UNITED STATES OF AMERICA

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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FRIDAY
JULY 26, 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*

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

A-G-E-N-D-A

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

8:00 a.m.

CO-CHAIR NATHAN: We'll go ahead and get started. Again, good morning to everybody. We're going to hit the ground where we left off yesterday.

We're going to retread on one of our recommendations that we last voted on to look at some language issues. I believe that was D19 and on the Net today who do we have on the Net today phoning in?

EXECUTIVE DIRECTOR DAILEY: So Dr. Turner and Dr. Phillips will be calling in.

CO-CHAIR NATHAN: Okay.

EXECUTIVE DIRECTOR DAILEY: I don't have them online right now. They are not here yet.

CO-CHAIR NATHAN: Okay. All righty. So General Mustion, did you want to talk about D19?

MG MUSTION: Yes.

EXECUTIVE DIRECTOR DAILEY: Into

the speaker please and I have not touched it since last night, since we voted it's - the current language is right there.

MG MUSTION: I think - excuse me - the way we crafted it - well intentionally the way we crafted it I think we didn't - we may have confused this a little bit and what I would suggest and we received some assistance in providing a revised recommendation, which I think all of you have, which begins with DoD must ensure that MEBs cover all medical conditions with full clinical information to enable the PEBs to make proper fitness decision determinations.

The crafted language includes specific references to DoDIs as well as the U.S. code. I'm not sure that we have to include those specific references in the actual recommendation because they're included in the words.

Does everybody have a copy of this document? It should have been handed out as

a hard copy this morning.

EXECUTIVE DIRECTOR DAILEY: Tab J, last - should be the last entrant into Tab J.

MG MUSTION: Okay. What I would propose is that we put this language up on the screen and use it in as an amendment to or change, I should say, to recommendation 19 that we voted on last night. Or what? What's the correct procedure?

EXECUTIVE DIRECTOR DAILEY: I am -

MG MUSTION: The issue at hand is the way that this is crafted is it doesn't say that - clearly say that the MEB must consider all conditions with full clinical information to enable the PEB to make a full and informed decision in determinations on both individual conditions or collective conditions which may render or when combined which may render the individual unfit and the way it's crafted as we've observed this past year, some services fully document all conditions and other services are not.

So it's being inconsistently applied. It's outlined correctly in the DoD directive and it's outlined correctly in the law but it's not being consistently enforced and adhered to by all the services.

CO-CHAIR NATHAN: So we have a couple choices. You know, one is, I think, we'd need a motion to reconsider the wording and the verbiage, basically just reconsider recommendation D19, and then probably to really be correct we probably should vote on that.

And if that vote carries then we open this up again and we look at it, and we can either look at it with further discussion or once we do that, we can ask General Mustion to come up with how he would prefer to write it to give us a straw man thing of it and then we can either ratify that or tear it apart. So does that sound copacetic to you, Denise?

EXECUTIVE DIRECTOR DAILEY: Sir, I'm a little anxious about this. We could bog down in this one for quite a while. So I have

to say I'm a little anxious about it.

I'm not sure where we have not met the language of the law in what is currently up there. That's why I put that specific language in there.

CO-CHAIR CROCKETT-JONES: It's the phrase "render the member unfit."

EXECUTIVE DIRECTOR DAILEY: Okay.

CO-CHAIR CROCKETT-JONES: That is in conflict with the law as it stands right now.

We would be asking for a legal change because the MEB does not consider the conditions that render someone unfit. It considers all medical conditions.

EXECUTIVE DIRECTOR DAILEY: Okay then, so then we should put PEB up at MEB location.

CO-CHAIR CROCKETT-JONES: But that's not what this recommendation was intended to address. That's our problem. We have - the MEB is - the recommendation was for the MEB

across all services.

The intention was that the MEB across all services be performed in the same way considering all conditions.

The problem is that some services do that per the law and some services have a policy of only summarizing the unfit conditions.

And since the services have different policies, I mean, the recommendation was intended to standardize the services but in putting in the phrase "that render the member unfit" we would be - that recommendation as it stands is in conflict with the law as it currently is.

We would be asking for a legal change in what is required at an MEB which would - and in fact which would also be asking to upset the purpose of the Integrated Disability Evaluation System which is structured under the premise the MEB covers everything in order for the VA to rate everything in one process.

So this is - this is a big problem with the recommendation, that phrase, and changing that phrase requires a reconsideration.

I don't think that this is going to be long bogged down process. I think that - because I think that everyone here voted thinking of the actual intention.

CO-CHAIR NATHAN: Connie, you have a fair amount of experience in this because part of the problem is that there's no question that each service has sort of equilibrated to a level that they think works best for them and some services concentrate on the unfitting conditions knowing that the VA is going to pick up other conditions down the road. Your comments on this?

CAPT EVANS: Well, I think what we're - some services, so if you look at Army, you have a checklist pretty much and they list - they identify every condition that is unfitting for that member's job or rank.

You look at Navy, we do not have a checklist and we do not identify every condition that is unfitting for that member's job.

And so if we have a Navy at SAMC, which we do, and this was one of the complaints we had at SAMC.

So we had a sailor going through the IDES process. Army was the physician. We sent the record to Corpus Christi for the PEB to go through the record and the PEB pulled that Army checklist off and said no, Navy doesn't do this and went through the record or sent the record back to the Navy provider to get the conditions that were identified through Navy process.

So it created - and this was explained to the vice - and so what we are trying to accomplish is that we need to standardize.

I don't care if you're at SAMC, Walter Reed, Corpus Christi where if we want to go checklist, a checklist is fine but it should be every condition by the instruction

that is unfitting. So it's not the same.

CO-CHAIR CROCKETT-JONES: But that's the PEB.

CAPT EVANS: That's the PEB but the MEB has to identify should be at least for the PEB have those conditions identified, listed and documented and that's where the discrepancy with the services.

That's where we had the problem, say, at SAMC and Corpus going back with this one particular record.

So I think the instruction is clearly - and I think this is what you have here, General - outlines what we're trying to say, that we want them to follow the instruction and instruction says you identify every unfitting condition across all services.

CO-CHAIR CROCKETT-JONES: But I believe the instruction says you identify every medical condition that's going to be rated by the VA, period.

MG MUSTION: Claimed by. Claimed by

the individual as part of the process.

CO-CHAIR CROCKETT-JONES: And then the VA, I mean, and then in the streamlining of IDES was that if you identify it and then VA rates it and then PEB says which is - if any of those are unfitting.

CAPT EVANS: Correct. So they identify every - that's correct. That's correct. PEB does the unfitting.

So that's where we have the issues with and what we're trying to standardize across all services. It's alive and real out there.

EXECUTIVE DIRECTOR DAILEY: All right. So let me pull up yesterday's recommendation, the original recommendation. So we're going to put the original recommendation there.

You can compare it to the current recommendation and we will go from there.

CO-CHAIR NATHAN: So what does the first one have or lacking then, other than measures of effectiveness?

CO-CHAIR CROCKETT-JONES: The first one eliminates the unfitting language.

CO-CHAIR NATHAN: No, I understand that but what - now that we've had this night to sleep on this where General Mustion tossed and turned all night because something didn't quite seem right to him and now we've got all medical conditions are covered by the MEBs, is there anything else we need in that?

The only thing I see is we've delineated measures of effectiveness for measuring that in our voted recommendation.

Does that need to be in there or are you happy now that you look at it again with the very succinct sentence on the original recommendation?

CO-CHAIR CROCKETT-JONES: I think the only thing that is lacking in the original is the phrase "that it must be standardized across services."

MG MUSTION: And I would assert that the second part of the original recommendation

where it says each condition will facilitate timely accurate ratings by the VA could be amended to say will facilitate timely accurate decisions by the PEB and ratings by the VA. So there's two pieces to that.

It's decisions by the PEB and if you document all the conditions that allows them to look individually and collectively as they're supposed to and most do and then the subsequent ratings that are by the VA.

CO-CHAIR NATHAN: Now, would you use the term ratings by the PEB?

MG MUSTION: No, sir. Decisions by.

CO-CHAIR NATHAN: Decisions, right? So you'd say decisions by PEB and ratings by VA.

MG MUSTION: And, sir, as we talked yesterday I do believe the measures of effectiveness do need to be put in place to allow us to assess how well the services are doing in their process.

CO-CHAIR NATHAN: Does anybody have a problem with adding the passage about MOEs? "Must be standard across the services and measures of effectiveness established that ensure application of this policy." So let's do this because we did vote this in on the record. I need a motion to -

EXECUTIVE DIRECTOR DAILEY: Just let me give everyone one more look at it. Sorry, sir.

CO-CHAIR NATHAN: We're not going to vote on this right now.

EXECUTIVE DIRECTOR DAILEY: Okay.

CO-CHAIR NATHAN: We're going to vote to relook at 19 -

EXECUTIVE DIRECTOR DAILEY: Okay.

CO-CHAIR NATHAN: - because right now we have on the record - this Task Force has voted in the one you see on the bottom.

EXECUTIVE DIRECTOR DAILEY: You're absolutely correct, sir.

CO-CHAIR NATHAN: We need to undo

that before we can do anything with the original.

MG MUSTION: Sir, I would make a motion that we - the Task Force reconsider what we voted on and approved yesterday as recommendation 19 and open that back up for discussion.

EXECUTIVE DIRECTOR DAILEY: And because I need it not to fall off you're working with two competing inputs to this recommendation.

Warrior Care Policy responded to that first recommendation and what's in this response since we haven't changed it is exactly what you're going to get when they're asked to respond to this, which is you don't have the right language in there.

We disagree with your interpretation of the statute and so I just - it's not fresh on your mind now.

I would like you to refresh your grasp of the material that Warrior Care Policy gave you, weigh it against the grasp of the

material that you have from Mr. Parker, and make sure that both of them are considered in your recommendations that are going back and forth and back and forth between the two entities.

CO-CHAIR CROCKETT-JONES: I just want to say that the Warrior Care Policy response troubles me because we're basically saying that everyone should follow the standard that the Army has and if Warrior Care Policy is saying the Army doesn't understand the statute then I'm confused by their commentary.

You know, they seem to have a bit of a conflict internally if they think that the statute is being misinterpreted in this recommendation then they are also saying that the Army is misinterpreting the statute. So I just want to point that out for the record.

MR. DRACH: What I like about the one we adopted yesterday is the quoting of 1216, "all medical conditions whether individually or collectively" - and I think collectively is the operative word here - "that render the member

unfit," et cetera, et cetera.

The WCP used 1216 in part as a rationale for saying they don't have to consider all conditions yet the language is very specific, "individually or collectively."

So I could have five conditions, none of which are - individually render me unfit but collectively all five of them do and I think, you know, we think in the neutral discussion all medical conditions but I think it's important that we quote 1216.

CO-CHAIR CROCKETT-JONES: Right, but that's for the PEB. The 1216 applies to the PEB and fitness or unfitness this is a discussion of the MEB.

MR. REHBEIN: Suzanne, and I think that's an important point. The part of 1216 that they have quoted talks about what the secretary shall take into account.

What we're addressing here is what the MEB needs to take into account. So I don't really see that there's a - that there's a

conflict between what we're doing and what 1216 says.

All we're doing is making sure that the secretary has a full description of the medical condition of the warrior to take into account those conditions that are unfitting.

CO-CHAIR NATHAN: I mean, it's antithetical to what we've just talked about, right. What the WCP says is the secretary concerned and if you want to look at it another way the service concerned "shall take into account all medical conditions whether individually or collectively that render the member unfit to perform the duties."

Then it says - then they go further and they say "the statute does not require the secretary to consider conditions that do not inhibit a member from being able to perform his or her duties."

MR. REHBEIN: But the question is who makes that decision as to which - does the secretary make that decision as to which he

considers or does that - is that done by the PEB and what basis does the PEB have to make that - make those - that discrimination?

Without the MEB looking at everything I don't see how the PEB and thus the secretary can make that decision. These count but these don't.

CO-CHAIR CROCKETT-JONES: My feeling is that the WCP responded as if we were discussing the PEB.

CO-CHAIR NATHAN: Well, I think this is an important point, I mean, because it may be that - and it may be that the recommendation morphs into there's conflicting guidance.

If you read - I'm assuming maybe this is what - I think you just put this in our books today.

EXECUTIVE DIRECTOR DAILEY: Correct. Mr. Parker's were put in today in response to Warrior Care Policy's comments.

CO-CHAIR NATHAN: You know, Mr.

Parker goes on to say further 10 U.S.C. - now, remember, WCP is quoting 10 U.S.C. 121 saying secretaries don't have to consider things that aren't unfitting.

Mr. Parker responds by saying "Further, 10 U.S.C. 1214(a) states the service cannot administratively separate a member or deny them reenlistment due to a condition considered by a PEB but not deemed unfitting.

If a PEB does not consider all medical conditions it leaves the service member vulnerable to administrative separation or denial of reenlistment due to the impacts of a medical condition that was not covered by the MEB nor subsequently addressed by the PEB."

So I'll read the last paragraph - "I have deep concerns about the comments made by the WCP office that all medical conditions do not have to be considered in fitness determinations.

As described in DoDI 1332-38 overall effective provision the PEB can deem any

condition unfitting even if the condition is not independently unfitting or even required to be referred to DES."

So when the MEB limits which conditions to cover they are in essence making fitness determinations and fitness determinations are the sole prerogative of the PEB.

CO-CHAIR CROCKETT-JONES: We reinforced that sort of conflict - and we reinforced that conflict by putting in that phrase "member unfit."

MG MUSTION: The other thing which I think is interesting is WCP is referencing one particular paragraph of Title 10 - or yes, of 1216(a).

You go to 1216(a)(b) it specifically states as Mr. Parker helps us outline here that the secretary of concern will take into account all medical conditions. In the process we have today and the inconsistent application and the gaps between Title 10 and

the DoD directive enable these seems to occur where services make a decision that they don't have to consider all medical conditions.

CO-CHAIR NATHAN: No, I understand. Our friction point here is whether you do or don't consider all medical conditions at the MEB level.

That's simply our friction point. My question to the group is and I know where Mr. Parker stands on this but if I brought this to a legal authority, King Solomon type person would they say there is - the WCP is simply interpreting policy incorrectly or would they say no, there is conflicting guidance whereas the WCP can make their case for a service not providing all conditions, and there are other pieces of it where a service feels they should be provided.

Because my question is if a service decides not to provide all medical conditions in the MEB process can they find something in scripture here that supports that and should

our recommendation morph to being there is inconsistent or there is conflicting guidance between these instructions that is creating inconsistency in the way the services approach their MEBs.

That's my question. Or are the services that are not doing what the Army does completely in error because the guidance is clear.

I'm getting the impression the guidance is not clear based on what the WCP is saying. WCP is quoting this piece of the legislation and you're correctly quoting other pieces.

So the Navy could stand up and say look, WCP is right. This is what we base it on. And yet you go to (a)(b) and the Army says forget that - (a)(b) tells us we got to do it all.

So that's my question. Is that the genesis of why we're having conflicting MEBs?

CAPT EVANS: Not hearing this

morning's conversation I'm thinking more that the instruction is not completely outlined of how MEBs should be done, and that may be the question.

That may be the issue because if you talk to Navy we got it right, you know. And if you talk to Army you have it right.

So do we go back and say that the instruction needs to be correct, that it's not written clearly in the language that outlines how the services should be - the whole entire process, I think, when you can look from MEB, PEB to assure that we can get the accurate ratings from the VA. So is it the instruction.

MR. REHBEIN: If I may, and I don't have - one, we don't have all the documentation in front of us so it's hard to tell whether there's conflicts there or not. And, two, I don't have legal training.

But I'm going to under - in this new information we were given this morning under rationale and discussion paragraph E3P1.2.3

that last sentence that's underlined there that states "MEBs shall not state a conclusion of unfitness because of."

If the MEB chooses to not consider a medical condition, then they have made a conclusion. MEBs, in my mind, are to evaluate, not to draw conclusions, and so if they choose not to evaluate, that's a conclusion and they're precluded from doing that.

MG MUSTION: But, sir, under IDES they're not permitted to do that. When a soldier goes to the MSC he identifies all conditions and the MEB has to consider all conditions.

CO-CHAIR NATHAN: That's what Mr. Rehbein is saying.

MR. REHBEIN: We're in absolute agreement, sir.

MG MUSTION: Okay. All right.

MR. REHBEIN: We finally agree.

CO-CHAIR NATHAN: But again -

MG MUSTION: I interpreted - I

interpreted what you said differently.

CO-CHAIR NATHAN: No, you're both suing for peace. So I think, as I listen to this there's no question that it seems like the spirit of the corporate knowledge here is that the MEB consider all conditions.

So that part I get. I think everybody here is sort of okay with that. The concern I have is there language that is conflicting so that a service that doesn't consider all conditions can reference what's written in scripture and say, we're following this.

CO-CHAIR CROCKETT-JONES: Well, I think we're going to look at - Research is going to give us a look at the 10 U.S.C. 1216(a) so that - because my concern is since WCP didn't actually - they excerpted what they used as their rationale and I wanted to make sure that the portion that they excerpted was in reference to the MEB and not in reference to the PEB because it sounds like it's describing the PEB.

And so I think that Matt is going to send you the - right? Send you the body so it'll be there in just a second and we can - we can make sure that there's a conflict before we decide to tell them to deconflict it.

CO-CHAIR NATHAN: Okay. No, that's fine. Because we're concerned with the WCP's feedback that they're pointing out a legitimate conflict in guidance and they don't see the conflict but we see the conflict when they point out what they're saying the policy is based on what they're reading it.

And you're correct, Susanne. Let's make sure that they're not referencing the PEB as opposed to the MEB and when we get that.

So what I suggest we do is while Research is going so they don't feel our hot breath on their neck and can do this correctly we move to D20 and then we'll try to put that to bed and see where we are.

Okay. D20, this is - this one in - states that the Office of Warrior Care Policy

should invite all Recovering Warriors to complete each phase of the IDES survey, regardless of whether they completed the survey for the previous phases.

I know on some of our travels we found that some members were saying if they hadn't done the previous phase they weren't given the opportunity to be surveyed on other phases, and we felt that it doesn't matter - any survey is a good survey regardless of whether you've done all the previous ones or not on the phase. Is there a motion for discussion?

MG MUSTION: I make a motion that we open this for discussion, recommendation number 20.

CO-CHAIR NATHAN: Second it?

MR. REHBEIN: I'll second.

CO-CHAIR NATHAN: Okay. Thoughts on this?

CSM DEJONG: We do have an answer from WCP on recommendation 20 basically stating that all of their surveys are voluntary surveys

done via telephone. I mean, it basically conflicts everything that we're saying is their answer.

CO-CHAIR NATHAN: They're saying there's not a problem, if somebody wants to do it, they can?

CSM DEJONG: Yes, sir.

CO-CHAIR NATHAN: Okay. So we either buy that or we don't. If we buy that then we could consider striking this recommendation or we could say you have a marketing problem.

You're not making people aware that they can still do it. If WCP says well, no, no, they don't have to call us. We call them after each phase. We call them regardless of whether they've completed a previous survey, then we would strike this.

But if the WCP doesn't call them and says they're welcome to call us for each phase of the survey and tell us how we did and hit a phone tree maybe.

I don't know how it works. We certainly have Recovering Warriors out there who are unaware of that.

CO-CHAIR CROCKETT-JONES: We were briefed by the surveyors. Did they indicate anything on the subject? I can't remember.

EXECUTIVE DIRECTOR DAILEY: In their findings and recommendations when they briefed us they indicated that it is sequential.

The individual who took the MEB phase survey is now going to take the PEB phase survey and the findings indicate that this makes their ends very small at times and so this is kind of a narrow, just asking them to open the aperture. They really didn't address it in their response.

The response is vague to try and identify where we've erred other than the fact that they don't appear to administer the transition phase of the survey, that the VA administers the transition phase.

So I think you're on safe ground to

make this recommendation. In a nod to Warrior Care Policy's response you might want to pull out the transition piece that's there.

CO-CHAIR NATHAN: So we can either just leave this. I mean, we could fine tune it, as Ms. Dailey is saying, and take into account WCP's feedback and strike transition from that sentence.

Or we could just leave it as it is because we're not sure because we do have warriors out there that aren't doing a great job and hope that they'll redouble their efforts if they see this as a recommendation and look at their process.

CAPT EVANS: I wouldn't take - I would recommend that we leave transition in there, although we have that response from WCP I still think this survey - we need to emphasize every phase of the IDES process.

We want to hear back from the members. So I think we should leave it in there and I think my recommendation is that we look

at it as written currently and I think it captures what we want them to do.

CO-CHAIR NATHAN: This is sort of a trust but verify. WCP, we trust you but we're going to verify and I mean, I see them coming back and saying - I don't see them coming back and saying nonconcurring, although nothing surprises me in this life.

I see them coming back and saying concur, however this has already been implemented. But it still maybe needs a kick in the rib like this so somebody will say hey, double check on that and why does the Task Force feel compelled to make this recommendation.

CAPT EVANS: This will hold them to the fire for next year to come back and present your data, again, to see where they are. So I think you should leave it in a -

MS. MALEBRANCHE: I would agree with that because I think part of the Task Force business is to talk about transition and if the transition is a VA phase that's not doing well

then maybe that needs to be measured, pushed there because kind of what - it's all in together and some may not transition to Veteran. They may go back. So I think it's as it is rather than less more is better.

CO-CHAIR CROCKETT-JONES: Do we want to broaden from targeting this to WCP to include VA or should we just leave it as it is?

MS. MALEBRANCHE: I mean, we could.

MR. REHBEIN: Well, I think the crux of the matter here is the statement in our findings that says there's a rule in the methodology allowing only those who have completed the previous phases to complete the next phase.

That, I think, is where our argument lies. WCP seems to me to be only discussing who is responsible for which phases and really hasn't addressed that part of the methodology. So I'd leave it alone.

CO-CHAIR NATHAN: Further discussion? Going once.

LTCOL KEANE: I have a discussion, sir. It does roll into number 19. It's in tune with what Ms. Dailey said about getting bogged down.

Yesterday we did have a brief discussion about possibly tailoring this and then we decided to kind of get into the weeds.

Would it be worth having WCP come back and maybe even have a panel discussion next year to kind of get no kidding what they think about the issues before we put a recommendation forward?

Give us opportunity to - instead of today trying to get the instruction and hammer it out the last day of our last meeting of the year or is it that important that we need to do it this year or should we get it right and do it next year?

CO-CHAIR NATHAN: You're talking about this one as well?

LTCOL KEANE: Talking about 20, sir.

CO-CHAIR NATHAN: I know you're talking about 19 but this one as well?

CO-CHAIR CROCKETT-JONES: Okay. I'm just going to say the WCP has had ample opportunity to brief us. On this one in particular, their responses, compared to what their contractor told us shows that their response didn't go to the issue.

I'm not sure having a panel discussion would help this one. Now, I think because our last day is our voting day. That's the way it is and if you want to make the argument about tabling something before talking with them on another one because of another recommendation, I might agree.

But on this one, they've seen it and their response does not address the intent.

I personally feel like I'm comfortable with making this recommendation without talking to them further. I mean, I think their contractor knows how he does his work.

MS. MALEBRANCHE: Well, and, frankly, if they have issue with this they are going to come back with a response and we can still have them come back and talk to us. But maybe it'll be more pointed.

CO-CHAIR NATHAN: Okay. So we have a lot of thoughts there. You can cogitate on those as you decide your vote.

Do I have a motion to accept this as written?

MR. REHBEIN: Rehbein, so moved.

CO-CHAIR NATHAN: Second?

MS. MALEBRANCHE: Second.

CO-CHAIR NATHAN: All those in favor of accepting recommendation D20 as currently written, please signify by voting yea. Suzanne, I have the proxy of Dr. Phillips and of Major General Stone.

So who's your daddy now? (Laughter.)

Okay. So all those who are in favor of accepting this as well, just going along with that actually.

You know, that bothers even me and I have a pretty high threshold for integrity issues. So if you vote yea you're voting to accept this as currently written.

All please signify by raising your hands or saying yea. All those opposed? None opposed, no abstentions. Okay. The recommendation stands.

Should we keep moving to the next section, or do we have our research for 19?

EXECUTIVE DIRECTOR DAILEY: We should get through them all, sir, and then we'll come back tonight.

CO-CHAIR NATHAN: Okay.

CO-CHAIR CROCKETT-JONES: Okay. Our next recommendation to discuss the specific legal support for IDES. This recommendation states that the Office of Warrior Care Policy should initiate a legal support working group in which IDES lawyers develop recommendations for changes to IDES processes and laws.

I invite anyone to move to adopt this

recommendation for discussion.

MG MUSTION: I move that we adopt this for discussion.

CSM DEJONG: I second.

CO-CHAIR CROCKETT-JONES: Okay, does anyone have anything place that they want to start on this discussion?

MG MUSTION: Yes, I do. Yesterday we discussed one of our recommendations concerning TDRL and a holistic review of the IDES process and reforming it, which is basically what this suggests, placing it in the hands of a legal working group.

I'm not exactly sure that that gets at what we need to have. I would recommend that we consider deferring this and potentially looking at it in a broader sense of how you could reform IDES as we take on the FY '14 effort.

CO-CHAIR CROCKETT-JONES: So does anyone else want to weigh in on that, on the concept that we should put this off because we need to have a more robust look at what we really

want to recommend on the topic of IDES reform for next year?

CSM DEJONG: When I read this I was a little bit hesitant about going forward with this recommendation just based off - I don't know if a working group - if making a recommendation to put together a working group is going to get at what we want.

I agree with General Mustion. I think we need to look at IDES a little bit deeper but I don't think that - I don't remember all the discussion and where we came up with this last month but I don't think having someone form a working group is going to help us out that much.

CO-CHAIR CROCKETT-JONES: I can honestly say that my issue with this recommendation, my concern, is that we have suggested this but there's no authority for how to place recommendations, response to recommendations.

I mean, I think this recommendation

reflects the complexity and the frustration that we are feeling with the IDES process and our experience at various facilities that the IDES lawyers have some of the best understanding of the process and know where it falls apart.

But I'm not sure that this reflects good work on our part to defer the recommendations to our working group of those lawyers.

MS. MALEBRANCHE: I think from our visits I believe our intent was that those that had lawyers, the IDES lawyers were very proficient, were so much more satisfied than those that didn't or had, you know, kind of fly by.

So I think the intent of this was to make sure that all those in the process had an attorney that was trained or knew about the process.

So I'm not sure about the working group to change laws to IDES as much as it was access to the attorneys that can assist them

in the process.

CO-CHAIR CROCKETT-JONES: I think that was a different recommendation.

MS. MALEBRANCHE: And I thought we did that one. That's why I'm wondering - a working group, what would that do? Is it a best practice proliferation?

CO-CHAIR NATHAN: Well, I think - as I recall, the genesis of this was - we came away, Karen, with the same thing you thought. People who - the IDES lawyers came up to us and said that we're good - came up and, first of all, they were rock stars.

People loved them. They made a big difference and they said, boy, you know, we have a bunch of ideas that could make this process better for the warrior.

And so we said - somebody said let's - well, let's create a working group of them where they can get together and say here are some recommendations from those of us in the field, those of us legal beagles in the field,

who have to deal with this system. Here's what we would do to help.

It doesn't necessarily change - laws is a strong word -- but here's what we would do to change the processes and the way you apply your IDES to the constituent that would make it clearer, easier and more expedient. That's, I think, the genesis of this.

MS. MALEBRANCHE: Was this where they wanted to have VTA access and that they had - I mean, that sort of issue, like those two that we - that weren't in Alaska but we're doing?

CO-CHAIR NATHAN: Right. Right. I mean, they just - right. And so it was - what we said was, wow, these people are really sharp. I mean, they're the ones who have really had to ferret out and dig out as advocates for their warriors. They've had to fight the system and get what they need.

We probably should get them together and tell us how would you change the process

so that you don't have to spend so much time and effort doing this? That was the idea behind it, I think.

So, again, that may or may not be a viable mechanism to do this, and certainly concerns of bringing them all together and simply letting them give us a product, which now we're going to put in, may not be the best thing.

It may be better to have another modality of which they are allowed to - encouraged to participate.

But I think it comes down to - I think it comes down to everybody agrees that there's always - it's like motherhood, right? There should be some sort of process that reviews an algorithm and fine tunes it and decides, after application, it needs to be recalibrated.

So I think everybody agrees on that. That's just generally good management. The question comes down to do you throw it in the hands of a isolated group of IDES lawyers to

do that?

MS. MALEBRANCHE: I guess for me it's just the working group piece doesn't fit right. I mean, another working group? Lawyer task force? I don't know. I mean, you know, it just doesn't fit right.

CO-CHAIR CROCKETT-JONES: I almost would rather have a panel from all services of IDES lawyers come speak to us about those recommendations, to inform us better as we sort of try to get more clarification on where we stand on IDES for next year.

CO-CHAIR NATHAN: Other comments?

CAPT EVANS: I do have a quick comment. I think we have several working groups right now all working on the IDES process, so to recommend another working group - has that already been stated? Okay.

CO-CHAIR CROCKETT-JONES: Is everyone comfortable and ready to vote? Shall we vote - would someone like to move to either vote to accept or delete this recommendation

as written?

CSM DEJONG: I would make a motion to delete this recommendation as written.

LTCOL KEANE: I second.

CO-CHAIR CROCKETT-JONES: Okay. All those in favor of deleting the recommendation please raise your hands or say yea.

(Task Force votes.)

We're unanimous. I assume there are no nays and abstentions since everyone raised their hand. And we can move on, I guess, to 22.

This recommendation states that the services should institute a mechanism to alert senior leadership of all cases when RC or deputy medical continuation orders are not renewed within 30 days of expiration.

I would invite someone to move to adopt this recommendation for discussion.

MR. REHBEIN: Rehbein; so moved.

LTCOL KEANE: Second.

CO-CHAIR CROCKETT-JONES: Is there anyone who is not aware of the motivation behind this recommendation, or anyone ready to discuss it?

MR. REHBEIN: My only comment would be that one of the first - I think the first visit that I made as a member of the Task Force down to Fort Benning, this exact problem was addressed by those folks at that time.

It's been a long time ago and we're still hearing that this problem exists. It's time that the services do something.

At that point they were even - this was a WTU full of Reserve Component soldiers, and at that time the situation was they knew of a soldier in their WTU that was about to go off orders and was going to have to leave base. Not only was the care going to be interrupted, but where was he going?

CO-CHAIR CROCKETT-JONES: My impression is that we go places now when we talk to folks and they - the people who are providing

services, the non-medical case managers, seem more aware of the problem, but the problem still exists.

They might be doing things to mitigate the problem but they are doing - they are - they shouldn't have to stop gap. The problem should be - the response should be more streamlined.

CAPT EVANS: My only question is how alerting leadership, because what we found in Arkansas - I believe it was Arkansas - leadership knew about the delays in getting the orders. So it was a system. It's a systems issue.

By the time - I think this was Army - by the time leadership was working to get the orders, the member back on orders, but they had to go through the Army personnel system. And so it's a systems issue that caused this delay of orders.

I don't know how alerting leadership, because the only thing that leadership is going to be able to do is to

continue to work with personnel for us, for Reserve PERS-95. We have to go back to PERS-95, I believe, for Reserve.

So we can't do anything at the leadership. We are at the mercy of the system.

CO-CHAIR NATHAN: This was a huge issue out in San Diego as well with the Reserve Component there. They were getting just clocked by this.

And I'm trying to remember why - certainly, as I recall, out there, Connie, they felt that people were putting it off towards the end and weren't instituting it.

CAPT EVANS: I think the members - I think their perception is that people are putting it off to the end.

You know, I can't recall - we spoke with PERS on this specific issue because we have several Reservists that - like at the, you know, ninth moment that they get orders cut, but by that time they're kicked out of CHCS. Their appointments are deleted, and so I don't

understand - I think we need to go back to the -

CO-CHAIR NATHAN: I guess it depends on what your term of senior leadership means. In other words, if you mean the local senior leadership there and you feel they're already engaged, that's - you're right. They already know it, like in Arkansas, and they're trying to deal with it. It's a system issue.

If senior leadership means the Chief of Staff of the Army or the CNO or the Chief of Personnel - I don't know what the G-1 for the Army means - that maybe we need to - you know, in other words, should there be a dashboard that lights up somewhere that shows when - you know, analogous to orders for GWOT, we had to go to a program where the Chief of Naval Personnel now has a light go off if somebody doesn't get a 90-day heads up on orders to deploy. And so -

MS. MALEBRANCHE: Maybe that's what we should do is name senior leadership - who

in senior leadership, who that is and maybe it's Personnel.

MG MUSTION: I think it's a combination of medical personnel in the WTUs that we have and community-based Warrior Transition Units, as well as the personnel in the G-3 operations community, because that's eventually where those orders are cut from. RC orders - ADOS - are published through our operations channel but it's in coordination with the G-1.

I think, sir, you've identified that this is broader than just in informing leadership and making sure leadership at the right echelon is informed and aware.

There's a bigger systemic issue, and the systemic issue is we, as an institution, don't bring individuals on orders for a sufficient period of time to allow for them to complete the process.

We know it's a 270-day process from the time you start to the time you end. We don't

cut orders for that long. None of the services do.

We cut them in chunks and maybe the alternative is that the Department needs to issue some specific guidance for how long Reserve Component soldiers will be brought on - placed on orders and that the services will institute processes to ensure those orders are overlap - appropriate measures to ensure that they overlap to prevent expiration.

We can always - as you all know - we can always cut the orders off early if something miraculous happens. But it's more painful to everyone, and uncertain for the individual, if you go from a 30-day order, a 30-day order and a 30-day order, which is I think what we observed, particularly in San Diego when we were out there.

So having said that, maybe we keep the recommendation but we morph or modify a few of the words and put the onus on the Department of Defense to tell us - issue a policy that says

Reserve Component soldiers will be mobilized for the expected duration of IDES processing and leadership of the services will assure appropriate measures are in place to prevent the gapping of orders in a timely manner.

CO-CHAIR NATHAN: I like that last part. I'm not wild about telling - yes, telling them how to suck the egg but I do like that part which expands this recommendation to basically say, in a more elegant way, services, you're on the hook to figure out a mechanism that will prevent, you know, orders from expiring within a 30-day period.

In other words, so if they - in that way, if they - and leave it to them to decide, you know what, we're not giving these orders long enough. Or, you know what, we are in many cases but we've got a broken system for renewing them in a timely fashion.

I just - I want to put the services on report for having this hair on fire system. And I think, you know, we need to have fairly

strong language that says something to the effect of orders not being renewed within 30 days of expiration is creating quality of life and significant stress on the Reserve Component Recovering Warriors.

The services will - DoD will issue policy guidance for services to alleviate this problem, you know. Again, not very elegant, but that's sort of the gist of what I'm trying to say.

EXECUTIVE DIRECTOR DAILEY: Okay. So take a look at what we've got here.

DoD should issue policy stating Recovering Warriors Reserve Component will be put on orders for duration of the care plan.

CO-CHAIR NATHAN: Well, the only problem with that is they'll say it's just so variable that, you know, we don't - again, I think that's telling them how to fix this. I'm not necessarily interested in telling them how to fix this.

If I were on the working group that

would be one of the things I'd do. I'd take General Mustion's issue on board very much and say are we putting our people on orders long enough?

And if people came back to me and said, you know what, it's just much easier to extend orders than it is to cut them short because that population - I'm hypothetical here - that population screams and yells when their orders are cut short, so we'd rather extend them than have to cut them short. We'd rather figure out a better mechanism to get them issued in a timely manner.

EXECUTIVE DIRECTOR DAILEY: How about: DoD issue policy guidances for services to ensure a complete period for care is provided while the individual is on active duty orders?

CO-CHAIR NATHAN: That's fine. I'd think you have to amplify it by saying: in addition, a mechanism should be created to prevent in all cases orders not renewed prior to 30 days of expiration.

CAPT EVANS: So does San Diego - did we - I can't recall if Arkansas talked about the process of how they are alerted. So this member is getting ready to come up within the 30-day of orders being ended, so how do they start that process?

Because I kept - in my mind, you know, so if you're six months away from the ending of orders, or five months away, something in the system should be able to alert we need to get their orders renewed. Is that at the command level? Is that at your G-1 level? I don't know.

Somewhere there's a gap when they were describing their process of how to get the member back, you know, to renew the orders.

I mean, it was always down - for every one they talked about in Arkansas, and I imagine in San Diego, it was down to the last minute. You know, the orders will be renewed but it will always be at the last minute.

So I didn't know if it was at the

command level or if it was at the G-1 level that we miss - or PERS, for us - missed that notification. Or when do we start the clock?

MS. MALEBRANCHE: Thirty days seems kind of like a short time. I'm wondering if we really need to specify the number of days.

Maybe at some intervals but reasonable intervals because it seems like when they find out in 30 days it's not enough time to get it done.

CAPT EVANS: I think that's what I'm - that time frame.

MS. MALEBRANCHE: So it's like should we - do we need to specify the interval or do we need to specify what needs to be done?

CO-CHAIR NATHAN: Well, that's what we got from them. We didn't come up with that number. They kept saying -

MS. MALEBRANCHE: Thirty days?

CO-CHAIR NATHAN: Their policy is 30 days and they couldn't meet it.

MS. MALEBRANCHE: Okay.

CO-CHAIR NATHAN: I think the people locally felt if they could have their orders in hands 30 days before they expire - their renewed orders in hands 30 days before the previous ones expired - they were comfortable with that.

Their problem was that they couldn't meet that and they were getting their orders one to two days, through urgency calling, threatening to, you know, somebody's life and then the orders would appear 24 hours before expiration, and it was wear and tear on the system. It was wear and tear on the warrior. So they were the ones who said 30 days would be the time we'd like to have it put to bed by.

So does anybody have a problem with the first sentence on that last thing - DoD will issue policy guides to ensure a complete period of care is provided while the individual is on active duty orders?

LTCOL KEANE: Sir, when I read that

I feel - it seems like to me that they'll get medical care - as much medical care as they can while they're on active duty. That's kind of what it seems like. You get as much as you can while you're on active duty.

MG MUSTION: You could put Reserve Component - RC Recovering Warriors somewhere in that sentence.

EXECUTIVE DIRECTOR DAILEY: Susanne, did you have something that you thought would make for a better flow?

MS. LEDERER: If you just flip that first sentence: DoD will issue policy guidance for services to ensure active duty orders encompass a complete period for care.

CO-CHAIR NATHAN: Being the devil's advocate, will DoD come back and say we already do that; we have a policy that says you will provide active duty orders for the duration of the care requirement.

The problem is is that when they go to renew those orders if the care continues.

So I don't disagree with the sentiment.

I'm just thinking the services are going to say we already have a policy that says you're supposed to - of course we give people the orders as long as they need care. The problem is that when we go to renew those orders, because the care continues, we're not doing it in a timely fashion.

CO-CHAIR CROCKETT-JONES: To address the second concern, what if the second sentence: in addition a mechanism needs to be created to prevent or to enforce renewal with a minimum of 30 days overlap?

That way if they do more overlap that's fine, when they renew orders, but they don't renew with less than 30 days, to keep folks in the system.

CSM DEJONG: Do we want to caveat the complete period for care with continuous in there somewhere? I don't know how to word it. I'm trying to - if we put the word continuous in there or continuous - that to me

would reference a -- complete and continuous, no break in orders during their time for the period of care.

CO-CHAIR NATHAN: You could say policy guidance for services to ensure continuous active duty orders while under - you know, guided by the care plan or guided by, you know, to encompass the complete period for care.

CSM DEJONG: What I would like to see come out of this, I guess, in the end, is that if I'm getting care and a physician can say it's going to take me 180 days to get better, I can bring that back to my command and say physician's orders say it's going to take at least 180 days to do this, and I would get a set of 180-day orders. I don't know how to word it or if that's going to come out of this.

I don't even know if we're putting too many wickets into it. But I guess, in my world, that's what I would like to have for the servicemember.

CO-CHAIR NATHAN: Well, you have to

ask yourself, does that first sentence sort of do that? It encompasses what you want to do, but it doesn't get as specific as what you want to do.

If you wanted to get specific, and you might be adding an extra wicket, you'd have to say after that first sentence, "encompass a complete period of care," this would be primarily guided by medical care plan.

CO-CHAIR CROCKETT-JONES: Put not primary; primarily.

CO-CHAIR NATHAN: Anything else?

MG MUSTION: I believe the last part, where it says "in addition," I think it should say: in addition services must establish mechanisms which ensure orders are renewed 30 days prior to expiration.

That gets under the Title 10 service role as opposed to the department issuing a policy at the macro level.

CO-CHAIR NATHAN: Prior to the 30 days of expiration, right?

LTCOL KEANE: Could we add to ensure that Reserve counterpart - Reserve members, RCs, don't go off orders while still under care?

CSM DEJONG: I think we can pick that up through the findings. We do need to add: continuous active duty orders for Reserve Component Recovering Warriors, in the first sentence, just to specify.

CO-CHAIR NATHAN: Okay. No more coffee for DeJong, yes.

CO-CHAIR CROCKETT-JONES: Okay, and in that last sentence, must establish a mechanism that enforces renewal of orders. There was no of.

Okay. Is anyone ready to move to accept this as written?

MG MUSTION: Move that we accept the amended recommendation 22.

CSM DEJONG: I'll second that.

CO-CHAIR CROCKETT-JONES: All right. Let us vote. All those in favor of accepting this recommendation as written please

raise your hand or say yea.

(Task Force votes.)

We are unanimous. Are we ready to move on to the next or do we need a break?

CO-CHAIR NATHAN: Anybody need a break? Do one more then break?

EXECUTIVE DIRECTOR DAILEY: This is a three-parter.

CO-CHAIR CROCKETT-JONES: Let's take a brief break.

CO-CHAIR NATHAN: Ten minutes?

(Whereupon, the above-entitled meeting went off the record at 9:12 a.m. and resumed at 9:23 a.m.)

CO-CHAIR NATHAN: So the next two recommendations require us to make a decision on how we want to approach the services regarding how they can better address the non-medical needs of the Reserve Component Recovering Warriors and families.

We're going to be selecting - on D-23 we're going to be selecting one recommendation

to move forward for final voting.

Of the recommendations that are available, there are two which we are - three? Three. There are three, which - I've got two here but maybe there's a third one I'm not seeing.

There are multiple - there are more recommendations, but for D23 there are two possibilities that we can choose from, or amend as necessary.

The first recommendation - possible recommendation - states: "The services' Recovering Warrior units and programs should establish a mechanism to push appropriate information to state and regional Reserve Component locations so they can better address the non-medical needs of Reserve Component Recovering Warriors and families."

The second recommendation, possibility, states that: "Services should launch mobile training teams to state and regional Reserve Component locations so they

can better address the non-medical needs of the Reserve Component Recovering Warriors and families."

So the product here to be produced in some capacity is a better understanding or addressing of non-medical needs of the Reserve Component Recovering Warriors and families and how to best attain them.

The first recommendation speaks of services - speaks of the warrior units and programs establishing a mechanism to push appropriate information to state and regional Reserve Component locations. And the second one differs from that in that it says, instead of pushing appropriate information to them, you'll actually send out mobile training teams to them to better address the non-medical needs of these Reserve Component Warriors and families. Do I have a motion for discussion?

CSM DEJONG: So moved.

CO-CHAIR NATHAN: Second?

MS. MALEBRANCHE: Second.

CO-CHAIR NATHAN: Okay.

CSM DEJONG: Initially looking at this, and this is something that we've addressed over the last several years, I know we took a couple of states and we showed them as best practices and didn't get a lot of traction out of that.

I'm wondering - I mean, right now, just to start it off, we're requesting it at the service level. I don't know if this is something we maybe want to push up to the Undersecretary of Reserve Affairs level to see if we can get standardization across the services of all Reserve Components, of how to better put non-medical care across the services.

That's my initial thought on this. And then how we formulate that I'm still thinking about.

CO-CHAIR CROCKETT-JONES: I think that's a good - I think that conceptually that that might be a better route because we see such

different gaps in non-medical care between services and different needs.

So I think you might be right. This might need more fidelity at a higher level to parse out better.

CSM DEJONG: Because I know what the National Guard is doing with the J-9 concepts and other things. But, again, that leaves it up to every state level and every state adjutant general to kind of figure out how they're going to do this.

And then you get into the Navy and you get into the Air Guard and - well, the Air Guard is covered under the adjutant general - but you get into the Navy and we saw a lot of disconnect in the Navy Reserves.

I don't think that population is great enough to even, you know, take that same concept under.

MS. MALEBRANCHE: I think that's a great idea of the Reserve Affairs because that's where that Yellow Ribbon program came out of.

The other ones are supposed to be pushing information to all the services. VBA and VHA go out, and vet centers, to those events to get that information out so they're aware of disability, get assistance, enroll on site, and that is at all these different states. And so the local area folks assist.

That also helps with that interaction of meeting people locally that you know, not somebody from the national level. And Reserve Affairs has that mission, as I recall.

EXECUTIVE DIRECTOR DAILEY: So, yes, I hear what you're saying, but the reality is, in the Pentagon, the non-medical case management expertise lies with the services. The only piece that - it lies with the services and it lies in their programs: Navy Safe Harbor, Warrior Transition Command, Air Force Survivor and Care program - in the Marine Corps, Wounded Warrior Regiment. It lies in the services.

So you're really saying it's a different direction for this - is you're saying Reserve Component, Reserve Affairs, OSD Reserve Affairs, take your piece of the non-medical case management out of the services, develop an expertise on your staff so that you can standardize it across the seven Reserve Components.

That is what I hear you saying, because it is absolutely not in the Office of the Reserve Affairs at this time. Only the Yellow Ribbon, which is not Wounded Warrior care.

CSM DEJONG: No, I understand that, ma'am, and that is exactly what I'm saying. I think we need to take it away from services to get some standardization across the services.

EXECUTIVE DIRECTOR DAILEY: Okay, and I have absolutely no findings on the ability to support that recommendation. I can do it next year maybe. If you would like to go that road I can get Reserve Affairs in here. We can

do some assessments, but I'm not -

CO-CHAIR NATHAN: Yes, I have to agree with you, Denise. I think - I mean, first of all, I think it's hard to do one size fits all for this population.

I think it would be a bridge too far to try to figure out how to - I mean, certainly there should be a Magna Carta of commonality across the services that people should have clean housing and this and that.

But I think, at this point, god willing, in the war, as it tapers down and as we, god willing, see less of a footprint of recruit - of, I'm sorry, Reserve Component personnel come through, to re-wicker it now - my personal opinion - to re-wicker it now with a one size fits all definition of how they should be treated non-medically may be difficult, and I agree that what we saw was service-specific issues.

The Navy doesn't do as good a job of this as some of the other services because

the Navy has just sort of cats and dogs compared to the large cadres of Reserve Components from the Guard in the Army and the Marine Corps. And so the Navy as a service needs to tighten up its non-medical support.

So I think the question comes down to - and the Army in certain places does as well, and others, but what it comes down to is what does push appropriate information mean?

If you follow this COA then the services need to push appropriate information to these Reserve Component locations. What does that mean?

MS. MALEBRANCHE: You know, one of the things that our VA folks do when they're on site - the liaisons in the MTS - they fill out this form and send it to the state when there is a person there that's wounded, ill and injured, because the states had asked - and all 50 states do it now - up until fairly recently it was not all states - and that's to make the state aware that you have a soldier in Fort

Carson, Colorado, that's coming back to Florida, to let them know that you can have things, like there might be education for your kids, or those types of issues.

So they do that and that was something I think that was sent actually to SecDef Rumsfeld and he sent it over at the time to our Secretary. That occurs - that push.

When I listened to what Sergeant Major was talking about and the bit about this Yellow Ribbon, was not that they should have the entire mission, but there needs to be some connection. And that Yellow Ribbon office has a person from me full time, a person from each service full time, in there as liaison that our Reserve - I think there are usually about 05/06.

And so that liaison there who helps them set up these events in the state, like we were trying not to have five events in one city in Arkansas where you had to have five people out.

But that liaison person should be - and maybe that's where you're going, Susanne. Anyway, I'll let you go to that, but just to let you know because I think maybe we don't have awareness of this. Some things are happening but they are not coalesced into a comprehensive. It's scatterings of things.

CO-CHAIR CROCKETT-JONES: Yes, and my feeling isn't that we need to pull this duty from the services and give it to Reserve Affairs.

I'm saying that the services and Reserve Affairs should be coordinating the dissemination of this, that the services seem to have a limited ability to get to the Reserve Component people who need this information, and Reserve Affairs doesn't have the knowledge.

They should - this should be leveraged. We already have the two pieces of the puzzle. What we need to see is them connect together.

And the Yellow Ribbon might be the

perfect venue for this but they need to have - perhaps the Yellow Ribbon needs to have a Wounded Warrior component, non-medical, and I'm saying that it might be - that might be a different recommendation.

I don't want to even be that specific. I don't know that Yellow Ribbon is right or not. I'm saying that the services, instead of establishing a mechanism to push the appropriate information to each state and regional location, that the services should be connecting to Reserve Affairs to coordinate a push of the appropriate information.

EXECUTIVE DIRECTOR DAILEY: There is a - let me just go back to Admiral Nathan's observation. Each one of the paragraphs on Page 30 talk about the information that is a shortfall out in the services.

So the second paragraph - first of all, the first paragraph outlines that IDES is well integrated and understood in the Reserve Component, which was a little surprising.

Because from that paragraph we followed into on Page 30 that, you know, people don't know about SCAADL.

There is - they don't - we had one case where they didn't know about TSGLI. Entry and exit into the Warrior Transition Units is an issue. You know, so, and we laid it out in the findings, what is the shortfall in information in non-medical case management for the Reserve Component?

So that's a good - I think the finding is a good place for that information, not the recommendation now. Who you want to - who you want to be responsible for pushing this information is a good question and we can include Reserve Affairs in here.

I'm just going to say, you will disperse the effectiveness of this recommendation if you want to include Reserve Affairs instead of holding the services accountable, because they will do this.

CAPT EVANS: Basically what we're

asking is that they have the same services as a active duty member so they are fully informed of the non-medical benefits. Because what we found in Arkansas, we had one member, a pretty significant incident with the Colorado fire and he - his family didn't receive the benefits that they - and merely because he was a Reservist or a - I think he was Air Guard - and, I mean, just his case. And so they were left without some of the benefits that they could have had if they would have moved him to - if he would have, you know, been an active duty.

So I think what we're saying is that if they entitle - they need to have a person on their staff that's able to explain SCAADL, TSGLI, kind of like what we have with our checklist for the lead coordinator - all those benefits that they're entitled to as if they were - because they're on Title 10 orders.

I believe if they're injured and in that Reserve unit they're still on those orders, or they were on Title 10 when the injury

happened. And so they're not getting their benefits and so they need to have information available within that unit for those members and that's what they're lacking.

CO-CHAIR NATHAN: So if you look at the findings, as Denise was talking about, and Connie, what you've just said, and you would amplify that last sentence a little bit - so they can better address the non-medical needs and eligibility benefits available to Reserve Component Recovering Warriors.

Now, so I think we're all agreed as we listen to this that there needs to be better situational awareness and better understanding of the benefits and non-medical, you know, support that's available to the Reserve Component.

The question is, do you do it by - and, again, it's a little - we've had some little bit of variance in this - but do you do it by pushing that information out regardless of whether you get it from the Reserve Affairs to

the services for the services to push it out or whatever?

Do you push it out in some way? And we may have to still settle on where the information comes from. Or do you send the team out there on scene - you know, people eyeballing the situation, getting everybody together in a room or going around and educating the leadership of the components - here's what your people are entitled to, we're the mobile training team, we're the pros from Dover. We're here to tell you -

MS. MALEBRANCHE: Isn't that part of PDAs - PDHRAs? Do they not bring the people together and do some of those things?

CAPT EVANS: Not as a command; as a help piece.

CO-CHAIR NATHAN: The post deployment?

CAPT EVANS: Yes.

CO-CHAIR NATHAN: The health reassessments?

CAPT EVANS: When they bring them together as groups - units?

CO-CHAIR NATHAN: No. Those are all data input questions: how are you doing, how are you feeling?

CAPT EVANS: And some places are more, you know, they do bring in - I understand what you're saying - when they redeploy they do have a group there but it's not consistent and it's just depending on the location.

So I think what we're saying is that when the Reserve Component, when they return, they need to be well informed of all their non-medical benefits and that's a service responsibility.

So if the injury - so if it happens, something happens to that member, here are your entitlements - here is what you should be getting as a non-medical. Not the medical side but the non-medical.

EXECUTIVE DIRECTOR DAILEY: And I do think your thought process has been even

deeper than that. It's not at the redeployment site where they open their brains, pour it in and then it drains out the next day.

The expertise in the knowledgeable individuals needs to be on their staffs. You know, oh, SCAADL? I know what SCAADL is. And usually, you know, line of duty guys, the med guys.

MS. MALEBRANCHE: So with TAAs at the state level, that there is at least one at every state, have also been trained every year.

I know we train them every year, as do the TRICARE people, to be part of that expertise too. I mean, just there are people out there - I'm still thinking there's a lot of people out there with expertise. They're just not coordinated. And they do know their state because they work for the adjutant.

EXECUTIVE DIRECTOR DAILEY: Yes. Pretty well documented finding that no one knows what a TAA is.

CO-CHAIR CROCKETT-JONES: David, you don't need the word "eligibility."

TSGT EUDY: Another thing to think about. That area of expertise lies with - you know, for the Air Guard and for Navy personnel, would those RCCs that are out there existing, you know, would the WTU cadre that have that experience all in this non-medical case management arena - and many of these cases, especially the JFHQs, where we don't have those personnel coming in. You know, for the first time in a round table discussion the TAG meets, you know, the Air Guard RCC and the rep from, you know, the other organizations at that first round table when we've come to visit as a group, that's where the expertise lies to make sure things are taken care of.

So I think the entity exists. It's not pushing, I don't think, a TAA or somebody else to do it. Maybe if the recommendation were to state something along the lines of: those that are already trained go and do their job.

(Laughter.)

But those that we have already tasked amongst our services with this knowledge, very similar to our recommendation that comes later regarding the relationship between the TAGs and the VAs and the whole visiting concept I think is very similar. I think it's something we could emulate in here with those other levels.

CO-CHAIR CROCKETT-JONES: I think there's a number of ways it could be done. For instance, all the Reserve Components could train - select some of them to be trained the way the RCCs are trained so that they would become informed.

A team could go out, of those folks who are already trained, you know, intermittently. There's a number of ways that this could be done and I'm not sure that I want to - I mean, the circumstances are so very different between Reservists who are on med hold and someone at a remote National Guard location

in Nebraska.

You know, I don't want - they might not respond to the same mechanism. One mechanism might be a little bit more efficient for one than another.

So I'm not sure we need to tell them how to do this. They just need to create a coordinated effort to get this information where it needs to be.

MS. MALEBRANCHE: Yes. I think both, Susanne, to you and to the admiral's point, don't tell them how to suck the egg but tell them what we need or what the Recovering Warriors are needing and asking that we've seen a lack of.

MR. REHBEIN: And that's a good point, but I'm just going to make a general observation.

If there's information I need, or that you feel I need, and you send it to me, I'll look at it when I think I need it. And if that's not for six months I've probably

forgotten that I have it.

Whereas, if you come deliver it to me, you have imprinted it in, at least done a better job of imprinting it in my brain so that I'm aware that it's there six months from now when I need it.

So I'm - pushing information, while it can be helpful, is not, to me, an effective solution.

EXECUTIVE DIRECTOR DAILEY: Okay. So for Recommendation 23 we - the context, you're basically holding the services accountable for - we can change the language here instead of use.

So you're basically establishing - you're basically requiring the services and holding them accountable to train and provide information to state and regional commanders.

So we use - we pull the word "push" out of that recommendation. In the context of this, you are then holding the services and their non-medical case management expertise agencies

accountable for training the Reserve Component at state and regional level.

Okay. So we'll take the word out. We'll put the word "train" in there. So in this context, you're holding these entities responsible for training the Reserve Component.

In the second, 24, you're basically - you've kind of broadened the aperture to the services and said, you know, pull together out of your non-medical case management teams - expertise teams - and get them out there to train your Reserve Component.

Right now, there's the only two options that we have for you - do you want another one?

CO-CHAIR NATHAN: No. I mean, I think - yes, I think what Karen said is true. I think that we just - we need to hold them accountable for making sure that that information lies resident in their units.

To your point, you're right, it always makes more of an impression if a team

comes and sort of looks over your shoulder and trains you.

The only problem with that one is that as people rotate through their jobs and things like that, that acquired knowledge is lost, so you'd like to have a little more systemic system.

This is easy to say and hard to do because you can - in a sentence you can say we'll establish measures of effectiveness to demonstrate that that's - but that's - I mean, we can write that in 30 seconds and that creates a maelstrom out in the field.

So I don't know that that's the answer. But the bottom line is we want to hold them responsible, and my concern about that - and I'm happy to stop there - but my concern about that is we'll get back, "concur," and you all make sure that you do it well, okay? "We got that, sir."

So other than just simply saying that we think this is a good thing to do I don't

know how we put any more teeth into it. And one way of putting more teeth into it would be saying send the team out there, and if you send a team out there you know at least - I mean, if that's the recommendation you know at least we're - we know that at least at one point there was going to be that information transmitted.

CO-CHAIR CROCKETT-JONES: I'm just wondering - we've said establish a mechanism. If we tell them to establish a protocol then we can look at it next year, right?

If they say they concur then we can say, so now what is it? And that way when we go out and make your facility - you know, yes. I think that if we, instead of seeing that mechanism or protocol, you know, written protocol or a plan or whatever that can be - something that can be reviewed. I'm not sure a mechanism can be reviewed.

EXECUTIVE DIRECTOR DAILEY: The way we've traditionally checked and followed up is we had them come in and brief this.

So next year we'll have them come in and brief and say, you know, what have you done to educate the Reserve Component? And then you get to say, no, I don't think that's a good answer.

Now, again, ladies and gentlemen, I'm bringing them in in February. They get this for action in September.

The value - the value here is, in what you've left them with, if we want to start thinking like that, is you've highlighted to them that the Reserve Component is unaware of their non-medical case management options and they need to do something to fix that.

Now, you know, I'll scratch the itch. I'm happy to bring in the Reserve Component RA next year and get them up here and we can heighten their awareness to what we think their shortfalls are in this whole process.

And you can follow that on with some recommendations for them. And I say Reserve Affairs - OSD Reserve Affairs. You know, I'm

happy to bring them in. You can, again, discuss with them your observations and your observation of their lack of involvement in fixing this or in being involved in it on a systemic issue, in a systemic level, because, again, it happens like this in the DoD.

With Wounded Warrior, Wounded Warrior points to Warrior Care Policy Office. Warrior Care Policy Office points to Reserve Affairs. So we can fix that with a discussion with them in a -

CO-CHAIR NATHAN: I agree. I think the value of this is basically going on record saying you need to do something to make sure that your Reserve Component people understand their eligible benefits in non-medical management.

I like the word protocol very much, compared to mechanism. I think - and then all you can do is all you can do. I mean, the only other thing that you could add to this to just throw more cold water in the face is start off

with - and you don't have to type this, David - but start off with there is - and Denise, you're going to say you'd only need to say that because it's in the findings - but you could say in the recommendation there is a disparity in the ambient working knowledge of the Reserve Component. And then start with the services, blah, blah, blah, I mean, if you're trying to sort of grab their attention.

But one could - that would be your lead line - but one could argue that's already presumed because it's in the findings and that's why we're saying this.

But if you want to capture their attention in the recommendation, you simply say in the recommendation there is a disparity in the ambient knowledge of the Reserve Component as compared to the AC as to non-medical management. And then, blah, blah, blah - the services should establish a protocol and then see what they come back with.

MG MUSTION: Sir, ma'am, there

might be a little bit of an inconsistency up here because as we read into the start of this, we say the services for and we specify the types of formations and then we tell them that they got to make sure that they train state and regional RC locations.

Well, that's not the mission set of a Warrior Transition Unit, Wounded Warrior Regiment, CBWTU. I mean, those are designed to be self-contained organizations that provide support for the soldiers, sailors, airmen and Marines that they're aligned with. And we had the discussion about all of those assets that are available to states and regional areas underneath the Guard.

So I think there's potentially an inconsistency here where the services can say, "I'm not responsible for training state guys or those programs. What you've told me to do is to either expand my existing programs for Community-Based Warrior Transition Units or their Wounded Warrior Regiment - those types

of things."

Maybe striking part of that from discussions and just tell the services you got to fix this. You have to implement measures or protocols that ensure non-medical information is resident within your formations and is maintained current and provided to address the non-medical needs of Reserve Component Recovering Warriors.

CAPT EVANS: We should take away General Mustion's coffee also. I think that that's what we're trying to say. That's what we're trying to say, sir, that they need to have on staff responsible - they're not - I don't think we're trying to tell them to educate.

You're correct, we don't need to tell them to educate those state and local. What we need them to do is have expertise on their staff to educate the Reserve Component and that's what we need to say.

I know what you're saying. State and local, they're responsible, you know, but

they need to have that expertise on staff, or either you can bring in the group or somewhere - because what's missing, Denise, is that we don't have - they didn't - the Reserve Component, they're not receiving the information that they need for their non-medical benefits.

EXECUTIVE DIRECTOR DAILEY: Who do they receive it from?

CAPT EVANS: From the service.

EXECUTIVE DIRECTOR DAILEY: They receive - there's only one resident location for knowledge of those programs. Where is that? Navy Safe Harbor.

CAPT EVANS: Right. That's the Navy - in the Navy's case. So what we're saying, because I'm not sure - what we're saying, Navy Safe Harbor - if you're saying Navy Safe Harbor is the resident expert then Navy Safe Harbor needs to be integrated with that unit and they're not.

CO-CHAIR CROCKETT-JONES: Well, they need to be able - they need to take the

time to train someone at that unit.

CAPT EVANS: Or train someone at the unit.

CO-CHAIR CROCKETT-JONES: Well, that's what -

CO-CHAIR NATHAN: I think we're getting too specific. Call me an optimist, but I think when you tell the services you should establish a protocol then the services have to figure it out. And now I'm the service and I get this and I'm told to do it I'm going to get my resident experts in and they're going to tell me, "here's how it works. You got the state people. You've got this, you've got that." And as the service I'm going to say, okay, how do I get this information to my units and make sure my warriors know about this? And the services are on the hook to figure it out.

We're trying to say, well, don't forget the state does this and we don't want to do this. I get all that. The services will have to take that into account when they fix

this.

What we're basically - I'm sort of panning out here instead of getting into the weeds - what we're basically saying in this recommendation is, look, you got a problem. Your Reserve Component, there's the delta of knowledge as to what they're eligible for and what their benefits are. You need to figure out a protocol to get it to them.

And then I would assume they'll look at it and say here's where, you know, we use the state, we use Reserve Affairs, we use Safe Harbor - how do we get it to them? And the service may say, let's create a mobile training team to go around to our facilities.

The service may say, let's create a web-based program that they have to sign off on. The service may say, let's create measures of effectiveness that tell us that we have an individual who's been trained in this. The service may say, let's create a survey that has ten representative questions of benefits and

send that out to all the Recovering Warriors in the Reserve Components and see how many of them know that these things exist and we'll know if we have a problem or not.

That's, I think, what we're doing. We're just simply saying, look, we've been out there. We've walked around and found out you got a delta, you've got a gap in knowledge in your Reserve Component as compared to the active component, and part of that is because it's harder in the Reserve Components. You're scattered. You're in remote areas. You're not dialed in as much. And the people who are managing you aren't connected to the mothership as much.

So we can explain why there's a gap. Services, you need to fix that. That's how I see it.

EXECUTIVE DIRECTOR DAILEY: Okay. Let's pull out - David, start with - just go up to the services and go right. Take out RW. Take out units, programs, Safe Harbor. Take

all the way down - yes, that's it. Take it out. We can't read that so we need to see it clean. Thank you. We're good. We need to see it clean. There we go. Okay.

MG MUSTION: And I would advise, sir, suggest we remove the word "should" and put in the word "will."

CO-CHAIR NATHAN: That's fine. Yes.

MG MUSTION: Should gives me the out, sir.

CO-CHAIR NATHAN: Yes.

CO-CHAIR CROCKETT-JONES: And we want that last sentence in that second paragraph up in the front.

EXECUTIVE DIRECTOR DAILEY: And we need to highlight that we are talking about the Reserve Component. So there's a disparity in the ambient knowledge of the Reserve Components. It's non-medical.

Okay. So the services will establish a protocol that ensures non-medical

information is resident in Reserve Component - do you want to use the word formations? That's a little bit Army-centric. In Reserve Component organizations?

CO-CHAIR NATHAN: We can say organizations.

EXECUTIVE DIRECTOR DAILEY: Okay. Okay. so it would be resident and accessible. So it should be resident, current and accessible. Okay, yes. Period. Good. Yes, period.

We don't need to do state and regional, right? We have said Reserve Component organizations - just one step. Okay. Oops. No, I think we lost something in there.

CO-CHAIR NATHAN: I'm okay with it.

EXECUTIVE DIRECTOR DAILEY: Okay. Good.

CO-CHAIR NATHAN: Any other major issues? Okay. Hearing none, then I'll call for the vote.

All those in favor - now, this would be - this is 23? So this is one of the and/ors. So this would be - of the recommendations between 23 and 24 this would delete 24. So this would be 23.

So if you - for the approach of trying to increase the working knowledge of Reserve Components and Recovering Warriors and what their non-medical benefits are this is what we currently have in 23.

All those in favor of accepting this recommendation as currently written on the screen please signify by raising your hand or saying yea. Oh, I'm sorry.

Yes, we need a motion technically. Somebody make the motion. Come on, DeJong, I know you want to do it.

CSM DEJONG: Make a motion to accept as written.

CO-CHAIR NATHAN: Thank you.

MS. MALEBRANCHE: Second.

CO-CHAIR NATHAN: We have a second.

Okay. All those in favor of accepting this motion as written please raise your hands and say - or say yea. All those opposed say nay. No abstentions. Okay. The motion passes.

All right. Now we'll go to D24 which was an alternative way of doing this.

MR. REHBEIN: So it seems like the appropriate action then would be a motion to delete recommendation 24.

CO-CHAIR NATHAN: Okay. I have that motion.

MR. REHBEIN: And I'll make that motion.

CO-CHAIR NATHAN: Second?

CSM DEJONG: I'll second that motion.

CO-CHAIR NATHAN: Okay. So a vote of yea would be to delete this recommendation. All those in favor of deleting recommendation D24 please signify by raising your hands or saying yea. All those opposed? No abstentions.

D24 is deleted. Now we're going to do D25.

CO-CHAIR CROCKETT-JONES: All right. Are we ready to discuss recommendation D25? The next recommendation states that the National Guard Bureau and each state Joint Forces Headquarters -

CO-CHAIR NATHAN: No. It's up here.

CO-CHAIR CROCKETT-JONES: Oh, I see. The fourth - okay. The fourth recommendation states that Congress should modify IDES laws to eliminate Reserve inequities related to presumptions through service activation, provisions and applications of other policies that specify current activation and/or years on active service requirements.

I invite anyone to move to adopt this recommendation for discussion.

CAPT EVANS: Move to adopt.

CO-CHAIR CROCKETT-JONES: Second?

MR. REHBEIN: Second.

CO-CHAIR CROCKETT-JONES: All right. I'm not - someone's going to have to bring me up to speed on this - on this recommendation. I don't remember its genesis.

CO-CHAIR NATHAN: Denise, can you give us some background on this?

EXECUTIVE DIRECTOR DAILEY: Yes. Mr. Parker brought this to our attention. He noted several Reserve - several interpretations of the law and the laws that were providing equities.

The example, and I have a couple in the - I have a couple in the findings are - first and foremost is the PTSD interpretation which is if you are deactivated and you are going to be treated for your PTSD in your community the VA does not interpret the current law to apply the 50 percent disability.

So for a Reserve Component member to be eligible for the 50 percent disability they have to be on active duty. Now, it doesn't mean they won't get rated at 50 percent in an

IDES evaluation.

It doesn't mean that they won't get rated even at 80 percent. But an active component person is already eligible for the 50 percent because they're on active duty. They've got to be in WTU.

They've got to be in a CBWTU in order to be eligible for the 50 percent disability. So that's an example.

CAPT EVANS: That's law, Denise? That's by law? That's what Mr. Parker is saying that's law that you have to be on active duty to be rated for the 50 percent?

EXECUTIVE DIRECTOR DAILEY: That's what - that's how VA interprets the current law.

CAPT EVANS: I don't know if that's a VA interpretation of the law then - I mean, I have a - just me, I don't know. You know, I'm the low man on this team right here but I don't understand why would we go back to Congress if that's a - to look at the IDES if that's an interpretation of the law.

So maybe we need to better understand why the discrepancy - why VA sees - you know, thinks that you only can award or you can't award 50 percent unless you're on active duty.

You know, that may not be the law. That may be the VA's interpretation of it.

EXECUTIVE DIRECTOR DAILEY: The VA's pretty good at ensuring that their interpretation is in accordance with the law.

So it's not like it's not vetted on how they can do that for the Reserve Component. They've reviewed the law and they've vetted it internally as to whether these laws apply to a veteran.

CO-CHAIR NATHAN: This is sort of heady stuff. I'm not comfortable - me personally, I'm not comfortable saying modify - telling Congress to modify the laws. I'm okay with saying Congress should review the laws to look for potential inequities.

MS. MALEBRANCHE: You know, I think

we almost touched this yesterday but this is the whole business with the VASRD. I mean, I think it's - and that is a congressional thing.

I don't know, like I said, about this task force. But that's a whole VASRD issue. It's very huge. So I guess if we're focusing in on this to review this portion of it, really, it's bigger than this.

CSM DEJONG: Do we have any other supporting documentation other than what Mr. Parker has given us on this in a couple cases or is this something we need to look a little bit deeper into to find further inequities between Reserve Component, active component?

EXECUTIVE DIRECTOR DAILEY: Well, I have several listed in the findings and they are well described as to the outcomes and how it affects the Reserve Component.

So I don't know that I could - I could type more but we do kind of try and synchronize it or bring it down into one page for everybody.

So I've got it pretty well succinctly captured.

CAPT EVANS: So I have to agree with the command Sergeant Major. I would like to hear from the Reserve.

I mean, we need to hear directly from - that this is actually happening that we have significant cases coming from our Reserve Component members saying that - you know, I just think we need additional information.

CO-CHAIR CROCKETT-JONES: I think that we have - we have a lot of information on the one side. I think what we haven't - what we don't know is how the interpretation was reached, if there is any mitigating information that would justify it.

But even still I think asking Congress to review the law is not an unreasonable thing to do to say if there is - if there is an inequality in how we treat Reserve Component when it comes to getting disability benefits because of the way the law is written then that needs to be - it needs to be reviewed and

corrected.

MG MUSTION: Two comments. First, I think this is part of the overall discussion we've previously had about redesign, reengineer, reform of IDES and making it consistent across the board.

So if we want to go down that path I think it's a broader alligator or broader thing we have to look at.

I think the second part is we would be on reasonable ground to say we've observed inequities in how law is interpreted between the Department of Defense and the Department of Veterans Affairs as it relates to active component and Reserve Component soldiers.

Accordingly, we believe that Congress, in concert with the Department of Defense and the Department of Veterans Affairs, needs to look at the things that are here - presumption of fitness, identify and take action to at least make those areas equitable.

Reserve Component - the items that

are up here and what's in here, I mean, I've worked them. You're absolutely right. As the policies are applied or the law is applied there are some inconsistencies in the way it's written and it does disadvantage Reserve Component soldiers. But I would offer that it's part of the bigger issue of IDES reform.

CO-CHAIR NATHAN: Yes. So this recommendation came about because of observations of inequities and also of Mr. Parker's passion for pointing out from his experience the disparity.

So we've coupled those two things together and out of it came a recommendation saying you got an issue.

The degree of - so there are those that may say we have enough now as a Task Force to tell Congress your laws are wrong - you need to fix them.

I don't mean to embellish it but that's basically what we're saying when we say you need to modify your IDES laws. We're saying

your laws are not right and they need to be fixed.

Or we can back off a ratchet and we can say you need to review your laws because we've observed these disparities and they do exist and we're not presuming that we understand everything else that goes into the mix.

So we'll leave it to you to determine whether this is equitable or not, or you can back off one more cog and you can whack this recommendation.

So I think those are our sort of, as I capture the conversation, those are our three options.

CSM DEJONG: I would like to pursue the path and verbiage and if we could roll the tape back I would probably take what General Mustion said and try to put it on paper but - and go down the path of the review the law for inequities.

At least then we can - we've got some - I mean, what I see is we have one-sided

information here. We're going in heavy on one side of information.

So going into anything stronger than review what we have observed I think we might be putting ourselves on report. So if we could come up with something along that line.

CO-CHAIR NATHAN: Who knows? Maybe ten years from now it'll be known as the DeJong Amendment.

CSM DEJONG: Could be.

CO-CHAIR CROCKETT-JONES: Can we just say that if we - and I would like to say to General Mustion's point that if we opt to let Congress observe the inequities, that there's plenty of evidence for the inequities, not we think they need to review their laws, that that does not stop us from also pursuing a holistic approach on IDES changes next year.

So I'm comfortable with the review, asking them to review it. In fact, it may produce coordinated, you know, evidence for us as we pursue next year's recommendations.

CAPT EVANS: We really need to state in there that it's a - it's an interpretation. So I mean, we think we had a DoD, VA interpretation disparity of that law.

So we need to make sure that - we want them to review but it's because DoD interprets the law this way and VA interprets this way.

So review the law. Based on interpretation of the law we have some disparity in the Reserve Corps. We would like Congress to take a review of that - of the -

CO-CHAIR NATHAN: Let me tease that out a little bit. Are you saying that the law probably is correct but it's being interpreted incorrectly by certain parties?

CAPT EVANS: I'm saying that I think - the law may be incorrect but I'm saying that the interpretation right now, sir, is that VA says if you're a Reservist you do not - unless you're on active duty you cannot get the 50 percent.

DoD, I think, we would give that

Reservist - we would say you qualify for the 50 percent.

Now, I'm not sure if I am reading more into it. So I think the law is just not written where it clearly outlines how that should be done and so we need them to review it so that we can minimize the disparity and have it written for active duty and Reserve members are looked at for that diagnose, not whether they're on active duty or -

CO-CHAIR CROCKETT-JONES: Connie, I think the findings actually point out the points of disparity. I think that in our recommendation I think that we'd be reiterating the findings if we pulled that up into the recommendation.

But, I mean, if everyone's comfortable with that I would do it but I'd rather have just the clean request personally just to say review it and - you know, we see the disparity - you need to review for a better - for equal outcomes.

And what the - because, you know, the only way that multiple interpretations happen is if the law is not clear enough for - to prevent it.

MS. MALEBRANCHE: One of the things in the findings does say too that the service secretaries can authorize - they have the authority to order the Reserve Component back to active duty.

I mean, so there's all sorts of interpretations. So I think the cleaner we leave it the better off.

We can just - I think the General's point to just kind of stating the facts - we've noted this, we've been told this on our visits - that probably is a better way to go. Can you say that again?

CO-CHAIR NATHAN: General Mustion, how would you rewicker this if at all?

MG MUSTION: I would start, just as you indicated on the last version, the last recommendation the lead-in - a leading comment

- the Task Force observed a number of inconsistencies in how Reserve Component and active component soldiers are treated, for lack of a better term, in the IDES process.

We attribute this to some inconsistencies in the law and the interpretation and application of the law by the Department of Defense and the Veterans Administration.

We recommend Congress, in concert with those agencies, conduct a review of the governing IDES laws to identify and resolve potential inequities for Reserve Component soldiers, specifically addressing the areas that we've identified there - the presumption of fitness, which is a key area, a presumption of soundness and service aggravation. Those things are correct.

If I could make a modification, I would just say the Task Force has observed or the Task Force observed - strike the word "has" - and then observed inconsistencies, strike "a

number of," in the interpretation and application of laws governing IDES with respect to active and Reserve Component Recovering Warriors - RWs - and go back up to the line above that.

Strike out the word "a number" and just put - just say the Task Force observed inconsistencies in the interpretation of laws.

We recommend DoD and VA in - or in concert with Congress review - strike "should" - and modify IDES laws that create potential inequities, and then put a period there and then say specifically the Task Force recommends a review of laws related to presumption of fitness, service aggravation and application for years of service.

CO-CHAIR CROCKETT-JONES: Related to - okay.

MG MUSTION: Little bit of wordsmithing. I don't know if that meets the Task Force intent.

CO-CHAIR NATHAN: Task Force has

observed inconsistences in the interpretation and application of laws governing IDES with respect to Reserve Component - Component Warriors. We recommend the DoD and VA in concert with Congress review and modify - review and modify?

MG MUSTION: We strike one word or the other. Either just modify - that might - review gives them an out. They can say we've looked at it forever.

CO-CHAIR NATHAN: Well, review and modify. In concert with Congress review or modify IDES laws that create potential inequities. The Task Force recommends a review of the laws - we're sort of redundant there, right, because -

MG MUSTION: But the points - I think those areas that we've identified those are very, very key points that really gets - get into -

CO-CHAIR NATHAN: No, no. I hear you. I'd like to strike the second sentence.

We recommend the DoD and VA in concert with Congress review or modify IDES laws. It creates - specifically the Task Force recommends a review of laws - specifically the Task Force recommends VA and DoD in concert with Congress.

CSM DEJONG: Do we want to put those as bullets below specifically? It's what we did the last time to stay consistent and when we have -

CO-CHAIR NATHAN: Review laws related to the following. Nobody likes dot dot dot so we'll use colon.

CO-CHAIR CROCKETT-JONES: I think remove of - review laws.

CO-CHAIR NATHAN: Yes. Works for me.

CO-CHAIR CROCKETT-JONES: Yes, if everyone's happy with the word removed can I hear a motion to vote on the accepted as written?

MS. MALEBRANCHE: I make a motion to vote on the recommendation as written.

CSM DEJONG: Second.

CO-CHAIR CROCKETT-JONES: All those in favor of adopting this recommendation raise their hands to vote yea. Anyone voting nay now raise their hands. No abstentions, no nays.

All right. Let's move on to the next recommendation. Although this is the beginning of a - kind of a care giver section but they aren't linked so we can do these piecemeal.

The first recommendation states that DoD should ensure implementation of the joint federal travel regulations and joint travel regulations.

No, I'm on the wrong - sorry. Different day, different time. Here we go. Sorry.

The National Guard Bureau - in each state JFHQ leadership should form formal strategic relationships with Veterans Integrated Service Network, the Veterans Medical Center and local VA, OAF, OIF, O&D

offices in their areas in order to facilitate referrals, timely behavior health services, communication when Guard members are at risk for behavioral health reasons and transfer of documentation for LOD and fitness for duty determinations.

Can someone - would someone like to move to adopt this recommendation for discussion?

MS. MALEBRANCHE: I recommend we adopt this recommendation for discussion.

CO-CHAIR CROCKETT-JONES: Second?

TSGT EUDY: I second.

CO-CHAIR NATHAN: The chair recognizes Ms. Malebranche. You obviously have a lot to say.

MS. MALEBRANCHE: Well, not a lot. Just a few. In terms of recommendation we need to clarify the operational definition of at-risk population and secondly since we have - we've got this as assigned, I think, in two of the Guard but since it closely involves VHA we

suggest that VA be added as a respondent.

CO-CHAIR CROCKETT-JONES: Instead of trying to define at-risk behavior perhaps we can say they need to - we can end the sentence at "in their areas" and then say - change the wording to basically say we have seen, you know, improvement is needed to - in referrals for behavior health services.

We can - if we change the language to not say in order to then the at-risk behavior does not need - is not - it's not imperative to define it.

MR. REHBEIN: It almost seems to me like that timely behavior of all services covers that, that maybe we don't even need that phrase about communication when Guard members are at risk.

MS. MALEBRANCHE: I think you're right.

LTCOL KEANE: Should this recommendation be geared only to National Guard? What about the Reserves? Wouldn't they

benefit from the same?

CO-CHAIR CROCKETT-JONES: Denise, was there something you needed to jump in on this with?

EXECUTIVE DIRECTOR DAILEY: I didn't talk - I only talked to the NOSC. I have no way to assess the rest of the Reserve Component's relationship with the VA.

I do think that - I've scheduled two other Reserve units and a Reserve headquarters next year in which I can - which you all can assess the relationship of the Reserve Component with the VA.

But we got a pretty good look at the relationships between the Joint Forces Headquarters and the VAs on this last visit and wanted to capture that as a discrete recommendation to the National Guard.

Now, I'm not sure why VA took issue with defining at-risk. I think that's pretty ubiquitous well understood term so but, you know, you can eliminate or clarify or simplify

any way you want.

I am a little concerned that - with the stories we heard out there about suicides and the gap in being able to discuss these types of issues with - which is the reason for the word communications in there - with the VA. You know, I'm not sure you want to sanitize this too much.

MS. MALEBRANCHE: I guess I'm thinking the timely behavioral health services seems like that, I mean, because they're all - all of them are at risk for some.

I mean, that's why they're evaluated. So I'm thinking the timely behavioral health services. There's certainly been a lot of time and effort and Congress has helped VA to hire more behavioral health people to be out there.

So I guess just when they say at-risk that's kind of like well, who are you talking about? All or a specific subset of Guard?

I guess if they're referred they're

going to be seen but I'm not sure why that was necessary to put that in there.

CAPT EVANS: I think we should emphasize - you know, we want them to build this relationship and so there are several areas that they need to build a relationship and communicate - improve communication. So I think we really need to just emphasize that -

CO-CHAIR CROCKETT-JONES: I think - I think that our findings specifically included though a lack of communication when one half of this - we're saying a relationship has to be established between these entities and what - one of the observations that this - that generated this recommendation was that there was a real difficulty with communication when people were at risk of hurting themselves or others to get everyone to work in a coordinated way, that those people - that that was a specific communication issue. So maybe we can, you know -

MS. MALEBRANCHE: Do you remember

what it was, Susanne, of kind of what this - how this came about?

CO-CHAIR CROCKETT-JONES: That they did not - that at the state JFHQs they would not - they did not know who their people were to call.

So we can - we can be more - we can just call it timely behavior health services but I think that the problem is also - it's not just - I think that sounds like getting your appointments on time.

MR. REHBEIN: Yes, and you're right. I made that too narrow because now that I - now that we get a chance to think about this for another minute there were problems there in communication back to the JFHQs from the VA because of HIPAA - that VA had potentially identified some people at risk but they couldn't tell the Guard leadership. I think maybe that's really the communication that's being referred to there rather than - rather than communication when someone is in dire need of

behavioral health services.

MS. MALEBRANCHE: Okay. And, you know, because in the paragraph down there it does - the concern was about a lack of health information but this year the Health Executive Committee did have this on their agenda and they agree that there should be no restriction on health sharing information between the service member and veterans.

So this - there shouldn't be restrictions on the HIPAA and so this recommendation actually for VA to include a communication plan to inform providers and patients such as sharing was raised and hopefully resolved this year.

I mean, it's been kicked around actually for years. This was the first time that they came and said yes, health information for the benefit of service members and veterans should be shared.

So maybe that wasn't occurring at the time we did this visit. So maybe it's

getting that information out too.

CO-CHAIR NATHAN: So are they - yes, the wordsmithing. What passages do you feel should not be in there and which passages do you feel are missing?

MS. MALEBRANCHE: I'm not sure. It's the communication between the Guard Bureau and the VA staff.

Formal strategic relationships - yes, the one thing that I think, and when we were out there it was those that had consistent communication.

I mean, that's all part of the relationship. The ones that knew each other and that were talking were doing well and I'm trying to think. It's this relationship communication. So maybe -

CO-CHAIR CROCKETT-JONES: I think we're basically saying that they have to formalize that so that like those that are doing it well it becomes a formal -

MS. MALEBRANCHE: Part of their

daily business or their work.

CO-CHAIR CROCKETT-JONES: It's formalized so that everybody learns to work that way.

MS. MALEBRANCHE: Formal strategic relationships/communications on a routine or recurring basis. There's something there I'm not - I'm going to go to this wordsmithing here.

CSM DEJONG: Well, if we -

MS. MALEBRANCHE: I should call upon my colleague there.

CSM DEJONG: If we back up to the beginning do we want National Guard Bureau and each state JFHQ to form a relationship or do we want National Guard Bureau to develop policy?

Do we want - we're directing it to National Guard Bureau but we're also saying that each state needs to build a formal strategic relationship, which I like the formal strategic relationship part. What do we want National Guard Bureau to do?

They need to oversee it and probably put something out there but the actual strategic relationship is going to be at the JFHQ level.

MS. MALEBRANCHE: Ensure there's a mechanism. I don't know.

CSM DEJONG: Or is National Guard Bureau going to look at the A level?

CO-CHAIR CROCKETT-JONES: Who would write guidance for - is National Guard Bureau the entity that writes guidance for JFHQs?

CSM DEJONG: Yes.

EXECUTIVE DIRECTOR DAILEY: So National Guard Bureau provide direction for each Joint Forces Headquarters, two, establish -

CO-CHAIR NATHAN: Sergeant Major, are you saying that the National Guard Bureau will also have a formal relationship with the VISN and the VA?

CSM DEJONG: That's what I'm asking. That's what I'm asking.

CO-CHAIR NATHAN: Or are you saying

the National Guard Bureau via the JFHQs will establish a formal relationship?

CSM DEJONG: No. What I'm saying is the National Guard Bureau will give direction and/or guidance to each Joint Forces Headquarters in which to build the relationship at the state level or regional level.

CO-CHAIR NATHAN: Provides direction for each.

EXECUTIVE DIRECTOR DAILEY: All right. So it reads now the Joint - the National Guard Bureau provide direction for each Joint Force to establish formal strategic relationships with the -

CSM DEJONG: I would strike out the "in order." Just have offices in their areas to facilitate referrals.

CO-CHAIR NATHAN: Just trying to economize words. Do you want to say provides direction for each or do you want to say National Guard Bureau directs each?

CSM DEJONG: Yes. In their areas

to facilitate referrals. And do we want to leave it all in a paragraph or do we want to go to the dot dot dot?

CO-CHAIR CROCKETT-JONES: You mean to call them bullets, don't you?

EXECUTIVE DIRECTOR DAILEY: Okay. So -

MG MUSTION: Just a small minor insertion. After veterans insert affairs - Veterans Affairs Medical Center.

EXECUTIVE DIRECTOR DAILEY: All right. So now, your concerns earlier were about do you want to list all these items? Do you want to use the term "at-risk?" Do you want to use the term "communicate?"

Is timely behavioral health service sufficient? I mean, everyone had a concern about each one of those.

MG MUSTION: I would suggest we follow what the command Sergeant Major suggested and that following O&D offices in their areas period - put a period there then the formal

strategic relationships will include discussions or whatever we want to call it concerning -

CO-CHAIR NATHAN: Dot dot dot.

MG MUSTION: Dot dot dot. Yes, sir.

MS. MALEBRANCHE: The last bullet on that transfer of documentation for LOD and fitness for duty determinations I'm trying to figure out the rationale for that because the Guard then does line of duty and fitness for duty, not VA.

That's by law. So I guess I'm not quite sure what - transfer of that to whom. Is that VBA, which was -

EXECUTIVE DIRECTOR DAILEY: No. I mean, their concerns were if they're sending someone over to the VA to get assessed for psychological health issues and it is used in the line of duty that information getting back to them with the appropriate documentation.

MS. MALEBRANCHE: Okay.

EXECUTIVE DIRECTOR DAILEY: Yes. So if they're being assessed for a broken leg or they've had knee surgery, all that getting back to them for the line of determination.

MS. MALEBRANCHE: Back to - so that they can make the determination. Okay.

CO-CHAIR CROCKETT-JONES: Okay. Are we ready to have a motion to vote on this recommendation as written?

CAPT EVANS: Motion to vote as written.

CO-CHAIR CROCKETT-JONES: Second?

CSM DEJONG: Second.

CO-CHAIR CROCKETT-JONES: All right then. All in favor of accepting this recommendation as written raise your hand to vote yea. Okay.

We have no nays or abstentions. That was unanimous so we can take a 15-minute break and get back work.

(Whereupon, the above-entitled meeting went off the record at 10:44 a.m. and

resumed at 11:03 a.m.)

CO-CHAIR NATHAN: Go ahead and get started. What doesn't kill you makes you stronger. Okay. So we are going to look now at D27. Sounds like calling bingo, doesn't it? G-43.

Okay. The sixth recommendation states - it's short and sweet or it's short at least, we'll see how sweet it is - that the National Guard Bureau should increase staffing for directors of psychological health. Do I have a motion to discuss this?

CSM DEJONG: So moved.

LTCOL KEANE: Second.

CO-CHAIR NATHAN: Okay. Open for comments. Obviously, somewhere along the line a task force or parties thereof felt that there was inadequate staffing in the directors of - for the direction of psychological health, specifically I guess, General Mustion in Guard.

CO-CHAIR CROCKETT-JONES: I can tell you where this - where we saw this. When

we went to the JFHQ at North Carolina they had opted at a state level to move funds into adding their own - their own funding for an extra director of psychological health and they were having way better outcomes as a result.

They had created - their system was much more flexible. They were succeeding at getting the outcomes that the - that were intended by establishing a director of psychological health but they only did it when they had more - when they added staff.

MS. MALEBRANCHE: In other places that we were at too I noticed the Guard - I'm trying to remember two other places they mentioned they needed more psychological health.

From the VA when they were going through and reading this it said that the finding in the Joint Headquarter briefer speculated that National Guard and VA's therapeutic objectives for Guard members seeking behavioral health care may not be fully aligned, and if that's the case

then we'd have to - I don't know what the differences were but I know in the other two places where they were talking about psychological health is a need and apparently not always accessible even on the outside.

In some of the areas where we were they were rural so they were going to the services or local MTFs and/or VA. So it makes sense to me that you'd want to have them on staff.

It's kind of like our finding. If you can't grow your own in Alaska you send them. But I just wondered about that comment about - in our findings about them not - the behavior health care may not be fully aligned. That kind of was - I didn't understand that. Did that come from North Carolina?

CO-CHAIR CROCKETT-JONES: I think that - I don't know what that was in reference -

EXECUTIVE DIRECTOR DAILEY: Iowa. The suicide in Iowa.

MR. REHBEIN: Yes. That was Iowa and in Arkansas we heard about how they had pressed the chaplains into service to provide - to provide extra assistance.

So I think that's almost across the board. Every JFHQ we visited was having issues of one kind or another and addressing them in unique manners.

CSM DEJONG: Denise, correct me if I'm wrong. Within the findings of the first paragraph the original contract was set up for one for each state and territory but they did not fully staff that is what - which is only 24 out of 54, correct?

EXECUTIVE DIRECTOR DAILEY: No. They - first original contract they're all filled other than natural attrition. All 50 states have one.

CSM DEJONG: Okay.

EXECUTIVE DIRECTOR DAILEY: They have identified a need for 24 more. They did that based on a risk assessment in each state,

lowest readiness rates, highest suicide rates, a series of issues for 24 more.

Your position basically here is good job on identifying those 24. However, we think that you need two in every state. I mean, that's really the position - the side you're coming down on.

CSM DEJONG: Okay.

MS. MALEBRANCHE: I guess the only other thing - because in that second paragraph in findings where it says they're concerned about adequacy and rigor of PTSD treatment from the VA and availability of appointments that was a generalized statement.

But in this past year, VA has added 5,000 additional mental health providers. I mean, that was mandated and most recently attained because we have been giving weekly briefings.

So I agree that certainly can't - probably can't overdo it because they've been underdone for so long as far as the directors

of psychological health. When they say increased staffing for directors I'm assuming they mean staffing under the directors, not more directors.

CO-CHAIR CROCKETT-JONES: No. They mean directors.

MS. MALEBRANCHE: Actual directors so -

CO-CHAIR CROCKETT-JONES: With some of the - when they've had - when there's been two the directors have time to establish alternate programs availability, intensive outpatient, different inpatient. They created relationships with local universities.

They've been able to have better success at getting people placed in treatment that's going to help them rather than just having sort of the standard avenues of treatment.

When there's been - where there were two they had just more flexibility in having at those needs. They have the time, basically, and -

MS. MALEBRANCHE: Okay. Well, that makes sense. I mean, one can't be all things at all times but I guess I was concerned about the comment about the adequacy of PTS treatments because certainly from the Center of Excellence and doing all these things together too that I think VA has been pretty forward in the PTSD and when we heard the discussion on the treatments that they were doing it sounded pretty good, and I didn't know if there was a questionable issue in some places or a feeling of inadequacy.

CO-CHAIR CROCKETT-JONES: I think this might have to do with the fact that not all VA centers have inpatient programs and so if they needed to get someone who was in a crisis situation into an inpatient program and they were not local either they needed some flexibility in establishing relationships with other providers.

MS. MALEBRANCHE: Okay. I understand.

MR. REHBEIN: And I think there's some rollback to the previous recommendation involved here too because of the - in places lack of relationship between the JFHQ and the VA Medical Center. So I think that - I think that also plays into this.

CAPT EVANS: Denise, instead of saying just increase staffing though I think we need to define what we are looking for because currently they have one per state, correct?

So are we specifically saying two per state or - I just - I don't know if we clearly define what we're asking for when we say increase staffing for directors.

EXECUTIVE DIRECTOR DAILEY: Usually it's ratios. I mean, there's - no, no. They - yes, I don't know what language they've used to and what job titles they've brought the additional 24 national - 24 individual contractors to the directors of psychological health.

I don't know how they've named them

under that contract, okay. But out of the 51 states and territories there are one per state and 24 states or territories now have two and, correct, there's probably directors of psychological health - say there's two directors of psychological health. Maybe they have broken them up like that and they've aligned their directors of psychological health with the combat infantry or the various units how they've - how they've taken the two of them and then divvied them up among their population I don't have visibility of.

CO-CHAIR CROCKETT-JONES: Does anyone - did we record the title of that second basic - the person who's doing basically the second job of the state-funded director of psychological health at North Carolina? What title did -

EXECUTIVE DIRECTOR DAILEY: She was the director of the integrated behavioral health staff, all right. She had the director of psychological health working for her.

They had funded her position out of state funds. So in essence North Carolina only had one nationally-funded contract with a director of psychological health.

MS. MALEBRANCHE: So but just to say arbitrarily increase staffing is way too loose. I mean, I think - doesn't it have to be like a model or I mean, they're generally - when we say increase staffing on a unit then we had to go to a QAD to try to define it because every unit is not the same.

The number of people in that area is not the same. There has to be some methodology to this other than just increase staffing. I just don't think that's - I don't think we can go with that.

MG MUSTION: Does this recommendation and the observation apply to a broader population than the Recovering Warrior Task Force should be looking at?

I mean, does it go beyond the scope of what the charter - not that it's a bad thing

but is our charter to look at - beyond Recovering Warriors?

I mean, I think in our definition or construct of Recovering Warriors we're talking about those that are either in Warrior Transition Units, CBWTUs, other types of formations.

CO-CHAIR CROCKETT-JONES: And then we - we're giving every - all wounded and then injured so if there is a Reserve Component person who's in treatment for PTSD or behavior health treatment -

MG MUSTION: Well, then I think we have a problem then because we - in our assessments this year we haven't talked to anybody who's in an operational formation that isn't in a WTU, that isn't in a CBWTU. We have been very narrowed in what we're doing.

We didn't go visit, for example when were at Joint Base Lewis-McChord, a brigade and talk to soldiers inside a tactical brigade who are Recovering Warriors who are going through the

disability process and those types of things.

EXECUTIVE DIRECTOR DAILEY: This recommendation falls under our charter under services available for psychological health and so we assess the National Guard's services available for psychological health.

So this falls under our charter on section - what's - P. No, that's - Section J, services available. So psychological health and TBI.

CO-CHAIR NATHAN: Okay. So given that, it's legitimate to look at this issue for the Task Force. I agree that we could have widened the aperture and gotten more data points from people who are not in a formal unit - care unit but it's legitimate for us to look at this issue.

So is there a general consensus that there should be an increase in directors? So if that's true, then we should still continue to discuss this.

Now, where are we on the question

of is that too ambiguous - "should increase staffing for directors of psychological health?"

MS. MALEBRANCHE: Yes, because I think what we're after, again, is the services of - are they getting adequate services and if it means more staff then yes.

If you have to contract or however you get those services doesn't have to necessarily be - we haven't defined staffing but it just seems so loose out there.

CAPT EVANS: I believe in our Arkansas visit and it may have been North Carolina, they - she explained the staffing model to us. She didn't - not within the contract. So I thought they had an explanation of a staffing model.

EXECUTIVE DIRECTOR DAILEY: Well, again, they've - they explained it to us in those terms of if a state had this rate for suicide - if a state had this - had this readiness level - if a state - so yes, the National Guard Bureau

assigned the additional 24 against that model.

CO-CHAIR NATHAN: So Denise, is it fair to say that part of the genesis of this was that on the road you all found that there were ratios that should have been applied and those weren't being met based on staffing?

EXECUTIVE DIRECTOR DAILEY: I think the observation we had on the road was, I didn't get an additional one of those 24 but I need one.

You know, I can accomplish this more and can accomplish much more when - if I had these resources also.

CAPT EVANS: If I had this I can - correct.

EXECUTIVE DIRECTOR DAILEY: So they - the individuals who - the states that didn't receive one say, I have a greater need also.

I understand how National Guard Bureau did it but I have a need also, and the ratio down there was identified by our staff

by the researchers as a way to measure what is the impact in the findings - what is the real ratio of only having one in the state, and that's at the bottom of the second paragraph. It is something we developed to assess that.

CO-CHAIR NATHAN: So would it be giving a little bit more granularity to say the NGB should be - again, this isn't elegant - should be communicating with those states that still lack - that perceive a lack of staffing in their directors for psychological health and response - or should be responsive to those states - the NGB should be responsive to those states that perceive a lack of staffing or continued lack of staffing?

CSM DEJONG: I was going down the line of somewhere along the line of NGB evaluating the differences of the levels of care between states with one and states with two to somehow fill in gaps or something down that line.

CO-CHAIR NATHAN: Do you want to use the word parity? The NGB should be looking for

parity of staffing - parity of outcomes?

CSM DEJONG: Parity of -

CO-CHAIR NATHAN: Parity of staffing gaps for directors of psychological health from state to state?

Although parody is a cool word it's parity in this case.

CSM DEJONG: To somehow -

CO-CHAIR NATHAN: Although some would argue parody is not inappropriate either.

CSM DEJONG: Take a hard look at it or do some evaluation for need versus want.

EXECUTIVE DIRECTOR DAILEY: Yes, and they did that. Again, they have -

CSM DEJONG: Which they did and I think we're going to get the answer back. We did that and we gave them 24 more. So -

EXECUTIVE DIRECTOR DAILEY: Yes. Yes. You're really kind of trying to figure out if you want to push them more.

CSM DEJONG: Unless we - unless we tailor an evaluation for them to -

CO-CHAIR CROCKETT-JONES: Perhaps because they began with a single per state and then evaluated for additions, we should tell them to go back and create a staffing model that takes into account the target population of each state because there could be a state out there that needs three and a state that only needs one but their model didn't account for the - how they placed the first.

They just placed one per state. It was only their - they only used ratios for adding additional ones. But their model should be from the ground up about what a state needs.

MS. MALEBRANCHE: And then there are states like Montana that are huge with not a lot of people but they're all over the place. I mean, it's got to take into consideration a number of things and then the treatments when they talked about the therapeutic objectives might not be aligned. I mean, it takes into consideration more than just the number - you're right.

There's got to be some system of determining just like you do in any other way QADs, numbers, ratios, but just to increase across the board because I think it is the issue of parity - I got one, I got two.

CO-CHAIR CROCKETT-JONES: Yes, but - exactly. So -

MS. MALEBRANCHE: And then the abilities.

CO-CHAIR CROCKETT-JONES: We might - you know, it would be fair to say that their model should have a minimum of one but that their calculation for staffing shouldn't be only used for staffing additional. It should be for staffing - for figuring out what is the adequate staffing.

CO-CHAIR NATHAN: So a zero-based NGB should look at a zero-based review of staffing requirements across the states for directors of psychological health and adjust as necessary.

CO-CHAIR CROCKETT-JONES: Yes.

MS. MALEBRANCHE: Can you type that one up so we can look?

CO-CHAIR NATHAN: So what I said was NGB should be looking at a zero-based review of the staffing requirements state to state for directors of psychological health and adjusting as necessary based on care provision demands.

CO-CHAIR CROCKETT-JONES: How about adjusting as necessary to meet care demands?

CO-CHAIR NATHAN: Sure.

MS. MALEBRANCHE: I guess the objectives here - they're also saying they were talking about the PTSD treatment provided but they're not providing the treatment. So it's about the behavioral health resources.

MR. REHBEIN: Just for my own understanding, zero-based - I guess I'm not clear exactly what -

CO-CHAIR NATHAN: Zero-based means you sort of go back to - you don't make

assumptions on what you already have. You go back to starting from scratch and sort of looking at what you think you need.

MR. REHBEIN: What I would refer to as first principles, okay.

CO-CHAIR NATHAN: Right.

EXECUTIVE DIRECTOR DAILEY: We need to be careful here because your - are you - we need to be careful that we aren't sending the message we question the need for the director of psychological health in the National Guard Bureau to begin with. So you need to establish a -

CO-CHAIR CROCKETT-JONES: We can add on there that we want a minimum of one, that every state needs one.

You know, a minimum of one per state but that, you know, additional staff should be based on a model that begins with or you could start with the review of needs.

CO-CHAIR NATHAN: Or you could start with a sentence that says various states

have lamented that one director of psychological health is not enough and then say - so that sort of starts the floor at one and then NGB should look at a zero-based review to determine -

EXECUTIVE DIRECTOR DAILEY: Additional staff.

CO-CHAIR NATHAN: - additional staff.

LTCOL KEANE: When we use the term states do we understand that to also include territories?

CO-CHAIR NATHAN: Like Puerto Rico and Guam or Wild West?

LTCOL KEANE: When we say state to state is it understood that it detract - not include the territories?

CO-CHAIR NATHAN: I have no problem with putting territories in there. Martian outposts.

EXECUTIVE DIRECTOR DAILEY: How about the word "additional" in front of "directors of psychological health?" Should

staffing requirements for additional directors of -

CO-CHAIR CROCKETT-JONES: I'm afraid if we put that here's my - here's my concern.

If we put that then why don't we use the same model that they used and only basically they're - that's what I think they did is that they reviewed need for additional rather than reviewing the needs overall and starting on their baseline of one and - do you see what I'm saying? I'm afraid they'll use the same model if we put that word in there.

EXECUTIVE DIRECTOR DAILEY: So I'm saying additional or review the remaining 26 states that do not have two psychological health directors. Because if you get them to review the ones that got two they may say well, we don't need two now.

CO-CHAIR NATHAN: Well, I got to tell you I'm okay with that but I understand that we're going to be, you know - we'll have

to join the Witness Protection Program if our - if our recommendation results in the decrement in somebody's psychological health director.

EXECUTIVE DIRECTOR DAILEY: You're good then. You're good. If you're satisfied I'm satisfied. I'm just throwing salt out there. Sorry. Hitting the wounds here.

CO-CHAIR NATHAN: Okay. So what we have right now is recommendation D27 raises the following. Various states have identified that one director of psychological health is not enough.

NGB should look at a zero-based review of the staffing requirements for states/territories for directors of psychological health and adjusting as necessary to meet care demands or an adjust as necessary to meet care demands. Any issues? Going once.

MR. DRACH: I'm sorry. On that first sentence "NGB should look for parity of staffing gaps" are we suggesting that they are standardized -

CO-CHAIR NATHAN: Oh, I'm sorry. No, we're going to eliminate that one. I'm sorry. That shouldn't have been up there. So that's what we have.

EXECUTIVE DIRECTOR DAILEY: Okay. I will try and work with the Guard on getting them not to tell us. We've raised the number by 24.

Thank you for your interest in national defense. All right. So I will try to get them to focus on -

CO-CHAIR CROCKETT-JONES: And in our findings we say that this was after their decision that they - that our recommendation is made after learning of - you know, with that knowledge that -

EXECUTIVE DIRECTOR DAILEY: It's already there.

CO-CHAIR NATHAN: You could even put that in the recommendation. You could even say in the first line recognizing that there has been an additional directors supplied or

provided -

EXECUTIVE DIRECTOR DAILEY: Appointed for or - yes. Hired.

CO-CHAIR NATHAN: - various states still identify that one director.

CSM DEJONG: There's not - I would like the word "adequate" instead of "enough."

CO-CHAIR NATHAN: Okay. Or there have been additional directors identified or provided.

CAPT EVANS: Funded.

EXECUTIVE DIRECTOR DAILEY: Funded. Good word. Funded.

CO-CHAIR NATHAN: All right. It is identified that one director of psychological health is not adequate. NGB should look at a zero-based review of the staffing requirements for states, territories for directors - adjust as necessary to meet care demands. Okay.

TSGT EUDY: So what about recognizing in 2013 that the National Guard Bureau has funded 24 additional or put 24 in

there somehow? Just to know that they know that we know there's 24.

CO-CHAIR CROCKETT-JONES: So there have been 24 additional directors funded.

CO-CHAIR NATHAN: Recognizing there have been 24 additional directors funded. Various states identify them. Going once. Going twice. Do I have a motion to adopt this as written?

MR. REHBEIN: Rehbein. So moved.

CO-CHAIR NATHAN: Second?

MS. MALEBRANCHE: Second.

CO-CHAIR NATHAN: Thank you. Okay. A vote of yea is to accept this as recommendation D27 as written up there. All in favor of accepting this as written please raise your hands or say yea.

All those opposed? Seeing none opposed, no abstentions, it carries.

All righty then. Now we're on the seventh recommendation. It states - and this is D28 - it states that to ensure all eligible

Reserve Component members have access to health care and related resources that they have earned while activated the DoD must standardize the line of duty policy and build a single electronic line of duty processing system.

So this one says if you've been on active duty and you've earned the right for health care and related resources DoD must standardize the line of duty policy and build a single electronic line of duty processing system.

Is there someone who wants to - do I have a motion to adopt this for discussion?

CSM DEJONG: So moved.

CO-CHAIR NATHAN: Second? Got it. Is there someone who wants to elaborate a little on the background of this or a genesis?

CSM DEJONG: A lot of where this is coming from is when mobilized Reservists are coming out of theater without an LOD and then having - and this is happening a lot on the - I know it wasn't the Army side but it's happening

a lot to where they had to go back and try to service connect the injury and then get placed back on active duty orders in order to get the care that they needed.

I know there's been several different models of this that has happened. The Army does it one way, Navy does it another way, which is why we're talking about standardization.

CO-CHAIR NATHAN: I know we ran into this some at the NOSCs where they were having to, you know, peak their systems so that they could dictate the LODs once they got back.

CSM DEJONG: Correct.

CO-CHAIR NATHAN: That's all I remember about it. Denise, anything to add on this?

EXECUTIVE DIRECTOR DAILEY: We do hear from the various states. When we visit the Joint Forces Headquarters we ask them to talk to us about their line of duties, how many they've got.

They have concerns about how long - about, you know, how long it takes, whether individuals are eligible for incapacitation pay or whether they're not eligible for incapacitation pay.

There are two policies out there right now. We've touched on this before with Warrior Care Policy Office. They've told us that someone's working on it.

We don't have big fidelity on it. We don't have great fidelity on it. So between what we're hearing in the field and what DoD needs to be working on, the intent is to pull it all under one recommendation and then hold them accountable for new publications and a renewed effort to streamline and clean up their line of duty system.

CO-CHAIR NATHAN: So we know the basic sentiment is to clean up the line of duty system - to decrease the seam from Reserve status to care.

CSM DEJONG: Correct. And then to

further complicate it there was concerns of PTSD type illnesses or injuries that don't so much show themselves for six months.

I think those might be the outliers. I think if we can fix the known injuries coming out of theater and fix that LOD system that's a start. I don't think we're going to be able to fix the entire problem right here.

CO-CHAIR NATHAN: So do we all - do we generally agree that we need a responsive LOD system so that when somebody is injured or develops an illness there is a fairly rapid and efficient and responsive LOD system so that that's not the limiting factor in their ability to get on the roles and get care?

If we all generally agree with that then this seems to have some merit and the question we have to ask ourselves now is do we believe that our recommendations, specific recommendations, which are to standardize the LOD policy across DoD and build an electronic LOD processing system is what we think is what's

needed.

CO-CHAIR CROCKETT-JONES: I'd just like to say I think it's pretty obvious that if we have a documentation system that isn't electronic yet it needs to get there.

So I'm very comfortable with building a second electronic - a single electronic LOD processing system and we are consistently looking for standardization and I'm not sure that - how much of this would be controversial.

If there's anyone who has an objection this is, you know, bring it up where we should vote.

MG MUSTION: I don't have an objection but the whole construct of line of duty has to be reexamined. The challenge that exists in soldiers that inactivate after they're redeployed and then identify a medical condition which was not identified before they were demobilized and trying to draw the linkage, the way the Department of Defense policy is

constructed and the way it is implemented by the services requires the completion of a line of duty determination of in line of duty with a direct linkage to the injury before the individual can receive medical care.

That is fundamentally flawed. The risk and the push back from the Department of Defense is you have to show a linkage between the injury and what transpired when it transpired, and rushing soldiers through demobilization, which we do - all services do - forces them out before the line of duty is complete.

It is automated in many respects within med pro system at least within the Army and there are avenues of work arounds that are being done.

But the whole construct of line of duty has to be fundamentally reformed by the Department of Defense.

CO-CHAIR NATHAN: Standardize the LOD policy - I'm fairly ignorant of other

services' LODs and so I couldn't tell you if that's a bridge too far or not. Or is this - or does this simply mean standardize when each service should be doing its LODs standardized?

In other words, dictating to the services how you do your LOD is your business but you will do it in a timely fashion. You will do it prior to demob or you will do it within, you know, and again, not tell them how to suck the egg but is that what that means?

MS. MALEBRANCHE: There was something in the discussion here that talked about an interim LOD while the diagnosis is being made.

Is that something that's commonly used in the services? So that's one way of having an LOD or also in processing is enough.

CSM DEJONG: Right now one of the challenges is the burden of proof lies in the service member. So I walk back into the office and say that I hurt my knee. I have to prove that I hurt my knee in theater and that's where

the hold-up is at.

I don't know, to be devil's advocate, if there's any other way to do that other than give everybody an LOD and prove them otherwise.

MG MUSTION: It's the presumption.

CSM DEJONG: Yes, sir.

MG MUSTION: And we advanced through the Department of the Army to OSD a presumption determination that we should presume injuries, illnesses, those types of things occurred in the line of duty, particularly for soldiers who are deployed. That was summarily thrown out of the building and rejected.

EXECUTIVE DIRECTOR DAILEY: So in our first year we did - when I refer to as recommendation number eight, recommendation number eight was an overarching recommendation with the Department of Defense that the Department of Defense create a strategic plan for addressing the Reserve Component and their

medical needs, and that had like eight bullets underneath it - you know, revise this, revise this.

It was very strategic. It was very broadened language. Very difficult to get the Department of Defense to look and to adopt and to say or take ownership of a recommendation - of that recommendation.

So last year you narrowed it down a little bit. You talked specifically about the - you talked specifically about Title 10 orders and incapacitation pay and then this year you've narrowed it a little bit down more to, you know, get your line of duty system streamlined and documented and across the services you've talked to them about in the findings creating an electronic system.

Army has a very good system. It's - eCase I believe is the name of it. In fact, we thought it was adopted universally and we used it when we tried to talk to other services and they said what's that.

So you have done a global on Department of Defense. Last year you tied it a little more tightly to in-cap pay and Title 10 orders and this year you're talking a little more - a little more discreetly about the line of duty.

CO-CHAIR NATHAN: Suggestions for - you know, we can leave it as is. So we all agree that there needs to be a more responsibility system. Does this answer the mail? Going once.

CSM DEJONG: I don't know if I like the - I've got 15 minutes. The have access to the health care and related resources they have earned while activated - I don't know - I don't - something doesn't catch me on that verbiage.

I just - I want to change that to something and I like that DoD must standardize the LOD policy - I like that - and implement a single electronic LOD processing system.

We have them built. We have them

using them but we want to standardize and implement one.

CO-CHAIR CROCKETT-JONES: How about if we just say have access to health care they have earned? Health care and benefits.

CSM DEJONG: Yes, I don't like that word.

CO-CHAIR NATHAN: You don't like earned?

CSM DEJONG: I mean, they have earned it but I just don't -

CO-CHAIR NATHAN: No, no. Access to health care and benefits based on active duty service? Based on activation? Based on -

CSM DEJONG: Related to - related resources -

CO-CHAIR NATHAN: Related to active duty service?

CSM DEJONG: Access to health care and related - and resources, health care and benefits related to active duty service or -

CO-CHAIR NATHAN: To make sure all

eligible RC members have access to health care and benefits based on active service or as entitled per active service, based on active duty service.

I'm hearing okay with that. Based on net active duty service DoD must standardize the LOD policy - implement a single LOD processing system. Okay.

I think it fits, good enough to see if people will pass it. Do I have a motion to accept as currently written recommendation D28?

CSM DEJONG: So moved I'll take it.

CO-CHAIR NATHAN: This is where Denise needs to make her speech about stand up for your rights. If you think that - you know, don't - yes.

CSM DEJONG: Where am I headed to?

CO-CHAIR NATHAN: Don't go to Abilene.

CSM DEJONG: Abilene. That's right.

CO-CHAIR NATHAN: Okay. So I have

a motion. Do I have a second?

CAPT EVANS: Second.

CO-CHAIR NATHAN: Okay. A vote of yea or raising your hand means that you support accepting recommendation 28 - D28 as written on the board.

All those in favor of accepting it please raise your hand or say yea. All those opposed? No abstentions. It carries.

So I've got ten of 12:00 or about a quarter of 12:00 so we can either cut here and take a break. I know we have a little bit of a - we have a recognition that we want to do.

EXECUTIVE DIRECTOR DAILEY: Correct. Yes, sir.

CO-CHAIR NATHAN: We can do that now or at the end EXECUTIVE DIRECTOR DAILEY: Yes. Yes. Let's do that now. I think it's good.

CO-CHAIR NATHAN: Okay. And then of the day.

we'll go to lunch. Maybe we'll -

we may have a little bit of an abbreviated lunch today just so we can get back and get going on the Friday traffic.

But for the record we will stay as long as necessary to make sure that we have served the Recovering Warriors and their families, our best - our best effort.

Okay. So with that, Denise, do you want to get us started?

EXECUTIVE DIRECTOR DAILEY: So, ladies and gentleman, we're going to have a member leave and we know they aren't going to be back - retire or fully depart the Task Force.

I would like to provide a little Task Force memento to Captain Evans so that she has something to put on her shelf and on her desk and to remember her time with us.

CO-CHAIR NATHAN: We have a plaque that says "Thanks for dropping your pack." (Laughter.) Very nice, and everybody's a winner. Very nice.

Let me just add, Constance Evans, I mean, clearly, has been a shaker and mover and all in on this Task Force and you can just tell it's self-evident that she has a balanced and full knowledge of these issues and it really helps us move from A to B.

And Connie, I'll just say on behalf of the Navy since I happen to be, you know, in your service your work in the nurse corps has been exemplary as a caring provider and then moving up into roles both on this Task Force and in the Navy per se. I'm a fan. I snatched you out of - was it Great Lakes? I snatched you out of Great Lakes and brought you to Walter Reed Bethesda to the National Naval Medical Center as we were incorporating Walter Reed merger onto the campus because I knew - I knew that I needed somebody whose personality and whose viewpoint would be looked at by all services, and mainly the Navy and the Army, as balanced and as credible and you did just that.

You earned the respect of the Army - the very good people from the Army who were coming over who listened to what you had to say and you really helped us reduce service parochialisms and your interest in the patient, the warrior, the family, the liaison service you did really helped set the tone.

And so there are - there are men and women out there today, many of who know you but some who don't who will never get a chance to meet you whose lives have been bettered by your efforts at the bedside and now your efforts as a leader in care and compassion for those who need it.

So thank you on behalf of the Navy and on behalf of your colleagues and your shipmates here at the Task Force for throwing in with us, and best of luck to you in the future.

CAPT EVANS: Thank you.

(Applause)

CO-CHAIR NATHAN: With that, we'll head to lunch and - let's see, I've got - it's

12:00. Do you want to cut it short - 12:30, 12:45?

MS. MALEBRANCHE: Yes, 12:30.

CO-CHAIR NATHAN: 12:30?

EXECUTIVE DIRECTOR DAILEY: 12:30 is good.

CO-CHAIR NATHAN: Back in the saddle 12:30.

(Whereupon, the above-entitled meeting went off the record at 11:51 a.m. and resumed at 12:32 p.m.)

CO-CHAIR NATHAN: Okay. The last recommendation for - that we have yet to consider we'll go back over some others that need some tuning up but the last one that we have yet to consider is D29.

This is the recommendation that states the DoD and the VA and the services should publish timely guidance to standardized care to Recovering Warriors.

Under this recommendation there are seven specific documents that should require

immediate attention so - and you can see them there. So is there a motion to open this for discussion?

CAPT EVANS: Motion to open for discussion.

MG MUSTION: I second.

CO-CHAIR NATHAN: Okay. And Ms. Dailey, can you give us a little bit of background how these seven were chosen?

EXECUTIVE DIRECTOR DAILEY: Well, they do fall in our - so they fall in our charter on topics under which we are to review and in the course of our review of this material - policies, laws, published reports - they were identified as being DTM because they're only temporary documents.

So the effort would be to ask them to move into the permanent document, the DT - the DOI - the DoDI, and were or were soon to expire which would be the med com policy which is the next one.

The DTM for 20 - for the mandatory

transition program they think they'll have it - they think they'll have the DTM in policy by next year and most of them are in that type of situation. The 1322 is yet to be published and still in staffing.

The care coordination policy is a document that VA and DoD are working on as a joint document which would be in fact a seminal unique document between two federal agencies as a joint publication for both agencies and Ms. Malebranche can take us farther into that.

The VR&E is a recommendation that we actually made back in 2011. That's the second to the last one and continue to urge DoD to publish the DTM on it and this one is tied - the last one is tied to the last recommendation we made which holds them accountable for updating their DoDIs for line of duties and incapacitation pay.

So they all touch on their topics that we've been discussing recommendations that we have worked on over the last two days.

Each one of them in the findings has a short synopsis of the status of the recommendation - of the publication.

MS. MALEBRANCHE: Okay. Want me to go ahead and say my part here or we have to open it? This is the one I have a strong feeling about because I am the co-chair of the IC3 Policy and Oversight Committee.

We have been having quite a time trying to do this policy. We've all agreed that we wanted something unique and to go for this because we are working so close together on it.

But the general counsels are saying well, it's never been done - there's no - nothing out there is precedence - why don't we do an MOU.

The thought has been amongst the group members, the services and VA, that we need to create something. It does need to be first and unique and one of its kind and MOU may not have the weight and character of a joint policy.

And, quite frankly, in light of all the things that the two departments are doing that this might - there might be a need to publish a vehicle for joint guidance so that we don't have gaps and inconsistencies as DoD and VA do things with separate guidance documents because, you know, it'll have a DoDI in each of the - or a policy and each of the services do their interpretation - VA, VBA and BHA.

So suggestion anyway for the IC3 part would be to have a joint policy and if that needs to be legislated I don't know but we have had a lot of discussion about it internally.

CO-CHAIR NATHAN: So you're a fan?

MS. MALEBRANCHE: I am a fan of joint - I am a fan of joint policy. I know this is really hard to do. But you know what?

I think we got to tackle it. I think it's going to - it's our future. You hear both of our leadership folks say that, you know, the future is federal. I think it's our future. It's just a hard to do one.

CO-CHAIR NATHAN: Okay. So that's certainly support for maintaining the push to produce as difficult as it is a DoD, VA, IC3 policy.

Does the Task Force see any other instructions or - well, instructions or policies up there that you feel are inappropriately present? Everybody's good with a standardized care based on the DTM for the IDES?

CO-CHAIR CROCKETT-JONES: The thing about the DTM for IDES is that it's set to expire next month and regardless of how anyone feels about the particular implementation and the current standing of the Integrated Disability Evaluation System it would only be worse if all policy expired and disappeared.

As it is, services haven't completed their own obligations to create policy based on this DTM. So it needs to be published.

The guidance needs to go forward even in order to address changes that might be made to it. It needs to go forward and be in

effect in order to do that properly.

CO-CHAIR NATHAN: Okay. So so far so good. Obvious need for IDES. The transition plan - any issues with that? The TAP program - transition assistance? Guidance for job training?

TSGT EUDY: Denise, you said that this was currently at the staffing level. Is that correct? 1322 in this process?

EXECUTIVE DIRECTOR DAILEY: Correct. Correct. It's - they've got a lot of discussions about it. I know that we had Mr. Diogianni in here for the last meeting in April, April the 3rd. So it warrants us keeping it on the radar.

This opens the doorway for nonfederal internships. Not that some people aren't already doing that but this relieves the anxiety of the various services about doing it and moving forward with it aggressively.

CO-CHAIR NATHAN: Okay. We talked about the IC3. The VA voc rehab, VR&E, issues,

concerns? And finally the Reserve Component incapacitation status.

I'm not familiar with that one. What is that one, Denise? Reserve Component incapacitation status?

EXECUTIVE DIRECTOR DAILEY: Yes, we mentioned it in the last one. There are actually two publications. There's the Reserve Component incapacitation system management and Reserve Component medical care and incapacitation pay for line of duty conditions.

There's initiatives in the Reserve Affairs to combine both of these into a single assurance. It addresses the requirements in 2028. So it is - if they did this this would answer or would get down the road to answering 28.

So you might say in one way we double tapped them between 28 and this one but we want to put this one on our radar.

CO-CHAIR NATHAN: Okay. Other

concerns, issues? So this basically is saying we recommend you do what you said you were going to do and here's some specific examples. If there's no further discussion, do I have a motion?

MG MUSTION: I make a motion that we accept recommendation number 28 or 29.

CO-CHAIR NATHAN: D29? Okay. Second?

MS. MALEBRANCHE: Second.

CO-CHAIR NATHAN: Okay. The motion is to accept recommendation D29 as written on the board. All those in favor signify by raising your hand or saying yea. All those opposed? None opposed, no abstentions. Carries.

Okay. Now we need to circle back to 19.

MS. MALEBRANCHE: I know we just voted on this but I got to ask this question. Voting on it as it is with the IC3 as a policy and there is no such piece in there, does there

need to be anything in findings or discussion that we should request legislation for joint policy since it doesn't exist?

CO-CHAIR NATHAN: So you'd have - rather than just -

MS. MALEBRANCHE: I mean, we've got it there and voted that it should be a policy but it doesn't exist now. Would it be a separate recommendation to recommend joint policy?

CO-CHAIR NATHAN: Right. I mean, we'd be amping it up. The Task Force would then be saying you need to introduce legislation to mandate joint -

MS. MALEBRANCHE: It doesn't have to be just this one but the joint policy be pursued because a lot of these are going to require. That's what I'm wondering if we add that. I don't know if it's timely.

CO-CHAIR CROCKETT-JONES: I think that it's sort of aligned just to language and the findings.

MS. MALEBRANCHE: Okay. I just

don't want it to get lost and they'll say oh yes, well you got an MOU - you don't need a policy. So I'm wondering is that separate recommendation around the finding. I just don't want to lose it.

EXECUTIVE DIRECTOR DAILEY: We can modify the findings. However, I think Ms. Malebranche brings up a good point. Are you all - all right. If you see my research team dive under the table just deal with it.

Are you at all interested in doing a recommendation that says in order to facilitate all these programs Department of Defense and VA need to develop a joint policy - joint policy mechanism?

MOUs - basically you're saying, ma'am, is MOUs are not effective at the meta level, at the senior level. I mean, they're working it at levels like between VA and a DoD MTF and, you know, they're all about making them for VR&Es, being on installation and that's why more than likely why the docs are pushing or

not - the lawyers are pushing you to MOUs.

So what you're effectively saying is that it - that type of mechanism doesn't work at the - at the DoD VA level. You want mechanism for policy.

MS. MALEBRANCHE: Yes. I think we had said that we want it - it's the one - the intent letter from the two secretaries was one mission, one plan, one policy and it all related to the, you know, interagency care.

And MOUs though, you know, people honor those usually the last statement on there that this is good for, you know, 30 days a year until 30 days you tell me you don't want to do it anymore.

So it doesn't have the weight - it's kind of like law. It doesn't carry the - you know, the sentence in the back, you know, of law legislation. So I was just wondering if we want to let this just kind of slide in like this or address it strongly.

CO-CHAIR NATHAN: What about, you

know, shouldn't those kinds of things come out of the HEC or the JEC?

MS. MALEBRANCHE: There you go - JEC. It could. That's a good point.

CAPT EVANS: Yes, and if there's a problem with developing this instruction that actually should be coming out of the JEC. That should be briefed to the JEC that we can't develop a single policy because of all the legal push back so -

MS. MALEBRANCHE: Yes. And the - that's true. The IC3 is an entity just as the HEC - same level reporting up. Good point. Thanks.

CO-CHAIR NATHAN: Okay. To 19 - so just to summarize as you'll recall the - 19 was looking at how we are going to display conditions in the MEB to the PEB, and the question of do you display in your MEB do you tee up all medical conditions regardless of their effect on duty or not or do you tee up only those conditions - we know there are services that tee up only

those conditions that they believe to be impacting fitness for duty and they let the others go around to the VA system.

And when we broke we felt - we were researching whether there was conflicting guidance because the Warrior Policy Council was saying look, we're taking it out of this passage that says you only have - the secretaries can decide to use only unfitting conditions and Mr. Parker and others were looking at other aspects of the verbiage and of the written record and of the policy guidance and saying no, it says you need to do them all for the MEBs so that they can be teed up for the PEB to look at.

And that's where we broke for Research to see if the interpretations were incorrect or if the policy guidance actually was conflicting and each service could legally find something to support the way they were doing it. And I think, Susanne, you had some information for us.

CO-CHAIR CROCKETT-JONES: Yes. In

looking carefully at 10 U.S.C. 1216(a) and (b), the language is conflicted.

Yes, it states clearly that the MEBs should involve all medical conditions flatly. That's a sentence in there. In the discussion of the process though, in the delineation of the process, there is no differentiation stated clearly between MEB and PEB phases of the evaluation.

It's implied but it is not stated. It's not identified that all - although the sentence exists that all - that the MEB should consider all the conditions. It then also states that the secretary just has to find what's fitting and unfitting. So it's conflicted.

It seems to me that in looking at it that the language about what is fitting and unfitting was intended to apply to the PEB but they don't identify that as the phase for which - about which they are talking. They use - it's sloppy.

It's just conflicted language, and

because of that I would think that if we want to reconsider this that instead what we might want to substitute - say instead as a recommendation is that given the clear language in 1216 saying that the MEB process should consider all medical conditions that the conflicted or the vague language that is also contained needs to be deconflicted with that statement.

They need - the guidance needs to be clear in line with the intention that - you know, they made the intention clear but they didn't make their language match the intention.

So we need to ask them to reword their guidance or to update their guidance to make their statement of intent match their guidance.

EXECUTIVE DIRECTOR DAILEY: Okay. Which they are we talking about?

CO-CHAIR CROCKETT-JONES: The - whoever publishes U.S. - 10 U.S.C. 1216 which

I believe is - is it -

EXECUTIVE DIRECTOR DAILEY: It's Congress. So you want Congress to clarify their requirements? With Congress?

CO-CHAIR CROCKETT-JONES: Yes.

EXECUTIVE DIRECTOR DAILEY: Okay.

CO-CHAIR CROCKETT-JONES: That it has to be Congress because that's where the conflict lies.

MG MUSION: I do not believe that the law addresses the service - how the service gets to the - to a PEB or the fitness determination.

The services, and I think it's in the DoD instruction actually, provides the outline for the use of an MEB. All the - all 1216 I think discusses is the in-state which is a determination of fitness and the law does not specifically outline services will execute an MEB followed by a PEB.

Services inserted the MEB, developed and inserted the MEB consistent with

the directives that we had but and that's where the disconnect is because you have - you have a directive that says one thing and you have the law which governs disability determinations.

It doesn't - the law does not discuss an initial assessment made by the service that the individual made at in our language meet retention standards or - yes, retention standards which we're familiar with.

There is a - I don't disagree there is a conflict but I don't believe, in my view, we need the law to specify MEBs and PEBs.

The law is really focused on the determination of fitness and the DoD directive or DoD instruction gives the services instructions on how to achieve that.

So in order to achieve the intent of the law, the DoD instruction has to be consistent with that and the DoD instructions should indicate that you have to consider all conditions - MEB has to consider all conditions

and in turn allow - that allows the PEB to make an informed fitness decision individually and collectively on conditions and the VA to make the decisions on ratings.

CO-CHAIR CROCKETT-JONES: My concern is this. The Warrior Care Policy Office is using the law's conflicted writing - conflicted language to avoid meeting the stated intent of the DoDI and of the law.

MG MUSTION: The Warrior Care and Transitions Office's stuff that's in here - their response they contradict themselves even in the same paragraph. They can't even decide what the law says. So I'm not really worried about them. Well, I'm not but -

CO-CHAIR CROCKETT-JONES: Okay.

MG MUSTION: - the Task Force might - they might object to it but I think if we clearly outline and I think some of the discussion does in the findings that there is a clear disconnect between what the law says, which addresses a fitness determination, and

what the Department of Defense instruction requires for the completion of the Medical Evaluation Boards prior to the Physical Evaluation Board.

They're clearly, at least in my mind, and executing on a daily basis there's a disconnect.

EXECUTIVE DIRECTOR DAILEY: So and this is my error - the language in 19 is not correct. We have tied the PEB issues to the MEB so we need - so it is - so we need to fix that or start again.

The language in the original is closer to being correct, all right. So it is closer to being correct. And when I had Brett Stevens in here earlier this morning who supervises the people who wrote this document he was confused by it also and the response and he was heading back to the Warrior Care Policy Office to get better clarification on the response.

So Warrior Care Policy has published

policy. It's in the DTM or in the DoDI that says - that says in MEBs examination shall document the full clinical information of all medical conditions the service member has and state whether each condition is cause for referral into the IDES.

They have published their own guidance that clarifies the procedures for the MEBs. So we are going in a direction here that I apologize I caused by changing 19 based on their original erroneous information.

They have good guidance out. The object should probably be to reinforce that guidance and/or to urge standardization among the services for the implementation of that guidance.

CAPT EVANS: Denise, what you stated earlier the original really captures what we're trying to do so we want them to ensure all medical conditions are covered and that's actually stated in the law.

EXECUTIVE DIRECTOR DAILEY: It's

stated in their policy for the MEBs also.

CAPT EVANS: Okay. So it's stated in the DoDI, and that the documentation will facilitate timely accurate decisions by PEB. I think that's a true statement.

We want that, and we want the ratings. When we say ratings by VA - okay, so we can - I think we agree with that and that it must be standardized.

So I think the original - the top one - the first recommendation is what we are trying to express to WCP this is what we want to see. Yes, and that's Connie Evans.

CO-CHAIR CROCKETT-JONES: So some of those to reconsider. We can then - or moves to reconsider them. We can vote to delete and then we can vote to adopt the original language for D19 and vote again for that, correct?

CO-CHAIR NATHAN: Or we can just vote to reconsider D19 and if we get a majority then we can have more discussion on it or we can go straight to a vote that the

reconsideration be that - the original language.

CAPT EVANS: So I vote - I motion that we reconsider recommendation D19.

MR. REHBEIN: I'll second.

CO-CHAIR NATHAN: So all those in favor of reconsideration of D19, which currently exists as the bottom paragraph, all those who support reviewing and reconsideration of that please signify by either raising your hands or saying yea. Any opposed?

Seeing none opposed, we now have the ability to reconsider D19. I either would - I would welcome discussion on that or if there is - if you have some. Otherwise we need a motion to adopt D19 as written - if you'll scroll down. I'm sorry.

Either a discussion now on how you want to phrase that or I need a motion to adopt recommendation D19 as written in the top paragraph.

MR. REHBEIN: I'd make one minor wording change in that first line where it says

"are covered by MEBs" I would change that to "are documented by the MEB."

CO-CHAIR NATHAN: Are there issues, concerns, discussion? Do I have a motion to -

MR. REHBEIN: I move approval of recommendation D19 as currently stated at the top.

CO-CHAIR NATHAN: Any second?

CAPT EVANS: Second. I second.

CO-CHAIR NATHAN: Okay. So the motion before us is to currently adopt D19 as written. Is that it right there? Okay. As written before you.

If you support adopting that as written please signify by raising your hands or saying yea. Any opposed? Seeing none opposed we adopt it as written there.

EXECUTIVE DIRECTOR DAILEY: Yes. So let's head - why don't we just - why don't we just start here? Your last sentence isn't really a sentence on this one - must be - what

must be standardized across services.

Let's just start here. MEB processes - okay, and I think the processes is the issue. The policy is but - okay. Okay. All right. Let's head back up to one. Okay.

Research team, as you - as we go through this if you see things that aren't sounding right that we can streamline we need - we need your input.

MS. LEDERER: Now is the time?

EXECUTIVE DIRECTOR DAILEY: Yes, now is the time.

MS. LEDERER: Can we go back to number 19?

EXECUTIVE DIRECTOR DAILEY: Okay. Looks like 19 is up. Nope, nope, nope. Okay. Okay. I need her to have a microphone please.

MS. LEDERER: The last line says "MEB processes must be standardized across services and measures of effectiveness established to ensure application of these processes." Are we now just talking about

processes or should policies stand?

CO-CHAIR CROCKETT-JONES: The policy can stand because we're saying that the policy that document - that drives all medical conditions is being documented by the MEBs.

We want to see that everybody starts doing it. I think policy can stand. We're good with policy.

EXECUTIVE DIRECTOR DAILEY: Okay. We were concerned that in this one we - was it our intention on this one to direct the services to translate the CoE discoveries into practice or was it our intent to allow the CoEs to translate their discoveries into practice?

MR. REHBEIN: I'm unclear on how the CoEs would translate their discoveries into practice without the active cooperation of the services. So allowing them to do the translation seems to me to not accomplish much.

EXECUTIVE DIRECTOR DAILEY: Okay.

MR. REHBEIN: Directing the services to cooperate with them I think reaches

the result that at least I would like to see.

EXECUTIVE DIRECTOR DAILEY: Okay.

MS. LEDERER: This could be a matter of semantics but we understand the job of the CoEs to be translating research into practice such as the fox shield.

We don't expect the states to devise a fox shield. We expect the Vision Center of Excellence to device it and then VCE disseminates the best practice and the states or the services implement.

CO-CHAIR NATHAN: No.

MR. REHBEIN: Or not implement as they choose.

CO-CHAIR NATHAN: No, no, no, no. the Centers of Excellence do not have the command and control capability to propagate or direct therapies.

They are stand alone scientific conglomerations of such matter experts who collate, look at injuries, look at practices, determine best practices, cultivate and harvest

what's being done in the private sector and then they can bring it up to a service because the executive agent of each CoE is a service.

Army is the executive agent of the DCoE. Navy is the executive agent of the VCE. But the service has no authority to make any other service do anything and so they - we need a mechanism so that the CoEs when they come up with a best practice and they're connected to the chief medical officer at Health Affairs, the overarching policy for the services then directs the services this will be the way we will treat eye trauma in the military health system.

EXECUTIVE DIRECTOR DAILEY: Okay. So you're okay with the language? It's where you want it to be? Okay. All right. Moving on. Okay. Where - I'm sorry.

CO-CHAIR NATHAN: Is the next one 15?

EXECUTIVE DIRECTOR DAILEY: Which one are we on? That's the next one but is that

the one you have concerns with?

EXECUTIVE DIRECTOR DAILEY: Yes. Oh, no. Let's go - okay. All right. I apologize. Real quick, we're going to do one last walk through so that was one.

Do you see anything wrong with this one - the language, plurals, alignment, verb, pronouns, dangling participles?

CO-CHAIR NATHAN: Any concerns? Hearing none, let's move. Concerns? Next.

EXECUTIVE DIRECTOR DAILEY: Okay. Go all the way down to five. I assume we're on the now five.

MS. LEDERER: Can we stay on that one?

EXECUTIVE DIRECTOR DAILEY: Okay. Do you have some concerns?

MS. LEDERER: Yes.

CO-CHAIR NATHAN: What are your concerns?

MS. LEDERER: Just the structure of the bullets. Some of them are nouns, like a

dedicated champion or standardized AHLTA, a process, and then others are - no, never mind. My apologies.

EXECUTIVE DIRECTOR DAILEY: We do have - this is one they constructed. I do believe you're thinking about one in which we kind of pulled from various citations and there are various nouns and verbs starting so we'd be looking for a little consistency at the bullets so - okay.

Down to seven. Yes, let's look at - so we're on seven. I'm not sure that that is shouldn't be an are - OSD should. The joint travel regulations and the joint federal travel rates are consistent. We have a plural noun there.

CO-CHAIR CROCKETT-JONES: I know implementation is what needs to be consistent.

EXECUTIVE DIRECTOR DAILEY: Okay. Okay. Good.

CO-CHAIR NATHAN: Okay. Next. Any concerns?

MS. MALEBRANCHE: That last bullet just kind of ends encourage family members, care givers to accompany the Recovering Warrior on all appointments if Recovering Warrior is amenable. Okay. I was thinking of care - it isn't. I thought it was - got it.

CO-CHAIR NATHAN: Okay. Next.

EXECUTIVE DIRECTOR DAILEY: Okay. So here's another one where we pulled and made bullets and just some - we're a little concerned about action verbs at those bullets.

So the thought would be - the thought would be - would be ensure roles and responsibilities of online services. Promote is fine. Ensure services. So you have like -

MS. LEDERER: The first one, perhaps define roles - define roles established by.

CO-CHAIR CROCKETT-JONES: And instead of and which must include a common measure of effectiveness.

EXECUTIVE DIRECTOR DAILEY: There you go - which.

MS. LEDERER: Third bullet begin with maximize.

EXECUTIVE DIRECTOR DAILEY: Yes. That would be about - that would be about it on that one.

CO-CHAIR NATHAN: That's good. Everybody looking at 12 now - recommendation 12? Any issues? Thirteen? Timely and accurate decisions?

EXECUTIVE DIRECTOR DAILEY: Yes. Timely and.

CO-CHAIR NATHAN: Any other issues? We're looking at 14. Should it be on the last part "whether they completed the survey for the previous phases" or should it be "whether they completed the survey for any previous phase?" Take off the previous phases. Okay. Very good. Number 15?

MS. LEDERER: You could consider combining sentence one and two. So DoD will

issue policy guidance to ensure continuous orders - to ensure continuous orders, encompass a complete period of care, comma, as guided primarily by the medical care plan.

CO-CHAIR NATHAN: Okay.

MS. MALEBRANCHE: You could just even put a comma after care and -

MR. REHBEIN: Just a quick question. What else would guide the length of that period other than the medical care plan?

CO-CHAIR CROCKETT-JONES: Currently, they do it for administrative - primarily vetted by their administrative imperatives.

MR. REHBEIN: When you say primarily it tells me that there's other factors involved and I was having trouble identifying them.

CO-CHAIR NATHAN: Any other concerns with 15? Sixteen? Looks good? Okay. Seventeen?

MR. REHBEIN: Let me channel my

inner Justin on 16 for a minute. Should "non-medical" be hyphenated in both cases or neither case?

MS. LEDERER: We'll figure that out and do it consistently throughout the document, sir.

CO-CHAIR NATHAN: Okay. Seventeen?

CO-CHAIR CROCKETT-JONES: There should be a comma - after DoD there should be a comma, and after Congress. Thank you.

CO-CHAIR NATHAN: Everybody likes that colon, huh? Okay. Eighteen?

CO-CHAIR CROCKETT-JONES: And why was this one highlighted?

EXECUTIVE DIRECTOR DAILEY: Was this one - we discussed it. I remember what we talked about, Susanne.

MS. LEDERER: Yes. Yes. I have it - let me find it on my screen. We suggest the NGB directs each JFHQ to establish - no, that's fine.

And then the second - that right there, David - these strategic relationships will facilitate - delete "include" and then write - delete "beginning with just referrals." That's it.

CO-CHAIR NATHAN: Okay. Nineteen? Now that the Marine is gone maybe we should take out the 24 additional directives. That looks okay? Okay.

MS. LEDERER: Excuse me. NGB should look at - it's fairly colloquial. Do we want to say NGB should conduct?

CO-CHAIR NATHAN: Sure. Okay. Good. Twenty? Okay. Any concerns? Great. So we have 21 recommendations. Before we leave the screen are there any that are just sticking in someone's craw?

I mean, we're not going to revisit and rewicker them but are there any that you saw something that you think is out of place or out of sorts but you just didn't want to mention it and tonight and you won't be able

to sleep?

Going once. Going twice. If we could let's just poll the members and ask if you're okay with the process of how we've conducted this and our 21 recommendations. If we could go around the room.

MR. DRACH: I'm fine with it. Everything looks good.

MG MUSTION: No issues.

MR. REHBEIN: I intend to sleep like a baby.

MS. MALEBRANCHE: I'm good.

CSM DEJONG: We have no issues.

TSGT EUDY: I concur.

CO-CHAIR NATHAN: I think the chair is fine. All good.

EXECUTIVE DIRECTOR DAILEY: All right. Ladies and gentleman, one last thing. You have talked about a different organization. Are you - are you concerned -is there something - any ideas you want to field with me about a different organization forward?

Do you want to take out our current patient-centered orientation for these recommendations and organize it differently?

I know I have my Research staff crawling under the table right now. I mean, other - you know, we do have an indication where I can pull out four overarching ones.

I would pull it out of the patient-centered areas and identify four overarching ones or I can leave them in their current categories.

I mean, I can also organize it by who's responding. I could organize the five that are for Health Affairs under a health affairs topic and a five for this - ten for the services that they've got as a service requirement to answer.

That might focus them a little bit more. But it's - I'm going to say - this is something I said to Ms. Crockett-Jones - I can organize it any way you want. They either resonate or they don't and expectations that

it will be a different response if I organize it differently is not realistic. It either resonates or it doesn't.

MS. MALEBRANCHE: It's been organized in the - are you talking about the restoring wellness and function in that? It's been that way for how long, Denise? I know it was last year in the same construct.

EXECUTIVE DIRECTOR DAILEY: Yes. This would be our third report with that construct. Mm-hmm.

MS. MALEBRANCHE: So I don't know. I kind of like - I kind of like what you suggested about the organizations. It'll get the attention. You're absolutely right. They'll focus on that. But I don't know. This does - consistency - there is something to be said for consistency too.

MR. REHBEIN: The organization that we have right now, General Green led us through that, suggested it as a way to conduct our deliberations and I don't - you know, that to

me at the time seemed to be - I believe his thoughts at the time would - that way we could do our initial discussions in smaller groups and present recommendations rather than the whole group try to discuss everything all at once.

And so it was as much a management tool as it was - as it was a reporting format. If we think a more effective reporting format is something else then I don't see any - I don't see any reason not to - not to make a change.

MS. MALEBRANCHE: In some ways this is - I mean, the way - I know for VA and we're enabling a better future in some ways it was organized in that. But you're right, it was a matter of talking and getting together. So I really think we'll get attention. If I'm only in one section you better believe I'm going to read that and go through it with a fine tooth. So -

CO-CHAIR CROCKETT-JONES: I know that resonance is really the key factor and it

could just be a personal sort of way I think about things. But I'd like to see things in terms of scope large to small. Big to - yes.

I don't think we have to worry for the reasons that Mr. Rehbein stated about consistency. I can't quite remember the quote about it being a hobgoblin. I'll just drop it.

Anyway, the point is I think that - I get your point, Denise, but I would like to see the recommendations. They'd work better for me if I was the person reading it in terms of scope of, you know, who's targeted - scope of the target and scope of the reach in an uninverted pyramid.

CO-CHAIR NATHAN: So what would be the proposed alternative organizational construct?

EXECUTIVE DIRECTOR DAILEY: Well, with that in mind I would put Warrior Care Policy, Health Affairs and then the ones that are directed to the services. I'd do it in that

order.

MS. MALEBRANCHE: And TMA falls under Health Affairs.

CO-CHAIR NATHAN: Health Affairs. They do Warrior Care Policy (DoD).

EXECUTIVE DIRECTOR DAILEY: Yes.

CO-CHAIR NATHAN: And then health affairs (TMA/DHA)?

EXECUTIVE DIRECTOR DAILEY: No, sir. I would do OSD, Health Affairs, Warrior Care Policy and then the services. And each one of these as listed has an agency to respond to it.

I mean, I'm just - I'm really kind of organizing them according to where I have agency to respond. So this would be - this would be services.

This one, 29, is a good example. This would probably be first because it goes everywhere, touches everyone. Now, and I can't - I can't spend a lot of - I have to turn this in for security review the 2nd of August because

I can't take it outside the building again until I've got it done.

So I'm putting it in an order and you all - there isn't going to be much end time for you to niggle it.

CO-CHAIR NATHAN: Right. Right. So I think there's three schools of thought. One is you stay with the current construct you have based on consistency, based on whatever, you know, the inertia.

Two is you reorganize it based on - you bin these based on who is directly it's applicable to so as you said your eye goes to the agency you work for and says okay, what's my homework.

And then three would be if you subscribe to this policy - if you had your pet favorite that you wanted to get of all these recommendations which do you put first.

In other words, do you - as the casual reader do you presume or infer that the ones they've put first are the ones they really

want you to look at. So those are the three ways that I think you can organize this.

In theory, it shouldn't matter which one is first. The 21st recommendation should get as much oomph and attention as the first one does.

But I think many media experts would tell you that the casual reader's eye goes to the first few to think okay, this is where the - if nothing else they want me to see these. So I think those are - that's the three ways we can do this.

CAPT EVANS: Are we referring to the instructions in 21 or all the recommendations?

CO-CHAIR NATHAN: We're referring to all the recommendations - how are we going to order recommendations currently one through 21 right now.

Are we going to keep - are we going to order them the way they are now and simply - or group them based on our current construct which is restoring care and that kind of thing?

Are we going to bin them under here's the DoD ones, or as Ms. Dailey says, here's the Warrior Care Policy ones and then the next group is under Health Affairs. The next group is under services.

Or are we going to make number one the number which - and this is little tougher because you have to sort of get consensus on what we think the most important recommendations are but would you rank - would you have the report read recommendation number one is the one that by consensus we think if you're going to do any of these at all, do this one.

CAPT EVANS: So do I wear my other hat now, the one that - in responding to these? So we -

CO-CHAIR NATHAN: No. I mean, your input is welcome.

CAPT EVANS: Right. I mean, from Navy's side we take the entire book and we meet as a group so we have a conference call and we

go from one to the end.

So we went from one to 35, and the ones that did not apply so if they were strictly Safe Harbor, you know, I, as BUMED rep will say that belongs to you. We need a response.

So I think the other services kind of have that same pact. They're going to look at all of them. They're going to go through them until - no matter how we rack and stack they're going to go from one to the end.

I think the key though would help - what really helped us this past year is that we looked at - it was nice to have - it didn't matter the overall title because we didn't pay any attention to that.

We just really looked at the recommendation. But the key - the organization that should be responding to that recommendation that was very helpful.

EXECUTIVE DIRECTOR DAILEY: Right. The agency listed helped you focus.

CAPT EVANS: Correct.

EXECUTIVE DIRECTOR DAILEY: Right.

CO-CHAIR NATHAN: Anybody else have strong feelings one way or the other?

EXECUTIVE DIRECTOR DAILEY: The other suggestion is if you want to keep the domains you can prioritize within those domains.

CO-CHAIR NATHAN: Do it alphabetically as well. We can go back and make them all rhyme.

So I don't hear a lot of passion for simply maintaining the status quo. I hear more interest in trying to find some way that either bins them or prioritizes them.

If you want to prioritize them you have to make the assumption that they're not all going to get their day in court as people read them and you're going figure out, unless you want to leave it to Ms. Dailey's group, you have to figure out which ones you want up front and which ones you want in the back.

TSGT EUDY: I don't really have a

strong opinion either way but I don't - as far as consistency and looking back and comparing reports I don't know how many services do that. I don't know if that would throw things - make things more difficult if we changed up the - or not.

I don't know how many actually compare and contrast from years past. Just something I was thinking about. Otherwise I'd do like the service bin theory if we're going to change it up.

CO-CHAIR NATHAN: Okay.

MR. REHBEIN: If we did decide to do a prioritization I wouldn't tell them that. I wouldn't make that statement in the report because that automatically guarantees that the last ten don't get anywhere.

CO-CHAIR NATHAN: No, no. It's subliminal. I mean, it's like putting the candy bars at the checkout counter.

EXECUTIVE DIRECTOR DAILEY: It is on the record that's what you're doing, ladies

and gentleman, if anyone wants to check.

MR. REHBEIN: Well, I would - personally I'm not a process person. I'm a results person and so did I have the kind of knowledge that many of you do about how things operate in the Pentagon?

I would use that and use that knowledge and whatever format we think would get us the most attention and results is the way to go. So what would be best for me is totally unimportant because I'm not the person receiving this report.

It's the person receiving - that we see receiving this report and how they receive it and how it affects them by the format that's the best one to have. But you know that better than I do.

CO-CHAIR NATHAN: I think from a pragmatic approach binning them makes the most sense because if we start to get into a tussle over which ones are the most important up front and which ones aren't, we're going to - we're

about ten folks here who are going to have ten different opinions and so - and I think that would be - I think that juice would be worth the squeeze if we thought this was going to be something that was going to be - have to be quickly looked at and acted upon on a Friday afternoon and we'd have to just decide among ourselves okay, they're only going to have a limited time to look at this - what are we going to blast up front.

But given that, I think there will be due attention paid throughout. I think we're between either binning them or keeping them, as somebody mentioned, for comparison to previous records.

So I think those are if I'm - am I on safe ground on saying you're okay with one of those two and we'll decide as a group which of those two to go with?

So why don't we take a vote and what you're voting on is do you want to - because this is a departure from what we've done in the

last three years which are - two years. Seems like three.

You're voting on whether you want to maintain these under the traditional categories of the previous two reports or whether you'd like to bin these under different categories and the categories being the agency that's primarily responsible for effecting these. Does that make sense?

So you're either going to bin them under and can you - Denise, refresh your memory again on what the four categories are, current ones?

EXECUTIVE DIRECTOR DAILEY: I would bin them under - I'd bin them under Health Affairs would be -

CO-CHAIR NATHAN: No, no. This one - the previous one was restoring -

EXECUTIVE DIRECTOR DAILEY: Oh, yes. Yes. Our previous construct is in Tab F.

CO-CHAIR NATHAN: Yes. Restoring

wellness and function.

EXECUTIVE DIRECTOR DAILEY: Right.

CO-CHAIR NATHAN: Restoring in the society.

EXECUTIVE DIRECTOR DAILEY: Correct.

CO-CHAIR NATHAN: Optimizing ability.

EXECUTIVE DIRECTOR DAILEY: Correct.

CO-CHAIR NATHAN: And enabling a better future. They would - Denise's staff would then categorize these in those areas -

EXECUTIVE DIRECTOR DAILEY: And they already -

CO-CHAIR NATHAN: They're already categorized in those areas. So -

EXECUTIVE DIRECTOR DAILEY: Yes.

CO-CHAIR NATHAN: So those - that's how we categorize these, the current way you did it last year and the year before.

Alternatively, the other thing for

consideration is to bin them instead of under restoring wellness or instead of under functional categorizations they would be under organizational categorizations, the organizations being those that are responsible primarily for effecting the recommendations - Health Affairs - it's DoD which is Warrior Care Policy, Health Affairs and the services.

Did I leave one out? Those three? And the VA - okay. Congress. So any more discussion on that? Okay. So let's vote.

EXECUTIVE DIRECTOR DAILEY: So at the time when - before you started this was your breakout of recommendations and so that would be pretty much the categories I would try and keep them in. And I'm happy with restoring wellness and function in the current construct.

CO-CHAIR NATHAN: Right.

EXECUTIVE DIRECTOR DAILEY: It is patient-centered. I need that.

CO-CHAIR NATHAN: So what you're saying, Denise, is if we broke them out

organizationally this is how the breakout would be. Okay.

EXECUTIVE DIRECTOR DAILEY: Something like that.

CO-CHAIR NATHAN: Is there any concern - and I don't mean to beat this dead horse - is there any concern that just - some of these won't get looked at?

There won't be enough cross-pollenization by the other organizations to have an idea of what's going on if we break them out this way.

EXECUTIVE DIRECTOR DAILEY: And there are going to be complex ones which I'm just going to have to put in there whether they fit or not, like the last one - the one that covers all the services, all the OSD so -

CO-CHAIR NATHAN: Right. They'd go to - they'd go to each service.

EXECUTIVE DIRECTOR DAILEY: Correct.

CO-CHAIR NATHAN: Because when you

add - when you add all those up you get a lot more than 21 right there.

EXECUTIVE DIRECTOR DAILEY: Yes. And so but I can't put them in that category every time.

CO-CHAIR NATHAN: Right. I understand.

MR. REHBEIN: In the patient-centered format, as I went through the original non-voted draft that was sent to us there weren't any recommendations listed under optimizing ability.

EXECUTIVE DIRECTOR DAILEY: Correct. This year you did not make any recommendations.

MR. REHBEIN: So that - so that we would only have three categories there instead of four.

EXECUTIVE DIRECTOR DAILEY: Correct.

CO-CHAIR NATHAN: Okay. So I'm going to ask for a vote. I'm going to ask first

to vote for the organizational grouping, the one you just saw. If you're in favor of that - and the other vote we would ask for is the patient-centered ones that's traditionally done.

So the first vote is for those who are in favor of organizing them organizationally - Health Affairs, services, National Guard, et cetera. All those for that please raise your hand.

I have one, two, three - and I don't really think - I mean, as much as I make fun of proxies I think our charter base or our construct says people who aren't here don't vote. Or does it say proxy?

EXECUTIVE DIRECTOR DAILEY: The process of voting, sir, only applies to recommendations. So if you want to apply it to this particular topic you can make up any rule you want.

CO-CHAIR NATHAN: And yes, no proxies.

EXECUTIVE DIRECTOR DAILEY: No proxies.

CO-CHAIR NATHAN: No proxies. Okay. A show of hands again for those who'd like to do it organizationally by what agency is responsible.

So we've got one, two, three, four, five, and then those that are interested in the patient-centered construct. Got one, two, three, four.

All right. So we're going to organize it organizationally by agency.

EXECUTIVE DIRECTOR DAILEY: Okay, ladies and gentlemen, I'm not going to have a lot of time to get this to you to niggle it so --

CO-CHAIR NATHAN: We understand.

EXECUTIVE DIRECTOR DAILEY: - one time is it. Okay.

CO-CHAIR NATHAN: We're good. Any questions? Concerns? Denise, do you need anything else from us right now?

EXECUTIVE DIRECTOR DAILEY: No, sir. We're good to go.

CO-CHAIR NATHAN: As always, and I'll let Susanne say - ask her to speak as well but as always very much appreciate the energy and the effort into this and to thank the administrative support staff.

This is my first time, this evolution, doing this. I am very humbled by the collective talents and insights that you all bring to the table to produce this product which I think can make a difference in a very special precious population.

So thank you for the opportunity to do that with you. Susanne?

CO-CHAIR CROCKETT-JONES: It's been another rewarding year and I think that everyone's worked very hard between site visits and creating the recommendations and I'm really - I'm pleased as always with the quality of my co-Task Force members and the work with you. Thank you.

CAPT EVANS: Before we end, I want to tell both of the co-chairs and to the members I want to say thank you for I think about a year and a half I've been a member of the Task Force and it's been very rewarding.

Coming off of active duty this is one of the ones that I will have a challenge with leaving behind me but I appreciate everything that you have done for me in helping me to even learn more about Wounded Warrior care and having fun on the site visits working all day. I appreciate that, Denise.

And I just want to say thank you and I look forward to seeing you out there in the fleet.

CO-CHAIR NATHAN: All right. We stand adjourned.

EXECUTIVE DIRECTOR DAILEY: Thank you all very much. Very well done.

(Whereupon, the above-entitled meeting concluded at 1:45 p.m.)