



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

**FY14 December Business Meeting Minutes  
El Tropicano Riverwalk Hotel, San Antonio, TX**

**Monday, 9 December 2013**

The meeting began at 8:30am with Mrs. Suzanne Crockett-Jones opening the meeting and having the members in attendance conduct introductions. Mrs. Crockett-Jones noted that Vice Admiral (VADM) Matthew Nathan, Lieutenant Colonel (LtCol) Sean Keane, Major General (MG) Richard Mustion, and Technical Sergeant (TSgt) Alex Eudy would be absent for this business meeting.

Mrs. Crockett-Jones immediately led the Task Force into discussion regarding four past installation visits to the Marine Corps Wounded Warrior Regiment Headquarters, Utah's Community Based Warrior Transition Unit (CBWTU) and Joint Forces Headquarters (JFHQ), as well as the Fort Hood Warrior Transition Unit. In regard to the Wounded Warrior Regiment (WWR) Headquarters visit, the Task Force members highlighted how well trained the Recovery Care Coordinators (RCC) seemed with the transition process, the convenience and usefulness of the WWR Handbook and applications for Marines, and how both active duty and reserve component wounded warrior points of contact jointly operated from the WWR Headquarters. The members further mentioned the need for a more proactive program in getting resources to Marine Corps Recovering Warrior family members. As the Task Force transitioned into discussion about the Utah CBWTU, the members mentioned the good relationship and coordination between the CBWTU, the Utah National Guard, the local Department of Veterans Affairs, and other local resources. The members discussed the cadre feeling concerned about their future due to the unit's reorganization as well as the benefits of specific Reserve Component training for those serving as CBWTU cadre. The Task Force members continued their discussion with a review of the Utah JFHQ. The members were impressed with how well the JFHQ was doing with family programs but mentioned concerns regarding the lack of knowledge about the Veteran Centers. As a general observation towards all JFHQs, the members commented about the need to look at options for retaining the transition assistance advisor role, as it is currently a contracted position. They also noted concerns regarding the training and assignment of Medical Readiness Non-Commissioned Officers. The last installation visit discussed was regarding the Fort Hood Warrior Transition Unit. The Task Force remarked that the unit had good family support programs but stated they were being under-utilized. The members further noted that the leadership has a proactive method of training cadre and that the Recovering Warriors trusted their leadership. The members also highlighted that although all the Recovering Warriors they spoke to knew about their comprehensive recovery plan, the senior enlisted Recovering Service members felt that it was not an effective document concerning their



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time of life. The Task Force also expressed concern about a percentage of psychological health cases being referred to the TRICARE Network. The members concluded the installation visit after action review at 9:29am, which was followed by a short break.

At 9:47am, the Task Force resumed the meeting and welcomed Army Major General (MG) Jimmie Keenan, along with members of her staff, who briefed on the San Antonio Military Health System (SAMHS). As the Director of the SAMHS, MG Keenan provided an overview of the enhanced Multi-Service Market (eMSM) structure as well as the structures of the SAMHS healthcare system and governance office. MG Keenan emphasized the partnerships within the SAMHS between the Army and the Air Force as well as the Department of Defense (DoD) and the Department of Veterans Affairs (VA). She further discussed SAMHS's partnerships with the local community, academia, and the National Intrepid Center of Excellence (NICoE). The Task Force members inquired about several topics including uncertainty regarding contracted employees and budgetary concerns, civilian licensing and certifications for military medical Service members, and operations at the San Antonio Military Medical Center dealing with both Recovering Warriors and civilian patients. MG Keenan concluded her briefing at 10:56am. The Task Force members took a short break before the next briefing.

The meeting resumed at 11:05am as the Task Force welcomed Mr. Alex Barberena, the Deputy Director for the VA / DoD Medical Sharing Office, and Mr. Mark Goldstein, the VA liaison at the TRICARE Regional Office South. Mr. Barberena and Mr. Goldstein presented the Task Force on information regarding DoD and VA sharing agreements. Mr. Barberena, the lead presenter, discussed the various sharing authorities in addition to the types of sharing agreements and levels of collaboration that exist between the two agencies. Mr. Goldstein then provided the members with examples of how the different types of sharing agreements worked. During the presentation, the members queried about the difference in lead times between the local and national contracts. The members also questioned Mr. Barberena on how the sharing agreements are being tracked. At 11:45am, the briefing concluded and the Task Force took a lunch break.

The Task Force returned from lunch at 1:00pm and welcomed Mr. John Shero, the Executive Director of the Extremity Trauma and Amputation Center of Excellence (EACE). Mr. Shero's presentation was primarily based on a briefing provided to the Senior Military Medical Advisory Committee in September 2013. In his briefing, Mr. Shero provided an overview on present and future strategies of the EACE, as well as the advance rehabilitation centers (ARC). Mr. Shero also discussed information pertaining to delayed amputation and the use of an innovative bracing solution called Intrepid Dynamic External Orthosis (IDEO), which he considered EACE's most significant accomplishment. The Task Force members then asked Mr. Shero to go into greater detail regarding the formation of an amputee registry and the future



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funding concerns for the EACE. The briefing concluded at 2:11pm, followed by a short break before the next presentation.

At 2:27pm, the Task Force members introduced Air Force Colonel Mark Packer, the Executive Director of the Hearing Center of Excellence (HCE). Col Packer's presentation began with a general overview which led into various updates from the HCE since their last briefing to the Task Force in January 2013. Col Packer highlighted significant updates to include integral staffing updates, several completed goals and objectives, progress on the integration of the Joint Hearing and Auditory System Injury Registry (JHASIR), and various research efforts. The members inquired about the sources of JHASIR input data, as well as what standardization was occurring between DoD and VA auditory testing. Col Packer informed the Task Force that the JHASIR input came from a variety of sources and that there were ongoing efforts to standardize the auditory testing between the DoD and VA. Col Packer completed his presentation at 3:25pm at which time the Task Force took a short break.

The Task Force members resumed the meeting at 3:37pm and introduced Ms. Carmen DeLeon-Dingman, Chief of Case Management and Special Needs with TRICARE Regional Office-South. Ms. DeLeon-Dingman along with Ms. Margaret Wilson, a Humana Military Representative, presented information pertaining to the Warrior Navigation and Assistance Program (WNAP) established by Humana Military in 2007. As the lead presenter, Ms. DeLeon-Dingman primarily discussed the mission, types of support, demographics, and care coordination information pertaining to the program. Ms. Wilson supported Ms. DeLeon-Dingman by providing examples to the Task Force illustrating the various ways the program assisted Recovering Warriors. Throughout the briefing, the members inquired about WNAP's interaction with other case managers, how WNAP measures successful outcomes, the method WNAP utilizes to capture lessons learned, and how engaged WNAP is with the VA. Ms. DeLeon-Dingman and Ms. Wilson completed their briefings at 4:30pm. At this time, the Task Force ended the business meeting for the day.



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The second day of the business meeting began at 8:10am with VADM Nathan, LtCol Keane, MG Mustion, and TSgt Eudy scheduled to be absent. The Task Force members immediately began the public forum session by reviewing and discussing written remarks from Mr. Joseph Zumwalt, a recent medically retired Chief Warrant Officer Two, and Mr. Paul Rieker, a practicing Hypnotherapist with interests in Post-Traumatic Stress Disorder treatments. The members discussed how Mr. Zumwalt's information highlighted disparity of Service member treatment between the Warrior Transition Units and the line units. His information also portrayed the fear Service members have in addressing their conditions because they do not want to be discharged from the military. When discussing Mr. Rieker's information, the members emphasized the troubles with introducing new technologies into the DoD. The public forum ended at 8:30am.

Immediately following the public forum, the Task Force welcomed Air Force Colonel Thomas Matschek, the Air Reserve Component Case Management Division Chief (ARC-CMD). Col Matschek briefed the Task Force on the functions of the ARC-CMD, the milestones and activities necessary to reach full operational capability by the middle of 2014, caseload information, and case studies demonstrating outcomes from the ARC-CMD. He discussed the close relationship between the ARC-CMD and the ARC Wounded Warrior Division while providing examples of how the two divisions' duties overlap for more seriously wounded Service members. Col Matschek also discussed challenges the ARC-CMD needs to overcome including accessing units that are geographically separated, TRICARE limitations, ARC's access to care regarding line of duties, and increasing overall awareness and education of the program. During the presentation, the Task Force members focused on the top inquiries the case management division receives from Service members, how the ARC-CMD was ensuring Service members were not falling off of MEDCON orders, and how the division was conducting outreach and education to Service members and medical case managers. Col Matschek concluded his briefing at 9:56am. The Task Force members took a short break before the next briefing.

At 10:20am, the members reconvened and introduced Mr. Calvin Ishee, a primary Air Force disability point of contact, and Lieutenant Colonel Joseph Villacis, the Air Force Medical Retention Standards Branch Chief. Mr. Ishee and Lt Col Villacis spoke with the Task Force regarding the performance of the Air Force's Formal Physical Evaluation Board (FPEB). Mr. Ishee began the presentation discussing the electronic case management and electronic case file transfer, which he considered to be the largest improvements. As he continued, Mr. Ishee discussed the recent relocation of the FPEB, differences within the Air Force Reserve or Air National Guard component that causes delays, and his proposal for holistic reform of the



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Disability Evaluation System (DES). Following Mr. Ishee, Lt Col Villacis focused on the Air Force Integrated Disability Evaluation System (IDES) two-step pre-screening process. During the presentation, the Task Force questioned Mr. Ishee regarding current metrics on how satisfied Recovering Warriors have been with their initial hearings. Mr. Ishee confirmed that these specific metrics were not currently being tracked. The presentation ended at 11:00am followed by the Task Force conducting a short break before the next briefing.

The Task Force resumed the meeting at 11:14am and introduced Army Lieutenant Colonel Eric Edwards, the commander of the Brooke Army Medical Center (BAMC) Warrior Transition Battalion, along with his staff members. LTC Edwards' presentation focused on his unit's command organization, personnel statuses, demographics, and family support information as well as challenges and best practices. Within his briefing, he also alluded to the factors that impact a Service member's length of stay, the various information and communication sessions held regularly throughout the year, and challenges with line of duty concerns. The Task Force members questioned LTC Edwards regarding the attendance level of family members to family readiness and informational events. The members also asked about any challenges or concerns regarding the current restructuring of the CBWTUs. LTC Edwards noted that the average family member attendance was low although he does not track that specific information. He further noted his awareness of the current restructuring but he has not seen any impacts to his unit. LTC Edwards and his staff completed their briefing at 12:00pm, at which time the Task Force stopped the meeting for a lunch break.

The Task Force returned from lunch at 1:06pm and introduced Dr. Elizabeth Halmai, the Medical Director for the Polytrauma Rehabilitation Center (PRC) in San Antonio, TX. Dr. Halmai's presentation covered an overview of the Veterans Health Administration's polytrauma system of care and the PRCs' roles within the system of care. She then focused specifically on information regarding the San Antonio PRC, which opened in October 2011, emphasizing various statistics that highlight the center's diverse patient population and specialty areas. Dr. Halmai further provided a short overview of the recent implementation of a Lead Coordinator as well as the San Antonio PRC's challenges and best practices. During the presentation, the Task Force members inquired about medical and vocational rehabilitation staff collaboration regarding independent living in addition to mild Traumatic Brain Injury information. The Task Force ended the briefing at 2:04pm and paused the meeting for a short break.

After returning from their break at 2:22pm, the Task Force members welcomed Air Force Major John DaLomba, the 59<sup>th</sup> Medical Detachment Wing (MDW) Patient Squadron Section Commander. Maj DaLomba briefed the members on the unit's current personnel statuses, demographics, and family support information as well as challenges and best practices. Maj DaLomba focused on the various referral processes to the 59<sup>th</sup> MDW, the methods of



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communication and support to the Service members and their families, as well as the roles of the RCC and the Non-Medical Case Manager within his unit. A best practice that Maj DaLomba mentioned, which interested the Task Force, included having the RCC attend the Medical Evaluation Board (MEB) in-briefing in lieu of a family member, if necessary. The Task Force members inquired about the best practice by asking how the Service member felt about having the RCC attend the briefing. The members further inquired about the case manager-to-Service member ratio and additional information on patients that are in a temporary duty (TDY) status. Maj DaLomba completed his presentation at 3:14pm. The Task Force followed this briefing with a short break.

The Task Force resumed the meeting at 3:32pm with a discussion involving a panel of 9 Recovering Service members and Veterans. The panel consisted of mostly Army Service members from the ranks of E-6 (Staff Sergeant) to O-6 (Colonel) as well as an Army Veteran. The Task Force members facilitated the discussion by asking a variety of questions including topics such as IDES support, Physical Evaluation Board Liaison Officer (PEBLO) support, family member or caregiver support, and preparation for the transition to civilian life. In regards to IDES support, the panel agreed that the amount of information provided was overwhelming and that it helps to have a second set of eyes and ears to help with their understanding. The panel further agreed that IDES legal support was great with assistance in the appeal process but stated that they wanted better legal assistance in helping to find incorrect information within their packets. When discussing family member and caregiver support, the panel members stated that information on programs, such as Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) and Special Compensation Allowance for Assistance with Activities of Daily Living (SCAADL), was not readily available and was discovered mostly through word of mouth. The panel also highlighted the importance of having a single touch point for employment training and opportunities during transition. The panelists felt that although there is various information and resources outside of DoD for transitioning, most of it does not make it to the Service members that need it. When asked who the panelists felt most comfortable obtaining information from, the majority of responses to the Task Force was the case manager. The Task Force members then concluded the panel and ended the meeting at 5:10pm.



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Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.



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Date: 11 FEB 2014

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones



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Date: 11 FEB 2014



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Appendix A:

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Members Present:

- CSM Steven D. DeJong
- Mr. Ronald Drach
- Mrs. Suzanne Crockett-Jones (Non-DoD Co-Chair)
- Ms. Karen Malebranche
- Dr. Steven Phillips
- Mr. David Rehbein

Members Not Present:

- TSgt Alex Eudy
- LtCol Sean P. K. Keane
- MG Richard Mustion
- VADM Matthew Nathan (DoD Co-Chair)

Members Arrived Late:

- None

Members Left Early:

- None



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**Members Not Present:**

- TSgt Alex Eudy
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- MG Richard Mustion
- VADM Matthew Nathan (DoD Co-Chair)

**Members Arrived Late:**

- None

**Members Left Early:**

- None