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DEPARTMENT OF DEFENSE

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DEPARTMENT OF DEFENSE RECOVERING WARRIOR TASK FORCE

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JULY BUSINESS MEETING

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THURSDAY, JULY 25, 2013

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The DoD Recovering Warrior Task Force met in the Commonwealth Ballroom, 300 Army-Navy Drive, Arlington, Virginia, at 8:00 a.m., Vice Admiral Matthew L. Nathan and Suzanne Crockett-Jones, Co-Chairs, presiding.

MEMBERS PRESENT:

VADM MATTHEW L. NATHAN, MD, USN, Co-Chair SUZANNE CROCKETT-JONES, Co-Chair JUSTIN CONSTANTINE, JD CSM STEVEN D. DEJONG, ARNG RONALD DRACH TSGT ALEX J. EUDY, USAF, USSOCOM CAPT CONSTANCE J. EVANS, USN LTCOL SEAN P.K. KEANE, USMC COL KAREN T. MALEBRANCHE (Ret.), RN, MSN MG RICHARD P. MUSTION, USA DAVID K. REHBEIN, MS MG RICHARD A. STONE, MD, USAR COL RUSSELL A. TURNER (Ret.), MD*

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ALSO PRESENT

COL DENISE DAILEY (Ret.), Executive Director, Designated Federal Officer LAKIA BROCKENBERRY, RWTF Staff STEPHEN LU, RWTF Staff DAVID MCKELVIN, RWTF Staff JOSEPH NAGORKA, RWTF Staff MICHAEL PARKER, Wounded Warrior Advocate

*Participating via telephone

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1	P-R-O-C-E-E-D-I-N-G-S
2	8:12 a.m.
3	CO-CHAIR CROCKETT-JONES: Good
4	morning, everyone.
5	Thank you all for attending our July
6	voting session meeting for the 2013 Annual
7	Report and our last meeting for the fiscal year.
8	Before we continue, I would like to
9	go around the table and have us give
10	introductions.
11	MR. DRACH: Ronald Drach, a DoD
12	member of the Task Force.
13	MG MUSTION: Rich Mustion,
14	representing the U.S. Army.
15	MR. REHBEIN: David Rehbein, one of
16	the seven civilian members.
17	MS. MALEBRANCHE: Karen
18	Malebranche, VA representative.
19	CO-CHAIR NATHAN: Major General
20	Stone I think is at Capitol Hill this morning,
21	and he will be joining us later.
22	And I'm Matt Nathan, Co-Chair.
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9 1 CO-CHAIR CROCKETT-JONES: I'm Suzanne Crockett-Jones, Co-Chair. 2 And we are waiting on Captain Connie 3 4 Evans. 5 CSM DeJONG: Command Star Major б Steve DeJong, representing the National Guard 7 Bureau. 8 TSGT EUDY: Tech Sergeant Alex Eudy, representing the Air Force and Special 9 10 Operations Command. LTCOL KEANE: Lieutenant Colonel 11 Sean Keane, representing the Marine Corps 12 13 Wounded Warrior Regiment. 14 CO-CHAIR CROCKETT-JONES: Thank 15 you. 16 We also have Dr. Russell Turner on teleconference in and out during this voting 17 session. And Dr. Steven Phillips will join us 18 19 through teleconference during tomorrow's sessions. 20 Our staff will be taking photos 21 22 while we conduct the meeting over the next two NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

10 days, just as a warning. 1 2 (Laughter.) And I was not at all part of planning 3 4 that. 5 Ms. Denise Dailey, our Task Force Executive Director, will now lead us through б 7 a review of the current non-voted draft report, with the exception of recommendations and 8 findings. She will discuss the proposed 9 10 installation and business meeting schedule for 11 our next fiscal year. And so, I am going to turn it back 12 over to you, Denise. 13 14 EXECUTIVE DIRECTOR DAILEY: I am happy to start. Is there anything the Co-Chairs 15 16 want to say? Otherwise, I will move into the annexes and introductions. 17 CO-CHAIR NATHAN: The only comment 18 19 I would make is, Denise, first, to thank you 20 and your staff again for a very thorough and comprehensive distillation of the issues and 21 the recommendations. We talked yesterday about 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 the inputs we have received from the Services, 2 VA, from DoD, which you from the have incorporated into this. That will help us 3 4 determine our recommendations. 5 Ultimately, by tomorrow, we need to б have a product. I am speaking to the choir; 7 you all have been doing this before I have. And again, I look forward, along 8 with my Co-Chairman, Ms. Crockett-Jones, I look 9 10 forward to brisk discussion. Depending on your Myers-Briggs, not participating or happy or 11 12 qlad, but, yet, making that these sure 13 recommendations cogent and are germane consensus of this Task Force that we will try 14 to put some heft behind when we send it in to 15 16 Congress and the DoD. then, again, in advance, 17 So, we thank all the Task Force members and the 18 19 ancillary staff for the good work they have done 20 and the good work they are going to do over the

21 next couple of days, getting us on target, on
22 time, and out of here with a good product.

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	12
1	Thank you.
2	EXECUTIVE DIRECTOR DAILEY: Okay.
3	Thank you, sir. Thank you, ma'am.
4	What I would like to start with,
5	ladies and gentlemen, is the introduction, and
6	I would like to get everyone to tab C, please,
7	tab C.
8	Traditionally, ladies and
9	gentlemen, introductions explain what you have
10	done throughout the year and it is a
11	philosophical statement. We have taken what
12	call methodology and many other pieces and put
13	it in the back, so that the introduction is very
14	short and it is very concise.
15	What I want to point out to you on
16	the introduction page, ladies and gentlemen,
17	is it is in here in the third paragraph from
18	the bottom, we do make the statement that, as
19	of right now, the Department of Defense has not
20	answered the 2012 Implementation Plan. And so,
21	we do highlight that as part of our introduction,
22	that we like to use these Implementation Plans
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1 and the evaluations that they do at 90 and 180 days as feedback to our reports. It gives us 2 an azimuth on where we should go for the next 3 4 year. And we don't have that back from the 5 6 Department of Defense this year. We probably 7 will not get it back in time for this report. So, I have made a point of that. When the 8 introduction was written, we put that comment 9 10 in there. So, that is the hot piece in the introduction. 11 Okay. I'm going to move on to the 12 13 Executive Summary. I would like everyone in tab B, please. 14 CO-CHAIR CROCKETT-JONES: 15 Denise, 16 I'm sorry, if I could just make a comment on the introduction? 17 EXECUTIVE DIRECTOR DAILEY: 18 Sure, 19 sure. We went 20 CO-CHAIR CROCKETT-JONES: through this in the VA, too. And one of the 21 22 things in the very last paragraph in the NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1	introduction, it mentioned the establish of the
2	VA's Seamless Transition Working Group in 2006.
3	But it doesn't ever say or we didn't go back
4	and say it was disbanded when the Seamless
5	Transition Office was opened, and now such
6	matters are taken up by the Health Executive
7	Council or Joint Executive Council.
8	So, I'm not sure, I mean, again, this
9	is an introduction and it is in the past, but
10	I am wondering if we shouldn't update that?
11	EXECUTIVE DIRECTOR DAILEY: We will
12	update it based on that input, ma'am, yes.
13	CO-CHAIR CROCKETT-JONES: Okay.
14	Thank you.
15	EXECUTIVE DIRECTOR DAILEY: Okay.
16	The Executive Summary, tab B. The Executive
17	Summary is usually designed to talk about your
18	recommendations. Again, there is a brief
19	introductory remark.
20	And in the Executive Summary what
21	I have highlighted in this piece, ladies and
22	gentlemen, the Executive Summary is designed
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to summarize your recommendations. So, we will have the recommendations listed on the second page. But what you all wanted us to address additionally was the status of the IPO office and the status of the electronics records and the continuing effort to find a way forward for establishing electronic records.

So, in the second paragraph under 8 the first dot, you will see where, as per the 9 10 last meeting, you all asked that а relatively-strong statement be placed in there 11 that indicates that the Task Force is still 12 looking to see both Departments come together 13 with a solution for electronic records. 14

And so, in the Executive Summary 15 16 this is the hot piece that is in compliance with your directions to us and makes a stand for you, 17 capsulates your position on the electronic 18 19 records and the Departments' efforts to find a solution to the electronic records situation. 20 Denise, I would like MR. REHBEIN: 21 22 to suggest a one-word change in that paragraph.

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	16
1	EXECUTIVE DIRECTOR DAILEY: Okay.
2	MR. REHBEIN: As you come towards
3	the bottom, there is a statement there that says,
4	"An integrated system is needed." I would like
5	to suggest that "needed" be changed to
6	"required". I think that goes along with the
7	last sentence better where we say that it is
8	imperative that this goal be achieved. I think
9	the word "required" is a stronger statement of
10	what we think is
11	CO-CHAIR NATHAN: Do you want
12	"required" or "essential"?
13	MR. REHBEIN: I would go either way.
14	CO-CHAIR NATHAN: Just a little
15	background, and I may have brought this up at
16	the last meeting. And I apologize if I
17	mentioned this at the last meeting.
18	So, DoD/VA, the Departments were
19	about to mandate from the Secretary of Defense
20	and the Secretary of the VA a renewed effort
21	with funding and gravitas to take the existing
22	systems, AHLTA for DoD, VISTA for the VA, and
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1 make them talk to each other and leave them in 2 perpetuity -- VA likes VISTA; DoD has a love/hate 3 relationship with AHLTA -- and put them 4 together.

5 The three Surgeons General -- and б we have a hard time agreeing on anything, 7 including whether the sun is going to come up in the morning (laughter) -- agreed and wrote 8 a letter to the Secretary of Defense that the 9 10 three of us signed, saying that we really are concerned with that course of action and believe 11 that the Departments should widen their aperture 12 and look at other off-the-shelf systems that 13 can be implemented, such as Kaiser uses or 14 Northwest uses or other large systems use. 15

16 believe that simply Because we throwing more coal into this furnace that 17 necessarily isn't producing great heat is not 18 19 the way ahead. So, I think this is faithful 20 to that concern. Because what you say is, regardless of the approach you take, you have 21 22 got to have an EHR in order to provide a safe

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and effective continuum of care across the
 DoD/VA dynamic.

But I just wanted you all to know 3 4 that background. And that was pervasive because even the Secretary of Defense recognizes 5 б that, wow, if the three SGs agree, there must 7 be something to this. And so, they abandoned their press to force VISTA and AHLTA to continue 8 to talk together while they look at other options 9 10 that may be a better, more economic fit that the private sector has come up with, which bases 11 its installations on time, safety, efficiency, 12 and user-friendliness, neither of which VISTA 13 and AHLTA have done that well. 14 So, I wanted you to have that background. 15

16 CO-CHAIR CROCKETT-JONES: And also, not to wordsmith to death here, but the 17 term here is "integrated record," and I know 18 19 that the term that it seems like people are using 20 now is "interoperable," but they are not the same. But we have put in here "integrated". 21 Is that we are kind of married to then? 22

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1	CO-CHAIR NATHAN: I think it is a
2	great point because we intend to have, ideally,
3	intend to have ultimately across the country
4	an electric medical record that can talk to
5	private sector electronic medical records. And
6	they will be interoperable; they won't be
7	integrated. They won't be the same records.
8	And so, ideally, because there are
9	several private sectors that use very different
10	medical records Kaiser does not use the same
11	record as Humana. But if we can figure out a
12	way to make them interoperable, so that we can
13	each other's data, then we will be fine. So,
14	I am fine with "interoperable".
15	EXECUTIVE DIRECTOR DAILEY: Okay.
16	We will make that change, the word from
17	"integrated" to "interoperable". Happy to do
18	that. That is good feedback, very good
19	feedback.
20	So, introduction, Executive
21	Summary, relative short, they generally have
22	two separate purposes. They have both got a
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	20
1	piece of information in them which you all have
2	deemed to be important and which we incorporated
3	in there for you.
4	Okay. All right. Yes?
5	MR. REHBEIN: In that second page
6	of the Executive Summary there, that last
7	sentence contains some blanks. Do you intend
8	for us to fill those in now or after we finish
9	our recommendations. What is the
10	EXECUTIVE DIRECTOR DAILEY: They
11	will be filled-in after we have vetted and have
12	established what our recommendations are going
13	to be, yes.
14	Okay. All right. So, let's talk
15	about best practices. We will take everyone
16	to tab D, please.
17	So, ladies and gentlemen, part of
18	our charter is designated by Congress as
19	identified best practices. In the past, we have
20	solicited from the Services, every site, when
21	we queried them and asked them to brief us, what
22	their best practices are. They have given us
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1 a lot of great ideas.

This year we looked at a larger meta 2 site-visit best practice. Many of best 3 4 practices were Excel spreadsheets. They were closing down the road, so that individuals had 5 б a pedestrian-friendly area around the Warrior 7 Transition Battalions and Wounded Warrior Regiments. 8 So, this year we took it up a notch 9 10 and we identified best practices that would be applicable to a whole field and were important 11 12 important of the to, very to some recommendations you have made. 13 And there were solutions to some of the recommendations that 14 15 you made. 16 So, this year we only have about four five best practices, and two that 17 or we highlighted include the Behavioral Health Best 18 19 Practices, the Psychological Health Pathways that we saw out at Camp Pendleton. And we also 20 highlighted in here the Army's Behavioral Health 21 22 Program called the Army Behavioral Health Data NEAL R. GROSS

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Portal. Both of these programs capture PTSD. They capture incoming data, outcoming data, and allow the Services to use these types of data to assess the effectiveness of the programs.

б Recommendations in the 7 psychological health area over the last three years have been iterative. You know, provide 8 the services, the one you made the first year. 9 10 Train the trainers is the recommendation you made the This 11 second year. year the recommendations center around evaluating the 12 outcomes and being able to identify what is 13 working, who has fidelity to the practices of 14 the evidence-based treatments, and being able 15 16 to feed that back into your population to improve So, we selected these two as 17 their outcomes. an opportunity for the Department of Defense 18 to adopt as best practices for assessing 19 20 outcomes in the psychological health area. We also found a very unique practice 21 22 out in Colorado in which they had the time 21 NEAL R. GROSS

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1	individuals who were on the network for
2	inpatient psychological health and the practice
3	of pulling each one of those facilities into
4	a teleconference. So, every Tuesday each one
5	of those facilities got online, on the telephone
6	with the installation hospital director of
7	psychological health, and he was able to
8	personally query each one of those facilities
9	about the ongoing care of their individuals who
10	they had in-house and they had as part of their
11	client base.
12	It was the first time I had ever
13	heard anything like that, and brought us to the
14	top of page what have I got here? page
15	42, which will be in the completed book. So,
16	that is another one we highlighted.
17	Now, at the time, the psychological
18	health director said, "I don't need an inpatient
19	facility. Nobody will build me one. But look
20	at this, what I have set up here. I can manage
21	my inpatient requirements using this system."
22	Now the trend is to bring everyone
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back on post and put inside the MTF, which has 2 cost savings and efficiencies aligned with it. However, if an installation or a hospital or 3 4 an MTF is looking for a way to make their current inpatient situations work, this has some б benefit.

7 The other item that you all found was the North Carolina Psychological Health 8 9 Integrated Behavioral Health System, pretty 10 much the only State that we have seen that does And when I tried to validate the model 11 this. with the National Guard Bureau, they also said, 12 13 "I haven't seen that anywhere else." Everyone has got some variation of it. 14

15 this is very intensive But а 16 referral intervention and education process, really the National 17 which is all Guard do under their 18 Headquarters can current 19 resources and charters. They have taken the 20 system out of their pocket. Their opening statement to us was, "We would rather give up 21 22 a tank engine than not have the services that

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we are able to provide to the Service members
 through our Integrated Behavioral Health
 System.

So, sort of a meta opportunity for the National Guard and states. So, think about they are pulling about \$2 million a year to support this program. And \$2 million is a lot to a state. However, in the absence of the references, in the absence of the resources in their communities, this makes a good model.

Then, the last two, another one out 11 of Fort Carson, I think some of you remember 12 13 this scenario, that the key players in the Transition Program talked to you all about they 14 were able to weave together VR&E internships, 15 16 potential employment vis-a-vis assistance of the E2I, and a cooperative employer to weave 17 together each one of these three programs. 18 And 19 it eliminated the uncertainty of not knowing 20 when an individual would be leaving the military. 21

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So, they were able to extend

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1 internships, hold jobs until the individual was able to successfully outprocess from 2 the Department of Defense, finished up their IDES 3 4 evaluations, qot their ratings, initial ratings. And so, these jobs were not dependent 5 б on when the individual left the military. They 7 were held in an internship and paid until such time as they were able to be hired. 8 And we find this to be a very useful 9 10 circulation of these resources that the Warrior Transition Battalions have available to them, 11 E2I, VR&E, Operation Warfighter, and it takes 12 a cooperative employer. So, we have brought 13 14 that one out for you also. The last one that I have in here is 15 16 the briefing that the IDES lawyer at Fort Bragg

provided you all and the briefing that is provided to Service members by the lawyer at Fort Bragg. Very comprehensive. It is an excellent primer, even for us, not just our Service members. So, it is being highlighted here also as a best practice.

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1 So, there are six best practices this year. I have in the past listed every best 2 practice that the Task Force collected from the 3 4 installations. We thought we would just kind of up it this year and do a little more 5 б descriptive work for individuals who are looking 7 for solutions, that it is not a one-liner. CO-CHAIR NATHAN: Denise, the last 8 9 one, the legal support in IDES, I wasn't on the 10 Fort Bragg trip. So, I certainly respect everything you said here. 11 Does that dovetail at all with what 12 we saw at Elmendorf with their JAG, who was 13 basically the rockstar of the Recovering Warrior 14 Unit there? 15 16 EXECUTIVE DIRECTOR DAILEY: Yes, sir, and this was pretty much rockstar on 17 steroids at Fort Bragg. I mean, we have 18 assessed, and you all have assessed, over the 19 20 years that the IDES lawyers are highly-valued. They are providing great information. 21 22 So, the Elmendorf popularity was 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

1	an unusual case. And this particular one at
2	Fort Bragg took that to even a greater level.
3	Okay. All right, tab E. I
4	generally leave the annexes up to you guys.
5	I do like to at least touch them while we are
6	in this meeting. It allows us to print them
7	out and publish them for the public also.
8	What we have in tab E, and what you
9	all have seen, and should have seen, is the
10	biographies. And the only correction I got on
11	that that I was aware of was Tex R. Tech Sergeant
12	Eudy. We need to change your middle initial
13	on this. I don't think we have got it changed
14	yet. Okay. It is; it is "J". Okay. All
15	right.
16	But these all go in the report. If
17	you haven't had a chance to look over your
18	biography, you should take this opportunity
19	these next two days to do that. We send them
20	out. Sometimes you have a different thought.
21	Okay. Pretty routine from here on
22	out. We have our legislation included in every
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1	report. So, that is tab F. And our charter.
2	All that is routine in the report.
3	And I would like to highlight and
4	you just have to keep turning until you get to
5	after page B-4. We have a Reference Handbook.
6	What we do every year, ladies and
7	gentlemen, is update the baseline. I call it
8	updating the baseline of all your topic areas
9	that Congress gave you. And I put that update
10	to the baseline in what we call the Reference
11	Handbook or the Reference Handbook key topics
12	and terms. So, this tells you exactly where
13	each topic is every year.
14	I don't include in that report, in
15	that in the findings and recommendations we put
16	findings and recommendations in Chapter 2.
17	Here is where you can find what current
18	legislation has come down on, let's say,
19	psychological health or what current
20	recommendations or legislation has been coming
21	down on IDES. There is some history on the topic
22	in the Reference Handbook.
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1 And we update every year and we 2 publish it every year as an annex to the report. It is good reading. If I were bringing on new 3 4 members every year and had a lot of churn on the Task Force, this document would be key to 5 6 them getting a baseline grasp of your topics. 7 All right. Also in the annexes what you will find is all the compilations of the 8 mini-surveys that are done while you are out 9 10 in the field. We include all that data in the if it 11 findings is relevant to your recommendations. 12 But the boring, endless charts we put in the annex. And on the whole, 13 14 they are not that boring. If you are a real geek, you can go back to the charts and you can 15 16 count every nose and every response. They are all in here. That is why this is a 300-page 17 report, ladies and gentlemen, but your findings 18 19 and recommendations, the key part of your 20 report, is only 45-50 pages. Makes it a little more sellable to the people who need to read 21 22 those 45 pages.

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All your site visits are located in 1 the annexes. All the briefers are located in 2 So, if you are ever wondering when 3 the annexes. 4 you got a briefing or where you went at certain 5 times, that is located in the annexes also. 6 And then, we also capture for 7 posterity the focus group protocols. So, this is where those five or six pages are also 8 captured. 9 10 Any questions about how the report is put together, what everybody gets paid for? 11 (Laughter.) 12 What the researchers are really 13 doing? 14 15 (No response.) 16 Okay. How about something fun? And let's go to tab I. I believe it is I. 17 Yes, tab I. 18 19 Very serious here. Okay. For 20 everybody, this is proposed. This is not locked. And so, I have individuals from the 21 Services and I don't want you taking this back 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

32 1 to your bosses saying, "Oh, my gosh, this is 2 where they are going." I will send out an updated one after 3 4 this meeting, after we have had a chance to 5 discuss where your interests lie and where the б Task Force can make the best use of the last 7 year of its efforts. Then, we will discuss a little 8 philosophy here for your last year and some 9 10 things that are just expedient that we have been trying to do for a while. 11 So, we have a visit out to 12 Okav. 13 Hawaii last This in our year. is an There is a Marine DET out there 14 opportunity. for their wounded Marines, and there is also 15 16 an Army WTU out there that supports the infantry battalions on Hawaii. They are relatively 17 We are not going to a 600-person 18 small. 19 battalion. And as the last count, the Hawaii DET for Marines was relatively small also. 20 Ιt was somewhere around 20. 21 But we would be treating them very 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1 similarly to how we have been out to Camp Pendleton and Lejeune and 29 Palms. And I think 2 that your mindset on this visit would be, 3 4 regardless of the tropical paradise, it is remote. Not everyone is going to want to stay 5 б in Hawaii for a job. So, there are transition 7 issues. And you are, again, looking at what practically would be DET-sized elements and 8 unique challenges that go with isolated and 9 10 remote locations. So that really what you are touching 11 out there -- again, there are a lot of resources. 12 13 I think we would find more resources than we found with the European units, in fact, maybe 14 a little more than Alaska, but probably not much. 15 16 We would also take the opportunity while we were out there to visit the VA in Hawaii 17 and assess that interface. 18 19 CO-CHAIR NATHAN: Denise, more than 20 that, looking at the list, that particular visit well, let 21 represents me phrase it _ _ 22 differently. So, there is a sea change NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 occurring in military medicine, as we create these enhanced multi-Service markets. This is 2 part of the three-pronged revolutionary, or some 3 4 would say evolutionary, change in military medicine, as we create a Defense Health Agency 5 б which is going to combine the shared Services 7 and provide those together from the Army, Navy, and Air Force; as we craft the National Capital 8 Region away from the Services underneath the 9 10 Defense Health Agency. So, this large continuum of wounded 11 warriors at Bethesda, Walter Reed, and Fort 12 Belvoir, which probably has the largest numbers 13 of population in the world concentrated between 14 those two areas, and certainly there is a lot 15 16 at Brook and a lot in San Diego, but for sheer of acutely-injured and recovering 17 numbers warriors in that area, that is being partitioned 18 out from the Services under the Defense Health 19 20 Agency. And then, there is the enhanced 21 multi-Service markets, which is going to be a 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 new, and it is yet to be determined how, command and control of the Regions, so that the Regions 2 work together. And the markets include the San 3 4 Antonio area, the Tidewater area, the Colorado Springs area, the Pacific Northwest, and not 5 б the least of which is the Hawaii area, which 7 is the collection point for all the Pacific facilities, Army, Navy, and Air Force, as both 8 the referral center and the Wounded Warrior 9 10 Repository there. So, I think any visit there would 11

also be worthwhile to look at, to talk to Tripler 12 and to talk to the Navy, and see how they are 13 going to distribute and combine resources, how 14 they plan to integrate their personnel and 15 16 create efficiencies, because that will have a lot to do with how I think the wounded warriors 17 receive care as they merge these, as they reduce 18 the stovepipes between the Marine Corps, the 19 20 Navy, and the Army on Hawaii.

21 And, of course, when you talk about 22 Hawaii, if you have ever been there to visit

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1 the Marine DET, for example, there is a fair amount of disenchanted wounded warriors. 2 And you think, "How can you be unhappy in paradise?" 3 But their families still reside sometimes in 4 Japan or Korea or other places. They are sent 5 б there, and they feel like they are sort of 7 spinning their wheels in the gravel and they are not getting any traction. They want their 8 families to either come join them in Hawaii or 9 10 they want to be sent back to them. So, I think it is worth looking at 11 because we are going to provide a much more, 12 13 in theory, we are going to provide a much more integrated care paradigm in these regions 14 between the Services. So, that would be, since 15 16 we are not going to the Pacific Northwest -- and I know we were there recently, this year -- but 17 this will be the year, starting this October 18 will be the year that these places are supposed 19 20 to really start to get serious about the integrated care paradigms among the Services 21 in these regions. 22

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1	So, on that list, the only one we
2	will be visiting, although we will be going down
3	to San Antonio. I do see going down to BAMC,
4	so we can look at the San Antonio MSMO as well
5	in December.
6	But that would be the other reason
7	to look at Hawaii from the Task Force
8	perspective, is get a feel from the leadership
9	there, what do you see the effects of these
10	multi-Service markets doing as far as resource
11	and CONOPS for wounded warriors from all the
12	Services in your Region?
13	And the only thing I would add is
14	that and I haven't traveled that much with
15	you all but on those visits where we have
16	gone different places and we have had people
17	who either have familiarity, personal
18	familiarity with those duty stations or are of
19	that Service, if it happens to be an Army-centric
20	area or a Marine- or Air-Force-centric area,
21	that is very valuable.
22	So, if you think you have a
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1 tremendous amount to add to that visit and you can help us ask the right questions and give 2 us some insights, give the Task Force some 3 4 insights on a particular location, and you have a schedule conflict, make sure you let Denise 5 б know. Because, as she said, this isn't written 7 in stone. The dates on all these may morph as we get feedback. 8 But if one of you calls in and says, 9 10 "I can't make the Fort Hood trip," and we say, "Oh, do you know a lot about Fort Hood or is that your Service, " or whatever, "No, I have

11 12 never been there but I have read it in the 13 papers," we would be less likely to shift the 14 dates, as opposed to one of you calling us up 15 16 saying, "I was stationed at Fort Hood" or "I was injured in Fort Hood" or "That's my Service 17 and I speak Army. I think I would be valuable 18 to go there, but I can't make it then." 19 So, those are the kinds of inputs we are looking 20 for to see how we can get the most bang for the 21 22 buck on these trips.

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1	CO-CHAIR CROCKETT-JONES: I also
2	have a request on going to Hawaii. Because we
3	have a lot of potential Time Zone differences
4	between family members who are remote from
5	Service members who are in treatment, is there
6	any way for us to do maybe some individualized
7	protocols over the phone with family members
8	who are remote?
9	I know that there have been some big
10	gaps in amount of information and resources and
11	awareness. And I would really like to get a
12	handle on community support for family members
13	who are waiting. Are they really prepared for
14	their probably-still-recovering Service member
15	when they return? Are they getting support in
16	keeping relationships and awareness?
17	And I don't think that we could do
18	it in a single teleconference because we would
19	probably have a lot of Time Zones and
20	difficulties to set that up. But I would be
21	willing to do individual protocols with family
22	members over the phone.
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1 EXECUTIVE DIRECTOR DAILEY: Okay. 2 Good. We will solicit remote spouses for discussion with Task Force members. 3 Okay? 4 Okay, good. 5 Okay. So, as you wrap your head The 5th if 6 around it, this is a long visit. 7 a Saturday. I would put you on flights on Saturday. If you wanted to go out Sunday, 8 9 that's fine. You are getting there late in the 10 evening based on the Time Zone, and we will start Monday morning. So, the 5th is Saturday, the 11 5th of October. We start Monday, the 7th. 12 The 13 11th is the Friday. We are there all week. 14 I will work most of the day Friday, and then, 15 flights leave late that night. Or you can stay 16 over at your own expense. 17 (Laughter.) The next one is Rock Island. 18 Okay. 19 It is a Community-Based Warrior Transition 20 Unit. We have tried to get there for two years. We are not going to take no for an answer this 21 22 So, I have put it up early in the year. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 schedule.

2	And it is our normal two-day event.
3	We spend both days with the Community-Based
4	Warrior Transition Unit. We may spend some
5	time, I may plug-in a VA there. I usually,
б	though, plug-in VAs with the Joint Forces
7	Headquarters, and we have been to the Joint
8	Forces Headquarters in that State. So, it may
9	just be two days with the Community-Based
10	Warrior Transition Unit.
11	The next date is a business meeting
12	here in town, two days in late October.
13	The next one is we have started to
14	establish over the years an opportunity to go
15	down to headquarters-type organizations. The
16	first year we did it with the Air Force Wounded
17	War Program in San Antonio. We really just met
18	two days in their headquarters in, I call
19	"embracing them".
20	We are in their headquarters spaces.
21	We see them coming and going. Their staff
22	briefs us on various topic areas. And it is
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a very thorough look and a very thorough opportunity to really get involved in their day-to-day operations and bring in their experts in a level of detail we just don't get when we are briefing in public forums.

б So, we have not had an opportunity 7 to do this with the Wounded Warrior Regiment Headquarters. And so, the 30th and 31st of 8 October would be "Embrace-the-Headquarters" Day 9 10 with the Wounded Warrior Regiment. And we would spend two days down there, and we would get, 11 again, some very thorough briefings on all their 12 13 programs and the things we just don't have time, even after four years, to get in a meeting in 14 which they are here and brief us on these topics. 15 16 So, that is local.

The difference we are seeing in what I have arranged for you guys this year, good or bad, is, if you will notice, it is a week in Hawaii. That is a long week for some of you guys. That is a lot of your time.

This one is also. It is a two-day

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meeting, Monday and Tuesday, and then, Wednesday we go down to Quantico. So, that is a four-day week for some of you.

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2

3

4 if you are committing So, to Quantico, I need you to look at your calendar 5 б and realize that you are also here two days 7 before that for the business meeting. That is four days. I know that is a lot for you guys. 8 9 The is the Utah next one 10 Community-Based Warrior Transition Unit and the 11 Utah State Joint Forces Headquarters. They are 12 on the same post. This is very similar to going to Arkansas. 13

I split that up last year. This year I am combining these two headquarters because they are right next to each other.

And one of the reasons we want to go to Utah, to the Utah Community-Based Warrior Transition Unit is because it is also a downward stream, as we speak, from Iowa. Remember that, Mr. Rehbein, last year when we were talking with the Iowa State Guard? They said a lot of their

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Service members are going out to Utah, or not
 necessarily going out.

Utah is a Community-Based Warrior Transition Unit. That means that they are assigned to the Utah Community-Based Warrior Transition Unit.

But the Rock Island and the Utah 7 might make a good evaluation of how reasonable 8 is it to send, virtually to send an Iowa National 9 10 Guardsman to Community-Based Warrior а Transition Unit in Utah? It might give us a 11 good look at, is their remote care system working 12 as virtually they would like it to? 13

Another long one is starting in December, Fort Hood, one of the Army's largest WTUs, and other than Hawaii, the only WTU that we would be going to this year. But, again, this is on the 5th and 6th of December. It is a Thursday and Friday.

For those of you who are staying for the long-term, you would stay down there or I could send you home Friday night, not a problem,

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but I have got to have you back Monday morning for the business meeting. This is a proposed business meeting in San Antonio.

4 And the agenda for this business meeting would be to bring in the Air Force and 5 б the Army WTU there at BAMC and the hospital at 7 BAMC. So, that is what the agenda for the business meeting would be. They would brief us during those two days.

10 And I would probably not bring the Air Force back in again, even in our February 11 Service briefing. So, essentially, this would 12 13 be the Air Force's Service briefing to us. Α lot of resources in San Antonio, and they bring 14 them down there when we ask them to do Air Force 15 16 reviews anyway from D.C. So, we might as well just have them brief us in San Antonio. 17

Army WTU would brief us. We have 18 19 been to the WTU. So, we would get an overview 20 from the Army WTU. We would tap into some local resources for the Benevolent Societies, the VA, 21 22 similar to our San Antonio briefings two years

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ago.

2	But the next day, the 11th and the
3	12th, we would go and we would talk specifically
4	and only to the Marine and the Navy DET down
5	at SAMC. It is now called SAMC. And we would
6	spend those two days with the Marine DET at what
7	used to be BAMC and the NAVY DET at what used
8	to be BAMC.
9	So, Monday and Tuesday we would
10	bring the Air Force in. We will bring the Army
11	WTU in. Thursday and Friday we talk to the
12	individuals in the Navy and the Marine DET.
13	Another long week. That is six business days
14	over a weekend.
15	Now there are some of those you can
16	pick and choose. But, again, if you are down
17	there for the Fort Hood event, then you might
18	as well stay for the business meeting.
19	And I don't have to have an offsite
20	business meeting. I can bring that business
21	meeting to D.C.
22	MR. REHBEIN: I guess there is also
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47 1 a Physical Evaluation Board in San Antonio. EXECUTIVE DIRECTOR DAILEY: 2 Yes, yes, there are several Physical Evaluation 3 4 Boards. Is there an Army Physical Evaluation Board? And the Air Force Physical Evaluation 5 б Board is there also. So, yes. 7 Yes, we end up in San Antonio every year, ladies and gentlemen, because there is 8 just a lot there. 9 I think you should 10 CAPT EVANS: include the VA. 11 EXECUTIVE DIRECTOR DAILEY: Yes. 12 13 CAPT EVANS: Yes. 14 EXECUTIVE DIRECTOR DAILEY: We will put the VA on the meeting schedule. I am going 15 16 to put the VA on the meeting schedule. 17 CAPT EVANS: Okay. EXECUTIVE DIRECTOR DAILEY: Okay. 18 19 So, Tampa is our first January visit, and it 20 has a number of purposes behind it. We have not visited a polytrauma facility from the VA, 21 22 and Tampa is just as good as any other one. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

There is one in Richmond. There is -- I think 1 2 it is Minnesota? -- Minnesota. So, there are other opportunities, but Tampa I picked because 3 4 we got a briefing last year from the Reserve 5 Components' offices in Tampa that consolidate б all of their IDES packages. 7 So, there is an IDES piece in Tampa now that the Army Reserve utilizes to streamline 8 9 and quality-control their IDES. So, that is 10 a touchpoint that affords us in Tampa, along 11 with the polytrauma unit. And then, also, we haven't had a 12 13 to visit the Special chance Operations 14 Headquarters. So, this would be our 15 opportunity Care Coalition to go to 16 Headquarters, the first time, and sit down with them for a while. 17 MS. MALEBRANCHE: There is one 18 19 thing I forgot, too. When you mentioned 20 polytrauma, there is a polytrauma center at San That is the newest one. Antonio now. I know 21 that is kind of packed, but there is one there. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 EXECUTIVE DIRECTOR DAILEY: Okay. 2 MS. MALEBRANCHE: We could get a 3 comparison if you wanted to because Tampa has 4 been around probably the longest --5 EXECUTIVE DIRECTOR DAILEY: Yes. MS. MALEBRANCHE: -- and this is the б 7 youngest. EXECUTIVE DIRECTOR DAILEY: 8 9 Uh-hum. Okay. I can bring them in for a 10 briefing at minimum possibly. So, I mean, that is the rationale 11 behind Tampa. Again, there is one in Richmond, 12 13 if we want to bring it closer to home. We can make time in San Antonio. So, options. 14 The next one is another combination 15 16 effort. We would head out to Nevada, Nellis Air Force Base. The opportunities here involve 17 another IPO, electronic health record, case 18 19 management -- what do they call them? -- pilot 20 sites. So, it is a similar operation to 21 22 Chicago's Federal Health Facility, but not the NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

same. It is a pilot site for some of the EHR
 case studies that are going on.

And we have not talked to an Air Force Reserve Unit. We are getting a lot of contact with Air Force Guard Units, but we are not touching the Air Force Reserve.

7 I thought the opportunity to talk to the NOSC in San Diego was illustrative, and 8 thought that the same opportunity with the Air 9 10 Reserve would be also an opportunity to see how it is working in the Reserve Component and at 11 places that are not necessarily close to the 12 13 flagpole, which the assumption is that they are well-informed close to the flagpole. 14 Farther 15 away, the very good programs that the Air Force 16 has been putting in place for several years now really need to find dissemination, and touching 17 these Reserve Units would enhance your view that 18 19 dissemination is actually happening. And we would also talk with the Air Force hospital 20 there. 21

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Populations are pretty small. And

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1 these types of touchpoints are trying to assess the leadership knowledge of the Wounded Warrior 2 Programs available to their Service members when 3 4 they do become wounded or injured. let's go to the next one. 5 Yes, б Almost through, guys. 7 Business meeting local in late January. 8 And then, as part of a continuing 9 10 philosophy to sit in a headquarters and embrace and get a level of detail that we can't really 11 experience here in the public forum is two days 12 with the DoD Warrior Care Policy Office. 13 14 Now, qiven that Ι haven't coordinated any of this, ladies and gentlemen 15 16 (laughter), I need your input first. I need to know what is accessible to you. But this 17 is another opportunity to just get very detailed 18 briefings on these types of headquarters and 19 policy-building offices. 20 So, that would be here. And again, 21 the 27th and the 28th, it is a Monday and Tuesday; 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

29 and 30 is Wednesday and Thursday. Head home
 on Friday.

And last, but not least, we have 3 4 never had an opportunity to touch the Marine Reserve Component. So, the 4-5 February visit 5 б is a visit to New Orleans, where -- correct me 7 if I am wrong -- Lieutenant Colonel Keane is the Marine Reserve Component Headquarters. 8 9 LTCOL KEANE: MARFORRES. 10 EXECUTIVE DIRECTOR DAILEY: 11 MARFORRES. EXECUTIVE DIRECTOR DAILEY: 12 Get a 13 laydown and a briefing. And then, I picked a unit that is in the not-close-to-flagpole, in 14 the Rust Belt. And we would really like to spend 15 16 some time with this battalion talking to them about their knowledge base on Wounded Warrior 17 Programs. We would probably also touch the VA 18 19 in that area also. And that would be the last 20 visit of the year. MR. REHBEIN: Denise, just from 21 local knowledge, jump back to Rock Island for 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 a minute. You should be aware that the Rock 2 Island CBWTU and the nearest VA are somewhere between 80 and 100 miles separated in distance. 3 4 So, if you are going to get to both of them, you may wind up flying into Davenport to visit 5 6 Rock Island, and then, out of Cedar Rapids after 7 you visit the VA. EXECUTIVE DIRECTOR DAILEY: Okay. 8 9 Okay. 10 CAPT EVANS: I believe we only have one for Navy. 11 EXECUTIVE DIRECTOR DAILEY: I do. 12 13 CAPT EVANS: Right. 14 EXECUTIVE DIRECTOR DAILEY: Yes, 15 yes. 16 CAPT EVANS: So, if we are on the West Coast, is there an opportunity to look at 17 C5, San Diego? 18 19 EXECUTIVE DIRECTOR DAILEY: Well, 20 we have been to San Diego. They did brief us I wasn't eager to go back to the West 21 on C5. 22 Coast, but I will, and I am happy to go to San NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 Diego. It is also a target-rich environment. 2 I don't mean to say that pejoratively. It has a lot of contacts there where we would be able 3 4 to assess programs and effectiveness of 5 programs. 6 CAPT EVANS: We only have one Navy. 7 EXECUTIVE DIRECTOR DAILEY: Yes. CAPT EVANS: So, if we can get to 8 9 a second Navy --10 LTCOL KEANE: I have a second Navy. That first visit in Hawaii, should there be 11 an "X" at Navy? 12 13 EXECUTIVE DIRECTOR DAILEY: What's that? 14 LTCOL KEANE: The first visit to 15 16 Hawaii in October --DIRECTOR 17 EXECUTIVE DAILEY: Uh-hum. 18 19 LTCOL KEANE: -- there should be an 20 "X" in the Navy column. EXECUTIVE DIRECTOR DAILEY: 21 You think we have got the Navy hospital there, right, 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

who are taking care of the Marines? They would be briefing us on their programs for care of the Marines.

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4 Well, the opportunity, also, in Hawaii, although it gets very busy, is to also 5 б reach out to the RCCs and the Air Force there 7 and reach out to Navy Safe Harbor and see what clients they are managing in Hawaii also. 8 That is not that difficult to pull in any of their 9 10 clients. And that would work probably well in Hawaii with the Navy. 11

You know, just intrinsically, you would think you would have a population of Navy sailors there that would be receiving services from Navy Safe Harbor. Yes. Okay.

16 So, how is that? Can we all expand the agenda to bring in a Navy group in Hawaii? 17 I will see who is in there. They do 18 Okay. 19 have medical hold squadrons. I know they have 20 a big one at Norfolk. We will assess the population of Navy and Medical Hold in Hawaii. 21 I think that would work. That means I might 22

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1 work you all day on Friday, though.

CO-CHAIR NATHAN: I think there is 2 the gravitas of the wounded warrior care still 3 lies resident mostly in the Marine Corps and 4 So, I think that there is some 5 the Army. б pretty -- you know, Quantico and Fort Hood and 7 those things are very great juice for the 8 squeeze.

The only other thing I would ask of 9 10 you all to consider -- again, this antedates my arrival at the Task Force -- do you have any 11 places from the first or second year that just 12 were fairly significant in their size and 13 footprint, but had significant problems, and 14 you need to go back and see eyes-on if there 15 16 was some place that you thought really needed redirection, recalibration, reorientation, and 17 now you want to go back and see it? 18 19 Outside of that, I can't see any

20 other real additions to this. I think the 21 polytrauma VA is a very worthwhile visit. It 22 has all Services there, and these are some of

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the sickest, most injured, most family-draining recovering warriors in the world. And we need to see how the VA is responding, and in many cases magnificently, and how the Services liaise with the VA in these polytrauma areas.

б And you could go to Palo Alto. You 7 could go to Tampa. Tampa and Richmond are the two huge feeders for the Walter Reed/Bethesda 8 wounded. And so, I think that is very worthwhile.

So, that is the only thing I would 11 offer. I think the list is representative, 12 unless there is someplace you need to go back 13 to that you think was of size and scope and 14 worried enough that we really need a second look. 15 16 CO-CHAIR CROCKETT-JONES: I think we have revisited twice 29 Palms and Fort Carson. 17 The only other location that I can recall having 18 enough concerns about the issues that were 19 20 present to wish for a revisit myself would be down in Portsmouth, but I am sure how large a 21 22 scope, how everyone else felt, also, about what

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we saw there. So, that is the only thing I would
 throw out as one that I would hope somehow we
 get some followup on.

4 CAPT EVANS: I mean, if it is not 5 included as a site visit, we need to definitely 6 follow up with a Reserve Unit, because it was 7 with a Reserve Unit that, you know, the number 8 of concerns were coming out of there.

9 CO-CHAIR NATHAN: You may want to 10 have them, you know, if Muhammad doesn't want to go to the mountain, you may want to have them 11 come up here and brief where they are on the 12 recommendations 13 and what their current situation is. 14

15 CAPT EVANS: I think that would be 16 good, too, to have them come up and brief.

17 CO-CHAIR CROCKETT-JONES: Well, 18 some of the issues centered around significant 19 difference in perception of policies and real 20 outcomes between patients and leadership. So, 21 I am not sure that them briefing us, I mean, 22 I think that at the site visit their briefing

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1 did not give us a clear expectation compared to what we got in the focus groups. There was 2 a significant disconnect. And so, I am not sure 3 4 if briefing -- I would say, if we can't visit, I am not sure that a briefing would help. 5 б CO-CHAIR NATHAN: So, maybe there 7 is a middle ground. And maybe, Denise, rather than try to put a full agenda of the whole Task 8 Force down there, if we send two or three of 9 10 us down, at least a Navy representative and maybe Suzanne and one or two others, to go down and 11 do sort of a satellite visit, to come back and 12 report to us during a business meeting what they 13 14 saw, rather than try to go down there.

And this would be true of any place 15 16 we need to go back to. If you had specific concerns with it, we probably don't need to 17 reinvent the wheel with a whole new fogwalk from 18 19 the whole Task Force down there, but go back with a specific agenda and look and talk and 20 visit, and then, report back to the group how 21 22 we are doing.

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1 EXECUTIVE DIRECTOR DAILEY: Well, it is an also good alternative. I mean, with 2 that visit to Nellis Air Force Base, I mean, 3 4 we could down to Portland -- oh, excuse me -- go down to Portsmouth, visit the Reserve Component, 5 б and just up the road a little ways, Langley Air 7 Force Base. I mean, the purpose of the Nellis 8 visit is the opportunity to look at the pilot 9 10 site for the electronic records piece. That is at Portsmouth also. Langley Air Force, my 11 need to touch the Air Force was met at Nellis, 12 but we could go over to Langley down in 13 Portsmouth in the Norfolk area, and I could talk 14 to the Reserve Unit at Langley. 15 16 And we tried to go to Langley two years ago, and it fell off the table due to 17 membership issues. So, I could achieve a visit 18 19 to Portsmouth, the pilot site, and a Reserve 20 Unit by going back to Portsmouth this year and hitting Langley in with it. That would take 21

22 || Las Vegas off the table.

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(Laughter.)

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2 TSGT EUDY: My comment, ma'am, was going to be, if Portsmouth was going to be a 3 4 visit, then possibly the polytrauma at Richmond en route, if just a small group was going to 5 б go down, based in practice of what they are doing 7 there versus what is going on in Florida, different patient populations. Especially as 8 we see the Defense Health Agency stand up here 9 10 and their relationship with Richmond, I think that would be a vested interest. And then, we 11 can look at that polytrauma versus the other 12 and see how they are going to carry forward in 13 the future. 14 EXECUTIVE DIRECTOR DAILEY: 15 So, it

16 would be -- and keep in mind all these, for the record, all these visits are small Task Force 17 membership, you know, three to four people. 18 19 I don't generally take the whole Task Force out There are models of running task forces 20 there. where everyone goes on every trip every time. 21 This is a longstanding Task Force. 22 I have

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broken you up into groups of two or three to attend these site visits over four years. I think that makes it easier on your schedule. We cover the same ground.

5 So, yes, these are site visits in б which two to three would go. And what I hear 7 you saying, Tech Sergeant Eudy -- and I see some head nodding up and down over here -- that we 8 would travel down to Richmond, do the polytrauma 9 10 unit, probably head over to Langley, I think if we are talking geographically. Spend some 11 time with the Air Force hospital at Langley and 12 the Reserve Unit at Langley. 13

Go over to Portsmouth. We are talking about the Medical Hold East for the Reserve Component at Portsmouth. And also, schedule some time for an opportunity to talk to them about their pilot site for electronic records.

20 Okay. That would take Nevada off 21 the plate, and we would accomplish these tasks 22 in Portsmouth. Yes? Okay. I am happy to do

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63 1 that. That is a good opportunity. Road trip. 2 (Laughter.) We will probably gather here in 3 4 D.C., and we will put you in a van and drive you down there for that one. 5 6 CO-CHAIR NATHAN: In January, yes. 7 There is nothing better than Norfolk in January. 8 (Laughter.) 9 10 And so, all of you, if you could sooner than later, if you have schedule concerns 11 about this and you think that what you need to 12 add on a trip is significant, please get to 13 Denise and her group right away, so she can start 14 putting this into rock or ink as opposed to 15 16 pencil. EXECUTIVE DIRECTOR DAILEY: And the 17 last piece of information, we have scheduled 18 19 a start, essentially, in the first quarter, 20 which we didn't last year. We were holding up on the membership. We wanted to get everybody 21 22 onboard. We wanted to get our new Chair NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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64 1 onboard. And as a Task Force, we didn't want 2 to get too far ahead of him. So, you did all your focus, you did 3 4 everything between January and March. We were 5 on the road every week. This ends in mid-February or late б 7 February. That would be your last, almost a month earlier. 8 We won't have all our membership 9 10 onboard. So, I will have those materials, which is what I need. You know, I am not going to 11 probably be able to bring Justin back on, and 12 13 it is up to the Secretary of Defense to reappoint him as a special government employee, which is 14 why you are not seeing him now. 15 16 Captain Constance Evans is leaving Is that okay for me to announce? Too late, 17 us. anyway, right? 18 19 (Laughter.) I will need a replacement from the 20 Navy. I will need a replacement from the Marine 21 22 So, I am going to be down about three Corps. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com 1 members in the first quarter.

2	DoD is really only capable of
3	pushing through one membership package a year.
4	It is the annual renewal. And it is only the
5	leverage that I have when I say, "If you don't
6	approve membership, I'll have to shut the Task
7	Force down." That moves the packages along.
8	I would like to say, in all fairness,
9	that once it hits the SecDef's office, two weeks
10	it is out of there every time for the last three
11	packages. So, getting it to the SecDef's office
12	is a process of four to five months. But every
13	time it hits the SecDef's office and I know
14	this is true with every advisory committee if
15	the Department of Defense can get it to the
16	SecDef's office, it is out in two weeks. But
17	getting it to the SecDef's office is
18	problematic.
19	So, I am probably not going to have
20	a lot of membership my first quarter. And this
21	is an aggressive first quarter schedule. So,
22	for all that that planning has been and there
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1	is some thought behind it, and now I need your
2	input execution will be difficult, depending
3	on everyone's schedule.
4	Okay.
5	CO-CHAIR NATHAN: Denise, are you
6	suggesting that we slide some forward?
7	EXECUTIVE DIRECTOR DAILEY:
8	Forward, as into February and March?
9	CO-CHAIR NATHAN: Right.
10	EXECUTIVE DIRECTOR DAILEY: Sir,
11	one of the reasons we are starting early in the
12	year is I have to shut the Task Force down.
13	This essentially ends the Task Force in June
14	instead of July when we go back.
15	So, it is now the 25th and 26th of
16	July of this year. Next year, when I have to
17	shut the Task Force down, I have backed this
18	up a month. The last meeting would be the 23rd
19	and 24th of June because this will be the end
20	of the Task Force, and there are Task Force
21	activities that I have to accomplish by 1 October
22	in order to shut it down. So, I have asked for
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that extra month in order to do that.

2 And it is the contractor's responsibility to provide me people, and they 3 4 will. But people are going to be job-hunting. 5 And so, this last quarter bringing people on б for three months to cover people who have found 7 jobs in other places is going to be less than efficient, but they have a contract; they will 8 fulfill the meeting of that contract. 9 That is 10 no problem. But there is bound to be some disruption. And so, I am looking to use that 11 time to basically shut the Task Force down. 12 13 Now, to answer your question, yes, we will shift things into February and March 14 if I have to, and we will shut it down anyway, 15 16 regardless of how compressed that timeframe 17 gets. 18 But we are on a very compressed 19 timeframe right now. We will finish this report Basically, I have five working weeks to 20 here. get it out the door and published by 3 September. 21 That is accomplishable. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 But next year you have got to imagine that I am not only doing that, but I am closing 2 out all my records. All my records have to be 3 4 boxed and stored and shipped, and spaces have to be turned over. And so, there is some other 5 б workload that goes with shutting the Task Force 7 down. CO-CHAIR NATHAN: Not to mention 8 the Denise Dailey Memorial Library which will 9 10 be erected somewhere in the United States. (Laughter.) 11 EXECUTIVE DIRECTOR DAILEY: 12 Okav. I want to thank everyone for their attention. 13 14 Sir, I am open for a break. And then, with everyone all warmed up, you know, 15 16 we ought to be able to start the vote. CO-CHAIR Get off 17 NATHAN: and running. Okay. 18 19 EXECUTIVE DIRECTOR DAILEY: Okay. 20 Break. Can Ι have everyone back by -- what? -- 9:30, please, and start a little 21 22 early? Oops, sorry, 9:45? NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	(Whereupon, the foregoing matter
2	went off the record at 9:26 a.m. and went back
3	on the record at 9:47 a.m.)
4	CO-CHAIR NATHAN: Okay. All
5	right. We will go ahead and get started.
6	So, Denise, thank you for the
7	review.
8	In preparation for voting, we are
9	going to review the Voting Session Guidelines,
10	which are located in the inside pocket of your
11	briefing book.
12	While we discuss and vote on
13	recommendations over the next two days, our aim
14	is to provide clarity regarding each
15	recommendation, to keep comments focused on
16	critical issues, and to publicly record an
17	accurate vote.
18	When identifying grammatical
19	changes or clarifications, they should be
20	introduced as a point of order for an
21	administrative change, not a motion. A motion
22	should be made to introduce substantive changes.
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1	In general, the Co-Chairs will read
2	the item in question without the findings.
3	Then, another member must move to adopt the item
4	as read, stating, "I move that the
5	recommendation be adopted as read."
6	A third member seconds the motion,
7	stating, "I second the motion," "I second it,"
8	or "Second." Or "I'm down with that."
9	(Laughter.)
10	Then, discussion on the motion may
11	occur. Once discussion is completed, a
12	Co-Chair will say, "The question is on the
13	adoption of the motion as read. Those in favor
14	of that motion will signify yea by raising their
15	hands and keeping them raised. A Co-Chair,
16	then, asks for the nays and, then, for
17	abstentions or abstains.
18	A Co-Chair will, then, announce the
19	votes, and the votes will be on the screen.
20	DR. TURNER: Hello?
21	CO-CHAIR NATHAN: Hello.
22	DR. TURNER: Mr. Chairman this is
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Dr. Turner.

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2 CO-CHAIR NATHAN: Dr. Turner, This is Admiral Nathan. And we are 3 welcome. 4 going over the Robert's Rules of Order for how introduce 5 will motion we а on each б recommendation. 7 Quickly, in summary, one of the Co-Chairs will read the item in question without 8 the findings. Another member will move to adopt 9 10 the motion as read. A third member will be required to second that motion. There will be 11 discussion on the motion. 12 13 And once that is completed, а Co-Chair will say, "The question is for adoption 14 of the motion as read. Those in favor say yea." 15 16 And we will ask you to at that point on the telephone say "Yea" if you agree with the motion 17 as read. 18 19 We will ask for those who are opposed They will say "Nay." 20 to the motion as read. And we will ask for those who are neither opposed 21 22 nor support who abstain from that as raising NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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their hands or saying "Abstain."

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2 So, during that period of time following each option, you will either say 3 "Yea," "Nay," or "Abstain." 4 A Co-Chair will, then, announce the 5 6 vote, and the vote will be noted on the screen. 7 Please take some moments to read over the insert which also addresses amending 8 a motion and reconsidering an item already 9 10 discussed. Suzanne? 11 DR. TURNER: Very good. Thank you. 12 13 CO-CHAIR CROCKETT-JONES: All recommendations will be shown on the screen as 14 we conduct our discussion. Any changes will 15 16 be made in real-time and properly displayed for the final vote. 17 I think we are ready to move on and 18 19 begin our discussion of the first recommendation. 20 EXECUTIVE DIRECTOR DAILEY: So, tab 21 G, ladies and gentlemen, would help you, but, 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

also, what is up on the board is very crisp, very concise of each recommendation.

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3 MR. REHBEIN: So, may I ask a 4 question before we get into a specific 5 recommendation?

б We will have a motion to approve. 7 I am not going to get into the specifics of what I want to do, but I would like to make some 8 wording changes in this recommendation. 9 So, 10 will we need a motion to amend or is that done 11 as a point of order? I don't want to get us tangled up. I would like to get that clear in 12 my mind before we get into specifics of a 13 recommendation. 14

EXECUTIVE DIRECTOR DAILEY: Your wordsmithing -- and that has been kind of a normal practice -- is okay. We will change it up on the board. And then, the motions to adopt as read are more appropriate.

20 CO-CHAIR NATHAN: Suppose somebody 21 from the Board, from the Task Force, would like 22 to change some verbiage, and others don't agree.

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1	How is that resolved without a vote?
2	Man from Thunderdome? Two people
3	in there and one person leaves?
4	(Laughter.)
5	EXECUTIVE DIRECTOR DAILEY: Sir,
6	speaking, sir, the wordsmithing generally does
7	not result in a lot of controversy. If it does,
8	then what someone will do is bring the motion
9	to a vote, and you vote it down. And then, you
10	will start again with a new recommendation.
11	But, as structured as I have your
12	Robert's Rules of Order, you can run it in a
13	way that facilitates your operation. There is
14	a point in time when you will need to make a
15	motion to vote and a motion to discuss. Prior
16	to that time, you need to be getting it in the
17	shape you want it in.
18	CO-CHAIR CROCKETT-JONES: So, it
19	sounds like a Co-Chairman will read. And if
20	there are wording changes desired, we can go
21	right then to a point of order to change the
22	wording, and then, follow the procedure. Does
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that make everybody happy?

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2 CO-CHAIR NATHAN: Okay. 3 Recommendation D1.

Office of the Assistant 4 "The 5 Secretary of Defense for Health Affairs б [OSD(HA)] and the CoE Oversight Board, the 7 Centers of Excellence Oversight Board, should develop a Department of Defense Instruction, 8 9 a DoDI, that empowers the CoEs and the Oversight 10 Board and facilitates the translation of CoE 11 discoveries into practice across the Department of Defense." 12 13 So, that is the motion as read. Ι mean, that is the recommendation as read. 14 Do we have --15 16 MR. REHBEIN: So, I would make the motion to adopt that recommendation for 17 discussion purposes. 18 19 CO-CHAIR NATHAN: Okay. I second it. 20 MS. MALEBRANCHE: CO-CHAIR NATHAN: Okay. 21 So, now there will be discussion on the recommendation. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1	MR. REHBEIN: And under discussion,
2	I would like to make a recommendation for
3	something of a wording change, a strengthening
4	change, in my opinion. I think the word
5	"facilitates" is not strong enough. I would
6	recommend that we, in place of "facilitates,"
7	insert the words "requires support of the
8	Services for"
9	I think we need to do more than
10	simply encourage the Services to take these
11	results and put them into practice. I think
12	we need to put it down on paper that they are
13	required to do that. We essentially say that
14	in the findings. But, then, as we got into the
15	recommendations, it got weakened, and I think
16	we need to strengthen it with a requirement,
17	rather than a facilitation.
18	CO-CHAIR NATHAN: So, could you
19	state again what you would can you read that
20	sentence, then, how you would write it?
21	MR. REHBEIN: I would keep that
22	sentence up through "the Oversight Board
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77 and.... " I would strike "facilitates," and I 1 2 would substitute for "facilitates," I would substitute the words "requires support of the 3 4 Services for...," F-O-R. And strike "facilitates". 5 6 CO-CHAIR NATHAN: Okay. Comments 7 on that change? CAPT EVANS: When you say "should," 8 are we giving them the option? 9 10 CO-CHAIR CROCKETT-JONES: Yes, I think "should" should be "will". I think that 11 they "will develop" is what we are recommending, 12 not that they, you know -- "should" is a bad 13 word. 14 Please. 15 MR. REHBEIN: Yes. 16 CO-CHAIR CROCKETT-JONES: Let's strike "should" and put in "will". 17 CAPT EVANS: Because, if you tell 18 19 me I should, then I may say no. 20 CO-CHAIR NATHAN: Okay. No, you had us at "hello". 21 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	"The CoE Oversight Board will
2	develop a Department of Defense Instruction,
3	DoDI, that empowers the CoEs and the Oversight
4	Board and requires support of the Services
5	for" "and directs support of the Services"?
6	How about "and directs support of the Services
7	for the translation of CoE discoveries"?
8	Comments on that?
9	Going once.
10	CSM DeJONG: The word "will" we
11	have had this discussion over the past several
12	years of at what point do we start telling Under
13	Secretaries' offices or the Secretary of Defense
14	Office that I don't know if "will" is the
15	proper term right there. It is just kind of
16	we are making a recommendation. The way that
17	I read that with "will," it is almost like it
18	is an order. I am not sure if that's
19	CO-CHAIR CROCKETT-JONES: I would
20	argue that, since it is a recommendation, our
21	recommendation is that they will do this. It
22	is already a recommendation. It is not an
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order.

2	If we were creating a list of
3	directives, plans, or orders, then "should"
4	would be more appropriate if we were giving them
5	the discretion of answering. But we are making
6	recommendations. It is okay for us to say that
7	they will do that. That is our recommendation.
8	CSM DeJONG: I stand corrected.
9	CO-CHAIR NATHAN: No, I think your
10	point is a very good one
11	CO-CHAIR CROCKETT-JONES: Yes.
12	CO-CHAIR NATHAN: but I think you
13	are both right. And I do think that, since it
14	is a recommendation, our recommendation is this
15	is what you should adopt. They can take or leave
16	our recommendation.
17	Other concerns, issues?
18	MG MUSTION: I guess I am not
19	exactly sure what the term "directs support of
20	the Services for the translation of CoE
21	discoveries" I think, as we discussed it
22	here, my interpretation was requiring the
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Services to implement those things that the CoEs discover/determine as best practices 2 for healthcare and those types of things. 3

4 Ι person who is mean, а as potentially going to receive the report to 5 б execute it at the Service level, how do you 7 interpret the term "requires Services to support"? That is very broad. 8

9 CO-CHAIR NATHAN: T understand. 10 You could take "support" out of there, and you could simply say, "that empowers the CoEs and 11 Oversight Board and directs the Services to 12 translate CoE discoveries into practice." 13

I think I would be okay MG MUSTION: 14 with those words, the way you relayed them right 15 16 there, sir.

So, what I said 17 CO-CHAIR NATHAN: was "and the Oversight Board and directs the 18 19 Services translate the CoE to discoveries" -- "translates the CoE discoveries 20 into practice across the DoD." 21 CROCKETT-JONES: 22 CO-CHAIR So,

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81 strike "translation of "? 1 CO-CHAIR NATHAN: Okay? Going 2 Going twice. 3 once. EXECUTIVE DIRECTOR DAILEY: 4 As a of consistency, almost 5 matter all your 6 recommendations last year employed the word "should" or there were some "must's" in there. 7 CO-CHAIR NATHAN: It was a kinder, 8 9 gentler --10 EXECUTIVE DIRECTOR DAILEY: A kinder, gentler report? Okay. 11 "Should"? CO-CHAIR NATHAN: -- Task Force. 12 13 EXECUTIVE DIRECTOR DAILEY: I'm 14 okay with that, as long as you are aware. We are good with "will". 15 16 CO-CHAIR NATHAN: When we brief this out to the SecDef, we will say, "We wanted 17 to say `should,' but DeJong insisted on `will'." 18 19 (Laughter.) 20 Any other concerns? (No response.) 21 All right. So, if there is no 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 further discussion, we are going to call for 2 the motion of the vote. And I will read the recommendation. So, the vote before us is to 3 4 adopt the recommendation as I read it. Office the 5 "The of Assistant 6 Secretary of Defense for Health Affairs and the 7 Centers of Excellence Oversight Board will develop a Department of Defense Instruction, 8 9 DoDI, that empowers the CoEs and the Oversight 10 Board and directs the Services to translate the CoE discoveries into practice across Department 11 of Defense." 12 13 So, do I have a motion to accept as read? 14 MR. I'11 15 REHBEIN: make that 16 motion. Rehbein. 17 CO-CHAIR NATHAN: Do I have a second? 18 19 CAPT EVANS: I'll second. Evans. 20 CO-CHAIR NATHAN: Okay. So, the motion before us 21 is to accept read as Recommendation D1. 22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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83 All those in favor please signify 1 2 by, if you are present, raise your hands and say "Yea," or if you're on the phone, please 3 say "Yea." 4 5 DR. TURNER: Yea. б (Laughter.) 7 CO-CHAIR NATHAN: Thank you. Duly noted. 8 All those in favor please signify 9 10 yea. 11 DR. TURNER: Yea. CO-CHAIR NATHAN: Got it. Voting 12 13 twice, just like the Chicago election. (Laughter.) 14 (Show of hands.) 15 16 All those opposed please signify by saying "Nay". 17 (No response.) 18 19 All those in abstention please signify by saying "Abstain". 20 (No response.) 21 22 Hearing opposed none or no **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 abstentions, the motion is passed. 2 And we will now move on to D2. 3 CO-CHAIR CROCKETT-JONES: Okay. Recommendation D2: 4 VA should 5 "DoD establish and б policies that emulate that the best practices 7 established to transfer/transition catastrophically-wounded Service members 8 between DoD/VA and the VA/DoD for Service 9 10 members with low-acuity conditions." Is there a motion to adopt this for 11 discussion? 12 13 MS. MALEBRANCHE: I move to adopt this for discussion. 14 15 MR. REHBEIN: Second. 16 CO-CHAIR NATHAN: We can read 17 you --MR. REHBEIN: I had a couple of 18 19 minor problems with the English, and I apologize to the staff for doing this to them. But I would 20 like to suggest some minor wording changes that 21 helped me understand the recommendation better. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1	I would like to replace the word
2	"emulate" with the word "extend". And a few
3	words later, change "established to" to
4	"established for". After "transition," insert
5	the word "of". And then, following the
6	"VA/DoD," change the word "for" to "to," T-O.
7	Reading that as someone that was not
8	here in the discussion, that seemed to me to
9	convey the meaning better, but I will leave that
10	open to the rest of the Task Force.
11	CAPT EVANS: Why would you
12	put so, you are saying "extend the best
13	practices established for transfer"
14	MR. REHBEIN: If I understand the
15	recommendation better, we are saying that there
16	are policies that have been developed for
17	catastrophically-wounded, and that those
18	policies should be extended, should be continued
19	down to the lower acuity. So, all I was trying
20	to do was clarify that statement to reflect that
21	understanding, if that is the correct
22	understanding.
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1 MS. MALEBRANCHE: Just something that I wanted to bring. From the VA anyway, 2 we thought that the recommendation needs to 3 4 clarify the source of these best practices during the transfer and transition and before 5 б applying them into policy. 7 There is a IC3. We have talked about this for discussion purposes, 8 this 9 Interagency Care Coordination group. And they 10 have been developing joint guidance for this. having 11 However, we are some discussion now about joint policy because 12 nothing exists currently between the 13 two 14 Departments. And I'm not sure -- we have had General Counsel look at this, but right now they 15 16 are at an MOU. And I think there is something to the strength of policy. I am not sure if 17 that has to be legislated or not. And if that 18 19 is the case, and we are saying should establish 20 formal policies -- and I don't know; maybe the recommendation as it stands says that, but there 21 22 is no joint policy development ability or it

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1 hasn't happened in the past.

2	It looks like a lot of the things
3	that we are doing have that potential for joint
4	policy. So, I wonder if this recommendation
5	needs to be strengthened to that effect.
6	CO-CHAIR NATHAN: I think that the
7	spirit of the recommendation was that there is
8	some very good policies, not necessarily joint,
9	but DoD and VA policies that work very well for
10	critically-injured warriors. But, yet, you
11	have to be in the critically-injured warrior
12	classification to get these benefits and to get
13	this kind of advocacy, to get the attention of
14	certain federal healthcare coordinators, those
15	sorts of things.
16	So, wouldn't that be nice if the
17	people who weren't as severely injured, the more
18	of the "walking wounded," could have access to
19	some of these great programs? That was the
20	spirit of it.
21	My only concern with this
22	recommendation is, if I were DoD or VA, I would
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1 say, as you said, Karen, "Well, okay, which best 2 practices specifically, and who determines 3 that? It is sort of a general concept. Can 4 you be a little more specific?" That is my only 5 concern with this recommendation.

б MS. MALEBRANCHE: I think it does 7 lead itself here to establishing separate policies. I mean, doing this, we would have 8 to identify what is a low-acuity condition. 9 10 So, we are not very clear here. I'm not sure as to how to change that wording, but I know 11 So, maybe clarify the 12 that was a concern. source of some the best practice. 13

So, I think the 14 CO-CHAIR NATHAN: certainly correct 15 sentiment is of the 16 recommendation, which was, gosh, there's some great stuff that the really ill get and the 17 really injured get. Couldn't other people sort 18 19 of have access to some of these neat things, That is the sentiment of it. 20 too? How you recommend that and get that into execution may 21 22 require more specificity.

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1 EXECUTIVE DIRECTOR DAILEY: The best practices we are highlighting are in the 2 3 findings. We talk about the IC3 Lead 4 Coordinator, the checklist. Those are identified in the findings. So, that is what 5 б the purpose of the findings do. 7 However, in the recommendation, if you are concerned about the term "low-acuity," 8 9 we can put Category 2 in there, and that is a 10 very well-defined population. Instead of using the term "low-acuity," we can use the term 11 "Category 2". 12

13 I wonder, Captain MS. MALEBRANCHE: 14 Evans, I know you have been key in the Lead Coordinator implementation piece. And the Lead 15 16 Coordinator role in this IC3, I am wondering if that somehow can wrap into this in terms of 17 how you limit or not for the complex care. 18 Is 19 there something in writing yet? 20 CAPT EVANS: So, remember, the Lead Coordinator role is a function, and it is a 21

22 function of the case managers or non-medical

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1	case managers. So, it is not a separate
2	MS. MALEBRANCHE: Correct.
3	CAPT EVANS: into the category.
4	It is part of their current role. So, I
5	wouldn't capture it there.
6	I think Denise may have hit, if we
7	put it Category 2, because Category 2 is
8	well-defined in the DoDI, and so, that relates
9	back to what it is already currently saying.
10	And, remember, that is placed in 180-day waiting
11	to determine if they are going to go on a Med
12	Board or go back to active duty.
13	We need to extend those same type
14	of services. And some Services do. It is not
15	standard across the board. So, like Navy Safe
16	Harbor or Wounded Warrior Regiment may capture
17	those patients, but some of them don't.
18	So, do we want to standardize that
19	across the board to say what we have for Category
20	3's, we need to include Category 1's? It would
21	be really nice if we can capture all our number
22	of Category 2's and our Category 1's that we
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1 have kind of out there with PTSD, not getting any services from anywhere because they are 2 Category 1. 3 4 So, I think if we capture the Category 2's and try to standardize that, and 5 б use that language that is currently in the DoDI, 7 I think that would be better understood by the Services vice if we say "low-acuity". 8 9 CO-CHAIR NATHAN: Okay. So, we 10 have "Category 2" in place of "low-acuity". Discussion? Concerns? 11 Issues with that? 12 13 LTCOL KEANE: I would like to make a recommendation to put this off until next year. 14 I think the Lead Coordinator Program is still 15 16 in its infancy. To use that as a best practice, give it another year of getting through Phase 17 IC3 will be much more mature next year. 18 2. And this might be a great way to kind of wrap 19 20 up the Task Force next year as a recommendation. CO-CHAIR CROCKETT-JONES: 21 Okay. 22 Do you want to CO-CHAIR NATHAN: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 make a motion? Probably something to that degree of significance, you might want to make 2 a motion then, and see if you can find somebody 3 4 to second it. The other thing, 5 LTCOL KEANE: 6 too --You still have 7 CO-CHAIR NATHAN: your microphone off. 8 9 LTCOL KEANE: Yes, sir. I guess make a motion -- is there 10 a script for me to say? I make a motion to push 11 this off until next year, is the motion I would 12 13 like to make. But, also, because the IC3 is still 14 not quite mature, they don't know how they are 15 16 going to do policy, how to do joint policies. So, we are going to tell them to do this without 17 them even knowing how they are going to do it. 18 19 So, that is why I thought another important 20 point to put in there. I make a motion to push this off 21 22 until next year. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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1 CO-CHAIR NATHAN: Or perhaps -- I'm not saying what your motion should be -- but, 2 really, next year is next year, and we can 3 4 certainly consider it for next year, but you probably wouldn't want to lock us in to having 5 б this next year. 7 So, what your motion really is is to drop this from further consideration for this 8 report and look at it again in the future. 9 10 LTCOL KEANE: Yes, sir. CO-CHAIR NATHAN: Okay. 11 12 MS. MALEBRANCHE: Can we somehow -- and we can drop this from here, but, 13 again, it is the policy piece. Because while 14 this group is struggling with the policy 15 16 guidance MOU, we could recommend that policy, somehow a vehicle to create a policy, a joint 17 policy, between the two Departments that does 18 not exist now be proposed in legislation. 19 Ι 20 mean that is pretty strong, I know, but it is --EXECUTIVE DIRECTOR 21 DAILEY: 22 Recommendation 29. We have got it there. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

MS. MALEBRANCHE: Okay. Then, I'm
good with yours.

EXECUTIVE DIRECTOR DAILEY: Let me 3 4 see which one it is. Yes, on Recommendation 29, page 37, we talk about, "DoD, VA, and the 5 б Services should publish timely guidance to 7 standardize care to recovering warriors." The fifth bullet down, we talk about the DoD/VA 8 Interagency Care Complex Coordination Policy 9 10 for Service members and veterans. And the paragraph that we talk about that on page -- is 11 where we can nail that one down. Page 38, we 12 start at the bottom and we talk about that policy 13 that you all are working on right now, and that 14 is our opportunity to advocate for it. 15 16 CO-CHAIR CROCKETT-JONES: Okay. So, we will get there and discuss it then, but 17 we have a motion on the floor --18 19 EXECUTIVE DIRECTOR DAILEY: 20 Correct. CO-CHAIR CROCKETT-JONES: -- that 21 hasn't been seconded. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 EXECUTIVE DIRECTOR DAILEY: 2 But I know Ms. Malebranche brought Correct. that up twice, and I do need to -- I think this 3 4 helps you to get it off the table, that it will be addressed. 5 6 CSM DeJONG: I will second the motion, but I don't remember what it was out 7 8 there. (Laughter.) 9 10 This has been a lot of discussion. And to kind of caveat that, in 11 reviewing this prior to coming here, this 12 13 one -- I know we spoke last meeting about wanting to have fewer recommendations with a lot of 14 This one, to me, seemed like it left 15 punch. 16 a lot of gray area for answers into it. So, I would second that motion to remove it from 17 this report. 18 19 CO-CHAIR CROCKETT-JONES: So, we 20 are voting --CO-CHAIR NATHAN: So, any further 21 discussion? We have the motion on the floor 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

96 to remove this recommendation from this year's 1 2 report. We have a second to that. Is there any discussion to that prior to voting? 3 CO-CHAIR CROCKETT-JONES: I want to 4 be careful. We are voting on removal. 5 CO-CHAIR NATHAN: 6 Right. 7 CO-CHAIR CROCKETT-JONES: So, would a yea vote be, yes, to removal? Okay? 8 I just want everyone to be clear. 9 10 So, all who want to vote yea will 11 raise their hands or say "Yea" over the phone, to removing this motion. So, how many yeas do 12 13 I have? (Show of hands.) 14 Did we get the count? 15 Okay. All voting nay to removing 16 the motion? 17 (No response.) 18 19 All who abstain please say "Abstain" 20 or --21 22 Okay. I think have we two NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

97 abstentions. 1 2 Do we have Dr. Turner on the phone lines? 3 4 DR. TURNER: Yes. Remove. 5 CO-CHAIR CROCKETT-JONES: Okay. б He voted yea. 7 And, Mr. Drach, are you voting to remove or are you abstaining? 8 9 DR. TURNER: Removal. 10 MR. DRACH: I apologize because of 11 my hearing. Colonel Keane's recommendation or 12 13 motion failed for lack of a second. 14 CO-CHAIR CROCKETT-JONES: No, we had a second. 15 16 MR. DRACH: Oh. CO-CHAIR CROCKETT-JONES: So, we 17 are voting on removing. 18 19 MR. DRACH: Oh, okay. I'm sorry. 20 So, has everybody voted but me? CO-CHAIR CROCKETT-JONES: Yes. 21 22 MR. DRACH: Oh. Yea. **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	(Laughter.)
2	Sorry.
3	CO-CHAIR CROCKETT-JONES: All
4	right. Then, we have no abstentions.
5	And we can move on to the third
6	recommendation.
7	CO-CHAIR NATHAN: Okay. This next
8	recommendation is a fairly-specific one. It
9	is Recommendation D this says "4", but it
10	must be 3. Yes, okay. This is the Walter Reed
11	recommendation, right?
12	MR. REHBEIN: Well, 3 actually
13	comes later.
14	CO-CHAIR NATHAN: Okay. So, they
15	are not in sequential order. I should have
16	figured that out. Yes, why make them in order?
17	(Laughter.)
18	So, this is Recommendation D4. And
19	the recommendation reads as follows:
20	"Air Force liaisons at Walter Reed
21	National Military Medical Center and Landstuhl
22	Regional Medical Center must have a minimum tour
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99 1 length of 24 months to provide more continuity 2 for wounded, ill, and injured airmen and their families." 3 Do I have a motion to discuss? 4 5 MR. REHBEIN: So moved. б CO-CHAIR NATHAN: A second? 7 CSM DeJONG: I'll second. CO-CHAIR NATHAN: Okay. This 8 motion is for discussion of that recommendation 9 10 as read. 11 Concerns? Issues? Changes? LTCOL KEANE: I have a recommended 12 13 change. Delete the word "the". "Walter Reed National Military Medical Center" is the correct 14 way to phrase that. "Air Force liaisons at 15 16 Walter Reed National Military Medical Center"? Or do we need the word "the"? 17 CO-CHAIR NATHAN: I think you're 18 19 okay either way, but we can certainly pull the "the". 20 I got nervous when you hit your 21 22 microphone; I thought you were going to try to NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

100 1 consider this next year. 2 (Laughter.) Other 3 Issues? concerns? Discussion? 4 5 (No response.) б Hearing none, do I have a motion for 7 approving or for voting on this Recommendation D4 which reads as follows: 8 "Air Force liaisons at Walter Reed 9 10 National Military Medical Center and Landstuhl Regional Medical Center must have a minimum tour 11 length of 24 months to provide more continuity 12 13 for wounded, ill, and injured airmen and their families." 14 Do I have a motion to approve? 15 16 MR. DRACH: I make a motion that Recommendation D4 be approved as read. 17 LTCOL KEANE: I second. 18 19 CO-CHAIR NATHAN: Okay. So, we will go ahead and vote. 20 So, all those in favor of approving 21 that recommendation as read please signify by 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

101 1 raising your hand or saying "Yea". 2 (Show of hands.) All those opposed please raise your 3 4 hand or say "Nay". 5 (No response.) б Are there any abstentions? 7 (No response.) So, Dr. Turner? 8 9 DR. TURNER: Yea. 10 CO-CHAIR NATHAN: Thank you. EXECUTIVE DIRECTOR DAILEY: 11 So, ladies and gentlemen, let me just remind you 12 again I need everyone to vote. The numbers have 13 So, raise your hand yea or nay, 14 to come out. and it will be helpful, when you are making a 15 16 motion, that you say it clearly; when you second a motion, it is very clear, and that all votes 17 and all hands are raised for a sufficient amount 18 19 of time for me to count them. Okay? 20 Sergeant Major, did you vote on this last one? 21 22 CSM DeJONG: Yea. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

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1	CO-CHAIR NATHAN: Nothing like peer
2	group pressure, huh?
3	(Laughter.)
4	Okay. The motion stands approved,
5	and that recommendation will go in as amended.
6	CO-CHAIR CROCKETT-JONES: D5.
7	"OSD(HA) and TRICARE Management Activity should
8	develop and implement a joint in-person training
9	and collaboration program for clinical case
10	managers of RWs across DoD and should develop
11	standard measures of effectiveness for clinical
12	case managers for RWs."
13	Do I have a motion for discussion?
14	MR. DRACH: I make a motion that we
15	open this up for discussion.
16	CAPT EVANS: I second.
17	So, in our discussion of this
18	recommendation, the concern when we say
19	"in-person training," that kind of obligates
20	in-person training and financial cost, and all
21	that. So, we may want to look at we have
22	other means of training. So, we may just want
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1 to remove that "in-person".

EXECUTIVE DIRECTOR DAILEY: 2 They are doing other means of training. The intent 3 4 of this was to allow a community to gather face-to-face. They do web training. 5 They do б the Military Health System training. They can 7 draw-down training from the Military Health System online training. And they have an 8 extensive webinar opportunity being 9 now 10 developed out of the Military Health System TMA, Health Affairs. 11 So, your real decision here is, are 12 13 you wedded to the in-person and opportunity to conference? 14 And we know how unpopular conferences are now with DoD and how difficult. 15 16 So, you would be lending your voice to someone in Health Affairs saying, "This recommendation 17 is we meet in person. Pony up the money to do 18 it." And that is either where you want to come 19 down on this issue or not. 20 CO-CHAIR NATHAN: Just, Denise, for 21 my own clarification, so it was really strictly 22 NEAL R. GROSS

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1	meet in person as opposed to we were concerned
2	that there was policy guidance and there was
3	web training out there, but there was not
4	eyeball-to-eyeball communication of the way to
5	do things? And if that is the case, then do
6	you simply mean, Captain Evans, in-person and/or
7	electronic eyeball-to-eyeball, VTC, that kind
8	of thing?
9	But what I hear you saying, Denise,
10	is that is already in existence, the VTCs. So,
11	I just want to make sure we frame the question
12	right. So, the intent of this question was to
13	take it beyond even eyeball-to-eyeball through
14	a television camera and put you in the same room?
15	EXECUTIVE DIRECTOR DAILEY: And it
16	is joint training. It is directed to those
17	nurse case managers who are dealing with the
18	wounded warrior community, the Community-Based
19	Warrior Transition nurse case managers, the Navy
20	nurse case managers, the Air Force case
21	managers. It is directed to that community and
22	to give them an eyeball-to-eyeball room like

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this to meet in and talk about their practices across the Services, with the intent that they are sharing good practices and attempting to standardize those processes.

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5 There is a DoDI out. In the 6 findings, you have recognized this DoDI is on 7 the ground. The training is on the ground.

And your second part of this is the 8 clinical measures of effectiveness. 9 They are 10 in the DoDI to measure those. But you are also bringing that forward as an area of interest 11 in measuring effectiveness of the new DoDI, and 12 you combined this into one recommendation of 13 opportunities to meet face-to-face and measure 14 the effectiveness of the new DoDI. 15

16 MG MUSTION: Just a comment. As I read the findings and the discussion associated 17 with this particular recommendation, what it 18 really highlighted to me was inconsistencies 19 20 in the training/education processes. You highlighted a couple of places here, 21 for 22 example, SCAADL, that some know about it; some

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1 don't know about it.

-	
2	So, I am not exactly sure in my own
3	view that conducting in-person training or
4	collaboration solves it. Another way to look
5	at it is to ensure that there is consistency
6	and thoroughness and currency in all the
7	information, and that that is extended through
8	the existing training program consistent with
9	the DoDI.
10	I don't know how to say that in a
11	different way.
12	CO-CHAIR CROCKETT-JONES: Are we
13	really asking them for a minimum training
14	standard?
15	MG MUSTION: I think we have
16	EXECUTIVE DIRECTOR DAILEY: That's
17	already established in the DoDI.
18	CO-CHAIR CROCKETT-JONES: Okay.
19	So, they have a minimum training standard, but
20	we were not seeing a standard outcome from that
21	training? It was inconsistent.
22	CAPT EVANS: It is extremely
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1 inconsistent, and it is not joint. It is we I represent the Navy, and we have all 2 meet. our leads meeting, but we don't have a truly 3 4 standardized training and we can't provide you with MOEs of how successful from a training that 5 б we are seeing at the ground level. 7 So, I think the only question I have is, if we go in person, then we are looking at, 8 9 fine, they are requesting financial resources, 10 some money to back us in person. And so, that is the only question. 11 We do have webinars. I think the 12 VA, we just did a joint with the VA probably 13 about three or four months ago, which was a very 14 impressive model. 15 16 I don't have a problem with in person, but we have got to realize that we are 17 asking the Services, each of the Services, to 18 19 come together and find those for that training. 20 CO-CHAIR NATHAN: So, as I recall the discussion on this, the spirit of this -- the 21 letter of it is reading one way -- the spirit 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1 of it was that there is an inherent belief among us that there is a scattered understanding of 2 policies and a scattered implementation of 3 4 policies, and we were looking for some venue that would (a) force the joint policies to be 5 б created. And, Denise, what you are saying is 7 the DoDI already mandates that. And then, to effectively execute that joint policy 8 throughout the Services, removing Service 9 10 stovepiping and differences in the way case management is done. 11

In other words, 12 case management should be translatable across the Services, and 13 14 right now it is not. If you went to an Army 15 case manager or a VA case manager or a Navy case 16 manager, you might get a different approach, different rules, different ways of managing 17 18 case. And we are trying to create 19 standardization of case management across the Services. 20

So, we said, sort of informally, get 21 22 everybody in a room and read them the gospel

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1 of how case management should be provided across the Department of Defense. That is what I think 2 the spirit of this was. 3 4 Now, if there is another way to skin 5 the cat -б MS. MALEBRANCHE: Ι think Ι 7 understand here. So, the in training and the resource is huge, and in this day and age, I 8 9 mean, I agree in person is probably the best, 10 but, you know, different people learn different ways. And so, a variety. But to dictate one 11 and knowing the current situation, I think is 12 pretty difficult, because we are getting pretty 13 14 creative in using live training, the webinars, the VTCs. 15 16 I wonder, when we do this So, recommendation to be that specific about the 17 training, I think there are different venues. 18 19 I hesitate to do that because that puts a huge 20 burden on everybody. And then, trying to get this, it is going to be difficult. 21 22 CO-CHAIR CROCKETT-JONES: How NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 about if the recommendation was more focused on the standard measures of effectiveness with 2 improving standardization the goal of 3 of 4 outcomes in case management across DoD, instead of limiting or targeting a specific kind of 5 б training? If they have a measure, if they 7 develop a standard measure of effectiveness for their clinical case managers, a demonstration 8 9 from clinical case managers of, you know, 10 knowledge in some way. Then, each Service could solve the problem, given their outcomes and the 11 12 measurement. 13 So, perhaps I am not sure if that would satisfy the desire of this recommendation 14 better than --15 16 CO-CHAIR NATHAN: What I hear you saying is OSD and TRICARE should develop and 17 implement mechanisms to train and provide 18 19 collaboration for joint standardized policies 20 and develop MOEs to measure that training. That is what I hear you saying. 21 MS. MALEBRANCHE: 22 I think we always NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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1 look at outcomes as being, I mean, it is what you want; how you get there is different. 2 This one specifies how to get there. What we are 3 4 really concerned about is the outcome. And I think you both just said that. 5 б I mean, in-person could be one 7 person going out or could be 100 people coming in. I mean, that is pretty different. 8 So, I think the outcome is the issue. 9 10 But I'm like you, I am struggling with the verbiage. 11 EXECUTIVE DIRECTOR DAILEY: 12 Okav. 13 MS. MALEBRANCHE: But I think we have all said the same thing in a different way. 14 EXECUTIVE DIRECTOR DAILEY: 15 Okay, 16 and I am happy to take this one off the table. We can put another recommendation in here next 17 is focused 18 year that on measures of 19 effectiveness, if we see over next year that 20 they are not in effect, that they are not working. 21 22 So, we have a CO-CHAIR NATHAN: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1 motion from the Advisory Council that -- we would need a motion -- what Ms. Dailey has said is 2 for the Task Force to consider, do you want to 3 4 defer this from further consideration? If so, we would need a motion to that effect. 5 б thought turned Now Ι we your microphone off. 7 (Laughter.) 8 So, we need a motion to defer this 9 10 So, if there is somebody here who feels one. that, after all this discussion, that maybe this 11 is not really for primetime, we would need a 12 motion to drop this from further consideration 13 for this report. Otherwise, we will continue 14 to discuss the verbiage here until we find 15 16 something that we can vote on. So, before I vote, we 17 CAPT EVANS: have had in the past, and since I have been on 18 19 the Task Force, several issues with case 20 management. So, that is my only concern, is that we have had, from all Services, we have 21 had lack of -- we just haven't hit the mark with 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1	our case management and medical case management.
2	So, I can concur with that. I can
3	second it. But I don't want us to lose that
4	we need to really focus on our case management
5	cause. The onus is on TMA to make this happen.
6	They are going under the DHA. And so, we have
7	to keep case you know, we can't lose focus
8	on this one.
9	So, if we move it and I hear you,
10	Denise; I see you ready to we are ready to
11	get in here.
12	(Laughter.)
13	Because at several of our visits we
14	have had issues with case management.
15	EXECUTIVE DIRECTOR DAILEY: Your
16	work previous to this has been to get DoD to
17	publish the DoDI, which is a significant
18	accomplishment. That we acknowledge in the
19	findings here.
20	So, your next step is wherever you
21	want to take it. There were no recommendations
22	on nurse case management, on medical case
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1 management. Until the last meeting, you all had not given me any clues where you wanted to 2 And then, we had the opportunity at the 3 qo. 4 last meeting to kind of discuss this and this is what you came up with. There was a request 5 б for the in-person event and the measures of 7 effectiveness. I am very happy for us to 8 So. 9 parse-out, starting with DoD. David, would you 10 a paragraph at DoD? "DoD should put develop" -- you know, pace it down. 11 Ι make 12 MG MUSTION: Can а recommendation, just a thought? I don't 13 disagree. I don't think taking it off the table 14 was potentially the right thing or the right 15 16 thing to do. But putting down that Health Affairs and TMA implement measures that assure 17 standards or effectiveness, or so forth, and 18 19 consistency, completeness, ensure and thoroughness of training consistent with the 20 DoDI. 21 All 22 EXECUTIVE DIRECTOR DAILEY: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1	right. So, one more time
2	MG MUSTION: And then, that gets you
3	out of the training type of thing
4	EXECUTIVE DIRECTOR DAILEY: Yes.
5	MG MUSTION: and puts the onus
6	on the Department to implement the measures that
7	ensure that we are consistently doing this
8	across all the Services. And then, we can look
9	at it next year.
10	EXECUTIVE DIRECTOR DAILEY: Okay.
11	CO-CHAIR NATHAN: So, our other
12	option, Denise, is just simply to table this
13	one for a minute or for right now, and let a
14	couple of members work with your staff to
15	resubmit the verbiage. And then, we will vote
16	on it again after they have done that.
17	EXECUTIVE DIRECTOR DAILEY: Well,
18	I'm good with that. So, David, can I get you
19	to go right here?
20	CO-CHAIR NATHAN: You say yes, but
21	your body language says no.
22	(Laughter.)
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1 EXECUTIVE DIRECTOR DAILEY: "DoD should develop standard 2 of measures effectiveness for clinical case managers of 3 4 recovering warriors." That is what I am hearing from you. 5 б Is there more you want in there? CO-CHAIR NATHAN: 7 Well, but it goes beyond that because it is the joint training. 8 It is the standardized policy that we are trying 9 to get across to clinical case managers. 10 EXECUTIVE DIRECTOR DAILEY: 11 Okay. 12 They do have a standardized training policy. So, you are measuring the effectiveness of that 13 standardized policy? They do have a training 14 platform and training classes for everybody. 15 16 Speak into the speaker. 17 CAPT EVANS: Sorry. So, again, I think there is some 18 19 verbiage that you mentioned in your rewrite. 20 So, I think we just want to capture the training and there is specific wording we would like to 21 22 have in that recommendation, not just look at NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701

1 the effectiveness, but to give them some 2 specifics that we want them to do. Yes, I 3 CO-CHAIR CROCKETT-JONES: 4 think that I would like to look at General Mustion's wording. 5 б EXECUTIVE DIRECTOR DAILEY: Okay. We will move on. 7 LTCOL KEANE: I have one more 8 comment, assuming this is going to go forward. 9 10 I wanted to wait to see if we were going to vote it down. It is significant that two Army 11 sites definitely said they were not using 12 13 special compensation, you know, SCAADL. Was one of those sites in the findings Iowa? 14 I just 15 want to make sure that we capture that because 16 nobody in Iowa knew anything about SCAADL. That's all. 17 CO-CHAIR NATHAN: 18 Okay. We are 19 going to look at -- our next discussion covers 20 three separate recommendations specific to Services for PTSD and TBI. We will discuss and 21 22 vote on one recommendation before continuing NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 with the remainder.

2	The first recommendation states
3	that, "DoD should issue a unifying policy
4	standardizing the provision of evidence-based
5	PTSD psychotherapies, addressing the needs of
6	Service members and providers treating them."
7	Invite the members to adopt this
8	recommendation for discussion. So, D6.
9	"DoD should issue a unifying policy
10	standardizing the provisions of evidence-based
11	PTSD psychotherapies, addressing the needs of
12	the Service members and the providers treating
13	them.
14	"A dedicated trainer and champion
15	for the effective delivery of evidence-based
16	PTSD psychotherapies at each MTF.
17	"Standardized Armed Forces Health
18	Longitudinal Technology Application" aka
19	AHLTA "templates in which providers can
20	capture standard outcome data.
21	"A process to rapidly examine
22	treatment outcomes and adjust treatment
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protocols and programs to maximize treatment
 efficacy.

3 "Allowing providers to set 4 appointment durations consistent with 5 evidence-based psychotherapies, EBP 6 guidelines.

"Requiring that 7 all contract 8 providers have military culture training and training, and requiring intensive 9 EBP 10 outpatient PTSD treatment programs to develop one required class for spouses designed to 11 educate and engage them in the recovering 12 13 warrior's treatment." Do I have a motion for discussion 14

15 of this recommendation as read?

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16 CAPT EVANS: I motion for a 17 discussion of the recommendation as read.

18CO-CHAIR NATHAN:Do I have a19second?

MS. MALEBRANCHE: Second.

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21CO-CHAIRNATHAN:Okay.22Discussion on this, on Recommendation D6?

1 MS. MALEBRANCHE: Jumping down to 2 the sixth bullet there, where it says "Require class for spouses," I think that should be 3 4 changed to include spouse, children, parents, or siblings, but the support system, family 5 б members, whatever terminology, but more than 7 spouses. CO-CHAIR NATHAN: So, substitute 8 "family members" for "spouses"? 9 10 CSM DeJONG: Ι would say "caregiver" in that. 11 CAPT EVANS: It could be 12 а non-family member. 13 NATHAN: 14 CO-CHAIR So, "family member/caregiver"? 15 16 CSM DeJONG: Yes. CO-CHAIR NATHAN: Because you don't 17 want to exclude the families, right? 18 19 CAPT EVANS: Right, right. 20 CO-CHAIR NATHAN: Even though the family may not be the caregiver, there may be 21 somebody else who is the caregiver --22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	CADT EVANCE Dicht
	CAPT EVANS: Right.
2	CO-CHAIR NATHAN: I think the
3	spirit of this was to try to get the families
4	invested.
5	CAPT EVANS: Correct.
6	CO-CHAIR NATHAN: So, substitute
7	"families/caregiver" for "spouses"?
8	Any other recommendations?
9	CSM DeJONG: I think this one, in
10	my mind, it is too long and it leaves a lot of
11	room for partial concurrence. I think the more
12	steps we put into a recommendation, it allows
13	for just partial concurrence and meeting part
14	of it.
15	I think, remembering back to the
16	discussion, what we were talking about was the
17	evidence-based PTSD psychotherapies and trying
18	to get PTSD along with family members involved
19	into it was getting the evidence-based PTSD
20	therapies that are out there, and everybody has
21	a little bit different way of kind of
22	standardizing or coming up with better PTSD
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1 treatment.

2	I don't know if we fully capture that
3	in the multiple bullets underneath that. And
4	correct me if I'm I mean, that is what I am
5	recalling. So, correct me if this spirit of
6	this was supposed to be different.
7	CAPT EVANS: I concur that it is too
8	long. I think once we send this out to the
9	Services, we are going to get a partial. I don't
10	think they are going to look at it is going
11	to get lost in what we really want them to
12	accomplish.
13	So, I think if we capture do we
14	really need to tell them to have a dedicated
15	trainer and champion? So, should we be telling
16	them that is what we want them to do? Or should
17	they come back and you know, I just don't
18	think we need to tell them to do that.
19	To develop a template you know,
20	some of this may need to go back DCoE, but I
21	just don't think if we bury it down, if we give
22	them too much, they are going to come back with
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123 a partial. They are going to say they cannot 1 2 meet the intent of this one. MS. MALEBRANCHE: This does seem 3 4 like a perfect opportunity for DCoE. That is what I am thinking. 5 б To tell people, again, how, like 7 with the AHLTA template, it doesn't have to be an AHLTA template. It is the data and the pieces 8 9 that you want to be able to look at and compare 10 and do research. And it seems like that agency is well-suited for that. 11 12 Aqain, Ι am not sure we should -- probably have some discussion on how 13 14 you put that together. EXECUTIVE DIRECTOR DAILEY: 15 Well, 16 qood. Good. I mean, for example, the trainer and champion recommendation came from the D.C. 17 Center for Department Psychology. So, I mean, 18 19 these are the experts who came to us and said, 20 "These are the things you need out in the field to standardize, to capture best practices, to 21 22 influence outcomes. These are the things that NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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need to be in place for it to be done."

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MR. REHBEIN: I would agree that a 2 long recommendation like this increases the 3 4 possibility of a partial concurrence response, but I don't think, shortening it, it eliminates 5 б that possibility. I think we always have the 7 possibility of a partial concurrence. That is just the nature of the beast. So, long or short, 8 it needs to include what we think it needs to 9 include. 10

CO-CHAIR CROCKETT-JONES: 11 Let me 12 also just point out that over the past few years, as we have done this work, this is the area where 13 we have seen the least movement. We have been 14 going after this from day one, and there seems 15 16 to be a lack of cohesive concepts to move forward standardizing 17 in care and understanding outcomes and measuring them. 18

19 Other areas that we have looked at 20 have been generating ideas and sometimes 21 different things in different Services, but this 22 area seems the most entrenched as far as not

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1 changing the way they are doing business. And this is where we are seeing a lot of frustration. 2 And so, although I think this is a 3 4 long recommendation, I think that we can't abandon the specifics on this one because they 5 б aren't generating these within the industry, 7 so to speak. These ideas come, but they don't come to fruition. They don't move to policy. 8 9 And so, I hear what you all are 10 saying and your concerns about the length, but it would be hard, looking at each of the bullets, 11 to say that these are not sort of obvious from 12 our experience at the sites that we visited and 13 14 necessary in order to start getting better 15 outcomes. 16 CO-CHAIR NATHAN: I would agree with what everybody has said. 17 (Laughter.) 18 19 I think it is going to get partial, 20 but the partial, the response of a partial concurrence doesn't preclude them from having 21 to address which ones they think work or they 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

agree with and which ones they don't. So, if they come back with a partial concurrence, they have to tell us which ones of those bullets are not what they consider to be appropriate and which ones they do. So, I think it still delivers the message.

7 I think the task before us is, does 8 the Task Force agree with the bullets? Are 9 there bullets in there which you think are not 10 appropriate or not congruent to what we are 11 trying to do?

Connie, you talked about trainer and champion, but, as Denise points out, that was something that the subject matter experts came to us and said, "That's our recommendation for enhancing training and standardization across the MTFs."

CAPT EVANS: Sir, maybe if we look at previous recommendations, we went with a specific. So, we said OSD(HA) should come back and issue -- I think what is bothering me the most, we say DoD, vice who in DoD specifically?

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1 Are we wanting Services to do this? I see you have Health Affairs as the responsible -- but 2 do we need to put that into the recommendation, 3 4 just as we did previously? Or DCoE, is DCoE responsible for implementation of this? 5 Who б is the driving force in DoD to make this happen? 7 EXECUTIVE DIRECTOR DAILEY: Health Affairs. 8 9 CAPT EVANS: Okay. So, we need one 10 single -- we need to be able to go back to say to Health Affairs specifically, "Here's what 11 we want to see with PTSD, the outcomes with it." 12 Because when we send this out to DoD, if you 13 14 are saying to Navy and Air Force, we are going to come back with different responses of how 15 16 we can implement this. CO-CHAIR NATHAN: 17 Okay. So, Connie, what would you change? 18 19 CAPT EVANS: The only thing I would 20 recommend is that, just like we did with Recommendation 5 in a previous one, we said TMA 21 and HA shall. I would like to see that in the 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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recommendations, vice 1 they are the responsible -- you know, later we say here is 2 the agent that is responsible for it. 3 4 CO-CHAIR NATHAN: Okay. So, you are recommending, instead of "DoD" in the first 5 б word of this, "HA/OSD"? 7 CAPT EVANS: If they are the responsible, if we all agree. 8 9 MS. MALEBRANCHE: That's right 10 because DHA will fall under DoD. And I'm just thinking still, really, 11 as we were going around and talking and looking 12 at things, somehow or other, and maybe it is 13 in the bullet portion, that the DCoE to be part 14 of this because that is the Center of Excellence, 15 16 the research; how they measured Ι mean, implementation was something different, but 17 that is all three Services. And I am thinking 18 19 that they could do -- I am just thinking we have 20 to pull them into this. That is in line with MG MUSTION: 21 22 Recommendation 1, which is empower the Oversight NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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Board to do those sorts of things.

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It may be a wordsmithing thing, but 2 to get OSD in the right box maybe, change the 3 4 phraseology to say, "Implement comprehensive policy that requires evidence-based 5 PTSD б treatment," blah, blah, blah, "in line with 7 those sorts of things, and don't give them the latitude. If they want to come back and appeal 8 it or not concur, they can do that, instead of 9 saying that we should or maybe. 10 CO-CHAIR NATHAN: So, what would 11 12 you say instead? I would say that "OSD 13 MG MUSTION: Health Affairs implement comprehensive policy" 14 15 instead of the "unifying policy," 16 "comprehensive policy directing evidence-based PTSD that includes standardization of care, 17 standardization of training, for all providers, 18 and documentation of effects-based treatment." 19 20 CO-CHAIR NATHAN: "OS/DHA implement a comprehensive policy standardizing 21 evidence-based 22 the provision PTSD of NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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psychotherapies."

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2 Anything else you would add? MG MUSTION: Yes, sir, I think you 3 4 could lump those five or six bullets and emphasize that the policy 5 must ensure б consistency in care, consistency in training, 7 and consistency in documenting treatment. EXECUTIVE DIRECTOR DAILEY: And I'm 8 9 sorry, sir, that's great language, but I have 10 got one recommendation in 2011 that said one of those statements, another document in 2012 11 that talks about training and advancing the 12 training piece. 13 And this one does address different 14 recommendations. There is more precision in 15 16 this. Instead of saying, "Do better training," it has got more precision in it. It takes those 17 '11 an '12 recommendations to a different level. 18 19 So, if I do what you are saying, I am back to my 2011 and 2012 --20 MG MUSTION: We still don't have the 21 22 Department of Defense implementation or their NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 plan to implement what we told them to do in 2 2012. I think we could reinforce -- I don't disagree with you. We can put this in here in 3 4 the way, in the prescriptive nature that it is outlined. And we might be sitting here next 5 б year talking about OSD not responding to not 7 only the 2012 report, but the 2013 report. CO-CHAIR NATHAN: Well, this is 8 what we have so far: "Implement comprehensive 9 10 policy standardization the provision of evidence-based 11 psychotherapies, PTSD addressing the needs of Service members and the 12 13 providers treating them." 14 And then, you could put, "Specifically," dot dot dot or colon, whatever, 15 an arrow, "See below. Please look at bullets." 16 17 Okay. So, other questions, 18 concerns? 19 CSM DeJONG: I would like a little bit of clarification on the sixth bullet. 20 We are getting back into the gray area of requiring 21 22 classes for family spouses and NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

members/caregivers, which I like, and 1 the evidence shows that it does improve their 2 3 outcome. 4 Are we looking at prior to a Service member being allotted intensive outpatient 5 б PTSD, that the family has to do this, or are 7 we looking at just requiring the family to come in? Is the family requirement going to be part 8 of the enrollment procedure? 9 10 CO-CHAIR CROCKETT-JONES: I think there is potential -- I think that some programs 11 would lend themselves for that, but others need 12 to have the Service member come in and start 13 work before. 14 15 CSM DeJONG: Right. 16 CO-CHAIR CROCKETT-JONES: So, Ι think we don't want specify that it is an 17 enrollment think because I think that different 18 programs would function differently. 19 20 I think saying that they have to have the class, where they put it in is dependent 21 22 on how their program runs. So, I am not sure NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 we want -- if it is required, then the class 2 will be there and people will go, in theory. CSM DeJONG: Okay. No, I'm okay 3 4 with --Ι just wanted a little bit of 5 clarification on my part. We may want to б wordsmith it a little bit. But it is that gray 7 area of requiring a family member or a spouse or a caregiver to do something which we really 8 have -- we can't, but we have tried to word it 9 10 over the last couple of years other ways. So, maybe wording it like this, we may get some 11 impact out of it. 12 Well, I think the 13 CO-CHAIR NATHAN: spirit of this was we all saw that there is a 14 tremendous disconnect in many cases between the 15 16 spouse/caregiver, the family, and the warrior. The spouse, they are churning in frustration 17 because they are getting a different story from 18 19 their spouse on how treatment should occur. They are getting a different story from their 20

21 warrior on how treatment should occur or what 22 is going on with them and what is actually

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1 happening.

2	And so, we wanted the spouses
3	specifically, mostly and it could be
4	caregivers as well to have better situational
5	awareness on what is being done for their
б	warrior, and to lessen that disconnect and
7	lessen the feeling from the family member and
8	the spouse that I'm standing outside in the cold,
9	not being able to understand what is happening
10	to my warrior. My warrior comes home and says,
11	"They're doing" this and this and this, "and
12	I'm not getting" this and this. And, in turn,
13	they really are.
14	And if they could be more
15	engaged so, I think that was the thing. So,
16	do you want, instead of "required class,"
17	"encourage" or "highly recommend"?
18	CO-CHAIR CROCKETT-JONES: I think
19	it is fine that we require them to develop the
20	class. What we can't say is we require any
21	particular type of attendance, but the class
22	should be
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135 1 CO-CHAIR NATHAN: This reads as one 2 required -- I see what you are saying. CO-CHAIR CROCKETT-JONES: 3 It says "required class". 4 CO-CHAIR NATHAN: But this reads as 5 б "required class" for somebody to attend, as 7 opposed to require the creation of a class for attendance by family members. 8 So, this currently reads as family 9 10 members are required to attend one class. CSM DeJONG: That is how I read it, 11 sir. 12 13 CO-CHAIR NATHAN: That is how I read it. 14 I think, Suzanne, what you are 15 16 trying to say is we are recommending that the organization be required, the command 17 be required to create a class for caregivers and 18 19 family members to attend. 20 EXECUTIVE DIRECTOR DAILEY: I think the intent is that these programs develop a 21 spouses class. That is the shortfall. We have 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 been in many places. We asked, "What are you doing for spouses?" And they go, "Well, we 2 invite them in; we talk to them. They're 3 4 invited if they want to come." But there is no formal way to bring them into their husband's 5 б six-week rotation in an intensive program for 7 their PTSD treatment. So, the intent on this bullet is, 8 if you are going to run these cohorts for PTSD 9 10 one hour, a curriculum needs to develop for the spouses to participate in. That was the vision. 11 NATHAN: 12 CO-CHAIR Ι agree completely. That was the vision. 13 So, the only friction point we have 14 here is, are people happy with the way it reads 15 16 now? "Require intensive outpatient PTSD 17 treatment programs to develop one required class 18 19 for caregivers, family members, and spouses 20 designed to educate and engage them in their recovering warrior's treatment." 21 22 The only other alternative that has NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

137 1 been broached is "PTSD treatment programs are required to create a class for caregivers, 2 family members, and spouses." 3 4 CO-CHAIR CROCKETT-JONES: That's fine, "required to". 5 б CO-CHAIR NATHAN: So, go ahead and 7 put, "Requiring intensive outpatient PTSD treatment programs required to create" --8 9 CO-CHAIR CROCKETT-JONES: No, we 10 don't need "required" again. "Requiring intensive outpatient 11 treatment programs to develop one class for 12 caregivers, family members, and 13 spouses 14 designated to educate and engage them in their RW's treatment." 15 16 CO-CHAIR NATHAN: Do you want to say -- again, happy to glad -- do you want to 17 say "one class" or do you want to say "at least 18 19 one class"? 20 CO-CHAIR CROCKETT-JONES: "At least" would be nice. 21 22 MR. That gets us the REHBEIN: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 class, but does it get the people into it? 2 CO-CHAIR CROCKETT-JONES: I don't know that we have any way to compel people into 3 4 it. 5 MR. REHBEIN: Well, we are going to б address this in some recommendations later where 7 we were given some alternatives where one specifies that family members will come, and 8 an alternative specifies that family members 9 10 are expected. All this does is create a class, and 11 we throw the pamphlets on the table. 12 It really doesn't put any power behind bringing the family 13 members in. 14 15 MS. MALEBRANCHE: You know, Mr. 16 Rehbein, you are right. One of the things when we were talking to folks on our visits, and they 17 talked about this, some of the spouses didn't 18 19 even know about it. So, I guess you can't really 20 require the spouses, I think, necessarily to 21 go. 22 But maybe one thing we could 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 require from the Service member that there is, you know, it is kind of like an opt-out, that 2 you opt-out consciously. So, they are not 3 4 opting-out not knowing, I guess is what I am thinking. So, somehow or other, put --5 б CAPT EVANS: If you look at NCoE, 7 I mean, this is a good example of NCoE right here. So, they have a required class that you 8 have to bring your family into that class. 9 So, 10 that is exactly what we are saying. I mean, I think we are telling all 11 the others: you need to have a required class 12

where the family member has to be in attendancewith that Service member.

MR. REHBEIN: NCoE does that. It is an integral part of their success. But, yet, that model has not spread. Why?

CSM DeJONG: So, then, that kind of goes back to my previous statement of it is almost a prerequisite to get enrolled into the program, because it is a prerequisite to go to NCOE.

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1	MR. REHBEIN: It is.
2	MS. MALEBRANCHE: So, mimic the
3	NCoE program.
4	CSM DeJONG: Right. I think there
5	is an easier way of saying it and wordsmithing
6	it, but
7	CO-CHAIR NATHAN: But it is a little
8	bit apples and oranges. The NCoE program
9	demands family participation because it is part
10	of the clinical pathway. In other words, the
11	families are there because they are interviewing
12	the families and asking the families, "What do
13	you see? How angry does the individual get?
14	What are they like when they are relaxing? What
15	kind of family picnics do you take," that kind
16	of thing.
17	And the family stays there during
18	the input, physical exam, and history, to get
19	the history of the patient from the patient's
20	perspective and from the family's perspective.
21	This was designed and I am all
22	for that, and I would love to see that
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1 happen -- but this was really designed to give the family members an idea of what the algorithm 2 of care is going to be like and care management 3 4 is going to be like for their loved one. So that they know what is available to them; they 5 б know what is expected of their loved one and 7 participation, and those sorts of things, to make them feel more a part of the process. 8 9 CAPT EVANS: I mean, that is what 10 That is exactly what we want. we are trying -- so, I think we don't have that across 11 So, I think if we just put what we 12 the board. have now to get a class in place, it is a start, 13 because we don't have it across the board where 14 we have in the treatment plan for PTSD that you 15 16 have a class for the families, to include the So, I think let's just start there. 17 families. And then, I think later we have some 18 19 recommendations where we are going to address 20 bringing requirements of family and stuff. So, I think you really just answered what we are 21 NCoE has it in their treatment 22 looking for.

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1	plan. PTSD doesn't. And so, now we are saying,
2	we are asking them to bring as a class, put that
3	into the treatment plan or include that or have
4	a class identified specifically for the families
5	into that PTSD
6	CO-CHAIR NATHAN: Right, the NCoE
7	families meet with the doctors.
8	CAPT EVANS: Correct.
9	CO-CHAIR NATHAN: Okay? This is
10	not intended to have the families meet with the
11	doctors. This is intended to have the families
12	meet with either case managers or recovery
13	warrior unit leaders
14	CAPT EVANS: Correct.
15	CO-CHAIR NATHAN: who will say,
16	"While you're here and enrolled in this program,
17	this is what you can expect your loved one to
18	be undergoing and doing. And here are people
19	you can contact if you feel you are not getting
20	what you need, if you feel that you are hearing
21	something different from your loved one than
22	what we are supposed to be doing."
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1	This just gets the family
2	member we thought that if the family and the
3	warrior sat down together at the intake for some
4	sort of orientation to the program, that there
5	would be less chance of the warrior dropping
6	their family off the map from this, keeping their
7	family excluded from the process; less chance
8	of them saying, "You're not part of this," they
9	don't want you here.
10	CAPT EVANS: Correct.
11	CO-CHAIR NATHAN: They don't want
12	you here. Because this is the chance in the
13	orientation for the recovering warrior leaders
14	to say to the family members, "You are certainly
15	part of our process. We want you to feel that
16	you can give us input as to how things are going,
17	and if you have questions, we don't want you
18	to feel like you can't talk to us."
19	And that obviates the warrior, who
20	in many cases says to the family members, "You're
21	not really welcome in this process. I'll let
22	you know what they're doing to me because you're
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1 not supposed to ask."

2 CO-CHAIR CROCKETT-JONES: Also, I would just like to point out that just having 3 4 this available -- avoidance is a typical sort of complication with PTSD patients. They tend 5 б to drop out. 7 If the family is aware that they are in the program, they will know if they dropped 8 out, too. That would be one red flag. 9 A family 10 member might call in and say, "Hey, he doesn't 11 seem to be doing his treatment." also controls a lot 12 Ιt of 13 expectation management and all this. I think that this opens the door, that if there is a 14 15 treatment program out there that wants to mimic 16 NCoE, this is cover for them to do so. But those that haven't considered the benefits of that 17 communication will be forced to create a class 18 19 that opens that door. 20 I'm happy with it this way as a 21 start. 22 EXECUTIVE DIRECTOR DAILEY: And NEAL R. GROSS

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1 then, just to bring you back up to the very top piece, what you are really asking them here is 2 to publish a DoDI on PTSD. You did say "issue 3 4 policy". This says, "Implement comprehensive policy.... "You really need a standardizing 5 б document out there. Now that there is training 7 in place, now that evidence-based treatments have a clinical practice guidance, a lot of 8 things are in place. But you now need a 9 10 Department of Defense Instruction to bring it all together. 11 And you have been specific. You are 12 in other places not, but in this particular case 13 you have been specific that this is what you 14 want the policy to include. 15 16 CO-CHAIR NATHAN: Okay. So, hearing no further discussion, I will now call 17 for a motion to accept the -- go back, if you 18 would, to the motion or to the requirement. 19 20 Thank you. To accept the motion as read. Ι can read it again, but I don't think I have to. 21 I think you all know it. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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146 So, do I have a motion to approve 1 and accept this recommendation as written? 2 Rehbein. I would 3 MR. REHBEIN: 4 move approval. 5 CO-CHAIR NATHAN: Do Ι have а б second? 7 CAPT EVANS: I second. Okay. CO-CHAIR NATHAN: So, the 8 motion before us is to approve Recommendation 9 10 D6 as written. All those in favor of approval and 11 acceptance please signify by raising your hands 12 13 and keeping them up or by saying "Yea". (Show of hands.) 14 Thank you. 15 Okay. 16 All those who are opposed to adoption please say "Nay". 17 (No response.) 18 19 And any abstentions? 20 (No response.) Dr. Turner, do we have your vote or 21 22 abstention? **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	DR. TURNER: Yea.
2	CO-CHAIR NATHAN: Yea? Okay.
3	LTCOL KEANE: Can I make a motion
4	for bio break?
5	CAPT EVANS: I second.
6	CO-CHAIR NATHAN: Okay. We will be
7	back at 11:30. Yes, back at 11:30.
8	(Whereupon, the foregoing matter
9	went off the record at 11:15 a.m. and went back
10	on the record at 11:29 a.m.)
11	CO-CHAIR NATHAN: Okay. So, the
12	next recommendation states, "The Services
13	should establish manning documents for remote
14	hospital locations that provide for
15	predominantly uniformed providers as clinical
16	and non-clinical behavioral health staff."
17	I invite the members to move to adopt
18	this recommendation for discussion.
19	So, again, this is where "Services
20	should establish manning documents," meaning
21	their roster of personnel, "for remote hospital
22	locations that provide for predominantly
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1 uniformed providers as clinical and non-clinical behavioral health staff." 2 Motion for discussion? 3 4 CSM DeJONG: So moved. CO-CHAIR NATHAN: Second? 5 б MR. DRACH: Second. 7 CO-CHAIR NATHAN: Okay. Does anybody want to summarize their recollection 8 of the genesis of this? 9 10 MS. MALEBRANCHE: I remember -- I am trying to remember the place, but I remember 11 the discussion; I don't necessarily remember 12 the place -- where we went and they weren't able 13 14 to get the civilian providers. And so, the only way that it could be handled to make sure that 15 16 there were providers in the specialty were to have them in uniform. So, I remember that that 17 is why we thought we should put that in there 18 19 specifically for remote hospital locations. 20 Because, no matter what amount of money or what you had, you just don't have them to get; the 21 22 civilian community doesn't, either.

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1	MR. REHBEIN: Let me ask a question
2	here and detail. But is there a definition of
3	what is and is not remote? Are we going to have
4	some issues with that down the road? Are there
5	dividing lines?
6	MS. MALEBRANCHE: Well, in rural
7	health there are definitions of rural, highly
8	rural, urban, and highly urban. And I don't
9	know those off the top of my head, but I do know
10	that they have them.
11	MR. REHBEIN: I guess what I am
12	asking is, is there a list like Richards and
13	Elmendorf, and maybe Hawaii, is there a list
14	of who is considered to be remote, so that the
15	Services would know who this applies to?
16	CO-CHAIR NATHAN: No, I doubt it,
17	and it is a good point. I guess you could
18	consider amending this to say, to provide our
19	definition of a remote hospital for the spirit
20	of this was one where they have difficulty
21	recruiting civilian staff. So, you could
22	simply place that in place of "remote," meaning

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1 "Services should establish manning documents for remote facilities that have difficulty 2 recruiting civilian staff." 3 4 MR. REHBEIN: I asked the question simply because I didn't know. I didn't 5 6 understand the culture. 7 CO-CHAIR NATHAN: Right. There is no list of remote, and one person's remote is 8 another person's civilization. 9 10 (Laughter.) And so, I think it is a good point, 11 Mr. Rehbein. 12 13 MG MUSTION: Sir, putting the term "establish a manning document" there is a little 14 bit vague. And I am the personnel guide for 15 the Army; I can create an authorization document 16 that says that, but it doesn't obligate me to 17 resource it. 18 19 The key part that is missing or that 20 needs to be put in there is the Services must resource remote locations where they can't get 21 the civilian force or contracted force with 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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151 1 uniformed members. CO-CHAIR NATHAN: I like that, yes. 2 I like that. 3 4 MG MUSTION: Putting a manning document there gives me the option to get out 5 б of it. 7 (Laughter.) CO-CHAIR NATHAN: It gives you a 8 9 parking permit, not necessarily a place to park. 10 (Laughter.) MG MUSTION: Yes, sir, it sure does. 11 And I am the guy who is going to have to fill 12 13 it for the Army, but it is what it is, and it is the right thing to do. 14 MS. MALEBRANCHE: Well, that just 15 16 begs the question now; do we just want to use "remote"? Is it only remote locations you would 17 do that? 18 19 CO-CHAIR NATHAN: Well, you can 20 remove "remote" and just locations where you have difficulty. So, when you say "must 21 resource with predominantly uniformed" -- got 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

152 1 it. Okay. Yes, got it. 2 "Services must resource locations that have difficulty recruiting civilian staff 3 4 with predominantly uniformed providers as clinical and non-clinical behavioral health 5 6 staff." 7 Other issues, concerns? (No response.) 8 Going once. Going twice. 9 10 Okay. So, do I have a motion to accept for our recommendations Recommendation 11 D7 as read? 12 13 "Services must resource locations that have difficulty recruiting civilian staff 14 with predominantly uniformed providers 15 as clinical and non-clinical behavioral health 16 staff." 17 Do I have a motion to accept that? 18 19 CSM DeJONG: I will make the motion 20 to accept as written. CO-CHAIR NATHAN: Second? 21 I will second that. 22 LTCOL KEANE: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

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1	Keane.
2	CO-CHAIR NATHAN: Okay. So, all
3	those in favor of adopting that Recommendation
4	D7 as just read please signify by raising your
5	hands or saying "Yea".
	(Show of hands.)
6	
7	All those opposed please signify by
8	saying "Nay".
9	(No response.)
10	Any abstentions?
11	(No response.)
12	And, Dr. Turner, your vote?
13	DR. TURNER: Yea.
14	CO-CHAIR NATHAN: Okay.
15	LTCOL KEANE: One comment
16	underneath the recommendation, sir. Requested
17	agencies to respond, I don't know if it is
18	necessary to abbreviate with the acronym U.S.
19	Army as "USA". I would suggest deleting those
20	parentheses or adding "USAF," spelling out Air
21	Force.
22	Justin Constantine sent that in to
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154 1 me to submit. 2 (Laughter.) EXECUTIVE DIRECTOR DAILEY: Yes, I 3 4 am not sure here. You are looking at just consistency there? So, predominantly, after 5 6 we would use the acronym once, we were going 7 to go with just the acronym. So, this is the first time we have spelled out the Services. 8 9 So, you see "U.S. Army," in parentheses "USA". 10 From here on out, we just use "USA," "USMC," "USAF," and "USN". So, I didn't catch all your 11 12 comment. 13 Ι think LTCOL KEANE: the 14 requirement to spell out "USMC," if it is an 15 unknown acronym. I don't think you need to 16 define it there. EXECUTIVE DIRECTOR DAILEY: I will 17 give it the offline. I mean, I have to spell 18 19 it out once in the report. 20 CO-CHAIR NATHAN: Hooah? (Laughter.) 21 22 Okay. Yes, we will let you and Ms. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com 1 Dailey duke that out.

2	CO-CHAIR CROCKETT-JONES: Okay.
3	This next recommendation states, "To ensure TBI
4	treatments meet the needs of RWs with TBI, Army,
5	Navy, and Air Force must standardize, document,
б	and track the efficacy of TBI treatment."
7	Do I have a motion to discuss?
8	MS. MALEBRANCHE: Motion to
9	discuss.
10	CO-CHAIR CROCKETT-JONES: A
11	second?
12	CSM DeJONG: Second.
13	CO-CHAIR CROCKETT-JONES: Is
14	everyone comfortable with how we came to this
15	recommendation?
16	Go ahead, General Mustion.
17	MG MUSTION: No, I am comfortable
18	with how we came to the recommendation, but I
19	believe the recommendation should be phrased
20	to require the Department of Defense, because
21	we are actioning the Department of Defense to
22	do something as opposed to targeting
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1 specifically the Services.

2	I think this is another case similar
3	to our last discussion on PTSD, where we have
4	to clear guidance and directive or directed
5	guidance issued by the Department for the
6	Services to implement, going all the way back
7	really to our first discussion today on
8	Recommendation 1, which is leveraging Centers
9	of Excellence.
10	MR. REHBEIN: Yes, I agree with what
11	the General says because, if we say DoD, we are
12	more apt to get one result instead of three.
13	MS. MALEBRANCHE: I concur with
14	both of my colleagues here.
15	I wonder if we should or maybe
16	DoD covers that but, in light of the fact
17	that we know the new Defense Health Agency is
18	standing up and that is part of DoD, if we put
19	anything in the findings or below to get this
20	one look. Again, the DCoE might be the way to
21	do that. But just a thought, because we haven't
22	really mentioned DHA much, other than we know
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1	it is coming about here in a very few months.
2	EXECUTIVE DIRECTOR DAILEY: So, you
3	want this, you want it to say, "DoD" put it
4	up in the recommendation you want this to
5	say, "DoD must ensure TBI treatment meets the
6	needs of recovering warriors." And then, that
7	pegs it to DoD. And then, in the line right
8	below it in your recommendations, it does say,
9	"Requested agencies to respond, Health
10	Affairs."
11	So, it would read, "DoD must ensure
12	TBI treatments meet the needs of recovering
13	warriors." And then we would take out "TBI".
14	So, it would read, so after that it says, "meets
15	the needs of recovering warriors" take out
16	"with" "and must standardize, document, and
17	track the efficacy of treatments."
18	CAPT EVANS: Denise, I just have a
19	question. So, DCoE let me just make sure
20	I have my mind wrapped around this DCoE, is
21	this not a DCoE responsibility? Am I off the
22	mark there, please? It's not?
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1 Within Defense, the Department of Defense, is this specifically for DCoE or is 2 this overall Department of Defense for Health 3 4 Affairs? We have this Defense Center of And so, what are we asking 5 Excellence, DCoE. б them? Are going we not to have any 7 responsibility of this DCoE? EXECUTIVE DIRECTOR DAILEY: Well. 8 you are asking are we going to task DCoE 9 10 specifically. And right now, I do not have any specific taskings for DCoE; that is a correct 11 statement. Health Affairs has been tasked. 12 13 And I do think it kind of goes back 14 to, although DCoE has been very productive, it goes back to Recommendation 1, which is we are 15 16 asking them to publish and document and move forward with policies that they are not quite 17 empowered to do, although they have been very 18 19 successful in pushing out one TBI document for 20 the early mild TBI in theater. They were very successful in pushing that out. 21 These recommendations are centered 22

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on Health Affairs getting these accomplished. How they do it is up to them, but you are tasking Health Affairs in this document to get these accomplished.

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CO-CHAIR NATHAN: I think that is 5 б true, Connie. Well, no, I understand what you 7 are saying. You are saying, "Hey, DCoE, aren't you supposed to already be doing this?" 8 The answer is that DCoE may certainly want to do 9 10 this. Their passion may be centered on this. They have not been able to translate this into 11 execution at this point. So, this is lacking. 12 We recommend it be done. 13

And then, it is probably beyond and 14 above our scope to tell DCoE to do it. We tell 15 16 DoD to do it, and DoD should, then, I think, have the conversation among themselves, "Hey, 17 we have an agency that can do this, the DCoE, 18 if we give it the teeth and give it," as per 19 Recommendation 1, "if we give it the vehicular 20 capability to move this out in the Services, 21 they can accomplish this." 22

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1 EXECUTIVE DIRECTOR DAILEY: And with that said, we have in the past tasked DCoE. 2 We have tasked the Centers of Excellence to 3 4 do this work. We have gone directly to them. 5 I don't know if we get any better б I mean, I think we tasked, we did, responses. 7 we tasked the Center of Excellence to brief us last year on, or two years ago, on research, 8 9 on responding to IOM's recommendation that more 10 research be done on evidence-based treatments for TBI. We did task them. They punted to the 11 Army Materiel and Research Command. 12 Okav? 13 So, I am not chasing these guys all over DoD. Let's talk to Health Affairs and let 14 them find the right people to answer these. 15 16 And I have got five recommendations that are specifically, right now -- well, I 17 probably have one less -- that is directed 18 19 directly at Health Affairs. I have probably 20 four that are directly on Health Affairs' calendar. 21 22 And so, when you all are talking NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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1 about synchronizing and pinpointing and really focusing your recommendations, you know, Health 2 Affairs can see four recommendations. That is 3 manageable. So, just a thought. 4 5 MG MUSTION: Denise, in our earlier б recommendations, did we specify in the 7 recommendation OSD or DoD or did we specify like ASD/Health Affairs? As 8 а matter of 9 consistency, I think one way or the other is 10 okay, as long as we are consistent. EXECUTIVE DIRECTOR DAILEY: 11 In 12 previous years' recommendations or in this 13 year's? No, in the earlier 14 MG MUSTION: seven that we have been through separately. 15 16 EXECUTIVE DIRECTOR DAILEY: In the earlier seven, we have been back and forth in 17 the earlier seven. 18 19 (Laughter.) I have pulled it out of the first 20 line of the recommendation on most of these 21 recommendations because, although you aren't 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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162 1 seeing it, if you go to Section D, where the recommendations are, the requested agencies are 2 identified. 3 4 CO-CHAIR CROCKETT-JONES: G, Section G. 5 б EXECUTIVE DIRECTOR DAILEY: Right, 7 G. And so, we see the recommendation, and we are on Recommendation 8, No. 14, right now. 8 9 And so, you see how it is identified with its 10 requested agency to respond, and then, the 11 findings. CO-CHAIR CROCKETT-JONES: I would 12 13 request that the agency, the response agencies, will be different from recommendation to 14 15 recommendation because sometimes we specify a 16 Service. Sometimes have recommended we congressional legislation. So, they won't be 17 consistent. 18 19 EXECUTIVE DIRECTOR DAILEY: But 20 now, as we have modified these, this has been coming up pretty consistently throughout this 21 22 morning. And so, as we have modified them, if NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 I look these over real quick, we have pulled the responsible agency into the recommendation 2 now consistently. We have, and that is okay 3 4 because it is now in the recommendation, the responsible agency, and I list it below. 5 So, б that is okay. 7 But you are correct, sir, for these, you all have in your work this morning pulled 8 9 the responsible agency into the recommendation 10 pretty consistently now. CO-CHAIR CROCKETT-JONES: 11 I would just ask members to consider that, when we look 12 13 at in our recommendation list and on here, we don't have the listing of the responsible 14 agencies, but it is in the non-voted draft. 15 16 So, that might be what is driving us pulling it in. So, if we could just as we move forward 17 consider that? 18 19 CO-CHAIR NATHAN: Call for the 20 question? CAPT EVANS: One day I will pull -- I 21 22 will be able to get that DCoE. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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(Laughter.)

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2 MS. MALEBRANCHE: And I have to say, and not to beat a dead horse, I think so, too. 3 4 Because even though these are Defense Centers of Excellence, VA has a part of them. And part 5 б of this diagnosis carries on into the recovering 7 warrior with their being a veteran. And so, it has to be standardized. And the one place 8 that we are together here in all is at these 9 10 Centers of Excellence. So, it makes so much I know we are not getting that 11 sense to me. specific, but there is a reason I know that you 12 are thinking that, because I am having that same 13 thought, as a clinical person; that is where 14 we tithe. 15 16 CO-CHAIR CROCKETT-JONES: Okay. 17 Are we ready to vote on the recommendation as written? 18 19 A11 who are in favor of this 20 recommendation raise their hands or say "Yea". (Show of hands.) 21 22 All who are against raise their NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

165 1 hands or say "Nay". 2 (No response.) All who are abstaining? 3 4 (No response.) 5 And, Dr. Turner, were do you stand б on this? 7 DR. TURNER: Yea. CO-CHAIR CROCKETT-JONES: Okay. 8 Well, I don't think that we have time for a 9 10 discussion prior to lunch for a recommendation. I don't think we will get through it, and I 11 don't want it to be separated. So, we can break 12 for lunch now? 13 EXECUTIVE DIRECTOR DAILEY: 14 I am 15 the language for happy to put up the 16 recommendation that we skipped. So, I would like to make use of this time. I have 10 17 minutes. 18 19 CO-CHAIR NATHAN: Okay. So, this is Recommendation D5. Is this the one where 20 General Mustion --21 22 EXECUTIVE DIRECTOR DAILEY: Yes, **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

166 1 sir. 2 CO-CHAIR NATHAN: -- helped us rewicker it? Okay. 3 4 So, this is OSD and TRICARE management. I give up. It is changing as I --5 6 (Laughter.) 7 (Pause.) Is that all together or is that --8 9 EXECUTIVE DIRECTOR DAILEY: No, it 10 is just that main line. CO-CHAIR NATHAN: Just that one 11 line? 12 13 EXECUTIVE DIRECTOR DAILEY: Correct, in the middle. 14 CO-CHAIR NATHAN: "LSD, 15 Health Affairs, and TMA develop and implement measures 16 of effectiveness that ensure consistency, 17 completeness, and currency of training for 18 19 clinical care managers." Very succinct. 20 Okay. Issues? Concerns? Discussion on this? 21 MG MUSTION: Sir, after looking at 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 it, and you have the expertise, is it appropriate 2 to differentiate Health Affairs and TMA or should we tag that the same way we have done 3 4 other recommendations, because OSD Health Affairs kind of owns TMA, I think? 5 CO-CHAIR NATHAN: Yes, I think you 6 7 are fine either way. I think you could certainly pull TMA out of there. And this way, 8 even though we can't technically recognize the 9 10 DHA yet, OSD/Health Affairs will own DHA. And so, this covers both. And TMA, you know, DHA 11 will be the artist formerly known as TMA. 12 13 (Laughter.) So, we will see what happens. 14 Okay. So, given that --15 16 EXECUTIVE DIRECTOR DAILEY: One One more. No, no, we are going on. 17 more. We're going. Go ahead, sir. 18 19 CO-CHAIR NATHAN: Okay. Any other 20 points of friction, concern? (No response.) 21 22 Going once. Going twice. NEAL R. GROSS

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168 1 Okay. So, on Recommendation D5, I need a motion to adopt as written. 2 MG MUSTION: I make a motion that 3 4 we adopt it as written. 5 CAPT EVANS: I second. б CO-CHAIR NATHAN: Okay. So, all 7 those in favor of adopting Recommendation D5 as written please signify by raising your hand 8 9 or saying "Yea". 10 (Show of hands.) All those opposed raise your hand 11 or say "Nay". 12 13 (No response.) Any abstentions? 14 (No response.) 15 16 And, Dr. Turner, your vote? (No response.) 17 He is off the line? 18 Okay. 19 Okay. So, it stand adopted. 20 So, at this point --CO-CHAIR CROCKETT-JONES: 21 Now we 22 can go to lunch. **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	CO-CHAIR NATHAN: now we can go
2	to lunch.
3	Did we want to recognize our
4	individual?
5	EXECUTIVE DIRECTOR DAILEY: Sir, we
6	are doing that tomorrow. Yes, sir.
7	CO-CHAIR NATHAN: Okay. Lunch.
8	So, we will move it up by 15. So, we will be
9	back at 1300?
10	EXECUTIVE DIRECTOR DAILEY: Yes.
11	Yes, sir, at 1300 for a return, please.
12	We are doing good, ladies and
13	gentlemen. You are already at 2:30 on today.
14	So, we should be able to also address some of
15	tomorrow's recommendations today. So, good.
16	Good job.
17	(Whereupon, the foregoing matter
18	went off the record for lunch at 11:54 a.m. and
19	went back on the record at 12:59 p.m.)
20	
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170 1 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N 2 12:59 p.m. 3 CO-CHAIR CROCKETT-JONES: Okay, 4 everyone, if we are back, we are going to continue with our recommendations. 5 б We are currently up to, about to start D9. This recommendation states that "DoD 7 should ensure implementation of the Joint 8 Federal Travel Regulations and Joint Travel 9 10 Regulations for family members of recovering warriors is consistent across Service branches. 11 Utilization of invitation travel orders and 12 13 non-medical attendant orders and payment processes should be the same across Services." 14 If we can have a motion to 15 Okay. 16 discuss this? 17 MG MUSTION: Т move the recommendation, motion to discuss. 18 19 CO-CHAIR CROCKETT-JONES: Second? MR. REHBEIN: I'll second it. 20 TSGT EUDY: My main concern with the 21 language of this is, what do we establish as 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701

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identified that each Service does something 2 differently, but how do we make sure that the 3 4 best standard is chosen, the ideal standard? 5 Also regarding language, after the б statement of non-medical attendant orders, I 7 feel that the statement of services provided should be placed in there. So, "and non-medical 8 attendant orders, the services provided, and 9 payment processes". 10 CO-CHAIR NATHAN: 11 Are we as interested in telling them specifically which 12 practices are the best or assuming that it is 13 up to them to find the best ones? 14 But, regardless, they should be the same? 15 16 MG MUSTION: Sir, the Department of Defense needs to clearly articulate how we are 17 supposed to interpret the JFTR. That is where 18 19 the issue is. Every Service is interpreting 20 the provisions of the JFTR differently. I mean, I know how the Army interprets and how the other 21 Services interpret it. And Services are using 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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the set standard?

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Because we have clearly

different provisions of a JFTR to satisfy what they want to do, what they believe 2 is appropriate. 3

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4 From our view, in the discussions as we went around, I think that we need to just 5 6 have a clear and consistent interpretation of 7 how ITOs and non-medical attendant authorities will be used and how they will be applied. 8 And OSD P&R should be the one that should publish 9 10 that and issue that guidance.

I don't think we need a policy. 11 We just need the Department of Defense 12 to articulate what that one policy is. 13

14 CO-CHAIR NATHAN: "DoD should ensure implementation of the JTF and JTR for 15 16 family members is consistent" Does that satisfy the spirit of what you are saying? 17 MG MUSTION: Yes, sir. Yes, sir, 18 19 it would.

20 CO-CHAIR NATHAN: Other concerns, issues? 21

> EXECUTIVE DIRECTOR DAILEY: Okay.

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1 I do want to direct you the Warrior Care Policy Office did provide us some guidance. 2 If you would go to tab J, also, the very last sheet 3 4 that is in there, it does say "Warrior Care Policy Office" at the top. It is the first one 5 б in there. They are a little concerned about 7 who is getting this one. MG MUSTION: And they are both in 8 the same organization. 9 10 EXECUTIVE DIRECTOR DAILEY: What's 11 that? MG MUSTION: They are both part of 12 OSD P&R. 13 14 (Laughter.) EXECUTIVE DIRECTOR DAILEY: 15 Okay. 16 I am happy to change that to "OSD P&R" versus "Warrior Care Policy" versus "MPP". 17 And we should, then, direct -- if we should, in that 18 19 case, I wouldn't mind putting language in there 20 that says "OSD P&R," David, "OSD P&R". Yes. And then, we will hold the accountable agency 21 22 in there, OSD P&R, and then, the Services. And NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

174 1 then, accountable agencies would be as stated 2 in the "Accountable Agencies" line. TSGT EUDY: And place a comma after 3 4 "orders," and then, "services provided". 5 EXECUTIVE DIRECTOR DAILEY: So, we 6 have some concurrence here that this would be 7 the correct agencies, now that we have got that off the table. 8 9 CO-CHAIR CROCKETT-JONES: Any 10 further discussion? (No response.) 11 12 Well, then, are we ready to vote? 13 Then, all in favor of this 14 recommendation as written raise your hands to 15 say "Yea". 16 (Show of hands.) All against this recommendation 17 raise your hands to say "Nay". 18 19 (No response.) 20 Any abstentions? (No response.) 21 22 And, Dr. Turner, are you there? NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	DR. TURNER: Yea.
2	CO-CHAIR CROCKETT-JONES: Yea?
3	All right, then, we can move on to
4	the next recommendation which states that "The
5	implementation of the SCAADL benefit must be
6	optimized through a legislative change to exempt
7	SCAADL from income taxes, enhancing marketing
8	to the eligible population, and electronic
9	application process in AHLTA for primary care
10	manager access."
11	If someone would like to move to
12	adopt this recommendation for discussion?
13	CAPT EVANS: Move to adopt for
14	discussion.
15	CSM DeJONG: I'll second.
16	CO-CHAIR NATHAN: So, the spirit of
17	this one was Sergeant Major DeJong, as I
18	recall you were fairly invested in this one.
19	You are now anyway, right? Yes.
20	(Laughter.)
21	CSM DeJONG: I'll take it, sir.
22	CO-CHAIR NATHAN: Well, you know,
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I'm not the SCAADL guy here. 1

2	CO-CHAIR CROCKETT-JONES: Well, we
3	know that it is being underutilized. There is
4	good data, hard data to saying that people who
5	are eligible are not getting it, are not
6	necessarily even aware of it, and they have been
7	at times dissuaded from applying because of lack
8	of information of the recovering warrior cadre
9	or non-medical case management not really having
10	good grasp of eligibility.
11	So, this was suggested as a fix, and
12	I would like people to look at the language and
13	discuss it.
14	CAPT EVANS: And I believe from the
15	Service, the different briefs that we received,
16	we observed that the numbers were pretty low
17	as far as the number of enrolled to the program
18	and in the number they reported as far as
19	receiving SCAADL. So, it was a little
20	interesting that the disproportion of number
21	receiving, I believe receiving SCAADL payment.
22	And then, there was also a concern
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177 from family members I think we had in a couple 1 2 of our focus groups that, because of the tax, they actually went out and said, "I do not want 3 SCAADL because it's a taxable income." 4 5 So, I think we have enough findings б to support going forward with the 7 recommendation. CO-CHAIR CROCKETT-JONES: 8 Are we 9 ready to vote on the recommendation as written? 10 Well, then, let me ask all who want to recommend this to raise their hands to say 11 "Yea". 12 13 (Show of hands.) All who vote nay raise your hands. 14 (No response.) 15 16 Any abstentions? (No response.) 17 Dr. Turner, how are you voting? 18 One 19 more? 20 EXECUTIVE DIRECTOR DAILEY: Dr. Turner, are you there? 21 22 DR. Yes, I'm here. Ι TURNER: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com 1 voted yea.

2 CO-CHAIR CROCKETT-JONES: All 3 right, then, let's move to the next 4 recommendation.

5 CO-CHAIR NATHAN: Yes. It is 6 passive resistance.

7 So, these next three recommendations require us to make a choice 8 among the three. Basically, they center on 9 methods, and we broached this on an earlier 10 recommendation. They center on methods to 11 increase family member involvement in the 12 13 recovery process. And we are only going to 14 select one recommendation. Presumably, we are 15 only going to select one recommendation to move 16 forward for final voting. So, you are going to see three recommendations. 17

18 The first recommendation is 19 Recommendation D11, which basically says, "In 20 order to increase both family member involvement 21 in the recovery process and family member 22 awareness of available resources, the Services

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will include family members in the initial unit
 program orientation and the initial briefing
 upon entry into IDES.

4 "Army and Marine Corps family members, in processing at the CBWTU and the WWR, 5 б and their initial IDES briefing with the 7 Physical Evaluation Board" -- "in processing with the initial IDES briefing with the Physical 8 Evaluation Board Liaison Officer (PEBLO)." 9

10 The second bullet is "The Air Force 11 and Navy family members, the initial RCC and 12 case manager contact, and the initial IDES 13 briefing with the PEBLO."

And the third bullet is "The RC family member will attend in person when the RW is attending is in person. RC family members will receive Temporary Duty Assignment (TDY) orders for this purpose."

MS. MALEBRANCHE: It's hard to go between the three, but I think in any of the three, if I could just add comment? On any of them, they don't talk about the Reserve

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1	Component family members getting travel orders,
2	and I think they need them in any of these
3	situations, don't they?
4	CO-CHAIR CROCKETT-JONES: This one
5	says it on the third bullet.
6	MS. MALEBRANCHE: Is that travel?
7	Okay, TDY orders, the same as travel for the
8	compensation?
9	CO-CHAIR NATHAN: So, before we do
10	anything should we look at the other two
11	recommendations?
12	EXECUTIVE DIRECTOR DAILEY: Yes.
13	Sir, let's give everyone a feel for it.
14	CO-CHAIR NATHAN: So, there is that
15	one. If we could go back just a second and just
16	sort of summarize the spirit of this one, so
17	that you can have a working synopsis in your
18	head.
19	EXECUTIVE DIRECTOR DAILEY: Okay,
20	ladies and gentlemen, this is the "will"
21	recommendation. All right? This is the one
22	that is at you asked us, when we were crafting
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these in time of discussion to give you three
 levels of recommendation.

One was the "will" recommendation. Another recommendation is the "encouraging" recommendation. And then, the third recommendation is the "more encouragement" recommendation.

CO-CHAIR NATHAN: Okay.

9 MG MUSTION: Can I just ask a 10 question about this specific one. Legally, can 11 the term "will" -- is it enforceable, I guess 12 is the way? Are we going to create or generate 13 a recommendation in a report that goes forward 14 that cannot be executed based on law, or based 15 on some other --

EXECUTIVE DIRECTOR DAILEY: It is culture right now that you do not require families to participate in certain activities or you give them the latitude.

20 Now there has been precedent.
21 Correct, NCoE is a very good example.

CO-CHAIR CROCKETT-JONES: And we

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1 already tell those that in order to be enrolled in a CBWTU, they have to demonstrate a family 2 support system that is available to them, so 3 4 that they can complete their recovery and So, we have already put those 5 transition. б families on, made them obligated be to 7 consistent in support in order for that person to stay enrolled at the CBWTU. 8 9 So, I think that if we can say that 10 you have to have it there, then you have to inform them as well -- it doesn't seem like as much 11 of a leap, considering that we have already --12 13 MG MUSTION: But if the Service 14 member says, "I don't want my family involved. I don't want them informed," does that mean 15 16 that the Service is authorized to say, "Okay. Then, we're not going to take care of you."? 17 CO-CHAIR CROCKETT-JONES: 18 Well, 19 the way the Marines do is they say you have to

give an explanation to the senior officer, the battalion commander basically level, of why you don't want them involved, and you have to have

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an explanation to higher, if you want to refuse
 that.

Ιf that that 3 we say person 4 can't -- if a person says, "I want to be in a CBWTU, and I have that family support, but I 5 б don't want them to be informed," I think it is 7 perfectly legitimate to say, "Then, you're reneging on -- you can't be enrolled because, 8 without contact with them, we can't confirm that 9 10 you have adequate family support." For the others, like I said, the 11 Wounded Warrior Regiment already has a policy 12 to say, "If you are going to refuse this contact 13 and information, you have to explain it to the 14 commanding officer." 15 16 It just would be nice if that was a general policy, not just -- it has done a 17 lot to change the culture; I'll put it that way. 18

MR. REHBEIN: I'm not sure that that really addresses the General's question, though, because that recommendation -- and we touched on this in Recommendation No. 6, too,

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when we talked about a required PTSD class. 1 This recommendation requires, if we adopt it, 2 requires travel. It is not a recommendation 3 4 that says they have to be informed. That is No. 13. 5 б So, I don't understand exactly what 7 the limitations are legally, morally, ethically. 8 9 CO-CHAIR NATHAN: Okay. So, why 10 don't we do this? MR. REHBEIN: But No. 12 does a lot 11 of the same things, only in a slightly different 12 13 manner. 14 CO-CHAIR NATHAN: Right, right. 15 So, we now understand the nuances of this one. 16 It is the "will," the helping verb, right, "will"? 17 And now, we are going to look at the 18 19 next one. And if we end up coming back to, if 20 we end up as a group settling on 11, then we will have to duke it out on what we really think. 21 22 But let's see if it ends up in the final cut. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 So, No. 12 is, the second of the "In order to increase both family member three: 2 involvement in the recovery process and family 3 4 member awareness of available resources, the Services should consistently communicate to 5 б recovering warriors that their designated 7 family member is expected to accompany him or her at minimum to the initial unit program 8 orientation; i.e., the various regiments and 9 10 units. "For the Air Force/Navy, the initial 11 RCC/NMCM contact, and the initial briefing upon 12 entry into IDES, for all Services, initial 13 briefing with the PEBLO. 14 "RC family members are expected to 15 16 attend in person when the RW is attending in person and will receive TDY." 17 So, this is almost verbatim the 18 19 other, except it is "encouraging" as opposed to "will," except for the third bullet. 20 And again, the third bullet is the same. It is you 21 22 are expected to attend in person, and it would NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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1	require a TDY to fund the family member.
2	CO-CHAIR CROCKETT-JONES: My only
3	concern about encouraging is they all say they
4	do already.
5	CO-CHAIR NATHAN: Okay. So, I
6	think we have made the distinction between the
7	first and the second.
8	And now, the third. Again, "In
9	order to increase the family member involvement
10	in the recovery process and the awareness of
11	available resources, Services should conduct
12	100-percent outreach to designated family
13	members of newly-enrolled recovering warriors,
14	defined as positive contact and two-way
15	communication between the person providing the
16	outreach and the person receiving it.
17	"The purpose of this outreach is
18	threefold. One, to invite and encourage family
19	members/family caregiver to attend the initial
20	unit program orientation at the various units
21	for the Air Force, Navy, Army, Marine Corps,
22	and the initial briefing upon entry into IDES
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for all Services, which would be with the PEBLO. 1 The Reserve Component family members may attend 2 in person when the Reserve warrior is attending 3 4 in person and will receive TDY." 5 2 "Encourage the family No. is б member/family caregiver to accompany the 7 recovering warrior on all other appointments if the recovering warrior is amenable." 8 And No. 3, to "Provide family 9 10 member/family caregiver a point of contact for information and support for recovering warrior 11 needs as well as their own." 12 13 So, all three of these are designed to increase family awareness in the recovery 14 process and of available resources. 15 16 The first one, basically, says you will by mandating attendance 17 do it to orientation classes, if you are a Reserve 18 19 Component, and mandating attendance to the initial IDES briefing. And you will provide 20 TDY funds for mandatory attendance of the family 21 member in the Reserve Component to travel with 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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188 1 their warrior to the initial place at Medical Hold, or whatever, where they get 2 their orientation. 3 4 The second one basically said you're expected to do those things and encouraged; 5 б you're expected to encourage, make those things 7 all available and encourage the families to take advantage of them. 8 this third 9 And one would we 10 summarize as how? EXECUTIVE DIRECTOR DAILEY: 11 Ιt really focused on that 100-percent outreach. 12 CO-CHAIR CROCKETT-JONES: 13 And 14 defines it as two-way. EXECUTIVE DIRECTOR DAILEY: 15 And 16 ensuring that that 100-percent outreach is positive contact, not just a voicemail, not just 17 an unanswered email. 18 19 MS. MALEBRANCHE: So, for 20 discussion's sake, I am thinking on the first one, where it is a "will," I think we have to 21 22 be careful of not putting an unintended or we NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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should be careful of not causing a hardship,
 not knowing family situations and how they are.
 Understand, it is better for them to be there,
 but it is kind of like first do no harm. I mean,
 you don't know the family situation, the
 children, and all the other things. So, I have
 a little hesitancy.

CO-CHAIR CROCKETT-JONES: The only 8 thing that I say about is that, until they have 9 10 been introduced to the cadre, you don't really I think that the best way for the 11 know. non-medical case managers and the cadre and the 12 RCCs to know what the family dynamics really 13 are is to assess it themselves, and getting them 14 in once in person to that kind of orientation 15 16 provides them -- I mean, I think that the caregivers, the bedside liaisons find that, once 17 those family members are there, they can 18 19 actually know what the real deal is. That is the first thing. 20

21 And the second thing is I know 22 everyone seems to think that you can't mandate.

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But, as a spouse, I have been told I have to 1 2 go or my husband pays a price and he has to do I have been mandated to go to something. 3 4 courses that I didn't want to go to. I went to them. 5 б I know that there is some concern 7 about legality, but it never came up when someone said I had to attend the officer basic courses 8 9 spouse orientation, and I had to go one day every 10 week for a week (sic). So, I am not sure how they managed 11 12 to get me there. 13 Yes, I would contend MG MUSTION: 14 that what you just said is not legally-enforceable. What we are trying to 15 16 implement is something that we would deny support and care to a Service member if his 17 family member or healthcare or his designated 18 19 family member elected not to participate. And I think that takes it to the other extreme. 20 And that is, quite frankly, what the 21 22 first recommendation says. If your family NEAL R. GROSS

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191 1 member or caregiver doesn't participate, we are not going to provide care to the soldier. 2 Now, I mean, that could be interpretation. 3 What I would like to offer is a 4 potential compromise of all three. 5 And the б first is I think we should make a comment -- I'm 7 sorry? EXECUTIVE DIRECTOR DAILEY: 8 9 Nothing. I got it. I'm just telling him to 10 type. You're going to talk; he is going to type. (Laughter.) 11 MG MUSTION: I think we should 12 that directing family 13 recognize member, mandating family member participation is not 14 legally-enforceable. I mean, we are presuming 15 16 that, first. But what we should do is say that 17 there should be or require the Services to 18 19 implement a 100-percent outreach at intake, and 20 then, also, using the same words that you have here, should consistently communicate to the 21 22 recovering warriors family members or NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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we want to designate, must establish for the 2 Services measures of effectiveness across the 3 4 Services that we can gauge in our subsequent 5 areas. б And I think if you pull those three 7 things together, you can accomplish exactly the intent of all three of our recommendations here 8 in one. 9 10 CO-CHAIR NATHAN: I think that is key. No, no, I think that is key. I think what 11 you said is key. I think you know the expression 12 you don't get what you deserve in life; you get 13 what you negotiate? And if we went with the 14 very first one, my concern is we would simply 15 16 get back either a non-concur or a partially concur, cannot legally mandate families to 17 attend. 18 19 But I am as passionate as Suzanne is about this. We have seen the benefits of 20 what happens when we get the family members 21 22 involved early. We have just seen that. And

designated caregivers, and WCP, OSD, whoever

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that, oftentimes, is taking the path of greater resistance because the warrior doesn't want their family member in at the beginning. And we have seen how we can actually do this for their own good. Yet, I agree, I don't think it is legally-enforceable.

7 Just as if you had refused to attend the classes that you were told to attend, they 8 weren't going to fine you or kick you off base, 9 or whatever, although in your culture your 10 spouse may have suffered, you know, and may have 11 been called in and told by the CSM or something, 12 "You're in trouble because we don't think you're 13 a real family going after this." So, I do 14 understand the cultural pressures. 15

I would agree that there should be some inclusion of ways to measure the outreach that is given because, then, we start to satisfy what Ms. Crockett-Jones is talking about, which is how do you ensure that the family members are given visibility of what is available and told that they are encouraged to come.

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1	MG MUSTION: Sir, I would make two
2	additional comments. We went around during
3	visits and the ones you participated in as well.
4	When we talked with the family members you
5	talked to the cadre about how do you measure
б	the effectiveness of your outreach program to
7	family members, but there is no measure of
8	effectiveness.
9	And the other comment I would make
10	is I believe our findings should be strengthened
11	upfront because it is my assessment in our
12	discussions over the last six months that this
13	is probably, this as well as the substance of
14	what we communicate out, is one of the major,
15	if not the major, observations that was
16	reinforced continuously, is the participation
17	by family members is absolutely paramount to
18	the health and welfare and readiness of our
19	Service members and their care. And we say
20	that, but we don't say it in truly bold and very,
21	very strong terms in the findings.
22	CO-CHAIR NATHAN: General Mustion,
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what I hear you saying is -- would you by okay with the wording in this particular recommendation if you were to add a sentence that conveys requirements of MOEs to document this? Thirteen?

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б MG MUSTION: Yes. Sir, I would 7 make one modification. You said the Services should conduct 100-percent outreach at intake, 8 9 whatever that happens to be -- you got all those 10 other words up there -- and make a continuous which is outreach, words should 11 or consistently communicate, which is what we have 12 in Recommendation No. 12, and then, implement 13 14 the measures of effectiveness, establish measures of effectiveness. 15

16 EXECUTIVE DIRECTOR DAILEY: So, 17 there should be 100-percent outreach at intake 18 for family members.

19MG MUSTION:Yes, consistently,20yes.21EXECUTIVE DIRECTOR DAILEY:And

should consistently be measured for

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1 effectiveness. Okay.

CO-CHAIR CROCKETT-JONES: 2 And you probably need the intake to the programs and 3 4 into IDES as specified. EXECUTIVE DIRECTOR DAILEY: 5 Yes. б Do you want intake to be in processing and IDES? 7 I mean, do you want --CO-CHAIR CROCKETT-JONES: 8 Yes. 9 EXECUTIVE DIRECTOR DAILEY: -- to 10 be at those points, and that that should be the measuring points? In processing and IDES would 11 12 be the two points you want this to be measured 13 at? 14 CO-CHAIR CROCKETT-JONES: Yes. 15 MS. MALEBRANCHE: I am wondering, 16 because of the that group we are identifying -- again, this is not here yet, but 17 when we look perhaps next year, to think about 18 19 even ahead of time with the IC3 policy and looking at all of these, I believe that has to 20 be documented in there. So, that will be 21 22 something for us to just keep in mind for next NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1	year because I think that is part of the policy.
2	CAPT EVANS: So, do we need to vote
3	to eliminate the other two? Or how do we
4	CO-CHAIR NATHAN: That's a good
5	point. So, it seems like we are wickering here
6	on 13. And so, why don't I go ahead and call
7	for the question? Yes. So, on 11, I need a
8	motion to either accept or delete this
9	recommendation from further consideration.
10	CAPT EVANS: I motion to delete this
11	recommendation, Recommendation No. 11.
12	CO-CHAIR NATHAN: Second?
13	MS. MALEBRANCHE: I second.
14	CO-CHAIR NATHAN: Okay. So, the
15	motion is to delete this particular
16	recommendation from further consideration. A
17	vote of aye would be deleting this. A vote of
18	nay would be to retain this further
19	consideration, this particular recommendation.
20	All those in favor of deleting this
21	from further consideration either raise your
22	hands or say "Aye".
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1	(Show of hands.)
2	All those opposed say "Nay".
3	(No response.)
4	Any abstentions?
5	(No response.)
6	Dr. Turner, are you back on the net?
7	DR. TURNER: Aye.
8	CO-CHAIR NATHAN: Okay. Thank
9	you.
10	EXECUTIVE DIRECTOR DAILEY: So,
11	ladies and gentlemen, if you feel strongly about
12	any of these recommendations, please don't get
13	on the bus to Abilene here. I mean, if you
14	wanted to retain that, you have every right to
15	say a "Nay". Let me just say that to you, so
16	that it is an opportunity to make your case with
17	a vote.
18	CO-CHAIR NATHAN: We take an oath
19	to support and defend the Constitution against
20	all enemies, foreign and domestic.
21	(Laughter.)
22	And so, please, stand up on your
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1 rights.

2	Okay. This is Recommendation D12.
3	So now, what we are left to do is we are left
4	to pick between 12 and 13 and wicker on the one
5	or the other. So, this is recommendation 12,
6	which is the same as 1, basically, except this
7	is the "should" and the "encourage".
8	I need a motion to either delete from
9	further consideration or to keep for further
10	consideration this recommendation.
11	You scared them all off, Ms. Dailey.
12	Nobody wants to do anything now. You've got
13	everybody completely
14	(Laughter.)
15	LTCOL KEANE: I make a motion to
16	delete this recommendation.
17	CO-CHAIR NATHAN: Seconds?
18	CAPT EVANS: Second.
19	CO-CHAIR NATHAN: Okay. A vote of
20	yea means that
21	MR. REHBEIN: Sir, if I may for just
22	a moment?
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1	CO-CHAIR NATHAN: Oh, please.
2	MR. REHBEIN: I wasn't going to make
3	the motion, but I am going to put my oar in the
4	water for this recommendation a little bit
5	because I think this recommendation
6	communicates to the family members that there
7	is an expectation that their attendance will
8	enhance recovery. I think it is a stronger
9	message to the family member than just telling
10	them you can if you want to and getting two-way
11	communication.
12	I think setting that expectation
13	would, for those family members that are still
14	on the fence, bring them off the fence in the
15	right direction. And so, I think that "expected
16	to" carries some additional weight than just
17	inviting, carries more weight than just inviting
18	and encouraging.
19	So, my particular feeling is that
20	I would prefer that kind of language, if we can
21	come to a consensus on a recommendation. But
22	I think that "is expected to accompany" is an
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1 || important thing.

2 CO-CHAIR CROCKETT-JONES: Yes, I 3 was going to suggest that that kind of language 4 be included in the 13 as we are writing, as we 5 finally jigger it.

б MG MUSTION: I agree. I think the 7 words from "conduct 100-percent outreach" -- or excuse me -- "consistently communicate" in that 8 9 through "accompany him or her at a minimum," 10 I think we should take that as we smash together the 100-percent plus this plus the others with 11 the measure of effectiveness; it would all go 12 I agree. That is a good catch. 13 together.

14 CO-CHAIR NATHAN: Okay. So, I 15 think that, again, technically, we are 16 considering each recommendation on its own merits, but we know that perhaps there will be 17 some latitude in the 13 one to incorporate more 18 of a demand, an expectation that families to 19 do this. 20

21That said, we have to vote on 12.22So, no further discussion?

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202 1 I need a motion. I think I have a 2 motion. 3 So, all those who vote yea are voting 4 to delete this specifically-written from further consideration. 5 recommendation б Please, if you agree with that, vote "Yea" or 7 raise your hands. (Show of hands.) 8 9 Okay. Nays? 10 (No response.) 11 Hearing none, abstentions? 12 (No response.) 13 Hearing none, Dr. Turner? 14 DR. TURNER: Yea. 15 CO-CHAIR NATHAN: Thank you. 16 Okay. Now we will go down to Recommendation 13. It is the last one left. 17 So, we either live with and/or modify this one 18 19 or this entire block of recommendations goes 20 away. So, on 13, General Mustion, do you 21 22 want to outline again what you are saying? NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1	MG MUSTION: "There should be
2	100-percent outreach at in-processing and IDES
3	orientation for family members or designated
4	family caregiver," because I think we have to
5	consistent with whatever those words are, "and
6	consistent communication with recovering
7	warriors that their designated family members
8	are expected to accompany him or her at a minimum
9	to initial intake," which is what we had the
10	Recommendation No. 12. It is that one sentence
11	that we commented earlier, if we could cut and
12	paste, I think.
13	And then, sir, as we spoke, and,
14	ma'am, the third part being that "The Department
15	establish measures of effectiveness which allow
16	us to assess how well we are doing." "How well
17	we are doing" is probably not a real technical
18	term.
19	(Laughter.)
20	CO-CHAIR NATHAN: And this is to
21	replace the intro paragraph? So, it would read,
22	"In order to increase both family member
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204 1 involvement in the recovery process and family 2 member awareness of available resources, there should be" --3 4 EXECUTIVE DIRECTOR DAILEY: T'm working at the bottom, ladies and gentlemen. 5 б I have recrafted 1 and 2. Go all the way to 7 the bottom. should "There be 100-percent 8 9 outreach at in-processing and IDES orientation 10 for family members and designated caregivers, and consistently communicate that attendance 11 is expected" --12 13 CO-CHAIR CROCKETT-JONES: We can't 14 hear you, Denise. Use the microphone. 15 EXECUTIVE DIRECTOR DAILEY: Oh, 16 sorry. let me direct everyone's 17 So, attention down to 13, right where it says 18 19 "Discussion". MG MUSTION: I would offer that the 20 recommendation that we are working here with 21 22 should begin with, "To increase both family NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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member involvement and recovery process, and awareness of public resources" -- or "available resources" -- that should be the lead-in to what we are suggesting at the bottom. Comma. There should be 100-percent outreach at in-processing...."

7 TSGT EUDY: Regarding this and measures of effectiveness, my only concern is, 8 as we see time and time again, every cadre member 9 10 says, "I've got 100-percent contact," and they have checked the block off of a sheet because 11 12 they have made the phone call or left а voicemail, you know, maybe had one phone 13 conversation or one email. 14

My worry is that we don't want the wording to be vague for MOE because we may get the same result of what we are dealing with right now and we continue to see. So, I think it is good; we just need to, I think, push it a little bit further, maybe in the findings portion have something in there that would bolster that.

CO-CHAIR CROCKETT-JONES: I think

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that sentence from up in the first paragraph, 1 "defined outreach as positive contact 2 and communication between the 3 two-way person 4 providing the outreach and the person receiving it," that is an important inclusion because that 5 б is what was missing a lot of the places where 7 we went. So, as long as we put that in somewhere, and that is what we measure. 8 9 EXECUTIVE DIRECTOR DAILEY: We do 10 need another line in there for measuring this So, move that down out of the sight 11 event. vision, and let's start with a different line 12 for measuring effectiveness. Let's work this. 13

15 "To increase both family member 16 involvement in the recovery process and family 17 member awareness of resources, there should be 18 100-percent outreach at in-processing IDES 19 orientation for family members or designated 20 caregivers." Do you want to go with a period 21 here? Period.

You're getting there.

22

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"One-hundred-percent outreach is

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1 defined as positive contact and two-way communication between the person providing the 2 outreach and the person receiving it." 3 4 "Tt should be consistently communicated that attendance is expected" would 5 б be your next line. "It should be consistently 7 communicated that attendance is expected." "Programs should be measured to 8 achieve 100-percent attendance by spouses." 9 10 That is what you would like to walk into a 11 unit -- when we ask, "How many people are attending," they say 5 percent. So, what you 12 are really looking for them to be able to measure 13 is getting up that thermometer, just like we 14 do the measuring of our -- what's that fall 15 16 program for donations? -- CFC. You want to see that thermometer get up to 100 percent of spouse 17 participation in in-processing and IDES. 18 So, 19 that is what your last line would be. is 20 "The intent to achieve 100-percent spouse participation." Would that 21 be --22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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208 CO-CHAIR NATHAN: I think, 1 for 2 measures of effectiveness, you need to be more directive. know, 3 You "Measures of 4 effectiveness will be implemented to document participation" --5 б EXECUTIVE DIRECTOR DAILEY: Okay. 7 CO-CHAIR NATHAN: -- "of family involvement." 8 EXECUTIVE DIRECTOR DAILEY: Good. 9 10 "To measure" --CO-CHAIR NATHAN: "To measure or 11 document" --12 13 EXECUTIVE DIRECTOR DAILEY: "Family involvement". 14 CO-CHAIR CROCKETT-JONES: 15 16 "Document". EXECUTIVE DIRECTOR DAILEY: 17 Or "document family involvement". 18 19 CO-CHAIR NATHAN: "To document 20 family involvement". CO-CHAIR CROCKETT-JONES: "And 21 attendance." 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	CO-CHAIR NATHAN: "Family
2	involvement and attendance"?
3	EXECUTIVE DIRECTOR DAILEY:
4	Period, and then, move the rest of that out of
5	the sight vision. Scroll.
6	So, take a look at that. You're
7	going to have to vote out 13 and, then, vote
8	in this one.
9	CO-CHAIR NATHAN: The very last
10	line of well, now the second-to-last line,
11	"It should be consistently communicated that
12	attendance is expected," what does that mean?
13	MS. MALEBRANCHE: That family
14	member.
15	MG MUSTION: I think what we are
16	saying is that family member or family caregiver
17	participation is expected.
18	EXECUTIVE DIRECTOR DAILEY: Okay.
19	Take out "attendance"; put in "participation".
20	CO-CHAIR NATHAN: But what is "It
21	is should be consistently communicated," what
22	does that mean? The whole time the warrior is
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1 there, they should be calling the family and saying, "Come in and talk to us" or they should 2 be talking to them? "You're expected to be at 3 4 the very first orientation."? CO-CHAIR CROCKETT-JONES: I think 5 б that one of the things that we hear, and this 7 probably is why it came to mind for Denise, one of the things we hear is that one person says, 8 "I will come in." Another person says, "No, 9 you can't come in." And then, the next time 10 there is contact -- it is inconsistent across 11 commands. Some folks are encouraging and some 12 folks are just discouraging. 13 CO-CHAIR NATHAN: Yes, I get it now. 14 So, "It should be consistently communicated" 15 16 means that it should be across the Services --CO-CHAIR CROCKETT-JONES: 17 Yes. CO-CHAIR NATHAN: -- it should be 18 consistent, in that all Services should be 19 20 communicating this? CO-CHAIR CROCKETT-JONES: 21 Across 22 the Services and across the spectrum of care. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 Because, you know, you have folks who say the RCC encouraged them, and some folks who say the 2 cadre discouraged them, and then, some folks 3 4 who say that they had a nurse case manager who encouraged them, and some folks say but the next 5 б case manager discouraged them. 7 So, do you see what I'm saying? Ιt is not just across the services; it is across 8 9 the various contact points. 10 CAPT EVANS: So, we are looking for consistent communication across continuum of 11 care and Services. 12 CO-CHAIR CROCKETT-JONES: 13 We need 14 to change that sentence. 15 CO-CHAIR NATHAN: Yes, I think 16 "Communication will be consistent across Services and caregivers as to family attendance 17 and participation." 18 19 CO-CHAIR CROCKETT-JONES: Not 20 across family members, across Services. CO-CHAIR NATHAN: 21 Do you want it 22 "across Services" or "across Services and NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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212 1 caregivers" or "Services and" --2 CO-CHAIR CROCKETT-JONES: Programs or providers or --3 CO-CHAIR NATHAN: Because what you 4 saying is that somebody in the same 5 are 6 program --7 CO-CHAIR CROCKETT-JONES: Yes, they will get --8 9 MR. REHBEIN: So, then, do we need 10 to put that sentence about RC family members receiving TDY in there? 11 EXECUTIVE DIRECTOR DAILEY: 12 Well, we'll put those three bullets that you see up 13 there that talked about who the definitions are 14 for units and what events we're talking about. 15 16 Those first two bullets would go below this. Yes, cut it out and put it underneath this now. 17 CO-CHAIR NATHAN: What about --18 19 EXECUTIVE DIRECTOR DAILEY: So, that is what it would look like. 20 CO-CHAIR NATHAN: Now what about 21 22 the last line in the paragraph? "Communication NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 will be consistent" -- because Suzanne and I are talking about the fact that one of the 2 concerns is that, within a given Service and 3 within a given program in that 4 Service, different individuals give cross-messages to 5 б the families. And the family will say, "The 7 case manager told me I could certainly come in, but the doctor said I could not." 8 9 And do so, we want to say, 10 "Communication will be consistent across Services and within the program, " or however 11 you better phrase it. But you know what I am 12 trying to say here. 13 It is one thing for the Navy or the 14 Army to simply say, "Look, we expect that you 15 16 will constantly be telling family members that 17

Army to simply say, "Look, we expect that you will constantly be telling family members that they are available" or "that they are expected to attend and they are welcome to attend." But we have found mixed messages within the programs. EXECUTIVE DIRECTOR DAILEY: Okay.

22 That's fine. We have got that in there. So,

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1 you have got a lot in here.

"To increase both family member 2 involvement in the recovery process and family 3 4 member awareness of available resources, there should be 100-percent outreach at in-processing 5 б and IDES orientation for family members or 7 designated caregivers. One-hundred-percent outreach is defined as positive contact, two-way 8 9 communication between the person providing the 10 outreach and the person receiving it. Communication will be consistent across the 11 Services and within the program that family 12 member and caregiver attendance is expected. 13 Measures of effectiveness will be implemented 14 to document family involvement and attendance." 15 16 And then, we have some further definitions below that. 17 CO-CHAIR CROCKETT-JONES: 18 I'm sorry, one more nit to pick. 19 20 EXECUTIVE DIRECTOR DAILEY: Okay. CO-CHAIR CROCKETT-JONES: In the 21 sentence "in-processing and IDES orientation 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

215 1 for family members or designated caregiver," we don't need the second "family" because we 2 want to leave it open. 3 4 EXECUTIVE DIRECTOR DAILEY: Okay. Good. Thank you. 5 б MG MUSTION: And "caregiver" should 7 be plural. EXECUTIVE DIRECTOR DAILEY: Good. 8 9 And then, we are clarifying exactly 10 what "in-processing" means and with who, and identifying in that first bullet that RC 11 families will receive TDY. 12 13 Now do you want the second bullet? CO-CHAIR CROCKETT-JONES: 14 Okay. There is one more concern. 15 16 EXECUTIVE DIRECTOR DAILEY: Good. CO-CHAIR CROCKETT-JONES: Outreach 17 in-processing would prevent them from 18 at attending in-processing. So, we might want to 19 20 say, "outreach prior to in-processing" or "outreach" --21 22 EXECUTIVE DIRECTOR DAILEY: How NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

about "to attend"? 1 2 CO-CHAIR CROCKETT-JONES: "To attend, " there we go, "to attend in-processing". 3 4 CO-CHAIR NATHAN: Okay. Any more comments on the first two bullets? 5 б MS. MALEBRANCHE: That first 7 bullet, the last sentence in parens, where you have the two sections in parens, that doesn't 8 read real clean about "the RC family members 9 10 may attend in person when the RW is attending in person and will receive TDY." We are trying 11 to just get the fact that the RC members will 12 13 receive TDY when the recovering warrior is in 14 person, right? I mean, it is just like two in-person's, and it is kind of like that is 15 16 plunked in the middle. It just doesn't read real clean. 17 "the recovering warrior 18 So, or 19 family member may attend in person and receive TDY when the warrior is attending" -- something 20 is I don't know; it doesn't read clean. 21 22 EXECUTIVE DIRECTOR DAILEY: Take NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

217 1 out the first "in person," would you, please, 2 David? CO-CHAIR NATHAN: Yes, that will 3 4 work. 5 CO-CHAIR CROCKETT-JONES: Okay. 6 "And will receive TDY." That way they are both 7 receiving TDY, not just one. It just read awkward. 8 9 CO-CHAIR NATHAN: Very good. 10 Other comments, concerns? (No response.) 11 Anybody want to bolt in there about 12 13 Abilene? 14 (Laughter.) Okay. Going once. Going twice. 15 16 Okay. So, to summarize, just so we know what we are voting on, the spirit of this 17 is to increase expectation of family involvement 18 19 and family awareness of available resources. initial 20 There were three recommendations. We eliminated the first two. 21 22 We have voted to keep this, we are voting now NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

to keep this third one with the following wording: 2

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increase both family member 3 "To 4 involvement in the recovery process and family member awareness of available resources, there 5 б should be 100-percent outreach to attend 7 in-processing and IDES orientation for family members designated caregivers. 8 or 9 One-hundred-percent outreach is defined as 10 positive contact and two-way communication between the person providing the outreach and 11 the person receiving it. Communication will 12 13 be consistent across the Services and within the program that family member and caregiver 14 attendance is expected. 15

16 "Measures of effectiveness will be implemented to document family involvement and 17 attendance. Specifically, invite 18 and 19 encourage family members and family caregivers to attend the initial unit/program orientation 20 and the initial briefing upon entry into IDES. 21 And the Reserve Component family members may 22

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219 attend when the Reserve warrior is attending 1 2 in person and will receive TDY." second bullet: 3 The "Encourage 4 family member/family caregiver to accompany the recovering warrior on all other appointments 5 б if recovering warrior is amenable." Concerns with that? 7 (No response.) 8 Okay. So, I am calling for a motion 9 10 to accept D13 as written. MG MUSTION: Yes, I make a motion 11 that we accept Recommendation 13 as modified. 12 13 CO-CHAIR NATHAN: Okay. I will second. 14 MR. REHBEIN: CO-CHAIR NATHAN: 15 Okay. So, the 16 vote now is all those in favor of accepting Recommendation D13 as last read, which is these 17 modifications, please say "Yea" or raise your 18 19 hand. (Show of hands.) 20 Any opposed to accepting it please 21 22 say "Nay". NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

	220
1	(No response.)
2	Any abstentions?
3	(No response.)
4	Dr. Turner, your vote?
5	DR. TURNER: Accept.
6	CO-CHAIR NATHAN: Thank you.
7	EXECUTIVE DIRECTOR DAILEY: Good
8	job, everybody. These are going to be tough.
9	You have got two more of these to get through.
10	So, that was very well-done.
11	CO-CHAIR CROCKETT-JONES: Do we
12	need a five-minute bio break to recover from
13	that? Five minutes, and then, we will come
14	back.
15	(Whereupon, the foregoing matter
16	went off the record at 1:56 p.m. and went back
17	on the record at 2:05 p.m.)
18	CO-CHAIR NATHAN: Okay. Is
19	Suzanne around?
20	EXECUTIVE DIRECTOR DAILEY: She's
21	coming, yes.
22	CO-CHAIR NATHAN: We are going to
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be considering Recommendations D3, D14, D15,
 and D16. We will be voting on each one as it
 comes up.

These four recommendations are specific to information resources. Well, as I said, we will discuss and vote on one recommendation before continuing with the remainder.

The first recommendation states 9 10 that, "DoD must identify crucial Recovering and Program information and 11 Warrior Unit disseminate to recovering warriors and their 12 13 families via mobile platforms. The effectiveness of this information dissemination 14 must be measured in ways that alert DoD and 15 16 Service leadership to information gaps and enable rapid corrective action." 17

18 Could I have a motion to continue 19 with discussion on this?

20 MG MUSTION: I make a motion that 21 we open this one for discussion.

22 CO-CHAIR NATHAN: Okay. Second?

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1	MR. REHBEIN: Second. I'll
2	second.
3	CO-CHAIR NATHAN: Got it. All
4	right.
5	So, we talked about trying to be able
6	to plug people more in on a wireless format,
7	iPad-, iPod-, iPhone-type ways to communicate
8	information, being able to look up IDES
9	algorithms, being able to look up various
10	support systems that are available and
11	eligibilities, being to do it on a mobile
12	platform versus simply going to a computer
13	website or picking up a brochure.
14	Suggestions, concerns, issues with
15	the wording of this?
16	This goes on to say that "This
17	information dissemination must be measured in
18	a way that can tell DoD and the Service
19	leadership that there are gaps. So, in other
20	words, how do you determine that your people,
21	that your eligible warriors and their families
22	understand what the programs are?
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1	MR. REHBEIN: If I understand
2	correctly, it seems to me that what we want to
3	talk about in this recommendation is the need
4	to use mobile platforms, but I am sure that the
5	way this is worded really the reference to
6	mobile platforms is a very minor part of this
7	recommendation. Do we need to reword it to
8	bring that out more strongly somehow?
9	As I read the recommendation now,
10	it is all about identifying crucial information
11	and identifying gaps. There is very little
12	about mobile platforms. Which way are we going,
13	I guess is what I am asking.
14	MS. MALEBRANCHE: Yes, I think, Mr.
15	Rehbein, I agree. When I was looking at this,
16	I was trying to figure it out like we need to
17	figure out which ones need to be made out.
18	Maybe things need to be looked at for mobile
19	applications, kind of flipping this back the
20	other way; instead of making what already
21	exists, make things that will fit this. I think
22	I am following you; I am not sure. But I am
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224 1 thinking that we need to flip it. 2 CAPT EVANS: Are we looking at D3 with D14, or this is separate? 3 4 MS. MALEBRANCHE: This is separate. 5 CAPT EVANS: We capture some of this 6 in a later recommendation. So, we talk about 7 how should the Services be reaching out to the families, if you look at once we move into the 8 9 layers. 10 So, I am not sure D3 in itself should go as a recommendation. I think we need to look 11 at what we have. I think we have stronger 12 recommendations coming up in 14 and 15 and 16. 13 14 So, I am not sure if we capture what in 15 the programs do this we want to 16 recommendation. CO-CHAIR CROCKETT-JONES: 17 T'm not. sure that 13, 14, and 15 or 14, 15, and 16 cover 18 19 the concept of mobile platforms as an 20 imperative. I mean, I am not necessarily happy 21 with this wording, but I think that in the 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 findings we are more specific and say that Energy and Military One Source don't have mobile apps. 2 I don't know if that has changed. But, you 3 4 know, it is supposed to be the premier resources on the internet, and if they don't have mobile 5 б apps yet, then they are behind. 7 MR. REHBEIN: Τf this recommendation is about mobile platforms, then 8 9 I think I have some alternate wording I would suggest. 10 I would say, "DoD must enable the 11 use of mobile platforms to disseminate crucial 12 RW Unit and Program information to RWs and their 13 families." 14 "Disseminate," 15 cross out 16 "identify". And then, go down and cross out those next two words, "after information". 17 Okay. Take out "and disseminate". Leave the 18 two "RWs" in there. And take, yes, those three, 19 20 then go. If we are truly recommending heavier 21 use of mobile platforms, in my way of thinking, 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

226 1 that is a better recommendation, a better 2 explanation. 3 LTCOL KEANE: I have another 4 alternate wording. "DoD will mandate the Services 5 б create a mobile app much like the Wounded Warrior 7 Regiment's mobile app." 8 (Laughter.) Actually, I like 9 MS. MALEBRANCHE: 10 that, too, because "enable use" makes it sound like existing ones, and it sounded like when 11 in the discussion part we 12 we were were 13 considering it says to take use of mobile devices, but I think it is to then create the 14 15 apps. 16 And actually, when we went through this, we were thinking of Wounded Warrior 17 Regiment from the VA side. And there is a whole 18 19 division now that is going to be doing but mobile 20 apps. So, I think that is pretty critical. CO-CHAIR CROCKETT-JONES: 21 Okay. 22 If we go with that wording, then we are going NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

to run into the other recommendations, because recommendations about are consolidating the administration and source of the resources that go out in the form of websites I know what my personal inclination

7 is. You know, much of this information is redundant even from Service to Service, and it 8 needs to be consolidated for fiscal reasons. 9 10 We are spending a lot of money on redundancies. And so, I am not sure whether we want 11 to look at the other recommendations before 12 moving ahead with this one, 14, 15, and 16. 13 MG MUSTION: Go ahead. 14 CO-CHAIR CROCKETT-JONES: 15 You can 16 argue with me. CSM 17 DeJONG: I concur about. probably striking this one and putting it 18 19 into -- for a couple of different reasons. When I was reviewing this, I know last meeting we 20 talked about big, grasping things in this one. 21 just really personally couldn't imagine 22 Ι NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 myself telling the Secretary of Defense that you need to come up with a mobile app. 2 I think we can used -- we know from 3 4 past discussion, past recommendations over the years that the NRD is not going away. We know 5 б that it is not being renamed. And we know that 7 they like it and that is part of what we could look at. So, I think we need to focus a little 8 bit more on the NRD, which we know is going to 9 10 be there, and a little less on trying to duplicate what is there. 11 MG MUSTION: I would offer that, I 12 think as the Sergeant Major said, telling the 13 Secretary of Defense that he needs to have mobile 14 platforms is probably, it may be viewed as going 15 16 off the deep end, while we would potentially agree with it. 17 I think what we should tell the 18 19 Secretary of Defense is the Department must 20 implement measures and ensure timely, accurate, and rapidly-accessible information is available 21 to all warriors and all times. And then, you 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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1 can take aspects like consider expanding the use of mobile apps, as the Marine Corps has done, 2 looking at how we do a better job of leveraging 3 4 the NRD call centers, those five or six, three or four other recommendations, and make one 5 б broad recommendation, just as we did in the other 7 case. And then, you put those subordinate specific objectives or specific recommendations 8 underneath it, to include doing this, to include 9 10 doing this, and to include doing this. rapid timely, 11 But access to accurate, and relevant information, I believe 12 is the key part. The Department has to fix that, 13 14 and the Department has to mandate that. And then, they have to implement measures 15 of 16 effectiveness that allow us to determine whether we are being effective on that. 17 CO-CHAIR CROCKETT-JONES: 18 Okay. 19 Well, if you want my suggestion, you can all talk me back off the cliff. 20 (Laughter.) 21 22 CO-CHAIR NATHAN: Or over it. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 CO-CHAIR CROCKETT-JONES: Yes, I'm good with either one. 2 It seems to me that each of the 3 4 Services has targeted applications or websites or call numbers. And then, there is also the 5 б broader NRD and Wounded Warrior, the website, 7 I mean the call number that is not run by NRD, but is referenced on their website. 8 It seems to me that if either of the 9 10 current websites for members and mobile apps were rated and compared for their measures of 11 effectiveness, that the one doing the best job 12 through both access, the most effective and the 13 highest customer satisfaction should be given 14 the job of administrating a universal website 15 16 app, mobile app and call line, and with portals from various Services 17 to that single well-administrated and well-run Service. 18 19 And so now, you guys can tell me why that wouldn't work. 20 MG MUSTION: Well, we could put that 21 22 in there, which would cause many of the Services NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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to go to ground, because you would set the conditions for the Service, whichever Service has that best practice that is adopted gets to eat the enchilada and do the whole nine yards, and the Services aren't going to do that.

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б So, if you tell the Department, you 7 direct the Department, or recommend to the Department that they establish a mechanism or 8 a standard, whatever it happens to be, that makes 9 10 information available consistently on multiple platforms, and it is accurate and it is rapidly 11 accessible, and then, we identify our supported 12 things, I think the Services can still retain 13 their identity, which they are going to want 14 to do; all the Services will. But you provide 15 16 them the framework that your communication network has to include this and this and this 17 and this and this. And then, I think we could 18 potentially get there. 19

20 CAPT EVANS: So, do we have policy 21 that provides oversight or guidance of all the 22 information? So, No. 1, we have gently asked

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1 the Secretary of Defense; we need policy because there is policy out there, I can tell you. 2 Ι can answer my own question. 3 4 And so, if we have policy, then that helps us to go out and assess according to policy 5 б what they are doing. We cannot direct them on 7 mobile devices, online, centralized 1-800 numbers when there is no guidance. 8 9 EXECUTIVE DIRECTOR DAILEY: Okay. So, I need us all back on No. 3, if you please. 10 You decided a month ago -- I know 11 that times have changed -- that you did want 12 to talk directly and discretely to mobile 13 And so, we did a lot of legwork on 14 devices. mobile devices, went to see the second findings. 15 16 We are talking about Pew review of licensing codes now and what people are responding to. 17 So, at that time, you requested this 18 type of work be done for this specific interest. 19 0kay? 20 You ought to vote it up or down and/or we will include a one-liner for the next set 21 recommendations 22 of about Communication а NEAL R. GROSS

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Center. I disagree with you if you think they
 are the same things. That was not your thought
 process a month ago.

4 CO-CHAIR NATHAN: So, to get back to the original intent of this, you don't want 5 б to tell the Department to use mobile apps because 7 you think that is telling them how to suck the egg? You are saying you should just -- you are 8 giving them a qualitative approach, which is 9 10 establish a mechanism to reliably transmit information to families and warriors via 11 multiple platforms. 12

13 This goes beyond that and says -- and I remember the conversation surrounding this 14 at our last business meeting. It was the way 15 16 most of our young people do business now -- and this is the age group of our warriors -- is they 17 get everything off their mobile platforms. 18 They get it off their iPhones, their iPads, their 19 download it. 20

21 And I remember hearing at one of the 22 feedback sessions on one of the trips somebody

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saying, "Why can't we have this stuff where we 1 can get it on an iPad or an iPhone and read it?" 2 And so, that is the genesis of this. 3 4 So, I am still trying to understand. I am not pushing back. I am still trying to 5 б understand why we can't say we recommend the 7 use of mobile platforms or encourage the Department to increase the utility of mobile 8 platforms for dissemination of information. 9 10 Why can't we do that? MG MUSTION: Sir, I guess we could 11 do that, but I would preface that by saying that 12 the Task Force's assessment is that the Services 13 ineffective 14 and the Department have communication systems, it is our observation 15 It is inconsistent. 16 as we go around. It is It is not accessible. Based on our 17 not rapid. discussions in focus groups and --18 19 CO-CHAIR NATHAN: Right. No, I 20 agree. MG MUSTION: -- conducting surveys, 21 the Services should or the Department should 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 mandate. I mean, we could go down telling them specific mobile applications, but I think we 2 could potentially get into the environment where 3 4 the Army could interpret that one way; the Navy interprets it one way; the Air Force interprets 5 б it one way. We contend the Department needs 7 to issue some specific policy, and the policy could be crafted to say you will employ mobile 8 devices 9 that make the following things 10 available, or types of applications that make the following things available. 11 12 CO-CHAIR NATHAN: Okay. 13 EXECUTIVE DIRECTOR DAILEY: And it 14 is not that the Department doesn't have these already. 15 16 CO-CHAIR NATHAN: Right. EXECUTIVE DIRECTOR DAILEY: 17 I mean, Military One Source is accessible via mobile 18 19 devices and has quick-request codes. It is all 20 in the findings. Even the NRD has mobile 21 access. 22 The intent here is more, better, 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 you're right, sir, we are discretely addressing, and your decision at the time was to discretely, 2 not discretely, but to push the Department of 3 4 Defense in this one very small area. That is correct; that was the intent in June. Just keep 5 б that in mind. CSM DeJONG: Ma'am, I do recall the 7 conversation and thought about it in reading 8 I like where General Mustion is going 9 this.

10 with it, make it a smaller point, but not to 11 focus an entire recommendation simply on a 12 mobile app. I think it can fit in in a 13 subcategory better.

14 CO-CHAIR NATHAN: Okay. So, you would leave the term "mobile app" out of the 15 16 paragraph? Or you would use that as an example? CSM DeJONG: Use that as an example 17 under the information capabilities 18 and accessibility. 19

20 EXECUTIVE DIRECTOR DAILEY: We 21 could, but we have made this recommendation 22 before. If you pull out "mobile app," I can

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1	show you the recommendation in 2011 and 2012.
2	This was discrete because it moved
3	them down the road on the mobile app piece.
4	CSM DeJONG: Sure.
5	EXECUTIVE DIRECTOR DAILEY: The
6	other pieces, and the measurement piece also.
7	Admiral Nathan was discussing at the time the
8	stoplight, stop-gap measurement system, that
9	they have effectively gotten the message.
10	But, again, the discreteness of this
11	recommendation for 2013 was mobile
12	applications.
13	CO-CHAIR NATHAN: Okay. So, the
14	recommendation as it is currently written is
15	"DoD must enable use of mobile platforms to
16	disseminate crucial RW Unit and Program
17	information to RWs and their families. The
18	effectiveness of the information dissemination
19	must be measured in ways that alert DoD and
20	Service leadership to information gaps and
21	enable rapid corrective action."
22	That is what we have so far. And
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then, we have some other ideas that remove mobile 1 apps and talk about DoD will create a successful, 2 responsible for 3 is creating successful 4 platforms for disseminating information. An example would be mobile platforms. This is a 5 little more directive. б So, what I would like to do is call 7 for the vote on this one as it is written, up 8 If we take it, we take it. 9 or down. If we 10 don't, we are back to the drawing board. Maybe we will call for it. 11 Do I have a motion to accept this 12 13 as it is? MR. REHBEIN: Without committing to 14 how I am going to vote, I will move that motion. 15 16 (Laughter.) CO-CHAIR NATHAN: That's fine. 17 Т like a person who is definitive in there. 18 19 Do I have a second, not assuming if 20 you second it, how you are going to vote? (Laughter.) 21 MG MUSTION: I will second. 22 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. So, we have a motion to accept as written, with the 2 small modifications, the small crossouts that 3 4 you see above, Recommendation D3, which centers itself around a mobile platform and, then, a 5 measurement to determine if that information б 7 is getting out. All those in favor please raise your 8 hands and say "Yea". 9 10 (Show of hands.) All those opposed please raise your 11 hands and say "Nay". 12 13 (Show of hands.) 14 Okay. Dr. Turner, are you on the line? 15 16 DR. TURNER: Yes. CO-CHAIR NATHAN: And how do you 17 vote? 18 19 DR. TURNER: Accept. Yea. 20 CO-CHAIR NATHAN: Okay. He said 21 accept. 22 So, we are at 5 and 5. There's 11. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

240 1 CO-CHAIR CROCKETT-JONES: I think 2 we were 4 and 6 before. CO-CHAIR NATHAN: Were we 4 and 6? 3 4 Okay. CO-CHAIR CROCKETT-JONES: Five yea 5 б and 6 nay. 7 CO-CHAIR NATHAN: Okay. So, we are 5 and 6. Okay. So, it doesn't pass. 8 9 All right. So, we are back to the 10 drawing board. CO-CHAIR CROCKETT-JONES: 11 And by the way, Denise, I just wanted to say that I 12 can't find any mobile apps for National Resource 13 Directory on Military One Source. There might 14 be a way to access, but I can't find --15 16 TSGT EUDY: What Denise said was that it is available on mobile platform, not 17 that it is a mobile app, but you can get it on 18 19 your phone. 20 CSM DeJONG: Yes, saying that it is tailored. You can view it as a web page, so 21 22 it tailors it to your device, but it is not NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com 1 treated as an application.

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2	CO-CHAIR CROCKETT-JONES: Okay.
3	CAPT EVANS: So, are we able to make
4	the recommendation that we table this one, look
5	at 14, the others, and then, come back to this
6	one? Because I think, again, if we look at the
7	others, I think we will come up with a solid
8	recommendation.
9	CO-CHAIR NATHAN: Well, we voted it
10	down.
11	CAPT EVANS: So, is it gone? Did
12	we vote it off? It's gone?
13	CO-CHAIR NATHAN: It is basically
14	gone.
15	CAPT EVANS: Oh.
16	CO-CHAIR NATHAN: And now, we go to
17	the others and we decide if we want to
18	incorporate this into the others. Okay?
19	So, the next three recommendations
20	require us to make a decision on how we want
21	to approach the Department of Defense on methods
22	to improve the availability of information
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resources to recovering warriors and their families. We are going to select one recommendation to move forward for final voting among those three.

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The first recommendation is going 5 to state that DoD should consolidate current б 7 Service resources and establish а new centralized resource with a single toll-free 8 number and/or a website that gives recovering 9 10 warriors and families a one-stop source for information, referral, and advocacy. 11

I will tell you about the second 12 recommendation, which is going to state that 13 DoD Office of Warrior Care Policy should write 14 a Department of Defense Instruction, a DoDI, 15 16 on the roles and responsibilities of online resources and call centers established by DoD 17 and the Services for the recovering warrior 18 community. 19

20 And I will tell you about the third 21 recommendation, which states that the DoD should 22 take steps to ensure the National Resource

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1 Directory, the NRD's capacity to serve as a one-stop source for information and referral 2 for recovering warriors and families. 3 At a 4 minimum, these steps should include executing a comprehensive marketing strategy targeting 5 б recovering warriors and their family members 7 across the country and a mechanism to track its success in reaching the recovering warrior and 8 the family members. 9 10 So, now we will look at these three and, from them, pick none or one or one that 11 is modified. 12 So, let's look at the first, which 13 is -- let's look back to D14, which is that, 14 "DoD should consolidate the current Service 15 16 resources and establish a new centralized resource with a single toll-free number and/or 17 a single website that gives recovering warriors 18 and their families a one-stop source for 19 20 information, referral, and advocacy." This basically 21 just says 22 consolidate all the various cats and dogs you NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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have from different Services. Create one toll-free number 2 that somebody calls, regardless of whether they want information on 3 4 benefits, on eligibility, or how to boil a three-minute egg, or a website that gives the same information.

7 As opposed to, say, the second one, which talks about creating a DoDI on roles and 8 responsibilities of online resources and calls 9 10 centers. So, that second one is a little more -- ambiguous isn't the right term -- but 11 a little more generalized. It doesn't demand 12 a specific 1-800 number, but it does talk about 13 a DoDI on the roles and responsibilities, so 14 to give a more joint direction to the Services 15 16 on what the online resources and call centers should be doing; to provide some consistency 17 across the Services. 18

19 And then, a third one uses the NRD 20 capacity to serve as a one-stop source for information and referral for the families. 21

> CO-CHAIR CROCKETT-JONES: I just

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1	want to say that my trouble with Recommendation
2	D14 is that there already is the NRD and a
3	toll-free number, which is administered, I
4	believe it is supported by Military One Source,
5	but it is a separate number. That used to be
6	a website, but personal opinion is that the
7	toll-free that is available was very good. It
8	used to be associated with a website, but NRD
9	eliminated the website. But since NRD does not
10	have an 800 number, it did not eliminate the
11	800 number.
12	So, I am hesitant to ask DoD to set
13	up a new one, a new set of the same thing. They
14	already have these.
15	EXECUTIVE DIRECTOR DAILEY: Okay.
16	Before we digress too far, I need you to
17	understand the full scope of the recommendation,
18	which is it is all consolidated in one location.
19	So, if I understand the intent, we have one
20	location for wounded warrior across the
21	Services, which would no longer include NRD.
22	NRD, it is information which deals a lot with
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1 the VA and a lot with the Department of Labor. It would not be advertised as the one-stop shop 2 for wounded warriors; something else would. 3 4 Is that correct? That is how my staff and I understood this one, one location 5 б for wounded warriors, for all wounded warriors, 7 Air Force, Navy, Marine. So, the 1-800 number or the new Navy Call Center would go away. 8 The 9 Marine Call Center would go away. The websites 10 would all come to one location. The Services, the hands-on discussions would be at this one 11 That is what you all called for last 12 location. That is what this one is about. 13 month. I mean, that is 14 MS. MALEBRANCHE: 15 what I thought, too. 16 The VA comment on this -- and this is a consolidation of several folks to include 17 the FRCs -- suggested that, from this report, 18 19 it sounds like there was low user satisfaction 20 and poor information in the draft. But they suggest, instead of changing the National 21 22 Resource Directory to improve outreach, the NRD, NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1 instead, needs to assess the requirements of recovering warriors and family members and 2 change the content to meet the requirements more 3 4 successfully and measure aqainst those requirements. 5

б So, take what we have and make it better because it is not sufficient now, 7 according to everybody that has been looking 8 at it. And that is what we have been seeing. 9 10 And I think we were looking for one source and that was it. 11

I don't have a specific on the 12 number, but that NRD is certainly not -- I mean, 13 14 we have suggested, like I said, the name change. That didn't come about. Suggest changing 15 16 again. So, we need to go back to the NRD, I think. 17 EXECUTIVE DIRECTOR DAILEY: And 18

19 that is Recommendation 16, essentially.

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CO-CHAIR NATHAN: Right.

EXECUTIVE DIRECTOR DAILEY: 21 And 22

last year, it was Recommendation 24. Even

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though we recommended they change the name, we also said remarket and redesign for wounded warrior use.

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CO-CHAIR NATHAN: Right. This is pretty significant stuff because the discussion that we had on this one, really the center of the whole thing was that many people still didn't know who to reach, who to call, or what to talk to.

10 And I am not saying yea or nay on this, but I am saying that the spirit of this 11 one was I don't care what Service you are in; 12 I don't care how seriously you are wounded; I 13 don't care if you are the family member or 14 whatever; you are given a card with a 1-800 15 16 number on it that is the same number. Everybody gets that card with that number. And you call 17 and you ask them your question. 18

And I admit, there is already some Services, NRD and others, that do this, but this was designed to be a 1-800 number that you call for anything. And I was only half-kidding when

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1	I said, "How long do you boil a three-minute
2	egg?" Because you call them and they triage
3	your question to somebody who can give you that
4	information, either on IDES or on where you can
5	get to the SVAC; what SCAADL is; where you are
6	in the scheme of care management. Are you
7	entitled to be enrolled in Safe Harbor?
8	I mean, "I am not getting the help
9	I need from my VA benefits advisor. They are
10	not telling me if I am eligible," you know,
11	whatever. That was the principle in this.
12	Now that may be too hard. That may
13	be a very difficult task, but that was the
14	concept, which is just take away all the
15	confusion, and DoD, and perhaps VA even, but
16	DoD at least, roll up everything you are doing
17	into a one-stop call center. So that, no matter
18	where you are, in Istanbul or Colorado Springs,
19	you call 1-800-something, and there will be
20	somebody there to triage your question. That
21	was the genesis of this.
22	LTCOL KEANE: Sir, I am not sure if
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1 you were here at the end of the meeting when Ms. Crockett-Jones actually the 1-800 number. 2 CO-CHAIR NATHAN: 3 I was. 4 LTCOL KEANE: Okay. You were? It sounded she had success, that they did triage 5 б it. 7 CO-CHAIR CROCKETT-JONES: Tt's called the Wounded Warrior Resource Center. 8 It was very tailored. It was personalized. 9 10 They had great information. They did warm handoffs on the phone. They stayed on the line 11 while connecting me to VA Services, and they 12 were willing to answer any question. 13 But I think that, until that day, 14 I had never heard of the Wounded Warrior Resource 15 16 Center. At least it is called "wounded warrior" 17 something. You know, I just want to throw it 18 19 out there that an excellent one-stop source 20 exists, but it is virtually unknown. I mean, it is so off the record for folks, we haven't 21 22 even known to ask people about it or to suggest NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 it to folks.

CO-CHAIR NATHAN: Right. I mean, 2 the problem is --3 4 EXECUTIVE DIRECTOR DAILEY: Well, we queried Service in the survey, and we have 5 б the statistics on their awareness of the Wounded 7 Warrior Resource Center. It is in the annexes, on exactly how many people knew about it. So, 8 9 I have, out of 86 Service members, family members we asked, I have specific responses on the 10 Wounded Warrior Resource Center. 11 12 CO-CHAIR NATHAN: Do you recall

13 what it was?

EXECUTIVE DIRECTOR DAILEY: No, sir, not off the top of my head. Did we include it in -- is it in the findings anywhere, ladies? Appendix I. But I don't think that's -- I-6 in the appendixes, please.

19CO-CHAIR CROCKETT-JONES:So, we20had less than one-third who had used.Did we21ask whether they had heard of them?

EXECUTIVE DIRECTOR DAILEY: This

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1	question was asked, the question was asked of
2	both family members and Service members.
3	CO-CHAIR CROCKETT-JONES: Under
4	tab F with the annexes, I have it on page Appendix
5	I-18.
6	EXECUTIVE DIRECTOR DAILEY: Well,
7	I am on page I-6, at the top of I-6. Out of
8	the 204 Service members we talked to, 50 percent
9	of them said they had not used that's right,
10	had not used Wounded Warrior Resource Center;
11	40 percent said they did, which is higher than
12	the other resource centers that we queried,
13	well, except for Military One Source, which was
14	42 percent.
15	CO-CHAIR CROCKETT-JONES: And for
16	family members, it was behind Military One
17	Source but ahead of the others.
18	CO-CHAIR NATHAN: Okay. So, if you
19	believe that you have got an existing resource
20	that can do all the things we needed to do, then,
21	if we accept that, then we have to decide if
22	that is something that we are done and we can
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1 vote this recommendation down and move on to the next one, or move on to the next of the three 2 for Service 3 awareness. Or need we а 4 recommendation that simply amps-up the awareness of that resource, if we believe that 5 6 is still a problem. It sounds like, statistically, it 7 is still a problem. We have got less than half 8 9 knowing about it and using it. I am going to 10 assume that the half that didn't use it probably didn't know about it, although some may just 11 not have had issues and never had to use it. 12 13 So, do we change this to be DoD needs to better socialize or market awareness of the 14 Wounded Warrior Resource Center? 15 16 CAPT EVANS: Well, this one is one of three. 17 Do we --CO-CHAIR NATHAN: Right. 18 But you 19 have to look at the other. 20 CAPT EVANS: Right. CO-CHAIR NATHAN: And the other two 21 22 don't really speak to that point. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1	CAPT EVANS: I am just trying to see
2	if we can consolidate these and to make this
3	point into the other three, because I think we
4	capture I like some of the language that we
5	have in 15. I like this one. I like 15. And
6	so, I would like to see us kind of combine some
7	of that together.
8	CO-CHAIR NATHAN: Okay.
9	EXECUTIVE DIRECTOR DAILEY: Well,
10	just keep in mind, I mean, at the time, which
11	I am very flexible is this 14, is this concept
12	off the table? The concept of consolidating
13	everybody is what is being addressed here. How
14	do you feel about that? That concept can't be
15	combined with other concepts. Either you come
16	down as an individual on the side of
17	consolidating these resources and
18	CAPT EVANS: So, Denise, what I am
19	trying to drive is that I want DoD to create
20	a policy that states you will consolidate; you
21	will fast, mobile apps to these patients.
22	What I am driving is that we get to
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1 a policy that states this, and not just putting this recommendation out there, 2 should consolidate, but they actually put it in writing 3 4 and they tell us how, what are they going to do, and what are the MOEs that we can go out 5 and look at effectiveness. Are you meeting that б 7 policy? EXECUTIVE DIRECTOR DAILEY: 8 Okay. Then, you need to vote this one down. If you 9 are going to the policy camp, then --10 But are we going to 11 CAPT EVANS: lose -- I don't want to lose this language 12 because I think the language states we want them 13 to consolidate, and that is where we have been 14 driving, consolidation, with all the programs 15 16 and online websites, and the numbers that they have there. We have been trying to get them 17 to come together and have one, but we wanted 18 it stated in some type of policy that is what 19 20 they have. And I think, right now, Services are 21 22 doing their own type of advertisement and NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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creating their websites and joining this 1-800 number, because I don't think the VCP has said, "This is what you will do."

4 EXECUTIVE DIRECTOR DAILEY: Okay. think about this, then, ladies 5 So, and б gentlemen: if we were to put a policy, if we 7 were to put a recommendation on the table which said you're consolidating all of these websites, 8 9 that is what the policy statement will say, as 10 Captain Evans has laid out for you. How do you feel about that policy statement? Are you going 11 12 to vote up for it or are you going to vote down for it? 13

So, you are really being asked to decide here how you feel, where would your vote go, whether you put it in policy or whether you put it in this recommendation, to consolidate all of these resources. How do you feel about that?

20 MS. MALEBRANCHE: So, are you 21 saying, because when we were through the 22 findings, when they looked and they said one

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1 source was better than the NRD and all this, are you suggesting by this policy, then, just 2 so I am clear, all those things, One Source, 3 4 the NRD, all of these become one by the policy? Because I could understand. I mean, why would 5 б you have a Wounded Warrior Resource Center? 7 Where is the Wounded Warrior Resource Directory? I mean, why aren't all these things in a 8 directory? 9 10 But, again, the name change thing, which I think we had suggested, but I think what 11 I hear Captain Evans saying is it should all 12 be together, but it would be in the policy or 13 would the things be together? Are we doing two 14 15 or one? 16 CAPT EVANS: Well, if we go with this one, I can tell you -- so, I have dual roles. 17 I respond to the Recovery Warrior Task Force 18 recommendations. And so, I can tell you that 19 20 the Services are going to come back and say, "Not doing it." 21 And so, I think if we come back to 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1	WCP and say to them, "So, what's your policy?
2	And how are we to go out there and look at
3	consolidated" or we really want a
4	consolidated process and place for
5	communication with our warriors and family
6	members; i.e., mobile apps; i.e., one 1-800
7	number; online resources. Because I just think
8	that the Services are going to push back and
9	say, "We already have something in place. We
10	already work with NRD. We already work
11	with and so, in our mind, we are consolidated
12	already."
13	CO-CHAIR CROCKETT-JONES: Here's
14	some questions. Is there currently any measure
15	of effectiveness that is the same for all of
16	these Services, all of those resources? Is
17	there any measurement taken that is consistent
18	from resource to resource, so that they can be
19	compared in their effectiveness and their
	compared in eneri errecerveness and eneri
20	outcomes?
20 21	

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1 consolidation, and I think we have a good idea of how DoD responds on the subject. 2 But, if we can't do anything else, if we can agree on 3 4 anything else, can we agree on a single measurement for all of these resources that 5 б would give us a comparison that would make next 7 year's recommendation backed by data and based on fiscal responsibility? 8 9 MS. MALEBRANCHE: This 10 recommendation -- and again, I am going to 11 digress to the Interagency Complex Care thing, the one mission, one plan, one policy. 12 And when I see this that says, "Create a policy," I think 13 you need to throw VA in with this mix because 14 we have been talking about this, that we need 15 16 one policy. And that is very consistent to what 17 Interagency Care Coordination is 18 this to 19 provide. So, the toll-free number, the

Their families become part 21 become veterans. 22 It just seems to me that this is kind of us.

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These recovering warriors

1 of consistent with what the recommendation --CO-CHAIR NATHAN: So, I'm sorry, 2 you are saying D14 is --3 4 MS. MALEBRANCHE: It is consistent with what the IC3 is looking for --5 б CO-CHAIR NATHAN: Right, right. 7 MS. MALEBRANCHE: -- for the one-stop shop, kind of one policy. And again, 8 this is one of those items which I know we are 9 going to get into. 10 CO-CHAIR NATHAN: So we can start 11 getting tactical here again, this really says 12 two things. Let's review what we know. We know 13 14 that we have a problem with people knowing who to call. Only 50 percent of people are calling 15 16 the Warrior Resource Center, the Recovering Warrior Resource Center. And that may be all 17 we need to do, is amplify that. 18 19 What we talked about previously, at 20 previous meetings, is that the minute you come into the system, you are handed a card with a 21 1-800 number on it. So, no matter how much I 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 confuse you as a Service, as an individual, as an SVAC, or anything else, you can always call 2 this number and get some sort of information 3 4 about your about specific not your --information, but about how you can solve your 5 б questions. That is half of this. 7 So, if this just simply said, "There will be a toll-free number that everybody has 8 access to across the spectrum," that would be 9 10 half of this, because that is what it says. The other half of this says, not only 11 that, but your toll-free number will represent 12 13 consolidated service systems. You will 14 actually meld your services and you will create, you know, you will take One Source and Recovering 15 16 Warrior, and everybody else, and you will basically break them down and rebuild them into 17 one consolidated service with an answering 18 19 That is the whole complete thing. system. 20 Half of this just an answering system that gets you to various agencies that don't want to 21 consolidate. 22

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1	So, let's go ahead and vote on this.
2	If you like this, great; we stop. If you don't
3	like this, that doesn't mean you can't take
4	pieces of this onto 15 and 16. Okay?
5	CAPT EVANS: Are we voting so,
6	when you see those two sentences following the
7	statement, so are those included or not
8	included?
9	EXECUTIVE DIRECTOR DAILEY: Those
10	are not included.
11	CO-CHAIR NATHAN: Those are not
12	included.
13	CAPT EVANS: Okay. Yes.
14	CO-CHAIR NATHAN: Okay. So, on
15	D14, this basically says you are going to
16	consolidate the services and, then, you are
17	going to have a single toll-free number.
18	So, do I have a motion to either
19	accept or a motion to delete this for further
20	consideration?
21	LTCOL KEANE: I have a motion to
22	delete this.
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263 1 CO-CHAIR NATHAN: I need a second. 2 TSGT EUDY: I will second. 3 CO-CHAIR NATHAN: Okay. So, a vote 4 of yea means that you want to delete this recommendation, D14, as currently written from 5 further consideration. 6 7 All those --EXECUTIVE DIRECTOR DAILEY: Hang on 8 9 one second. 10 Dr. Turner, are you with us? (No response.) 11 He has left. Okay. All right. 12 13 Go ahead. CO-CHAIR NATHAN: Yes, he is headed 14 to Abilene. Okay. 15 16 So, a vote of yea means that you wish to delete this recommendation, this specific 17 recommendation, from further consideration. 18 19 All those in favor signify by saying 20 yea. (Show of hands.) 21 22 Did you count 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

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1	All those opposed say nay.
2	(Show of hands.)
3	DR. TURNER: Hello.
4	(Laughter.)
5	CO-CHAIR NATHAN: And all those
6	abstaining?
7	(No response.)
8	Dr. Turner, were you present for the
9	conversation on this recommendation?
10	DR. TURNER: I was present for some
11	of it, but the reception was very poor.
12	CO-CHAIR NATHAN: Okay.
13	DR. TURNER: I will yield my proxy
14	as I wrote it to the civilian Co-Chair.
15	CO-CHAIR CROCKETT-JONES: So, that
16	would make that five nays.
17	(Laughter.)
18	CO-CHAIR NATHAN: Okay, five nays.
19	CO-CHAIR CROCKETT-JONES: No,
20	four. No, it would be five.
21	CO-CHAIR NATHAN: Five nays.
22	CO-CHAIR CROCKETT-JONES: Your yes
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1	were only six.
2	CO-CHAIR NATHAN: Yes. Okay. So,
3	it's gone.
4	And now, we are going to move to D15.
5	There were six yeas. There were
б	clearly six yeas. I counted six yeas. So, 6
7	yeas, 5 nays. So, it's gone.
8	So, let's move to D15. D15 is, "The
9	Office of the WCP should write a DoDI on the
10	roles and responsibilities of online resources
11	and call centers established by DoD and the
12	Services for the recovering warrior community."
13	Discussion on this?
14	CO-CHAIR CROCKETT-JONES: Could we
15	add in must include a measure of effectiveness
16	that is standard across all resources?
17	CO-CHAIR NATHAN: And here, not
18	advocating for or against this and I think
19	that is very good, Suzanne not advocating
20	for or against this recommendation, but if you
21	think you are voting for this, does it scratch
22	your itch about, well, solve the problem of the
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patients, the families who don't know where to call?

In other words, remember, 3 the 4 premise is -- and I think it is a good one -- that our families are still confused on where to go 5 б for resources. There are some good ones out 7 there. There are some great ones out there. And some of them probably work pretty well, but 8 a lot of people don't know about them. 9 10 So, I would ask you, as you consider the following two recommendations, 15 and 16, 11 do they address that? 12 MG MUSTION: Sir, as it is written 13 right there, I don't believe that it does. 14 Ι 15 believe Τ would that this or assert 16 recommendation has merit if we modify the recommendation to be a bit more explicit in that 17 the policy must describe, yes, it must describe 18 how the Services will ensure the accuracy, the 19 20 relevancy, the timeliness, the accessibility of the information or of the network, or whatever 21

22 those right words are described. That is really

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1 the gap I think that we have.

We have heard in other forums. 2 You know, we have got soldiers and family members 3 4 drowning in information and at the same time dying of thirst. And that is because we have 5 б inconsistent application of policy. 7 So, I believe if we rewicker this recommendation here to make it a bit more 8 9 prescriptive or directive in nature, we could 10 scratch the itch that we have all been talking about in here for the last hour. 11 CO-CHAIR NATHAN: 12 Okay. 13 I know you wanted to CSM DeJONG: add something about measures of effectiveness. 14 Now we have discussed this in other ways. 15 And 16 not that we have to tell them how to do that. It is just, is that feasible? You have got 17 web-based things. How do you instruct someone 18 19 to do measures of effectiveness? And Mac was 20 always the one that brought it up, when he was here, about how do you know that they don't have 21 somebody on the other side just clicking links 22

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1	saying, "I got a thousand hits today."?
2	(Laughter.)
3	You know, I don't even know if it
4	is doable.
5	MR. REHBEIN: Well, I think one of
б	the measures of effectiveness that we need to
7	have that we don't have right now we have
8	the survey data that says, "Did you use it?"
9	But we don't have the survey data that says,
10	"Have you heard of it?" And so, that I think
11	is the first measure of effectiveness, that
12	whoever, whether it is Warrior Care Policy or
13	the Services, need to implement, is
14	marketability. How many of their people
15	actually know that this thing exists?
16	CSM DeJONG: I like that. Thank
17	you.
18	EXECUTIVE DIRECTOR DAILEY: A great
19	point, and we made it in our recommendation last
20	year, particularly for the NRD.
21	CO-CHAIR CROCKETT-JONES: By the
22	way, when I suggested a measure of
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1 effectiveness, it was across all resources. 2 Because standardized across the resources means we don't want one resource using one measure 3 4 of effectiveness and, then, a different one using another, and then, we can't compare apples 5 б to apples. 7 By the way, there are ways. There are technical ways to measure discrete new 8 9 log-ons as opposed to repeat log-ons. There 10 are ways for websites to do. What I don't know 11 is if that is prohibitively expensive. CAPT EVANS: This is the one that, 12 13 in addition to what it currently states, I would like include toll-free 14 to the _ _ the consolidation. So, just like we previously did 15 16 with PTSD, we gave them some specifics that we want included in there, I think this instruction 17 we should do the same. 18 We want to see 19 specifically these things included in the instruction. 20 CO-CHAIR NATHAN: It could say, 21 "You should write a DoDI on the rules and 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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270 1 responsibility of online resources and call 2 centers to include a common 1-800 number." CAPT EVANS: Uh-hum. 3 4 CO-CHAIR **CROCKETT-JONES:** Specifically after resources? 5 EXECUTIVE DIRECTOR DAILEY: б Hang on 7 a minute. Maybe the same thing that we did before, specifically bullets. 8 What do you want there? 9 10 CAPT EVANS: That is where the 11 language we should include a consolidated 1-800 number, which they supposedly already have. 12 13 EXECUTIVE DIRECTOR DAILEY: Okay. 14 I don't want to go through this and, then, finally kill this one because no one wants to 15 16 vote for consolidated resources. 17 MG MUSTION: Do you mean consolidated or that each Service will establish 18 19 a single -- I mean, you put "consolidated" in 20 there. You just touched the Title 10 responsibility of every Service Secretary and 21 22 there will be pushback. If you tell each NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 Service Secretary, "You will establish a single number, " and if that number happens to be linked 2 to a Department of Defense consolidated number, 3 4 that is a bit more palatable. Or if you tell them that you have to establish a single 5 б application for your Service, and in that 7 application it will contain this, this, this, and this, it makes it a bit more palatable, a 8 9 bit acceptable, and provides for more 10 consistency across the Services and consistency all vertically between the echelons the 11 12 Department has. Just something to think about. 13 CO-CHAIR 14 NATHAN: Well, what Captain Evans is saying is, within the general 15 16 guidance of those rules and responsibilities, we do or don't think that they should -- one 17 of our specific desires is a 1-800 number that 18 19 everybody knows about that works. So, we think 20 we have one that works. Not everybody knows

about it. 21

22

EXECUTIVE DIRECTOR DAILEY: So, a

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well-marketed 1-800 number we need. And again, your intent is to allow them to have their own 1-800 numbers, is that correct?

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4 CO-CHAIR NATHAN: I think that is walking before you run. In other words, my 5 б dream would be a 1-800 number for anybody who's 7 a recovering warrior. But what I hear General Mustion saying is that's not going to happen. 8 So, the best you can hope for is each Service 9 has a 1-800 number that it gives its Service 10 member and their family for help. 11

12 Interestingly enough, you know, you 13 have some places where you have mixed Services 14 in the same group. But, nonetheless, that is 15 what I hear you saying, is a well-marketed 16 consolidated 800 number for each Service, which 17 is better than chopped liver. I don't think 18 it's Nirvana.

But all I have ever wanted was, when somebody comes in -- and I never saw this happen. As you say, we drown in information. I saw a thousand cards come at them, business cards.

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1 "I'm here to help." "I'm here to help." I never saw anybody hand them a number that said, 2 no matter what your issues are, here's a 1-800 3 4 number and they'll get you the answer or they will get you to the person here, who works here, 5 who can get you the answer. I never saw that. б 7 And apparently, you know, we have the Wounded Warrior Resource, which apparently 8 does warm handoffs and will get the answer. 9 10 CO-CHAIR CROCKETT-JONES: Warm handoffs to the VA as well as to --11 So, what is the 12 MS. MALEBRANCHE: problem with -- I think I kind of understand 13 what he is saying about each Service wanting 14 But what if all these 800 numbers fed to 15 it. 16 one number? You know, it is kind of like One Source. What if they all have individual, but 17 they all feed to one number? 18 19 I mean, I am thinking of One Source a little bit, but when you look at the 20 one, the 273 hotline number, the crisis line, that 21 has been working very well warm handoffs. 22 You NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 are talking about a couple of other things that work well. So, what is the matter with us 2 saying, "Do 1-800 numbers, but have it feed to 3 4 the same" -- I mean, it is easier if you just have the one number, but, I mean, if it has to 5 6 be into three -- we all want one number. I mean, 7 it is like 1-800-TRICARE; everybody knows that number. This number you have to find. 8 9 CO-CHAIR NATHAN: Okay. So, we are 10 working on the bullets here. A well-marketed consolidated 800 11 number. 12 13 Karen, how would you change that? Well, I don't 14 MS. MALEBRANCHE: think 15 know. Ι that word 16 "consolidated" -- "well-marketed 800 numbers that feed to one," I guess. I don't know, can 17 that? just 18 we do Can we make this 19 recommendation? 20 CO-CHAIR NATHAN: Well, you can say a single 1-800 number. You don't have to use 21 the "consolidated" --22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	MS. MALEBRANCHE: Yes.
2	CO-CHAIR NATHAN: but you can
3	say
4	MS. MALEBRANCHE: Yes, just a
5	single 1-800 number.
6	CO-CHAIR NATHAN: You can say a
7	single 1-800 number that is 100-percent
8	marketed.
9	MS. MALEBRANCHE: Yes. That kind
10	of consolidates what we were talking about
11	earlier that we just voted down, but a single
12	number is I think what we are after.
13	EXECUTIVE DIRECTOR DAILEY: So, we
14	can't parse words here, ladies and gentlemen.
15	You've got to pick a side on this.
16	(Laughter.)
17	Are you recommending that all the
18	call centers consolidate and you talk to someone
19	who might not be a Marine, who might not be an
20	Air Force person, who might not be a Navy person?
21	Is that what this means?
22	CO-CHAIR NATHAN: That's what that
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means.

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2	MS. MALEBRANCHE: Correct me if I'm
3	wrong. Almost all of the call centers that
4	exist are really civilian contracts? You are
5	already talking to someone who isn't a Marine.
6	EXECUTIVE DIRECTOR DAILEY: That's
7	not the case. They talk their Service programs
8	only. They are not going to be able to talk
9	to a Marine about how to get to a DSK if you
10	call the Army number. The Marines are not going
11	to be able to talk to an Army person about how
12	to get an AW2.
13	MS. MALEBRANCHE: So, the single
14	800 number could warm handoff you to
15	CO-CHAIR NATHAN: Exactly.
16	CO-CHAIR CROCKETT-JONES: That is
17	what Wounded Warrior Resource Center does.
18	CO-CHAIR NATHAN: Right.
19	CO-CHAIR CROCKETT-JONES: It asks
20	you your Service branch and sends you to a
21	particular agent who is familiar with that
22	Service branch. If you are post-DD2, it sends
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1	you to someone who is an expert on the VA.
2	What I am saying is, you know, I know
3	that you want to hear the language from your
4	Service because that is what makes most sense.
5	But I think just the way you said it, it sounded
6	like currently people are able to call an 800
7	number and get a Marine on the other end or get
8	an Army soldier on the other end. They don't
9	do that now. Those people might be trained
10	within the Service culture, but they are
11	contractors; they aren't Service members.
12	Right?
13	CO-CHAIR NATHAN: Right. That is
14	correct. You are not going to get the
15	consolidation anytime soon. You are not going
16	to get the Services to tear down their existing
17	resource networks and sort of create one policy
18	for everybody. They should. They should, but
19	that's not going to happen.
20	So, the best you can do, I think,
21	is still make people feel much better by getting
22	them a single 1-800 number. I don't care if
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you staff it with high school students who, when they hear you are a Marine, then presses a button which call-forwards you to a Marine group or to the Army.

But I like the idea that we are 5 б giving a single 800 number out to everybody. 7 It implies a more uniformed benefit. It implies one-stop shopping. And if the Wounded Warrior 8 9 Resource Center is the one, then let DoD say, 10 "You know, we've got that already. Here's our problem, Task Force: we just aren't marketing 11 12 it well enough. And now, when you come in, we are going to stamp this 1-800 number on your 13 forehead backwards, so when you look in a mirror, 14 you can see who to call." That is sort of where 15 16 I want to get with this.

for 17 Anyway, what we have consideration is a single 800 number that is 18 19 well-marketed across the Services. That. doesn't imply consolidation of Services. 20 That implies somebody on the end of the phone who 21 22 can feed you to your Service and/or your benefit

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for information.

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EXECUTIVE DIRECTOR DAILEY: 2 Okay. So, I have got that on the record. We all 3 4 understand that is where we are going. You are picking one number, but it is feeding you to 5 the individual Service call centers. б 7 CO-CHAIR NATHAN: Correct. EXECUTIVE DIRECTOR DAILEY: Okay. 8 Good. 9 10 CAPT EVANS: Should we include VA DoD and VA or just leave "Services"? 11 or no? Just list "Services"? 12 CO-CHAIR CROCKETT-JONES: 13 Across the Services and the VA. No, we don't need 14 across the Services. 15 16 CAPT EVANS: No, we don't need that? 17 Okay. CO-CHAIR NATHAN: Okay. 18 Other concerns or issues that you want to add to this? 19 20 (No response.) Look at Recommendation 3 and just 21 see if there is something in there that you think 22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	you can't live without. It centers around the
2	National Resource Directorate.
3	CO-CHAIR CROCKETT-JONES: Can I
4	look back at 15 for just a second? Okay. I
5	got it. Thanks. You can scroll down now.
6	CO-CHAIR NATHAN: So, having looked
7	at 3, or looking at 3, is there something in
8	there that you think makes 15 so, 15 is the
9	one we have just wickered.
10	MG MUSTION: Sir, that might be one
11	of those subordinate bullets when we discuss
12	the policy, such as making an 800 number
13	available.
14	We also could potentially mention
15	as part of the policy that the Services will
16	establish the policy would have required the
17	Services to establish redundant means of
18	accessibility; for example, not just hard-copy
19	documents that we hand out and not just having
20	stuff on the web, but also accessible through
21	mobile applications.
22	CO-CHAIR NATHAN: Okay. So, there
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1 you go. So, you are proposing a second bullet there that would say -- because, specifically, 2 we are talking about a DoDI to talk about roles 3 4 and responsibilities of online resources and call centers. And specifically, Services will 5 6 maximize the platform availability of these resources to include wireless and/or mobile 7 platforms? 8 9 MG MUSTION: Mobile platforms, yes, 10 sir. 11 CO-CHAIR NATHAN: Sergeant Major DeJong, we are sort of kind of sneaking this 12 in the backdoor, what you had your original 13 objection over, if we do that. 14 15 (Laughter.) 16 CSM DeJONG: But I like it this way, sir. 17 (Laughter.) 18 19 CO-CHAIR NATHAN: Do you? 20 CSM DeJONG: I concur. CO-CHAIR NATHAN: 21 Okay. 22 Sir, I have a few LTCOL KEANE: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com 1 comments.

2	CO-CHAIR NATHAN: Okay.
3	LTCOL KEANE: So, there is a DoDI.
4	That is the DoDI, "DoD Internet Services and
5	Internet-Based Capabilities," DoDI
б	85-50-TECH-01. And underneath, on page 2, it
7	does say it tells you what it does, but it
8	also says what it does not. "It does not prevent
9	unit commanders or heads of DoD components from
10	providing alternate standalone capabilities or
11	allow access for mission or morale purposes."
12	So, it sounds like there's an "out" for Services
13	or units to create whatever they want.
14	CO-CHAIR NATHAN: Right.
15	LTCOL KEANE: But it doesn't talk
16	at all about it answers the first part of
17	that question it doesn't talk about call
18	centers.
19	The second thing is we have
20	discussed the NRD on a few different
21	recommendations over the years. Would it be
22	worth that first bullet, instead of saying "a
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1 single 800 number," it is just "market the" -- and maybe you are going to put me in 2 my place, sir -- "market the number that exists". 3 4 Or we are talking about a different number? I would like to suggest, like we have 5 6 in the past, push the NRD, let's push the 1-800 7 number that exists, publish that, familiar with that because it is in existence. 8 9 CAPT EVANS: I think you are saying 10 the same thing, but just more market what you currently have. 11 CO-CHAIR CROCKETT-JONES: I think 12 he is saying name it. 13 14 CAPT EVANS: Right. CO-CHAIR CROCKETT-JONES: 15 Instead 16 of saying "a single 800 number that is well-marketed, " saying, "Promote and improve 17 marketing for the Wounded Warrior Resource 18 19 Center 800 number." CAPT EVANS: So, Lieutenant Colonel 20 Keane, you are not disagreeing with the policy, 21 I don't think that policy gives, the 22 though? NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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284 1 current DoDI gives them a way out. EXECUTIVE DIRECTOR DAILEY: 2 Make that another bullet. 3 4 CAPT EVANS: So, you concur with --LTCOL KEANE: DoD will come back and 5 б say, "We have a policy. We have a DoDI that 7 addresses the first part," I believe. EXECUTIVE DIRECTOR DAILEY: 8 Yes, you are talking about the overarching Department 9 of Defense policy, DoDI on establishing 10 websites. Okay? Agreed, it allows and lays 11 out guidelines for everyone for every topic 12 available and gives them parameters, which this 13 would fall under. However, this policy would 14 have to talk to the wounded warrior community's 15 16 use of those resources and how to measure the effectiveness of them, how to market them. 17 CO-CHAIR NATHAN: The DoDI you're 18 talking about gives license for other websites 19 20 that impact morale and mission effectiveness. This provides a DoDI specifically to direct 21 how online resources and call centers will be 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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established for wounded warriors. It takes it 1 out of the hands of the individual Services. 2 It doesn't necessarily establish that the 3 4 Services have to tear down or break up their 5 just systems; that some of our specific б recommendations for this is that there be a 7 single 800 number.

You could combine one -- don't do 8 it yet -- but you could combine one and two, 9 10 sort of "a single 800 number that is the Services with 11 well-marketed across consideration to an existing resource that needs 12 13 improved marketing," or, you know, to that effect. Because bullet one and two are sort 14 of the same, I mean. 15

16 CO-CHAIR CROCKETT-JONES: In fact, 17 we could say "improved marketing for the Wounded 18 Warrior Resource Center 800 number as the single 19 primary resource" --

20 CO-CHAIR NATHAN: That's fine, yes. 21 CO-CHAIR CROCKETT-JONES: -- "for 22 all new warriors and their families."

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1	CO-CHAIR NATHAN: Do you want to say
2	"all new and existing"?
3	CO-CHAIR CROCKETT-JONES: Yes.
4	CO-CHAIR NATHAN: "For all
5	new" "all," okay. "And Services will
6	maximize the availability of these services to
7	include multiple platforms." Okay?
8	MS. MALEBRANCHE: So, could we add
9	the third bullet about the National Resource
10	Directory being promoted and well-marketed as
11	a single Wounded Warrior Resource Directory?
12	CAPT EVANS: Your No. 3? Should we
13	say your No. 3, you are making this
14	recommendation that NRD
15	MS. MALEBRANCHE: Also, because
16	that gets 16 in there because the NRD is
17	something again. But I don't know, it seems
18	to me that is the same issue. It is not
19	well-marketed, not well-known. Maybe we add
20	that to this bullet, and then, we consolidate
21	there. It is, again, policy for DoDI.
22	EXECUTIVE DIRECTOR DAILEY: Okay.
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1 The third bullet, NRD. "And DoD should take 2 steps to ensure NRD's capacity to serve as a one-stop source." "DoD should take steps to 3 4 ensure NRD's capacity to serve as a one-stop 5 source." 6 CO-CHAIR NATHAN: Will that confuse 7 people and think that they are conflicting, bullet one and three? 8 9 CO-CHAIR CROCKETT-JONES: The NRD 10 does not have an 800 number. 11 CO-CHAIR NATHAN: Okay. 12 MR. DRACH: Excuse me. On the 13 bullet three, just added, I would like to consider adding the part of the rest of that 14 16 which talks about 15 the executing а 16 comprehensive marketing strategy targeting recovery RWs and family members. There is no 17 marketing on NRD right now. 18 19 EXECUTIVE DIRECTOR DAILEY: 20 Correct. And although I included that in 16, that is exactly the wording that I had in the 21 recommendation last year. So, this is --22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 CAPT EVANS: Denise, what was the feedback on last year's recommendation? 2 Did Ι 3 they concur or was it a non-concurrence? 4 can't --EXECUTIVE DIRECTOR DAILEY: 5 Well, б they believe their marketing is effective, and 7 they non-concurred with the -- so, they concurred with marketing because they think 8 their marketing is effective and is working in 9 10 getting where it needs to be. The other part of the recommendation 11 was to change the name in order to give it a 12 brand, but that was not accepted. And they feel 13 their marketing efforts have been successful. 14 Yes, we will put the language back 15 16 in there. That's fine. Denise, have they 17 MR. REHBEIN: given us any data that underscores their feeling 18 19 for why their marketing is successful? LTCOL KEANE: One hundred thousand 20 visits per month. 21 And we had low 22 MS. MALEBRANCHE: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

user satisfaction, and we did use the word "low user" as opposed to "hits". So, therefore, your point with Mac was saying, "Hit the button."

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4 MG MUSTION: Can I make a suggestion on this recommendation? That we maybe retweak 5 б the top part of it a little bit to say, "The 7 Department of Defense establish a policy that ensures" the last part, "accuracy, timeliness, 8 accessibility," blah, blah, blah, 9 10 "specifically." And then, take the part out where talk about, it 11 we where says "Responsibilities for online resources and call 12 centers established by the Services." 13 That becomes the first sub-bullet. 14

And what that gets at, at least as 15 16 I read it, it gets at we have got to solve the issue of getting information that is timely and 17 it is accurate and it is readily accessible. 18 And the Department of Defense has to establish 19 20 a policy, and that policy has to specifically address how the Services operate call centers 21 22 and directories and those types of things, in

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line with the other subordinate bullets that 1 you have established there. 2 EXECUTIVE DIRECTOR DAILEY: 3 So, 4 then, we bring up Warrior Care Policy? 5 MG MUSTION: No, you delete from б where it starts with "office" and it ends with 7 the word "the". Take that out. And then, that right there begins the first sub-bullet, "Roles 8 and responsibilities for online resources and 9 10 call centers". EXECUTIVE DIRECTOR DAILEY: 11 Okay, bullet. 12 13 MG MUSTION: Just as the other "For call centers 14 bullets that you have. established by OSD and the Services, " and I think 15 16 you can delete everything else because that is redundant. The word "specifically" should be 17 right up there. 18 19 EXECUTIVE DIRECTOR DAILEY: Okay. 20 So, we are starting a bullet at "Roles"? Right, consistent with 21 MG MUSTION: 22 the other bullets that we already have NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 identified.

2	I think, at least in my
3	interpretation, that makes it a little bit
4	clearer to me in my interpretation of it, because
5	I think we really stress or that highlights the
6	problem that we have, the gap in the scene that
7	we have, which is information not getting to
8	warriors in a timely, accurate, relevant manner.
9	CO-CHAIR NATHAN: Okay. Going
10	once.
11	LTCOL KEANE: Sir, is it worth
12	actually putting the actual 1-800 number up
13	there?
14	CO-CHAIR NATHAN: You could put it
15	in parenthetically.
16	EXECUTIVE DIRECTOR DAILEY: And I
17	do have some concerns about Wounded Resource
18	Center. I am having some concerns. We used
19	that single primary resource last year for the
20	NRD.
21	I mean, now we have found that we
22	think the Wounded Warrior Resource Center we
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1 need to distinguish our interest as the --2 CO-CHAIR CROCKETT-JONES: Well, they are two different entities, and the NRD 3 4 is only available online. It has no 800 number. The Wounded Warrior Resource Center is not 5 6 online and is only an 800 number. 7 So, I didn't have a problem with we tried to get them to make NRD more usable, and 8 they say that they're fine with that. 9 Since 10 it is obviously not our experience, then we are trying a different tact with a different 11 12 resource --13 EXECUTIVE DIRECTOR DAILEY: Okay. 14 CO-CHAIR CROCKETT-JONES: -- that 15 is more appropriate. And actually, you 16 know -- yes, more appropriate. I think we are 17 good. EXECUTIVE DIRECTOR DAILEY: 18 Okay. 19 CO-CHAIR NATHAN: Okay. Going 20 once. Going twice. MR. REHBEIN: One wording change. 21 In that third bullet, we use the word "services" 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

to mean two different things in the same 1 sentence, and that is going to get confusing. 2 Just say, "Services will maximize availability 3 4 to include mobile platforms." CO-CHAIR CROCKETT-JONES: The 5 6 second "services" should be "resources". 7 EXECUTIVE DIRECTOR DAILEY: Or information? 8 9 CO-CHAIR CROCKETT-JONES: Or 10 information. EXECUTIVE DIRECTOR DAILEY: 11 Information. "Of this information". 12 CO-CHAIR NATHAN: Anything else? 13 LTCOL KEANE: In the fourth bullet, 14 take out "DoD". 15 16 CO-CHAIR NATHAN: Anything else? CO-CHAIR CROCKETT-JONES: 17 "These steps" should now be "this". 18 19 (Laughter.) 20 EXECUTIVE DIRECTOR DAILEY: I mean, we are okay to do this. Because, frankly, the 21 minute you vote it, I really have concerns 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701

294 1 about --2 CO-CHAIR CROCKETT-JONES: Changing anything? 3 4 EXECUTIVE DIRECTOR DAILEY: -- changing anything. 5 б CO-CHAIR NATHAN: Right. 7 EXECUTIVE DIRECTOR DAILEY: T do have some I have already identified that we are 8 going to need to go back and adjust the grammar. 9 10 I don't feel comfortable doing that after you have voted. 11 CO-CHAIR CROCKETT-JONES: Can we 12 cut the word "steps"? 13 14 EXECUTIVE DIRECTOR DAILEY: So, you 15 are either going to do it now or you are going 16 to do it later, because we are going to leave with a document that is grammatically correct. 17 And we will give you a copy of this 18 19 tonight. Okay? And you can strike and line a little bit. 20 CO-CHAIR NATHAN: Anything else? 21 EXECUTIVE DIRECTOR DAILEY: 22 And we NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 just want to point out, when you dial 1-800 Military One Source, it is this same number? 2 Is that what we are saying? It is the same 3 number as the Wounded Warrior Resource Center? 4 CO-CHAIR CROCKETT-JONES: Yes, the 5 6 contract I think is for both. 7 CO-CHAIR NATHAN: I don't know. LTCOL KEANE: I have the number, if 8 you want the 1-800 number for the Wounded Warrior 9 10 Resource Center, 800-342-9647. CO-CHAIR NATHAN: That's different 11 than One Source? 12 13 EXECUTIVE DIRECTOR DAILEY: No, that's the same number as One Source. 14 15 CO-CHAIR NATHAN: Okay. 16 CAPT EVANS: Are they advertised like that? Or are they advertised separately? 17 So, the Military One Source is --18 19 LTCOL KEANE: To clarify, and we have mentioned this, but if this is the time 20 to wordsmith, bullet two and bullet four do need 21 to be clarified. 22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1	So, "Promote and improve marketing
2	of the Wounded Warrior Resource Center 1-800
3	number as a single primary telephone resource."?
4	Bullet No. 4.
5	Say, "There is a one-stop internet
6	source"?
7	CO-CHAIR NATHAN: Or web source.
8	LTCOL KEANE: Web source, website
9	source?
10	EXECUTIVE DIRECTOR DAILEY: Good.
11	Good.
12	CO-CHAIR NATHAN: Anything else?
13	(Laughter.)
14	I'm looking for that fifth bullet
15	about
16	CO-CHAIR CROCKETT-JONES: First
17	bullet, "a common measure of effectiveness".
18	Yes, on that first bullet. Thanks.
19	CO-CHAIR NATHAN: Okay. I need a
20	motion to accept this as currently written
21	for
22	TSGT EUDY: And, sir, really quick
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1 here -- (laughter) -- I'm sorry, everyone. Ι have a frustration with No. 4 regarding we are 2 asking them to do something that they just 3 4 presented in this last set of results. Thev are going to come back, I feel, and say, "We 5 б have already shown you measures of effectiveness 7 and we have already upped our marketing campaign. So, you are basically us to redo the 8 same thing that we just presented." 9 10 CO-CHAIR CROCKETT-JONES: Okay. The only reason that I think that it is different 11 is that they showed us how many hits they had. 12 They did not show us any success in reaching 13 our RWs and family members. 14 15 MR. REHBEIN: There's so much more 16 data there than finding out how many hits per month that could have been presented that would 17 give you a much more complete picture of where 18 19 the hits are coming from and who they are. 20 Specifically, how many pages did they access?

How long did they stay on the website? Anybody that just came to the front page and left

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probably is not a recovering warrior.

MS. MALEBRANCHE: So, if we are 2 wordsmithing here, "to track its success," if 3 4 we were to change it to the current, the last year, because we are suggesting that they have 5 б showed this before, but it was hits. But I 7 thinks there needs to be a different adjective of success or just to track success. 8 9 CO-CHAIR CROCKETT-JONES: Т am 10 wondering if we can make sure it is included in the findings that what they presented to us 11

was a raw hits number and that is not a mechanism 12 for tracking success in reaching RWs and family 13 members. 14

MS. MALEBRANCHE: Utilization. 15 16 Utilization is not in there. Hits is different than utilization. So, maybe that is the word; 17 18 I am not sure.

19 EXECUTIVE DIRECTOR DAILEY: I think 20 we have it in there. It is in there already. CO-CHAIR NATHAN: 21 Do you want to 22 substitute the word "engaged" or "engaging" in

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299 1 place of "reaching"? "To track success and 2 engaging recovering warriors family and members"? "Reaching" means somebody has just 3 4 hit you; they know you are there. "Engaging" 5 means you are having some sort of interaction 6 with them. 7 Anything else? You guys are like "Columbo," if you 8 remember that, "Just one more thing." 9 10 (Laughter.) 11 Okay. So, do I have a motion to 12 accept this currently written as as 13 Recommendation D15? 14 MS. MALEBRANCHE: Ι move we currently adopt Recommendation 15 as it is 15 16 written. 17 CO-CHAIR NATHAN: Okay. MR. DRACH: Second. 18 19 CO-CHAIR NATHAN: We have a second. 20 All right. A vote of yea means that you wish to accept this recommendation as 21 22 currently written, No. D15. **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	All those in favor please signify
2	by raising your hands or saying "Yea".
3	(Show of hands.)
4	All those opposed?
5	(No response.)
6	Abstentions?
7	(No response.)
8	Dr. Turner, do you have a vote on
9	this?
10	DR. TURNER: Yes, I vote yea.
11	Thank you.
12	CO-CHAIR NATHAN: Thank you very
13	much.
14	Okay. We still need to vote, then,
15	on No. 16, which we have cannibalized to some
16	extent and moved to 15.
17	(Laughter.)
18	But that doesn't preclude, you know,
19	freedom of speech and the right to vote for
20	whatever you want.
21	So, is there any discussion on 16?
22	(No response.)
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If there is no discussion on that, 1 2 then I need a motion to delete from further consideration 16. If we don't delete, then that 3 4 means we have to, once again, evaluate it in comparison to 15 and vote between the two. 5 6 CSM DeJONG: I would like to make 7 a motion to discuss it and, then, delete it. (Laughter.) 8 Sorry, I had to lighten things up. 9 10 I make a motion to delete 16 as written. 11 CO-CHAIR NATHAN: I have a motion. 12 Does anybody second it? 13 14 MR. DRACH: Second. CO-CHAIR NATHAN: Okay. A vote of 15 16 yea would mean that you are recommending to deletes this Recommendation D16 in favor of 17 Recommendation D15. 18 19 All those in favor of deletion of 20 D16 please raise your hands or say "Yea". (Show of hands.) 21 22 All those opposed? NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

302 1 (No response.) 2 Abstentions? 3 (No response.) 4 Dr. Turner, how do you vote? 5 DR. TURNER: Delete. Yea, delete. б (Laughter.) 7 CO-CHAIR NATHAN: Yea? Yea, delete, got it. 8 I will step away now 9 DR. TURNER: 10 since I have driven during this wonderful 11 meeting from Dayton, Ohio to St. Louis, And I will give my proxy to Suzanne. 12 Missouri. 13 CO-CHAIR NATHAN: Thank you very much. 14 CO-CHAIR CROCKETT-JONES: Thank 15 16 you, Dr. Turner. Can we take a five-minute break 17 again? 18 19 CO-CHAIR NATHAN: Sure. 20 DR. TURNER: Thanks. You guys have been wonderful and entertaining on the highway. 21 Thank you. 22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

303 1 (Laughter.) 2 CO-CHAIR NATHAN: Let's get back at a quarter of, if we could. 3 4 (Whereupon, the foregoing matter went off the record at 3:37 p.m. and went back 5 6 on the record at 3:49 p.m.) 7 CO-CHAIR NATHAN: Okay. Let's get started. 8 I don't know where Ms. Dailey is. 9 10 EXECUTIVE DIRECTOR DAILEY: I'm 11 sorry. CO-CHAIR NATHAN: Oh, okay. 12 13 But I think at this point what we 14 are going to do is we are going to invite Mr. Parker up. As you know, he is a wounded warrior 15 16 advocate, and you can find him in tab H in the briefing book. 17 EXECUTIVE DIRECTOR DAILEY: And he 18 19 is on his way up. My staff will give him a 20 microphone. I don't CO-CHAIR CROCKETT-JONES: 21 have anything in my tab H. 22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	CO-CHAIR NATHAN: I don't have tab
2	н.
3	EXECUTIVE DIRECTOR DAILEY: Sorry,
4	tab J.
5	CO-CHAIR CROCKETT-JONES: Tab J?
6	CO-CHAIR NATHAN: Tab J?
7	EXECUTIVE DIRECTOR DAILEY: Yes.
8	And I pulled Mike forward from
9	tomorrow morning's traditional public forum
10	because we are going to move into the IDES piece
11	and we want to give him an opportunity to address
12	you before you go into your discussion of the
13	IDES and IDES-related recommendations.
14	MR. PARKER: Good afternoon.
15	One of the key issues still plaguing
16	DoD's Disability Evaluation System is PEBS'
17	arbitrarily cherrypicking which conditions to
18	deem unfitting. This allows PEBS to lowball
19	DoD disability ratings and benefits.
20	And I briefed a compelling example
21	of this issue to the Task Force last year. It
22	involved a Navy Field Corpsman with severe PTSD
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1 from his intense combat experience in Afghanistan in which the VA rated 100-percent 2 disabling. His PEB initially stated the PTSD 3 4 was unfitting, but it preexisted service and was not compensable. I successfully challenged 5 б the PEBS' erroneous preexisting finding, only 7 to have the PEB reverse course and state the PTSD, again rated 100-percent disabling by the 8 VA, was no longer considered unfitting and, 9 10 thus, not compensable. Jason Perry of peb.com recently 11 shared with me the 1972 Reeth v. U.S. Federal 12 Court case which deals with this subject. 13 The 14 case is attached to this statement, and I have 15 included key passages at the end of the 16 statement. The takeaway of the case is the fact 17 that the Courts have ruled that any condition 18 19 ratable by the VA contributes to unfitness and PEBS' needed to include those conditions in 20 their DoD disability ratings. 21

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This is how the PEBS once operated.

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Once a PEB deemed an individual unfit, the DoD
 disability rating included all conditions
 ratable by the VA.

4 This was true until 1985, when the DoD General Counsel opined that the Services 5 б did not have to include all VA-ratable 7 conditions in the DoD disability rating. This opinion allowed the Services to lower 8 DoD benefits 9 disability ratings and by 10 cherrypicking which conditions to deem unfitting. 11

The 1985 DoD General Counsel opinion failed to address the rating or the rulings in the Reeth v. U.S. Court case.

month Ι briefed 15 Last the 16 Dole-Shalala DES proposal to the Task Force. Under the Dole-Shalala concept, those found 17 unfit receive a disability retirement based on 18 19 their length of service and they receive their VA compensation without offset. While I still 20 believe the Dole-Shalala concept is the best 21 22 DES solution, having PEBS include all VA-ratable

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conditions, per tenets of the Reeth v. U.S. Court
 case will help ensure more wounded warriors have
 their careers properly compensated when it is
 cut short by disability.

I ask the Task Force to review the 5 б history of PEB ratings, including all VA-ratable 7 conditions, as was done prior to 1985. In light of the Reeth Court case ruling, was it proper 8 and legal for the PEBS to discontinue including 9 10 all VA-ratable conditions in the DoD rating, based on the DoD General Counsel opinion? 11 Should we, in fact, return to this model to help 12 wounded warriors 13 ensure properly are compensated for career-ending disabilities? 14 I thank you in advance for your time 15 and consideration of this matter. Pending your 16 questions, this concludes my statement. 17 CO-CHAIR NATHAN: Ouestions 18 or

(No response.)

21 Thank you, Mr. Parker.

19

20

concerns?

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22 Okay. Here we are, Suzanne --

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308 CO-CHAIR CROCKETT-JONES: 1 Okay. 2 CO-CHAIR NATHAN: -- on D17, page 8. 3 4 CO-CHAIR CROCKETT-JONES: Okay. The next recommendations for discussion cover 5 б the Integrated Disability Evaluation System. We will discuss a total of four recommendations 7 under this topic area. I don't know that we 8 9 will get to them all this afternoon. 10 The first recommendation states, "The Office of Warrior Care Policy should work 11 with Veterans Affairs to grant veterans tracking 12 application access to more providers 13 and 14 locations supporting recovering warriors and IDES, to include the medical evaluation of Board 15 16 attorneys and CBWTUs." I invite anyone to move to adopt this 17 recommendation for discussion. 18 19 MS. MALEBRANCHE: I move for a discussion. 20 MR. REHBEIN: Second. 21 22 CO-CHAIR CROCKETT-JONES: Okay. Ι 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 that I just want to remind everyone that we specifically had lawyers and CBWTUs ask for 2 better access to the VTA. This came directly 3 from our site visits. 4 5 So, is there any discussion? б MS. MALEBRANCHE: I have a comment 7 from the VA. They wanted to clarify -- "Please clarify how the expanded access to VTA would 8 consider the privacy needs of Service members 9 10 and veterans. Also, clarify what information VA should make available to Service members and 11 VTA that is not available to them in eBenefits 12 because VA is providing eBenefits as the public 13

Maybe that is not known, but --15 16 CO-CHAIR CROCKETT-JONES: Well, in thinking about that, I can see it being relevant 17 to the CBWTU access, but the MEB attorneys, they 18 are client-privileged already. There is no 19 20 privacy that needs to be protected in that relationship. So, that would only be relevant 21 And since the VTA access is 22 to the CBWTU.

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portal for transition support."

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1 already granted to WTUs, I am not sure where their concern for privacy lies. 2 They are willing to grant it to someone designated at 3 4 a WTU. What is the concern behind that? 5 MS. MALEBRANCHE: I think Okay. б the privacy concern had to do with Reserve and 7 Guard specifically when they are not active and they are private citizens, and it is their option 8 to what they choose to have in there. And we 9 10 have had this discussion at other Executive Sessions. 11 So, that is as much as I have on this 12 right now, but I think it is because when they 13 14 are private -- but it is an eBenefit. So, it is not as though it is not available to the 15 16 veteran to disclose, should they choose to. CO-CHAIR 17 CROCKETT-JONES: Okay. The lightbulb just went off. You mean that if 18 19 they access to VTA, things that they pursued 20 while private, while not activated, could be seen by the folks at the CBWTU? Is that what 21 22 you are saying? Because when they are in the **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS

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1	CBWTU, they are active.
2	MS. MALEBRANCHE: Then, that is not
3	an issue.
4	CO-CHAIR CROCKETT-JONES: I guess
5	I just don't understand that concern.
6	EXECUTIVE DIRECTOR DAILEY: The
7	issues are HIPAA. The VTA does have HIPAA
8	information in it. And it is a valid question.
9	You know, if you are going to give it to a CBWTU,
10	or you are going to give it to anyone, they must
11	protect it in accordance with HIPAA
12	requirements. There's addresses in there.
13	There's phone numbers. There's Social Security
14	numbers.
15	However, the access is that HIPAA
16	is protected when it is given to any entity,
17	and CBWTUs, with the medical information they
18	have available to them, with the information
19	they have, are well-versed in the protection
20	of private information. That is how they
21	operate.
22	CO-CHAIR CROCKETT-JONES: So, is
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1	there anyone at CBWTU that isn't brought into
2	HIPAA awareness?
3	EXECUTIVE DIRECTOR DAILEY:
4	Generally, not anyone who wouldn't have access
5	to VTA.
6	CO-CHAIR CROCKETT-JONES: Well,
7	that's what I am just saying.
8	EXECUTIVE DIRECTOR DAILEY: Yes.
9	CO-CHAIR CROCKETT-JONES: Would
10	that concern be allayed if we just made sure
11	that it was more providers and locations
12	supporting CBWTUs, as long as they have HIPAA,
13	if they have been read-in on HIPAA?
14	LTCOL KEANE: The VA would require
15	them to do their HIPAA online course; that's
16	all. So, if you determine 10 people need it,
17	then these 10 people need to go on the VA's online
18	course. Then, they will be granted access.
19	MS. MALEBRANCHE: So, if
20	information is needed from the veteran, and the
21	veteran has access to portal, I mean, they can
22	give access or they can give that information.
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1 EXECUTIVE DIRECTOR DAILEY: No, the intent is not to give it to the Service member. 2 It is to give it to the leadership in the 3 4 Community-Based Warrior Transition Unit or to the lawyers. For example, none of the IDES 5 б lawyers in the Air Force have VTA access. 7 And I will address the issue on eBenefits, ladies and gentlemen. You have got 8 9 a quote in your recommendations that indicates 10 that eBenefits is not kept updated. And we highlight that in the findings. 11 CO-CHAIR CROCKETT-JONES: Yes, the 12 design for the VTA, rather than the eBenefits, 13 14 was about currency, and so that lawyers could know the roster on who had and where they stood 15 16 in IDES. 17 EXECUTIVE DIRECTOR DAILEY: Enhanced outreach for the lawyers. 18 19 CO-CHAIR CROCKETT-JONES: So that 20 the lawyers could reach them. EXECUTIVE DIRECTOR DAILEY: And for 21 22 the Community-Based Warrior Transition Units, NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 it was to be able to answer questions from the Service members. This is not being piped into 2 every Service member's home. It is being piped 3 4 into the leadership and the medical communities that are being plummeted with the questions 5 б about, "Where am I in the process?" You know, "How long do I have?" 7 CO-CHAIR CROCKETT-JONES: 8 So, 9 could we dissuade the concern by just adding 10 the phrase "after completing the VA's" --LTCOL KEANE: You needn't get into 11 I would vote for approval of this as 12 that. written. I would like to make a motion. 13 Yes, I think with 14 MS. MALEBRANCHE: what we have discussed here, but, like I said, 15 16 I put this out to the VTA folks and they had asked about this. So, understand. 17 CO-CHAIR CROCKETT-JONES: Well, 18 19 then, would someone like to move to vote on this as written? 20 LTCOL KEANE: Yes, I would like to 21 vote on this as written. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

315 1 CO-CHAIR CROCKETT-JONES: Do we 2 have a second? REHBEIN: I'll second. 3 MR. I'll second. 4 Rehbein. All 5 CO-CHAIR CROCKETT-JONES: б those who vote in favor yea please raise their hands. 7 (Show of hands.) 8 Anyone voting nay please raise your 9 10 hand. (No response.) 11 Any abstentions? 12 13 (No response.) I think we are good. 14 And I get Dr. Turner's vote, and he 15 16 is voting yea on this as well. (Laughter.) 17 So, that's 11. 18 19 The next recommendation states 20 that, "Congress should eliminate the Temporary Disability Retirement List." 21 22 Do I have a motion to open this for **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

discussion? 1 2 MG MUSTION: I make a motion that we open this for discussion, yes. Thank you. 3 4 CAPT EVANS: I second. CO-CHAIR CROCKETT-JONES: 5 It's б pretty simple. Does anyone have any concerns about this? 7 EXECUTIVE DIRECTOR DAILEY: 8 Yes, I do want to give due time to the opportunity 9 10 Warrior Care Policy took to address this upfront. So, If I can get you all to go to J, 11 and it should be the last piece of paper in tab 12 13 J. And it should have at the top of it "Warrior Care Policy Office Recommendations". 14 Let's see. It looks like we are 15 16 there. Okay. I need another one. CO-CHAIR CROCKETT-JONES: 17 Yes, it is on the front of the page on J. 18 19 EXECUTIVE DIRECTOR DAILEY: I need 20 another copy. So, it should look like this. You have it. You have it. I don't think Mr. 21 Rehbein has it. 22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1	So, take a moment, if you would, to
2	look at Warrior Care Policy Office's concerns.
3	That is not the correct one. No,
4	it is 18. No, that is 19. I think it is right
5	there, yes. So, it is 18, yes. Okay.
6	I need more copies for the research
7	team. I need this.
8	So, let's take a moment to look this
9	over. I want to give them their say here and
10	their input.
11	CO-CHAIR CROCKETT-JONES: Is there
12	data regarding the number of TDRL recovering
13	warriors who, after consideration, their
14	disability rating improves and their
15	compensation is lowered. What percentage? Do
16	we know what percentage have their compensation
17	lowered after improvement due to TDRL?
18	EXECUTIVE DIRECTOR DAILEY: I had
19	hoped they had included it in here, but did they
20	not?
21	CO-CHAIR CROCKETT-JONES: No.
22	EXECUTIVE DIRECTOR DAILEY: In
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verbal conversations, they said about 30
 percent.

3 CO-CHAIR CROCKETT-JONES: Yes, I4 would want to see data on that.

5 My concern about the MR. DRACH: б TDRL -- and this is anecdotal -- somebody goes 7 on TDRL and they are on it for one, three, five years, whatever, and they come back and the 8 Service determines that their condition has 9 10 improved to the extent that they get severance pays or they get nothing. The question in my 11 mind, did it improve that much. And there have 12 been accusations made -- and again, I can't 13 substantiate them -- that this happens, and it 14 15 happens because they are trying to save money. 16 when somebody Because qoes on retirement, if they are 21 years old and they 17 go on retirement until they pass away at age 18 19 70 or 75, the retiree may not be getting benefits 20 because the VA benefit might be higher, but the commissary, medical, TRICARE, et cetera, et 21

22 cetera, can become very expensive.

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1	So, I have no basis, though, to argue
2	that that is true, and I am not suggesting that
3	the TDRLB, retained or abolished you know,
4	how many go on TDRL? I mean, I have seen
5	amputees go on TDRL and come back and end up
6	getting permanently retired. If I am an amputee
7	and I am not interested in staying on, why put
8	me on TDRL? I'm getting the same benefits, but
9	why not just separate me, retire me, whatever?
10	So, they say only 5 percent placed
11	on TDRL return to duty. How many were severed
12	or how many got nothing? They don't address
13	that.
14	CO-CHAIR CROCKETT-JONES: My other
15	question is this: if people improved because
16	their ratings allowed them to get TRICARE
17	access, and their care stayed consistent, and
18	then, they are downgraded and they lose that,
19	are we basically setting up a system that
20	says you know, I think that there's lots of
21	issues with TDRL, and it is just the
22	simplistic there isn't a simple answer.
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But I would like to see data that confirms, I want data that substantiates their claim that this is a useful protection for fiscal responsibility to the taxpayer, and they didn't provide it. MR. DRACH: Well, you could also

7 have somebody that has а very unstable condition, either physical or mental, and they 8 go back in for their exam and they're doing 9 10 pretty well. They get severed. The following year, they have an exacerbation. And then, they 11 are back to 70-100 percent under the VA. 12 Idon't 13 know.

Well, it comes 14 CO-CHAIR NATHAN: the Warrior Care Policy Office, 15 down to 16 basically, as I read it, says we either buy the fact that there's a significant number of people 17 who change up or down during TDRL or they don't. 18 19 And if there is, then, obviously, there is going 20 to be non-concurrence with this. So, the question is, is the lift worth the drag on this? 21 Sir, unless we are 22 MG MUSTION:

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prepared to take on as a recommendation here 1 consistent with what we have heard from Mr. 2 Parker this past month or in our last report 3 4 about the Service reinvesting in Dole-Shalala or that type of a holistic reform of the 5 б Disability Evaluation System to include the 7 TDRL, I think that is the venue you go down, which would be inclusive of the TDRL process. 8 If you eliminate the TDRL, which I 9 10 personally think is a good thing to do, there are other laws that have to be changed. 11 In particular, a large portion of the Army's TDRL 12 13 population is associated with Basseray and 4.1.29, or I think it is 4.1.29 -- Mr. Parker 14 will correct me if I said it wrong -- where those 15 16 soldiers that we find disabled or unfitting for conditions such as PTSD, we are required to put 17 them on TDRL and reevaluate them every six 18 19 months, which creates an incredible churn. And 20 then, after six months, they end being separated. 21

22

So, there is no value gained in the

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evaluation while the datapoints here we could probably parse apart about the number that are retained, the number that are separated, the number of conditions that go up, the number of conditions, the range that go down.

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I think we have to consider maybe taking on within the Task Force a specific focus next year on maybe this and getting additional fidelity. And if we want, as a parting shot from the Task Force, that the Department has to take on reform of IDES in its totality.

12 CAPT EVANS: This is one that I 13 would recommend we table. I am sure Mr. Parker 14 is loving me back there.

You know, we need to really get WCP 15 16 in here to give us a little bit more information on why they made that particular statement, 17 data, to support what they are saying. 18 So, my 19 recommendation is that we need to look at this 20 because it does impact, and I believe as well as the Army, the Marine Corps utilized TDRL quite 21 22 a bit. And so, I do think we need to table this

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1	one. That would be my recommendation.
2	MR. DRACH: Even if we go forward
3	and recommend that TDRL be abolished, we already
4	have their response. It is not going to be
5	abolished. That doesn't mean we shouldn't do
6	it.
7	CAPT EVANS: Right. But I think if
8	we have them to come and give the Task Force
9	their side of the story and they are saying no,
10	or provide additional information on TDRL, I
11	think that would help to give a clear picture
12	and maybe a recommendation in the future as to
13	what you really want Congress to do, because
14	it is a heavy impact. I have seen a lot of our
15	patients placed on TDRL. And so, I know that
16	it would impact the Services quite a bit.
17	EXECUTIVE DIRECTOR DAILEY: So, if
18	there is no more information available than what
19	you have here, I mean, we can table it.
20	But this information is available or not, and
21	they didn't provide it, which tends to mean they
22	might not have it.
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I think one thing 1 MS. MALEBRANCHE: 2 that needs to be considered in terms of like the 3 six-month reassessment, and whatnot, 4 because at one time they were asking VA to do that, too, there is a lot of cost involved in 5 б that as well as manpower and resources. 7 And I think just personally, as part of this Task Force, that is a lot of effort and 8 9 manpower. And I am not sure that that is, 10 considering the return rate and the actual numbers that they gave us, from what we have, 11 I don't know; I am not sure that that is worth 12 13 the extra time in kicking this can down the road another year, meaning that I think that they 14 probably should eliminate it. If there's not 15 16 that many coming back to duty, there is time and effort during that piece that you are doing 17 these reassessments or not, I mean because we 18 19 didn't get an evaluation. Are all these ending in six months? 20 I don't know that it is really worth the 21 22 squeeze. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 CSM DeJONG: It may. We know what their answer may be, but this could be an 2 eye-opening experience. This is just from WCP 3 4 back to us. If we throw this a little higher on the shelf and see what falls, get it up, throw 5 б the Hail Mary and see --7 (Laughter.) This is from the CO-CHAIR NATHAN: 8 guy who won't tell the SecDef to get an iPad. 9 10 (Laughter.) CSM DeJONG: No, just not make an 11 app for it. He can have an iPad. 12 13 (Laughter.) I am just playing devil's advocate. 14 CO-CHAIR NATHAN: 15 No, you made a 16 good point. From what I am hearing, Suzanne, there is concern that this will ever really get 17 off the ground. But, that said, do we feel as 18 19 a group that this is the right way to go; this is the right trajectory for the Department to 20 get on and the VA get on, and we sort of draw 21 this line in the road, regardless of the fact 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1 that it may get run over?

2 CO-CHAIR CROCKETT-JONES: Just speaking personally, even if they are going to 3 4 non-concur, I think this should be stated clearly that this is the position. 5 I mean, so б many of us around here have said, "I don't 7 think" -- I mean, they have agreed with the recommendation. I don't think that there is 8 9 much controversy for any of us on our question, 10 our discomfort at the current Temporary Disability Retirement List and its use and its 11 effectiveness and its cost. I don't think that 12 seems to be a problem. 13 I think that what we are thrown by 14 is how it is going to be received. And frankly, 15 16 I'm not very concerned about how it is going to be received. I am concerned with whether 17 we make a statement and a recommendation that 18 19 we all feel is correct. 20 So, I would like us not to table it. I would like us to vote on it as it is written. 21 22 But I also defer to the larger consensus within NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 the group. That is also very important to me. 2 MUSTION: Then, if I could MG suggest a modification, and I would contend that 3 4 if we are going to make a declaration or a recommendation that we eliminate TDRL, which 5 б I personally think is a good thing to eliminate, 7 then we should take the broader and the more frontal attack, that the Department needs to 8 move forward with Congress and in partnership 9 10 with the VA, and holistically reform the Disability Evaluation System consistent with 11 Dole-Shalala, to include eliminating TDRL. 12 13 CO-CHAIR CROCKETT-JONES: Yes, I am comfortable with that, too. You got me right 14 15 I'm happy with that. there. 16 EXECUTIVE DIRECTOR DAILEY: Yes, I got no data on the rest of it, ladies and 17 gentlemen. 18 19 MG MUSTION: I think we do have Can the Committee or the Task Force not 20 data. refer to the presentation that we received last 21 22 month as some of the substantiating information, NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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the findings? 1 2 EXECUTIVE DIRECTOR DAILEY: Well, we can refer to Mr. Mike Parker. Is that what 3 4 you are telling me? 5 MG MUSTION: Yes. б EXECUTIVE DIRECTOR DAILEY: You 7 want him to be the source for your recommendation? 8 MG MUSTION: Well, but his sources 9 10 or his presentation -- and I think all the 11 Services would agree because the Services have actually recommended this before -- makes the 12 13 specific references to the indicators and the 14 disparity that exists, and what Dole-Shalala recommended. 15 16 EXECUTIVE DIRECTOR DAILEY: Okay. CO-CHAIR CROCKETT-JONES: Yes, his 17 source, his presentation was filled with 18 19 citation. 20 EXECUTIVE DIRECTOR DAILEY: No, my work is filled with citations. His work is 21 filled with references to law. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	CO-CHAIR CROCKETT-JONES: Case
2	law.
3	EXECUTIVE DIRECTOR DAILEY: Right.
4	So, okay. All right. Guys, I'm game and I
5	don't have any more times to do any more research
6	than quoting Mr. Parker. So, you are giving
7	Congress a very large recommendation with only
8	Mike Parker's recommendation behind it, with
9	only his work.
10	CO-CHAIR NATHAN: Well, and I think
11	that that is the only thing we can quote right
12	now, Denise. But I think some of this is people
13	have a gestalt about the disability system, and
14	that it just needs to be revamped.
15	The problem I have with adding that
16	is that's what it is; it is a gestalt that the
17	system needs to be revamped, but I don't have
18	specific recommendations and I am not prepared
19	to say the Task Force should, once again,
20	reinvigorate Dole-Shalala.
21	And so, for me, I only feel
22	comfortable biting off the piece that I am more
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1 intimately familiar with, and that is the TDRL, which I think needs to go away. It doesn't mean 2 they can't find a better mousetrap than the TDRL 3 4 for some of these people that are falling through the cracks. I don't think there are that many, 5 б but I think they should have to find a better 7 mousetrap than the TDRL because, even though there's a few people that are benefitting from 8 being placed in this limbo, most of the people 9 10 are not and it is creating an added significant burden to the system. 11 So, I still think TDRL is not the 12 right solution for these people. It is the bad 13 And there is a better one for the 14 solution. few that are benefitting from it. But I am not 15 16 prepared to simply say, "Okay, I've stuck you in the nose. Now I am going to stick you in 17 both eyes." I don't have the background to do 18 19 that for that. But, again, that is why there is 20 horse racing. Everybody thinks a different 21 22 horse is going to win. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1	You have heard that, and more
2	discussion on adding, "Oh, by the way, the horse
3	ran on, but your whole disability as well" any
4	comments on that?
5	CAPT EVANS: I would have to agree.
6	If we had additional supporting documentation
7	to go before, you know, to send like a
8	recommendation forward, I would say yes, but
9	I don't think we do. And I don't think we are
10	prepared to make that type of recommendation.
11	Again, I think we are going to get
12	a lot of pushback on this one. So, if we are
13	going to go for it, let's just keep it simple
14	and go forward with one that we have enough
15	information. Because I just don't think we have
16	enough.
17	CO-CHAIR NATHAN: I think and
18	again, not to hog the microphone but I think
19	from the standpoint of pragmatism, if you said,
20	"And you should revolutionize, dissolve,
21	reconfigure the entire disability system," the
22	answer you are going to get from people is,
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1 "Well, so do we. We wish that, too, but we don't have a time machine. We are stuck with the 2 system we have. You're asking us to stop world 3 4 hunger. It's not going to happen. That is not 5 a starter." б there is a chance, if you But 7 focus-in on one aspect of it, this TDRL, that that will plant a seed in somebody's mind that 8 says, you know, maybe this is where we take our 9 10 first bite of revamping the disability system. MS. MALEBRANCHE: That's what I was 11 This is the first bite of the 12 thinking. elephant and I think we should go for it. 13 14 CO-CHAIR CROCKETT-JONES: I also to point out that just because 15 want WCP 16 non-concurs does not mean that Congress won't take action. So, I think, you know, if we wind 17 up talking to Congress again, as we once had, 18 19 they can certainly ask us for clarity on how 20 we got here on this recommendation. And we can be forceful. 21 22 So, I guess let ask for -- can I ask NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1	for like an informal vote on who wants to enlarge
2	this or should we vote on it as it stands? Can
3	I get a consensus on this?
4	CO-CHAIR NATHAN: I would vote on
5	it as it stands, and if it gets voted down, then
6	you can always ask for further discussion on
7	modification.
8	CO-CHAIR CROCKETT-JONES: Can we do
9	that? Even if it gets voted down, we can modify
10	it? See, I was afraid that, if we vote it down,
11	we can't bring it back. Can we?
12	EXECUTIVE DIRECTOR DAILEY: Yes,
13	ma'am.
14	MR. REHBEIN: If you vote it down,
15	there are procedures to bring it back, yes.
16	CO-CHAIR CROCKETT-JONES: All
17	right then.
18	MR. REHBEIN: There's always a
19	motion to reconsider by somebody on the other
20	side.
21	CO-CHAIR NATHAN: Because Robert's
22	Rules can say, if it gets voted down, Robert's
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334 1 Rules can say, "Madam Chairman, I make a motion 2 that we reconsider D18 with the following language." 3 4 CO-CHAIR CROCKETT-JONES: Okay. CO-CHAIR NATHAN: 5 And then, you 6 have a vote. Then, you have a second on that 7 and, you know, you vote on that. MR. DRACH: If we vote it down, even 8 9 with the thought that we might bring it back 10 up, why don't we just sleep on it and table it until tomorrow, if somebody just wants to think 11 more on it? 12 13 CO-CHAIR NATHAN: Well, I don't know that there's --14 CO-CHAIR CROCKETT-JONES: Or do we 15 16 want to vote on it now as written? If it is voted down, we will reconsider it in the morning? 17 Is that what we are saying? 18 19 CO-CHAIR NATHAN: No, I don't think --20 CO-CHAIR CROCKETT-JONES: Give 21 22 some people some lobbying time? NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

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1	CO-CHAIR NATHAN: No. I'm happy,
2	if you want to take an informal vote I retract
3	my statement (laughter) if you want to take
4	an informal vote on who would like to include
5	the entire disability system, that's fine.
6	CO-CHAIR CROCKETT-JONES: I want
7	people to give me an idea.
8	CSM DeJONG: I will make a motion
9	to vote on it as written.
10	CO-CHAIR NATHAN: Okay.
11	MS. MALEBRANCHE: I would second
12	that.
13	MR. REHBEIN: To vote on it or make
14	a motion? To vote on it as written?
15	CO-CHAIR CROCKETT-JONES: He is
16	making a motion to vote on it as it is written.
17	CO-CHAIR NATHAN: We accept or
18	reject.
19	CO-CHAIR CROCKETT-JONES: Yes.
20	CO-CHAIR NATHAN: As it is written.
21	CO-CHAIR CROCKETT-JONES: As
22	written.
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336 1 CSM DeJONG: So, a motion to accept 2 as written. 3 MR. DRACH: Accept as written? 4 CSM DeJONG: Yes, sir. 5 CO-CHAIR CROCKETT-JONES: All б right, then, it has been seconded. All 7 those in favor of this recommendation as written will raise your hands 8 9 for yea. 10 (Show of hands.) EXECUTIVE DIRECTOR DAILEY: 11 Leave 12 them up, please. Leave them up, please. Keep 13 them up. Keep them up there, please. I know 14 they are getting tired. CO-CHAIR CROCKETT-JONES: Oh, and 15 16 I've got two. EXECUTIVE DIRECTOR DAILEY: 17 Okay. we have got nine yeas. 18 19 CO-CHAIR CROCKETT-JONES: All 20 those who nay? EXECUTIVE DIRECTOR DAILEY: 21 Keep them up, please. Thank you. 22 **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

337 1 (Show of hands.) 2 CO-CHAIR CROCKETT-JONES: And abstentions are zero. 3 4 Okay, the recommendation has been 5 accepted. б CO-CHAIR NATHAN: All right. Ι think we have time to see if we can knock out 7 another one. We can do it. Come on, come on. 8 9 Push. Reach down deep. Find that second 10 wind. third recommendation states The 11 that, "The Department of Defense must ensure 12 13 that all medical conditions are covered by the 14 Medical Evaluation Boards, and that the quality of the document for each condition will 15 16 facilitate timely, accurate ratings by the Veterans Affairs." 17 So, the third recommendation states 18 19 that DoD must ensure that all medical conditions 20 are covered by the MEB, and that the quality of the documentation for each condition to the 21 22 MEB will facilitate timely, accurate ratings NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com by the Veterans Affairs.

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2	EXECUTIVE DIRECTOR DAILEY: Okay.
3	And I would also like to highlight on the same
4	sheet of paper Warrior Care Policy's input to
5	this. They do want us to consider I believe
б	their main concern is our language is a little
7	loose on all medical conditions.
8	So, this is on page 2 of the Warrior
9	Care Policy Statement, page 2 of 2,
10	Recommendation 19.
11	MS. MALEBRANCHE: I guess I don't
12	understand on the second one where it says, "The
13	statute does not require the Secretary to
14	consider conditions that do not inhibit"
15	That double-negative kind of throws me. I am
16	not sure I understand that.
17	CO-CHAIR CROCKETT-JONES: So, they
18	didn't have to consider a condition if it does
19	not inhibit the member from doing his duties.
20	CO-CHAIR NATHAN: So, if you have
21	got a condition and it doesn't prohibit you from
22	performing your mission, it doesn't have to be
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1 considered.

2	MG MUSTION: If I could make a
3	recommendation? Do we want to potentially
4	adopt some of the words that WPC puts in their
5	response, which may be countering what Denise
6	said, to get away from the terms being loose?
7	And say, "All medical conditions be considered
8	by the MEB."
9	CO-CHAIR NATHAN: Well, what was
10	the spirit of this one? What was the genesis
11	of this recommendation?
12	EXECUTIVE DIRECTOR DAILEY:
13	Correct. So, it concerns that there were not
14	a complete and thorough set of conditions that
15	was rendering the individual unfit to perform
16	their duties going forward. And I do think we
17	have a quote in the findings from our Service
18	members that expressed that concern.
19	And then, there was debate on this
20	one and you did ask me to do a little more work
21	on whether this is a valid concern. The
22	language and the discussion during the June
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recommendation?" 3 4 And through a survey or discussion with each Service's MEB Council -- I put it in 5 б here because none of them could completely and 7 with confidence tell me that this was well-practiced and well-executed. 8 And additionally, in the course of 9 10 that research, these policies have not been promulgated and written by the Services, and 11 fact, still 12 it might, in be а lack of understanding of what the law says and what the 13 DoDI says because both the Air Force and the 14 Navy have not written Service-level guidance 15 16 for these processes. And so, this was put in here. 17 You asked to see if this really was a concern. 18 And 19 in the end, having discussed this again with 20 each Service's MEB lawyers, their feedback to me and the discovery that Service policy is not 21 in place, this is a recommendation that moves 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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meeting was, "Well, this is law. We have it

Why are we making it a

embodied in law.

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1 them forward in this area.

CO-CHAIR NATHAN: So, I see two 2 parts to it. The second part basically seems 3 4 sort of like deciding whether you approve of motherhood and apple pie, which is the quality 5 б of documentation for each condition will 7 facilitate timely -- in other words, make your documentation of conditions good, so that it 8 can be judicious acted upon by the VA. You would 9 10 like to think you didn't have to say that, but I think we know that. And I think that is 11 well-known, that there needs improvement in that 12 quality. So, that is sort of the general thing, 13 which is do a good job in what you are doing. 14 The first one is the more definitive 15 16 one, which is ensure that all medical conditions be considered by MEBs. And the Warrior Policy 17 Council is coming back and saying they don't 18 19 all have to be considered. You have got 20 Secretarial verbiage here, you've got Department verbiage here which says Secretaries 21 don't have to consider all those conditions. 22

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1	So, we are saying, we are telling
2	WCP, "Forget it. We believe you should" or
3	we are telling the Department, "We believe you
4	should consider all medical conditions for MEBs,
5	regardless of whether they are unfitting or
6	not."
7	EXECUTIVE DIRECTOR DAILEY: No,
8	sir, I'm happy to modify our language in
9	accordance with the Policy Statement here.
10	CO-CHAIR NATHAN: Okay.
11	EXECUTIVE DIRECTOR DAILEY: But, in
12	our head, when we crafted it, it was the
13	unfitting conditions that were being
14	CO-CHAIR NATHAN: Okay.
15	EXECUTIVE DIRECTOR DAILEY: And I
16	think the Secretary concern should take into
17	account all medical conditions, whether
18	individual or collectively, that render the
19	member unfit to perform the duties
20	CO-CHAIR NATHAN: Okay.
21	EXECUTIVE DIRECTOR DAILEY: of
22	the member's office. That is our error, and
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343 should have specified and created more 1 we precise language. 2 CO-CHAIR NATHAN: 3 Okay. So, WCP 4 didn't know that, and they came back and said --EXECUTIVE DIRECTOR 5 DAILEY: Correct. б 7 CO-CHAIR NATHAN: Okay. EXECUTIVE DIRECTOR DAILEY: 8 They believed the intent of this policy is that we 9 are including everything. 10 CO-CHAIR NATHAN: We are not. 11 EXECUTIVE DIRECTOR DAILEY: 12 And you can see is WCP's bottom bullet that they are 13 14 also thinking we are recommending everyone get a physical before they leave --15 16 CO-CHAIR NATHAN: Right. EXECUTIVE DIRECTOR DAILEY: -- and 17 then, let the physical be the MEB. So, they 18 19 are worried that we have just opened the scope instead of telling them to comply with their 20 policy and the Secretary's policy. 21 22 Okay. Well, CO-CHAIR NATHAN: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com isn't what we are stating already policy? Isn't that what --

It is 3 CO-CHAIR CROCKETT-JONES: 4 policy, but don't we want, maybe what we want is not only for the policy to be in force, but 5 б for the Services to follow the policy. I mean, 7 because right now the Services don't have policy written, Service-specific policy written on 8 9 this topic, and some of the lawyers are seeing 10 a particular and frustration. And one of the reasons why I think that that second part with 11 12 quality documentation came out was because some Services were seeing consistently that things 13 went to the VA and had to come back for further --14 15 CO-CHAIR NATHAN: Oh, absolutely. 16 CO-CHAIR CROCKETT-JONES: -- and So, if they had followed the policy, 17 all that. if the Services had written policy and followed 18 it, that would be eliminated. 19 20 CO-CHAIR NATHAN: See, Suzanne, I don't know the cause of this. In other words, 21 22 I'm the first to agree that documentation is NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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1often spotty. And the good MEB attorneys are2worth their weight in gold as they help the3member go back and say, "I've looked at your4record or I've looked at this. This wasn't5included," and they go back to the provider and6get that done.7I am first to agree that conditions

8 that are unfitting fall through the cracks. 9 What I don't know is how much of it is due to 10 lack of training, lack of knowledge, limited 11 experience my new providers, that kind of thing, 12 or a Service policy that is ineffective. And 13 therefore, the Service is not doing it.

14If the policy is you will provide15some measure of training to create a modicum16of knowledge and capability to do this right,17that is my concern. No question that things18are falling through the cracks and the attorneys19are having to fix them. I don't know the reason20for it.

21CO-CHAIR CROCKETT-JONES:Well,22can we say the OD has to figure that out and

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1 fix it?

2	CO-CHAIR NATHAN: Yes. Yes.
3	Absolutely. I think the Task Force can
4	certainly say I mean, that has been our
5	experience almost everywhere we have gone. An
6	MEB attorney will come up to us and say, "You
7	know, there's just a lot of things. When I go
8	back and pull the string on it, I'm able to
9	increase the accuracy and the scope of the
10	medical documentation." I'm blanking on the
11	term, the NARSUM. On the NARSUM.
12	So, however you want to phrase that,
13	or is that what you want to say?
14	EXECUTIVE DIRECTOR DAILEY: Okay.
15	So, let's as a first step clean up our language
16	here a little bit. And I apologize. We need
17	to say, if you would, David, we need to say,
18	"shall take into account" let's see "DoD
19	must assure that all conditions"
20	CO-CHAIR CROCKETT-JONES: Couldn't
21	you say, "all unfitting medical conditions"?
22	EXECUTIVE DIRECTOR DAILEY: Yes,
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1 yes. How about we just -- let's get it up there and, then, we will edit it. 2 3 CO-CHAIR CROCKETT-JONES: Okay. 4 MG MUSTION: point of Just a clarification. MEB doesn't make a fitness 5 6 decision. That is the PEB's decision. 7 EXECUTIVE DIRECTOR DAILEY: Correct. Correct. 8 MG MUSTION: And where we have some 9 10 disconnects under IDES is the soldier or the Service member is referred for one condition, 11 and when the examinations that come back from 12 the VA are done, it is 15, 18, 20 conditions. 13 And there is an inconsistency in some cases 14 across the Services in the development of the 15 16 narrative summary to not reflect all of the conditions that have been identified, and that 17 they are all considered in both the MEB's 18 19 decision of retention and the PEB's subsequent decision of fitness, initial decision 20 of fitness. 21 22 CO-CHAIR CROCKETT-JONES: And,

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1 General Mustion, just because I have heard Under Secretary Hickey say this a thousand times, the 2 Under Secretary for Benefits, that exactly that. 3 4 They go in for one and come back, and she wants their VA accurate ratings, timely and accurate, 5 б a complete record, because this back and forth 7 and back forth, then, looks like there is an extended time. But if you come in for one 8 examination and rating, but then you come in 9 10 and there's 13 more and you don't have the documentation, the time clock started on the 11 1st, and it looks like you're going back again. 12 So, it looks like the time by both agencies 13 is extended. So, complete records are a pretty 14 important piece. 15 16 So, when we get to the unfitting versus medical, I would agree; you don't know 17 they are unfitting until you have looked at them. 18 19 And if you don't have the information in the 20 record, you are kind of stuck. Basically, we 21 CAPT EVANS: are

telling DoD to come into compliance with their

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1 policies across all Services, to standardize the way they identify unfitting conditions? 2 So, is that what we are saying? 3 4 MUSTION: T think that is MG probably what we are saying. Maybe said a 5 б different way, we are asking the Department of 7 Defense to decomport the situation that we have, the code that says one thing and the Department 8 9 of Defense Instruction that says something else, 10 and the absence of Service-implementing policies. And I know of one Service that has 11 12 a policy, but the other Services I'm not sure do. 13 MR. DRACH: If I read this right and 14 understand it right, I think we have a conflict 15 16 in wording. Oh, never mind, it was just deleted. 17 (Laughter.) 18 19 CO-CHAIR NATHAN: Okay. So, as it 20 stands now, the way it has currently been amended is, "DoD shall take into account all medical 21 22 conditions, individually whether or NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1 collectively, that render the member unfit to perform the duties of the member's office, 2 grade, rank, or rating by MEBs, and that the 3 4 quality of the documentation for each condition will facilitate timely, accurate ratings by the 5 б VA." basically, to me, 7 So, this is saying, the Task Force is saying, "You need to 8 do well what you are already supposed to be 9 10 doing. You are not doing it. You need to do it. You know you are supposed to be doing this. 11 So, start doing it." That's how I see it. 12 13 Any further discussion? So, how would we know 14 CAPT EVANS: that they are doing it very incompletely? 15 16 CO-CHAIR NATHAN: I mean, well, how would we know? I don't know for sure. 17 I mean, as you know, some of the Services, they do the 18 19 QA on the number of NARSUMs returned for 20 incompleteness, those sorts of things. I would contend that MG MUSTION: 21 I think measures of effectiveness that can be 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 used are the number of cases that end up being 2 appealed at the MEB level and the number of cases that end up being appealed at the PEB level for 3 conditions which were not documented in the MEB 4 or documented in the PEB. 5 б CO-CHAIR NATHAN: I would say 7 successfully appealed. MG MUSTION: Well, 8 yes, sir, 9 successfully appealed or ended up arbitrated 10 in some cases. CO-CHAIR NATHAN: Because a lot of 11 people will appeal something. 12 I mean, the 13 provider may have or the Service may have done all the right things. 14 MG MUSTION: Yes, sir. 15 16 CO-CHAIR NATHAN: The Service member doesn't agree and appeals it. 17 MG MUSTION: Right. 18 19 CO-CHAIR NATHAN: And if the appeal 20 isn't upheld, then, in theory, the file is 21 correct. MG MUSTION: Yes, sir, but I think 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 the differentiation or point of clarity is appealing whether the condition existed or is 2 documented in the MEB findings and the PEB 3 4 findings is one thing. The other part of an appeal, if you want to appeal a rating, that 5 б is a whole different matter. Or if you want 7 to appeal that a condition is fitting or unfitting, that is a different matter. 8 I think what this gets at is, is the 9 10 condition documented on both the MEB and the PEB's findings? Because I think -- I mean, 11 correct me if I'm wrong -- but I believe even 12 the PEB has to acknowledge all of the conditions. 13 It just has to say that this condition is not 14 an unfitting condition. 15 16 So, it would be possible for the Services to implement a measure of effectiveness 17 which would allow us to identify whether we are 18 19 adequately capturing and documenting and

20 recording all medical conditions in both the 21 MEB and the PEB.

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I think that I would suggest that

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1 that become something that we would put in there, that the Department of Defense and the 2 Services implement 3 of some measure 4 effectiveness which tells us if we are doing a good job, my words, not the Department, in 5 6 capturing all the conditions. 7 CO-CHAIR NATHAN: Okay. So, General Mustion, is it anything specific you 8 would put in there? 9 10 MG MUSTION: Sir, I would just potentially add at the end that the Department 11 establish measures of effectiveness which allow 12 for ensuring application of this policy. 13 14 CO-CHAIR NATHAN: That ensures application of this policy? 15 16 MG MUSTION: I think that is general and broad enough that it allows the Services 17 to get where they need to get to. 18 19 CO-CHAIR NATHAN: "Establishes effectiveness 20 measures of that ensure application of this policy." 21 22 So, this is the latest Okay. NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701

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1 amendment. It basically says find all the unfitting medical conditions. Make sure the 2 quality of them, as you send them up for PEB 3 4 and VA rating, is good. And the tactical line here is establishes 5 DoD measures of б effectiveness that ensure application of this 7 policy. Going once. 8 Sir, one alibi. 9 MG MUSTION: Where 10 we have "accurate ratings by the VA," that should also be an accurate decision by the PEB, for 11 decision by the PEB and rating by the VA. 12 13 EXECUTIVE DIRECTOR DAILEY: "Accurate decisions by the PEB"? 14 15 MG MUSTION: Right. "And ratings 16 by the VA." 17 CO-CHAIR NATHAN: Okay. Karen, how will DoD effectively measure the ratings 18 19 by the VA? 20 (Laughter.) MG MUSTION: So, we do that today. 21 22 I mean, we push back and forth between PEBs NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 back to the VA, to the D-RAS on initial ratings and final ratings where we get the documents 2 and it shows that there is a rating missing or 3 4 a condition that hasn't been accounted for. That gets through. And then, the formal PEB 5 б appeal process, informal and formal PEB appeal 7 process allows us to close that back and measure it. And I think the other Services do the same 8 thing as well. 9 10 CO-CHAIR NATHAN: Okay. All Other questions, issues, concerns? right. 11 CO-CHAIR CROCKETT-JONES: 12 Just a second. Let me read a sentence. 13 14 (Laughter.) Okay, if they are saying that they 15 16 need to take into account all medical conditions that render them unfit to perform duties of the 17 members in office, grade, rank, where does the 18 19 rating by the MEB fall into that? They aren't found unfit to perform the duties of the rating 20 I am having a little problem with the 21 by MEBs. 22 sentence, now that someone pointed it out to NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS

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1	me.
2	EXECUTIVE DIRECTOR DAILEY: We
3	don't have a participle in there. We don't have
4	a noun of which the action is referring to.
5	CO-CHAIR CROCKETT-JONES: Yes.
б	EXECUTIVE DIRECTOR DAILEY: Yes.
7	The sentence structure is
8	CO-CHAIR CROCKETT-JONES: That's
9	it.
10	EXECUTIVE DIRECTOR DAILEY: Maybe
11	I will get the idea; we just don't have the right
12	verb and noun agreement in there.
13	CO-CHAIR CROCKETT-JONES: Right.
14	MR. REHBEIN: Yes, we have got some
15	wordsmithing to do on that one.
16	CO-CHAIR CROCKETT-JONES: But my
17	head is ready to explode.
18	CO-CHAIR NATHAN: The idea is to
19	take into account conditions, whether
20	individually or collectively, they render the
21	member unfit to perform duties of the member's
22	office, rank, or
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1	EXECUTIVE DIRECTOR DAILEY: Hang
2	on.
3	David, take out all the markouts you
4	have and give us a clean look at it.
5	CO-CHAIR CROCKETT-JONES: I think
6	that the phrase "by MEBs," "or by MEBs" is what
7	is
8	MG MUSTION: The word "rating" and
9	the MEBs is probably the right match. It should
10	be "decisions by the MEB". Because, I mean,
11	the only rating that takes place in the current
12	environment is the rating that is made by the
13	VA.
14	CO-CHAIR CROCKETT-JONES: It still
15	doesn't belong with "rendering the member unfit
16	to perform duties of the member's office, grade,
17	or rank," right? I mean, that is the list.
18	MR. REHBEIN: Reword it this way:
19	"DoD shall take into account during the MEB
20	process all medical conditions which
21	individually or collectively may render"
22	EXECUTIVE DIRECTOR DAILEY: Don't
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1 put "may" in there. That injects language in 2 terms that is not in the statute. Will it make sense without "may" because that puts 3 а different connotation on the statute? 4 CO-CHAIR CROCKETT-JONES: It still 5 б works at moving it then, "that render the member 7 unfit to perform the duties of the member's office, grade, rank". 8 9 MR. REHBEIN: Who makes the 10 decision as to whether or not a medical condition renders the member unfit? 11 CO-CHAIR CROCKETT-JONES: The PEB. 12 MR. REHBEIN: Which is after the 13 14 MEB? CO-CHAIR NATHAN: Correct. 15 16 EXECUTIVE DIRECTOR DAILEY: But, sir, I do like what you have done here. 17 That is where we need to be. 18 19 MR. REHBEIN: Anyway, go on down a little farther after "rating" and take out "by 20 MEBs". 21 22 EXECUTIVE DIRECTOR DAILEY: NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

359 1 Correct. Correct. MR. REHBEIN: And if "may" doesn't 2 belong, "may" doesn't belong. But I think that 3 is somewhat clearer. 4 EXECUTIVE DIRECTOR DAILEY: Yes. 5 б CO-CHAIR NATHAN: Is it "render" or 7 "renders"? That "render" I guess is plural. CO-CHAIR CROCKETT-JONES: Yes. 8 CO-CHAIR NATHAN: "That render the 9 10 member unfit to perform duties of the member's office, grade, rank, or rating". 11 REHBEIN: That should be 12 MR. plural. 13 14 CO-CHAIR NATHAN: Would you put a period after the "rating"? 15 16 EXECUTIVE DIRECTOR DAILEY: Yes, we can make that sentence shorter. Period. 17 CO-CHAIR NATHAN: And then, the 18 quality, yes. 19 20 EXECUTIVE DIRECTOR DAILEY: Okay, good, starting with a "the". Yes, much better. 21 Painful, but much better. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 MR. DRACH: Some of that language is taken right out of Section 1216(a) of 10 USC, 2 starting with "All medical conditions" through 3 4 "rating". Should we say somewhere in there, "in accordance with 10 USC 1216(a)"? Add it 5 б after "collectively" or after "rating". They 7 are citing it as the statutory authority. EXECUTIVE DIRECTOR DAILEY: We are 8 9 plagiarizing, yes. 10 MR. DRACH: Why don't we? EXECUTIVE DIRECTOR DAILEY: And we 11 have not cited it. 12 13 CO-CHAIR CROCKETT-JONES: Why 14 don't we put quotation marks and note it? EXECUTIVE DIRECTOR DAILEY: 15 Okay. 16 Okay. When we send it to the record, we will just say, Suzanne, put quotation marks. 17 CO-CHAIR CROCKETT-JONES: Put in 18 19 question marks --20 EXECUTIVE DIRECTOR DAILEY: Okay. CO-CHAIR CROCKETT-JONES: 21 -- and appropriately cite it. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

361 EXECUTIVE DIRECTOR DAILEY: 1 Okay. 2 Okay. LTCOL KEANE: Is it required to use 3 4 the words "to perform duties of the member's office, grade, rank, and rating"? To simply 5 б it, could we say "that render the member unfit 7 to perform their military duties"? EXECUTIVE DIRECTOR DAILEY: You 8 9 know, we have got --10 LTCOL KEANE: Or is that required? EXECUTIVE DIRECTOR DAILEY: 11 We kind of got hammered on the looseness of the language 12 to begin with. I am more in the camp 13 of overcompensating and including more language 14 than not including. But whatever you all want. 15 16 CO-CHAIR NATHAN: I think it gets the point across. So, member is unable to 17 perform the duties of the member's office, 18 19 grade, rank, or rating. I think it gets the 20 point across. Okay. Any other major concerns? 21 22 (No response.) NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20005-3701 (202) 234-4433 www.nealrgross.com

362 1 Going once. Going twice. 2 Do Ι have a motion to accept D18 -- I'm sorry -- D19? 3 4 CAPT EVANS: Motion to accept D19 5 as written? б CO-CHAIR NATHAN: As written. 7 MR. DRACH: I second. CO-CHAIR NATHAN: Seconded. 8 9 Okay. A vote of yea means that you 10 accept D19 as currently written as part of our recommendations. 11 All those in favor raise your hand 12 or say "Yea". 13 (Show of hands.) 14 All those opposed? 15 16 (No response.) No abstentions? 17 (No response.) 18 19 The recommendation carries. 20 So, probably maybe we stop here? CO-CHAIR CROCKETT-JONES: 21 Yes. 22 CO-CHAIR NATHAN: And tomorrow **NEAL R. GROSS** COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W. (202) 234-4433 WASHINGTON, D.C. 20005-3701 www.nealrgross.com

1 morning, we will pick up the last one, D20. And then, we will move into the D21. And after 2 21, we, then, go into our Resources for Reserve 3 4 Components recommendations. Good. EXECUTIVE DIRECTOR DAILEY: 5 б Ladies and gentlemen, thank you very much. 7 We are qoinq to strip out distracting language on this, and we will send 8 you a copy tonight and we will put a clean copy 9 10 in your books for tomorrow to see what you voted 11 on. We are also going to highlight -- we 12 have identified two, again, that have sentence 13 structure issues that we have voted on. 14 We are 15 probably going to need to go back and clean up. 16 But we are going to get you a clean copy of the language you have voted. 17 We will send it to you via email tonight, and we will 18 have a copy for you in your books tomorrow. 19 20 And I would like to compliment you, ladies and gentlemen. Very well done and you 21 are ahead of schedule. Good job. 22 NEAL R. GROSS COURT REPORTERS AND TRANSCRIBERS 1323 RHODE ISLAND AVE., N.W.

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1	CO-CHAIR NATHAN: Thanks to all.
2	Maybe we will give you some time back
3	tomorrow; we'll see. Never underestimate the
4	power of dropping anchor on a particular
5	subject, but we will see.
6	Thank you, everybody.
7	(Whereupon, at 4:55 p.m., the
8	meeting was adjourned, to reconvene the
9	following day, Friday, July 26, 2013.)
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