Six months to a year,  
11 sometimes they have ETSed; they have come out of  
12 Service; they have done other things.

13 So, in my opinion, that is who should  
14 be doing it. But, looking at this going  
15 forward, it may be something we want to study a  
16 little deeper.

17 MEMBER MALEBRANCHE: Sergeant  
18 Major, I am curious, for these Non-Medical  
19 Assessments, how often are they done? I guess  
20 I don't know the process. They should be done,  
21 I would think, initially by the initial  
22 commander. And then, if they are for a long time

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 in a WTU, are they periodically -- just a  
2 one-time?

3 MEMBER DeJONG: It is a one-time  
4 thing.

5 MEMBER MALEBRANCHE: A one-time  
6 deal? So, if the person changes over time,  
7 lost?

8 MEMBER DeJONG: Correct.

9 CO-CHAIR CROCKETT-JONES: And  
10 also, I am going to throw a little hand grenade  
11 in the middle of all this. I am not sure why it  
12 is relevant.

13 If the person is fit or unfit, they  
14 are fit or unfit, right? I can tell you that  
15 Service members that I have spoken to seem to  
16 have the impression this is the "he is a good guy;  
17 take care of him" letter or "he is a piece of  
18 crap, anyway; just" -- you know.

19 And if that is the function of this,  
20 I am wondering, does it really belong in a fair  
21 adjudication?

22 MEMBER MUSTION: I would offer I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 agree with you. It is a fit or unfit decision.  
2 And the NMA's letter is not really going to weigh  
3 that one way or the other, except in the case  
4 where the soldier wants to stay in uniform.  
5 That is where the statement that is provided by  
6 the chain of command is very, very useful when  
7 explaining to the PEB, the PEB in particular, the  
8 soldier's capacity and capability in line with  
9 what they are currently able to do.

10 MS. DAILEY: So, just keep in mind  
11 the processes for an IDES are becoming more  
12 complex. There was a day when a Non-Medical  
13 Assessment could be one or two lines. That is  
14 not the case anymore.

15 It also needs to address the  
16 conditions in the NARSUM. The commander needs  
17 to address those. It is a more complex document  
18 for him to write now. In fact, your WTU  
19 commander probably has a better handle on doing  
20 it because he has done it more frequently  
21 than -- keep in mind, ladies and gentlemen, out  
22 of the 32,000 people across the Services in the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 IDES process right now, less than 5,000 of them  
2 are in WTB, Wounded Warrior Regiment, MEDHOLD.

3 So, the line commander is writing a  
4 Non-Medical Assessment which has to cover all  
5 the conditions and provide an insight to the  
6 capability of the Service member to do his job  
7 to the PEB. It is an important document, and  
8 there isn't a lot of training for that commander  
9 to do it.

10 MEMBER MALEBRANCHE: I think we  
11 still need the training.

12 MS. DAILEY: You don't have to make  
13 an assessment, but that is probably what is out  
14 there right now as what is happening with the  
15 IDES and the level of importance for the  
16 Non-Medical Assessment.

17 MEMBER EVANS: And I think the  
18 General hit it on the -- you know, if the Service  
19 member is trying to come back, wants to stay on  
20 Active Duty, and you have this unfit Non-Medical  
21 Assessment, then, really, they look at it; they  
22 take that into consideration.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   So, I think it is very important.  
2                   Do we go back and make a recommendation of how  
3                   that process works?

4                   CO-CHAIR NATHAN: Well, remember,  
5                   this started by the presumption that commanders  
6                   writing these don't have visibility of how the  
7                   injury or illness impacts the actual duties.  
8                   Now I would contend they are not really supposed  
9                   to have visibility on how the illness or injury  
10                  impacts the actual duty.                The whole  
11                  point of the ~~n~~Non-~~m~~Medical ~~a~~Assessment is to  
12                  give an assessment on how well they are able to  
13                  perform in their organization. They are not  
14                  supposed to decide whether it is because they  
15                  have low back pain or not or they have arthritis  
16                  or not or they have visual impairment or not.  
17                  They are supposed to be saying this is what I can  
18                  count on this person to do on a day-to-day basis.

19                  That punctuates what General  
20                  Mustion was saying, which is, regardless of the  
21                  individual, whether they are visually-impaired  
22                  and have arthritis in their legs and can't lift

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 20 pounds, if the Non-Medical Assessment says  
2 this is able to perform the full range and duties  
3 of their rate and their rank in my unit, and I  
4 see no incapacitating issues from a  
5 Non-Medical Assessment -- their mental attitude  
6 is good; their moral and discipline is good, and  
7 their capabilities are good --

8 (Interruption by noise.)

9 (Laughter.)

10 And I would now like to call on my  
11 consultant at the Louvre.

12 (Laughter.)

13 So, anyway, to finish the point, I  
14 think that is what the NMA is supposed to be  
15 doing. So, I think we have to separate apples  
16 and oranges here.

17 So, that doesn't preclude that you  
18 need training to write an NMA. The ones that are  
19 written may not be value-added. But we know  
20 that the PEB does look at those very closely.

21 CO-CHAIR CROCKETT-JONES: I am  
22 trying to square this and somebody can talk me

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 off this cliff. Of the folks who enter IDES,  
2 more and more are medically-separated. We have  
3 said we don't want people going to IDES who are  
4 going to be retained.

5 If this is a determining factor for  
6 those who want to be retained, but who perhaps  
7 might be found unfit, but they want to argue they  
8 still do their job, I see the value of the NMA  
9 for those.

10 But those folks who know they are  
11 getting out, I am trying to figure out what the  
12 benefit of this NMA is, if they have accepted  
13 that they are being medically-retired. And if  
14 that is the vast majority of people in IDES, we  
15 have got a whole system and a time given to NMAs  
16 being written for people who are just getting  
17 out.

18 And I can see why people would, then,  
19 resent basically, "And we are going to look at  
20 whether you are a good guy or not." If you want  
21 to stay in, I see the purpose. If you want to  
22 challenge your being found unfit, I see the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 purpose. I do not see the purpose for all the  
2 other people, and maybe there is some purpose  
3 there that I am missing. But, so far, I haven't  
4 heard any purpose to the majority of people in  
5 IDES.

6 MR. PARKER: May I tell you the  
7 purpose, please, in five seconds or less? NMAs  
8 are critical for the PEB determining if they are  
9 fit or not. They use them extensively. And if  
10 the NMA is generic and says, "Sergeant Jones'  
11 conditions prevent him from being deployed," or  
12 whatever, "they have no idea what conditions  
13 they are talking about when they are on the PEB.  
14 So, that affects their rating. They can say,  
15 "Well, they didn't address this condition here;  
16 therefore, that is not our case," because it is  
17 driven generically rather than condition one  
18 affects this, condition two affects that, and  
19 condition three affects that.

20 MEMBER EVANS: Again, I think it  
21 goes back to the training. So, I think we have  
22 a recommendation of training.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   MEMBER REHBEIN: Yes, I agree with  
2 Connie. Thinking of myself, if I was put in the  
3 situation of a company commander that was  
4 attempting to write one of these for the first  
5 time, where would I go to get some idea of how  
6 to accomplish the purpose that is being set  
7 before me? And so, I think, looking at it from  
8 that point of view, some training, some source  
9 of information is definitely needed.

10                   CO-CHAIR CROCKETT-JONES: I am just  
11 going to say that, if Mr. Parker's assessment has  
12 any validity or accuracy, if that is really the  
13 way it is looked at, that is a subjective. No  
14 wonder people feel confrontational in this  
15 process. But if it is even as benign as saying  
16 it is useful for the people who are unfit but want  
17 to stay, then we have said it is only useful to  
18 a small population.

19                   I am finding this to be a sort of very  
20 concerning look. And perhaps I do need more  
21 information on the entire process before feeling  
22 strongly about a recommendation.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           But the more we examine this, the  
2 more strongly I feel.

3           CO-CHAIR NATHAN: I think there is  
4 passion on all sides of it. From what I hear,  
5 there is a little bit of a disagreement over how  
6 the NMA should be written and what is right or  
7 wrong.

8           If you listen to one perspective, it  
9 is for the commander to address each malady and  
10 whether or not that affects their ability to  
11 function in their rate and rank. I would  
12 contend that much of that is supposed to be done  
13 in the NARSUM. I still say that non-medical,  
14 the keyword in "non-medical attendant" is "non"  
15 or in "assessment" is "non".

16           I do think that a commander has to  
17 have insight into what the basic maladies are or  
18 injuries are of the individual. But the bottom  
19 line is I think we need to take another turn on  
20 this and look at it hard from here on out, and  
21 reach a little more consensus as to (a) how big  
22 the problem is, and I grant you there is one -- I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 just don't know how big it is -- and (b) what is  
2 the problem.

3 So, we have heard various things  
4 ranging from the right people are doing the NMAs,  
5 but they are not trained well to the other end  
6 of the spectrum, which is the wrong people are  
7 doing the NMAs, to both. I think we need to  
8 throw a lasso around this and get a little better  
9 thing.

10 And I am sure that Mr. Parker and  
11 others deal with specific things that have gone  
12 far awry. And so, it gives you that perspective  
13 in one direction, and line commanders deal with  
14 another one, saying, "`Medical/smedical,' I  
15 don't care about that stuff. I am just going to  
16 tell you how well the soldier is performing."  
17 And the truth lies in the middle, and that is what  
18 we are going to have to sort out.

19 We have four minutes to move through  
20 some of the others if we are not going to kick  
21 them down the road.

22 MEMBER MALEBRANCHE: I think on 9,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 as far as having all the paperwork for the  
2 conditions, I think we have addressed that. I  
3 mean, I don't know if we need to go further into  
4 that.

5 And on No. 10 about the Army should  
6 invest construction funds in a consolidated IDES  
7 at Fort Carson, Mr. Rehbein and I talked about  
8 it. I don't think we need to tell the Army how  
9 to spend their money in construction. I mean,  
10 I don't know as far as for IDES; I don't know that  
11 I will be --

12 CO-CHAIR NATHAN: I think our only  
13 recommendations could be, if it is a specific  
14 recommendation, it would be that if we believe  
15 that they need to invest new construction funds  
16 because the IDES location is hampering their  
17 ability to perform a timely and competent  
18 disability evaluation, then --

19 MEMBER MALEBRANCHE: That is  
20 different.

21 CO-CHAIR NATHAN: -- our evaluation  
22 would be the Army needs to look at improving --

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1                   MEMBER MALEBRANCHE:       The DES  
2 process.

3                   CO-CHAIR NATHAN:       -- the  
4 environment and the process of IDES at Fort  
5 Carson, if we believe that is true.

6                   MEMBER REHBEIN: I have not had the  
7 privilege of making any of the Fort Carson  
8 visits. I need to ask the staff, do we have the  
9 data that says that is the major problem? The  
10 distributed location, which this tells me there  
11 must be distributed locations out there, is that  
12 the major problem at Fort Carson? Do we have the  
13 data?

14                  MS. DAILEY: Pretty consistently,  
15 the Army has agreed that consolidating their  
16 IDES functions on an installation is a best  
17 practice.

18                  MEMBER MALEBRANCHE: Everywhere,  
19 right?

20                  MS. DAILEY: Everywhere. So, Fort  
21 Carson is one of the largest of their volume IDES  
22 programs, and it has not benefitted from that.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 It has grown so fast so large that they are in  
2 trailers spread out around the post.

3 Now again, generally agreed best  
4 practice to consolidate your IDES facilities.  
5 We have seen briefings on it. We have had the  
6 individuals in from the Navy talk about how you  
7 can create efficiencies with that.

8 So, that is my data. So, it is a  
9 up-or-down on whether you want to recommend to  
10 the Army that they consider improving the  
11 facilities at this post.

12 CO-CHAIR NATHAN: Well, I would be  
13 more generic than that. If it is a specific  
14 recommendation, it would be we recommend that  
15 the Army consolidate their IDES process,  
16 physically consolidate their IDES process, at  
17 Fort Carson to enhance efficiency.

18 Whether the Army wants to kick  
19 somebody else out of an existing building and put  
20 everybody there or bring in a double-wide or  
21 build, like you say, is up to them.

22 I wasn't on the Fort Carson trip. I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 don't have visibility on it. But if it is really  
2 an outlier, and it is that big a problem, and we  
3 saw that on our travels, then there is nothing  
4 wrong with saying, one of our recommendations,  
5 Army needs to improve and consolidate the  
6 process for IDES at Fort Carson.

7 MEMBER DeJONG: I don't think that  
8 we, as a Task Force, should be explaining to  
9 specific Services what to do. I think as a best  
10 practice, we can in our best practice section  
11 talk about that the most effective IDES  
12 locations have been physically consolidated  
13 across different Services. But I don't think  
14 that we should be going into a specific Service  
15 and telling them how to suck the egg.

16 MEMBER MALEBRANCHE: Yes, I am with  
17 you. And actually, at one of the IDES  
18 conferences, the Fort Carson VA and the Fort  
19 Carson folks all came together and said it would  
20 be more beneficial if they could. That was  
21 early on. I don't know how things are today  
22 because things over time -- I mean, I know it is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 still a large area, but I agree with you; I think  
2 it is the process, and you need to do this, and  
3 we found it to be a best practice. They already  
4 do know that. I don't know what they are doing  
5 locally. So, unless we have something  
6 specific --

7 CO-CHAIR NATHAN: Okay. So,  
8 unless anybody is going to die in a ditch over  
9 this, we will talk about best practice as opposed  
10 to the glass half full, as opposed to the glass  
11 half empty.

12 Okay. "Fort Carson, you are the  
13 best place in the world, except for your IDES  
14 process."

15 (Laughter.)

16 Okay. The next one.

17 MEMBER MALEBRANCHE: "DoD should  
18 establish one formal PEB for all Services."  
19 This was a last-year recommendation, I believe,  
20 and I think they were studying it. So, I don't  
21 know; we probably need to follow up on the study  
22 this year.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR CROCKETT-JONES: Yes, we  
2 made this recommendation, and they  
3 non-concurred.

4 MEMBER MALEBRANCHE: Oh, I thought  
5 they agreed to study. They non-concurred?

6 CO-CHAIR CROCKETT-JONES: I think  
7 they are studying it, too, but I think they said  
8 they did not -- didn't they say both?

9 MS. DAILEY: No, it was a -- well,  
10 every one of the Services, we did have the  
11 Services come talk to us about it. And the  
12 Services were not in favor of it. I wanted their  
13 feedback.

14 CO-CHAIR CROCKETT-JONES: the  
15 Services non-concurred and the DoD was studying  
16 it then.

17 MS. DAILEY: But Congress has told  
18 the Department of Defense to look at it, and they  
19 are in a study. But we did want feedback from  
20 the Services, and they generally were not in  
21 favor of it.

22 CO-CHAIR NATHAN: I'm shocked.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 (Laughter.)

2 I think it makes sense. Whether it  
3 is pragmatic and doable at this point in the  
4 recovering warriors spectrum, but I do think it  
5 makes sense. I think it really removes the have  
6 and have-nots between -- I mean, there is nothing  
7 more disparaging than two people who have the  
8 same physical ailments, physical limitations,  
9 disease processes, injuries, and one gets a  
10 certain dispensation and compensability and the  
11 other gets totally different. I think that is  
12 criminal.

13 How do you avoid that? Because good  
14 people are doing each one. How do you avoid  
15 that? You avoid that by creating a standardized  
16 brokering system that applies the rules equally  
17 across the spectrum of the recovering warriors.

18 And my guess is that is the genesis  
19 of your last-year report, is let's do it, you  
20 know, one PEB, send it up there. The Services  
21 said, "Too hard. We like our system. It's  
22 working now. We have spent blood, sweat, and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 tears to get our own Service system working the  
2 way it is. Let's not reinvent the wheel."

3 And so, not surprising, they came  
4 back that way. So, I think everybody is kind of  
5 right. The Services are giving us the pragmatic  
6 answer. We are giving what I think is the ideal  
7 answer.

8 Anybody up for putting it in again?

9 MEMBER MALEBRANCHE: Can we give it  
10 to the Defense Health Agency?

11 (Laughter.)

12 CO-CHAIR NATHAN: Oh, that will  
13 help, yes. Take our sword out and break it up  
14 against the same rock.

15 Going once --

16 CO-CHAIR CROCKETT-JONES: No, I  
17 think we should wait and see what the DoD says  
18 their study shows.

19 CO-CHAIR NATHAN: Okay.

20 Narrative summaries,  
21 standardization of who dictates. And there is  
22 a very non-controversial subject.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 (Laughter.)

2 MEMBER MALEBRANCHE: You know, the  
3 one place that did really well on NARSUMs, or  
4 they reported they did well, was up in Alaska.  
5 And they have people that were trained that had  
6 been up there, even though they were at a  
7 distance. And they were doing NARSUMs, I  
8 believe, away from the area, right?

9 MEMBER DeJONG: Correct.

10 MEMBER MALEBRANCHE: Back in Ohio.

11 MEMBER DeJONG: It was  
12 tele-NARSUMs.

13 CO-CHAIR NATHAN: Tele-NARSUMs.

14 MEMBER MALEBRANCHE: Tele-NARSUMs.

15 CO-CHAIR NATHAN: And they were  
16 hiring --

17 MEMBER MALEBRANCHE: Yes.

18 CO-CHAIR NATHAN: The number of  
19 people who were dictating NARSUMs outnumbered  
20 the number of NARSUMs that they were dictating.  
21 I mean, it was pretty sweet. They had hired a  
22 large cadre of individuals to do this who did

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 nothing but stand around all day and did a  
2 NARSUM. So, they did them pretty well and  
3 pretty completely. And it was a small enough  
4 population that they could do it.

5 The philosophical difference here,  
6 of course, is that the Army does a centralized  
7 NARSUM by people who just do nothing but dictate  
8 NARSUMs, the theory being -- and it is a good  
9 one -- that you get consistency. The Navy and  
10 Marine Corps do their NARSUMs dictated by the  
11 providers themselves who have the medical record  
12 in front of them, the theory being I am not going  
13 to miss anything, and what I think is important  
14 as a provider, because I am looking at you and  
15 you are telling me what is affecting you the most  
16 in your history, I can make sure that gets  
17 front-and-center attention in the NARSUM. I  
18 won't miss anything because I am looking at your  
19 entire record that I have got in front of you as  
20 your provider.

21 So, the Navy says, you know, "Army,  
22 you're missing things and you're not dictating

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the complete NARSUM because you're not the  
2 patient's advocate."

3 The Army says, "Yes, but we do it the  
4 same way every time, and there is goodness in  
5 consistency."

6 So, that is the main dilemma.

7 MEMBER MALEBRANCHE: So, was there  
8 one that was better? I mean, they weren't  
9 better than the other, one Service, in visits?  
10 Yes, I guess in the visit, in the metric, yes.

11 MEMBER REHBEIN: Again, I think  
12 that one comes back to the data. Unless we have  
13 data that clearly shows one system is better than  
14 another, I don't know how we make a judgment.  
15 And we can't just say "standardize" without, I  
16 think, providing some guidance on which way to  
17 go to standardizing.

18 MEMBER MALEBRANCHE: Yes, if we go  
19 in with something, it has to be constructive.  
20 We can't say, "Hey, that's bad." I mean, we have  
21 got to say, "Here is how we suggest" or "We found  
22 something that is the best." I mean, that would

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 be --

2 CO-CHAIR NATHAN: Hearing nobody  
3 falling off and fainting over that one, we will  
4 go down to 13.

5 MEMBER MALEBRANCHE: I think we  
6 covered 13 when we were talking before.

7 CO-CHAIR NATHAN: Right.

8 MEMBER REHBEIN: Yes, I think when  
9 we were talking about one, if we can increase  
10 access to VTA.

11 MEMBER MALEBRANCHE: Okay. And  
12 then, the last one is that our Task Force  
13 recommends that we invite all recovering  
14 warriors to complete each phase of the DES  
15 survey, regardless of whether they completed the  
16 survey for the previous phase. I think that is  
17 kind of -- we want them to complete surveys. I  
18 am not really sure if there is any feeling one  
19 way or another.

20 We are going to count a lot on  
21 surveys for our next time over, too, and how well  
22 they are doing. So, this would be feedback. I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 don't know. Waste or?

2 CO-CHAIR NATHAN: Okay. So,  
3 regardless of whether you did your MEB survey,  
4 once you get your PEB, you should do that and not  
5 say, "I didn't do the MEB, so I won't do the PEB."  
6 In other words, the spirit of this is to  
7 basically try to increase the datapoints and  
8 increase the survey numbers coming back, so that  
9 we can have more valid data to make decisions on  
10 which phases are good and bad. It seems like a  
11 no-brainer.

12 MEMBER MALEBRANCHE: Now come on.  
13 (Laughter.)

14 MEMBER DeJONG: We hear over and  
15 over and over -- I will play devil's advocate on  
16 this one -- we hear over and over and over that  
17 this is a heavily-surveyed group. And I don't  
18 know if we really want to throw more surveys at  
19 them. I, for one, am not a big fan of surveys.  
20 I am one that picks a lot of "C's".

21 CO-CHAIR NATHAN: Well, maybe we  
22 should, whether they like surveys or not, maybe

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 we should survey them.

2 (Laughter.)

3 Okay. All right. So, do we have  
4 datapoints that -- this must have come from  
5 somewhere.

6 MS. DAILEY: Correct, sir. I mean,  
7 over time you all have expressed interest in  
8 better fidelity on these surveys, in particular,  
9 the satisfaction survey for the IDES done by the  
10 Warrior Care Policy Office at DoD level.

11 So, this the staff would feel would  
12 give you better fidelity on the surveys and the  
13 information coming back from them. And it is  
14 survey technique. Granted, it is survey  
15 technique. They have chosen to do it one way;  
16 you would make a recommendation to do it another  
17 way. My staff says this would give you better  
18 fidelity on their current survey process.

19 CO-CHAIR CROCKETT-JONES: So,  
20 their current process is, unless you have filled  
21 out the first one, you don't get asked again?

22 MS. DAILEY: Correct. It is a

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 lifetime sort of technique.

2 CO-CHAIR CROCKETT-JONES: You are  
3 in or you are out. Once that first thing goes,  
4 then the answer is, why not just try and retap?  
5 I mean, you still get only a certain percentage  
6 doing it. I think it is sort of a no-brainer.  
7 I think it is better to get that information  
8 somehow. Yes, I see that.

9 CO-CHAIR NATHAN: And I understand  
10 your point on survey fatigue, but if people don't  
11 answer it, they don't answer it. You know, we  
12 are not going to --

13 MEMBER DeJONG: I am not going to  
14 fight you on it, sir.

15 CO-CHAIR NATHAN: Yes.

16 MEMBER DeJONG: I'm okay.

17 (Laughter.)

18 Just advocating for the soldiers and  
19 their hands.

20 (Laughter.)

21 CO-CHAIR NATHAN: You know, we are  
22 being hacked by the Chinese as we speak.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 (Laughter.)

2 So, I am just trying to figure out  
3 how to make the nation stronger.

4 So, does anybody have any problem  
5 with unlinking the surveys, so that people can  
6 take the sections ad hoc?

7 (No response.)

8 Okay. We will let that one stand  
9 then.

10 MS. DAILEY: Okay.

11 CO-CHAIR CROCKETT-JONES: All  
12 right. So, it is lunchtime and --

13 MEMBER KEANE: I have a statement.  
14 Sorry.

15 I was able to get in touch with Mr.  
16 Williamson regarding the Marines being able to  
17 take leave. Marines are able to take leave  
18 after accepting their findings. They are also  
19 allowed to take leave during the process, but  
20 they need to be available for appointments. So,  
21 those prior to the findings are usually much  
22 smaller chunks of leave.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Not only are they allowed to take  
2 leave after their findings, but we also utilize  
3 home-awaiting orders, which is basically basket  
4 leave.

5 So, I just wanted to clarify that  
6 from Mr. Williamson.

7 MS. DAILEY: Okay. Good. I'm  
8 happy that is on the record, as Marines can take  
9 leave anytime during the process between the  
10 time they enter IDES to the time they get their  
11 DD-214. At no point in that process are they  
12 denied leave.

13 MEMBER KEANE: Correct.

14 CO-CHAIR NATHAN: But they are told  
15 to be --

16 MS. DAILEY: Available.

17 CO-CHAIR NATHAN: -- available.  
18 Right. Okay. Thank you for clarifying that,  
19 Colonel Keane.

20 CO-CHAIR CROCKETT-JONES: All  
21 right, then, I think that we are all ready for  
22 lunch, and we will be back at 1:30.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1                   (Whereupon, the foregoing matter  
2                   went off the record for lunch at 12:42 p.m. and  
3                   went back on the record at 1:32 p.m.)  
4  
5  
6  
7  
8

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)



1           Let them come up with their own  
2 understanding of what they think they need for  
3 further training, how they see staffing would be  
4 most effectively accomplished, where it should  
5 be housed, what education they need,  
6 particularly in No. 2, where it is education on  
7 what does and does not translate into a rating.

8           But I think, based on my experience  
9 in other areas, it is often the participants in  
10 the group that have the best ideas on what their  
11 needs are. Maybe there is more information here  
12 that I am not aware of, but that seemed to me to  
13 be a very good place to start. Get some sort of  
14 interaction going between those folks. I think  
15 it would help them be more effective, learn from  
16 each other, make recommendations as to how their  
17 process can be improved.

18           CO-CHAIR NATHAN: So, would it be  
19 for that internal edification or would it be that  
20 they would come together? Because you said  
21 their own process would be improved. In other  
22 words, they would learn from each other, but

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 would they also provide useful ideas and process  
2 changes and observations that could better the  
3 whole system?

4 MEMBER REHBEIN: I certainly think  
5 that they should be given that ability to make  
6 those kinds of recommendations, yes.

7 CO-CHAIR NATHAN: And if so, who and  
8 how would they report out, and who would be  
9 responsible for implementing those changes?

10 MS. DAILEY: So, the intent here was  
11 that, yes, it is appearing that the lawyers are  
12 now getting the best look from start to finish  
13 of the process, and that they would report back  
14 to Warrior Care Policy for improvement of the  
15 IDES system and, in fact, also laws. That would  
16 be overarching and far-reaching for  
17 streamlining the system and creating more  
18 efficiencies between DoD and VA. I mean, they  
19 are quickly becoming both medical -- I don't want  
20 to use that word -- they are quickly becoming  
21 subject matter experts on the whole process,  
22 legal, non-medical, and they are the rock stars

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 out there, pretty much everyone we talk to.

2 So, actually, Dr. Phillips  
3 mentioned, "Why can't we just pull a working  
4 group together?" Well, here is a working group  
5 of lawyers; it is not intended, actually, to  
6 improve their own. They just had one of their  
7 own meetings last week. So, they work their own  
8 internal issues, but this one would be more  
9 focused on start-to-finish IDES improvements  
10 and big-picture stuff that can be grouped across  
11 the agencies and legally.

12 CO-CHAIR NATHAN: So, clearly,  
13 there is no question and there is almost  
14 universal acclaim for the IDES legal support  
15 that people receive. It really helps them (a)  
16 navigate some of the arcane wickets of the IDES  
17 process and (b) helps them really get their day  
18 in court when it comes to getting the NARSUM sort  
19 of rewritten and readdressing issues and  
20 teed-up, because a lot of these lawyers are so  
21 much more knowledgeable than the providers that  
22 are writing the policy or the things.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           So, the warrior policy group you  
2 think has the chops to be able to implement  
3 changes that the lawyers could come up with?  
4 So, that would be a good point to have them report  
5 to?

6           MS. DAILEY: Correct. I think that  
7 would be where, if there were obviously process  
8 changes for IDES, they would field them with the  
9 services. And if the lawyers say these laws  
10 need to be changed between DoD and VA, that would  
11 be a DoD function to submit congressional  
12 changes. And it doesn't mean that we couldn't  
13 get our hands on it, too.

14           CO-CHAIR NATHAN: Right.

15           Again, the devil is in the details,  
16 but I think those lawyers interspersed with  
17 probably the legal, some of the Service legal  
18 representatives who have to also sort of provide  
19 the counterpoint to some of the issues, because  
20 you want to make sure you have warrior advocacy  
21 present, which most of these lawyers would be.  
22 And then, you also want to have some Service

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 advocacies, so they could figure out the healthy  
2 tension that exists and find the best way  
3 forward.

4 Other issues, concerns with that  
5 prior to putting this recommendation out?

6 (No response.)

7 I will refrain from using my "What  
8 do you get when you get 100 lawyers in a room"  
9 jokes, as a doctor here.

10 (Laughter.)

11 And I will give them a tip of the hat.  
12 I mean, clearly, they have been amazingly  
13 passionate advocates and done tremendous work  
14 for the families and the warriors out there.

15 MEMBER REHBEIN: And you are right,  
16 the devil is in a lot of the details. I don't  
17 know, as we would write that kind of a  
18 recommendation, how specific we would want to be  
19 about outlining what the responsibilities of  
20 this group are or if we should just advocate for  
21 creating that kind of group that could provide  
22 input. That I think is up to the staff to help

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 us craft that initial candidate recommendation.

2 CO-CHAIR CROCKETT-JONES: Sure. I  
3 think that we would want to be clear that we  
4 expected some cross-Service, so that they are  
5 talking to each other. I think that they would  
6 want to be clear that we were talking about IDES  
7 process, brainstorming, things like that. I  
8 think, beyond that, they will gravitate to the  
9 purpose pretty quickly.

10 CO-CHAIR NATHAN: Would that  
11 encapsulate No. 2 as well then?

12 MEMBER REHBEIN: I think so. I  
13 think that could be a mechanism where they could  
14 provide that. It looks to me like they have got  
15 an expert in the group already. And it looks to  
16 me like that would be a mechanism that they could  
17 promulgate that sort of knowledge throughout the  
18 group.

19 CO-CHAIR NATHAN: And forgive my  
20 ignorance, but why would you -- first of all, I  
21 think it is absolute goodness that the providers  
22 get as much education and understanding of the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 system and how it works and some of the pitfalls  
2 that the lawyers can steer them through, who have  
3 to often take the NARSUMs back again and say,  
4 "You didn't put this in. You didn't put that  
5 in." So, I think that is great.

6 But why do you do and don't want  
7 something? As a provider, why would you care  
8 what does or doesn't get rated by the VA?

9 MEMBER REHBEIN: And maybe I said  
10 that wrong. What I think the group could do  
11 would be to decide whether that kind of knowledge  
12 is important to them. I am not saying that we  
13 should make the decision that knowledge is  
14 important to them. I think we should let the  
15 group determine whether or not that knowledge is  
16 important to them.

17 CO-CHAIR CROCKETT-JONES: I  
18 remember the circumstances of that particular  
19 thing. What was happening was that folks were  
20 getting referred to the VA for a particular  
21 condition to get a rating, but the VA required  
22 a checklist in order to consider that rating.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           So, basically, there was a  
2 disconnect, and it made things very difficult.  
3 It made it very difficult to get a rating for  
4 something if you, then, had to go back to your  
5 provider and say, "You never gave me this test."  
6 This test is what the VA uses to establish that  
7 rating.

8           You know, there seemed to be a  
9 disconnect on what VA used to create a rating and  
10 what DoD used to measure an issue. So, that was  
11 one of the disconnects, that the Legal was  
12 finding they were stepping in to say, "Go back  
13 and ask your provider for this test," because it  
14 would get washed. You know, "You didn't have  
15 this test. We can't rate it. There is a  
16 limited amount of time. Done."

17           And Legal was stepping in to say,  
18 "No, this is what VA uses to rate that. Make  
19 sure you have gotten those appointments and done  
20 these lab tests."

21           Legal was stepping in to  
22 inform -- well, they were actually informing

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Service members. And then, Service members  
2 were going back to their providers to say, "I  
3 need more."

4 MEMBER MALEBRANCHE: And it was in  
5 Alaska, I think, since the DoD JAG was there,  
6 they were actually teaching providers what was  
7 important in verbiage. I mean, it was a  
8 win/win. They weren't telling them what to  
9 write, but they were saying, "If you write it  
10 this way, these are things that you need to  
11 consider."

12 Because I have been to other places  
13 where the VA docs that write these all the time,  
14 they get better and better at them because they  
15 know what to look for, and they will teach the  
16 new folks coming in. "Make sure you go through  
17 this part of the record." And then, there are  
18 the clinical things. "If you see this, look for  
19 this piece."

20 So, it was like a win/win, and I  
21 don't think we need to tell them how and what to  
22 formulate their group, but just the outcome

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 expected is a better service for the warrior  
2 veteran because of all these things. I have no  
3 way of telling the exact composition of their  
4 group, but certainly could take some advice from  
5 those that did it well.

6 CO-CHAIR CROCKETT-JONES: And I am  
7 not sure that this recommendation really needs  
8 to be aimed at lawyers. If there is a gap in  
9 information for providers, that they need a  
10 better understanding of VA working, you know,  
11 the MTFs that are providing for people in IDES  
12 or who are critical, maybe this is really a  
13 recommendation that DoD and VA providers talk to  
14 one another about how conditions are rated and  
15 what tests are expected to be done and find those  
16 disparities. I mean, I think Legal is stepping  
17 in here. I am not sure that is the most  
18 efficient method of clearing up the disparities.

19 MS. DAILEY: In reality, probably  
20 two shouldn't be in there. It probably might go  
21 better in a medical or over even in the IDES  
22 portion itself.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I think we did get indicators that  
2 there are some nuances in the ability to convey  
3 to a rater that is being missed. The lawyers  
4 pointed that out to us. And that is just an  
5 overarching one. The DoD trains its providers.  
6 It trains the individuals who are writing  
7 NARSUMs. So, the training is in place.  
8 Frankly, the things we are starting to see don't  
9 really have formal feedback mechanisms to get  
10 them back into the process. Ways to set up that  
11 feedback to improve performance and to heighten  
12 awareness is a little bit missing.

13 MEMBER MALEBRANCHE: One of the  
14 things earlier, when we had talked about  
15 training, too, I think, Denise, in DES and  
16 whatnot, there are some efforts in the DES  
17 process like the disability benefit  
18 questionnaires. So, there are algorithms so  
19 people don't miss certain things that need to be  
20 in a record that are occurring. So, you are  
21 right, too, Suzanne, that there are some things  
22 that need to be done.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           But Legal was such a shining star;  
2           I think when we saw most places, that it was kind  
3           of nice. They even reached into the DRAS and  
4           helped folks out. Just, again, the  
5           communication, communication, and they were  
6           always, always the rock stars in the groups.

7           CO-CHAIR NATHAN: Okay. So, we do  
8           or don't have a quorum on No. 2? We have one like  
9           it. We have mostly take-it-or-leave-it?

10          MEMBER REHBEIN: There needs to be  
11          someone in the process that understands those  
12          things to make sure it is a really complete  
13          package, able to be handled the way it should be.  
14          I don't know if the lawyer is the proper person,  
15          but there has got to be somebody there. And if  
16          there isn't somebody else more capable of being  
17          it, then let the lawyer be it.

18          CO-CHAIR CROCKETT-JONES: I think  
19          the lawyers are functioning as the stop-gap to  
20          assure a Service member that everyone is doing  
21          their job and everything is going in the right  
22          place, and all the standards have been met.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 They are the advocate. They are the person that  
2 feels the most like the advocate that is going  
3 to guide them through. That is what we hear over  
4 and over again.

5 This particular issue on No. 2 about  
6 the disparity between DoD providers and VA  
7 raters, and what is on the checklist for a  
8 particular condition, I am not sure we need the  
9 lawyers to fix it. They did point it out to us.  
10 But I think it needs to be moved to a provider  
11 or IDES as a whole location, as far as how we  
12 recommend.

13 I think that the working group, if  
14 we get their product, we might find other things  
15 that are similarly -- they find the problems.  
16 The solutions don't necessarily need to rest  
17 within their ranks. That is all I want to say.

18 Denise?

19 MEMBER REHBEIN: Yes, if there is a  
20 better place for the solution to lie, I am good  
21 with it, as long as the solution exists.

22 MS. DAILEY: If we wanted to go

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 forward with a recommendation this, which is  
2 basically a training recommendation, I would  
3 honestly put it somewhere else. I am not going  
4 to put it in the legal section, which is where  
5 this ended up.

6 So, your real question is here: do  
7 you want to talk about training for the DoD  
8 providers? Do you want to make a recommendation  
9 that they receive additional training or that  
10 there is a mom-and-apple-pie recommendation  
11 here about training? Do you want to do a  
12 recommendation on training for MEB and NARSUM  
13 and providers who are writing these? You are a  
14 go or no-go on that?

15 CO-CHAIR CROCKETT-JONES: Okay.

16 MS. DAILEY: Where it is located,  
17 what it does is not relevant.

18 CO-CHAIR CROCKETT-JONES: My  
19 question is, is there currently a vehicle for DoD  
20 and VA to update one another about their rating  
21 methods?

22 MS. DAILEY: Yes.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 CO-CHAIR CROCKETT-JONES: What is  
2 that vehicle?

3 MS. DAILEY: The VA has a working  
4 group, has a task force just like this that  
5 updates the VASRD and takes its recommendations  
6 and turns it back around into updates of the  
7 VASRD. The updates to the VASRD are a very  
8 complicated process, a very difficult and long,  
9 complicated process. Once it is updated, then  
10 it is promulgated and training on the new pieces  
11 and parts of it take place across the VA medical  
12 community, and for those pieces of the DoD  
13 community, they would also receive updates and  
14 training on the new VASRD.

15 Does that answer your question?

16 CO-CHAIR CROCKETT-JONES: Yes.

17 MS. DAILEY: And then, training,  
18 that new policy gets pushed down to everyone  
19 doing those C&Ps and NARSUMs.

20 CO-CHAIR CROCKETT-JONES: So, new  
21 policy gets pushed down. And is there a vehicle  
22 for the not new? I mean, is it done as a whole

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 or is it only -- see, that is my question. Maybe  
2 that VASRD training needs to back up a little  
3 bit. I mean, people are only getting the new  
4 stuff. I just don't know. But that would be  
5 where this training needs to be more pointed.

6 MS. DAILEY: Correct. I mean, what  
7 you are talking about is a way to systematically  
8 gather what is a quality control process, what  
9 is being missed, and then, systematically return  
10 that back to providers and C&P examiners, so that  
11 they can fix or they can be more efficient in  
12 doing that type of process.

13 I mean, that is generally where we  
14 have all come down on. These are metrics,  
15 quality control metrics. Do you have them?  
16 And do you have a mechanism for feeding them back  
17 to the providers and the C&P individuals?

18 CO-CHAIR CROCKETT-JONES: That  
19 seems like the better way to recommend is to say,  
20 "Do you train it and how do you metric the  
21 efficiency of your training? How thoroughly  
22 are your people trained? Do you know?" That,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to me, seems like a more productive long-term  
2 recommendation.

3 CO-CHAIR NATHAN: So, is there  
4 general agreement that the system is broken and  
5 needs this kind of attention? In other words,  
6 certainly more education for providers is a good  
7 thing, but is this based on a visit to Fort Bragg  
8 where the lawyer there said, "Every Tuesday  
9 afternoon I get the providers in a room and I go  
10 over NARSUMs with them and I go over ratings with  
11 them, and I show them what they need to have in  
12 order to make a case for this or for that."? And  
13 are we extrapolating that now as a general  
14 recommendation to the Department of Defense that  
15 you providers, not necessarily by the lawyers  
16 but by somebody -- and how do most of them get  
17 it these days?

18 You are getting it from your PEBLOs,  
19 who are coming back to you and saying, "You need  
20 this" or you need that." You are getting it from  
21 lawyers. You are getting it from your peers,  
22 from your department heads, who have been doing

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 this for a while. And you go and you get  
2 on-the-job training and how to dictate these and  
3 how to work up the patients.

4 So, do we have enough data to say  
5 that there needs to be a formalized process  
6 beyond what the Services are already  
7 doing -- they may be doing a great deal or very  
8 little -- to educate your providers?

9 And if I were the Service, I would  
10 come back and I would say -- and it is akin to  
11 what you were saying, Denise -- I would come back  
12 and I would say, "Do you have data that shows that  
13 20 percent of everything we do is a misfired  
14 ground and we need to do it again?" That is all  
15 I am asking.

16 MEMBER TURNER: Can you hear me all  
17 right?

18 MS. DAILEY: Yes.

19 CO-CHAIR NATHAN: Yes.

20 MEMBER TURNER: Can you hear me?  
21 Okay.

22 I think you are exactly right. The

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 one thing I might suggest is I think the Services  
2 are doing a lot to train, but perhaps a  
3 standardized training product would help across  
4 the Services. So, instead of everyone having an  
5 independent training program, if there was -- at  
6 least being a provider and a doc myself, we get  
7 training all the time. But, if I had something  
8 I could refer to as a standard, and then, you  
9 know, we all have the same little book or handout  
10 or leaflet, then we could constantly refer to  
11 that instead of getting like a yearly training.

12 So, while I do think the Services are  
13 doing a lot to train, I think perhaps you could  
14 solve two issues and have some kind of  
15 standardized training product. That is all.

16 MEMBER EVANS: Is this a  
17 recommendation or a best practice? So, we  
18 recognize this at Fort Bragg. And so, do we put  
19 it in the best practice and recommend that, you  
20 know, have it as other commands should take this  
21 on? I am not sure if it is a recommendation.

22 So, this lawyer at Fort Bragg says,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 "Here is what I am doing." And we feel like that  
2 is a really a good process that he is doing, but  
3 we need to recognize this is what we are doing  
4 at Fort Bragg and have we seen successful  
5 outcomes from how he is doing his training? And  
6 if so, then, you know, go forward.

7 Because already I can tell you at  
8 Walter Reed we have the MEB section where the  
9 doctors, they do all their -- I mean, it is  
10 centralized, and they do have training. I have  
11 seen that for myself. So, I know training takes  
12 place out there. And guarantee, if you go down  
13 to Camp Lejeune, the same thing.

14 So, I just think that maybe his  
15 practice is really good and we can go forth as  
16 a really best practice.

17 MEMBER REHBEIN: And that is  
18 certainly a reasonable way to go about it.  
19 However we choose to handle it, it is a valuable  
20 thing to have. That person that is looking  
21 through the package before it goes to the VA and  
22 saying this is a complete package because it

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 shortens the process. Rather than it going to  
2 the VA and coming back, the VA -- and this is  
3 another part of my life -- the VA is now using  
4 a process called fully-developed claims to  
5 attempt to shorten that backlog.

6 A fully-developed claim is one that  
7 is certified to have all the information already  
8 in it before the rater sees it. This is the same  
9 sort of thing. Somebody that is making sure  
10 that everything is there before it goes to the  
11 rater, so that it doesn't bounce back and forth  
12 and hold up the lawyer.

13 So, however we do it as a  
14 recommendation, best practice, I sometimes  
15 wonder, is anybody paying any attention to our  
16 best practices?

17 CO-CHAIR NATHAN: Well, I think a  
18 best practice works well. You are absolutely  
19 right, the completion of the record, though,  
20 isn't certified by the provider. It is  
21 certified by the PEBLO on the way out and the  
22 cell.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           Again, unless we have had enough  
2           datapoints from around the travels or we have had  
3           provider groups come in here or chiefs of medical  
4           staff or chiefs of orthopedics or chiefs of  
5           different departments come in and talk to us  
6           about what does and doesn't work for them, I  
7           think it is hard for us to make a recommendation.  
8           Because I haven't heard anything here that would  
9           help me explain to the Services, other than  
10          intuitively it makes sense, I don't have good  
11          data on what is broken they need to fix.

12                   MEMBER MALEBRANCHE: This related,  
13          it said, back to 34, which was last year, where  
14          it says 100 percent should be contacted, which  
15          I think is a good practice, from what we have  
16          seen. I do not remember why DoD did a  
17          partially-concur on that, though.

18                   And I don't know; from our team, do  
19          we know why they partially concurred on that?

20                   MS. DAILEY: Yes, the 100-percent  
21          contact was a good idea. But the current  
22          process of briefings was sufficient.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 CO-CHAIR CROCKETT-JONES: They  
2 considered briefings contact.

3 MEMBER MALEBRANCHE: But  
4 everywhere we went, as long as the contact was  
5 there, it was good and was a good experience.  
6 So, I mean, that was a recommendation last year.  
7 It was a good one.

8 CO-CHAIR CROCKETT-JONES: I know  
9 that this varies, too, with staffing issues,  
10 that some folks have paralegals. Some Services  
11 have paralegals to help, in that they were easier  
12 to, they were more amenable to proactive contact  
13 because they could as the paralegals to make  
14 those phone calls.

15 MS. DAILEY: I think we have got a  
16 good, solid consensus around 3. We will do more  
17 work for looking at 2.

18 MEMBER REHBEIN: As far as the  
19 others, then, No. 4, we have already said that  
20 there should be more people have access to VTA.  
21 I see no reason why that -- this would not need  
22 to be held off separate. That could be included

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 in that.

2 The other question I have, to drop  
3 back to No. 1, that second sentence, "making this  
4 role part of each Judge Advocate's mission and  
5 skill set by adding IDES training" to the Judge  
6 Advocate general and basic and advanced courses.  
7 I don't know enough to know whether I should say  
8 yes or no to that, to tell you the truth, sir.

9 CO-CHAIR NATHAN: I think that,  
10 again, taking the Judge Advocate's role, they  
11 would say, "Only a small percentage of my legal  
12 staff is going to actually be exposed to IDES  
13 brokerage." So, to inculcate it into the  
14 training, the general JAG training, either basic  
15 or advanced levels, I don't think that is a  
16 winner.

17 The better question is, recommend  
18 that the Services make this role part of each  
19 mission, each Judge Advocate's mission and skill  
20 set by adding IDES training. The better  
21 question is, for those Judge Advocates who are  
22 assigned to areas where there is a heavy IDES

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 requirement, do they deserve -- or maybe they  
2 already get it; I don't know -- some sort of  
3 extraordinary or special training to understand  
4 that?

5 Healthcare is such a departure for  
6 the average JAG officer; most of them run away  
7 when offered healthcare tasks, healthcare  
8 assignments.

9 MEMBER REHBEIN: I tend to think  
10 that that is something that we need more  
11 information about. I don't know how the rest of  
12 the Task Force feels, but I don't understand  
13 exactly what the role of the Judge Advocate would  
14 be here or is here already.

15 CO-CHAIR NATHAN: Well, in many  
16 cases, they don't even use Judge Advocate,  
17 right? In Anchorage, where the rock stars were,  
18 they were spouses, I believe, who were  
19 civilians, civilian attorneys. Right, right.

20 And so, again, I think the broader  
21 question is, how do you make every lawyer who is  
22 doing IDES brokerage for warriors, recovering

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 warriors, as good as, say, the one in Anchorage  
2 who was passionate about it and just drilling  
3 down on everything and became very well-versed?  
4 And she admitted she got very good at it by doing  
5 it.

6 And then, once she turned around one  
7 person's case, then everything started flocking  
8 to her and said, "Look at mine," "Look at mine,"  
9 "Look at mine." She was saying her problem was  
10 there weren't enough hours in the day to try to  
11 review everybody's NARSUM and get it right.

12 But I think that is the spirit of  
13 this. How do we make the providers more  
14 knowledgeable and contemporary in what is  
15 current? How do we make the lawyers, how do we  
16 make the PEBLOs? And some of these have  
17 formalized training and remedial training;  
18 others don't.

19 MEMBER REHBEIN: Oh, I would be  
20 reluctant to say that every Judge Advocate  
21 attorney should have training in this, so that  
22 they could operate in this area in an emergency.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I would be reluctant, very reluctant, to go down  
2 that road. I think we all operate best in our  
3 full-time area of expertise, not in what we  
4 learned something about some time ago and,  
5 suddenly, we are being pressed into service.

6 CO-CHAIR NATHAN: Right.

7 MEMBER EVANS: So, are we  
8 100-percent sure that they do not have training  
9 prior to being assigned as the IDES? Do we know?  
10 We are not sure? So, I think that is what we need  
11 to come back --

12 MS. DAILEY: Now, currently, when  
13 you are assigned as an IDES lawyer, you will  
14 undergo an OJT and a training course. And, in  
15 fact, you cannot function in doing and handling  
16 cases until you have had the training. So,  
17 there is lag time when they get onsite. When we  
18 were at Lejeune last year, they said, "I'm here  
19 for three months. They couldn't give me my  
20 training. So, I have been just kind of hanging  
21 out." Well, no one hangs out, but they were  
22 concerned that, if they had had this training in

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 their basic course or their advanced course,  
2 they would be able to start as soon as they had  
3 the assignment.

4 Now it is a model. One may not have  
5 merit over the other one. You bring them on.  
6 You get them into training as soon as you can  
7 and/or you train them in their basic course or  
8 advanced course, and then, they are ready to  
9 start without training. It is a different model  
10 different places. It is just kind of a judgment  
11 call on which one you might like best. And if  
12 you don't have strong feelings about it one way  
13 or the other, it doesn't make a recommendation.

14 CO-CHAIR CROCKETT-JONES: If we are  
15 all solid in recommending that a legal support  
16 working group be established, that is one of the  
17 things that we can talk to them about determining  
18 among themselves: does their experience have a  
19 preference for one model or another? And if  
20 they had an answer to that before our next set  
21 of recommendations, then there we would go; we  
22 would be able to support them with a simultaneous

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 recommendation.

2 CO-CHAIR NATHAN: So, what I am  
3 hearing is that there is great interest in  
4 knowing more about these, No. 1 and No. 2, but  
5 the interest for making them a hard-and-fast  
6 recommendation at this time is somewhat tepid.  
7 So, we will leave those and we will say that No.  
8 3 is a strong yes, and No. 4 was a yes or a  
9 no-brainer or already doing it?

10 MEMBER REHBEIN: Already have that  
11 folded into another area --

12 CO-CHAIR NATHAN: Okay.

13 MEMBER REHBEIN: -- where we talk  
14 about access to VTA.

15 CO-CHAIR NATHAN: All right.  
16 Anything else on this particular area?

17 CO-CHAIR CROCKETT-JONES: No. I  
18 think we can power through.

19 We are reviewing resources for  
20 Reserve Components. This focus area falls  
21 under restoring into society. The  
22 Recommendations 7, 21, 22, and 23 from our 2012

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Annual Report relate to this focus area. These  
2 recommendations address items such as  
3 centralized case management, rapid issuance of  
4 Title 10 orders for Reserve Component recovering  
5 warriors.

6 We are going to begin the discussion  
7 with Captain Evans and Sergeant Major DeJong and  
8 myself.

9 And I know that we have had other  
10 things this morning that have touched on this.  
11 As we go through, we can be trying to sift some  
12 of that in our heads.

13 MEMBER DeJONG: Okay. Starting  
14 with No. 1, this one, really looking at it and  
15 looking at the response from DoD from last year,  
16 I think we need to -- they concur some areas of  
17 progress are made. I know we still hear the  
18 orders, the issues that are out there. I just  
19 don't know if -- right now, it seems to be a small  
20 population. I believe that they are constantly  
21 working on it.

22 So, WWR is currently working on a

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 program and policy which is currently in  
2 staffing. Or that is 20.

3 I don't know how far we want to go  
4 with No. 1 and the Title 10 orders. Help me out  
5 here.

6 CO-CHAIR NATHAN: Well, clearly, it  
7 was an issue in several places.

8 MEMBER DeJONG: It has been an  
9 ongoing issue, and we have addressed it several  
10 times. I am just trying to see if there is a  
11 different way we should word it and somehow tie  
12 it into something else.

13 CO-CHAIR NATHAN: Well, you know,  
14 if you take the tact -- and I will just say a few  
15 things, and please, other perspectives chime  
16 in -- but if you take the tact that it is a  
17 quality-of-life and a people issue, and it is.  
18 Not only the warriors themselves, but the  
19 families themselves feel like they are living on  
20 the brink, having to get themselves back into  
21 DEERS, having to get the orders that are running  
22 out on a Friday afternoon to be able to get paid,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 and everybody is running around with their hair  
2 on fire.

3 So, if we believe it is an  
4 issue -- and it seems to be -- then we say, okay,  
5 we need to bring it to somebody's attention, and  
6 we have before, what I hear you just saying.

7 So, you have gone out before. You  
8 have seen this is an issue. We have brought it  
9 to people's attention, but it still doesn't seem  
10 to be getting any momentum is what I am hearing.  
11 In other words, nobody is really aware of they  
12 turned-to in the DoD or in the Services and have  
13 fixed this; they haven't, based on what our  
14 observations are.

15 MEMBER DeJONG: Correct.

16 CO-CHAIR NATHAN: So, if it is still  
17 important to us, then how do we change tact to  
18 get people's attention? And do we start getting  
19 more specific in our recommendations, more  
20 Draconian in the recommendation? And again,  
21 this is just I am thinking outloud.

22 Do you make a recommendation that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 every installation where there is less  
2 than -- and again, this is completely telling  
3 them how to suck the egg, only because they  
4 refuse to suck it -- do you make the  
5 recommendation that any Service member or  
6 recovering warrior or family that does not have  
7 their orders or that gets their orders renewed  
8 within two weeks of deadline is reported up to  
9 a Service chief or is reported up to somebody?  
10 In other words, again, this is very Draconian  
11 stuff, but this is my experience how the military  
12 functions very well.

13           You know, our STR levels for the Navy  
14 were, I think I told you yesterday, they were  
15 running around 13 percent. I kept getting  
16 called by the Vice Chief of Naval Operations, who  
17 was getting called by the Vice Chairman of the  
18 Joints Chief of Staff. So, I sent a team last  
19 week to fix it. This morning they are 100  
20 percent, partly because I am a patriot but partly  
21 because he scared the bejeves out of me. So,  
22 that is how we function. So, I didn't want my

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 boss to see a bad report again. So, I got it  
2 fixed, at least for now.

3 So, I won't hog the microphone, but  
4 I am just thinking outloud here, because what I  
5 am hearing from you, Sergeant Major, is we have  
6 brought this to people's attention, but we  
7 continue to go out and see that families are  
8 still suffering --

9 MEMBER DeJONG: Correct.

10 CO-CHAIR NATHAN: -- with this.

11 MEMBER DeJONG: And I do like the  
12 middle sentence. I don't know if it is the right  
13 answer, but, you know, "Orders should be  
14 established for the full-length it takes to  
15 complete the care plan."

16 I mean, that seems like an easy fix  
17 to me. You put them on some orders. They get  
18 30-day orders, or whatever, to establish their  
19 care plan. That care plan says it is going to  
20 take "X" amount of time to complete and get you  
21 rehabbed, and that is what they establish the  
22 orders for.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1                   MEMBER MALEBRANCHE: And I think it  
2 will be noticed if the orders have to go on  
3 extensions all the time. I mean, that will get  
4 the same visibility the Admiral is talking  
5 about. Like, gee, the people over here are on  
6 orders for a year before anything happens. I  
7 mean an exaggeration, but that will take notice.  
8 I think it is a good idea.

9                   MEMBER DeJONG: And we know that  
10 anything over 365 days takes a general officer  
11 level of approval to extend after 365 days. So,  
12 we know that it is already going up at that level  
13 after one year.

14                   I think we do need to establish a  
15 recommendation on this and to make it a little  
16 bit more, dig into this one a little bit deeper  
17 because we do have constant pay issues with the  
18 Reserve Component. We do have constant DEERS  
19 issues with the Reserve Component. And it is  
20 not getting any better after two years.

21                   CO-CHAIR CROCKETT-JONES: Okay.  
22 Yes, I agree. I want to make sure we don't just

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 worry about it being long enough, but worry about  
2 gaps. If the plan doesn't come to fruition,  
3 that gap is really felt, as you said.

4 I mean, the pressure of timeline is  
5 felt. I mean, we hear it in our focus groups.  
6 People know they are on a timeline. They hear  
7 the clock ticking when they are in the whole  
8 process.

9 It is not right that we can apply  
10 this pressure and, then, not cover their bases  
11 while they are at -- you know, that we apply one  
12 pressure and not cover the bases to make them  
13 have the tools they need to get through it.

14 But I like the idea of orders  
15 established for the care plan, but I want to make  
16 sure we say something specifically about falling  
17 off of orders, if that care plan, if the recovery  
18 isn't met within that timeline. I don't want to  
19 just shift the falling-off of DEERS to a  
20 different timeline.

21 MEMBER EVANS: So, when we were at  
22 CBWTU Arkansas, this was a problem outside of the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 command control. So, the orders were generated  
2 through, I think Fort Gordon had oversight of  
3 that CBWTU. I believe, I'm not sure, but I  
4 remember it was outside of command control of  
5 receiving orders in a timely manner.

6 They would take the initiative to  
7 inform that this individual was coming up on  
8 orders. And so, now the clock is ticking. And  
9 so, they would, in turn, receive the orders at  
10 the last minute.

11 So, some of these commands don't  
12 have control of this process. It is a bigger  
13 issue. They are working towards trying to  
14 improve it, because members were being dropped  
15 out of DEERS, appointments being cancelled.  
16 And so, they are trying to improve this. But I  
17 am not sure; if the recommendation is going to  
18 go forward, then we need to have something that  
19 is strongly worded. We cannot afford to have  
20 members being dropped out of DEERS and,  
21 therefore, medical care is being impacted.

22 And that is what is happening. The

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 members, their appointments are being dropped  
2 because they are now kicked out of the system,  
3 CHCS. And so, I think if we are going to go  
4 forward, it has to talk to the overarching  
5 problem, that we are impacting medical care and  
6 pay.

7 MEMBER DeJONG: And some of this may  
8 have to do, it may even be higher than NGB because  
9 NGB is going to make sure that the orders come  
10 out. If you look at the algorithm, or lack  
11 thereof an algorithm, of WTC alone, you have a  
12 one-star commander who really doesn't have  
13 command because the command gets turned over to  
14 the installation commands.

15 So, you have almost got to go  
16 case-by-case on this. I mean, we know it is a  
17 problem across the board, but who has got this  
18 right and who doesn't?

19 MS. DAILEY: So, it had some  
20 distinguishing factors. We didn't see it in the  
21 Army. We didn't see people dropping off orders  
22 in the Army. It was always they have a process

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 where they get the orders out to them in time,  
2 but there is no gap in orders. They have tested;  
3 there has not been a gap in orders. But they  
4 have been concerned about coming close to the  
5 edge. So, that was the Army feeling across the  
6 board.

7 So, where we have actually heard  
8 that someone fell off orders is from Tech  
9 Sergeant Eudy, who says he has actually seen Air  
10 Force members fall off orders. And so, that is  
11 what we are trying to fix. And that is all the  
12 data I have on it.

13 CO-CHAIR CROCKETT-JONES: When we  
14 were walking through the case management  
15 building, that new building with all the  
16 different areas, we heard it there, too, at San  
17 Antonio.

18 MS. DAILEY: That is the Air Force.

19 CO-CHAIR CROCKETT-JONES: Okay.

20 MEMBER EVANS: So, we didn't hear  
21 this in Arkansas?

22 MS. DAILEY: What we heard in

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 Arkansas was the brinkmanship issues, not that  
2 they ever fell off orders, but that they always  
3 came very close. It was right up to the day or  
4 day before. And that is process we described  
5 here and did a little bit of work with HRC, which  
6 is General Mustion's team, and he referred me to  
7 the team. They showed me how many days they have  
8 for the process. But it takes them right up to  
9 the day before because of the workload. I mean,  
10 if you get a request a month out, you are not  
11 going to get orders until the day before because  
12 they are working the day-before orders for  
13 everybody else.

14 But where we have actual evidence  
15 that people are falling off orders is from Tech  
16 Sergeant Eudy.

17 CO-CHAIR NATHAN: So, do we believe  
18 that Sergeant Major DeJong's recommendation  
19 would fix that?

20 MEMBER DeJONG: I don't believe so,  
21 sir.

22 CO-CHAIR NATHAN: You don't think

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 so?

2 MEMBER DeJONG: Again, it falls  
3 back to, I mean there are so many levels within  
4 this, especially on the Reserve side, there are  
5 so many different levels within this that it does  
6 fall back to HRC, who ultimately has to cut the  
7 order.

8 And I think you are going to see an  
9 improvement in this as we progress along and the  
10 numbers decrease, but I think the workload -- and  
11 I have talked to General Mustion about  
12 this -- there is an extreme workload. I don't  
13 know where any more oversight on it would improve  
14 the process.

15 CO-CHAIR NATHAN: Well, I think  
16 there is consensus it is a significant issue and  
17 it needs to be fixed. We can yell louder, but  
18 we may want to get more specific. We can back  
19 off a little bit on a specific recommendation and  
20 just simply say that we recommend that the  
21 Services institute a senior-level dashboard or  
22 a metric or an awareness of orders, Reserve

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Component orders, that are not done in a timely  
2 manner, and let them figure out how they want to  
3 do that.

4 And we may get slow-rolled on that.  
5 I mean, we may get a concur, and then, next year,  
6 "Hey, how about those Mets? What are we going  
7 to do about the Reservists? We are still seeing  
8 a problem."

9 So, now do we phrase this? And  
10 again, stop me if I am wrong, but what I am  
11 hearing is this has been a perennial problem.  
12 We have continued to address it with them, and  
13 we are not getting traction.

14 And so, how do we, other than sort  
15 of making a phone call and saying, "Look, I'm not  
16 sure what part of this you are not getting, but  
17 how do we communicate in this particular year's  
18 recommendations. We are serious about this.  
19 You have a problem here. You are not fixing it."

20 And so, one way to be very specific,  
21 we recommend, you know, some arbitrary amount.  
22 Any orders that aren't renewed within a month of

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 their deadline or the suspense date, we will  
2 automatically send a flag to the chief of staff's  
3 office or to the Service Chief's office.

4 And the Services will come back and  
5 say, "How dare you tell us what the Service Chief  
6 is supposed to see or not see." And they would.  
7 "We'll fix this, but don't you tell us how."

8 So, then, we back off a little bit  
9 and we say, "Okay, not that specific." The  
10 Services will institute a program that will  
11 institute some sort of mechanism that alerts  
12 senior leadership in all Reserve Component  
13 orders that expire within a certain point prior  
14 to renewal. I mean, something.

15 MEMBER DeJONG: No, I like where you  
16 are going with that, sir. It needs to send a  
17 flashing light up somewhere, but where and how  
18 high and how deep do we get into it?

19 On the Guard side, this particular  
20 issue is a case of several, many congressionals  
21 when it starts coming down to the line.

22 CO-CHAIR NATHAN: And it seems like

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 the Services, so far at least, since this has  
2 been going on for a while, are sort of happy to  
3 handle them one-by-one and a diving catch. So,  
4 the diving catch is okay, but it sure creates  
5 turmoil and disenchantment and stress on the  
6 family, on the warrior, unnecessarily so.

7           And it is not bad people. They  
8 don't wake up in the morning saying, "Today I'm  
9 going to wait until the last minute to do this."  
10 We heard, I think -- was it in San Diego? -- we  
11 heard somewhere that they had to go through some  
12 process of 12 people signing it before it got  
13 somewhere, and that was part of the delay. And  
14 we said, "Why don't you just take it to the person  
15 who has to sign it at the end and just give it  
16 to them?" "Well, it is supposed to go through  
17 this."

18           I am not going to tell them how to  
19 fix that process. I just want the heat to be on  
20 them enough, so that they figure out, "You know  
21 what? This is ridiculous. Let's figure out a  
22 better process because I do not want the boss,"

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1       whoever that is, "to see that we can't get our  
2       orders done in a timely fashion to avoid stress  
3       on our population."

4                   CO-CHAIR NATHAN:   Do you have what  
5       you need for that, Denise?   Can your people do  
6       that     voodoo     that     you     do     so  
7       well -- (laughter) -- and sort of figure out the  
8       parameters of this kind of thing, and we can look  
9       at it?

10                   Or does anybody else want to throw  
11       out a motion for a more concrete recommendation?

12                   CO-CHAIR CROCKETT-JONES:   I think  
13       that I would like to see the language.   It is  
14       hard to get your hands on it without getting some  
15       language.       So,   if   they   would   craft  
16       something -- I think they got what, I hope they  
17       have got what they need.

18                   CO-CHAIR NATHAN:       Everybody at  
19       peace with that?

20                   (No response.)

21                   MS. DAILEY:   Okay.   So, we will do  
22       a recommendation that tries to raise the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 visibility of orders to more senior levels that  
2 provide better visibility and consequences.  
3 Okay.

4           Again, I don't have a lot of data on  
5 this one. So, we will give it to you in the  
6 context of the information that we have to  
7 support it. And then, you can go forward with  
8 it.

9           CO-CHAIR NATHAN: Just a quick  
10 aside. This worked on the IA deployment system.  
11 For the longest time, we were giving people  
12 orders to deploy to Afghanistan and Iraq very  
13 little time in the Navy. We would let you know  
14 that, "Oh, by the way, we knew of this  
15 requirement six months ago, but we are just now  
16 getting around to telling you that next week you  
17 have to be in Iraq for eight months."

18           And eventually, our four-stars  
19 said, "I want to hear of every case where we  
20 haven't given 60-days' notification to somebody  
21 who is deploying, and I want somebody who is in  
22 charge of deploying that individual to explain

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 what the emergency was that prevented us from  
2 giving them at least 60-days' notification."

3           Overnight people started getting  
4 90' and 120-days' notification that they were  
5 going to Iraq and Afghanistan. It wasn't  
6 meanness or malevolence. It was just simply  
7 lack of -- the person who was not getting the  
8 orders got to go home and sleep in their bed at  
9 night. What did they care, right?

10           And so, we excited them, what  
11 interests your boss fascinates you. And they  
12 took that for action.

13           So, I think the same thing can happen  
14 here. If a Service is willing to say, "I want  
15 the person who was responsible for issuing these  
16 orders to the Reservist to come to me for anybody  
17 who they had to give less-than-30-days' renewal  
18 to, and explain why," you will see the system  
19 fixed. It will right itself.

20           MEMBER DeJONG: Okay, No. 2.

21           CO-CHAIR NATHAN: No. 2.

22           MEMBER DeJONG: No. 2 talks about

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 the NOSC's; having the current LOD process  
2 involves manually moving papers from desk to  
3 desk. "The process would be improved if digital  
4 case management signatures were developed."

5 I am not very familiar with the Navy  
6 LOD process. I know in the Army we do have  
7 digital signatures. I don't know much about the  
8 Navy LOD process, but it just seems like a system  
9 fix in order to streamline the operation. I  
10 don't know if there is a lot there for a  
11 recommendation.

12 MEMBER EVANS: I can't speak to this  
13 one because I am not sure.

14 CO-CHAIR NATHAN: This, I think,  
15 came out of San Diego?

16 MEMBER EVANS: This is San Diego.

17 CO-CHAIR NATHAN: And they were  
18 imploring us for help because they were having  
19 trouble moving through the wickets. I like the  
20 generic tone of it.

21 You could either make this a  
22 recommendation or you could notify Navy of the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 best practice of the Army using a digital LOD  
2 signature process.

3 MEMBER DeJONG: Or, as we continue  
4 through this, not to jump too far ahead, we start  
5 talking about LODs across the board a little ways  
6 in here.

7 I only know of one LOD system, and  
8 that is the Army National Guard LOD system. So,  
9 I don't know the rest. But, hopefully, the  
10 staff can help me out here. Is there a  
11 difference in LOD process between Active Duty,  
12 Guard, and Reserve? I don't believe so on the  
13 Army side. I don't know if there is a difference  
14 in the LOD process between the Services. But if  
15 there is a difference, maybe we can formulate  
16 something about standardizing an LOD process  
17 across the Services to make it a little bit more  
18 streamlined.

19 So, I think we can wrap all this LOD  
20 stuff into one and look at standardizing the LOD  
21 process. I think what we need is a little bit  
22 of information on the three Services that are out

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 there, the Navy, Air Force, and Army, and do a  
2 cross-comparison of the LOD processes.

3 MEMBER EVANS: I have to concur  
4 because I am not sure -- I am actually dialing  
5 a friend to see, get more info on the Navy LOD  
6 process, because I think we just need to be more  
7 informed/educated on how that works for the Navy  
8 and Army. And are there gaps? Is there a best  
9 practice that we can recommend going forward?

10 MEMBER DeJONG: Going once.

11 CO-CHAIR NATHAN: So, we are going  
12 to send this back into Committee?

13 MEMBER DeJONG: Yes, sir.

14 CO-CHAIR NATHAN: Okay.

15 MEMBER DeJONG: Ma'am, would you  
16 like me to continue or do you want to do the --

17 CO-CHAIR CROCKETT-JONES: Do we  
18 need a break or are we ready to power on for a  
19 little bit?

20 MEMBER DeJONG: We can power on for  
21 a little bit.

22 CO-CHAIR NATHAN: Anybody who needs

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to get up and go, stretch your legs, whatever,  
2 please feel free to do so. It is like second  
3 grade; only two of you can leave the room at once.

4 (Laughter.)

5 And then, you have to wait for  
6 somebody else to come back before you can use the  
7 restroom. So, we maintain a quorum. Okay?

8 MEMBER DeJONG: Looking at No. 3, as  
9 far as the Reserve Components are going, it makes  
10 some statements that I don't really like as far  
11 as less familiar with recovering warrior  
12 benefits. I am not sure if that is the case as  
13 much as, if you look across the board for Reserve  
14 Component recovering warriors, if they are in a  
15 CBWTU-type setting or a home-type setting, the  
16 injuries and/or illnesses are less acute, to  
17 where a lot of the benefits that are available  
18 probably wouldn't be. They wouldn't be  
19 eligible for some of them anyhow.

20 So, when we do talk to a group and  
21 we get some of the information back on some of  
22 the many surveys that we do, I think some of them

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 are just it hasn't been heard of in this setting  
2 with the type of acuity of the injuries and  
3 illnesses that they have. Does that make sense?

4 MEMBER KEANE: I think this one  
5 stemmed from Iowa. They didn't know anything  
6 about SCAADL log there in Iowa. And they had,  
7 I think, 752 or 762 recovering warriors that some  
8 of them could have benefitted from SCAADL.

9 CO-CHAIR NATHAN: Now, in some of  
10 our other discussions from the last day and a  
11 half, would some of the things we have touched  
12 on fix this as well, if we got those fixed? In  
13 other words, the better engagement, the better  
14 situational awareness, the better induction or  
15 INDOC on what is happening, the better  
16 socialization and marketing of either the NRD or  
17 the global warrior resource, the global warrior  
18 resource line? In other words, are some of the  
19 other efforts we are putting together, if they  
20 work, going to fix this? Or do we need to  
21 specifically sort of call out these particular  
22 areas and say, "You need to augment your process

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 or change your process or addend your process in  
2 these facilities because they are far from the  
3 mothership, and so, people aren't getting the  
4 word."?

5 MEMBER PHILLIPS: I think what you  
6 are saying I would agree with. I think the  
7 information being provided will educate these  
8 folks and, hopefully, flow down to them.

9 It does come from Iowa. I was  
10 impressed or upset about the fact that they knew  
11 so little about some of these programs. So, it  
12 is too global to try to make a specific  
13 recommendation.

14 CO-CHAIR NATHAN: So, again, the  
15 trick -- and some of this is world hunger -- the  
16 trick is how do we give people who are entering  
17 the program, especially our Reserve Component  
18 that are away from this critical mass of FCC,  
19 RCC, lawyers, advocates, other wounded  
20 individuals and families who are living and  
21 breathing this every day, who get that  
22 information osmotically or actively, how do we

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 get it to the Hinterlands?

2 And the only way to do is a process,  
3 so that when somebody is in, they automatically  
4 get spoon-fed. Suzanne and I were talking about  
5 this earlier, where if you knew to give what we  
6 think is this very promising wounded warrior  
7 resource line --

8 CO-CHAIR CROCKETT-JONES: Center.

9 CO-CHAIR NATHAN: -- Center -- a  
10 call and tell them where you are in the process,  
11 they should be sort of leading you by the hand  
12 through this, letting you know what your  
13 benefits are.

14 CO-CHAIR CROCKETT-JONES: My  
15 question is, who is getting trained at CBWTUs?  
16 Who is getting the RCC training? And how  
17 quickly do they have to get the training? I  
18 mean, are they sitting in their jobs for six  
19 months before they get trained? Are we sure  
20 that the right people at CBWTU are getting the  
21 RCC training, which should introduce them to  
22 these ideas, you know, to be able to provide more

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 adequate, more standardized support?

2 CO-CHAIR NATHAN: Let me ask a real  
3 quick question. Denise, do you know if the  
4 Recovering Warrior Workshops transcend all  
5 Services?

6 MS. DAILEY: Everyone, sir, goes to  
7 or has access to the Yellow Ribbon Program, but  
8 Recovering Warrior Workshops is a Navy-specific  
9 activity.

10 CO-CHAIR NATHAN: I didn't know if  
11 we were bleeding into the other Services or not.  
12 I would have to find out.

13 MS. DAILEY: It is --

14 CO-CHAIR NATHAN: Connie is not  
15 here.

16 MS. DAILEY: Sir, no, it is not.

17 CO-CHAIR NATHAN: Okay.

18 MS. DAILEY: It is not. Every  
19 Service can do something --

20 CO-CHAIR NATHAN: Right.

21 MS. DAILEY: -- but every Service  
22 participates in the Yellow Ribbon.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 CO-CHAIR NATHAN: I am not smart  
2 enough to know the differences. I know very  
3 well the ins and outs of the Recovery Warrior  
4 Weekend. That is a winner. That is where  
5 Reservists are allowed to bring a significant  
6 other. We fly them to a city. They spend the  
7 weekend at a nice hotel, going down into a room  
8 like this where they are given all this  
9 information on SCAADL, all this information on  
10 what their entitlements are. They are given  
11 websites and numbers to call for stress,  
12 counseling, domestic issues, marital issues;  
13 who to call if you can't get an appointment.

14 The feedback we get from these  
15 families says that they have been a lifesaver in  
16 helping them get a concentrated dose of  
17 everything they need as a Reservist who is out  
18 in the Hinterlands returning from the AOR or  
19 returning from any deployment and needs help.

20 So, it is a social, domestic, and  
21 professional resource. Yellow Ribbon  
22 approaches that?

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 MS. DAILEY: Yes, sir. And this is  
2 really aimed at the chain of commands out in  
3 these organizations. Yes, bringing everyone  
4 together in a conference of that nature, which  
5 the Navy pays for, our Reserve Component pays for  
6 out of its pocket, is effective.

7 I think what dismayed most of us who  
8 went out there was that there was a marked  
9 difference between the chain of command's  
10 knowledge at these locations than there was for  
11 a Active Component.

12 We were at the NOSC and we said, you  
13 know, this individual is available for -- what  
14 was the -- TSGLI, and every eye in the room went,  
15 "Really? TSGLI, that would apply?"

16 And we were at Arkansas. We had  
17 individuals who were injured and we said SCAADL  
18 would be appropriate here. This is the Arkansas  
19 Joint Forces Headquarters. And heads were,  
20 "Really? SCAADL?"

21 So, it is just very acute that they  
22 have these very significant benefits and the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 chain of commands don't know about it. And it  
2 is also very direct in that, but they do know  
3 about IDES.

4 I don't think we hit one Joint Forces  
5 Headquarters that didn't know exactly where to  
6 send someone for the IDES, exactly what was done  
7 when they needed a briefing or how to get an  
8 independent medical review.

9 So, IDES has penetrated down to  
10 these areas. But these other non-medical  
11 support systems are still not getting to the  
12 chain of command and the knowledge base that the  
13 Reserve Component needs to educate.

14 MEMBER MALEBRANCHE: So, when you  
15 were asking about the RCC training, Suzanne,  
16 just from talking to folks, I think that it  
17 varies, when they get it and when they start. It  
18 is not necessarily like you have to have basic  
19 training before you can go. You can get that  
20 later after you have started.

21 But I wonder, too, you know, General  
22 Robb is with our IC3 and was a real proponent of

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 this checklist of things. And I know in the  
2 veterans' benefit group, they send out these;  
3 they call them Fast Sheets. When there is  
4 something new or a change to what we do, they send  
5 out a Fast Sheet and it is electronic. They send  
6 it out everywhere.

7 But some of these things might lend  
8 themselves -- and I am sure in this 22-page  
9 checklist that Captain Evans was talking about  
10 the other day what all is on there, but I know  
11 that there are different points in time as they  
12 go through this model, "they" being the soldiers  
13 or airmen or marines and sailors that go through  
14 this. There are different timelines where they  
15 should be touched by different things, depending  
16 on if they are acute, ambulatory, whatever.

17 And I don't know, Connie, is that in  
18 there about the SCAADL and the TSGLI? It is in  
19 that checklist, I think.

20 MEMBER EVANS: That is all in the  
21 checklist, correct.

22 MEMBER MALEBRANCHE: And I think

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 they don't have this checklist.

2 MEMBER EVANS: Correct.

3 MEMBER DeJONG: Correct me if I am  
4 wrong. This may tie somewhat into No. 13. We  
5 had discussed, I know, out at the NOSC-specific  
6 site of, just as the Army had done, where Service  
7 members that were in the IDES process had access  
8 to the SFACs and to the resources available,  
9 talking about the MEDHOLD East and West sailors  
10 then having access to the resources of the Safe  
11 Harbor Program, as they were there for an  
12 extended duration. Or am I mistaken on this?

13 MEMBER EUDY: It was basically  
14 another way we were talking about, I believe in  
15 that discussion out at the NOSC, to tap into that  
16 information resource that was available.  
17 Because you have these small sites where it may  
18 be a corpsman, it may be a yeoman, or  
19 personnelist type, whatever the term that was  
20 used, and it may be a medical or non-medical  
21 entity that was having to be that go-to function.

22 MS. DAILEY: Okay. Correct. For

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the NOSCs or the MEDHOLD and MED East, in  
2 particular, the MEDHOLDS in particular, they do  
3 have access to a Navy Safe Harbor medical case  
4 manager, which then is able to be the source of  
5 information. That becomes the centerpoint.  
6 You don't see that individual. you don't have  
7 an RCC out in the Air Guard Headquarters. You  
8 don't see an RCC at NOSCs. And we haven't been  
9 to a Reserve Center or a Marine Reserve Center.  
10 My bet is, if I asked a Marine Reserve or an Air  
11 Reserve or Navy/Army Reserve Center what an RCC  
12 was, I would probably get a "No."

13 It is just the observation came out  
14 and coalesced that the non-medical piece, in the  
15 absence of subject matter experts on these  
16 staffs, which are generally not there, does not  
17 penetrate down to the Reserve Component. There  
18 are people missing their benefits. There are  
19 too many "aha's" out there.

20 And there are smart people around.  
21 They are just not on their staffs. They are just  
22 not a resource for them. And again, there is a

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 part of the population we haven't touched, but  
2 my bet is it is tough for this information to get  
3 down to them. And again, I am perplexed or  
4 pleased that the IDES system has made a  
5 significant penetration. It is not the same  
6 with these other non-medical topics and case  
7 management and medical care topics.

8 MEMBER DeJONG: Some of that we  
9 might be able to tie back into No. 1 again and  
10 the recommendation that we made last year for the  
11 centralized case management of these. If we get  
12 centralized case management of these recovering  
13 warriors and the Reserve Components, we can have  
14 that knowledge base established and be  
15 supplemented by the chain of command from that  
16 centralized case management. That might be the  
17 fix to this, and it might be the fix to a lot of  
18 the orders and the other things, if you have the  
19 centralized case management. It might be a fix  
20 to a lot of the Reserve-Component-type specific  
21 issues that we are dealing with.

22 MEMBER EVANS: So, Denise, the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 non-medical, so that is under the auspices of the  
2 WCP, right, the RCC program across all Services?

3 MS. DAILEY: Correct. Correct.

4 MEMBER EVANS: So, I think the  
5 question I have is, why have we not  
6 assigned -- why are they not looking at the  
7 non-medical for the Reserve Air National Guard?  
8 So, is that a separate finding? Can they not  
9 find RCCs? That is a contract. So, I would  
10 think we would be able to take care of that  
11 population.

12 So, it seems that, from the  
13 contract, we have not built that Reserve  
14 population into that, because that is a central  
15 kind of type of policy. So, I think we need to  
16 go back and ask the question to WCP.

17 For central case management, again,  
18 I feel like I am the central case management when  
19 we --

20 MS. DAILEY: And you are.

21 MEMBER EVANS: And so, when we  
22 identify -- the Reserve population has been one

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 of our populations that is at issue.

2 MS. DAILEY: Yes, yes. So, you  
3 kind of agree, it has been tough to --

4 MEMBER EVANS: Right.

5 MS. DAILEY: -- get that  
6 information down to them?

7 MEMBER EVANS: And that has been  
8 constant communication between myself and Dr.  
9 Paver.

10 I know the Air Force has the same  
11 type of central case management model.

12 MS. DAILEY: They are getting  
13 there. They just implemented it. The Service  
14 member we discovered in North Carolina who had  
15 no case management is their first client.

16 MEMBER EVANS: Correct. And we  
17 work closely, all of us, as the lead case  
18 managers for our Services.

19 So, I think what we need to do is get  
20 a little bit more information on why non-medical  
21 isn't embedded into our Reserve and Air  
22 National, Army National Guard, because that is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 a type of central contract that can easily bring  
2 in that population. And I am not sure if we  
3 addressed that with them before.

4 MS. DAILEY: Okay. Just bringing  
5 back an observation. The contracts at the  
6 Warrior Care Policy Office for RCC are managed  
7 by the Services. They collect their RCCs and  
8 distribute them. We did see an RCC out at  
9 Arkansas. He, in fact, introduced himself or  
10 got pulled into the Arkansas briefing because we  
11 were coming. And it was very enlightening for  
12 them to actually be able to tap into this  
13 individual.

14 So, there is kind of a forcing  
15 function every time we go down there, ask these  
16 questions. People scramble for the answers and  
17 become better-informed. And that is  
18 gratifying, but that is not the solution.

19 So, again, I think this was pretty  
20 well-documented, and we reached into the  
21 National Guard community pretty deeply this  
22 time, and the Air Guard has been very responsive

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 in revealing, when they come to the table, about  
2 their lack of knowledge. The Army Guard is not  
3 as -- has got some handle on it, better than most.  
4 CBWTUs would rate a little better also. Air  
5 Guard, the NOSC, and, again, I think if I reached  
6 into an Army Reserve Center and a Marine Reserve  
7 Center, I would probably get a lot of also blank  
8 looks on the ability to deliver these services  
9 comprehensively. I haven't been there yet.

10 CO-CHAIR CROCKETT-JONES: I think,  
11 as you pointed out, the perplexing thing is that  
12 some information gets down and some does not.  
13 And so, I mean, I think IDES gets down, but IDES  
14 is something that is monitored awfully well.  
15 People are held to account for meeting  
16 timelines. People are examined on their  
17 outcomes. There is no method for measuring how  
18 well-informed the end-user of this information  
19 is.

20 And so, I am very comfortable, I am  
21 certain I would like to see some form of  
22 recommendation on this topic. And I would like

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to see some way for those folks. You know, if  
2 there was a more obvious gap, I would say we could  
3 be more specific, but I think that, obviously,  
4 some information gets down there. So, they need  
5 to prioritize their staffing cadre to be as  
6 well-informed on benefits as they are on knowing  
7 that they have to get their IDES members into the  
8 PEBLO. You know, there has got to be some  
9 method. And if we can't agree on the gap, then  
10 we need to find a different way to word the  
11 recommendation.

12 MEMBER MALEBRANCHE: Well, I guess  
13 one thing just to reiterate, too, is IDES, when  
14 you talk about centralized oversight -- and the  
15 Sergeant Major has talked about  
16 centralization -- that oversight is at the top,  
17 and that has something. So, I think when we look  
18 at the recommendation, I would consider a  
19 centralization.

20 CO-CHAIR NATHAN: Okay. So, just  
21 hearing some of the options, is there interest  
22 in a fairly-aggressive recommendation to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 centralize these processes, the case  
2 management?

3 MEMBER DeJONG: Yes, I would like to  
4 see it go that direction. We can encompass a lot  
5 of different things in a centralized oversight.

6 CO-CHAIR NATHAN: So, you are going  
7 to create a more -- which is fine -- you are going  
8 to create a more virtual case manager that you  
9 will talk to either electronically,  
10 telephonically, video, teleconference, that  
11 sort of thing? This will not be your clinical  
12 case manager? In other words, who is helping  
13 you get appointments at the VA in town? Who is  
14 helping you get appointments at the private  
15 hospital in town? Or who is helping you get back  
16 to the MTF that is nearest you?

17 MS. DAILEY: That is getting  
18 centralized. The Air Force has got a position  
19 in place. Captain Paver and Captain Evans are  
20 working it for the Navy. The Army has moved most  
21 of its highly-wounded who need that type of  
22 management into the WTUs or Component. Marine

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Corps has got them in their Wounded Warrior  
2 Regiments. And I don't have any visibility of  
3 how they manage individuals in the Marine  
4 Reserve who need care and are staying in their  
5 communities. I do have indications that they  
6 don't get --

7 CO-CHAIR CROCKETT-JONES: Yes,  
8 isn't this more the non-medical? I mean, this  
9 is about benefits and programs and --

10 MS. DAILEY: Yes, it is really about  
11 an RCC or a squad leader role --

12 CO-CHAIR NATHAN: Right, that is my  
13 question.

14 MS. DAILEY: -- or a section leader  
15 role that does not have a function out in these  
16 types of locations.

17 CO-CHAIR NATHAN: So, the  
18 recommendation could sort of, at first at least,  
19 limit itself to the case management of  
20 non-medical issues should be centralized?  
21 Because if you remember NOSC in San Diego, they  
22 thought the case manager there was a god, the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 clinical case manager, who was the one who was  
2 taking care of everything for them. There was  
3 a nurse there that everybody was just "ooing and  
4 aahing" over, how she helped them with wickets.  
5 But, non-clinically, they had all kinds of  
6 issues.

7 MEMBER PHILLIPS: Could we possibly  
8 word it in a way that it doesn't mandate  
9 centralization, but there is a central robust  
10 system that you can use? But I don't want the  
11 local folks who do such a good job to think that,  
12 well, we don't have to do this any longer.

13 MS. DAILEY: In an intermediate, we  
14 might recognize that these elements need  
15 training pushed down to them, possibly in a  
16 centralized way, or training needs to be MTTed.  
17 Isn't that the old Army word? These Mobile  
18 Training Teams that talk about non-medical case  
19 management need to be making the rounds. In the  
20 Air Force's case, they probably need to expand  
21 the RCC contract, put more in the Reserve  
22 Component. I, again, don't have visibility of

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the Navy, the Marine Reserve. The Army Reserve  
2 is doing some work. But something to close the  
3 knowledge gap would be a training piece more than  
4 a case management or centralized case management  
5 at this point.

6 MEMBER KEANE: I could talk to the  
7 Marine Corps Reserve piece real quick. We do  
8 have a solid regiment that takes care of our  
9 Reserve members. As you know, most of our  
10 Marines who are injured, they just stay on Active  
11 Duty. The IAs who didn't go as a unit, they are  
12 just on MEDHOLD.

13 We also have a liaison, my  
14 counterpart, who is a Wounded Warrior Regiment  
15 liaison to my 4/RES. And all he does is handle  
16 wounded and injured Reserve matters. That is a  
17 new position. He has been there less than a  
18 month at lieutenant colonel.

19 CO-CHAIR NATHAN: So, the basic  
20 problem is simply the Reserve facilities are not  
21 adequately knowledgeable or trained to provide  
22 the best gauge and capabilities and benefits to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the recovering warriors.

2 So, we have the intermediate step,  
3 which is we simply recommend that they bring the  
4 knowledge level up, the ambient knowledge level  
5 up comparable to what is available in our MTF  
6 Meccas by increased training. We can dictate  
7 that the training be centralized or we can  
8 dictate that it be an MTT.

9 The recommendation that ratchets up  
10 a step from that is recommend that non-medical  
11 case management, that organizations consider  
12 centralized non-medical case management to  
13 reduce the disparity of knowledge that exists in  
14 these distributed Reserve facilities, NOSCs as  
15 well as other Services.

16 So, that is, I think, our options  
17 before us. Where do you all sort of fall on  
18 that? One is just simply amp-up the training  
19 via centralized or a Mobile Training Team, and  
20 the other is go beyond the training and just  
21 simply recommend that they outsource  
22 non-medical case management to a centralized

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 organization.

2 CO-CHAIR CROCKETT-JONES: I am more  
3 inclined to like the training. I could be  
4 persuaded.

5 I say I like the training better just  
6 because I think that more knowledge out there  
7 promulgates more knowledge out there even  
8 further. I am afraid that centralizing will  
9 somehow rely on the recovering Service member  
10 themselves making contact. I would rather have  
11 the cadre and those folks be better resources  
12 because I think that their Reserve members and  
13 Guard members are more likely to communicate  
14 with them.

15 CO-CHAIR NATHAN: Okay.

16 MEMBER DeJONG: I like the  
17 centralized idea. I think what would come out  
18 of a centralized recommendation would be sort of  
19 a scrambling effect of, no, we can still do this;  
20 we will fix it. I can't tell you what the  
21 algorithm would look like, where that would fall  
22 in under WTC.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 I like it because it is kind of a  
2 strong -- I look at yesterday and where we talked  
3 about making kind of some heavy punches on this  
4 one. It is a problem we have been dealing with  
5 since the inception of this Task Force, is trying  
6 to get the knowledge out. We are dealing with  
7 a constant rotation, even more so at CBWTUs, of  
8 cadre and other staff, and keeping that up.  
9 Plus, you are dealing with a large population  
10 that is spread out over several miles sometimes  
11 being controlled by a remote chain of command.

12 So, it is kind of already going  
13 centralized. I just want to take it one step  
14 further and centralize it a little bit more.

15 MEMBER EUDY: I would say, with part  
16 of that, if we decided to push a motion forward  
17 for it, that language be included to capitalize  
18 on either that medical or non-medical NCO that  
19 is that push-button for that unit. Because  
20 every single Reserve, Guard-Reserve-type entity  
21 we saw, there was that one NCO that everybody  
22 knew as that is the go-to. So, if that person

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 is given more training from that centralized  
2 non-medical case manager, they can assist in  
3 both areas.

4 CO-CHAIR NATHAN: You are persuaded  
5 as far as centralized training?

6 MEMBER DeJONG: It is either that or  
7 we can have, not to give the staff any more work,  
8 we could throw them out there, and then, next  
9 month we can battle through it.

10 CO-CHAIR NATHAN: So, we certainly  
11 have interest in centralized training. And the  
12 question is, are we going to have an alternative  
13 group?

14 So, I think, Denise, if your staff  
15 would take that for action, you can look at the  
16 data; you can look at the context of it all. The  
17 Task Force is generally interested in some sort  
18 of increased centralized training to the Reserve  
19 periphery.

20 CO-CHAIR CROCKETT-JONES: Or  
21 centralized non-medical case management.

22 CO-CHAIR NATHAN: Or centralized

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 non-medical case management.

2 Okay. We have got several to go.

3 CO-CHAIR CROCKETT-JONES: So we are  
4 on 5?

5 CO-CHAIR NATHAN: Four.

6 CO-CHAIR CROCKETT-JONES: Oops.

7 CO-CHAIR NATHAN: So, I read 4, 4 is  
8 basically, I think 4 is saying that San Diego  
9 good, Iowa bad, or both bad?

10 MEMBER DeJONG: San Diego good.

11 CO-CHAIR NATHAN: San Diego good;  
12 Iowa bad. Okay.

13 MEMBER KEANE: I am not sure about  
14 Iowa bad. Denise, please correct me, but I went  
15 to Iowa twice. I believe they have four ports,  
16 but they have only done what is required to get  
17 two people trained-up on it. Does that sound  
18 right, Denise?

19 MS. DAILEY: No, they have two ports  
20 and they have only been able to access one.

21 MEMBER KEANE: All right, halfway.  
22 Okay.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 MS. DAILEY: The big context here is  
2 that, boy, AHLTA has benefits, and I had a very  
3 active discussion with the National Guard.  
4 They were very convinced that they have  
5 sufficient access to AHLTA and that one or two  
6 ports per state is sufficient or maybe more.

7 So, we heard the field say something  
8 different, as we have talked about, that the more  
9 AHLTA ports, the better. And not only AHLTA  
10 ports, but access to my National Guardsman's  
11 records, VA, civilian, in theater, out of  
12 theater, at the demob site are what it takes for  
13 me to manage the health of my population.

14 So, it is one of those things where  
15 you can try to sort out what is the problem with  
16 providing an AHLTA report or you can just tell  
17 them to figure it out, and we advocate for more  
18 access.

19 CO-CHAIR NATHAN: So, the  
20 recommendation here, if there is one, would  
21 simply be to increase the AHLTA access. I'm  
22 sorry? To increase the AHLTA access -- simply

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 stop there -- generically.

2 Recommend that a ratio be  
3 established of ports to personnel. I wouldn't  
4 know what that is, by the way. I couldn't tell  
5 you. But that there be consistent ratios across  
6 the Services. They should all be bad or they  
7 should all be good.

8 There is a variety of options, if you  
9 want to carry this forth to a recommendation.  
10 Because we are making the presumption that in  
11 Iowa it is a detriment to their mission with this  
12 little AHLTA access, and they could do a better  
13 job with the case management and with other  
14 aspects of non-care management if they had more  
15 AHLTA access.

16 MS. DAILEY: Well, definitely not  
17 non-medical case management. AHLTA only  
18 provides them access to the medical.

19 CO-CHAIR NATHAN: For the medical  
20 case management.

21 MS. DAILEY: To the medical  
22 records.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 CO-CHAIR NATHAN: Okay.

2 MS. DAILEY: And for managing the  
3 health of the force.

4 CO-CHAIR NATHAN: Okay.

5 MS. DAILEY: So, it is strictly  
6 dealing with medical issues.

7 CO-CHAIR NATHAN: Medical case  
8 management. Okay.

9 MEMBER REHBEIN: It is not so much  
10 the 7,000 National Guards members in Iowa. It  
11 was the fact that the brigade just came home, and  
12 they were dealing with 1,000 of them with LODs.  
13 Two years later, do they need more ports? I  
14 don't know. But that is going to go up and down  
15 with the number of folks that you have going  
16 through healthcare issues, not so much just the  
17 total number of population. So, I think there  
18 needs to be a little bit more discrimination in  
19 there. If we are going to set a ratio, just  
20 setting a ratio of how many Guardsmen you have  
21 in the state probably may not address the  
22 problem.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           MEMBER DeJONG: I don't think we  
2 should go as deep as the ratio. Just something  
3 generic as far as AHLTA access. Let NGB and the  
4 medical personnel figure out what the ratios are  
5 versus number of soldiers per state versus -- I  
6 don't think we need to get into that.

7           MS. DAILEY: I want you to know that  
8 the National Guard Bureau thinks their AHLTA  
9 access is sufficient.

10           MEMBER PHILLIPS: I just might  
11 comment. I think with Iowa -- and, Dave,  
12 correct me -- I think there were some subtleties  
13 also. Didn't this all happen as a reaction to  
14 some behavioral health information that was not  
15 shared by either civilian providers or the VA?  
16 Both of those, the civilian providers and the VA  
17 were not asked to share back to the command.

18           Some bad things happened to those  
19 individuals that were seen outside at the VA and  
20 the civilian sector. And so, there was a  
21 reaction from the command or the surgeon saying,  
22 "Well, if only I could have had access to that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 information or if I knew that they were having  
2 behavioral health issues, we could have done  
3 something."

4 I think we addressed that with the  
5 VA, and they were communicating. They were more  
6 than willing to share, but there were some HIPAA  
7 issues.

8 One of the suggestions we made or  
9 that was made was that, before the Service member  
10 who is in training goes outside to the private  
11 sector or to the VA, they sign a release form to  
12 allow that information to go back. There are  
13 reasons why, which I don't have to go into, why  
14 the Service member doesn't want to do that.

15 But I think that was more the issue  
16 than the number of ports and access.

17 MEMBER EUDY: And that goes right  
18 into Nos. 6 and 7, as I remember, from that visit,  
19 building that strategic relationship where the  
20 JFHQs went and developed that with the VA for a  
21 more free-flow of information provided in those  
22 cases than just general care.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           MEMBER EVANS: And I think that is  
2 the recommendation. It is not so much the AHLTA  
3 ports. And I don't think we want to go there,  
4 telling that you need to have "X" amount of  
5 people to have access to AHLTA. But the record  
6 flow and coordination of care, when you are  
7 talking about care coordination, I should be  
8 able to get records from VA for any member of the  
9 National Guard, if I am the case manager there.  
10 So, I think that is where we want to go with it,  
11 not so much that I need to have accessibility to  
12 alter the communication between these different  
13 facilities, and record information flowing back  
14 to the National Guard as to the care that is being  
15 provided outside, either on the network or  
16 through whatever means they are getting that  
17 care. So, that is the issue.

18           Having AHLTA there, I am not sure if  
19 we are going to resolve what is the true problem.  
20 The true problem is that, when I am doing care  
21 coordination, I need to see medical records.

22           MEMBER PHILLIPS: Yes, it was

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 similar to the issue where the -- again, I am not  
2 trying to disparage anyone -- but the Army Guard  
3 said, "We are having terrible times finding  
4 behavioral health providers outside the  
5 system." The Air Guard, which was much smaller,  
6 said, "We have a list of 150. We have no  
7 difficulties." So, folks, please talk to each  
8 other.

9 MEMBER EVANS: The DoD and VA, we  
10 are trying to resolve this whole communication  
11 in the VISN, and DoD and these facilities are not  
12 talking to each other.

13 So, at Arkansas, I think it was  
14 either Arkansas or North Carolina, the VA was  
15 having problems with the Marines early into the  
16 VA system. Well, then, why don't you go talk to  
17 Cherry Point to say, "We are having..." or go  
18 talk to Camp Lejeune, "We are having problems.?"  
19 That didn't happen.

20 So, I think the bigger issue is the  
21 communication between the different facilities.  
22 If it is a network of healthcare systems, if you

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 are seeing these different patients and they  
2 belong to the National Guard, then, guess what?  
3 They should be able to have information, know  
4 their appointments, you know, that  
5 communication between the different system and  
6 the RCC or the case manager. And that is what  
7 we need to address, the overall picture, the big  
8 picture.

9 CO-CHAIR NATHAN: So, how do you  
10 bundle those up in a recommendation?

11 MEMBER EVANS: So, we are going to  
12 have a case management recommendation, a medical  
13 case management recommendation going forward.  
14 So, I am not sure if you would bond to that one  
15 under -- no, I wouldn't put it under case  
16 management. I am not sure if we are going to  
17 have one that talks about communication amongst  
18 the healthcare system or the VA/DoD in sharing  
19 medical information. I am not sure if we are  
20 going to have a big overarching recommendation  
21 for that.

22 If we don't, we may want to just put

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 that somewhere, because I know IC3 is working on  
2 this, to have VA/DoD establish more of a  
3 community of practice and where you can talk  
4 about sharing of records and information,  
5 appointments, if we have a problem with  
6 behavioral health, if we are having a problem  
7 with rehab in the different facilities. So, I  
8 think we have a means of getting information back  
9 from a group that is already working on this.

10 CO-CHAIR CROCKETT-JONES: So, you  
11 are basically saying there is already an idea to  
12 create these communities of -- what did  
13 you -- communities of practice?

14 MEMBER EVANS: Practice, uh-hum.

15 CO-CHAIR CROCKETT-JONES: So,  
16 really, sort of our local, Guard and Reserve  
17 needs to establish a community practice with the  
18 VA and with local providers. And maybe that is  
19 the recommendation we want to make, with other  
20 groups being out there to hammer out the details.

21 MS. DAILEY: We do have some  
22 overarching recommendations about strategic

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 relationships with the VA, at the Joint Forces  
2 Headquarters level, and at the state and VISN  
3 level. Those are Recommendations 6 and 7 pretty  
4 much. So, we talk about timely transfer of  
5 info, access to mental health.

6 We will take 4 off the table, and  
7 let's move on.

8 MEMBER DeJONG: I need a little bit  
9 of clarification on 5. But I know the  
10 differences between Title 10 and Title 32, I mean  
11 there was pretty specific as to what qualifies  
12 for Title 32/Title 10. I think where we are  
13 seeing a lot of this problem and where this stems  
14 from is the lack of a recovering Service member  
15 getting a line of duty signed by the commander  
16 and following them out of theater into stateside  
17 medical care.

18 So, there are a lot of times when  
19 they are going through a demobilization process.  
20 Something is identified. There is no line of  
21 duty on it. So, they are having to scramble to  
22 get them back onto Title 10 orders because that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 injury was incurred during Title 10. So, then,  
2 determination is made on whether for them to go  
3 to a WTU and get it taken care of.

4 MS. DAILEY: Correct. Correct.  
5 That is a longstanding issue.

6 So, this is legislative. And I will  
7 give an example. These are congressional laws  
8 that have created inequities for the Reserve  
9 Component.

10 So, if you are a Reservist and you  
11 come back, you demob, you go into your community,  
12 and then, you start to manifest your PTSD. You  
13 are Selective Reserve. You are in your Reserve  
14 Component unit, and you are staying in your  
15 community and trying to manage your PTSD, get  
16 care from TRICARE. VA is assisting you.

17 It gets to the point where you are  
18 not going to be able to cope and you are going  
19 to go into the IDES system. Under the current  
20 law -- and it is one of the most, frankly, it is  
21 one of the most well-known laws that Congress put  
22 on the books, which is if you are removed from

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Active Duty because of your PTSD, you will  
2 receive a 50-percent rating minimum and be put  
3 on the TDRL for six months. Everyone has heard  
4 of this, right? And it is very well-known. It  
5 was a landmark decision by Congress in order to  
6 force the Department of Defense to get their arms  
7 around PTSD.

8 So, there you are; you are that  
9 Reserve Component individual. You are still in  
10 the community. You are going through IDES.  
11 However, because you are in your Title 32 status,  
12 you are not eligible for that law. So, you could  
13 come in rated by VA at 30 percent.

14 MEMBER DeJONG: Right. And the  
15 only thing I don't want to get confused here is  
16 Army National Guard and Air National Guard are  
17 the only two entities of Reserves, of Reserve  
18 Components, that actually have a Title 32  
19 because that covers their stateside mission.  
20 Everyone else is on a Title-10-type while they  
21 are in Reserve Components. So, I don't want to  
22 get those two confused.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 So, the Title 32 --

2 MS. DAILEY: Let me just use the  
3 more ubiquitous generic term. You are serving  
4 in your Selective Reserve unit.

5 Go on.

6 MEMBER EVANS: The recommendation:  
7 we are looking to say we want the same protection  
8 for Reserve, for the Reserve Corps, as we have  
9 for the Active Duty, the same entitlement?

10 MS. DAILEY: Correct.

11 MEMBER DeJONG: Correct.

12 CO-CHAIR NATHAN: So, is that how  
13 you would leave it?

14 MEMBER EVANS: If you want to meet  
15 Connie Evans' terms, yes, sir.

16 (Laughter.)

17 CO-CHAIR NATHAN: I will settle for  
18 anybody's terms right now.

19 MEMBER EVANS: But this is the  
20 congressional --

21 CO-CHAIR NATHAN: I just want to  
22 make sure that we have captured the sentiment of

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 the group.

2 MEMBER DeJONG: Sir, I wouldn't  
3 word it any differently. We just need to be very  
4 careful on what data we use to back it up, to make  
5 sure that we are talking about the PTSD 50  
6 percent incurred while on a Title 10 order, in  
7 order to get them back.

8 MEMBER EVANS: Denise, this goes as  
9 a congressional recommendation, not DoD,  
10 correct?

11 MS. DAILEY: Correct. This would  
12 have to go to Congress for legislative changes  
13 and modifications.

14 MEMBER EVANS: And we have enough  
15 data to support? We have enough findings from  
16 our focus groups and --

17 MS. DAILEY: No, not identified in  
18 the focus groups.

19 MEMBER EVANS: They were not  
20 identified in the focus groups?

21 CO-CHAIR CROCKETT-JONES: And it  
22 was more identified in the briefings we received

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 from Guard staff, correct?

2 MS. DAILEY: No.

3 CO-CHAIR CROCKETT-JONES: No?

4 MS. DAILEY: Mr. Parker provided us  
5 this information.

6 MEMBER EVANS: So, I think I would  
7 like to have support, you know, findings or a  
8 briefing somewhere that we have to support to  
9 make this recommendation to Congress, that, in  
10 fact, we are seeing it impact our Service  
11 members, these findings, this law. We know, we  
12 are hearing from our Service members that it is  
13 a big impact on them.

14 MEMBER DeJONG: Well, I don't think  
15 we are really going to hear from our Service  
16 members because on the Guard side this is another  
17 one of those things that isn't really that  
18 well-known. They are going to get to a 30  
19 percent, and they are going to be happy. They  
20 got 30 percent; they got something for it, when,  
21 in actuality, while they are going through the  
22 process for the six months, their Active

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Component is getting 50 percent where they might  
2 be getting a lower percentage during the  
3 diagnosis and treatment period, correct?

4 MEMBER PHILLIPS: I would think  
5 that would be enough documentation. People  
6 with equal disabilities, one is getting 30  
7 percent and one is getting 50 percent, based on  
8 a regulation.

9 MS. DAILEY: Okay.

10 CO-CHAIR CROCKETT-JONES: Yes,  
11 carry on.

12 CO-CHAIR NATHAN: Carry on?

13 CO-CHAIR CROCKETT-JONES: Uh-hum.

14 CO-CHAIR NATHAN: So, you have what  
15 you need for that one, Denise?

16 MS. DAILEY: Yes, sir.

17 CO-CHAIR NATHAN: Okay.

18 MEMBER DeJONG: All right. We are  
19 on to No. 8, correct?

20 MS. DAILEY: No. 6?

21 MEMBER DeJONG: We lumped 6 and 7  
22 together.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 MS. DAILEY: You said you lumped 6  
2 and 7 together, and you said it is a go?

3 CO-CHAIR CROCKETT-JONES: Yes.

4 MEMBER DeJONG: Yes, about the  
5 strategic relationship-building.

6 No. 8, I don't really know, from my  
7 position here, I don't know -- I mean, I know  
8 where it came from. We are trying to increase  
9 staffing for directors of psychological health.  
10 We know in all the Services across the board  
11 there is a shortage of psychological health  
12 providers and directors.

13 The Active Components have gone as  
14 far as the brigade to start embedding them, I  
15 believe. I don't believe they are down to the  
16 battalion level yet. But I know that they are  
17 embedding them at the brigade level.

18 I would love to see equal amount of  
19 staffing for psychological providers and  
20 directors at the brigade levels within the  
21 National Guard. I don't know if it is something  
22 that we need to make a full recommendation on.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I know it is something that NGB is actively  
2 pursuing to get more staffing for psychological,  
3 to embed them the same as what the Active  
4 Component is doing. So, I don't know if we have  
5 anything here that we need to go that small of  
6 a recommendation on. I know it is being  
7 actively pursued, but I am just one voice.

8 CO-CHAIR CROCKETT-JONES: Anyone  
9 else want to weigh-in on that?

10 CO-CHAIR NATHAN: Yes. I mean, I  
11 am trying to think if I were on the receiving end  
12 of this. You are limiting this strictly to the  
13 Guard and Reserve areas?

14 MEMBER DeJONG: According to how  
15 this is written, yes, sir. Now we don't have to  
16 do that because everybody wants psychological  
17 directors and providers. We can more into this,  
18 but --

19 CO-CHAIR CROCKETT-JONES: I can  
20 explain a little about what the genesis of this  
21 was. As we went out and visited Guard and  
22 Reserve installations, we saw innovation in

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 getting services to those who needed it, focused  
2 around better staffing with directors of  
3 psychological health, including places where  
4 they ponied up their own resources to increase  
5 that staffing.

6 And in order to meet the needs,  
7 because some communities have the same issues  
8 with getting staffing for behavioral health and  
9 finding correct programs was difficult, and  
10 innovating happened better when they had the  
11 staff to understand who their target users were  
12 and where they were, and what was out there, they  
13 were effective. They are hard to keep  
14 well-staffed.

15 And that was sort of the genesis of  
16 this, was that those places that were  
17 better-staffed or had more, a second director or  
18 a second person in that office, had found  
19 innovative program access for their behavioral  
20 health needs.

21 MEMBER MALEBRANCHE: You know, I  
22 was just asking Dave if this was Arkansas,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 because it just seems odd to recommend at a level  
2 kind of across the board, "You should have more  
3 directors of psychological health." I mean,  
4 who would say no to that?

5 But there were places, too, where  
6 they didn't have psychological health. They  
7 supplemented, I believe, with chaplains. And  
8 it was the end-product they were getting at, to  
9 how many people could you reach, how well, with  
10 whom? I mean, because you could have a director  
11 of psychological health that sat in an office.  
12 It just seems odd to --

13 CO-CHAIR CROCKETT-JONES: I think  
14 this was comparing access to care for those who  
15 were in places that had more than one and those  
16 who had none and those who had one. So, we  
17 weren't comparing North Carolina to Arkansas to  
18 previous visits to, say, Massachusetts and Iowa.

19 MEMBER MALEBRANCHE: So, then, to  
20 say something like, for places that have  
21 whatever, for whatever population, you should  
22 have at least one or two directors or access to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 psychological health. I guess I am not quite  
2 sure. Like I said, it is like if you are in a  
3 hospital or some place, you should have this; of  
4 course, you should.

5 DR. LEDERER: In Denise's absence,  
6 a little bit of background: the directors of  
7 psychological health have the JFHQs for the most  
8 part. Traditionally, the assessment and  
9 referral, counseling -- so, they are not  
10 direct-service providers.

11 There are about 470,000 members of  
12 the National Guard, I believe Air and Army.  
13 Right now, there are 78 total directors of psych  
14 health distributed throughout the 54 states and  
15 territories. So, that is about 6,000 or so,  
16 round numbers, per director of psych health. In  
17 my understanding, that is kind of the genesis.  
18 It is just the sheer volume of people that they  
19 are trying to screen and refer, they just don't  
20 have enough bodies to do that effectively.

21 MEMBER MALEBRANCHE: So, this is  
22 basically suggesting like a manpower sort of

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 schedule? Like, for so many patients, you  
2 should have so many providers with this  
3 specialty, knowing that this is a particular  
4 issue? So, it needs to be more of a specific  
5 recommendation than they should have more.

6 CO-CHAIR CROCKETT-JONES: So,  
7 maybe a population/staff ratio formula should be  
8 created, something.

9 MEMBER DeJONG: So, for every AHLTA  
10 port, they have so many directors of  
11 psychological health.

12 (Laughter.)

13 MEMBER EVANS: So, they have the  
14 funds. It is a finding issue? I don't think we  
15 were informed that it was a finding issue. So,  
16 are we saying, I mean, is that the reason that  
17 they couldn't go out and hire more? It is a  
18 finding?

19 MS. DAILEY: It is a contract.

20 MEMBER EVANS: It is a contract?

21 MS. DAILEY: Yes.

22 MEMBER EVANS: It is a national

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 contract.

2 MS. DAILEY: Yes, this is the  
3 National Guard contract --

4 MEMBER EVANS: Correct.

5 MS. DAILEY: -- for the directors of  
6 psychological health to give the Joint Forces  
7 Headquarters Army and Air a resource for  
8 psychological health screening and referral.

9 MEMBER EVANS: And I believe, if I  
10 recall correctly, they can hire as needed under  
11 that contract, correct?

12 MS. DAILEY: They can negotiate  
13 with the National Guard Bureau for more. And  
14 so, what it is you are being asked to come to  
15 address here is really you advocate for the  
16 program. Okay, we like the program, all right,  
17 one way or the other. Yes, we think  
18 screening/referral at the National Guard  
19 Headquarters is a good thing, and it works. And  
20 then, your next decision is increase it. We  
21 advocate for these resources being more abundant  
22 at the Joint Forces Headquarters.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 I think if you come down on the first  
2 point, you then have to make a decision that more  
3 is better or that this resource is good enough  
4 that it needs to be increased, and you advocate  
5 for it in that capacity.

6 MEMBER EVANS: So, if you look at 8,  
7 9, and 10, not to jump everyone ahead, but I think  
8 we should maybe have one title, Title 10 and  
9 Title 32, but mostly I believe Title 10, and  
10 identify the issues that we see specifically  
11 addressing the Title 10/Title 32.

12 I don't know. I see psychological  
13 health is one, and then, right under that, we  
14 talk about PTSD as another one. And then, under  
15 that, we talk about civilian training to PTSD.  
16 But it is all dealing with the same population.

17 MEMBER DeJONG: May I?

18 CO-CHAIR CROCKETT-JONES: Uh-hum.

19 MEMBER DeJONG: Okay. No. 9, we  
20 already pretty much talked about. The LODs, the  
21 PTSD, and differences.

22 Title 10, I think we already hit that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 one pretty hard when we were talking about No.  
2 5, with standardization to eliminate  
3 inequities.

4 No. 10 I would take as  
5 number -- well, let's look at 8. We are still  
6 on 8. Have we made an assumption on No. 8?

7 CO-CHAIR CROCKETT-JONES: Okay. I  
8 am going to advocate right now that we take a  
9 break.

10 (Laughter.)

11 Ten minutes. And what I would like  
12 is for us to think if there is an overarching call  
13 to bring certain programs into parity with the  
14 Active Component that exist in the Reserve  
15 Component. I mean, if we are going to be  
16 basically saying the same thing about directors  
17 of psychological health and access to AHLTA, and  
18 these various things, let's really call it one  
19 recommendation. And that is for parity to be  
20 achieved for our Reserve Component in access to  
21 programs and cite the ones we mean, as an  
22 alternative way of framing this recommendation.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 But you are going to have to cogitate and pull  
2 that out of this list.

3 We can do that when we come back in  
4 10 minutes. Would that be okay with everyone?

5 Ten minutes then.

6 (Whereupon, the foregoing matter  
7 went off the record at 3:32 p.m. and went back  
8 on the record at 3:45 p.m.)

9 CO-CHAIR CROCKETT-JONES: Okay.  
10 We are going to go back to our consideration  
11 under Reserve Component. I want to point out  
12 that some of the things that we are considering  
13 all fall under a singular, sort of overarching  
14 category of Reserve Component parity.

15 In order for the Reserve Component  
16 to have parity in information resources, parity  
17 in access to behavioral health, evaluation and  
18 referrals, parity in the speed at which symptoms  
19 get addressed and get referred into behavioral  
20 health, that these are all about bringing them  
21 up to the standards that we have pushed and are  
22 pushing in the Active Component, and that they

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 need special fixes.

2           So, there are several in this  
3 grouping that all fall under that same -- we are  
4 asking for the same thing. We have to decide  
5 whether we feel comfortable putting them all  
6 together and saying this has become critical.  
7 The Reserve Component needs to get fair  
8 treatment, and they need to have an experience,  
9 the wounded, ill, and injured community in the  
10 Reserve Component needs to have an experience  
11 that comes equivalent to that same experience  
12 and outcomes as the Active Component, and use  
13 these as specific examples for that trend and for  
14 that problem-solving.

15           Or do we want to keep them separated  
16 out and have more recommendations, but know that  
17 we get answers about response and implementation  
18 on each of them specifically? We might not if  
19 we have them grouped. So, I am going to ask you  
20 to consider how you feel about that.

21           I also will let you know that, well,  
22 as things come about, if we want to move on and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 keep looking at them numerically, No. 9, that the  
2 Services should grant interim LOD  
3 determinations for PTSD symptoms caused by Title  
4 | 10 incidents.

5 There is already a policy for an  
6 interim workaround while waiting for an LOD  
7 verification for the Title 10 status, so that a  
8 person can get referred into treatment. So, the  
9 problem isn't that the policy doesn't exist. I  
10 think that the problem is that the policy is  
11 relatively obscure or unknown in the Guard and  
12 Reserve units. So, we might want to consider  
13 how we feel about that recommendation.

14 Does anybody have strong feelings,  
15 weighing-in on this?

16 MEMBER DeJONG: Well, I definitely  
17 have strong feelings with equalizing the care  
18 for Reserve Component members of that with the  
19 Active Component. How to word it is what I am  
20 going over right now. And I don't want to water  
21 the recommendation down into multiple parts that  
22 they can semi-comply with. I would like to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 specify, especially for the PTSD and mental  
2 health, I would like to specify something there.  
3 And I would like to --

4 MS. DAILEY: We will take care of  
5 that. I mean, we will bring it to you in  
6 specific language for the current inequities  
7 that we have identified.

8 MEMBER DeJONG: Thank you.

9 CO-CHAIR CROCKETT-JONES: Yes, I  
10 would that if we go with a broad request for  
11 parity, that we have an accountable agent in that  
12 recommendation.

13 MEMBER EVANS: That it is not  
14 watered-down in several recommendations and  
15 that the wording says just what you said, that  
16 the disparity between Active and Reserve needs  
17 to be addressed in the specific areas -- boom,  
18 boom, boom.

19 CO-CHAIR CROCKETT-JONES: And,  
20 yes, I think that we could go with multiple  
21 recommendations that are more specific. I  
22 think the downside is that, instead of getting

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the overall parity, what we will be doing is  
2 chasing disparities year-to-year.

3 So, I am more inclined to like the  
4 bigger, emphatic, this has to become equal and  
5 this is who is responsible; this is who is  
6 accountable. There has to be some accountable  
7 agent. There is somebody who should be  
8 measuring it, somebody who should be held  
9 accountable for that gap to close.

10 MEMBER EVANS: Correct.

11 CO-CHAIR CROCKETT-JONES: But,  
12 looking at the specifics as we go through, No.  
13 10 is the EBT training to civilian providers.  
14 On the shortage of EBT-trained providers, we  
15 know that this is a problem. I am not sure;  
16 there isn't an agency that trains already the  
17 civilians, as has been pointed out to me. I love  
18 our research staff.

19 CDP is already the agency that  
20 trains our civilians in EBT. And it could be  
21 more clearly said that they need to expand to  
22 provide training to community providers, where

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 our Reserve Component does not have enough to  
2 meet the needs.

3 MEMBER DeJONG: Well, I look at this  
4 No. 10 and take kind of a little bit of a step  
5 further to where, as we were speaking yesterday,  
6 we need to come up with best practices for  
7 PTS-type services. Now I look at the NICOE for  
8 doing that, but coming up with the best  
9 practices, and then, getting that out to  
10 providers that may be servicing a civilian  
11 population.

12 MEMBER EUDY: In that case, leaving  
13 it up, as we have talked about other  
14 recommendations, placing the ownership, in some  
15 cases after the direction, on the states. As we  
16 mentioned, North Carolina was a great example of  
17 best practice for their DPH and their practicum,  
18 recognizing they had a need, a large base, doing  
19 that single call center. It worked well for  
20 them, considering their situation and their  
21 large number of patients. But that was, again,  
22 coming up on their own fruition, realizing a need

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 and meeting it.

2 MS. DAILEY: Yes, and we are going  
3 to call out the National Guard Program at North  
4 Carolina as a best practice for psychological  
5 health. We can point recommendations to it that  
6 would help with No. 10.

7 CO-CHAIR CROCKETT-JONES: Captain  
8 Evans, can I get you to talk about No. 11?

9 MEMBER EVANS: I did. I dialed a  
10 friend.

11 The Navy needs to formalize Navy  
12 instruction, Reserve Corps sailors, refer to the  
13 network. And again, I just spoke with Dr.  
14 Paver. We seem to think that this is the case  
15 management issue. And so, the referral to the  
16 network, that is going to be brought into the  
17 case management instruction. So, it doesn't  
18 need to be a Reserve instruction, but it is under  
19 the case management, the auspices of case  
20 management. So, I don't think we need a  
21 recommendation.

22 MS. DAILEY: Okay. Let me just

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 clarify. So, the intent here is you have a  
2 practice. You collaborate with Captain Paver  
3 on case management for the Reserve Component,  
4 who are staying in their communities. They have  
5 been referred to the network.

6 MEMBER EVANS: Correct.

7 MS. DAILEY: You're good. He  
8 explained to me. It sounds like a great idea.

9 The concern is it is kind of a  
10 handshake between you and him, right? And is  
11 there a Navy instruction that addresses the  
12 forms that are utilized, the collaboration that  
13 is required, the demob's responsibilities? And  
14 it is a good practice. We were just looking for  
15 it to be formalized.

16 MEMBER EVANS: We have not  
17 addressed that in the current -- we are in the  
18 process of updating the case management  
19 instruction.

20 MS. DAILEY: Okay. Okay.

21 MEMBER EVANS: So, I can easily  
22 bring the Reserve into the --

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 MS. DAILEY: Okay. So, that is  
2 what you said.

3 MEMBER EVANS: So, that is a good --

4 MS. DAILEY: Okay.

5 MEMBER EVANS: Yes, and I will take  
6 that back because that is a good recommendation,  
7 to make sure we capture the Reserve population.

8 MS. DAILEY: Okay. Because you  
9 have a good deal going with him. I mean, you  
10 have found a way to fill this gap on your Reserve  
11 Component who wants to stay in their community --

12 MEMBER EVANS: Correct.

13 MS. DAILEY: -- and get this care  
14 instead of staying with the MEDHOLDS.

15 It is prudent to document it in your  
16 case management policy.

17 MEMBER EVANS: Okay.

18 MS. DAILEY: Yes.

19 MEMBER EVANS: Okay.

20 CO-CHAIR CROCKETT-JONES: I am  
21 wondering, when we were at MEDHOLD West and saw  
22 it was not ADA-compliant, was that brought up and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 what was the response? On the next one. I am  
2 sorry, I jumped ahead to No. 12. What was the  
3 situation on the ground there? I need someone  
4 who was there to tell me about it.

5 MEMBER DeJONG: If I recall, it is  
6 a very small population. Due to the small  
7 population, they haven't basically put the same  
8 level of effort into it as what the Army had,  
9 because it is a small population. I think that  
10 they have realized that they do need to make a  
11 few more accessibility things. There are a lot  
12 of things that came up in focus groups for ADA  
13 compliance and accessibility, to other things  
14 for the recovering warriors that are there.

15 CO-CHAIR NATHAN: It is an existing  
16 barracks.

17 MEMBER DeJONG: Correct.

18 CO-CHAIR NATHAN: And they have  
19 taken at the naval base -- and there was a  
20 complaint about couldn't fit a shower chair into  
21 the shower. And so, an individual who wasn't  
22 able to stand without the aid of crutches, or

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1       whatever, who needed a shower chair. In all,  
2       though, there were just a few number of -- the  
3       whole lot there was pretty unhappy, but they all  
4       tended to resonate around one or two people who  
5       had some physical infirmities who couldn't get  
6       around easily in the barracks.

7                       I think we lit them up pretty good  
8       on our way out of there, and they said they were  
9       going to take that for action and they were going  
10      to look at making some changes to some of the  
11      rooms to try to make them compliant, not the  
12      whole barracks, of course, but some of the rooms,  
13      based on their small population.

14                      So, I sort of take them at their  
15      word. I think we need to follow up on that. I  
16      don't know that they need a specific  
17      recommendation because they seemed very  
18      receptive to our concerns. Now they can  
19      slow-roll us, like anybody else could, but I  
20      think that --

21                      CO-CHAIR CROCKETT-JONES: Yes, I  
22      would like to check back in and see, you know,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 if in the months since our visit there has been  
2 any change.

3 CO-CHAIR NATHAN: Yes. I also let  
4 the two-star know who was in the area as we left.  
5 It is really a challenging situation because  
6 there is no money for installations, and they  
7 have a small population.

8 Because they have a small population  
9 and there is no money, there are no rental cars  
10 available. And so, the people feel fairly  
11 landlocked. Some of the people, many of them  
12 are from the East Coast and just decided to go  
13 to San Diego, I think because they thought, how  
14 long will I be there and how often do I get to  
15 go to San Diego to heal?

16 And now, they have been there for  
17 months and months and months because something  
18 else happens on their medical board, and they  
19 find a new infirmity. So, they stay for a while  
20 and they get pretty disenchanted.

21 And then, they start complaining  
22 that their families aren't moved out to them; the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Navy isn't moving their families out with them,  
2 and that they have to live on base and they are  
3 subject to the base shuttle because they can't  
4 get money for a rental car.

5 So, they needed some TLC. The  
6 command, my opinion, wasn't really engaged,  
7 wasn't doing a good job of communicating or  
8 listening to their main gripes; felt that,  
9 because they were getting them to the hospital  
10 for their appointments, that was really the only  
11 thing that was important.

12 We stressed the more  
13 quality-of-life issues and keeping an open ear  
14 to their complaints and at least responding to  
15 them. So, we do need to check back on that.

16 Do I realistically believe that the  
17 Navy is going to have the money to come in there  
18 and build a whole new barracks, ADA-compliant  
19 barracks, for this small cadre of individuals,  
20 that is probably going to get smaller in number  
21 as the war ends? No. But they certainly can do  
22 some cosmetic repairs on a couple of rooms to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 make a difference.

2 So, a lot of talk for a little point,  
3 which I think we can hold off on this one as a  
4 report recommendation, pending what we find out  
5 is going on there.

6 CO-CHAIR CROCKETT-JONES: I think  
7 the only thing that raised a little red flag for  
8 me is that everything you said sounded awfully  
9 similar to MEDHOLD East. And it is almost as if  
10 there is a MEDHOLD issue about who is there and  
11 how long they are there.

12 CO-CHAIR NATHAN: Well, we are very  
13 sensitive to these things. I mean, this is how  
14 Building 18 started at Walter Reed in 2007, where  
15 everybody said, how bad can it be? They are  
16 getting the medical care. So, if their creature  
17 comforts aren't very nice, you know, how -- and  
18 it is a big deal.

19 I do think that we have to go back  
20 and see what they have done. What was  
21 encouraging to me was that the command seemed  
22 very receptive to understanding that they had to

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 engage these folks more. They weren't having  
2 townhalls. They weren't having sort of bull  
3 sessions where they all sat down together and  
4 vented. They had only one person in the entire  
5 command, and that was the nurse case manager, who  
6 they thought was receptive to their issues.

7 I don't know. Sergeant Major, what  
8 did you think, I mean as we left?

9 MEMBER DeJONG: Sir, I concur. I  
10 do believe they were very receptive. I think  
11 that we will go back and see a change. I do think  
12 it needs some oversight.

13 Again, not knowing the algorithm of  
14 who ultimately does command and control for  
15 MEDHOLD East and MEDHOLD West, whether it is an  
16 installation command or whether it is a Navy  
17 medicine command that has command and control  
18 for that -- I think we handled it. I think that  
19 they will make some changes, but I agree I don't  
20 think it needs a specific recommendation on its  
21 own.

22 CO-CHAIR NATHAN: The rooms were

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 clean. The rooms were safe. They were older,  
2 and they were fine. A more senior population  
3 out there, lots of senior officers who just  
4 weren't used to living in a barracks.

5 Did you go on that trip, Connie?

6 MEMBER EVANS: No, sir.

7 CO-CHAIR NATHAN: They weren't used  
8 to living in a barracks situation, and just felt  
9 like, you know, shouldn't I be given a suite or  
10 shouldn't be given per diem to live out in town,  
11 stay in a hotel?

12 CO-CHAIR CROCKETT-JONES: Well, in  
13 the barracks you can't have your family visit  
14 really easily unless you can also get funds to  
15 go out on the town. That was what came up at  
16 MEDHOLD East.

17 I think that this is sounding like  
18 just -- I just would like us to maybe, maybe the  
19 Task Force should find a way to focus group both  
20 East and West, even if we have to do it in phone  
21 focus groups. So that we can see if those folks  
22 are getting resolution. Perhaps that would be

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 good for our next year's installation things,  
2 and not worry about this particular item for  
3 recommendation. Does that sound like a  
4 reasonable course of action, Denise?

5 CO-CHAIR NATHAN: I think that is  
6 fine.

7 CO-CHAIR CROCKETT-JONES: Thank  
8 you.

9 MEMBER MALEBRANCHE: I think so.  
10 ADA compliance isn't something -- I mean,  
11 overall, this one probably good case management  
12 had somebody look and put this guy on the ground  
13 floor instead of on the top floor, I mean those  
14 sorts of things. And, of course, having the  
15 Navy Surgeon General there, they did have a lot  
16 of attention there, too.

17 CO-CHAIR NATHAN: No. 13.

18 MEMBER DeJONG: No. 13, I think the  
19 way I read it is that we have already addressed  
20 quite a few of these issues looking back to No.  
21 3.

22 And No. 14, we are talking about

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 overarching LOD recommendations again in  
2 relation to the emerging INCAP pay. We were  
3 talking about equalization LODs, and I think we  
4 are going to get the language we are looking for  
5 out of some of the other discussions that we have  
6 already had.

7 MS. DAILEY: Okay. I just want to  
8 do a quick review with you on this. We use this  
9 as kind of a red flag to help understand -- it  
10 refers to the chart, if you go back to page 14.  
11 So, we have done a chart for you here that talks  
12 about -- and let's just look at the Army National  
13 Guard.

14 So, your first columns talk about  
15 how much of a percentage of the overall force the  
16 Army National Guard is. For example, 30  
17 percent. And since the beginning of the  
18 conflict, they have had a 16-percent wounded in  
19 action. So, we kind of extrapolate that to talk  
20 about injury.

21 MEMBER DeJONG: Now, just to  
22 clarify for infantry personnel here, is that 16

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 percent from the 30 percent or is that 16 percent  
2 from the overall?

3 DR. LEDERER: Overall.

4 MEMBER DeJONG: Okay. Thank you.

5 MS. DAILEY: So, we have about 14  
6 percent in or that have gone through the IDES.  
7 And you have about 9.9 with an AW2. So, we are  
8 just kind of looking at parity of Services across  
9 the lane here. And you have about 32 percent in  
10 a program in the Reserve in the WTU. This one  
11 is a WTU statistic. And then, the last one you  
12 have is a number that talks about SCAADL  
13 recipients.

14 So, your expectation would be, if  
15 about 30 percent of them have served or make up  
16 that much of the components, then you would want  
17 to look for similar numbers as to where they  
18 might be represented in the Service Branches and  
19 where they might be represented in the wounded  
20 warrior population, and where they might be  
21 represented in the unit populations at the WTUs.

22 So, we just kind of use that as an

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 indicator. Some of our Branches maybe our  
2 overrepresented. Guard and Reserve who are in  
3 the Army just use the Warrior Transition Units.  
4 So, they are either overrepresented in the  
5 Warrior Transition Unit in relation to their  
6 Component population -- for example, we looked  
7 at the Marine Reserve. We are concerned that  
8 they might be underrepresented in the Wounded  
9 Warrior Regiment in relation to those that have  
10 served and those that are injured.

11 So, it is just kind of a way for us  
12 to assess how much of these Services the Reserve  
13 Component may be eligible for, and then, to try  
14 to extrapolate if they are getting those  
15 services in numbers.

16 CO-CHAIR CROCKETT-JONES: So, do we  
17 not have a number for the Army Reserve receiving  
18 SCAADL or is that a zero?

19 MS. DAILEY: We don't have a number  
20 for it. They didn't break it out when we looked  
21 at it.

22 Oh, oh, the number 28 percent covers

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 both the National Guard and the Army Reserve.

2 So, that is really where 13 comes  
3 from. So, you look at the variation in  
4 proportions in the Service-specific programs  
5 and who may have an RCC. It kind of comes back  
6 to our other observations about, do they know  
7 about the programs? If they don't know about  
8 them, it is difficult for them to access them.

9 And that kind of also supports, this  
10 chart also supports our recommendation for  
11 increased information to the Reserve Component  
12 and the effort to look at how much participation  
13 they have, as an indicator that they are getting  
14 the services they need. If the percentages are  
15 low, then there might be a possibility they  
16 aren't getting the services they need. If the  
17 percentages are high, there is a good indication  
18 or there is an indication that they know the  
19 system very well and are accessing it well.

20 MEMBER KEANE: Ma'am, what are the  
21 numbers in parentheses, "USMCR," 301,479?

22 MS. DAILEY: I will get it. Go

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 ahead. What does it mean? It is the current  
2 size of the Marine Corps Reserve, 300,000.

3 MEMBER KEANE: Okay.

4 MS. DAILEY: Okay. Just a  
5 quantitative method for kind of looking at  
6 parity across the Services.

7 And then, the last one is 14. This  
8 is the overarching recommendation for line of  
9 duties.

10 Were we rolling that into another  
11 one? Or we don't have resolution on a  
12 line-of-duty recommendation? We did make line  
13 of duty and INCAP pay recommendations last year.

14 MEMBER DeJONG: I know that some of  
15 the discussion was talking about a standard  
16 line-of-duty process for all components, all  
17 Services, to try to equalize and standardize the  
18 line-of-duty process throughout DoD. I don't  
19 know if that is what we came up with as far as  
20 what we wanted to formulate the recommendation  
21 around, but I know that was some of the  
22 discussion.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 MS. DAILEY: We will have to go back  
2 and look at our notes, if we made any decisions  
3 on line-of-duty recommendations. Okay, we will  
4 go back through our notes.

5 MEMBER DeJONG: Well, I would like  
6 to come to some resolution on it. It is a big  
7 deal. Line of duty has come up constantly, so  
8 I would like to come to some resolution on it.  
9 Do we want to standardize it across the Services  
10 or do we want to keep it as the same?

11 I mean, as of right now, the Army and  
12 Reserve Components of the Army does an  
13 electronic line of duty. The Navy, as of right  
14 now, does not do an electronic line of duty,  
15 based off of what we saw at the NOSC's and the  
16 shuffling of paperwork back and forth, which was  
17 also validated by the captain.

18 CO-CHAIR NATHAN: Didn't we  
19 previously put in a recommendation? Didn't we  
20 support the recommendation that all LODs be done  
21 the same? Or did we not? Did we table that one?

22 MEMBER DeJONG: I think that is what

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 we came up with and I think that is what we want  
2 to go forward with.

3 CO-CHAIR NATHAN: Yes.

4 MEMBER DeJONG: Okay.

5 CO-CHAIR NATHAN: Yes, we came up  
6 with that in the previous section, I think.

7 MEMBER DeJONG: Yes, sir.

8 CO-CHAIR NATHAN: All LODs should  
9 be done the same, so we are going to try to get  
10 the Army to do all those by paper now.

11 (Laughter.)

12 MEMBER DeJONG: Okay.  
13 Outstanding.

14 CO-CHAIR NATHAN: But I think that  
15 is what was designed to cover it. If there is  
16 more here, I mean, we can augment that.

17 MEMBER EVANS: I think that is the  
18 overarching -- we have paper. It takes us about  
19 three weeks' turnaround time. That is if we  
20 process it, you know, don't have a hiccup  
21 somewhere.

22 So, I think what we want to go to is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 an electronic. I think currently Army has that  
2 process. So, we will have to see what they are  
3 currently doing, so we can have one.

4 CO-CHAIR CROCKETT-JONES: I think a  
5 recommendation to proliferate that across DoD in  
6 all Services is just fine. MEMBER

7 EVANS: It is all Services, correct.

8 CO-CHAIR CROCKETT-JONES: It is a  
9 good recommendation.

10 MEMBER PHILLIPS: Do we need to  
11 identify the Army or best practices, so we don't  
12 all go back to paper?

13 (Laughter.)

14 MEMBER EVANS: Of course not.

15 CO-CHAIR NATHAN: I think we can  
16 certainly include in the recommendation. The  
17 verbiage can be something to the effect of the  
18 Task Force notes the best practice with Army  
19 digitalization or electronic LOD access.  
20 Recommend all Services meet this standard for  
21 LOD determination.

22 MEMBER PHILLIPS: I hate to belabor

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 it, but shall we also say that they use the same  
2 technology? Maybe, you know, we recommend they  
3 digitize and the Army is an example. I hate to  
4 see four different LOD digitalizations.

5 CO-CHAIR NATHAN: Well, it seems  
6 like to be the most common-sense approach, but  
7 I don't really know the Army system. I mean, for  
8 all I know, if we went to somebody in the Air  
9 Force or the Marine Corps or the Navy, and they  
10 said, "Well, if you want to do it digital, good  
11 on the Army for getting there first, but there  
12 is a better system now that exists, and let's use  
13 this one." So, I don't know enough about it.

14 If we had some IMIT gurus here who  
15 were looking at it and saying, "We've looked at  
16 the Army's system and it is as good as you are  
17 going to get, and it is cost-effective, and it  
18 makes sense," I think we could get that specific.  
19 But, without knowing how good their electronic  
20 system is, I don't know that I could say that.

21 Certainly, it is better than any  
22 paper system that exists. So, clearly, we need

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to move that direction.

2 MEMBER PHILLIPS: Perhaps I should  
3 just retract the Army's best practices and  
4 simply say, "Adopt a uniform digital system,"  
5 something like that. And you can look toward  
6 the Army system or any other system.

7 CO-CHAIR NATHAN: Be all that you  
8 can be and be digital. All right. I mean, good  
9 on the Army. I think it is great because that  
10 is providing the leverage for us to try to follow  
11 suit. I think we just need to see what has  
12 changed. Maybe since the Army started their  
13 system, there might be a more efficient one out  
14 there electronically.

15 And this may get into the Defense  
16 Health Agency. Although not fast enough for our  
17 purposes, the Defense Health Agency will  
18 eventually get us there. As we coalesce the  
19 information management and information  
20 technology centers of all three Services  
21 medically, we will start to see more and more of  
22 these things develop a standardized

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 one-size-fits-all. But that is at least, I  
2 think, probably at least a year, probably two  
3 years away.

4 Are we good with that? Okay.

5 We just recently had a break. So,  
6 we will power through to our last topic, maybe  
7 break in the middle of it. I have to punch out  
8 in a little bit to get back to another meeting.

9 But our final topic for review is  
10 vocational training. This area falls under the  
11 optimizing ability. We provided  
12 Recommendations 24, 25, 26 in the 2012 report  
13 that addressed allowing all recovering warriors  
14 to receive VR&E counseling when entering into  
15 the IDES program and expanding transition and  
16 internship opportunities.

17 At this point, who is going to talk  
18 about this? Mr. Drach, are you going to talk  
19 about this? Okay.

20 MEMBER DRACH: Okay. Thank you.

21 The first issue here is the  
22 requesting that the Services put greater focus

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 on cultivating promoting non-federal employment  
2 options since many recovering warriors  
3 transition to geographic regions without a  
4 significant federal presence. See also policy  
5 recommendation addressing the needed DoDI on  
6 non-federal internships.

7 The last sentence on No. 2 sort of  
8 ties in with that last sentence there about the  
9 geographic regions without a significant  
10 federal presence. My guess is that many of the  
11 CBWTUs have very few, if any, federal employment  
12 opportunities.

13 And under the current policy,  
14 Operation Warfighter, the agent or the receiver  
15 has to be a federal agency until DoD implements  
16 the non-federal employer opportunities. My  
17 understanding is that the DoDI has been written,  
18 but DoD has not authorized the use of non-federal  
19 employers at this time.

20 From my observation from talking to  
21 employers over the last five to seven years,  
22 maybe longer, a lot of private sector employers

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 are really, really anxious to get this. They  
2 really want to use that as a funnel, if you will,  
3 to reach out to and, ultimately, employ wounded  
4 warriors.

5 No. 2, regarding the Transition  
6 Coordinator, I am not sure how effective that  
7 would be or what is really needed there, but the  
8 connection with the Operation Warfighter I think  
9 ties in more so with No. 1 than it does with No.  
10 2.

11 Any questions, comments?

12 (No response.)

13 Okay.

14 MEMBER EUDY: Denise, before we  
15 talk any further on that, can you please provide  
16 everyone an update based on the last meeting? I  
17 know we discussed where the DoDI was in process,  
18 response from the Services. There seemed to be  
19 some confliction on that, where the approval  
20 was, if you could?

21 MS. DAILEY: Yes, they still  
22 haven't come to closure on opening federal

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 internships. They were in a discussion last  
2 week with all the Services. The policy hasn't  
3 been -- they are trying to get compliance with  
4 the policy. They are trying to push it down.  
5 They are getting pushback from commanders to  
6 release individuals, not just when they are ill  
7 and injured, but to release their Service  
8 members prior to their ETS or retirement to  
9 participate in non-federal internships and  
10 training programs and apprenticeship programs.  
11 A big pushback from the field; not resolved yet.

12 MEMBER DRACH: The other issue that  
13 is really not here, but I saw it with the  
14 Operation Warfighter in the early days, there  
15 was an issue with transportation. So, a lot of  
16 the wounded warriors, particularly in the early  
17 stages when it was only at Walter Reed in  
18 Bethesda, when there were the two separate MTFs,  
19 was that the warriors that were interested in  
20 federal opportunities under OWF could not get  
21 from point A to point B to actually work under  
22 the internship.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           And, of course, there is also the  
2 issue of treatment takes priority over anything  
3 else. So, there were issues related to "I've  
4 got medical treatment; I've got PT; I've got OT."  
5 And some of them were just -- and a lot of it is  
6 anecdotal -- but some of them were just saying,  
7 "I can't do this. There is just too much going  
8 on. I can't try to go to work at eight o'clock  
9 and be back at 10:00 for OT, be back at 2:00 for  
10 PT." So, they just sort of didn't want to do it.

11           And there were some federal agencies  
12 that the warriors just didn't want to go to work  
13 for. So, that was another issue.

14           Under No. 3, DoD should publish  
15 timely guidance to standardized care to wounded  
16 recovering warriors without delay. And we  
17 indicated our concern about the following  
18 expiring publications:

19           One is the IDES DTM issued on  
20 December 19th, 2011, which expires on August 1  
21 of 2013, which is only two-and-a-half months  
22 away, or a month-and-a-half away.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           The transition DTM 12-007, the  
2 Mandatory Transition Assistance Program,  
3 participation for eligible Service members was  
4 issued on November 21 of 2012 and expires May  
5 21st, 2013. So, that is actually less than a  
6 year of implementation.

7           Ms. Seymour from WCP committed the  
8 publishing of VR&E DoDI instruction on  
9 Vocational Rehab and Employment Counseling for  
10 Service members that are transitioning through  
11 the IDES. And that is in coordination with the  
12 publication targeted for 2013. That can be  
13 found at slide 24 of Ms. Seymour's slide deck  
14 from her presentation.

15           As I understand it, VR&E has already  
16 started providing a presence at some of the MTFs,  
17 if not all of them. I am not sure what the  
18 current staffing is of that.

19           Mr. DiGiovanni -- I believe was at  
20 our last meeting -- mentioned the non-federal  
21 internship/apprenticeships, which we just  
22 talked about. And they are looking at -- well,

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 the question we have here: is this the same as  
2 DoDI 13022.bb, which WCP indicated was an update  
3 of 1322.06, which would provide the guidance for  
4 establishing non-federal internships? I think  
5 Ms. Dailey has sort of addressed that, did  
6 address that in terms of where we are on that.

7 The Reserve Affairs updated Policy  
8 on Reserve Component Incapacitation, DoDI  
9 1241.2 and DoDD 1241.01.

10 Then, we have the Service-level  
11 policies expiring on the CTP-G and OTSG/MEDCOM  
12 Policy Memo 11-098, which expires the end of  
13 November of 2013.

14 And we say here that DoD should  
15 evaluate the effectiveness of all DoD and  
16 Service-level vocational programs targeted at  
17 recovering warriors to ensure that programs are  
18 available to all eligible recovering warriors,  
19 satisfying their needs and producing desired  
20 outcomes, such as employment.

21 CO-CHAIR CROCKETT-JONES: So, am I  
22 understanding correctly that, basically, we

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 have a number of programs that have expired or  
2 are about to expire that we need to know which  
3 ones among those were successful, and those need  
4 to be continued? Is that what we are saying?  
5 Or have I missed something here?

6 MS. DAILEY: We can start with  
7 Recommendation 3. Last year, you got a lot of  
8 traction out of bringing to the Department of  
9 Defense's attention that these policies, these  
10 overarching policies, addressing these programs  
11 need to be updated, published. And you got a lot  
12 of traction with that.

13 So, in an effort to continue, we did  
14 put together a list of warrior care policies,  
15 warrior policies, that cover your charter. And  
16 it is just a straight list of what is current and  
17 what is going to expire.

18 And so, your recommendation would  
19 be -- and I did not intend to go through each  
20 one. My intent was, do you want to highlight  
21 this as a recommendation again to the Department  
22 of Defense to stay on top of updating and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 publishing these DoDIs that fall under our  
2 Charter for purview. So, it is kind of a "No,  
3 we don't want to do this again" or "Yes, let's  
4 keep it on our list of things we're going to have  
5 to address to the Department of Defense."

6 CO-CHAIR NATHAN: So, my question  
7 would be let's say we do say, "Okay. Keep these  
8 current. Keep these updated. Look at them  
9 again." Do we have a warm fuzzy that they  
10 actually make a difference? In other words, are  
11 they executing and following the instruction and  
12 the policies that they are updating that is  
13 making a tangible difference and fostering  
14 vocational training, internships,  
15 rehabilitation with the policy?

16 Because what I don't want to do is  
17 say, "DoD, take another turn on these." Because  
18 last year, what I am hearing you say is DoD said,  
19 "Yeah, boy, thank you. You're right. These  
20 things are out-of-date. We need to go back and  
21 update them, make them current, see what's going  
22 on."

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           And we do that again this year, and  
2 then, we hang up the "Mission accomplished"  
3 flag, but we haven't really moved the ball down  
4 the field with improving, as you say, Mr. Drach,  
5 improving the amount of recovering warriors who  
6 are entering rehab programs.

7           MEMBER DRACH: Well, if I could just  
8 respond to one. On the Operation Warfighter,  
9 which has been around '04-'05 -- I forget when  
10 it started -- it was never intended to be an  
11 employment placement program. But, in the  
12 early days -- and I haven't seen any data  
13 recently -- but, in the early days, some of the  
14 federal agencies were using this in part as a  
15 trial work period.

16           The wounded warriors that were  
17 working for some of the agencies, particularly  
18 the Department of Homeland Security, were  
19 working out really well. And when they were  
20 finally being discharged, retired, or leaving  
21 Active Duty, DHS and some of the other agencies  
22 were hiring them non-competitively through the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Civil Service System that allows to hire certain  
2 disabled veterans and retired military, wounded  
3 warriors, through a non-competitive process.

4 It would be interesting to find out  
5 how many have been successfully employed since  
6 the beginning. And I am not sure that they are  
7 even tracking that.

8 Obviously, the DoDI on the  
9 non-federal hasn't even started yet. So, there  
10 is, obviously, no way to measure the success of  
11 that.

12 The VR&E staff actually physically  
13 located on the bases or the MTFs, again, too  
14 early to really measure, I think, any success in  
15 terms of what is going on. I think there is  
16 going to be, could possibly be a real connection  
17 between the VR&E people and the private sector  
18 employers, once that policy is implemented.  
19 And VR&E can start working with the wounded  
20 warriors and placing them in non-federal  
21 internships.

22 Also, what I don't know -- and I

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 don't know if we know -- all of the Services, I  
2 think all of them now have some sort of wounded  
3 warrior employment program. How successful has  
4 that been? Is there any interaction between  
5 that or will there be any interaction between  
6 that and the non-federal workforce program?

7 DoD has the Employer Partnership  
8 Office. How can that be used to work with the  
9 non-federal internships?

10 So, I think that covers -- yes, the  
11 mandatory TAP, you know, the DTM was issued  
12 November 21st and it expires May 21st. That is  
13 six months. How do you measure the  
14 effectiveness of a program over six months? I  
15 don't know.

16 MS. DAILEY: So, traditionally, the  
17 Task Force has said that current Department of  
18 Defense instructions are preferable to expired  
19 ones and/or ones that they have made commitments  
20 to publish and haven't.

21 The assumption, sir, to answer your  
22 question about the effectiveness of the DoDI, is

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 that it is better to have one than not to have  
2 one.

3 Now we did follow on here with  
4 Recommendation No. 4 that says you need to look  
5 at all your programs, but it is not a  
6 recommendation that says keep your DoDIs current  
7 and assess the effectiveness of them. The  
8 baseline Task Force position has been publish,  
9 publish quickly in the event of laws that are  
10 being required of you by Congress, and update  
11 them. But, no, there has not been an  
12 effectiveness piece.

13 CO-CHAIR CROCKETT-JONES: I am all  
14 for saying, you know, again, publish; don't let  
15 things expire; the expired things, get them  
16 renewed. I am fine with that being a  
17 recommendation, but my concern is, why do they  
18 need us to tell them this? I am really  
19 frustrated and somewhat angry that there is an  
20 office that is responsible for this in the  
21 Department of Defense, and that they seem to be  
22 incapable of doing it on their own without a Task

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Force pointing out to them what has expired. Do  
2 they not keep track?

3 I guess I don't mind making this as  
4 a recommendation again, but I sort of want an  
5 opportunity to ask them why they haven't  
6 bothered to keep track and do this without their  
7 hands being held.

8 MS. DAILEY: It does cover several  
9 offices.

10 CO-CHAIR CROCKETT-JONES: It does?

11 MS. DAILEY: Yes.

12 CO-CHAIR CROCKETT-JONES: It is not  
13 just one office?

14 MS. DAILEY: No. The Reserve  
15 Affairs is in another office. Mr. DiGiovanni is  
16 in another office. Ms. Seymour has a piece.  
17 The Army CTG/OTS MEDCOM Policy Memo is an Army  
18 piece. So, it covers that are in our portfolio.

19 And again, you don't have to do this.  
20 I don't think I have ever seen another Task Force  
21 do this. But it has gotten their attention when  
22 you say, "Publish or formalize your processes."

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           The Air Force had this relationship  
2 with the Air Force Family and Airmen Centers.  
3 It was all a good handshake. You forced them to  
4 document that and put it in perpetual cultural  
5 development, that this is a function of their  
6 Airmen and Family Centers.

7           CO-CHAIR CROCKETT-JONES: And I  
8 guess the other half of my concern is, why are  
9 these set to expire? If they are found to be  
10 excess weight at some point, why not just at that  
11 point eliminate them rather than set them up in  
12 order to expire, a gap, need to be reminded.

13           MS. DAILEY: Okay. DTMs is a  
14 directive-type memorandum. It is a very quick  
15 way to get a policy out on the road. It allows  
16 them six months to actually put the policy on the  
17 road. So, the directive-type memorandum is an  
18 interim product, which at the end of that six  
19 months is supposed to be published a long-term  
20 document.

21           CO-CHAIR CROCKETT-JONES: Okay.  
22 So, now I am much more clear on what the real

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 issue is. It is the permanent product isn't  
2 being produced in the timeframe. They have DTM  
3 time suspense at six months, and they don't meet  
4 it. It makes me think that their short-term  
5 DTMs need to be longer, and long-term they need  
6 to start meeting their deadlines.

7 Like I said, I would not balk if the  
8 membership wants to move ahead with a "Please  
9 publish, please get to this" recommendation.  
10 But I am concerned that our function is to do  
11 something more permanent than remind them from  
12 year-to-year what has expired and where they  
13 are, since we go away.

14 CO-CHAIR NATHAN: I think you have  
15 to go farther than that. This is all  
16 housekeeping. If the housekeeping is not in  
17 order, then it is emblematic of the overall  
18 mission effectiveness, my opinion. I mean, if  
19 you go to a hospital and you don't see good  
20 housekeeping -- it is not analogous -- you worry  
21 about the care if they are not doing the general  
22 housekeeping. And so, the housekeeping are the

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 instructions, which tend to slip.

2 And what I thought I heard you say,  
3 Denise, was we don't have a good feel or the  
4 Department doesn't have a good feel for the  
5 measures of effectiveness of these programs.  
6 And I don't know what those measures should be,  
7 by the way. I am not necessarily saying they are  
8 doing a good job or a bad job. I am just saying,  
9 if I went to the Department and I said, "How  
10 effective are you at getting vocational  
11 rehabilitation and education and training for  
12 recovering warriors," and they said, "We're  
13 pretty good," I would say, "What does that mean?  
14 You know of a couple of people who are getting  
15 it? Or we're pretty bad, what does that mean?"

16 MS. DAILEY: Right.

17 CO-CHAIR NATHAN: Do we make a  
18 recommendation that they develop measures of  
19 effectiveness? We don't tell them what they  
20 should be. We don't tell them what percentage  
21 or how to measure it. We just ask them to  
22 provide measures of effectiveness to force them.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1           And the first thing they would do,  
2           I bet, as they start looking at how to improve  
3           their measures of effectiveness is the first  
4           thing they would do, without us telling them, is  
5           start cleaning up their instructional  
6           milestones.

7           MS. DAILEY:       Generally, sir,  
8           correct. I mean, they can't measure their  
9           programs unless they have got policy in place in  
10          which the Services, then, commit resources,  
11          design their programs. And then, they can  
12          measure outcomes. So, without the policies in  
13          place -- so, traditionally, you have coalesced  
14          around just trying to get them to put the  
15          policies in place.

16          And you're correct, getting to  
17          measure the effectiveness of these programs is  
18          generally not possible because the programs are  
19          new. They don't have a policy published for  
20          them. And so, you are still dealing with new  
21          programs without policies.

22          MEMBER EVANS: I have to concur with

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 Madam Chair. I think that we should not be in  
2 the business of telling them to update. I mean,  
3 it was very effective, but we just don't want to  
4 continue that business.

5 Now I think what we should do is that  
6 we need to bring them back to us and ask them the  
7 right questions. So, we need to understand why  
8 we haven't seen the instruction on -- so the  
9 "why" question. Why are they DTMs, and why we  
10 don't have a permanent instruction out there?

11 So, I don't know if we need the  
12 recommendation.

13 MS. DAILEY: Okay. I can tell you  
14 the answer. They are very difficult to publish.  
15 And without significant pressure, which you  
16 apply, they get very dragged-out. You function  
17 as a forcing action here. That is the reality.

18 The "why" is it is very difficult to  
19 do, but it is not impossible. And you are  
20 functioning as a forcing action.

21 CO-CHAIR CROCKETT-JONES: Okay. I  
22 hear this. I hear that it is difficult to do.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           If the quick DTM is possible, I mean,  
2           if that is sufficient for six months or a year  
3           or repeatedly, the idea that policy should be  
4           much too hard, there is a problem here. If a  
5           program can function and get started and exist  
6           for six months or a year under a DTM, the idea  
7           that policy to make it permanent is somehow  
8           nearly impossible, there is a disconnect.  
9           There is a disconnect.

10           If something that can be produced  
11           quickly can last six months or a year, the idea  
12           that jumping to further than that is somehow this  
13           obstacle that they cannot get over, that is  
14           nonsensical. And that might be the reality, but  
15           that is a more pertinent issue in the long-term  
16           in the topic of vocational training, and in this  
17           particular area, it seems to be just rife with  
18           this obstacle problem, with this publishing  
19           problem.

20           So, like I said, I don't mind, I  
21           would certainly support a recommendation that  
22           said let's bring these to their attention and

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 tell them to publish. But, if we are going to  
2 do that, I would also like us to say something  
3 more strong to say fix this system that says DTMs  
4 expire and the suspense date is not met by  
5 policy; if it is that hard, extend your DTMs. If  
6 it can't be done in that amount of time, fix the  
7 method by which you write policy.

8 MEMBER MALEBRANCHE: Suzanne, I  
9 think they do that. They will extend DTMs. I  
10 know, like for DoDIs, it might take a year,  
11 because we are in the process of working on one  
12 now. But, also, for this particular one, I  
13 think it is a good idea that we look at this  
14 because this mandatory transition assistance  
15 program is not just DoD. I believe this was a  
16 legislative action that is also Department of  
17 Labor, VA. And so, it is a coordination among  
18 agencies, which, again, you're right, the time  
19 is long in the different processes.

20 But perhaps part of what we should  
21 do is look at it. We can suggest that some of  
22 these things move a little faster. And I am

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 hoping that, if we are able to do some joint  
2 agency policy, the first ones are going to be  
3 tough. And then, after that, at least a process  
4 is established, but, right now, I know that is  
5 kind of problematic.

6 And I think we do need to look at  
7 them, but I do know they are looking at them. I  
8 also know it is a ridiculously-long process, I  
9 mean bureaucratic process. I know that.

10 So, I think we should look at them  
11 again. Like you say, it keeps them on their  
12 toes. And if they are not, then that says  
13 something in and of itself of the leadership.

14 MEMBER DRACH: The DTM on the  
15 mandatory TAP expired roughly three weeks ago.  
16 What has that meant to the implementation of  
17 mandatory TAP?

18 CO-CHAIR CROCKETT-JONES: So, they  
19 extended it another year recently?

20 MS. DAILEY: Correct.

21 MEMBER MALEBRANCHE: And maybe what  
22 we need to look at is what is the result of that

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 mandatory TAP. I mean, is it occurring, and  
2 what the measures are from that DTM. Is it  
3 occurring? Because a lot of folks were  
4 complaining they didn't have TAP or there were  
5 some Services that didn't make it mandatory and  
6 others that did. So, now that they are all the  
7 same, is it occurring?

8 MS. DAILEY: Too fresh and early in  
9 the program to get results out of the mandatory  
10 TAP. You will not see results out of the  
11 mandatory TAP before your expiration, before  
12 your expiration as a Task Force. These programs  
13 are massive, and they have to take time to  
14 mature.

15 MEMBER PHILLIPS: Question: these  
16 DTMs -- a general question -- when they expire,  
17 do their recommendations stop or can people just  
18 continue to go on and function based on those  
19 recommendations?

20 MS. DAILEY: Ladies and gentlemen,  
21 they go on. They will continue to function.  
22 However, your program, it lacks real commitment

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 by the Service. You know, I have been in  
2 meetings where they have said, "Well, I realize  
3 that this is what you have, but your policy is  
4 expired and you haven't renewed it. And so, we,  
5 the Service, are going to do this."

6 So, what happens is you start the  
7 cottage industries, the branching-off, the  
8 Service solution now, in the absence of  
9 guidance, of overarching guidance. And  
10 traditionally, your position of the Task Force  
11 has been Department of Defense guidance allows  
12 the Services to focus their resources. It  
13 reduces redundancy and overlap in the execution  
14 of programs. And theoretically, it allows them  
15 to be measured against same standards and  
16 metrics. In the absence of those policies, you  
17 start to get divergence, redundancies, wastes,  
18 and a lack of an ability to measure consistently.

19 CO-CHAIR CROCKETT-JONES: And in  
20 some cases, in the case of the non-federal  
21 internships, the programs did not exist under  
22 the DTM that the policy folks said was sufficient

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 to allow them to begin because they are waiting  
2 for solid policy. So, there are some cases  
3 where it actually means the program doesn't  
4 exist.

5 MS. DAILEY: Correct. Correct.  
6 It either doesn't exist or they go forward with  
7 their own programs. And then, you have  
8 disparate programs by the Service's intent to  
9 meet the mandate. So, then, you come up with,  
10 I call them, cottage industries. Everyone has  
11 got a different policy now for implementing.

12 Well, it is how you got your website  
13 situation. Everyone has a different website.  
14 Everyone has a different 1-800 number. And it  
15 was because the Services pounced on the 2008  
16 mandate from Congress to establish 1-800  
17 numbers. And so, everybody did. That is why  
18 you now have this plethora of websites and call  
19 centers and 1-800 numbers.

20 So, good policy, current policy  
21 creates resources that the Services can drive  
22 to, programs the Service can drive to. It

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 allows them to put their dollars against what DoD  
2 has decided is important and not what they are  
3 interpreting the legislation to be. It has many  
4 good second- and third-order effects; good  
5 policy does.

6 MEMBER PHILLIPS: Let me just state  
7 this perhaps in a little different way. If the  
8 DTMs were perfect and they solved the problems  
9 that they were designed for, I would have to  
10 assume that they would continue to practice that  
11 or they would lobby to say, "We want to make this  
12 permanent policy."

13 Okay. Having said that, the DTMs  
14 are not perfect, and probably that is why there  
15 is an expiration date put on them. We don't have  
16 the luxury of time to evaluate what the best  
17 outcomes are related to each DTM. And then, as  
18 Denise says, they go off in different  
19 directions.

20 But I wonder, if we develop a  
21 recommendation, whether or not we can identify  
22 the best practices from all the different

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 components and say, you know, "Adopt these best  
2 practices. Create a permanent policy or  
3 another type of policy that at least addresses  
4 those," and not force people to continue to do  
5 things that really don't work, but they have to  
6 do it because it is mandated.

7 MS. DAILEY: Congress mandated that  
8 we identify best practices. We do every year.  
9 We direct in our recommendations to a best  
10 practice. We will do it differently this year.  
11 We are only doing like three or four best  
12 practices. Then, we will direct the Services to  
13 look at this as a recommendation.

14 Again, that is not within the realm  
15 of a DTM, or I don't know how to connect it to  
16 the current --

17 MEMBER EVANS: My recommendation  
18 is, you know, so we received favorable outcome  
19 last recommendation. So, they act on our  
20 recommendation, and this year we see it is met.  
21 So, I think we should go again, but with stronger  
22 language to say we need to, because of

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1       disparities, because of what we see, that we  
2       really need these instructions to move through  
3       the process as rapidly as possible, you know, to  
4       keep them current, and so that the Services are  
5       not out there creating their own instructions.

6                   MS. DAILEY: We identified all that  
7       language last year in our first recommendation.  
8       The first line of our first recommendation last  
9       year was expired and the lack of publication of  
10      timely guidance is unacceptable.

11                   MEMBER EVANS: Right.

12                   MS. DAILEY: Now, quite frankly,  
13      short of using foul language, I don't know how  
14      much more we can provide them in our outreach.  
15      All right?

16                   (Laughter.)

17                   Our best practice is to be  
18      consistent, is to say, "We feel, as a Task Force,  
19      that policy being timely and published is your  
20      responsibility and we are going to hold you  
21      accountable for it. We held you accountable for  
22      it last year, and this year we are going to hold

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 you accountable for it again." So that we  
2 establish a consistent expectation of them to  
3 meet these standards.

4 CO-CHAIR CROCKETT-JONES: I am fine  
5 with that. I just want us to also say, "And we  
6 shouldn't have to keep doing this."

7 (Laughter.)

8 I want the mom finger shake somehow  
9 encapsulated in the recommendation to say, "I've  
10 told you once."

11 (Laughter.)

12 MEMBER EVANS: And I think the MOEs,  
13 I think we need to include that into the  
14 recommendation also. We should look at some  
15 coming out of the VR&E.

16 MS. DAILEY: Again, it is very  
17 difficult to establish measures of  
18 effectiveness in future programs. Even VR&E  
19 has never had -- VR&E doesn't have a policy  
20 written. How can you measure the effectiveness  
21 of it? You have got to do this in stages. They  
22 have got to put policy in place, and then, they

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 have got to measure the effectiveness of it.

2 Your most mature program is IDES.  
3 Policy established in 2007. You now have a very  
4 extensive survey system and you have a very  
5 extensive metric system. The bottom line: the  
6 more mature the programs are and the more policy  
7 written about them, the more efforts you have to  
8 measure, the more results you have in measuring  
9 their effectiveness.

10 We get briefings on VR&E every year.  
11 VR&E has been around for decades. What we can't  
12 measure yet is the effect of the new laws, the  
13 laws implemented in 2009 and the laws  
14 implemented in 2012. And one of the reasons we  
15 can't measure the effectiveness of the laws  
16 implemented in 2009 is because they never wrote  
17 a policy for it. Sorry, a little anxious about  
18 that one. And so, now there is new policy about  
19 VR&E in 2012, and there is still no policy on it.

20 You can't measure the outcomes of  
21 those laws until you put policy in place. You  
22 can measure VR&E outcomes. It has been around

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1 for 20 years.

2 MEMBER EVANS: We are constantly on  
3 the phone with this issue. So, I just think  
4 that --

5 MS. DAILEY: I know. I know.

6 MEMBER EVANS: So, anyway --

7 MS. DAILEY: And you can blame the  
8 Task Force because they are putting the pressure  
9 on them to do the policy, one of the agencies.

10 CO-CHAIR CROCKETT-JONES: Okay. I  
11 want to give all of the members an opportunity  
12 to chime-in on something that you think we have  
13 missed or didn't cover. We are going to count  
14 to 10, and then, your opportunity is gone.

15 Okay. I think we did some very  
16 productive work. I think we have given the  
17 research staff nightmares for the next month.  
18 And I think that this concludes our business  
19 meeting, as long as we don't have any -- I thought  
20 I said I was going to count to 10.

21 (Laughter.)

22 MEMBER PHILLIPS: No, it is not

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 related to this. I can't count.

2 (Laughter.)

3 Very, very short, very quick. I  
4 just want to throw out the concept. Are we going  
5 to do everything next year -- I know we have time  
6 to plan -- as we did in the past, site visits and  
7 briefings? Or do we need to think about  
8 changing our focus since it is the last year?  
9 Identifying issues, focusing on two or three  
10 specific things. I just throw that out for  
11 everybody to think about over the next month or  
12 so.

13 MS. DAILEY: Well, I am constrained  
14 by my legislation, and I have vetted it with the  
15 lawyers. I have to touch all 15 of those topics  
16 every year. I am open to a different model for  
17 doing that, but I can't undo that these are the  
18 topics I have to address. Now I can add more,  
19 and I am happy to do that. So, I am very open  
20 to a different model for addressing those  
21 topics. But I have to address those topics.

22 MEMBER PHILLIPS: Okay. I am just

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

1 | thinking of TriplerrR. He wants to do it from  
2 | TriplerrR.

3 | MS. DAILEY: What's that?

4 | MEMBER PHILLIPS: The Lieutenant  
5 | Colonel wants to do it from TriplerrR.

6 | MS. DAILEY: He wants to do it from  
7 | TriplerrR.

8 | MEMBER PHILLIPS: TriplerrR.

9 | MS. DAILEY: I am open to different  
10 | models for doing this. I have to move quickly  
11 | because I have got Statements of Work built  
12 | around our legislation and built around our  
13 | topics and built around installation visits and  
14 | business meetings. So, I am constrained. I  
15 | have to rewrite Statements of Work quickly and  
16 | get them in place by 1 January if we want a  
17 | different model.

18 | MEMBER PHILLIPS: Well, I am not  
19 | sure what the model would be, but since it is our  
20 | last year, is there -- that is why I throw it out  
21 | for everybody to think about -- is there some  
22 | sort of summary model that we can use?

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Otherwise, I know we go to the site visits; we  
2 hear the same things. It is like painting a  
3 bridge.

4 MS. DAILEY: Yes.

5 MEMBER PHILLIPS: We fix a whole  
6 host of issues, and then, it starts all over  
7 again. I am just wondering if something else  
8 can be done.

9 MS. DAILEY: Well, yes, we can cease  
10 installation visits and I can rewrite Statements  
11 of Work to do analysis of our work to date, and  
12 we can bring in the Services. They will have to  
13 brief on these topics.

14 But I could do a compilation report  
15 over the last three years and do a fourth-year  
16 report which would compile the last three years.  
17 But I have a tradeoff in workload there. I can't  
18 do installation visits, do Service briefings,  
19 and bring on a team that would do nothing but  
20 compile last year's work. I have to make  
21 choices on what workload model I am going to go  
22 with.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)

1           And you can't absorb all that  
2 information. I can't write a report to it. You  
3 would have to kind of parse your priorities  
4 there. Do you see what I am saying?

5           We have done a lot of work. You have  
6 really only touched 10 percent of it. Really,  
7 we have only touched about 10 percent of it,  
8 believe it or not. There is paperwork I didn't  
9 give to you this year because it was too much.  
10 These 16 pages and Mr. Parker's briefing is a lot  
11 of information for you.

12           So, rolling-in another methodology,  
13 I am happy to do, but there has got to be  
14 tradeoffs on what you want to not do.

15           CO-CHAIR CROCKETT-JONES:     Anyone  
16 else?

17           (No response.)

18           I hope you all got my look there.  
19 There had better not be.

20           (Laughter.)

21           Okay. Unless there is something  
22 else, then this concludes our business meeting.

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 We appreciate all the discussion points and hard  
2 work over the last two days.

3 I have to say I hope next year we can  
4 find the three days. I really felt that the  
5 downside of this meeting was not being able to  
6 have sort of a preliminary "Did you hear us? Let  
7 us look at it. Were we totally insane yesterday  
8 when we tried to explain ourselves?" That is  
9 the only thing I would say about next year.

10 Now I am hitting the priority  
11 button.

12 MS. DAILEY: So, you are advocating  
13 for three-day meetings?

14 CO-CHAIR CROCKETT-JONES: At least  
15 one at this stage.

16 MS. DAILEY: Okay. Okay.

17 CO-CHAIR CROCKETT-JONES: We need a  
18 third day just to see sort of a rough copy of what  
19 has been distilled --

20 MS. DAILEY: Okay.

21 CO-CHAIR CROCKETT-JONES: -- and  
22 say, "Oh, no, we totally missed something" or --

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 MS. DAILEY: Okay.

2 CO-CHAIR CROCKETT-JONES: -- "Yes,  
3 we got the ball rolling" kind of a thing.

4 MS. DAILEY: Okay.

5 CO-CHAIR CROCKETT-JONES: Or "We  
6 can get rid of that."

7 MS. DAILEY: Okay.

8 And I do want to make an  
9 announcement. Dr. Jagger, who has been leading  
10 this year's effort, is leaving us, yes. So,  
11 please take a moment before you leave to say  
12 goodbye. This will be the last time you see her.

13 Mr. John ~~Koontz-Kuntz~~ is going to be  
14 her replacement. So, we have been able to have  
15 him here.

16 And Jess will be with us, Dr. Jagger  
17 will be with us until the end of the month. She  
18 will do the draft for you. And then, John and  
19 the rest of the research team will pick it up for  
20 the rest of the year.

21 So, please take a chance to thank  
22 Jess and to say goodbye. This will be the last

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 time you see her.

2 I want to express my appreciation of  
3 everybody. Really, really good work. Thank  
4 you very much.

5 CO-CHAIR CROCKETT-JONES: Thank  
6 you. See you next time.

7 (Whereupon, at 4:59 p.m., the  
8 meeting was adjourned.)

9

10

11

12

13

14

15

16

17

18

19

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)