

DEPARTMENT OF DEFENSE

+ + + + +

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

+ + + + +

BUSINESS MEETING

+ + + + +

WEDNESDAY  
APRIL 16, 2014

+ + + + +

The Task Force met in the DoubleTree by Hilton Hotel Washington DC-Crystal City, Washington Ballroom, 300 Army Navy Drive, Arlington, Virginia, at 8:00 a.m., MG Richard Mustion, DoD Co-Chair, and Suzanne Crockett-Jones, Non-DoD Co-Chair, presiding.

PRESENT

MG RICHARD P. MUSTION, DoD Co-Chair  
SUZANNE CROCKETT-JONES, Non-DoD Co-Chair  
CSM STEVEN D. DEJONG, Member  
RONALD DRACH, Member  
TSGT ALEX T. EUDY, Member  
LTCOL SEAN P.K. KEANE, Member  
DAVID REHBEIN, Member  
CAPT ROBERT SANDERS, Member  
RICHARD A. STONE, Member  
LTCOL THEODORE WONG, Member

ALSO PRESENT

DENISE F. DAILEY, Executive Director  
THOMAS WEBB, Army Warrior Transition Command  
COL REGINA POWELL, Army Warrior Transition  
Command  
LARRY LOCK, Army Warrior Transition Command  
COL GEORGE BARIDO, Army Warrior Transition  
Command  
COL JILL FARIS, Army Warrior Transition  
Command  
COL JEAN JONES, Army Warrior Transition  
Command  
COL FRANK FRAZIER, Army Warrior Transition  
Command  
LTC JOHN YEAW, Army Warrior Transition  
Command  
COL CARL JOHNSON, Army Warrior Transition  
Command  
CAROLYN SPENCER, Decision Support Center  
NANCY WEAVER, Office of Warrior Care Policy  
BRET STEVENS, Office of Warrior Care Policy  
COL MARTHA SOPER, Office of the Secretary of  
Defense for Reserve Affairs  
MARGARITA DEVLIN, Interagency Care  
Coordination Committee  
JACK SMITH, Interagency Care Coordination  
Committee  
JOHN KUNZ, Research Director  
SUZANNE LEDERER, Deputy Research Director  
AMBER BAKEMAN, Research Team  
ASHLEIGH DAVIS, Research Team  
MATTHEW MCDONOUGH, Research Team  
ASHLEY SCHAAD, Research Team  
JOHN BOOTON, Staff  
LAKIA BROCKENBERRY, Staff  
STEPHEN LU, Staff  
DAVID C. MCKELVIN, Staff  
HEATHER JANE MOORE, Staff  
JOSEPH NAGORKA, Staff  
JOHN OTI, Staff

A-G-E-N-D-A

Administrative . . . . . 4

Welcome, Member Introductions. . . . . 4

Installation Visit After Action Review . . . .12  
(Office of Warrior Care Policy, Marine  
Forces Reserve and New Orleans Marine Corps  
Reserve Unit, Hawaii Sites)

Army Warrior Transition Command Response to  
RWTF FY13 Recommendations. . . . .37

WTU and MEB Survey Satisfaction  
Programs . . . . . 183

Office of Warrior Care Policy. . . . . 199  
Ms. Nancy Weaver and Mr. Bret Stevens

OSD(RA). . . . . 253  
Col. Martha Soper, USAF

IC3 Update . . . . . 262  
Ms. Margarita Devlin and  
Dr. Jack Smith

RWTF Review of Way Forward . . . . . 315  
Ms. Denise Dailey

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22

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

8:01 a.m.

MS. DAILEY: Good morning, ladies and gentlemen. The first time that we are going to conduct this morning will be a very brief swearing-in ceremony of our special government employees.

So I would like Ms. Crockett-Jones, Mr. Rehbein, Dr. Stone, Mr. Drach all to please step up to the podium to the screen and you will be sworn in.

(Administration of Oath)

MS. DAILEY: Thank you all. I'd like Ms. Sternberg to come up. She is our ethics lawyer. She's going to give us a brief overview of ethics and things to look out for as new members and old members. Dalheim, I'm sorry.

(Whereupon, the foregoing matter went off the record at 8:03 a.m. and went back on the record at 8:06 a.m.)

MS. DAILEY: Over to the chairs.

1           CO-CHAIR CROCKETT-JONES: Thank you,  
2           Denise. Good morning and welcome to the  
3           April 2014 business meeting. This morning I  
4           have the pleasure of welcoming four new or  
5           sort of new task force members to our team.  
6           Navy Captain Robert Sanders, Dr. Richard  
7           Stone and Marine Corps Lieutenant Colonel  
8           Theodore Wong. We congratulate you on your  
9           appointments and we're excited to have you  
10          on our team.

11                 We also have Justin Constantine back  
12          on the task force but he is not here today  
13          but will be at our next meeting.

14                 Over the next two days we will  
15          receive briefings from the services  
16          regarding our responses to our 2013  
17          recommendations as well as service-specific  
18          survey data and metrics.

19                 We will also hear from the Office of  
20          Warrior Care Policy, the Office of the  
21          Assistant Secretary of Defense for Reserve  
22          Affairs and the Interagency Care

1 Coordination Committee.

2 Before we begin I ask that the  
3 members introduce themselves. Since we have  
4 new members I ask that everyone provide an  
5 individual summary that includes your time  
6 on the task force, your contributions and  
7 new members provide some information about  
8 yourselves so that we may get to know you  
9 better.

10 Let's start with you, Mr. Drach.

11 MR. DRACH: Good morning. My name  
12 is Ron Drach. I'm currently a consultant  
13 doing consulting work but also retired from  
14 the Department of Labor after eight and a  
15 half years working as the director of  
16 government and legislative affairs.

17 Prior to that I worked for Disabled  
18 American Veterans for 28 years as their  
19 national employment director handling all  
20 employment matters, disability matters,  
21 vocational rehabilitation, homeless  
22 veterans, transitioning servicemembers.

1           In the nineteen nineties I served on  
2           the congressional commission on  
3           transitioning servicemember and veterans.

4           LTCOL WONG: Good morning, ma'am.  
5           My name is Lieutenant Colonel Ted Wong. I'm  
6           a new member to the task force. I am  
7           currently holding the billet of the subject  
8           matter expert for the Marine Corps Reserve  
9           as the liaison officer for Wounded Warrior  
10          Regiment.

11          And prior to that I was the officer  
12          in charge for the Wounded Warrior Battalion  
13          West in Twentynine Palms. I'm thankful to  
14          be here.

15          CSM DEJONG: I'm Command Sergeant  
16          Major Steve DeJong. I represent National  
17          Guard Bureau.

18          I've been in National Guard for just  
19          over 21 years and been on the task force for  
20          about three and a half years.

21          I was wounded back in 04 and again  
22          in 08, a veteran of both Afghanistan and

1 Iraq.

2 MR. REHBEIN: Good morning, my name  
3 is Dave Rehbein. I've been on the task  
4 force since its inception.

5 Spent my professional career as a  
6 research scientist in solid state physics  
7 and material science areas at Iowa State  
8 University doing work through the Department  
9 of Energy.

10 And then in a parallel life spent  
11 many hours over the years working with the  
12 American Legion and the veteran service  
13 organizations to include spending a year as  
14 their national commander.

15 CO-CHAIR MUSTION: I'm Rick Mustion  
16 and I represent the United States Army. In  
17 my regular job I'm the commanding general of  
18 the Army's Human Resources Command.

19 And in a prior life before I took  
20 this job I was also the CG of the Army's  
21 Physical Disability Agency and the director  
22 of Military Personnel Management. This is

1 my second year on the task force.

2 CO-CHAIR CROCKETT-JONES: I'm  
3 Suzanne Crockett-Jones. I'm the civilian  
4 co-chair of the task force.

5 My husband was injured in 2004,  
6 multiple gunshot wounds in an ambush in  
7 Iraq. He has multiple diagnoses. He has  
8 been through rehab. He's medically retired.  
9 He is now receiving services through the VA.  
10 So I have a holistic view of the entire  
11 process.

12 I've been on the task force since it  
13 began and right now I'm also a VA caregiver.  
14 So I'm bringing all kinds of new questions  
15 to the task force this year.

16 DR. STONE: I'm Rich Stone. I am  
17 rejoining the task force. I was here at the  
18 inception when Denise was first -- well,  
19 Denise, you were just a puppy at the time  
20 when we first started this more than three  
21 years ago.

22 I retired from the Army as the

1 Deputy Surgeon General of the Army in  
2 January and thought I would fade into  
3 oblivion. And I'm very, very pleased,  
4 however, to be back on the task force.

5 Physician by training. Career in  
6 the Army Reserve. A majority of the time,  
7 the last 13 years on active duty rather than  
8 off. But pleased to be back.

9 LTCOL KEANE: Lieutenant Colonel  
10 Sean Keane. I've been on the task force  
11 since inception. I'm an administrator by  
12 MOS. I was the Marine Corps rep up through  
13 October. I'm now the task force reserve  
14 rep. In March I just started 26 years of  
15 combined service of which almost 17 years  
16 are active duty.

17 TSGT EUDY: Technical Sergeant Alex  
18 Eudy. I'm here representing both the Air  
19 Force and Special Operations Command.  
20 Wounded Afghanistan 2009 and I currently  
21 serve in a billet at Walter Reed taking care  
22 of non-medical case management for Special

1 Operations members and their families.

2 CAPT SANDERS: Good morning, Captain  
3 Rob Sanders, Navy JAG. I'm the Navy rep. I  
4 currently serve as the director of the  
5 Institute of International Legal Studies in  
6 Newport, Rhode Island.

7 Recently returned from the Congo.  
8 Service there, service in Afghanistan 2004-  
9 2005. And I was the commanding officer of  
10 the attorneys that serve as the Physical  
11 Evaluation Board attorneys for the Navy and  
12 the Marine Corps out of Washington, D.C. and  
13 in Great Lakes and Quantico prior to my  
14 current job. And I am new to the task  
15 force.

16 CO-CHAIR MUSTION: Okay, we will now  
17 spend some time reviewing our last  
18 installation visits.

19 Since the January business meeting  
20 we've conducted visits with the Office of  
21 Warrior Care Policy in Alexandria, the  
22 Marine Corps Forces Reserve Headquarters in

1 New Orleans, and in Hawaii where we spoke  
2 with leadership and servicemembers at the  
3 Army Schofield Barracks and Tripler Army  
4 Medical Center, the Marine Corps' Kaneohe  
5 Bay, the Navy's Joint Base Pearl Harbor-  
6 Hickam and the Veterans Affairs Medical  
7 Center.

8 Focus groups were conducted only at  
9 the Hawaii installations. Please turn to  
10 Tab B in your binders to find a list of the  
11 site visits and their respective attendees.

12 And let's begin the discussion at  
13 the visit at the Warrior Care Policy  
14 Headquarters. So I'd ask any of the members  
15 that went to that site visit to kind of  
16 summarize what you did and also bring up any  
17 issues or concerns.

18 CO-CHAIR CROCKETT-JONES: Well, we  
19 are hearing from the Office of Warrior Care  
20 Policy today and I'm hoping that they can  
21 update us on the study that they had  
22 indicated they would do on the

1 administrative costs of the TDRL process.

2 We had -- it was a good discussion  
3 with a lot of topics but that was my  
4 specific interest.

5 Mr. Rehbein, did you have any notes  
6 from that that you want to share with us?

7 MR. REHBEIN: Yes, that was some  
8 time ago.

9 There were a fair number of -- and I  
10 don't know how high-level -- things that  
11 were mentioned as possible improvements. If  
12 I'm remembering my notes correctly, that  
13 they were in the process of a leadership  
14 reorganization. And so like you I hope we  
15 hear a little bit more about that and how  
16 that's working out for them.

17 That reorganization was more along  
18 the lines into a division between a policy  
19 section and an operations section.

20 Other than that the IDES, they  
21 talked some about surveys. Thirty percent  
22 participation. That's kind of a low number.

1 I wish they could do a better job of  
2 reaching out and hearing back from more of  
3 the folks that are going through that  
4 process. Thirty percent is probably a  
5 significant number to draw conclusions from  
6 but the more the better.

7 And we talked a little bit about  
8 NRD. And I'm not going to go any farther  
9 with that.

10 CO-CHAIR CROCKETT-JONES: Another  
11 topic that was fun. Alex, do you want to  
12 bring anything to us?

13 TSGT EUDY: Regarding that statement  
14 we had discussed how it's such a small group  
15 of people that support the NRD and the  
16 capability that it provides for reaching out  
17 to resources that are already vested and  
18 that we know about.

19 The RCCs we discussed non-medical  
20 case managers across the services to be able  
21 to pour back the most updated knowledge into  
22 that to kind of help that process along.

1           And also the interaction of the  
2 services with the office itself. We  
3 discussed having uniform members there with  
4 their office instead of having to constantly  
5 reach back into the organizations and with  
6 changes of command and different personnel  
7 to ensure some continuity. Especially as a  
8 lot of policy continues to change for the  
9 services themselves along with the drawdown.

10           MR. REHBEIN: If I may, one more  
11 thing as I look a little deeper into my  
12 notes.

13           We continue the discussion with them  
14 that we've had in many, many other places  
15 and that's who is in control of supplying  
16 information to the family and getting  
17 information back from the family.

18           We've had that conversation with the  
19 services. We've seen differences in the  
20 services. And we had that conversation with  
21 the folks there in that office as a need to  
22 standardize that, to take the best of what's

1 going on out there in the services and  
2 spread that across all of the services.

3 CO-CHAIR CROCKETT-JONES: I think  
4 that we all were a little concerned that  
5 with the lack of uniform personnel contact  
6 and less sort of a permanent method of  
7 discussion that their ability to make  
8 policies uniform was going to be decreased,  
9 that they need a more direct back and forth.

10 I think that some of us had the  
11 assumption that they were sort of more  
12 tasked with bringing standardization and  
13 uniformity. And that was not necessarily  
14 the impression that we got after we'd been  
15 there, that that was -- that they didn't see  
16 that as part of their -- a driving task.

17 I know that we had some concerns.  
18 And I'm sure we'll continue this sort of in  
19 a lively way when they are briefing us. So  
20 we might want to move onto --

21 DR. STONE: Before you do that,  
22 Suzanne, what were their big initiatives?

1 So as they go through this transition in  
2 some of their personnel what were the big  
3 initiatives of the Warrior Care Policy  
4 Office?

5 MS. DAILEY: Ma'am, I'm happy to  
6 pick that one up. So they are bringing  
7 together the family piece. They were  
8 receptive to a possible family DoDI.

9 They are looking at and will do a  
10 business study, a business case study of the  
11 TDRL. It is looking at its cost-  
12 effectiveness. And that is in response to -  
13 - I'd say it's in response to our  
14 recommendation but broadly speaking there's  
15 been a lot of questions about the value  
16 added of the TDRL. So they are going to be  
17 addressing that.

18 They have changed their survey. And  
19 we'll get briefed on that also.

20 Those are the three tops that I can  
21 think of that they talked to us about.

22 CO-CHAIR CROCKETT-JONES: Okay, so

1 are we ready to discuss the New Orleans  
2 Marine?

3 MR. DRACH: I'm sorry, a few  
4 comments on the OWCP meeting.

5 One of the things that they gave us  
6 and they had produced was a caregiver  
7 resource directory which I found to be very  
8 interesting and we have hard copies of it.  
9 I'm not sure if it's online or not.

10 The other thing that I was  
11 particularly interested in that they've  
12 placed 6,200 transitioning wounded  
13 servicemembers into internships and  
14 educational programs which I think is very  
15 beneficial toward their overall transition.

16 They're also up to 452 RCCs and they  
17 started out with only 31 so that program has  
18 grown pretty significantly. And they've  
19 also established uniform standards for the  
20 RCCs.

21 They also issued a DoDI for uniform  
22 training for the RCCs at over 200 locations.

1 Thank you.

2 CO-CHAIR CROCKETT-JONES: Yes, and  
3 that was actually another topic where there  
4 was some lack of consistency. Because their  
5 standards for RCCs are not met by Army  
6 policy when I look at it. So nailing that  
7 down and trying to understand how Warrior  
8 Care Policy Office regarding RCC standards  
9 and the Army's structure for transition  
10 units, how those two can be brought more  
11 into line.

12 Are we ready for New Orleans now?  
13 Sean, did you want to jump in on the Marine  
14 Forces Reserve?

15 LTCOL KEANE: I have some notes for  
16 the Hawaii visit. I left my iPad upstairs  
17 charging. It died. I don't recall the  
18 notes for Louisiana.

19 CO-CHAIR CROCKETT-JONES: Okay,  
20 we're good. Then Mr. Rehbein?

21 MR. REHBEIN: The one thing that  
22 comes to mind and is reinforced out of my

1 notes. They talked about how valuable it  
2 had been to have a force surgeon full-time  
3 down there, and that that was coming to an  
4 end. And they really, really hoped that  
5 they could go back to that at some point in  
6 the future.

7 Evidently the full-time force  
8 surgeon would be leaving my notes say end of  
9 FY 14. I don't know if that -- they also  
10 say April. So I don't know the exact date.  
11 But it would become a drilling reservist  
12 after that.

13 And so that person would have much  
14 less time to really have an impact. I have  
15 that note down at the end of behavioral  
16 health area. So evidently there was some  
17 strong impact down there of having that  
18 full-time force surgeon in that area which  
19 as we all know is a very important area.  
20 It's hard to find care.

21 CO-CHAIR CROCKETT-JONES: Mr. Drach,  
22 did you have anything you wanted to share

1 with us about --

2 MR. DRACH: I'm sorry, I was just  
3 looking for my notes right now. I guess the  
4 other thing that I took away from that is a  
5 distinct impression, and I don't know that  
6 it was ever actually said, but a distinct  
7 impression that Wounded Warrior Regiment.  
8 You could just feel the inclusion of all of  
9 the Marines whether they were active duty,  
10 Reserves, whatever their status was, that  
11 the Marine Corps was going to keep their  
12 eyes on them.

13 There was a real emphasis seemed to  
14 be being placed on if you were a wounded,  
15 ill, or injured Reservist it didn't matter  
16 that you were a Reservist and not active  
17 duty. And in fact, it almost felt like they  
18 were going to continue contact with a lot of  
19 those folks and make sure they kept eyes on  
20 them even after they'd left the uniform.

21 I'm not saying that very well. It's  
22 an impression that I gained much more than

1 anything specific anybody said.

2 MR. REHBEIN: They also said that  
3 they recognized that gaining and maintaining  
4 contact with the families is very critical.

5 CO-CHAIR CROCKETT-JONES: They were  
6 struggling just like everyone else at  
7 finding a successful method for  
8 communicating with families.

9 I think that the Reserve component  
10 seems to have a slightly higher obstacle to  
11 getting, keeping, maintaining good  
12 communication with families because of  
13 geographical issues.

14 But also because of sort of cultural  
15 habit. Families are not functioning within  
16 a post atmosphere by and large. So we're  
17 going to see that. This is recurring in  
18 every installation visit we've had this year  
19 is that they're all making efforts but all  
20 struggling on this particular topic.

21 TSGT EUDY: Something, Suzanne, to  
22 bring back up from the Warrior Care Policy.

1       Because we had discussed family contact and  
2       the issue of HIPAA was brought up again.

3               However, in discussion we talked  
4       about how as a servicemember I'm required to  
5       have a family care plan in order to deploy.  
6       I should also have that same type of option  
7       where my commander needs to know what's  
8       going on with my family members in the same  
9       manner. Why not have the same option for  
10      that so that commanders can contact in the  
11      same manner.

12              CO-CHAIR CROCKETT-JONES: Yes, I  
13      think that that would -- if we find a way to  
14      preempt a HIPAA obstacle it would be a great  
15      idea.

16              MR. DRACH: I'm not sure if this was  
17      said, or if this was just an observation on  
18      my part, but my notes indicate that once  
19      they are on -- the Marine Reserves are on  
20      TDRL they seem to fall off the radar of the  
21      Reserves.

22              And if the Marine ultimately gets a

1 VA rating they don't know what that rating  
2 is. And our CCs are provided primarily for  
3 the wounded, ill and injured reservists that  
4 are going through IDES but not necessarily  
5 for those who are not going through IDES.

6 CO-CHAIR CROCKETT-JONES: Denise, is  
7 there anything else you want to remind us  
8 from New Orleans?

9 MS. DAILEY: I think Mr. Rehbein's  
10 thread was key. We talked to the Marine  
11 Wounded Warrior Regiment Headquarters in the  
12 fall and they have a Reserve cell, Reserve  
13 medical cell. And they've put Lieutenant  
14 Colonel Wong down at the Reserve  
15 Headquarters.

16 And it gives the Wounded Warrior  
17 Regiment and it gives the Marine Corps a  
18 very good handle on every wounded, ill and  
19 injured individual in the Corps.

20 And they're all getting funneled  
21 through the Wounded Warrior Regiment. And  
22 the Wounded Warrior Regiment is managing --

1 portfolio managing the IDES. So between the  
2 liaisons at the Reserve and the Reserve  
3 component cell at the Wounded Warrior  
4 Regiment there is a very cohesive management  
5 of the active and reserve wounded, ill, or  
6 injured Marine.

7 CO-CHAIR CROCKETT-JONES: If  
8 everyone is comfortable we'll move onto  
9 Hawaii. Is there anyone who wants to jump  
10 in about Hawaii visits? Sean, do you want  
11 to start us off? Or go ahead, Steve.

12 CSM DEJONG: One of the biggest  
13 takeaways that I got was everybody's doing -  
14 - all the services are doing a great job on  
15 their own, but being what I consider kind of  
16 a remote location it was very stovepiped. I  
17 distinctly remember talking with the Marine  
18 Corps about some of the benefits that they  
19 were looking for but that the Army had and  
20 vice versa with the Navy.

21 So, one of the biggest takeaways is  
22 I remember everybody doing well in their own

1 way but I think if they would collaborate a  
2 little bit more between the services with  
3 resources that they have they could provide  
4 a better level of care across all services  
5 being such a remote location.

6 CO-CHAIR CROCKETT-JONES: Yes, that  
7 was my overriding sort of impression as  
8 well, that with this concept of the emerging  
9 health agency site that there would be a lot  
10 more covering and resource sharing that  
11 doesn't seem to be happening yet.

12 And it certainly, they are remote,  
13 they have a lot of those same remote issues  
14 that we've seen in other locations that are  
15 like Twentynine Palms when we were there.

16 And even -- I was a little  
17 disappointed at their ability to coordinate  
18 with the VA. We've seen other locations  
19 where there's a lot more merging in resource  
20 and an understanding of -- especially they  
21 seemed really challenged with psychological  
22 health provision and they're not using --

1 none of the services were using the VA as a  
2 good resource for that as well.

3 Sean, did you have some notes you  
4 wanted to?

5 LTCOL KEANE: I did want to add  
6 early on day one when we met with the Air  
7 Force Reserve I think I'm very impressed  
8 with the Air Force, with their program. In  
9 the visits I've been in down in San Antonio  
10 I'm not always impressed with what was going  
11 on in the Air Force.

12 But I was not only with the program  
13 they have with the Reserve, the challenges  
14 they have being remote with the different  
15 Pacific Islands, but in their preparation  
16 and execution of the briefs and answering  
17 questions that they had for us.

18 CO-CHAIR CROCKETT-JONES: I did also  
19 have notes that because they have a lot of  
20 Guard members in recovery there from all the  
21 services, especially from remote locations  
22 like Guam and American Samoa, that they had

1 a serious LOD problem.

2 And that a standard process across  
3 the services, especially since they get  
4 moved to Hawaii for care. They're remotely  
5 located from their support system. And then  
6 resources are still difficult for them to  
7 acquire. They might be going to other  
8 services or the VA for care. They should be  
9 since the resources are so difficult.

10 But because there are these multiple  
11 processes in the services for LOD that those  
12 kinds of service requirements, provision  
13 requirements were falling through the cracks  
14 a lot in Hawaii.

15 And so I think, you know, this is  
16 more evidence that the LOD process has to be  
17 more obvious, digitized across the board. I  
18 mean, some services have but not all. And I  
19 have notes about that.

20 There was also an issue with  
21 transfers to home of record from Hawaii,  
22 that they're not timely because they can't

1 happen until a NARSUM is written, or once  
2 the NARSUM is written they -- I was not  
3 clear. I got different answers on what the  
4 issue was. But more than one service talked  
5 about how getting their servicemembers  
6 transferred to their home of record for  
7 finishing an IDES when it was clear that  
8 they were leaving service was not an easy  
9 process.

10 And also, even though -- most of the  
11 OCONUS places that we have gone have been  
12 tackling their CIF, the issues, the turning  
13 in gear for wounded servicemembers, that for  
14 some reason this came up again in Hawaii.  
15 I'm not exactly sure why. Maybe it's  
16 because they are remote and by the time they  
17 get back to Hawaii to units this is a  
18 difficult thing. I was not clear on why.  
19 It was more of an issue there than we've  
20 seen in awhile.

21 DR. STONE: So, the Hawaiian market  
22 is an enhanced medical service market under

1 DEPSECDEF designation which was an attempt  
2 to unify the medical care delivery systems  
3 and to provide efficiencies.

4           There's nothing in the DEPSECDEF  
5 memos that extends that into the disability  
6 system. And one of the opportunities we  
7 have to identify, and I'm saying this  
8 because I'll forget by the time we write our  
9 recommendations, is that we could recommend  
10 that in these enhanced market service areas  
11 that are combining medical operations, that  
12 this extend into the disability system and  
13 the disability processes which would break  
14 those silos.

15           LTCOL KEANE: The other bullet I had  
16 for Hawaii was the issue with the National  
17 Guard soldiers and the Hero Miles concern.

18           And for those of you who don't know,  
19 Hero Miles is the Fisher Foundation project  
20 that takes people's donated frequent flyer  
21 miles and allows caregivers to be at the  
22 bedside of their wounded, ill, or injured

1       servicemember.  Managed by the VA.  The VA  
2       does the number-crunching and tracking of  
3       the Hero Miles for the Fisher Foundation.

4               And at one time I guess American  
5       Airlines was the sole -- Hawaiian Airlines  
6       through a contract with American Airlines  
7       because they are partner airlines allowed  
8       frequent flyer miles, Hero Miles, to be used  
9       for servicemember's caregivers.

10              And I guess going back 13 months now  
11       it changed, it stopped.  They no longer  
12       allowed that.

13              I had a follow-up discussion with  
14       the VA regarding this with Ms. Taylor who is  
15       the GS-15 who runs the caregiver program  
16       along with -- and the portfolio, the Hero  
17       Miles portfolio.

18              And some interesting aspects of the  
19       Hero Miles.  Most of the airlines nowadays  
20       allow carryover of miles.  So you're not  
21       getting the donations that you might get  
22       with the frequent flyer who may have flown

1 5,000 miles may have donated those in the  
2 past. Well, now they're keeping them  
3 because they can bank them. That's one of  
4 the biggest things.

5 The other thing obviously is the  
6 amount of miles that are expended in the  
7 Pacific. Because of the vast miles going to  
8 and from Guam and such back to OCONUS and  
9 Hawaii it burns up a lot of miles.

10 So Hero Miles both from the  
11 foundation's perspective and from the VA,  
12 they've tweaked the amount of trips that  
13 they're going to allow.

14 And depending upon if you bring two  
15 of your children that's one benefit you'll  
16 get. You'll get one visit a year. If  
17 you're just going as the caregiver you'll  
18 get two visits a year. So several limiting  
19 factors on what's going on with the Hero  
20 Miles.

21 But I guess the good news is one of  
22 the Hawaiian airlines is now going to

1 resume. And again, I don't have my notes.  
2 I believe it was Guam. I put the  
3 appointment paper together. They are now  
4 going to -- I don't even want to go on the  
5 record and say if it was Guam because I  
6 don't want to misspeak, but they're going to  
7 allow one of the two islands where they  
8 hadn't allowed Hero Miles to be used.

9 Still in discussion about allowing  
10 the other island for the National Guard  
11 members, their caregivers to go back from  
12 their Pacific Island to Hawaii.

13 And the other issue that we brought  
14 up with the VA was advertising the Hero  
15 Miles more. I mean, I go on American  
16 Airlines and other airlines. I don't see a  
17 little blurb about that. So the VA is  
18 working directly with the Fisher Foundation  
19 to see if do they want to do that. Do they  
20 want to promote the Hero Miles donation  
21 more. That's kind of a side note.

22 But the ending point, I guess the

1 recommendation was for those servicemembers,  
2 and I thought there was about 31 of them  
3 that were in this scenario, the best  
4 recommendation they can do because the  
5 federal government can't make another, an  
6 airline change their rules would be to have  
7 those wounded, ill, or injured family  
8 members of soldiers to contact Hawaiian  
9 Airlines directly and kind of plead their  
10 case. That would be the best scenario for  
11 possibly making changes.

12 CO-CHAIR CROCKETT-JONES: Because  
13 people are donating less miles I'm wondering  
14 if they can advertise more to get money.  
15 People might be more willing to donate just  
16 funds.

17 And the other thing is they give --  
18 every time they bump people they give free  
19 flights. Sometimes not just a new flight,  
20 but they'll give a voucher for a free  
21 flight. Can they advertise that they can  
22 donate that as well?

1           I mean, I just would think that they  
2 might be able to find some new methods of  
3 donation.

4           Because this is a seriously  
5 important -- these folks are already -- the  
6 remoteness is a significant issue. They all  
7 talk about how being displaced from home.  
8 There's huge cultural divides between even  
9 Hawaii and Guam, Hawaii and American Samoa.

10           This is not a small thing for the  
11 servicemembers and their families as far as  
12 an experiential and recovery issue goes. So  
13 I would hope that that -- somebody could be  
14 creatively looking to improve that  
15 situation.

16           LTCOL KEANE: That is a sticky  
17 situation. And being at the VA for three  
18 years it's my interpretation, not through  
19 any direct discussions that I had, but the  
20 Fisher Foundation is an amazing foundation.  
21 Millions and millions of dollars and the  
22 amount of things that they have provided to

1 our wounded, ill and injured.

2           However, again, Keane's  
3 interpretation is they don't like to be told  
4 how to do their business. So that's kind of  
5 a sticky wicket that you have to work  
6 around. And I'm glad I'm not there anymore.  
7 I don't have to worry about that.

8           CO-CHAIR CROCKETT-JONES: Is there  
9 anything that we have left out in our  
10 discussion of Hawaii? Denise, anything you  
11 want us to cover?

12           MS. DAILEY: No, I have nothing to  
13 add.

14           CO-CHAIR CROCKETT-JONES: Well, we  
15 are well ahead of schedule so if there's any  
16 questions regarding -- from members who were  
17 not here or from new members we have time  
18 for that.

19           And also we can take a 15-minute  
20 break and get some coffee. Sound good? Be  
21 back in 15 minutes.

22           (Whereupon, the foregoing matter

1 went off the record at 8:40 a.m. and went  
2 back on the record at 9:14 a.m.)

3 MR. WEBB: Hey, everyone. I see a  
4 lot of familiar faces out there which is  
5 always a good thing in these types of  
6 forums. Ms. Crockett-Jones, Major General  
7 Mustion, thanks for the opportunity to allow  
8 us to spend some time with you and tell you  
9 a little bit about our program.

10 I brought several of my SMEs from  
11 the WTC as well as from other Army agencies.  
12 But first I would like to introduce at least  
13 one of our distinguished folks in the  
14 audience. Mr. Tony Stamilio currently  
15 serves as a Deputy Assistant Secretary to  
16 the Army of Manpower and Reserve Affairs.  
17 Sir, thanks for coming today. Appreciate  
18 it.

19 And Brigadier General Van Coots  
20 serves as the Deputy Commanding General for  
21 support and the Assistant Surgeon General  
22 for Force Projection as well as my current

1 boss. And we expect him later on during the  
2 presentation.

3 On the panel to my right I have  
4 distinguished SMEs who will address your  
5 focus questions that you asked us to cover  
6 and we'll cover those after opening  
7 comments. Next slide.

8 CO-CHAIR CROCKETT-JONES: Before you  
9 get into your brief I just want to point out  
10 to the membership that this -- we have  
11 information under Tab C on our binders.

12 And for those of who have our  
13 recommendations lists in front of you 513,  
14 15, 16, 18, 19, 20 and 21 in our 2013  
15 recommendations. Please, proceed.

16 MR. WEBB: This is the agenda we'll  
17 use for the Army's portion. Next slide.

18 My name is Tom Webb and I serve as  
19 the Deputy Commanding General for the  
20 Warrior Transition Command. Previous to  
21 this assignment I had the honor of serving  
22 the uniform for 25 years. And now I'm

1 fortunate to have the best job in the Army  
2 serving on a team responsible for assisting  
3 our wounded, ill and injured soldiers and  
4 families and veterans. Many of those  
5 soldiers and families who will transition to  
6 veterans status.

7 I'm glad to be here to talk with you  
8 about the warrior care and transition  
9 program along with my team to provide you a  
10 snapshot of where we are today.

11 This is our fourth time presenting  
12 to the task force. This past year has been  
13 a busy one. I'm excited to share with you  
14 many of our accomplishments.

15 Our mission as the Army's proponent  
16 for warrior care and transition we provide  
17 centralized oversight, guidance and advocacy  
18 empowering wounded, ill and injured  
19 soldiers, veterans and families to a  
20 comprehensive transition plan for successful  
21 reintegration back into the force or into  
22 the community with dignity, respect and

1 self-determination.

2 The Warrior Transition Command  
3 ensures execution of both the Warrior Care  
4 Program as well as the Army Wounded Warrior  
5 Program, the directorate that cares for our  
6 most catastrophically injured soldiers. In  
7 fact, this month we are celebrating the  
8 tenth anniversary of the inception of AW2.

9 On a daily basis the WTC coordinates  
10 with our higher headquarters, the U.S. Army  
11 Medical Command as well as Headquarters DA,  
12 Congress and other services and departments  
13 here in the D.C. area to deliver the best  
14 warrior care we are able.

15 Administering the comprehensive  
16 transition plan while assisting soldiers,  
17 veterans and families with career and  
18 educational opportunities.

19 The presentation today will occur in  
20 three parts. First, I will cover several  
21 highlights of our program unveiled over the  
22 last 12 months since our last meeting to

1 include a deep dive on our current unit  
2 activations and establishment of community  
3 care units.

4 Second, I will be followed by SMEs  
5 who will address each of your focus  
6 questions.

7 And lastly, we will cover the Army's  
8 Warrior Transition Command survey program.

9 Next slide?

10 One of the first areas I'd like to  
11 cover is our new website. And we call this  
12 virtual proponency. And if you remember  
13 back to our mission we are the Army's  
14 proponent for warrior care.

15 Earlier this year we introduced this  
16 website. We are excited about the website  
17 because it will allow us to better  
18 communicate what our soldiers, families,  
19 caregivers, cadre and veterans.

20 While virtual proponency? The best  
21 way to describe it is to liken this to the  
22 Army Safety Center at Fort Rucker or the

1 maneuver center at Fort Benning. While  
2 these organizations provide guidance on  
3 aviation, infantry and armor formation's  
4 training, equipment and et cetera, they  
5 don't actually own any of the units.

6 The same paradigm to the Warrior  
7 Transition Command. My commander, or my  
8 previous commander, we are in the interim  
9 right now, serves as both the CG for the  
10 wire transition command as well as the  
11 Surgeon General's Assistant Surgeon General  
12 for Warrior Care.

13 It has been said that he is the  
14 belly button for all things warrior care in  
15 the Army.

16 But our WTUs and CBWTUs absolutely  
17 belong to our medical command. They are  
18 embedded within our regional medical  
19 commands under geographically located  
20 medical treatment facilities.

21 To communicate the how-to of warrior  
22 care we use a variety of methods, this

1 website being one. We conducted an in-depth  
2 research to ID better ways to address the  
3 online needs of soldiers and families,  
4 caregivers and cadre.

5 We're covering transition experts  
6 from the WTC, collaborated with WTUs and  
7 SMEs within the medical command and  
8 headquarters DA to package detailed  
9 information on topics that impact our  
10 soldiers.

11 Note the buttons on the top of the  
12 screen. Soldier. Family. Caregivers.  
13 Advocates. Veterans. Support network and  
14 employee resources.

15 This site is far from being fully  
16 populated having only been unveiled in  
17 January, but already contains information on  
18 a variety of subjects including IDES, doctor  
19 reconditioning, internships, career  
20 planning, transfer and exit criteria, paying  
21 benefits as well as non-medical attendants.

22 We have a social media component of

1 the website which you see on the right side  
2 which is monitored daily including weekends  
3 in order to provide feedback to individual  
4 questions. We encourage you to visit the  
5 site in order to provide us any feedback we  
6 have as we continue to populate it and make  
7 it more useful for our population.

8 Our technicians have provided us  
9 some pretty encouraging feedback to date.  
10 For instance, average page views increased  
11 by more than 51 percent since January of  
12 2013. Additionally, visitors are looking at  
13 more pages. The number of views has  
14 increased substantially. Total views saw an  
15 increase of 89 percent since January 2013  
16 and 35 percent since November of 2013. Next  
17 slide, please.

18 Now what I'd like to do is cover  
19 several highlights that again have  
20 transpired since the last time we talked to  
21 you last year.

22 The first is the release of our WCTP

1 Soldier and Leader Guide. In conjunction  
2 with the release of the previously mentioned  
3 website we're excited about the draft  
4 release of our leader guide. The document  
5 incorporates our comprehensive transition  
6 plan policy guidance and so much more.

7 During site visits our commander  
8 returned to home station with plenty of  
9 observations. A prevailing comment was that  
10 leaders in our formations continue to  
11 operate in a gray area.

12 We foresee this document as a means  
13 of providing common understanding of  
14 processes and procedures that facilitate  
15 commonality for soldiers, recovery and  
16 transition. It was developed from a myriad  
17 of sources including battlefield circulation  
18 and our organizational inspection program as  
19 well as quite honestly feedback from your  
20 team.

21 It provides answers to frequently  
22 asked questions and provides resources on

1 where you can find more details.

2 The sister document to this  
3 publication is an Army regulation which is  
4 currently being staffed by Army Publishing  
5 Directorate and we're hoping to issue it  
6 later this year.

7 Once that document is approved we  
8 hope to work towards a more formal  
9 publication of this document, making it the  
10 first approved doctoral document, either an  
11 FM or an Army Techniques, Tactics and  
12 Procedures book associated with warrior  
13 care.

14 And again, this document right here,  
15 it is thick and it's thick because there's a  
16 lot of information in there. And much like  
17 a lot of the field manuals that several of  
18 you grew up or ATTPs this is our first stab  
19 at creating this document for the folks out  
20 in the field.

21 The next subject I'd like to cover  
22 is entry/exit criteria. Criteria for entry

1 into the -- and exit from WTU related out in  
2 FRAGOs 3 and 4 as I'm sure you know as well  
3 as in the consolidated guidance. Extracting  
4 information required poring over large  
5 documents. Additionally, terminology used  
6 to describe criteria varied from one  
7 document to the next.

8           Some terms were not well defined.  
9 For example, definitive care. And rules for  
10 Reserve component soldiers while grounded in  
11 law were not clearly stated in the old  
12 policy, sometimes leading to confusion.

13           Warrior Care and Transition Policy  
14 Memo 13-006 entry and exit criteria did not  
15 change existing policy, but rather gathered  
16 in one place and clarified some of the vague  
17 terms and applied tasks.

18           The specific entry and exit criteria  
19 for active component and Reserve components  
20 as well as disqualifying criteria and select  
21 special situations are all present in this  
22 document.

1           The next category selection, several  
2           great advancements here developed in  
3           conjunction with actually Major General  
4           Mustion's team. A few of them, WTU and  
5           CBWTU commanders will review candidate  
6           records to ensure that best qualified  
7           soldiers are selected.

8           Soldiers identified for cadre  
9           positions but display a strong manner of  
10          performance, strong potential for promotion  
11          and have completed all required NCOES and  
12          OES -- that's the Non-Commissioned Officer  
13          Education System and Officer Education  
14          System level training for their grade.

15          Soldiers must not have any reports  
16          of unfavorable information within the past  
17          12 months. And cadre assignment link is  
18          established at two years to avoid cadre  
19          strain. They may request a 12-month  
20          extension to keep them in place for three  
21          years.

22          And finally, to maintain cadre's

1 stability commanders must obtain approval  
2 from the first O6 or colonel in their chain  
3 of command to move cadres short of 24  
4 months.

5 The next issue is centralized  
6 selection list. Again, in conjunction with  
7 General Mustion's team in August 2013 we  
8 received concurrence to add two WTU brigade  
9 command positions to the colonel CSL list  
10 and six WTU battalion command positions to  
11 the battalion list.

12 HRC will begin filling these  
13 positions in summer 2014 and a similar  
14 process is being used to select command  
15 sergeants majors as well as some Reserve  
16 component commander positions.

17 The next item is transition  
18 coordinators. Received authorization to add  
19 52 transition coordinators, filling these  
20 positions down to each company. Ratios will  
21 go from approximately 1 to 300 down to a  
22 maximum of 1 to 100 soldiers.

1           Company transition coordinators will  
2           serve as a technical expert to the company  
3           commander to collect, evaluate and analyze  
4           career and education readiness data to  
5           assure all eligible soldiers are  
6           participating in an activity aligned with  
7           their CPT track and career goals.

8           Finally, transition coordinators  
9           will refer soldiers to Army ACAP and VA VR&E  
10          counselors to track both status and  
11          completion.

12          Next, our non-medical attendant  
13          policy. The WTC produced a policy that  
14          enabled units to provide increased  
15          assistance and care for our non-medical  
16          attendants.

17          The program has several facets  
18          including one. Assigning an NMA coordinator  
19          at the unit level to ensure continuous  
20          interaction with NMAs.

21          Two, requiring units to provide  
22          training to NMAs including orientations to

1 facilities, units, IDES, the soldier family  
2 assistance center and the installations.

3 Three, providing care for the  
4 caregiver training which complements the VA  
5 program but also focuses on NMA's immediate  
6 needs.

7 And four, setting the conditions for  
8 which our units can meet the expectations of  
9 our non-medical attendants.

10 Adaptive reconditioning. Of course  
11 this is much more than simply Warrior Games  
12 but does constitute a pretty significant  
13 part of the aspirational aspect.

14 With assistance provided through  
15 OSD, warrior care and policy we recently  
16 added 25 adaptive reconditioning site  
17 coordinators to our program. These folks  
18 organize a myriad of activities that  
19 optimize a soldier's well-being in the  
20 system, returning him to active, productive  
21 lifestyles.

22 Activities include therapeutic

1 activities, determined by the OTs and PTs.  
2 Leisure activities normally recommended by  
3 the soldiers and competition activities such  
4 as those represented in the Warrior Games  
5 and the Paralympics.

6 Of note we recently had eight Army  
7 Strong athletes competing in Sochi. Six of  
8 them at one time may come through the  
9 Warrior Care and transition program.

10 We assisted the Army marksmanship  
11 unit with the establishment of a competition  
12 Paralympic team, all COAD soldiers, many of  
13 whom have already competed in the  
14 Paralympics and many of whom are looking  
15 forward to Rio.

16 And we will have one soldier from  
17 our program, now a veteran running on  
18 prosthetics next week in Boston.

19 Again, just the tip of the iceberg  
20 and testimony of the power of these  
21 activities to assist in overcoming life-  
22 changing challenges.

1           And I'm sure you've heard about  
2           this, the Interagency Care Coordination  
3           Committee. We've been active participants  
4           in the committee since its inception as a  
5           task force back in May of 2012. We played a  
6           critical role in the development of the  
7           team's Interagency Comprehensive Plan and  
8           continue to be active participants in the  
9           community of practice.

10           Most recently we continue to  
11           participate in the lead coordinator  
12           initiative here in the National Capital  
13           Region. While we have trainer advocates  
14           nationwide, our active participation is  
15           currently limited to nine AW2 advocates from  
16           the NCR currently working within the lead  
17           coordinator construct for 157 of our  
18           soldiers currently assigned at Walter Reed  
19           and Belvoir.

20           We see great promise in the  
21           initiative and creating a seamless  
22           transition for our soldiers who will

1 transfer to the VA, but patiently wait for  
2 policy guidance which is currently being  
3 developed.

4 Lastly, our OIP, great tactical  
5 improvements over the last year to include  
6 new inspection areas as comprehensive  
7 soldier family fitness, IDES and training  
8 initiatives as well as work with DFAS to  
9 incorporate financial assessments in the  
10 inspection program in 2014.

11 Compliance rates have steadily  
12 increased from 74 percent in 2012 to 76 in  
13 2013 and we're looking forward to a goal of  
14 95 percent in 2014.

15 Lastly, force structure changes  
16 which I will cover in detail with you in  
17 just a moment in ensuing slides. Next  
18 slide, please.

19 Our long-range vision. We have  
20 experienced a period which includes 17  
21 months of diminishing population. We  
22 continue to work with Army-approved

1 predictive models as well as the Center for  
2 Army Analysis to determine what the future  
3 population will entail.

4 We anticipate being about 5,500 by  
5 the beginning of FY 15, October of 14.

6 Each year we conduct at least one  
7 strategic posture review to recommend right-  
8 sizing proposals as well as new  
9 capabilities. We do see this as an enduring  
10 requirement, a continued sacred obligation  
11 to care for our soldiers, families and  
12 veterans. I will talk more about the  
13 results of our most strategic posture review  
14 in the upcoming slides.

15 And for the record, correction, that  
16 5,500 number is at the end of FY 15, not  
17 the beginning.

18 DR. STONE: So Tom, would you stop  
19 for just a minute?

20 MR. WEBB: Sure, sir.

21 DR. STONE: You've got 27,000 people  
22 in your IDES system but yet you've got a

1       diminishing retrospective look at this.

2               MR. WEBB:  Yes, sir.

3               DR. STONE:  So we go back to 10.  
4       You've talked about your long-range view is  
5       5,500 within the command.

6               MR. WEBB:  Yes, sir.

7               DR. STONE:  How does that compare to  
8       the overarching 27,000?  Is this reduction  
9       in population simply a tightening of the  
10      entrance criteria?  Or is this a true change  
11      in the acuity of the population?

12              MR. WEBB:  It's the latter, sir.  In  
13      fact, our entry/exit criteria has remained  
14      consistent for several years now.  And just  
15      because of the decrease in op tempo in the  
16      respective theater, sir, is what we foresee  
17      as again the reason for the decline in the  
18      population.

19              DR. STONE:  So you've got about 26  
20      to 28 percent of your force of your 27,000  
21      in direct management.  The rest are in  
22      distributed management through the line.

1           Two or three years ago we saw very  
2           significant problems within the Marine Corps  
3           at one of our visits. They have worked very  
4           hard and made tremendous progress really  
5           sort of bringing into more active  
6           management.

7           When I take your website slide and  
8           this slide how do we not assume that your  
9           intention is to indirectly manage this very  
10          complex population?

11          MR. WEBB: Sir, when you say  
12          indirectly manage, do you speak to the --

13          DR. STONE: So you've got 27,000  
14          individuals, a huge number, that you're  
15          going to manage at least 20,000 of them in a  
16          remote manner. How can we be assured that  
17          you won't have the same problem other  
18          services had or return to where we were 10  
19          years ago where we were in so much trouble  
20          that we needed to get this type of command  
21          to more actively manage the complexity?  
22          What's the safety net?

1           MR. WEBB: I might have heard you  
2 wrong, but I think you said about 20,000 in  
3 a remote capacity. It is not our intent to  
4 bring the entirety of the IDES population  
5 into the program. Again, that 5,500 will --

6           DR. STONE: I got that part.

7           MR. WEBB: Right.

8           DR. STONE: Okay? But you are the  
9 Army's advocate for all of those 27,000.

10          MR. WEBB: Sure, sir.

11          DR. STONE: I know of no other great  
12 advocate for those 27,000. If 20,000 are  
13 still with the line how do you reach them  
14 effectively and manage them effectively?

15          MR. WEBB: Sure. Great question,  
16 sir. We do have an Army G1 rep here today.  
17 You know, sir, we've certainly given that  
18 thought. Haven't put anything down on paper  
19 just yet. As I indicated we do conduct  
20 reviews every year. But no definitive  
21 movement towards the command kind of  
22 assuming any type of control over the IDES

1 population that is not formally in the  
2 program.

3 Colonel Jones, did you have  
4 something?

5 COL JONES: One of the things that  
6 AMEDD has done is we have nurse case  
7 managers that are assigned to our solder  
8 medical home.

9 Those nurse case managers are  
10 actively engaged in soldiers that are  
11 involved in the IDES process. And so they  
12 are tracking them to ensure that they move  
13 through the system instead of in rolling  
14 them -- because most of those soldiers --

15 DR. STONE: So can you give us some  
16 data then on how many of the 20,000 are  
17 assigned a nurse case manager and are in  
18 active management?

19 COL JONES: Sir, I can't at this  
20 time.

21 DR. STONE: Who would have that  
22 data?

1 COL JONES: It's a great question,  
2 sir.

3 DR. STONE: Okay, I got the great  
4 question part. But who would have that  
5 data? If you believe that that's the  
6 solution and okay, that's a great solution,  
7 how do you know you've captured that  
8 population and we don't have large volumes  
9 of people outside?

10 Now, remember, substantial portions  
11 of this population are in Compo 2 and 3.  
12 They're not part of a patient-centered  
13 medical home. Right? They're distributed  
14 out in their communities. So how do we know  
15 that that assertion which is a great  
16 assertion, I'm with you, is correct?

17 COL JONES: Sir, I'll answer one  
18 thing and then I'll turn it over to Colonel  
19 Faris.

20 One of the things that we are doing  
21 from a nurse case manager perspective, our  
22 nurse case manager consultant is actively

1 engaged with all of the nurse case managers  
2 across the enterprise.

3 I will get with him because I don't  
4 know the metrics that he's follow right now,  
5 sir, but I will get that and see if I can  
6 get you an answer.

7 COL FARIS: Hello, sir. Colonel  
8 Faris from the Guard.

9 So, a Guard response to that would  
10 be, as you know, we have the nurse case  
11 management contract around since 2005. And  
12 every one of our soldiers that's going  
13 through IDES, whether it's duty-related or  
14 non-duty related, are being tracked and case  
15 managed through our case management team and  
16 the state. It's not part of direct care,  
17 it's part of the Guard nation contract care.

18 So we have it in place for the 2,700  
19 soldiers, 61 percent of my folks that are in  
20 IDES sitting at the DRAS. We have stuff in  
21 place.

22 We have a vulnerability, however,

1 because if we shrink with budget and  
2 resources the number of people that we will  
3 have on contract to manage will decrease.

4 But I feel very comfortable with  
5 what we have in place now, with our medical  
6 management processing system in the National  
7 Guard, that we are partnering with those  
8 PEBLOs going through the process as well as  
9 the VA. And I feel very confident that for  
10 the first time we have visibility and target  
11 from beginning -- from cradle to grave of  
12 the soldier. I can have George talk to the  
13 Reserve.

14 COL BARIDO: Sir, as you know we  
15 also have something similar in terms of a  
16 nurse case management contract for the Army  
17 Reserve that manages profiles cradle to  
18 grave, very similar.

19 We're actually consolidating that  
20 down at the ARMC at Pinellas Park. So, the  
21 reason we're doing that is basically to  
22 assist in ensuring we're utilizing our

1 resources most efficiently. And to ensure  
2 that we essentially maintain a high level of  
3 ability to service those folks.

4 As the RC SMSC draws down our Army  
5 Reserve Medical Management Center down at  
6 Pinellas Park is going to be responsible for  
7 managing that.

8 DR. STONE: So let me ask the same  
9 question then. You have X population of  
10 your compo in management and IDES. What  
11 percentage are you actively managing then  
12 with your case managers?

13 So if you have 2,000, 1,500,  
14 whatever you have, what percentage -- so I'm  
15 going back to the same question I asked  
16 originally which is what percentage are in  
17 active management and how do we know that  
18 you have an appropriate safety net.

19 COL BARIDO: Well, every one of the  
20 soldiers who's actually going through the  
21 IDES process has a nurse case manager. In  
22 order to complete the pre-IDES process prior

1 to sending it over to MEDCOM every soldier,  
2 every Army Reserve soldier and National  
3 Guard goes through -- in order to enter the  
4 process has a nurse case manager, is being  
5 actively managed.

6 DR. STONE: Okay, thanks very much.  
7 Thanks, Tom. I apologize. You were on a  
8 roll and I just thought you needed a breath.

9 CO-CHAIR CROCKETT-JONES: Well,  
10 actually, while you're taking a breath on  
11 this chart what is the significance of the  
12 green, red and blue?

13 MR. WEBB: Those are all the  
14 different compos, ma'am. Compo being --

15 CO-CHAIR CROCKETT-JONES: Which is  
16 which for me?

17 MR. WEBB: Active duty, Guard and  
18 Reserve, ma'am. Next slide.

19 So what I'd like to do in the next  
20 several slides is talk to you about our  
21 current force structure changes announced  
22 actually on the ninth of January of this

1 year. It includes a combination of unit  
2 inactivations and the establishment of our  
3 community care units.

4 Of import on this slide the purpose  
5 of the community care units, I'd like to  
6 point out that these units will be on  
7 installations to continue the mission that  
8 our CBHCOs and CBWTUs have so successfully  
9 conducted for several years.

10 But in the next several slides I  
11 hope to show you several efficiencies that  
12 will be gained as we move towards the  
13 installation-based community care construct.  
14 Next slide.

15 The what and the why. Over the past  
16 13 months the Army-wide population has  
17 diminished by more than 2,800 soldiers as a  
18 result of reduced contingency operations.  
19 Our current population today is 6,538.

20 To effectively respond to the Army's  
21 needs we will inactive a total of five  
22 Warrior Transition Units, West Point, Dix,

1 Jackson, Huachuca and Irwin. Inactivate  
2 connotes that we can resurrect these  
3 operations if conditions dictate into the  
4 future.

5 Specifically to the what. Due to  
6 our strategic posture reviews CBWTUs will  
7 also inactivate. Capabilities being  
8 replaced through community care units, a  
9 total of 13 units. These units will be on  
10 Army installations under the mission command  
11 of a senior commander, an MTF commander and  
12 a WTU commander.

13 Important to note is that soldiers  
14 will not move, care plans will not be  
15 changed and cadre both military and civilian  
16 currently working in the CBWTUs will have  
17 the opportunity to serve in the newly  
18 established units.

19 The why on the right-hand side of  
20 the screen. We see this as an opportunity  
21 to improve standardization and reduce  
22 echelons. It will streamline mission

1 command and medical management with cadre  
2 being closer to the MTF soldier/family  
3 assistance center and other installation  
4 resources. It will reduce redundancies and  
5 enable to get soldiers home quicker.

6 It will provide more soldiers the  
7 opportunity to heal at home with 13 units  
8 capable of carrying up to 300 soldiers each.  
9 It will provide more direct mission command  
10 relationships for our soldiers and community  
11 care. And finally will assist in our  
12 commitment to respond to the changing needs  
13 of the Army. Next slide.

14 Here's a complete list of what we  
15 view as the benefits. I would like to  
16 highlight just a few.

17 First, as previously stated soldiers  
18 will not move nor will they experience a  
19 change in their care plans during this  
20 process.

21 A cadre will have veteran's access  
22 to installation resources. Each of the CCUs

1 will be established on a major installation.

2 It will enable us to leverage the  
3 power of our senior commanders associated  
4 with those installations.

5 It will allow us to realize  
6 efficiencies, reducing the requirement to  
7 operate the CBWTUs by 36 with over 500  
8 authorizations garnered with the  
9 inactivations of the WTUs.

10 It standardizes the handoff to state  
11 medical personnel and home station units for  
12 those soldiers, predominantly Reserve  
13 component, that will return to duty.

14 And finally, for soldiers  
15 transitioning from the Army each of our  
16 community care locations will have -- has VA  
17 liaisons who can assist with the transition  
18 to veteran status. Next slide, please.

19 CAPT SANDERS: Before you move on,  
20 that's a great list of benefits but what did  
21 you lose? Because when you transition to  
22 this and you close down five units are

1 people going to have the same geographic  
2 access when those units go away? And will  
3 the same number of providers be available in  
4 those new organizations?

5 MR. WEBB: Absolutely. You know,  
6 our entire program is very ratio-based. So,  
7 for the squad leaders there's 1 to 10, nurse  
8 case managers 1 to 20, PCMs 1 to 200. So in  
9 terms of our ability to span -- it truly is  
10 based on the population. It is based on the  
11 model which says that for this population  
12 you need.

13 In terms of inactivations we had for  
14 several of those WTU locations we had  
15 single-digit soldiers at those locations.  
16 And that went into part of our review in  
17 determining, actually selecting those five  
18 units.

19 And in terms of establishing the  
20 community of care units we don't see  
21 anything that we're going to lose. In fact,  
22 once that transition is complete we see

1 nothing but benefits gained in terms of the  
2 cadre being on the installation, in terms of  
3 the oversight that I previously mentioned in  
4 mission command.

5 In terms of the resources available  
6 to both the cadre and the soldiers and  
7 families at various times when they will or  
8 may come back to those installations. So,  
9 in terms of community care units quite  
10 honestly we don't see anything lost if you  
11 will.

12 COL FARIS: And if I might add, I  
13 was just going to say the Guard and Reserve  
14 are part of this process of transitioning  
15 from the CBWTUs into the CCUs.

16 And you ask about what is lost. The  
17 only thing that goes away are some of the  
18 positions. Because if you remember a CBWTU  
19 is an island of itself. So it needed the  
20 headquarters element, providers and all  
21 those kinds of things.

22 When we shifted to a CCU all of

1 those resources will be garnered from the  
2 headquarters element there for the warrior  
3 command. And so when we look at the  
4 population base for the staff that supports  
5 it we don't have to provide reservists to be  
6 providers. We have nurse case managers, we  
7 have platoon leaders, platoon sergeants,  
8 company commanders, XOs, all those same  
9 things.

10 The thing that we're eliminating is  
11 that headquarters piece that will come from  
12 the installation.

13 CO-CHAIR CROCKETT-JONES: Okay. Let  
14 me just -- I just want to jump in here.  
15 There is going to be an increased distance  
16 challenge for your servicemembers in some  
17 cases. I mean, that was the anxiety that  
18 was out there that we sensed was that  
19 someone who you're not moving these  
20 servicemembers and some will have to go  
21 further to get to the community of care than  
22 they would to the CBWTU. I mean, it's just

1 a geographical thing.

2 When we talk to folks, say, in -- or  
3 in Utah, that's right. When we talked to  
4 folks in Utah some of those folks are more -  
5 - the distance is further for them to the  
6 community of care than it was to the  
7 headquarters of the CBWTU. So that  
8 servicemembers might experience slightly  
9 more inconvenience. And I'm not sure that  
10 it's a significant amount but I'm just  
11 throwing it out there.

12 The other thing that was of a  
13 concern. Although the cadre is given the  
14 opportunity to serve one of the things that  
15 we would hope when we were talking to folks  
16 out in Utah, and actually this came up in  
17 other places, was that there would at least  
18 be National Guard or Reservist cadre  
19 maintained even if nobody from that CBWTU  
20 was interested in moving because of the  
21 difference in LOD and this being such an  
22 issue for Guard and Reserve components that

1 active duty frequently has zero experience  
2 with or understanding of the importance of  
3 maintaining the LOD process properly, and  
4 people falling off orders, and families  
5 being dumped out of DEERS and all these side  
6 issues to the LOD.

7 So, we were hoping as a task force  
8 that there would be a specific designation  
9 in your communities of care to have someone  
10 who understood that process.

11 MR. WEBB: And Frank, let me take  
12 this and then I'll have you fill in in two  
13 parts.

14 Distance to the unit, ma'am. The  
15 soldiers in the CBWTUs are healing at home.

16 Let's take the example of Utah with  
17 the CBWTU being relatively close to Park  
18 City. On occasion for what we call musters  
19 which we'll call readiness reviews, on  
20 occasion we'll bring those soldiers back  
21 into that CBWTU.

22 For CBWTU Utah mainly the soldiers,

1 their community care unit will be affiliated  
2 with the Fort Riley WTU. But that doesn't  
3 mean they're going to have to travel to Fort  
4 Riley.

5 In fact, what we will do for our  
6 readiness reviews is -- and we've done,  
7 literally, we've done a scatter diagram on  
8 where all the current soldiers are currently  
9 at. And that assisted us with where to put  
10 the CCUs and make sure we were capturing  
11 everybody.

12 But we'll actually take the low  
13 teams out. And so for instance, for the  
14 soldiers that typically went to Park City  
15 for their musters or what we call readiness  
16 reviews, they'll still go to Park City  
17 because the teams will be mobile and  
18 providing us services from that location.

19 So, if they're not close to where  
20 that CCU is on an installation we'll  
21 actually take the team on the road to  
22 identify major populations in order to -- in

1 order not to incur that burden of travel  
2 that you spoke of.

3 CO-CHAIR CROCKETT-JONES: Okay,  
4 that's a great solution.

5 MR. WEBB: And in terms of  
6 composition of cadre, ma'am. Again, I mean,  
7 we've got great experience at the CBWTUS  
8 both in terms of Reserve component soldiers  
9 and civilians. The intent is to offer these  
10 jobs initially to those individuals who  
11 currently work in CBWTUs.

12 But regardless even if we have to go  
13 through tour of duty it's to fill in the  
14 offset then the intent would be that the  
15 cadre would be filled with Reserve component  
16 soldiers. In order to maintain that makeup  
17 that you talked about. It was just so  
18 important in our operation.

19 DR. STONE: So Tom, the CBWTUs grew  
20 up as really from the Guard when some of  
21 those big brigades came home with large  
22 numbers of wounded and ill and injured.

1           We can assume then that the Army  
2 National Guard and the states in which these  
3 are being removed, the TAGs have all agreed  
4 to this change.

5           MR. WEBB: Yes, sir. And for the  
6 group we executed a very deliberate and what  
7 I consider to be very detailed  
8 communications engagement plan prior to the  
9 announcement on the ninth of January.  
10 Somewhere just north of 30 engagements by  
11 congressional leadership with senior  
12 commanders with both the National Guard and  
13 U.S. Army Reserve. And we laid out in  
14 greater detail a little bit more than what  
15 you all are getting here today prior to our  
16 actual announcement.

17           And I've got to tell you, although  
18 there were a couple of minor recommendations  
19 which we're going to incorporate in our plan  
20 what we put together was very well received  
21 across the board.

22           CSM DEJONG: Sir, if I may, I

1 understand one of the concerns that's out  
2 there in talking with the servicemembers at  
3 CBWTUs is once -- and unfortunately we don't  
4 have the opportunity with this task force to  
5 see what the footprint of how this is going  
6 to work at the WTU and how that remote care  
7 is going to be managed.

8 But one of the fears that is out  
9 there is that the remote care servicemember  
10 is just going to fall through the cracks out  
11 there.

12 Because as the CBWTU is right now  
13 their main focus is those servicemembers in  
14 the community. What the fear from the  
15 servicemember is that they're just going to  
16 kind of be focused on those at the WTU.

17 And I understand -- what I want to  
18 relay is the fears that are out there from  
19 the servicemember's experiencing this change  
20 in care management. So how would the  
21 footprint at the WTU look as far as  
22 management of remote care I guess is where

1 I'm trying to go with this.

2 MR. WEBB: So if I understand your  
3 question correctly the footprint would be  
4 enhanced if you will. There will be two  
5 footprints. There will be soldiers assigned  
6 to the WTU. And they can be living in the  
7 barracks. They can be living on the  
8 installation. They can be living in the  
9 community. But part of their daily routine  
10 is operations on a warrior complex, work  
11 programs or what have you.

12 But those community care units in  
13 terms of footprint, that adds an extended  
14 footprint to the WTU. But those community  
15 care units will be exclusively focused on  
16 the same catchment area that the CBWTUs were  
17 focused on. What was 9 different catchment  
18 areas is now 13 catchment areas.

19 But that will be their mission. And  
20 they will not have regular WTU soldiers  
21 within the companies. I mean, their  
22 assigned mission would be execution of that

1 remote care mission.

2 CSM DEJONG: Okay, got it. Very  
3 good. Thank you, sir.

4 MR. WEBB: Sure. Frank, did you  
5 have something?

6 COL FRAZIER: Yes, sir. A couple of  
7 things I'd just like to add. The published  
8 approved TDAs, tables of distribution  
9 allowance, for the CCUs are 25 percent  
10 National Guard, 25 percent Reserve and 50  
11 percent active. So that's built right in,  
12 that Guard and Reserve participation by the  
13 cadre is built right into those units. So,  
14 that I hope will add a little more  
15 background on that.

16 The other thing is --

17 DR. STONE: Before you leave that,  
18 Frank, that's how they're filled?

19 COL FRAZIER: Yes, sir.

20 DR. STONE: So, no one has RECOMMA'd  
21 any of those positions?

22 COL FRAZIER: Not yet, sir. We only

1 have two units at IOC but they will likely  
2 be --

3 DR. STONE: Is that true for the  
4 Army Reserve? It's my understanding that  
5 there's been a RECOMMA of some of those  
6 positions and that the active component has  
7 had to fill some of them. Is that an  
8 incorrect statement?

9 MR. WEBB: I believe so, sir. We'll  
10 certainly check on it. But nothing we're  
11 tracking right now.

12 DR. STONE: Okay.

13 COL FRAZIER: And the other thing  
14 I'd like to and too, sir, is the ratios that  
15 -- the cadre-sergeant ratios in the CCUs  
16 have actually improved. So we went from one  
17 platoon sergeant to 40 remotely managed  
18 soldiers. Now it will be one squad leader  
19 to 33 remotely managed soldiers with an  
20 additional level of supervision there, a  
21 platoon sergeant who will have up to six  
22 squad leaders under him within CCUs. So, at

1 that very basic soldier to cadre interface  
2 we're going to have better ratios and we're  
3 going to have more oversight and thus more  
4 QA.

5 DR. STONE: Thank you.

6 MR. REHBEIN: Sir, if I may before  
7 you go on, as we change from the CBWTU  
8 locations to the active duty bases many of  
9 the support functions at the CBWTUs are  
10 filled by contract employees. Many of them  
11 have lives established in those cities where  
12 the CBWTUs are now and may choose not to  
13 move.

14 Do you have any vision as to what  
15 percentage of contract employees that are  
16 currently serving as support staff will have  
17 to be filled by new people and what's the  
18 process for recruiting, attracting those  
19 folks, getting them trained up? How do we  
20 prevent that big dip, temporary dip in  
21 services as we change those contract  
22 employees?

1           MR. WEBB: First, yes, we have I  
2 mean very accurate visibility on everyone  
3 working at all of the units right now.

4           I can't speak to the contract. I  
5 wasn't aware that that was such a large part  
6 of the operation. In fact, the numbers that  
7 I saw in our -- obviously the predominant  
8 concern is the soldiers and the Department  
9 of Army civilians.

10           Frank, during the analysis was there  
11 a contractor issue? I can tell you that  
12 whatever services were involved in the CBWTU  
13 will be available at the WTU location. But  
14 of course displacement of contractors,  
15 frankly, I wasn't tracking that as an issue.

16           COL FRAZIER: Sir, MEDCOM has been  
17 tracking that pretty closely as you know.  
18 Mr. Fiore set up that transition working  
19 group.

20           The basic guidance in the order has  
21 been that DA civilians, obviously we're  
22 going to try to take care of them first

1 ranked by perm, term and then temp. We do  
2 have some contractor population.

3 As far as the dislocation it's going  
4 to vary from site to site. At Fort Bragg  
5 where as they have lost population they have  
6 a great -- they have civilians and cadre  
7 that are in peril of losing their jobs.  
8 They've been able to shift those over very  
9 deftly to that community care unit.

10 At Belvoir which is -- had a pretty  
11 stable population we're having more churn.  
12 And we're going to have to look at this by  
13 case by case and manage it case by case.

14 We're very much involved in that. I  
15 know that our clinical support division  
16 especially with the medical folks is looking  
17 at that every day.

18 I don't have one overruling answer  
19 except that we are looking at it case by  
20 case and running assistance to field where  
21 they need it.

22 MR. WEBB: So sir, what I recommend,

1 again, there will be no degradation of  
2 services. And perhaps if we can take that  
3 as a due-out we can get back to you with the  
4 numbers.

5 MS. DAILEY: So, just to clarify it,  
6 okay, Mr. Rehbein? The social workers in  
7 your CBWTUs are contractors. How are you  
8 supporting the CCUs from the WTUs with  
9 social workers? Are they going to be  
10 dedicated solely to the remote population?  
11 Or will they share that patient load with  
12 the WTU patients?

13 MR. WEBB: Again, the intent is that  
14 those community care units are focused on  
15 that population previously assigned to the  
16 CBWTUs.

17 MS. DAILEY: So, I think the  
18 question is -- if we get back to us is  
19 what's the social worker component going to  
20 look like in your CCUs. Because that was  
21 what most of your CBWTUs were social workers  
22 or contractors.

1           MR. WEBB: Sure. What I recommend -  
2           - we'll come back to you with the  
3           composition of what that CCU looks like in  
4           terms of authorized positions.

5           COL JONES: Sir, I just want to say  
6           we are working -- Dr. Robichaud at MEDCOM is  
7           actually managing our social work contract.  
8           And he is actually engaged in moving some of  
9           those contract positions over to the CCUs.  
10          So we don't see that that's going to be an  
11          issue.

12          Many of our social workers that are  
13          currently at the CBWTUs have already  
14          expressed an interest in moving to the CCU  
15          area. So, we're actively engaged with Dr.  
16          Robichaud in moving those contracts now.

17          MR. WEBB: On this slide in two  
18          parts who is eligible. Essentially all  
19          soldiers formerly considered eligible for  
20          CBWTU. They must be low risk and have a  
21          family or support system in place before we  
22          move them back to their hometown or

1 community.

2 On the right-hand side of the slide  
3 a four-phase operation. I've already talked  
4 to you about our communications. We  
5 actually made the announcement of this  
6 operation on 9 January. We're in the  
7 activate phase right now with IOC for civil  
8 CCUs being established over the next couple  
9 of months.

10 Once IOC is established we'll go  
11 through a very deliberate transfer process,  
12 lose a unit, gain a unit, and then jointly  
13 sitting down and talking with a soldier and  
14 his or her family. And then the actual  
15 inactivation of the nine CBWTUs we  
16 anticipate towards the end of the fiscal  
17 year. Next slide.

18 And a summary of our opening  
19 comments. I'll take the time now just to do  
20 a quick wrap-up and then I'll turn it over  
21 to my team for providing responses on your  
22 focus questions.

1           But we do thank you for allowing us  
2           the time to address you today. We see this  
3           as an evolving but enduring mission. We  
4           must remain agile to respond to the changing  
5           needs of the respective departments as well  
6           as maintaining our commitment to our  
7           soldiers and families.

8           And we're confident that the  
9           improvements I've provided to you today will  
10          accomplish that.

11          If there are no further questions on  
12          what I've provided I'd like to go ahead and  
13          hand it over to my team.

14          CSM DEJONG: Sir, if I may real  
15          quick, I want to go back to the beginning  
16          when you talk about your new website. It  
17          looks incredible. The question I have  
18          written down from that. Does that website  
19          and does that portal allow a family member  
20          to access the cadre directly through the  
21          family and caregivers part?

22          Because what we hear from the family

1 members is that they don't get any  
2 interaction with the cadre. They don't get  
3 any voice as the family member of a  
4 recovering servicemember to say, all right,  
5 my servicemember tells you that he's great  
6 but I know what he is really at home. I  
7 know what's going on here.

8 So does that portal give them access  
9 directly to cadre to report problems or to  
10 ask for help?

11 MR. WEBB: And I appreciate you  
12 bringing that up and I'd love to talk about  
13 it afterwards.

14 No, that website is used to provide  
15 programmatic information. And I think what  
16 you're talking about is individual cases  
17 where family members -- and we certainly  
18 want them to be part of the comprehensive  
19 transition plan.

20 But that record is kept on another  
21 platform. And quite honestly that's a lot  
22 of the work of the IC3 that I mentioned.

1       Coming up with a system that would better  
2       enable our family members and loved ones to  
3       access when access is granted, by the way.

4               CSM DEJONG:   Okay, thank you.

5               CO-CHAIR CROCKETT-JONES:   And I have  
6       a question about the website too, a couple  
7       of questions.  One is is it direct access,  
8       or do you have to have a logon to get to  
9       that website.

10              You know, for instance, you have to  
11      have a username or a CAC card or anything?  
12      Or is it just direct access via the  
13      internet?

14              MR. WEBB:   No CAC card.

15              CO-CHAIR CROCKETT-JONES:   No logon,  
16      no password protection.

17              MR. WEBB:   No, ma'am.

18              CO-CHAIR CROCKETT-JONES:   Okay.  And  
19      the second thing is you have family and  
20      caregivers, but you've separated out  
21      soldiers and veterans.  And I understand  
22      that.

1           But there are slightly different  
2 benefits and user issues for caregivers of  
3 soldiers, or servicemembers and caregivers  
4 and family members of veterans.

5           And I just want to know that --  
6 because I don't have access to it and  
7 haven't looked at it is that readily  
8 available sort of the differential for  
9 family and caregivers, or is it just focused  
10 on family and caregivers and soldiers?

11           And you don't have to have an answer  
12 for me. But the folks who are in charge of  
13 the website should realize that they are --  
14 there are differences in family and  
15 caregiver issues for before and after that  
16 transition and even during. So just to  
17 throw out to you.

18           CAPT SANDERS: While we're in this  
19 box, one more. I notice in the top row you  
20 have after contacting the site map and a  
21 couple of social media things but there's a  
22 blog. What's the purpose of the blog?

1 MR. WEBB: And I'm sorry, what area?

2 CAPT SANDERS: The black lining  
3 across the top.

4 MR. WEBB: What is the purpose? Oh,  
5 the blog? It's part of our social media.  
6 We have Facebook. And you have to forgive  
7 me, I'm not big on social media, but we do  
8 have a blog site where we'll put  
9 announcements out daily.

10 Facebook, Twitter and allow people  
11 to engage in communications with us. And if  
12 there's questions that comes up on the  
13 social media sites, again, I have somebody  
14 that monitors all those. We can respond to  
15 queries on those sites as well.

16 CAPT SANDERS: That was going to be  
17 my second question was who was going to be  
18 responsible for responding to queries that  
19 come up on the blog. So you already have  
20 someone planned to do that.

21 MR. WEBB: Absolutely. And there's  
22 a number of topics that we will put up

1 onsite during the month of the April 1 which  
2 is the 10th anniversary of the Army Wounded  
3 Warrior Program. So those are the types of  
4 things that we post and allow people to  
5 comment on.

6 CAPT SANDERS: Thank you.

7 MR. REHBEIN: Sir, one last question  
8 on the website. And I intend to go look.  
9 But can you give me some idea as a veteran  
10 knowing what Warrior Transition Command  
11 does, what information I would go to your  
12 website to gain as a veteran.

13 MR. WEBB: As a veteran? Yes. So I  
14 think I need to put that in context. The  
15 veterans that we deal with are predominantly  
16 those soldiers previously in the Army  
17 Wounded Warrior Program. That's our, as I  
18 mentioned before, our most catastrophically  
19 injured population.

20 And we work very closely with the  
21 Veterans Affairs especially for that  
22 population to ensure that that transition is

1 seamless.

2 So as they actually do operate on  
3 the veterans side, the 214, and become more  
4 familiar with the case manager if there's  
5 any reason where they feel they need to have  
6 reachback they can actually have that  
7 reachback.

8 That's like you spoke about people  
9 falling through the cracks, to make sure we  
10 don't have people falling through the  
11 cracks.

12 But it certainly isn't meant to  
13 replicate all the richness of information on  
14 the Veterans Affairs side.

15 Anything else? I'm going to hand it  
16 over to Colonel Jones. I think you're up  
17 next. Oh, I'm sorry. I'll be followed by  
18 Colonel Regina Powell from Army G1.

19 CO-CHAIR MUSTION: Before we start  
20 I'd like to suggest that we just take like a  
21 5-minute break and then we'll -- it's about  
22 15 after we'll reconvene.

1 CO-CHAIR CROCKETT-JONES: That  
2 works. See you back in five minutes.

3 (Whereupon, the foregoing matter  
4 went off the record at 10:09 a.m. and went  
5 back on the record at 10:14 a.m.)

6 COL POWELL: Good morning, ladies  
7 and gentlemen, my name is Colonel Regina  
8 Powell. I'm the medical policy branch  
9 chief, DAG-1 DMPM.

10 I will be addressing recommendation  
11 number 5 that deals with Reserve component  
12 soldiers that require active duty orders for  
13 medical care. And the Army concurs with  
14 that recommendation because we are  
15 implementing two initiatives to support  
16 recommendation number 5.

17 The first initiative that we are  
18 implementing thanks to our National Guard is  
19 the active duty order processing system  
20 which is the module in the electronic  
21 medical database system.

22 And what that module does is manage

1 the soldiers that are in the WTU from the  
2 time the soldiers are requesting orders and  
3 requiring care throughout the entire  
4 process. And that's an accurate electronic  
5 database.

6 The National Guard, we've staffed it  
7 with the National Guard, the Army Reserve is  
8 on board and the National Guard has piloted  
9 that program and that process. And I do  
10 believe the Army -- believe that that  
11 program would help support some of the  
12 issues that we're having.

13 Because it's a centralized database  
14 where everyone no matter where you are, the  
15 users can get into that database and see  
16 what process and what that soldiers in  
17 trying to get into the WTU.

18 The orders will be in that system.  
19 That system is currently being used by the  
20 line of duty modules. NCAP PESO is already  
21 a certified system that's out there. And it  
22 will follow that soldier no matter what

1 phase, whatever process, what are some of  
2 the issues that are out there throughout the  
3 entire WTU process. So we're pushing  
4 forward with that initiative.

5 Right now we've staffed it all the  
6 way up to the National Guard Bureau, Army  
7 Reserve, and now it's in DMPM and we're  
8 staffing it all the way up to DAG1 for  
9 approval.

10 The second initiative --

11 DR. STONE: So before you go on, so  
12 this ability to write orders will move from  
13 HRC into a distributed manner, right?

14 COL POWELL: Sir, the medical  
15 documentation, the medical management, all  
16 the medical data that is needed will be in  
17 one system. The orders will be placed into  
18 that system once the orders are published.

19 DR. STONE: But it will be -- so  
20 what I'm trying to get to is the operators.  
21 Who operates the system? How is it fielded?  
22 And then how you train and authorize people.

1           Our experience with distributed  
2 systems like this, hence we had HRC for a  
3 reason, right, because there was one place  
4 you go to. So we've made a decision to  
5 distribute this process of writing these  
6 orders and assuring the timeliness of those  
7 orders so the angst of families of are we  
8 going to have orders or not goes away.

9           This system is currently fielded.  
10 We currently have enough operators and this  
11 is not a problem then for Compo 2 and 3 any  
12 longer, or this is a future aspirational  
13 goal.

14           COL POWELL: This is a future  
15 aspirational goal, sir.

16           DR. STONE: So when will this occur?

17           COL POWELL: Right now once they get  
18 approved to DAG1 then we will put it out.  
19 We'll be operational with the system.

20           DR. STONE: So I don't understand  
21 that. So, when will this be fielded and  
22 when will you have appropriate personnel

1 trained to operate it?

2 COL FARIS: So it's, sir, a program  
3 that the Guard stood up. And we're fully  
4 using and implementing it. As soon as we  
5 get concurrence all the way up the food  
6 chain then we will work with our contractors  
7 to train all the users to be able to -- it's  
8 just another application within the MEDTRIP  
9 model, sir. Within the EMMPS submodule of  
10 MEDTRIP.

11 DR. STONE: So currently everyone in  
12 the Guard has access to it. The Army  
13 Reserve does not.

14 COL FARIS: That is correct.

15 DR. STONE: And so at what point  
16 will the Army Reserve receive access to this  
17 and have appropriate personnel trained to  
18 develop those orders?

19 COL BARIDO: Once G1 approves the  
20 implementation throughout Compo 2 and 3 the  
21 Army Reserve will come onboard. We're  
22 expecting the fall time frame for that to

1       happen, sir.

2                   And it doesn't involve building the  
3       entire business system for the Army Reserve  
4       and the workflow process and training the  
5       user level.

6                   DR. STONE:   So, once the G1 who's  
7       been sitting on this for no longer than 48  
8       hours I'm sure says yes, you need about 6  
9       months?

10                  COL BARIDO:   That is correct, sir.  
11       For training and implementation.

12                  DR. STONE:   Okay.

13                  COL POWELL:   Another initiative to  
14       support recommendation number 5 is to move  
15       the ordering processing from HRC for these  
16       medical orders to MEDCOM.

17                  Currently MEDCOM is managing the  
18       transfer orders of soldiers that are going  
19       from WTUs to CCUs.   And MEDCOM owns the  
20       subject matter experts, all the medical  
21       expertise, they have all the medical  
22       systems.

1           So this initiative has been talked  
2 about and discussed for several years now.  
3 And right now we're in the process of moving  
4 forward with this initiative.

5           An MOA has been developed between  
6 MEDCOM and HRC and right now we're waiting  
7 in DMPM to receive the staffing of this  
8 initiative so we can push this initiative  
9 forward.

10           COL POWELL: Subject to questions.  
11 I will be followed by Colonel Johnson.

12           COL JOHNSON: All right, thank you,  
13 Regina. My name is Colonel Carl Johnson.  
14 I'm the director of the Army's Physical  
15 Disability Agency and happy to be here with  
16 you this morning.

17           My task this morning, to address the  
18 recommendation number 13 wherein the task  
19 force recommends that DoD ensure that all  
20 medical conditions are documented by MEBs  
21 and the quality of that documentation for  
22 each condition facilitates fair and accurate

1 decisions by the Physical Evaluation Board  
2 as well as the ratings by Veterans Affairs.

3 I would draw your attention to page  
4 27 of your 2012-13 annual report wherein the  
5 task force finds that the Army is actually  
6 doing fairly well at this.

7 The Army has sustained this  
8 practice, continues to enhance our  
9 instruction, our training, our centralizing  
10 training of all MEB providers to continue to  
11 follow the practices that we have to address  
12 and record all conditions whether or not  
13 they meet medical retention standards so  
14 that the Physical Evaluation Board had the  
15 entire spectrum of the soldier's medical  
16 condition to review when making their  
17 decisions.

18 The statutory requirement to allow  
19 for independent medical reviews fosters --  
20 ensures that this practice continues.

21 And we also have a well-integrated  
22 process with the Medical Evaluation Board

1 Soldiers Council down at HMTF that's  
2 available for soldiers to ensure their  
3 rights are understood. They have the  
4 opportunity to consult with counsel as their  
5 MEB is completed and ask for that IMR which  
6 is designed to ensure that all of the  
7 soldier's conditions are recorded before  
8 they come up to the PEB.

9 The PEB also has the opportunity  
10 when reviewing a case, if they find that in  
11 the body of evidence available to them and  
12 the body of evidence available in the  
13 soldier's treatment record that a condition  
14 is not adequately described or captured they  
15 can send that case back to the MEB for  
16 further response before they adjudicate the  
17 case which is what we do.

18 That does not happen as we --  
19 generally speaking the MEBs do a very good  
20 job of capturing all conditions in their  
21 record of MEB proceedings and the narrative  
22 summary.

1                   Subject to questions.

2                   CAPT SANDERS:  So, Colonel, going  
3 back to the counsel aspect, do the soldiers'  
4 counsel have an independent medical officer  
5 that they can consult with to ask questions  
6 about issues that they find in the records?

7                   COL JOHNSON:  We follow the DoD  
8 policy which points the soldier and soldier's  
9 counsel back to the soldier's PCM.  The PCM  
10 is generally the medical officer who serves  
11 as the medical officer who executes the IMR.  
12 And so in accordance with DoD policy that's  
13 where we point that -- that's where the  
14 soldier's counsel, they reach back out to  
15 that PCM.

16                   And generally speaking in the Army,  
17 the person who does the first signature on  
18 our profile, you know, that duty-limiting  
19 condition, that's normally the PCM.  And  
20 that's where they'll go back to and say hey,  
21 does this capture -- does this product, this  
22 MEB summary in the NARSUM adequately capture

1 all of the conditions that your soldier is  
2 suffering from.

3 CAPT SANDERS: And that PCM is also  
4 going to provide similar information to the  
5 board members themselves, correct? Is that  
6 correct?

7 COL JOHNSON: Yes.

8 CAPT SANDERS: The same  
9 consultation.

10 COL JOHNSON: No. The PCM is who  
11 refers the soldier for a specific condition  
12 that fails to meet retention standards and  
13 has met the medical retention determination  
14 point which is the terminology we use in the  
15 Army. Which says this soldier has a  
16 condition that will likely result in a  
17 finding of unfit, will likely limit them in  
18 some way where they won't be able to serve.  
19 That goes to the MEB.

20 The MEB reviews that, endorses it.  
21 That puts the soldier into the IDES system.

22 The PCM is responsible to have as

1 part of the referral into the MEB when they  
2 know that soldier is going to the MEB to  
3 ensure the soldier's medical records are up  
4 to date, accurately reflect the entire body  
5 of evidence associated with that soldier,  
6 when the MEB reviews that SGR and records  
7 all the soldier's conditions the soldier  
8 also fills out their VA claim form which  
9 allows them the opportunity to fill out,  
10 hey, these are all the things I suffer from.

11 The soldier can take that back and  
12 meet with their PCM or the soldier can do it  
13 themselves. That's going to reflect all the  
14 conditions.

15 When that NARSUM is completed the  
16 soldier has the opportunity to review it,  
17 has the opportunity to consult with counsel.  
18 If he believes that he or she -- that all of  
19 their conditions are not recorded generally  
20 speaking they'll use that PCM and say hey,  
21 you know my health better than anyone else  
22 because you're my primary care manager.

1 I've been seeing you for the longest. And  
2 they didn't talk about my asthma.

3 The PCM can then -- has access to  
4 that soldier's entire record, goes through  
5 it, says hey, Medical Evaluation Board, you  
6 failed to address this condition. That's  
7 that independent medical review. The PCM is  
8 not part of the MEB.

9 CAPT SANDERS: And so the  
10 independent medical review is only from the  
11 PCM. There's not an independent doctor in  
12 the process. Independent of that initial  
13 determination.

14 The soldier comes back and says I  
15 didn't get this addressed. I think it's  
16 there. The PCM doesn't agree.

17 COL JOHNSON: The soldier has the  
18 opportunity -- he doesn't have to go back to  
19 the PCM. He can say I want this doctor to  
20 do this independent medical review. So  
21 there's an opportunity to go back to the MEB  
22 and say hey, you know, I didn't get an

1 independent review.

2 It cannot be a doctor -- the statute  
3 says it cannot be a doctor in the MEB. The  
4 initial profile written, that soldier's not  
5 in the MEB yet. He's not in the MEB until  
6 the condition is referred to the MEB, they  
7 review it and they validate that it's a  
8 permanent-level profile.

9 CAPT SANDERS: Thank you.

10 COL JOHNSON: Subject to any further  
11 questions. Next speaker.

12 COL POWELL: This is Colonel Powell  
13 again. I'm addressing recommendation number  
14 15 that deals with joint federal travel  
15 regulations compliance across the services  
16 to ensure utilization of individual travel  
17 orders and non-medical attendant orders.  
18 And the services provided and the payment  
19 processes.

20 The Army concurs with compliance  
21 with the JTF across all services, but the  
22 Army feels that each service is different

1 and unique, and the services that we provide  
2 in our processes will continue to be  
3 different. And the JTF approves per diem  
4 and travel for up to three family members.

5 Subject to any questions and I'll be  
6 followed by Mr. Larry Lock.

7 TSGT EUDY: Ma'am, the intent behind  
8 this recommendation for all the services was  
9 we know that the services are following the  
10 JFTR in regards to three family members.

11 The difference that we saw was to  
12 see one branch versus the other classified.  
13 Same injury, let's say. Both servicemembers  
14 are DSI. I'm looking at the generation  
15 point of if they're in an OCONUS facility,  
16 same OCONUS facility, when those orders were  
17 cut. If the service decided when that  
18 family member was -- or when that  
19 servicemember was either wheels up, had  
20 already departed, or even when they had  
21 arrived at that OCONUS facility to then come  
22 back CONUS.

1           So that way in a perfect world if  
2           all service branches are able to get a hold  
3           of those family members on the DD93 and were  
4           able to make contact and initiate those ITOs  
5           or EFMTs that same injury, you know, Mom and  
6           Pop can arrive at the same exact time  
7           theoretically if everything else works out.

8           That was the discrepancy that we saw  
9           in specific service implementation. That  
10          was the intent of the recommendation.

11          COL POWELL: We can take that back  
12          and look more in detail and further on that  
13          recommendation, and perhaps provide more  
14          information.

15          MR. LOCK: Good morning. I'm Larry  
16          Lock, the Army's chief of compensation  
17          entitlements.

18          This morning I will be addressing a  
19          proposal to make SCAADL tax-exempt. While  
20          this is not as we see it an Army-specific  
21          initiative obviously all of the services  
22          would be impacted by it. We don't believe

1 that a legislative change is necessary to  
2 relieve the soldiers or the members of the  
3 tax burden. Simply paying the caregivers as  
4 opposed to paying the soldiers would  
5 accomplish the same thing.

6 However, I'm not going to get into  
7 the second or third order effects of doing  
8 that. That is something that would have to  
9 be taken under review by Army leadership as  
10 well as OSD officials and our sister  
11 services.

12 As I understand it there is a  
13 willingness on Capitol Hill by some  
14 legislators to introduce legislation to make  
15 it tax-exempt. And I don't know of any  
16 reason why Army leadership would be opposed  
17 to that or any OSD officials.

18 DR. STONE: So why are you giving a  
19 non-concur?

20 MR. LOCK: Sir, non-concurrence is  
21 we don't believe we have to change the law  
22 to relieve the members of the burden.

1 DR. STONE: So, look, I know little  
2 enough about income taxes except April 15 is  
3 a tough day.

4 MR. LOCK: Yes, sir.

5 DR. STONE: How is giving a benefit  
6 from a soldier to a family member who  
7 probably files income tax together because  
8 these are usually a spouse, how does that  
9 change the taxability of it?

10 MR. LOCK: Well, it wouldn't, sir,  
11 if that caregiver was part of the household.

12 DR. STONE: So even if it was a  
13 parent it still becomes a taxable benefit  
14 rather than the intention of the  
15 recommendation was that this should be a  
16 non-taxable benefit.

17 MR. LOCK: But as we understood the  
18 proposal, sir, was that the intent was to  
19 relieve the member of the tax burden.  
20 Unless we misunderstood that.

21 I think if the intent was to not tax  
22 the compensation then I think that's a

1 different discussion. But --

2 DR. STONE: The attempt here is to  
3 make a family whole. And to recognize the  
4 extraordinary dedication of family  
5 caregivers. And that's why SCAADL came into  
6 being.

7 And for those of us that have worked  
8 SCAADL for a long time believe that this  
9 should be a tax-exempt benefit in  
10 recognition of the great heroes that care  
11 for our wounded.

12 MS. DAILEY: And sir, all the  
13 services are addressing this, and all the  
14 services have the same answer. And so when  
15 we get Warrior Care Policy up here also you  
16 can beat them up too.

17 DR. STONE: I guess I'm having  
18 trouble understanding. I'm sorry, Suzanne.  
19 Just I'm having trouble understanding the  
20 non-concur.

21 It would help us a lot in our work  
22 at higher levels to have concurrence from

1 the services. And I would respectfully as  
2 you to go back to senior leadership and ask  
3 them do they really want to non-concur with  
4 this one.

5 MR. LOCK: Yes, sir. We'll do that,  
6 sir.

7 And again, I would have to say  
8 having worked this personally I think there  
9 was a misunderstanding of what we were asked  
10 to review. So I will certainly take that  
11 back with clarity in terms of intent.

12 And I can assure you none of the  
13 Army leadership is in agreement that a  
14 burden to the member or the family should be  
15 heaped upon them when the intent is to get  
16 them care.

17 Subject to your questions, sir.  
18 That's all I have.

19 LTC YEAW: Good morning. My name is  
20 Lieutenant Colonel John Yeaw from Behavioral  
21 Health Division, Office of the Surgeon  
22 General. I'm going to be addressing this

1 recommendation about resourcing locations  
2 that have difficulty hiring civilian  
3 providers, civilian staffs. And these are  
4 primarily places where it's difficult --  
5 more remote locations. It's more difficult  
6 to hire and staff civilian providers for  
7 behavioral health.

8 We have approaches from several  
9 different angles. One is we have active  
10 duty providers from all disciplines  
11 including psychology, psychiatry, nurse  
12 practitioners, social work. And our  
13 consultants to the Surgeon General have  
14 worked together as a team to make sure that  
15 they're proportionally balanced across  
16 different locations, particularly places  
17 like Fort Riley, Fort Drum, Fort Polk, some  
18 places that have difficulty with providing -  
19 - hiring behavioral health providers in the  
20 local community.

21 And so this has been an effective  
22 way really of making sure that we have all

1 different disciplines represented at these  
2 hard-to-hire locations, particularly if  
3 there is a shortage of -- one of the biggest  
4 shortages we have in some locations are  
5 psychiatrists in remote locations. So this  
6 is one way we have addressed it.

7 Another way, we've had a tremendous  
8 increase in hiring behavioral health  
9 providers since, you know, starting from  
10 2003 to now you see on the slide there's  
11 been a 150 percent increase in our  
12 behavioral health provider hires.

13 This has continued as well. We  
14 continue to really actively market and look  
15 for qualified behavioral health providers  
16 and continue this onward trend.

17 We've also expanded -- a real key  
18 area is our tele-behavioral health services.  
19 And this is a way that we could reach our  
20 soldiers at very remote locations across the  
21 enterprise.

22 You see the tremendous growth, that

1 telehealth utilization grew to 619 percent  
2 and we're finding that based on the evidence  
3 that's out there, the research and evidence  
4 in tele-behavioral health that this is an  
5 effective medium to provide services,  
6 behavioral health services to our soldiers.

7 Right now we're accounting for 85  
8 percent of the total telehealth encounters.  
9 And we've done this for several years now  
10 and found this is a very effective way to  
11 provide whatever type of service is missing  
12 at these remote locations and being able to  
13 provide it through tele-behavioral health  
14 and provide ongoing immediate access and  
15 care to behavioral health providers.

16 And finally, a fourth area that  
17 we've addressed is having our U.S. Public  
18 Health Service officers, the Public Health  
19 Service has provided -- we have 81 of the 95  
20 billets filled and we're continuing to fill  
21 and we're resourcing them at locations. So  
22 we are actually redistributing Public Health

1 Service.

2 And they represent all disciplines  
3 as well, social work, psychiatry,  
4 psychology, nurse practitioners. And we are  
5 redistributing and making sure that we have  
6 billets at these locations, that we have  
7 Public Health Service available and fill in  
8 these needs as well.

9 So, those are the four areas that we  
10 focused in. We definitely concur that this  
11 is an area that we need to address. Subject  
12 to your questions.

13 MR. REHBEIN: If I may, sir,  
14 telehealth is a great thing. And I really  
15 applaud you for the increase in the usage.  
16 But I'm still left with the question in  
17 those remote locations how does that soldier  
18 make the first contact? Because if you  
19 don't get that first contact you don't get  
20 them into treatment.

21 LTC YEAW: Roger. Thank you, sir,  
22 for the question. One of the other areas --

1 I mean, we have 11 standardized programs in  
2 behavioral health across the enterprise.  
3 One of the areas that we're able to really  
4 reach soldiers is through our embedded  
5 behavioral health.

6 And these are units where we  
7 actually have behavioral health providers  
8 that are right there at the unit footprint.  
9 And so they might have immediate access  
10 there to get -- perhaps they'll see a social  
11 worker first on the immediate encounter.

12 And if they need any other  
13 specialties such as psychiatry medication  
14 management then they're able to be hooked  
15 into a tele-behavioral health provider if  
16 it's necessary.

17 But that's one way we've  
18 dramatically reached out and gone beyond the  
19 doors of our clinic and gone into the  
20 footprint of these brigades that are at  
21 these remote locations.

22 MR. REHBEIN: So is that part of the

1 reason for the large increase in usage?

2 Because of that embedded person there that  
3 can provide that first contact?

4 LTC YEAW: The embedded behavioral  
5 health has been extremely successful across  
6 the board. And I would -- to answer your  
7 question, sir, I would say yes, that's a big  
8 component of that is that we have -- it's a  
9 way to really reduce the stigma. We've  
10 found that the number of encounters of  
11 soldiers going to behavioral health clinics  
12 has increased dramatically.

13 Before when we used to be back at  
14 the hospital in the medical centers we're  
15 finding that soldiers are accessing it more  
16 frequently which is really a good sign that  
17 that stigma has been reduced to some effect.

18 And the other aspect of that is  
19 these embedded behavioral health teams that  
20 have behavioral health providers that are in  
21 direct contact and coordination with  
22 commanders. And so able to help provide

1 support directly to the unit. And it's  
2 really a model that has really proliferated  
3 and has increased access in all areas.

4 So, all these programs work as a  
5 system together. So if we have a soldier  
6 first encounter is going into an embedded  
7 behavioral health team then we have all  
8 other service lines available within the  
9 behavioral health service line. We have  
10 other different services including tele-  
11 behavioral health and intensive outpatient  
12 programs, outpatient, whatever is needed.

13 So, the way we view it in our  
14 operating company model for behavioral  
15 health is that these 11 interconnected  
16 programs, you can enter it at any point,  
17 whether it's at an inpatient, or embedded  
18 behavioral health, or outpatient, it doesn't  
19 matter. We have all the services provided  
20 for those soldiers.

21 LTCOL WONG: Again, I think tele-  
22 health is definitely a pathway that we've

1       been moving towards.

2                   Have you start collecting metrics or  
3       done surveys for when you have telehealth  
4       encounters of less than three why they  
5       didn't continue? And then also, what is the  
6       percentage of personnel once they get in  
7       touch and have an endurance support of  
8       people, maybe a continuing care over a  
9       year's time? Do you have any data for that?

10                   LTC YEAW: You're speaking  
11       specifically to tele-behavioral health?

12                   LTCOL WONG: Yes.

13                   LTC YEAW: Okay, and the first  
14       question was if they have less than three  
15       encounters. And then what was the question?

16                   LTCOL WONG: If you have less than  
17       three encounters. The reason why they did  
18       not continue the tele-health and then also  
19       for the personal that are enduring through  
20       the tele-health, they prefer that method.

21                   What percentage, you know, the 619  
22       percent increase, how many of them are still

1       doing that?

2                   LTC YEAW: I'm sorry, I don't have  
3       the answer to that right offhand. I can  
4       answer in a more general respect. We do see  
5       a dropoff in some people accessing  
6       behavioral health services. Some people  
7       don't complete treatment.

8                   Our metrics for that of the numbers  
9       that complete treatment successfully or  
10      don't, it really is mirroring the national  
11      average in that respect. So there isn't  
12      anything that we're finding particular in a  
13      program that would drop off.

14                  The one thing that we do have an  
15      advantage over I would say a lot of the  
16      civilian systems is that we have a way of  
17      tracking treatment outcome and tracking and  
18      coordinating treatment when the soldier  
19      leaves from one clinic to the next or from  
20      one post to the next. Of course, our  
21      soldiers are PCS'ing frequently and  
22      separating.

1           We have something called Behavioral  
2 Health Data Portal that tracks those  
3 treatment progress and changes. And it's  
4 available, it's a web-based program that's  
5 secure that's available to all providers  
6 across the enterprise.

7           And so if there is a soldier that  
8 does drop out of treatment for whatever  
9 reason that's something that can be tracked  
10 and gone back to and saying this is a  
11 soldier that's high-risk and we need to make  
12 contact and engage them again in treatment.

13           DR. STONE: You talked about the  
14 success that you've had with embedded  
15 behavioral health. I wonder if you can talk  
16 a little bit about your success metrics.

17           LTC YEAW: Yes, sir. What we're  
18 looking at with the success, there's several  
19 different metrics that we approach. One is  
20 the obvious is the number of encounters that  
21 we're having, that we're seeing, the rise in  
22 encounters. And we're basing that on these

1 units and at a post level and also down to a  
2 unit level of how many more encounters we're  
3 getting.

4 We also get some subjective feedback  
5 from commanders and line leaders saying that  
6 their soldiers are accessing these services  
7 more frequently. So it's by the number of  
8 encounters.

9 The other thing we're seeing is the  
10 drop in hospitalizations. The number of  
11 initial hospitalizations and the number of  
12 bed days required at these posts that do  
13 have embedded behavioral health treatment.

14 We have -- Public Health Command has  
15 done some extensive analysis of those sorts  
16 of data and metrics, survey analysis as well  
17 as looking at the number of encounters and  
18 the drop in hospitalizations.

19 So, we also are seeing at the sites  
20 that do have embedded behavioral health we  
21 are seeing a drop in suicides at some of  
22 these sites as well.

1           Of course, these are all  
2           interconnected. We can't say embedded  
3           behavioral health is the reason for that,  
4           but we do consider it as a part of the whole  
5           system that's contributing to the successes.

6           DR. STONE: So you and I are used to  
7           being in a crisis intervention healthcare  
8           system. What you're talking about is a  
9           dramatic evolution in how mental health  
10          services are delivered, behavioral health  
11          services are delivered.

12          Can you provide hard data on  
13          reduction in hospitalization rates?

14          LTC YEAW: Yes, sir. We have hard  
15          data for that. I've seen that from Fort  
16          Carson, for example, as one of the first  
17          places that embedded behavioral health was  
18          put in place. And we do have hard data and  
19          metrics that show a decrease.

20          DR. STONE: So, Fort Carson was the  
21          place that we used as the pilot for this.

22          LTC YEAW: Yes.

1 DR. STONE: And then a decision was  
2 made to expand that. Many pilots do not  
3 bear out when you expand it exponentially.  
4 Do you have data that shows that this  
5 extraordinary investment in embedded  
6 providers is doing the same thing across the  
7 Army as it did at Carson?

8 LTC YEAW: Yes, sir. This has been  
9 replicated since then, since the pilot  
10 program at Fort Carson, at other sites. And  
11 Public Health Command is actually doing the  
12 new teams that are set up, the behavioral  
13 health teams that are set up in different  
14 locations such as Hood and other locations.  
15 So, this has been replicated so we feel  
16 confident that this is working.

17 DR. STONE: So if you could share  
18 that data with us that would be great.

19 LTC YEAW: Roger, sir. If there are  
20 no other questions I'll go ahead and pass  
21 on.

22 COL FARIS: Good morning, everyone.

1 I'm going to stand up because we're in the  
2 back row seats here.

3 Colonel Jill Faris here, deputy  
4 sergeant for the Army National Guard. I've  
5 been in front of this group multiple times  
6 talking about many of the things that I've  
7 highlighted here on the slide. So I'm going  
8 to speak very briefly.

9 Your concern is an acknowledged  
10 concern and it's a concern, it's been a  
11 theme and a trend that we have focused on in  
12 our surgeon's office and in the G1 to find  
13 transparent trackable systems.

14 If you look at this slide one of the  
15 prevalent things that we talk about are IT  
16 systems that can help the National Guard and  
17 our brothers and sisters in the Reserve have  
18 visibility on our soldiers.

19 So, one of the things that we  
20 started up in 2005 was our national case  
21 management contract. Because as you all  
22 know what we used to do is we would get

1 formations ready for deployment and Faris  
2 wouldn't get to go, and she'd go to the  
3 site, and we'd take Mr. Smith. And he'd go.

4 And then it would be two years later  
5 and it was time for that formation to go  
6 again and they'd go to Faris. And what was  
7 wrong with Faris was still wrong with Faris  
8 that was wrong two years ago. And so we  
9 realized that we were doing a lot of spend  
10 and that we needed to figure out a way to  
11 put on eyes on Faris.

12 So this national case management  
13 contract in conjunction with IT systems, our  
14 ECASE Electronic Management System in  
15 conjunction with our medical readiness NCOs  
16 that we stood up back in 2010 in all of our  
17 battalion and brigade formations gave us  
18 that triad of care where we had someone in  
19 uniform, we had a contract civilian nurse  
20 case manager, care coordinator, commander  
21 and first sergeant working in tandem to get  
22 medical resolution on our soldiers.

1           That has been paramount along with  
2 resources in bringing up our overall medical  
3 readiness in the National Guard to what it  
4 is today at 83.8 percent in RC1 and 2.

5           But I would tell you the future and  
6 what we're working on now in the National  
7 Guard is what can we do from an IT  
8 perspective to continue to give that  
9 transparency to our commanders, first  
10 sergeants and our soldiers.

11           And so the efforts that we've been  
12 working on have been within the Integrated  
13 Disability Evaluation System.

14           We have stood up a MEB prep module  
15 which is a module that puts what was  
16 normally a pack of appears in a FedEx box  
17 that would go to an MTF and then we changed  
18 the process to go to Pinellas Park to be an  
19 electronic one where we would upload and  
20 scan all the images, all the things that  
21 support the soldier whom the state surgeon  
22 believe that they have a disqualifying

1 condition.

2 And it can be done electronically.

3 And therefore I don't have to pick up the  
4 phone and call the PEBLO and ask where the  
5 paper is at. I go into the IT system and I  
6 look into the tracking part of the module  
7 and I find out who has it and how long  
8 they've had it. And that has saved a lot of  
9 time.

10 So, we've created the system. The  
11 National Guard has 52 of 54 fully fielded  
12 into this. The Army Reserve, we'll be  
13 talking about what they're doing and they're  
14 right on our heels. We'll be fully  
15 implemented in using this process. So that  
16 is a great win for our Reserve component  
17 soldiers going through the Integrated  
18 Disability Evaluation System.

19 We also have partnered with DoD and  
20 the VA through the electronic case file  
21 transfer process which is the back end of  
22 IDES. We really believe that if we can help

1 be forward-leaning in creating some systems  
2 that can be interoperable between DoD and  
3 the VA that we will have an overall win for  
4 the whole team from cradle to grave, from  
5 when the soldier or sailor, airman first  
6 starts the process through the end of the  
7 process.

8 So I would leave you today with a  
9 commitment from the National Guard that we  
10 will continue our efforts that we are doing  
11 to sustain the level of readiness that we  
12 have and to work to create transparent  
13 trackable systems that monitor and regulate  
14 our soldiers through their continuum of  
15 care.

16 Subject to any of your questions.  
17 I'm happy to answer them now.

18 CO-CHAIR CROCKETT-JONES: The reason  
19 why we made this recommendation as we went  
20 around. And we'd -- part of our focus group  
21 protocols is to ask what resources  
22 servicemembers or their family members have

1 used.

2 And usually then we have to prompt  
3 with specific examples of resources that  
4 they might have used.

5 And what we find is that Guard and  
6 Reserve are much less likely to have ever  
7 heard of resources that are available to  
8 them.

9 Like for instance when we say who's  
10 heard of the NRD, nobody. Who's used  
11 Military OneSource. Much fewer comfortable  
12 with using or having heard of various  
13 resources that are out there. Not just  
14 information resources.

15 Things like when we say who's on  
16 SCAADL in this group. And finding out that  
17 none of the National Guard folks know what  
18 SCAADL is.

19 Now I'm not saying they haven't been  
20 told. I'm saying that because of the  
21 remoteness perhaps of their care, or perhaps  
22 because it's such a different cultural sort

1 of reality they have a lot less of the word  
2 of mouth, family to family, you know, did  
3 you know about this gossip-based information  
4 system. Chatting.

5 Because of that they're less likely  
6 to even know what exists. And so we -- our  
7 main concern on this is non-medical  
8 information and getting that sort of  
9 baseline of services and resources that are  
10 available more in their ambient, you know,  
11 readily available.

12 Not necessarily, you know, you can't  
13 hope that everyone is going to use every  
14 resource necessarily but they should know  
15 what they are.

16 COL FARIS: So the population you're  
17 discussing, those are wounded and ill from  
18 the Guard and Reserve that don't understand  
19 the resources?

20 CO-CHAIR CROCKETT-JONES:  
21 Absolutely.

22 COL FARIS: Okay. So, and then my

1       secon question to you would be then are  
2       those the ones that are in remote care, or  
3       are those that are in WTUs?

4               CSM DEJONG: That would be across  
5       the board, ma'am.

6               And to take what Ms. Crockett-Jones  
7       is talking about, what I see that we haven't  
8       done as far as a service of the National  
9       Guard is several reports back we were making  
10      recommendations of best practices of how  
11      families are approached and how families are  
12      provided the different opportunities and  
13      resources throughout each state.

14              Depending on how the adjutant  
15      general sets up the directorate and how it  
16      is funded and how it is fielded. What we  
17      haven't really progressed to is making a  
18      nationwide as far as the National Guard best  
19      practice recommendation or directive in that  
20      manner of looking at what's working the best  
21      to get the families of the servicemembers  
22      both on the Air Guard and on National Guard

1 side the same level of non-medical  
2 information as our active duty brothers and  
3 sisters.

4 We haven't taken that step and we  
5 haven't -- no one has mandated that step as  
6 to you're going to do the J9 model, or  
7 you're going to do the other model where you  
8 fall under the J1. No one has taken that.

9 So what we're still finding  
10 nationwide is that the family members of the  
11 National Guard services both Air and Army do  
12 not understand how to access -- whether  
13 wounded or non-wounded -- the non-medical  
14 information that is available.

15 COL FARIS: Certainly. So that  
16 falls within predominantly the G1/J1 realm,  
17 or the 9.

18 So some of the things that have to  
19 happen before you can standardize anything -  
20 - and the word "standardize" in the National  
21 Guard when you have 54 different states and  
22 territories, you and I both know the only

1 thing that's standard is that we're not  
2 standard.

3 So, to get to a standard sort of  
4 version the first thing that has to happen  
5 is what is in the throes of happening which  
6 is Project Chrysalis which is the manpower  
7 study for the Joint Force Headquarters in  
8 the 54 states.

9 That will happen this fall and that  
10 will be studied, and then those best  
11 practices and models and all those things  
12 will come into play. And based on the  
13 recommended model then we will be able to  
14 shape -- that's what we do at National Guard  
15 Bureau through guidance -- we shape what  
16 that should look like.

17 And there are very wonderful  
18 examples of information. We have family  
19 care, all those kinds of things you should  
20 know everything about. It's really  
21 difficult.

22 And what we have found over the past

1 12 years is if you have a big mongo website  
2 and you go into it, it's very overwhelming.  
3 And so the success that we do have  
4 sometimes, and some states are better than  
5 others depending on the passion of the  
6 leadership on how they want to get that out  
7 to their soldiers or airmen.

8 I think it's an evolution. And I  
9 believe as a strategist what we have to get  
10 to first is a standardization of what that  
11 Joint Force Headquarters looks like. Once  
12 we can get that into place then it'll be a  
13 lot easier for us to try to standardize what  
14 resources and services that we have to  
15 promote to airmen and soldiers.

16 It's hard. In the Guard it's hard.  
17 We're the MacGyvers, I call us the  
18 MacGyvers. We'll do anything with a paper  
19 clip and a used napkin. The problem is the  
20 way we use that napkin and paper clip in  
21 North Dakota is different than how we use it  
22 in Louisiana. So that's our strength and

1 unfortunately sometimes our weakness.

2 CSM DEJONG: No, we understand that,  
3 and that's why we also recommended this at  
4 the level that we did. We know that some  
5 are funded well, some are not funded, some  
6 take it out of hide, others don't. So,  
7 that's why it's kind of.

8 COL FARIS: Well, it's interesting  
9 because they pretty much get funded the same  
10 based on force structure to support. And  
11 then it's leadership that make a  
12 determination on whether or not they're  
13 going to rob from another program to augment  
14 another program. And that's the things that  
15 we can't control at National Guard Bureau.

16 MR. WEBB: And I'd just like to  
17 highlight as we're talking about this and  
18 ultimately developing solutions for a  
19 particular problem set, what we discovered,  
20 we're talking, we're dividing this  
21 population on several different accesses, or  
22 at least a couple of. Vertically, by

1 component and you talked about the active  
2 component versus the Guard and Reserve.

3           Horizontally there's a specific  
4 criteria to get into the program. And I ran  
5 the Warrior Care and Transition Program. I  
6 venture to say that the folks inside that  
7 program, even WTUs or CBWTUs regardless of  
8 the component are very well versed in the  
9 non-medical capabilities and resources out  
10 there.

11           CO-CHAIR CROCKETT-JONES: We still  
12 see a differential within the folks in your  
13 program between the components.

14           MR. WEBB: That's a shame.

15           CO-CHAIR CROCKETT-JONES: Yes. This  
16 is -- in some ways it's a little  
17 inexplicable since you would think that once  
18 they get into the program they are exposed.  
19 But I think that this speaks to the sort of  
20 -- the long-term repeated access to  
21 information being more significant than a  
22 flood of information once they get within

1 this program. And so we still see in a room  
2 of transition unit folks a differential.

3 Now, there's some things that --  
4 there's a low -- less incidence of sort of  
5 that ambient knowledge among family members  
6 than servicemembers. And I'd say that  
7 probably there's a differential in  
8 servicemembers by component.

9 But I would say that it's sometimes  
10 even harder to assess the differential for  
11 family members though I think that everyone  
12 in this task force that's conducted focus  
13 groups would say that a family member of a  
14 Reserve or Guard is probably the least  
15 informed of the cohort that we see.

16 On the scale of all the folks that  
17 we talk to, that they're the ones in the  
18 most painful situation of lack of  
19 information and they're probably the ones  
20 who need more resourcing because they don't  
21 have post support, they don't have quick  
22 access to like Army Community Services, for

1 example. If you don't know about anything  
2 that's available specifically for wounded,  
3 ill and injured, if you're an active duty  
4 family member you've heard of ACS. But  
5 that's not going to be true necessarily of a  
6 Reserve or Guard component family member.  
7 So they just have -- do you see?

8 COL FARIS: I understand that, but I  
9 would tell you from a Guard perspective we  
10 do know what family assistance centers are.  
11 And that is drilled into every -- when they  
12 start the Guard that that is their resource.

13 Part of the challenge that we run  
14 into is the same challenge we run into  
15 trying to get our Guard member to take  
16 Tricare Reserve Select and have insurance.  
17 It's a value-based decision.

18 And a lot of times it happens and it  
19 doesn't become a value until it's a crisis.  
20 I don't have any money, I can't pay rent,  
21 it's a crisis.

22 I remember there was this family

1 program. So it's the same thing.

2 And so that's some of our challenges  
3 we face because predominantly the population  
4 of the National Guard is getting younger,  
5 less than 30 now. It used to be much higher  
6 than that. And so we'll get our first-  
7 termers and I'd rather have a great app on  
8 my phone than go and sit through a briefing  
9 to tell me all the great services that you  
10 can provide me when I don't really need  
11 anything right now. And that's some of the  
12 challenges that we've faced heretofore, yes.

13 CO-CHAIR CROCKETT-JONES:

14 Absolutely.

15 COL FARIS: If there aren't any  
16 other questions I'll pass the microphone  
17 over to --

18 LTCOL WONG: Colonel Faris, I  
19 actually have one more.

20 COL FARIS: Yes.

21 LTCOL WONG: I know you talked great  
22 about the strategic level of how we're going

1 to fix this disparity. But going down to  
2 more the tactical level. And we're talking  
3 about the community care units there  
4 standing up.

5 Part of their training or possibly  
6 in their doctrine is there a script or a  
7 checklist for them to I hope identify the  
8 non-medical resources that can be available  
9 to them and see? So we can pull out and  
10 make sure we identify that to the personnel?  
11 And then verifying that. And are there time  
12 milestones in their recovery plan when that  
13 occurs.

14 COL FARIS: So what I would tell you  
15 from my foxhole the friction point of going  
16 from CBWTUs to CCUs is the thing that you're  
17 just talking about. Is that you've got some  
18 people that have worked in the CBWTUs that  
19 have a really good understanding of the  
20 resources that are located in their region.  
21 And if they aren't the people that come to  
22 the CCU then how are you going to transpose

1       that.

2                   Well, that's why we partner with the  
3       Warrior Transition Command and National  
4       Guard Bureau and USARAK to talk about what  
5       are those -- who are the resources, who are  
6       the SMEs in the state that they can reach  
7       out to.

8                   Because yes, they've got a lot of  
9       great resources on the installation, but if  
10      that installation is 1,000 miles away from  
11      where the soldier resides it doesn't help  
12      them a whole lot. And so partnering with  
13      the Warrior Transition Command or with our  
14      office and the G1 is to know where those  
15      non-medical resources are located in the  
16      state is very important. And we will  
17      continue to do that.

18                  And by having that 25/25/50 mix on  
19      the staff will help with that. And I'm sure  
20      that Jean can talk about the training aspect  
21      of bringing people on to work in the CCUs as  
22      far as ensuring that they understand the

1 script, the things that they ask for as far  
2 as identifying resources based on where they  
3 reside.

4 COL BARIDO: Hello, I'd like to  
5 thank you for allowing us to speak today.  
6 I'm Colonel Bardo, deputy surgeon for Health  
7 Affairs Policy and Physical Administration  
8 for the Army Reserve.

9 And we did read the results from the  
10 Recovering Warrior Task Force and found that  
11 non-medical information, ambient non-medical  
12 information within the Army Reserve was a  
13 serious gap. When the chief of the Army  
14 Reserve Lieutenant General Talley came  
15 onboard his mantra to us, the culture that  
16 he's tried to instill is that the Army  
17 Reserve is a family and families take care  
18 of their family members.

19 We found that not necessarily to be  
20 true for those soldiers that were in our  
21 warrior transition units, those soldiers  
22 that are attached to the warrior transition

1 units who are actually still members of the  
2 Army Reserve.

3 So, as the command team came in they  
4 conducted some visits to our warrior  
5 transition units and determined that there  
6 needed to be some changes in how we do  
7 business.

8 One of the top five priorities for  
9 the Chief of the Army Reserve is that the  
10 care of the Army Reserve wounded warriors  
11 and their families.

12 And in order to close the  
13 communication gaps that were found there's  
14 been changes in our -- we've created an Army  
15 Reserve Warrior Transition Program and we've  
16 reinvigorated our recovery care coordinators  
17 in the program that they're involved with.

18 I'm going to go into greater detail  
19 on those a little bit later.

20 There's also the Army Reserve  
21 Medical Management Center that I discussed  
22 previously where we've consolidated our pre-

1 MEB work for those that are in profile.

2 And our Army Reserve family  
3 programs. It's available to all Army  
4 Reserve soldiers and their family members.  
5 It's a great way that we actually try to  
6 provide standardized information for all  
7 Army Reserve soldiers.

8 And we also have Fort Family in  
9 Rochester, New York that assists us with  
10 that.

11 We worked on unit administrator  
12 course in order to improve the quality of  
13 the information that's provided.

14 At the very lowest level in terms of  
15 recovering warriors, wounded warriors, care  
16 treatment and the other programs that are  
17 available to unit members and their families  
18 within the Army Reserve.

19 And finally, in terms of training  
20 events it's -- for our senior leaders at the  
21 battalion and brigade level our pre-command  
22 courses, our senior NCO courses ensuring

1 that the leadership actually is informed of  
2 the programs that we have available and can  
3 provide that to their soldiers and ensure  
4 that they understand. Next slide.

5 This is a basic outline of the  
6 recovering warrior Army Reserve Warrior  
7 Transition Program.

8 As I discussed, essentially we found  
9 that there was a gap and we tried to fix  
10 that. And that gap was primarily with  
11 legal, financial and administrative issues  
12 which is the same thing that the Recovering  
13 Warrior Task Force found.

14 So in March 2013 the Army Reserve  
15 established the program to assist the WTU  
16 and CBWTU soldiers with these issues.

17 Essentially what we're trying to do  
18 is provide that missing link in ambient  
19 knowledge by placing Army Reserve assets who  
20 are not only aware of the Army Reserve and  
21 how the Army Reserve works which the active  
22 component might not necessarily understand,

1 but also provide those individuals with the  
2 knowledge of how the recovering warrior  
3 program works so that they can be the link  
4 in knowledge between the two. Next slide.

5 So, this is what we've established.  
6 Essentially there's a program manager at the  
7 Office of the Chief of the Army Reserve  
8 who's here today, Mr. Sharpe. And we have a  
9 specialist at the RSC headquarters and the  
10 RSC specialist. They're essentially over  
11 that program for that region.

12 And then there's the warrior  
13 transition specialists at all the W2's with  
14 greater than 20 Army Reserve soldiers. And  
15 then there's also a staff judge advocate  
16 officer that's there to provide answers to  
17 legal questions for our Army Reserve  
18 warriors.

19 In terms of the way ahead our  
20 warrior transition specialists have gotten  
21 involved in the active duty medical  
22 extension and MRP2 process. There's a lack

1 of standardization in that and they were the  
2 likely candidate to be able to assist us in  
3 ensuring that we had command visibility and  
4 a standardized process in order to make sure  
5 those warriors that either require ADME or  
6 MRP2 processing received appropriate  
7 processing.

8 And as Colonel Powell discussed  
9 earlier in the ADOP, the active duty orders  
10 processing as it moves to the electronic  
11 side, they're also going to be part of our  
12 business process to ensure that that's  
13 standardized as well. So that's how that  
14 training is going to happen.

15 The process. Basically they're  
16 there, the specialists are there in order to  
17 receive the information, answer what they  
18 can, roll up any issues throughout the chain  
19 all the way up to the Chief of the Army  
20 Reserve Headquarters if necessary.

21 And the program manager provides a  
22 report to our human capital director of the

1 Chief of the Army Reserve. So we can see  
2 trends, issues that might be boiling up in  
3 different circumstances or different  
4 locations specifically that we might want to  
5 take a look at.

6 In terms of training you see that  
7 they actually go to the unit administrator  
8 basic course. So they get an overall view  
9 of how the Army Reserve works at the  
10 tactical level in terms of administration.  
11 The Warrior Transition Cadre Core. So they  
12 understand what the cadre are supposed to  
13 do.

14 And then there's the senior leader  
15 orientation and cadre leader orientation,  
16 and then the survivor benefits plan for the  
17 Reserve components which is something that's  
18 very important for them to understand.

19 CAPT SANDERS: So, just to be clear.  
20 The training is for the program structure  
21 participants?

22 COL BARIDO: For the warrior

1 transition specialists.

2 CAPT SANDERS: Okay. And so  
3 everyone in that program structure doesn't  
4 receive that full load of training.

5 COL SHARPE: Sir, Colonel Sharpe,  
6 the program manager. All of the specialists  
7 that are assigned that we send out to the  
8 different WTUs receive that training.

9 They are HIPAA-certified to make  
10 sure that they are qualified and authorized  
11 to speak on the soldier's behalf in terms of  
12 medical issues.

13 We receive training from the unit  
14 basic course. We attend the warrior  
15 transition courses that they attend as well  
16 to make sure we understand the processes to  
17 better assist our soldiers.

18 CAPT SANDERS: Thank you.

19 COL SHARPE: You're welcome.

20 CO-CHAIR MUSTION: Can I ask you a  
21 question? You commented that the warrior  
22 transition specialists are partially to help

1 identify trends and push information back up  
2 the net. So what are the trends that the  
3 warrior transition specialists have found?

4 COL SHARPE: Sir, most of the issues  
5 that we have from the soldiers are more  
6 administrative, meaning they need assistance  
7 with promotions, they need assistance in  
8 retirement points, things of that nature.

9 And those issues may not or cannot  
10 be addressed by the WTU cadre because they  
11 may be active component. They may not  
12 understand the Reserve, how to calculate  
13 retirement points. So that's why my  
14 specialist is there, to provide that type of  
15 support to that soldier, or provide  
16 reachback capability back to the Army  
17 Reserve unit to provide whatever assistance  
18 that soldier might need. So a lot of them  
19 are administrative issues and concerns.

20 We do receive a few medical issues.  
21 If they feel that they might be pushed out  
22 of the WTU too soon we make sure that we

1 assist them in coordinating with the cadre  
2 to ensure that they understand the process  
3 and why it is time for them to REFRAD.

4 CO-CHAIR MUSTION: One other  
5 question. How many warrior transition  
6 specialists does the Army Reserve have?

7 COL SHARPE: Currently, sir, we have  
8 27 specialists in support of the program.  
9 We actually have 20 out in the WTUs. I have  
10 four in the different -- the four RSCs. And  
11 then I have a legal specialist and another  
12 admin specialist. So a total of 27  
13 personnel.

14 CO-CHAIR MUSTION: Okay. And  
15 they're separate and apart really from the  
16 WTU though?

17 COL SHARPE: That's correct,  
18 separate and apart.

19 CO-CHAIR MUSTION: Okay, thanks.

20 COL SHARPE: You're welcome, sir.

21 COL BARIDO: Finally, the recovery  
22 care coordination program. The Army Reserve

1 has 18 recovery care coordinators throughout  
2 the 50 continental United States, Hawaii and  
3 Puerto Rico.

4 They essentially do what a recovery  
5 care coordinator is supposed to do per the  
6 DoDI. And they're trained with the OSD  
7 recovery care coordination program. And  
8 they use the RCPSS system.

9 The big thing that we've done with  
10 the recovery care coordinators is integrated  
11 them into our Yellow Ribbon reintegration  
12 events and included them in our PDHRA  
13 referral process. So, soldiers that come  
14 back that get a referral as requiring some  
15 sort of follow-up from their post deployment  
16 health reassessment are automatically  
17 basically assigned to NRCC to follow up with  
18 them. If they don't need to open a case on  
19 it they don't. But just to ensure that we  
20 close that gap with those individuals.

21 CO-CHAIR CROCKETT-JONES: So what's  
22 the total population that those RCCs are

1 covering as cases?

2 COL BARIDO: It is under 720, ma'am.  
3 But it is approach 720. We're looking at  
4 expanding that contract.

5 CO-CHAIR CROCKETT-JONES: And what  
6 is the benchmark that warrants a case being  
7 opened? Is there a specific one or does the  
8 RCCs have some --

9 COL BARIDO: The RCCs have  
10 discretion on that based on complexity,  
11 whether it's a one-off or whether it's going  
12 to require continued follow-on. If so then  
13 they open a case on it.

14 CSM DEJONG: Again, I just want to  
15 make a quick mention because we are not  
16 going to be able to address you again.

17 The Guard and Reserve continuously  
18 throughout the nation as we talk about this  
19 talk about Yellow Ribbon and PDHRA being  
20 contact points for this.

21 We know very well that PDHRAs and  
22 Yellow Ribbon programs are going away. So

1 we need to come up with another avenue,  
2 whether it's the PHA or whether it's  
3 something, we need to come up with another  
4 touchpoint in order to reach these future,  
5 the ongoing but also future candidates for  
6 these programs that are out there.

7 Because as the mobilizations and  
8 deployments fall down so do the Yellow  
9 Ribbon programs, so do PDHRAs.

10 So, I just want to make note of it  
11 that strategically we have to be looking at  
12 how we are going to touch these future  
13 generations when we go into a non-deploying  
14 Army again.

15 COL BARIDO: Thank you, I appreciate  
16 that comment and we are looking at that.  
17 The PHYSICIAN ASSISTANTS themselves actually  
18 have a referral process as well. In  
19 addition to the fact that soldiers who  
20 receive a line of duty, some of them require  
21 recovery care coordination. And that would  
22 be the logical place for us to integrate

1 that program.

2 Subject to further questions I'll be  
3 followed by Colonel Johnson.

4 MR. WEBB: I'd just like to  
5 highlight again so there's no confusion out  
6 there. There is a horizontal entry/exit  
7 into the formal Warrior Care and Transition  
8 Program. And then there's other assets in  
9 support of the Reserve component soldiers.  
10 Especially so many -- the assets that  
11 Colonel Bardo mentioned on slide 22. I  
12 mean, what a great way to accomplish what we  
13 talked about before was once these soldiers  
14 are discharged how do we assure we're  
15 getting them back to their home stations and  
16 units. So, very welcome assets.

17 But especially for the RCC program,  
18 the formal RCCs mandated by DoDI from OSD,  
19 these RCCs service a different population.

20 COL JOHNSON: All right, good  
21 morning. I'm now going to start to address  
22 recommendation 20. I'll start with the IDES

1 piece of that and then pass that back to the  
2 warrior transition commander to discuss the  
3 WTU specifics of it.

4 Because as Mr. Webb has stressed  
5 there's a difference in IDES versus those in  
6 the WTC elements.

7 But as regards to increasing both  
8 family member involvement in recovery  
9 process and the family member's awareness of  
10 available resources the recommendation of  
11 the task force was that 100 percent outreach  
12 to attend in-processing and IDES orientation  
13 for family members or designated caregivers.

14 Anytime, to be honest, I see  
15 something that says 100 percent I say you've  
16 got to be kidding, frankly. Because as soon  
17 as you establish a bar there you've  
18 established an unachievable goal. So I  
19 always get nervous when I see something that  
20 says 100 percent. Because the reality is  
21 the process we have here involves human  
22 beings and you'll never achieve 100 percent

1 because it involves human beings.

2 That said, what I will tell you is  
3 we take a very proactive approach with our  
4 soldiers entering the IDES process,  
5 encouraging them to involve their family  
6 members. Family members are invited to  
7 every step of the IDES process, particularly  
8 starting off as to the initial in-brief.

9 At that initial in-brief, the  
10 initial in-brief is a standardized template  
11 that is used at every medical treatment  
12 facility across the Army. It has a minimum  
13 set of material that each one of those in-  
14 briefs must cover.

15 It includes a minimum standard for  
16 the agencies, the organizations that should  
17 be invited to that in-brief. And what it  
18 also does then is allow the local unit, the  
19 local MTF to then augment that information.  
20 But there's a minimum standard. And then  
21 local information augments that template.

22 The soldiers are encouraged to

1 invite their family members into the IDES  
2 in-brief and are encouraged them to invite  
3 them to follow on sessions with the PEBLOs.

4 The unit chains of command are also  
5 informed of the fact that we encourage  
6 family members to attend these in-briefs.

7 Where we find some difficulty here  
8 is that some soldiers do not want their  
9 family members involved. And that's that  
10 individual adult American citizen's decision  
11 as to whether or not they want to have their  
12 family involved in a process that involves  
13 very private potentially medical information  
14 and individual decisions as to where they  
15 choose to move with their careers. But we  
16 again encourage them to involve their family  
17 members.

18 CO-CHAIR CROCKETT-JONES: Let me  
19 just -- I just want to jump in here. Let me  
20 just say why this is an issue for the task  
21 force.

22 There is a wide variation from the

1 places we go regarding how -- what that  
2 phrase means. We invite -- we always allow  
3 and invite and encourage family members to  
4 attend.

5 It is more often than not a rather  
6 passive response. I recognize that there  
7 has been sort of a cultural sea change sort  
8 of happening in a very slow, glacial kind of  
9 speed where initially when this task force  
10 formed there was no concept as to why anyone  
11 would want a family member there. And now  
12 we understand that many do and although some  
13 still don't.

14 The Marines have taken a very active  
15 approach to addressing this issue in saying  
16 that when someone says no, I don't want my  
17 family member there, you just have to  
18 explain it to a commander. And it's almost  
19 eliminated the existence of people who say I  
20 don't want them there. I don't want them  
21 informed. I don't want my family members  
22 informed.

1           Some of the information that happens  
2           in this process affects the benefits  
3           available to those spouses or family  
4           members. And while I understand that there  
5           might be HIPAA issues and various issues,  
6           this is a touchpoint for providing those  
7           spouses that information on those benefits  
8           that are theirs.

9           For instance, like VA caregiver  
10          programs, or EFMP status. Children are now  
11          falling out of a program and no longer will  
12          be subsidized or targeted for particular  
13          programs. And they're going to have to  
14          scramble to find resources at the end of  
15          that IDES process that have this window of  
16          opportunity to find resources in their local  
17          state to compensate or to substitute in.

18          And sometimes that information is  
19          huge for the family members. It might seem  
20          like a very small piece of the puzzle to  
21          everybody else, but that particular EFMP  
22          program might be what's keeping that family

1 functioning. And now they've got to find a  
2 new one from a state resource.

3 And while I understand there is the  
4 obstacle of the servicemember being able to  
5 say no, I don't want them there, the idea --  
6 very often with the Army and frankly  
7 everyone outside of the Marines, this is a  
8 very passively viewed issue.

9 We send out the invitations, or we  
10 send home a flyer with every servicemember  
11 saying that they could bring in. And this  
12 is wholly inadequate. They just to meet the  
13 resource needs for those family members  
14 whose lives are sometimes impacted  
15 enormously.

16 At the same time we frequently have  
17 a very little concept of how much support  
18 caregivers are giving. I know this isn't  
19 your area, but you know, we look only at  
20 very basic activities of daily living when  
21 we are -- these folks with behavioral health  
22 and TBI issues are relying heavily upon

1 their spouses for all financial planning,  
2 keeping their calendars, taking proper meds,  
3 enormous amounts of caregiving that is  
4 largely uncovered by most standards. And  
5 the VA is expanding theirs but the military  
6 is not keeping up on this end.

7 And so a passive view of they are  
8 invited but, you know, there's nothing --  
9 but we can't do anything if he says no.  
10 Well, the Marines have said there is  
11 something we can do. We can just ask him to  
12 explain to his chain of command, some person  
13 in his chain of command why. Why not.

14 There are legitimate reasons. And  
15 if they say, you know what, I'm about to get  
16 a divorce, or you know what, there's a  
17 conflict between my mother and my spouse.  
18 If there are legitimate reasons then those  
19 can be brought to light just to say this is  
20 an internal family issue. And an  
21 explanation being given is great.

22 But the person who opts out because

1 they just don't see the need when they've --  
2 because they are totally unappreciative of  
3 the amount of work that a caregiver -- that  
4 their spouse is doing at home, or because  
5 they don't know that that spouse needs to  
6 find out that they are getting the federal  
7 preference points from their -- that their  
8 husband won't be getting because he's not  
9 going to be working, those little bits of  
10 information.

11 And maybe that servicemember doesn't  
12 appreciate how vital they will be to the  
13 spouse. And so they opt out.

14 And in the Army all they have to do  
15 is say I don't want them. And that's like a  
16 door gets closed and no one says are you  
17 sure. Maybe you should have explain to me  
18 why you've opted out. And if they have no  
19 reason I don't need it they're not going to  
20 want to bring that to the chain of command  
21 which is why the Marines have seen such a  
22 reduction in the number of people who opt

1 out to having a family member there.

2 And so I just want to reiterate that  
3 this -- everything I hear from outside the  
4 Marines is a very passive view of the  
5 situation rather than an active we know this  
6 is an obstacle and we like, you know, we're  
7 trying to fix it.

8 And when I go to installations and I  
9 see leadership say well, we have an email  
10 list and they think that that's outreach  
11 when they have no idea who's on the other  
12 end of those email addresses it's because  
13 they never wait -- they never sent this  
14 back. They get -- those kinds of things  
15 show a very passive view of the concept of  
16 contacting family members and informing them  
17 on these processes.

18 And I guarantee you that if there is  
19 -- if a servicemember has stress about not  
20 understanding their place in the IDES arc of  
21 time you're either going to have added  
22 stress of a spouse not knowing, or you're

1 going to have an ally of a spouse saying  
2 it's all going to work out, and I  
3 understand, and I know where we go, or yes,  
4 it has been a little too long, maybe we  
5 should.

6 You're either turning spouses into  
7 allies or enemies as far as this goes. And  
8 I do not understand why the Army seems to  
9 have such a passive view of the situation.

10 COL JOHNSON: I appreciate your  
11 observations and I'll talk to my Marine  
12 Corps counterpart and see how in fact they  
13 do it. And I'm happy to learn lessons from  
14 them.

15 But I guess you have it as I see it.  
16 So I appreciate your observations. Thank  
17 you.

18 DR. STONE: So Carl, let me suggest  
19 to you that you examine the concept of high  
20 reliability, high-performing organizations  
21 that really do strive to reach 100 percent.

22 I think the untenable position that

1 you're in is then having to come back and  
2 saying well, I find 90 percent outreach  
3 acceptable. And that puts you in an  
4 untenable situation.

5 So if you accept the fact that you  
6 can get to a high-reliability, high-  
7 performing organization and accept the fact  
8 that human are humans you're going to have  
9 problems.

10 I would suspect that the General  
11 Motors president who gave recent testimony  
12 would have much preferred that she had  
13 reached 100 percent reliability on the part.  
14 You're talking about reaching out.

15 And I think that if you accept the  
16 fact that of 100 percent outreach you come  
17 up with innovative solutions that the Marine  
18 Corps has done.

19 And I referenced it before. We're  
20 so proud of the movement of the Marine  
21 Corps. Because they just said unacceptable  
22 and had a young trooper sitting in front of

1 a command team explaining their way and  
2 guess what happened. It melted away.

3 So I would ask you to consider that  
4 and examine that and see if you can get much  
5 closer. Otherwise you're in a completely  
6 untenable position accepting levels of  
7 outreach that are unacceptable.

8 CAPT SANDERS: I'd like to add to  
9 that. I guess there's a demarcation here  
10 between the benefits that are the members  
11 without infringing on their rights, and the  
12 benefits that are the family's and intended  
13 for the family.

14 And as when members get ready to  
15 leave the service there's the survivor  
16 benefits package that has to be signed off.  
17 And there's a document that has to be  
18 completed that says the person who should be  
19 responsible for receiving these benefits has  
20 knowledge of their ability to get these  
21 benefits and signs off on that, yes or no.

22 And there's not a discretion in that

1 process, it's required. It's statutory.

2 I'm not sure if all the benefits  
3 would go to a family member that are  
4 separate and don't infringe on the member's  
5 rights fit into that kind of a box, but I'm  
6 sure there are some that do. From the  
7 regulations and the statutes that govern  
8 this process block them off as to the family  
9 member and not really to the member him- or  
10 herself. And so that their orientation to  
11 this block of benefits would be more of a  
12 mandatory process than a discretionary  
13 process.

14 And if you could go back and look  
15 and see if there are those that fit in that  
16 box you can get to where the Marines are in  
17 a mandatory way for the benefits that are  
18 going to the family members.

19 And then the family members are  
20 automatically brought in by rule to the  
21 process at some point early on. And maybe  
22 you won't get everything into the box at

1 that point, but you'll get some things  
2 across the line. And hopefully it will be  
3 the most critical things.

4 COL JONES: Good afternoon, I'm  
5 Colonel Jones. I'm the chief nurse of the  
6 Warrior Transition Command.

7 One of the things I wish we would  
8 have shared our responses a little bit  
9 better, but one of the things that the WTU  
10 or the WTC has done is we were here last  
11 year briefing. And we got the message that  
12 we were not providing enough outreach to  
13 families.

14 So we went back and we looked at the  
15 systems that we currently had in place to  
16 see if they were actually doing what we had  
17 set them up to do. And then looked for gaps  
18 and identified some initiatives that we  
19 could put in place to help with this  
20 outreach.

21 One of the things that we did find  
22 is of the systems that we have in place our

1 nurse case managers are truly doing a good  
2 job. We reviewed AHLTA records in our Army  
3 warrior care transition system documentation  
4 and found that across the board our nurse  
5 case managers are reaching out to our  
6 families.

7 We also found that in some of the  
8 survey data that we do that our families are  
9 very satisfied with the care that our nurse  
10 case managers are providing.

11 One of the other things that we do  
12 know is that our SFACs are doing a good job  
13 at outreach as well.

14 But we also went back and said boy,  
15 we don't have a coordinated effort. And  
16 that's one of the things that we're looking  
17 at doing now. And the coordinated effort  
18 that we wanted to achieve we actually have a  
19 family readiness support assistant in every  
20 one of our units.

21 But we found across the board that  
22 they are not being used in the same manner.

1 So we don't have an enterprise solution.

2 We actually were just at Fort Bragg  
3 a few weeks ago and found that Fort Bragg  
4 actually has a family program that's  
5 spectacular. They have outreach to all of  
6 their family members, and this is them  
7 through the first and active engagement with  
8 the commander.

9 So they reach out to all of their  
10 families not only through social media but  
11 telephonically. They get calls back. If  
12 they don't get a call back they try out  
13 again. So we're going to see if we can take  
14 the tenets of their program and use them  
15 enterprise-wide.

16 Another couple of things that we've  
17 done is through the IDES process we have  
18 worked with the IDES team. One of the  
19 things that we've mandated is that our  
20 soldiers and our family members attend an  
21 IDES briefing within the first 30 days of  
22 being assigned to a warrior transition unit.

1 So they're getting in there for the IDES  
2 process.

3 The other thing that we looked at  
4 was for our non-medical attendants or our  
5 caregivers we did hear as we looked at our  
6 program that our non-medical attendants  
7 really didn't feel that they were adequately  
8 prepared to provide the support that they  
9 needed to our soldiers.

10 So we put together a non-medical  
11 attendant program. This non-medical  
12 attendant program Mr. Webb talked about  
13 earlier. It actually encompasses things  
14 like training, basic orientation to the MTF,  
15 basic orientation to the garrison, things  
16 that they weren't getting beforehand.

17 It actually also comes with a small  
18 snippet of care for the caregiver program  
19 that we used -- that we complemented the  
20 VA's program and started talking about  
21 resiliency platforms. We started talking  
22 about coping and about resources so that we

1 could share all of those things with our  
2 non-medical attendants now and start  
3 preparing them as they get ready to  
4 transition to the VA.

5 The other couple of things that  
6 we've done and what you can see up here,  
7 through our new Warrior Care and Transition  
8 Program Leader and Soldiers Guide we're  
9 actually mandating some of that outreach.

10 So our commanders will now actually  
11 get involved. They will actually call the  
12 spouses to ensure that they're getting the  
13 word that hey, this is when the orientation  
14 program is. These are some of the benefits  
15 that you are entitled to. Did you know  
16 about the in-processing that happens. So  
17 we're mandating that through our CTP guide  
18 that these are some of the things that our  
19 commanders will do.

20 In addition to this we're actually  
21 looking to see if we can put into place some  
22 metrics that we can help monitor how our

1 families are being managed.

2 Currently we do look at nurse case  
3 manager metrics. We look at their AHLTA  
4 notes. We look at their wicket's input.  
5 We've actually added some data so that we  
6 can start tracking who gets care for the  
7 caregiver training and if they're satisfied  
8 with that caregiver training. Now that's  
9 not up and running yet so I have no metrics  
10 on that yet but that is coming.

11 We actually do look at from the unit  
12 perspective we're trying to get them to --  
13 or we're mandating that they start looking  
14 at how many family members attend the IDES  
15 familiarization brief. So all those  
16 measures are in place.

17 And again, we also measure or look  
18 at the satisfaction data that MEDCOM  
19 provides us to ensure that we're reaching  
20 out to the families and involving them.

21 So we're not there yet. We're  
22 actually even adding a staff member to our

1 WTC platform that will be in charge of  
2 families. So again, so that we can develop  
3 a systemwide solution instead of an  
4 individual unit solution.

5 Subject to your questions.

6 CO-CHAIR CROCKETT-JONES: The NMA  
7 care for the caregiver training that you  
8 said is similar to the VA, is that similar  
9 to the Easter Seals program that the VA uses  
10 for caregiver training?

11 COL JONES: Actually -- go ahead.

12 CO-CHAIR CROCKETT-JONES: It's the  
13 same? Or is it administered --

14 COL JONES: It's not the same. It's  
15 different. It's about a one- to two-hour  
16 block of instruction that the nurse case  
17 manager provides the non-medical attendant  
18 when the non-medical attendants are ready.

19 And the problem that we've done in  
20 the past is we've put programs in place that  
21 said oh, go to this briefing, but not all of  
22 the non-medical attendants or caregivers are

1 ready for that at the same time.

2 So we've asked the nurse case  
3 managers to provide that training. And it  
4 really focuses on coping skills. And it  
5 also gives them resources to help them.

6 Because one of the things that we've  
7 found is our caregivers are actually  
8 uncomfortable with being around the Army, or  
9 being around the uniforms. So we've added  
10 some of the things in there that they could  
11 reach out to and look at some of the  
12 platforms that we have to help people  
13 integrate into the military. Army family  
14 team-building. Some of those things that  
15 give them some orientation to wearing the  
16 green suit so that they understand it.

17 So it is a little different than  
18 what the Easter Seals does, although we have  
19 partnered with the USO. Actually we just  
20 met with them a few weeks ago.

21 And as we reach out to our units we  
22 find which units need family programs and

1 then we contact -- we work with the USOs to  
2 make sure that those programs are set up at  
3 that location.

4 CO-CHAIR CROCKETT-JONES: I was  
5 going to say I was wondering if anyone was  
6 looking at getting access to that Easter  
7 Seals training without, you know, minus the  
8 certification.

9 Just because in that transition time  
10 period it's sort of a nice introduction to  
11 the concepts of where you're moving and what  
12 life will look like. It has such a broad  
13 range. I know they target people into that  
14 caregiver program, but it has some very  
15 basic ideas about the switch from being  
16 servicemember to veteran and the change in  
17 that. So, some uncertified access to that  
18 would probably be good for a lot of family  
19 members.

20 COL JONES: Yes, ma'am. I know our  
21 AW2 families actually get that transition,  
22 the care for the caregiver training prior to

1       them leaving. So for our soldiers that  
2       aren't in the AW2 program and their families  
3       that may not get the caregiver stipend  
4       afterwards, our program helps them at least  
5       with the coping skills and developing some  
6       of those subsets.

7               But we took the tenets of the care  
8       for the caregiver training and put some of  
9       those into our program so that we could help  
10      some of that transition.

11              MS. DAILEY: Okay, ladies and  
12      gentlemen, we need to move onto the Army  
13      survey. I'm going to hold conversation on  
14      recommendation 20.

15              It's not Dr. Gliner who's going to  
16      speak, is it, Tom? It's going to be someone  
17      else?

18              MR. WEBB: I'm going to ask Ms.  
19      Carolyn Spencer to come up.

20              MS. DAILEY: Okay, so this is the  
21      Army's survey program. It's important  
22      information. I looked over the results and

1 I really want you all to hear it.

2 DR. STONE: Okay, so Tom, could you  
3 take a question for the record then?

4 One of the things that we as a  
5 committee are struggling with is the  
6 endpoint of service responsibility and pass-  
7 off to other organizations like the VA.

8 Each of the services have had post-  
9 retirement benefits or organizations. You  
10 referenced AW2.

11 MR. WEBB: Yes, sir.

12 DR. STONE: Would you take for the  
13 record a question of why does the Army need  
14 AW2? And we're going to ask the same thing  
15 of the Navy and of the Marine Corps of what  
16 is it that's lacking that makes the services  
17 perceive the need for this organization.

18 And please, Denise will strangle me  
19 if you try to answer now. So if you would  
20 just take it for the record I'd appreciate  
21 it.

22 MR. WEBB: Absolutely, sir.

1           CAPT SANDERS:  At the risk of being  
2 hurt by Denise as well, when you go back and  
3 you take another look at recommendation 16  
4 since you initially thought that you had a  
5 different question than the one that was  
6 answered can we clarify the question that we  
7 actually want answered so that when they  
8 come back with an answer we're pretty sure  
9 that we're getting on the right track?

10           MS. SPENCER:  I'm Carolyn Spencer  
11 from the Warrior Transition Command.  I am  
12 the senior ops research analyst there.  Dr.  
13 Gliner asked me to stand in for her today to  
14 brief you on the WTU satisfaction survey and  
15 the MEB satisfaction survey programs.

16           The first one I'd like to discuss is  
17 the WTU satisfaction survey.  Perhaps the  
18 biggest change we've made to this program in  
19 the last year is our feedback to our cadre  
20 and to the regional medical commands.  We  
21 now provide direct feedback to the nurse  
22 case managers at the unit level.  This has

1       resulted in greatly enhanced morale amongst  
2       them for them to know that their soldiers  
3       speak so highly of them.

4               We also use those scores to look at  
5       the units that have the lower scores so we  
6       can enhance training.

7               We combine these results of the  
8       nurse case manager satisfaction survey as  
9       well as the rest of the satisfaction survey  
10      with other statistical data so that we can  
11      do trend analysis.

12              And the most recent survey was  
13      actually completed in March of 2014.  It's a  
14      monthly survey.

15              We also moved to a telephone survey  
16      -- excuse me, we moved to an email survey in  
17      2013.  But we found that our results were  
18      not as numerous as they were under the  
19      telephonic survey.  So this past month we  
20      moved back to a telephonic survey.  We don't  
21      know if the numbers have increased yet but  
22      the results lag about two months behind.

1           As far as the results go for our  
2           satisfaction survey we've found that the  
3           nurse case manager satisfaction continues to  
4           be very high across the board for all of our  
5           units. We also see similar trends with our  
6           provider and our overall satisfaction with  
7           the program.

8           Our satisfaction with access to care  
9           remains unchanged but it's still in the low  
10          seventies. And there's been a decrease in  
11          our pain management satisfaction.

12          We believe that perhaps the pain  
13          management satisfaction survey decrease,  
14          results decrease, is due to increased focus  
15          on pain management and therefore we see more  
16          comments relating to the pain management.

17          These are our three primary  
18          satisfaction survey results for the  
19          satisfaction with the WTU which is the  
20          lowest line in blue, the satisfaction with  
21          the case manager which is the highest line  
22          in red. As you can see it's pretty

1 consistent since 2012. And satisfaction  
2 with the provider which is the green line in  
3 the middle.

4 This slide depicts the three areas  
5 we look at in access to care, urgent care  
6 and non-urgent care and treatment. We have  
7 seen that these remain in the seventies  
8 across the board for our soldiers in the  
9 Warrior Care and Transition Program.

10 The Surgeon General's Office, Dr.  
11 Gliner's office isn't quite sure why these  
12 are about the same as they are for the rest  
13 of the Army. Our soldiers have an enhanced  
14 access to care so they should have a higher  
15 satisfaction because of that enhanced  
16 access. She and her team are investigating  
17 that at this time.

18 This particular slide is broken out  
19 by compo and by the cohort that is surveyed.  
20 Our soldiers are surveyed at four points  
21 during their stay in our program if they  
22 reach that point, 30 days, 120 days, 280

1 days and 410 days.

2 You can see with the active  
3 component and the Army Reserve that  
4 satisfaction tends to go down in the long  
5 run. With the National Guard it actually  
6 goes up for the soldiers who have been in  
7 our program the longest. We're not sure why  
8 the difference. That's another area we're  
9 investigating.

10 Move onto the Medical Evaluation  
11 Board survey.

12 LTCOL KEANE: Quick question, ma'am.

13 MS. SPENCER: Yes.

14 LTCOL KEANE: So you have a response  
15 rate of approximately 30 percent. What is  
16 the total number of surveys that were sent  
17 out?

18 MS. SPENCER: All soldiers that are  
19 over 30 days, that reach the 30-day point  
20 during the previous month are surveyed.  
21 From March of 2013 until March of 2014 it  
22 was an email survey and now it's a

1 telephonic survey. So they're all called.

2 And the same thing for the 120-day  
3 point. Anybody who reached that 120-day  
4 point during the last 30 days is called as  
5 well as 280 and 410.

6 LTCOL KEANE: Do you have a number?

7 MS. SPENCER: I don't have any  
8 numbers with me today. We can get back to  
9 you on that.

10 MR. REHBEIN: I guess I'm struck by  
11 the similarity to what the colonel said  
12 about 100 percent. One hundred percent  
13 satisfaction rates seem to me to be a little  
14 bit unbelievable.

15 MS. SPENCER: These standards are  
16 actually based on the same survey standards  
17 for medical care in the civilian community.

18 MR. REHBEIN: Go back to -- it's the  
19 bar graph that I'm referring to, that  
20 National Guard number that says 100 percent  
21 of the National Guard members that have been  
22 in the program 410 days are satisfied.

1 I'm not saying there's anything  
2 wrong with survey data. I'm just wondering.

3 MS. SPENCER: Yes, sir. The Army  
4 MEB satisfaction survey was started in March  
5 of 2012. In December of 2013 it was  
6 modified because we had been looking at  
7 cohorts at the 30- and 120-day point. And  
8 I'm not sure of the other dates, but at  
9 several cohorts during their stay in the  
10 IDES program.

11 We found that we weren't getting  
12 consistent results across the board and in  
13 conjunction with conversations with the  
14 Physical Disability Agency we decided to  
15 reduce that to a single cohort. So all of  
16 our soldiers across the Army that are in the  
17 MEB at the 120-day point are surveyed for  
18 these results.

19 This started in December. The  
20 results had not been promulgated yet to know  
21 whether or not we're going to see more  
22 consistent results.

1           One thing that we do do with the MEB  
2 survey program is use the results to focus  
3 training for the PEBLOs at the sites where  
4 the satisfaction is the least.

5           And as we've seen in the past  
6 satisfaction with PEBLOs seems to be high.  
7 And we've found that most soldiers get most  
8 of their information from their friends. It  
9 can be a little disconcerting because we're  
10 not sure if they're getting accurate  
11 information.

12           These are some of the MEB survey  
13 results across the board for all the units,  
14 on the MTFs.

15           DR. STONE: How does the Army use  
16 these?

17           MS. SPENCER: We use these in  
18 particular to increase training for the  
19 PEBLOs at the MTFs.

20           DR. STONE: So, when we look at  
21 these your low performers, what special  
22 action was taken at Fort Meade, Fort Drum,

1 Fort Eustis that was not taken at the other  
2 sites?

3 MS. SPENCER: We'll have to get back  
4 to you and answer that, sir.

5 COL JOHNSON: Just briefly. In  
6 coordination with the IDES service line and  
7 monitoring this thing we sent a team there.  
8 So we sent a leadership team to talk to the  
9 team there on the ground at some of those  
10 specific sites, try identify further what  
11 the specific issue was and then did focus  
12 training there, particularly inclusive of a  
13 customer relations training.

14 Talked to them about how do you talk  
15 to the soldier. How do you relay  
16 information to the soldier? How do you  
17 reach out to the soldier? So I know in  
18 those very specific sites that's a specific  
19 action that the MEDCOM took.

20 DR. STONE: Colonel, you're  
21 satisfied with what the survey has given you  
22 even though you're under redesigning a

1 portion of it. You're satisfied you're  
2 getting appropriate management data in a  
3 timely manner?

4 COL JOHNSON: Sir, from -- I think  
5 we're still really assessing that. And  
6 coincidentally, or I don't know  
7 coincidentally, but near simultaneously OSD  
8 put out a new survey as well.

9 So we're trying to look at, you  
10 know, we don't want to have survey fatigue,  
11 frankly, if the soldier is in the process.  
12 So we're pulling the data from the OSD  
13 survey, matching it against dollars to see  
14 if we're asking the right questions or see  
15 if we need to modify again. And that's one  
16 of the things that the IDES service line and  
17 G1 are working together to determine if  
18 we're going in the right direction.

19 DR. STONE: What's interesting here  
20 is the sense of fairness. In your bottom  
21 left corner in your next slide correlates  
22 with sense of respect and satisfaction

1 levels.

2 And clearly all these things do for  
3 you is give you management tools. But it's  
4 interesting that they all seem to correlate  
5 as you interpret these.

6 LTCOL WONG: Excuse me. Is there  
7 any correlation between the drop in  
8 percentage to PEBLO to number of IDES cases  
9 they're managing?

10 MS. SPENCER: I'll have to get back  
11 to you on that, sir.

12 COL JOHNSON: Yes, I don't know that  
13 we analyze that or not.

14 MS. SPENCER: There probably are  
15 significantly more PEBLOs and so they're  
16 actually -- our caseload has decreased over  
17 the past year and a half.

18 MR. DRACH: Could you go back  
19 briefly just to the previous slide? The  
20 bottom thought point, current survey results  
21 indicate that soldiers obtain the most  
22 important information about IDES through

1 their friends. Doesn't that raise some  
2 concern that something is wrong with the  
3 system?

4 COL JOHNSON: Yes, sir. But that's  
5 important as defined by the soldier, not  
6 necessarily the most important information.

7 In the soldier's view the most  
8 important information they get is from  
9 talking with their buddy. In the soldier's  
10 view, I mean that's their observation.

11 And we are concerned with it as the  
12 speaker mentioned because what they get from  
13 their buddy isn't always accurate. So,  
14 we're trying to address that in repeated  
15 engagements and touch points between the  
16 PEBLO and the soldier as they move through  
17 the process, sir.

18 CO-CHAIR CROCKETT-JONES: On that  
19 topic in the chart with the list of  
20 information sources and the percentages not  
21 on that list is IDES legal. So it's hard to  
22 know whether that would fall under other or

1 if it would not be considered.

2 MS. SPENCER: The next slide, ma'am?

3 CO-CHAIR CROCKETT-JONES: Yes.

4 MS. SPENCER: This one?

5 CO-CHAIR CROCKETT-JONES: That one.

6 You know, over 40 percent value the  
7 information coming from their friends. But  
8 IDES legal was not on that list.

9 Just from an anecdotal standpoint  
10 are visits, those who have gone to IDES  
11 legal help, the earlier on they have gone  
12 the more they value the information that  
13 they got and the more comfortable they felt  
14 in the process. So, I'm just wondering if  
15 that should be a specific bullet, a specific  
16 choice on that list.

17 MS. SPENCER: I will bring that back  
18 to Dr. Gliner's office for addition to the  
19 survey, ma'am.

20 This is my last slide. And this  
21 shows overall the MEB satisfaction results  
22 have gone down in the past year. They were

1 a high about nine months ago of nearly 78  
2 percent and now they've gone down to 65  
3 percent. Dr. Gliner's team is looking into  
4 that as to why.

5 Are there any other questions?

6 MR. REHBEIN: Before you give the  
7 mike back let me ask one thing. Because we  
8 have kind of struggled with ourselves.

9 As you do the survey, that final  
10 overall satisfaction is there a way to  
11 separate satisfaction with the process  
12 versus satisfaction with the result? And  
13 how badly does dissatisfaction with the  
14 result shade the satisfaction with the  
15 process?

16 MS. SPENCER: That's part of the  
17 reason we separated -- broke the other two  
18 cohorts out so that they're no longer  
19 surveyed because we weren't sure of that.

20 At the 120-day point they are right  
21 at the end of their MEB and so the rest of  
22 the results obviously won't be coloring

1 their view. Sir, did you have any other?

2 COL JOHNSON: I can tell you that  
3 the first iteration of the DoD survey came  
4 out this last quarter. And what we found  
5 there, one of the questions asked was did  
6 you appeal your decision during this  
7 process.

8 And the overall satisfaction was  
9 pretty good at 80 percent which we assume is  
10 a pretty good number. I asked specifics  
11 back to the creators of that survey, what  
12 does 80 percent mean. Is that good or not.  
13 How are you defining that.

14 But one of the things that we did  
15 find is those who participated in the  
16 survey, almost 80 percent of the  
17 participants were people who had appealed at  
18 some point.

19 The soldiers who didn't appeal  
20 didn't even participate in the survey. So I  
21 thought a satisfaction level of 80 percent  
22 of the vast majority of whom were soldiers

1 that appealed was probably pretty good.

2 If you assume that those who went  
3 through without an appeal were happy the  
4 whole way and therefore that's why they  
5 didn't appeal.

6 So some of it becomes a little  
7 colored there, sir, when you try to --  
8 you're exactly right, as you try to get back  
9 and define it.

10 MR. WEBB: Now, sir, I think we're  
11 about at the end of our allotted time. We  
12 hope the information that we presented to  
13 the task force was useful today.

14 And of course we look forward to  
15 working with your team as you continue with  
16 your preparations for your annual report  
17 which of course we'll get a chance to see  
18 later this year before it goes higher.

19 Ma'am, if there's no questions we're  
20 15 minutes early for lunch.

21 CO-CHAIR CROCKETT-JONES: I tihnk  
22 it's looking like we're 15 minutes early for

1 lunch. That sounds good. Thank you again  
2 for taking all our questions.

3 (Whereupon, the foregoing matter  
4 went off the record at 12:00 p.m. and went  
5 back on the record at 1:14 p.m.)

6 MS. DAILEY: All right, co-chairs  
7 can I get you on script, please? And we'll  
8 start.

9 CO-CHAIR CROCKETT-JONES: Okay,  
10 we're hearing from the Office of Warrior  
11 Care Policy. We welcome Ms. Nancy Weaver,  
12 the Deputy Assistant Secretary of Defense  
13 for the Office of Warrior Care Policy and  
14 Mr. Bret Stevens, Director of Disability  
15 Evaluation Systems for the Office of Warrior  
16 Care Policy.

17 Ms. Weaver will be presenting her  
18 office's response and implementation plan to  
19 our recommendations, specifically 6, 10, 11,  
20 12, 13, 14, 15, 16, 20 and 21. You will  
21 find their information under tab E. I'll  
22 turn it over to you.

1 MS. WEAVER: Good afternoon, co-  
2 chairs, members and staff of the Recovering  
3 Warrior Task Force. Thank you for the  
4 invitation for the Office of Warrior Care  
5 Policy to speak with you today.

6 Many of you were able to join us in  
7 January and we appreciate the opportunity  
8 you're providing us today to continue that  
9 conversation about the ongoing progress  
10 we're making in many areas that support  
11 recovering servicemembers, their families  
12 and their caregivers.

13 DoD's full response to the 21  
14 recommendations from your 2013 report was  
15 submitted to the House and Senate Armed  
16 Services Committees in March of 2014. That  
17 report included our evaluation and  
18 implementation plans for each of the task  
19 force recommendations.

20 Mr. Bret Stevens who also works in  
21 Warrior Care Policy and I will address the  
22 nine recommendations you specifically

1 requested in your invitation. That includes  
2 10-16, 20 and two parts of 21 that pertain  
3 to warrior care policy.

4 In addition, we'll also address the  
5 response to item number 6 which was  
6 originally assigned to Reserve Affairs.

7 MR. STEVENS: Good afternoon, co-  
8 chairs and members of the Recovering Warrior  
9 Task Force. I'll now go through the  
10 presentation as outlined by Mrs. Weaver  
11 starting with recommendation number 6.

12 The Recovering Warrior Task Force  
13 observed inconsistencies in the  
14 interpretation and application of laws  
15 governing the IDES with respect to Reserve  
16 component and active component members. And  
17 specifically they wanted DoD to look at the  
18 presumption of soundness, service  
19 aggravation provisions and the application  
20 of policies that specify current activation  
21 and/or years of service requirements.

22 In our evaluation the Department

1 found that it had in fact provided clear and  
2 consistent guidance in accordance with Title  
3 10 for making disability determinations that  
4 active and Reserve component members are  
5 presumed to be sound in sound condition at  
6 enlistment or time of activation.

7 Active and Reserve component members  
8 are equally eligible for disability  
9 compensation but we did recognize a need for  
10 an overarching quality assurance program for  
11 the disability evaluation system.

12 And though current statutes are  
13 being properly applied we are standardizing  
14 the service's disability quality assurance  
15 programs to further ensure consistent  
16 interpretation and application of DES laws  
17 and policies for active and Reserve  
18 component members.

19 We will publish a quality assurance  
20 program guidance in July of this year. And  
21 the services will then begin executing their  
22 quality assurance programs to again measure

1 and to evaluate the consistent and accurate  
2 application of laws and policies as they  
3 apply to both active and Reserve component  
4 members in the disability evaluation system.

5 If there are no questions I'll move  
6 onto the next recommendation.

7 DR. STONE: So Bret, as we've  
8 listened to the services one of the problems  
9 we've had is this lack of any quantifiable  
10 data that defends the position. I think  
11 you're right that policy exists.

12 Do you view your office as the place  
13 that quality assurance should occur?

14 MR. STEVENS: Yes, we believe that  
15 as DoD the policy owner of the disability  
16 evaluation system. But the actual execution  
17 of that QAP is going to be carried out by  
18 the military services.

19 We're going to be providing them  
20 guidance on actually executing their  
21 internal quality assurance programs.

22 The next recommendation from the

1 task force, recommendation number 10, it had  
2 four parts. The first part is in regards to  
3 the Department of Defense must establish  
4 policy to ensure the accuracy, timeliness  
5 and accessibility, relevancy of information  
6 sources specifically.

7 The recommendation was for DoD to  
8 define roles and responsibilities of all the  
9 online resources, call centers established  
10 by DoD and the services for a recovering  
11 warrior community to include common measures  
12 of effectiveness.

13 The Department does concur with the  
14 recommendation and we have outlined a plan  
15 to actually conduct an analysis of programs  
16 and determine their effectiveness by the end  
17 of this calendar year and then develop  
18 policy if appropriate for implementing a  
19 more robust system for online resources so  
20 that we'll have a greater impact for  
21 servicemembers.

22 And specifically to provide a little

1 bit more detail we've begun looking at a  
2 comprehensive inventory of online resources.  
3 We will start analyzing the populations  
4 served and determine what roles and  
5 responsibilities are being conducted by the  
6 various owners of those resources.

7 We will then look to determine how  
8 and what type of policy guidance, if  
9 appropriate, the Department will then put  
10 forth later this year.

11 The next area within that same  
12 context was for the recommendation to  
13 promote and improve marketing of the Wounded  
14 Warrior Resource Center 1-800 number as the  
15 single primary telephone resource for all  
16 recovering warriors and their families.

17 The Department non-concurred with  
18 this recommendation as it stated although  
19 the Military OneSource was directed by NDAA  
20 in 2008 specifically to -- but it was  
21 specifically to augment existing support  
22 services provided by the military

1 departments.

2           The wounded warrior 1-800 number  
3 recommendation connects to the Military  
4 OneSource and this service is a secondary  
5 point of contact for servicemembers and  
6 their families. You may have received  
7 briefings from the military departments or  
8 you will outlining their methodologies for  
9 promoting and providing information to their  
10 recovering warriors in support of their  
11 healing and recovery.

12           We will at the department level  
13 continue to monitor the usage of the  
14 military's online or call center resources  
15 as well as Military OneSource.

16           And as I explained as the response  
17 to the first part of this question we'll  
18 continue to analyze to ensure that the  
19 resources are having the impact that they  
20 are designed for.

21           CAPT SANDERS: Sir, are you going to  
22 coordinate this analysis that your source

1 says you've implemented is going to continue  
2 to be secondary with not only what the  
3 services put out but what VA puts out so  
4 that the primary source that you're going to  
5 use as the existing vehicle actually  
6 satisfies the need?

7 MR. STEVENS: I'm sorry, I didn't  
8 catch the first part of the question.

9 CAPT SANDERS: Are you going to  
10 coordinate your non-concurrence as the  
11 secondary source with the primary source  
12 that you must have identified someplace  
13 along the line? So that you know that  
14 they're actually providing the information  
15 that you're not going to provide?

16 MR. STEVENS: We actually  
17 coordinated our response with the military  
18 departments as well as Military OneSource.  
19 And that's what we came to based on the  
20 collection of inputs, not just from Military  
21 OneSource but the military departments with  
22 regards to not having Military OneSource's

1 1-800 number or the Wounded Warrior Resource  
2 Center be the primary source of information  
3 for recovering warriors.

4 CAPT SANDERS: So you were able to  
5 sit down and essentially lay out this is in  
6 the DoD lane, this is in the Army lane, the  
7 Navy lane, the Air Force lane, and the VA  
8 lane and know for certain that all those  
9 lanes are covering all the information that  
10 needs to be coordinated past?

11 MR. STEVENS: I think in our  
12 analysis as we go through and as I stated in  
13 the first response we should be able to  
14 actually -- we should be able to demonstrate  
15 that in terms of who owns it, which lane is  
16 it in and who's the authority for  
17 maintaining should I say oversight of that  
18 resource.

19 CAPT SANDERS: Thank you.

20 CO-CHAIR CROCKETT-JONES: Let me  
21 just jump in and say as well as the resource  
22 being primary or secondary, whether it's

1 who's in charge of which level I can just  
2 tell you this.

3 The task force's experience is that  
4 when asking people if they've used any  
5 resources and are they familiar with any  
6 Military OneSource across the country every  
7 single installation is the best known  
8 especially among family members.

9 It is the most likely to be used by  
10 someone in our focus group. It is the most  
11 likely to be heard of. To call something  
12 else the primary source will mean  
13 reinventing the wheel as far as those  
14 servicemembers go. Because they don't --  
15 they don't use others, they don't cite  
16 others and they don't talk about others, at  
17 least not in our -- as far as when we make  
18 our installation visits.

19 Most of the others have to be  
20 prompted to get any response at all. Very  
21 few, certainly not -- like the NRD gets zero  
22 recognition. We haven't -- we've had one

1 cadre member and I think one servicemember  
2 in four years who've heard of it. Nobody  
3 who's used it.

4 But on the other hand almost every  
5 installation visit Military OneSource is  
6 mentioned before we ask. And people are  
7 familiar with using it and have used both  
8 phone and internet.

9 So I realize how -- this is the  
10 disconnect we're seeing. How the intended  
11 policy was set up is not how we see usage  
12 when we go and ask. And so that's -- I'm  
13 encouraging you to consider that usage is  
14 going to drive success since intention here  
15 is not being met with outcome.

16 MR. STEVENS: Thank you. The third  
17 recommendation by the Recovering Warrior  
18 Task Force was to maximize the availability  
19 of information to include mobile platforms.

20 And DoD has recognized and the  
21 increase in mobile usage devices and also as  
22 one way for recovering warriors and their

1 families to receive information. And as a  
2 result DoD and the Department of Veterans  
3 Affairs have collaborated to provide access  
4 to the National Resource Directory across  
5 all mobile platforms to include smartphones,  
6 tablets and laptops. Military OneSource  
7 also has a mobile website.

8 The NRD has been available via  
9 mobile-enabled platforms since its launch in  
10 April of 2008.

11 And just to provide a little bit of  
12 statistics in 2011 mobile usage for the NRD  
13 tracked at 42,175. In 2013 it had grown to  
14 136,071. It's projected to be this year for  
15 196,972 hits or uses for via mobile.

16 On the tablets in 2011 we had noted  
17 about 1,600 tablet usage. In 2013 that had  
18 grown to 65,882. And we project about  
19 97,712. So we are seeing an increase in  
20 terms of people using mobile devices to  
21 access these particular platforms.

22 CO-CHAIR CROCKETT-JONES: Is there

1 any way to metric that those -- the people  
2 who are using it are wounded or injured  
3 servicemembers or their families?

4 MR. STEVENS: That's not possible at  
5 this particular time depending -- excuse me,  
6 as how it's accessed. We can't  
7 differentiate who actually is the inquirer  
8 for these platforms.

9 LTCOL WONG: Sir, what about -- is  
10 there a collection of IP or cookies that see  
11 how many of them are repeat visitors versus  
12 new visitors year over year? Because as we  
13 look at visits the numbers steadily  
14 increase. But is it the same person looking  
15 at it multiple times, or are there new  
16 people accessing the information?

17 MR. STEVENS: I will ask if we can  
18 differentiate a repeat user looking at the  
19 cookies and provide that back to the  
20 Recovering Warrior Task Force.

21 The fourth part of this question  
22 asked to ensure the National Resource

1 Directory's capacity to serve as a one-stop  
2 website source. And as a minimum it should  
3 include executing a comprehensive marketing  
4 strategy towards recovering warriors' family  
5 members across the country and a mechanism  
6 to track its success in engaging recovering  
7 warriors and family members.

8 And DoD has and will continue to  
9 foster a successful partnership with the  
10 wounded warrior programs through non-medical  
11 care coordinators who focus on connecting  
12 recovering servicemembers or families and  
13 caregivers to the useful resources and  
14 programs.

15 We at the Department do include  
16 recovery care coordinators and also  
17 advocates for the services, non-medical care  
18 managers, in terms of providing them  
19 information about the National Resource  
20 Directory and its utilization and its  
21 availability to recovering servicemembers.

22 We will continue to work with the

1 military family and community policy to  
2 inform families, spouses and caregivers  
3 about the NRD existence and its extensive  
4 resource repository and user-friendly search  
5 engine capacity.

6 I will note that we have noted that  
7 there has been about a 44 percent increase  
8 in monthly traffic between December of 2013  
9 and January 14. We have approximately now  
10 as of the end of January 127,207 unique  
11 visitors and nearly 500,000 page views. And  
12 that's the highest monthly totals in the  
13 history of this particular site to date.

14 We've surpassed 100 million unique  
15 visits in 2013, another record, and  
16 surpassed 3,500,000 page views. We have  
17 more than 100,000 email subscribers to the  
18 National Resource Directory.

19 But as you stated, ma'am, we still  
20 need to ensure that the marketing and also  
21 the awareness of the National Resource  
22 Directory is enhanced so that it reaches and

1 it has the impact that it's intended to  
2 have.

3 The next area that the Recovering  
4 Warrior Task Force wanted us to address was  
5 with the -- working with the Department of  
6 Veterans Affairs to grant veterans tracking  
7 application access, or VTA access to more  
8 providers and locations supporting  
9 recovering warriors in the Integrated  
10 Disability Evaluation System to include  
11 Medical Evaluation Board attorneys and  
12 community-based warrior transition units.

13 We partially concur with this  
14 recommendation for expanding VTA access.  
15 VTA is a limited role-based access capable  
16 system and there are no reliable way to  
17 restrict which cases and data fields a user  
18 can see.

19 Opening the system access to those  
20 not directly involved in the IDES process,  
21 it does carry a risk of releasing  
22 information to those without a need to know

1 and could hamper the willingness of the  
2 system user to enter candid comments about  
3 the status of a case.

4 We in the Department have encouraged  
5 and we have seen great results with the  
6 military departments launching other systems  
7 that provide the access that we believe the  
8 MEB counsel and others in command or other  
9 organizations are seeking with regards to  
10 status of servicemembers in the IDES.

11 To that point the Army has launched  
12 what it calls the dashboard that enables the  
13 servicemember, MEB counsel, other members  
14 who are managing servicemember cases to look  
15 into the IDES process to know exactly where  
16 that soldier is and to have an understanding  
17 of how long that soldier may be in a  
18 particular stage within the IDES process.  
19 And also a projection of when they may be  
20 graduating from the IDES.

21 Within the Department the Marine  
22 Corps also has a similar dashboard.

1           The Navy has granted some limited  
2           access to its MEB or its lawyers to enable  
3           them to assist their clients through the  
4           IDES process with an understanding of where  
5           they are in the system.

6           Air Force lawyers are linked into  
7           the Physical Evaluation Board in San Antonio  
8           and they access through that board process  
9           as to where the servicemember is. There are  
10          differences in the touch points with MEB  
11          counsel or service counsel and that's why  
12          the services have taken these approaches to  
13          provide as much information to those seeking  
14          it or needing it in terms of status of  
15          cases.

16          CO-CHAIR CROCKETT-JONES: Just, I'm  
17          probably not understanding something. But  
18          how did the Navy grant limited access if  
19          there's no way to grant limited access? I  
20          mean I thought --

21          MR. STEVENS: As I understand,  
22          ma'am, the Navy has only allowed just a few

1 of their counsel access to the veterans  
2 tracking application. It is not widespread  
3 throughout the Navy within their legal  
4 community.

5 CO-CHAIR CROCKETT-JONES: Oh, so  
6 they limited lawyers.

7 MR. STEVENS: They limited lawyers.

8 CO-CHAIR CROCKETT-JONES: Not the  
9 access to cases.

10 MR. STEVENS: Yes. They just  
11 limited the number of people who they would  
12 grant access to -- or gain access to.

13 The recommendation number 12, the  
14 recommendation from the Recovering Warrior  
15 Task Force was Congress should eliminate the  
16 temporary disability retirement list (TDRL)  
17 program and cited that the number of  
18 individuals who had been returned to duty  
19 from this program was an indicator that the  
20 program could be eliminated.

21 The Department partially concurs  
22 with this response and will be conducting a

1 business case analysis of the TDRL program  
2 to evaluate the impact of eliminating or  
3 reforming the TDRL.

4 The TDRL serves two distinct  
5 purposes. First, it allows servicemembers  
6 with unstable serious illnesses or injuries  
7 time to stabilize so they may return to  
8 military service if their condition  
9 improves.

10 The second is to protect the  
11 financial interest of the servicemembers and  
12 taxpayers when unstable illnesses or  
13 injuries worsen or improve.

14 Although there are limited numbers  
15 of individuals coming back to service from  
16 the TDRL program the elimination of this  
17 program -- it's not the elimination. The  
18 Department wishes to evaluate what the  
19 impacts would be on eliminating the program  
20 would have with regards to impact on  
21 servicemembers, cost, legislation and  
22 service disability operations.

1           Warrior Care Policy is currently  
2           doing a business case analysis and we hope  
3           to have that completed shortly so that we  
4           can make the recommendations into the next  
5           ULB cycle.

6           DR. STONE: So I'm trying to  
7           understand what partially concur means. The  
8           recommendation was to eliminate. You either  
9           concur or don't concur. You're delaying  
10          your decision until you have additional  
11          information?

12          MR. STEVENS: Absolutely.

13          DR. STONE: So this is not a  
14          partially concur. You haven't taken a  
15          position of supporting this. You're willing  
16          to look at it further.

17          MR. STEVENS: We are willing to look  
18          at it further, yes, sir.

19          DR. STONE: Okay.

20          CO-CHAIR CROCKETT-JONES: When do  
21          you think that that analysis will be  
22          finished?

1           MR. STEVENS: I think we have another  
2           60 days that we're going to be evaluating  
3           the data in terms of costing and also  
4           looking at some of the outcomes in terms of  
5           what we would also consider as part of the  
6           recommendation to include the ability of  
7           individual servicemembers should they be  
8           found unfit and discharged through the TDRL,  
9           what mechanism would be appropriate for them  
10          to request reentry into military service.

11                 If you have an individual who is  
12          discharged through TDRL would it be  
13          appropriate to consider any other options to  
14          allow them to have their disability rating  
15          adjusted once on the TDRL program, and how  
16          much time would you consider that individual  
17          to be granted to allow them to petition a  
18          change in their disability rating.

19                 If the disability evaluation -- or  
20          excuse me, the TDRL program is just  
21          eliminated we don't have any further  
22          mechanisms of making adjustments that would

1 be beneficial to the servicemembers should  
2 their condition change in a relatively short  
3 period of time. So those are some of the  
4 things that are being looked at in terms of  
5 the evaluation.

6 DR. STONE: The concept of TDRL  
7 makes sense when you think about it. Let's  
8 give a chance for servicemembers to recover.  
9 It's an inclusive decision.

10 The second and third order effects  
11 are very complicated. And now you've got  
12 this big population of people hung up that  
13 you can't just sort of drop out of this  
14 thing. You could not admit anybody new to  
15 it.

16 But I am respectful of the fact --  
17 although I -- after living it and watching  
18 the rates of return to duty versus the rates  
19 of discharge after a year or two I've become  
20 convinced that this ought to go away.

21 But the complexity of making it go  
22 away. I am respectful of the fact that the

1 Department needs some time to work their way  
2 through it.

3 MR. STEVENS: Yes, sir.

4 Recommendation number 13 requested that DoD  
5 ensure that all medical conditions are  
6 documented by Medical Evaluation Boards and  
7 the quality of the documentation for each  
8 condition facilitate timely and accurate  
9 decisions by the PEB and ratings by the  
10 Department of Veterans Affairs.

11 MEB processes must be standardized  
12 across services and measure effectiveness  
13 established to ensure application of this  
14 policy.

15 The Department concurs in terms of  
16 the accuracy -- in terms of the need to  
17 ensure that all medical conditions are  
18 properly documented at the Medical  
19 Evaluation Board that supports the  
20 disability evaluation systems.

21 We will as I stated in an earlier  
22 recommendation be launching a quality

1 assurance program to monitor and report on  
2 the MEB and also PEB determinations.

3 Stated again, the information that  
4 we hope to have published this summer and to  
5 have the services begin their quality  
6 assurance program to ensure that they are  
7 adhering with law and policy to document and  
8 thoroughly develop medical conditions is for  
9 individuals coming through the Disability  
10 Evaluation Process.

11 Recommendation 14 asked for the  
12 Office of Warrior Care Policy should invite  
13 all recovering warriors to complete each  
14 phase of the IDES survey, MEB, PEB and  
15 transition phase, regardless of whether they  
16 completed the survey for the previous  
17 phases.

18 Under the previous survey that was  
19 administered by the Office of Warrior Care  
20 Policy if a military member did not complete  
21 a preceding phase they were blocked from  
22 conducting or participating in any future

1 phases of the program.

2 Beginning in July of 2013 we revised  
3 the survey and it enables individuals to be  
4 evaluated at two touch points in the IDES  
5 process, at completion of their Medical  
6 Evaluation Board and then after the Physical  
7 Evaluation Board. There are no restrictions  
8 if servicemembers do not complete an MEB  
9 phase from completing the PEB phase.

10 With the new survey that was  
11 launched through December of last year  
12 starting in July we've already seen about  
13 8,500 respondents complete one or both  
14 portions of the IDES survey.

15 We've also looked at the member  
16 satisfaction from their experience in the  
17 Integrated Disability Evaluation System and  
18 the servicemembers respond that 83 percent  
19 of the individuals responding indicate a  
20 positive or satisfaction with their IDES  
21 experience.

22 In conducting these surveys the --

1 what we do is for the 11 largest military  
2 installations we do a sampling of those  
3 populations and then we do a census of all  
4 others in the IDES process.

5 And again, we think this survey, and  
6 actually we're bearing this out, we're  
7 getting a higher rate of participation,  
8 we're getting more people participating in  
9 the survey and it is a better tool that we  
10 can pass to the military departments about  
11 the servicemembers and their understanding  
12 or their feedback on the IDES process.

13 Number 15, recommendation number 15,  
14 it asks that the Office of the Secretary of  
15 Defense for Personnel and Readiness should  
16 ensure implementation of the joint federal  
17 travel regulation and the joint travel  
18 regulations for family members of recovering  
19 warriors is consistent across military  
20 branches.

21 Utilization of invitational travel  
22 orders and non-medical attendant orders,

1 services provided and payment processes  
2 should be the same across the military  
3 services.

4 The Department partially concurred  
5 with this recommendation and did note that  
6 there was consistency with the application  
7 or the usage of invitational travel orders  
8 and non-medical attendant order payments.

9 Of note, the information that the  
10 Recovering Warrior Task Force provided  
11 predominantly indicated one military service  
12 was having a different process than the  
13 other military services.

14 And in speaking with that particular  
15 service they actually had changed their  
16 guidance to be clearer with regards to  
17 issuing invitational travel orders on the  
18 onset of a servicemember being injured or  
19 becoming seriously ill and the provision for  
20 having family travel.

21 The concern was whether there was a  
22 break in the orders and the service concern

1 has fixed their guidance -- amended their  
2 guidance, excuse me, and no longer see a  
3 conflict with the other military  
4 departments.

5 CO-CHAIR CROCKETT-JONES: So, what  
6 is the portion of this recommendation that  
7 you do not concur with?

8 MR. STEVENS: We believe that the  
9 services should maintain or have the  
10 flexibility within and not having a  
11 prescriptive DoD guidance provided for them.

12 There are too many unique and very  
13 complex circumstances that could occur with  
14 the issuance of invitational travel orders  
15 that we believe the military services should  
16 have that flexibility.

17 CO-CHAIR CROCKETT-JONES: I just  
18 don't -- I didn't see our recommendation  
19 being --

20 CO-CHAIR MUSTION: So just in line  
21 with I guess your next bottom bullet is that  
22 no additional policy or guidance is

1 necessary?

2 MR. STEVENS: Correct.

3 CO-CHAIR MUSTION: Okay, so what's  
4 the bottom bullet say? Because the bottom  
5 bullet says you're going to issue policy --  
6 or issue guidance to clarify compliance with  
7 the JFTR.

8 MR. STEVENS: The memo that this  
9 recommendation is just that we want to  
10 ensure that the military departments, one,  
11 have issued service guidance and that they  
12 are actually adhering to the -- we're not  
13 making a policy, we are just basically  
14 putting a reminder to the military  
15 departments.

16 DR. STONE: So, does that mean the  
17 Department will tolerate inconsistency and  
18 variance?

19 MR. STEVENS: We didn't note any  
20 inconsistency or variance. No, and I agree.  
21 No, we're not going to tolerate  
22 inconsistency.

1 DR. STONE: But you put yourself in  
2 a position on this answer that appears to  
3 condone variance from the services and  
4 therefore you run into the situation where  
5 one family gets one benefit and other  
6 families get other.

7 And so what I think you're trying to  
8 say, and please, I'm not -- I think what  
9 you're trying to say is it's okay for the  
10 services to go beyond the policy, but  
11 there's a certain baseline that you want  
12 them to meet. Have I misunderstood you?

13 MR. STEVENS: No, I think that's a  
14 good explanation. The military department  
15 in question, they had to -- or excuse me,  
16 they had to. They adjusted their policy so  
17 that they were very clear in their guidance.

18 There was a misinterpretation of  
19 their policy and I think that's what drove  
20 the notion that there were some  
21 inconsistencies between the military  
22 departments.

1 CO-CHAIR CROCKETT-JONES: I guess I  
2 still don't see why that's a partially  
3 concur. It seems to me we didn't ask for  
4 specific policy, you are issuing more  
5 guidance and things now are more  
6 standardized. That just seems like a concur  
7 to me.

8 So, I'm still trying to figure out  
9 why it's called partially concur but you  
10 know, it's a semantics question.

11 MS. WEAVER: I think it's semantics.  
12 When we say policy we're saying we're going  
13 to do policy on top of policy.

14 CO-CHAIR CROCKETT-JONES: I'm just  
15 saying that our recommendation did not call  
16 for policy.

17 MS. WEAVER: Right. But what we're  
18 going to do is make sure that the services  
19 understand the policy that is already out  
20 there.

21 CO-CHAIR CROCKETT-JONES: So you  
22 would say you're going to ensure their

1 implementation is consistent? Which is what  
2 our recommendation says.

3 MS. WEAVER: Right.

4 CO-CHAIR CROCKETT-JONES: That  
5 sounds like a concur to me.

6 TSGT EUDY: Ma'am, the idea behind  
7 the recommendation originally is we know  
8 that all the services and even in their  
9 specific briefings are following the JFTR in  
10 regards to what is allotted to family  
11 members and to the servicemembers based on  
12 their conditions.

13 We know that they're following the  
14 JFTR. It's that subset of, again, two  
15 servicemembers with the same injury and  
16 whether that's transitioned from MTFs to VA  
17 facilities, OCONUS to CONUS, in that process  
18 of how things are being taken care of.

19 Whether that be how long a paper  
20 sits in one service on someone's desk versus  
21 another. And whether mom and dad get to  
22 bedside -- have an equal opportunity to get

1 to bedside just based on the bureaucracy  
2 that is below in the paper stack.

3 That was the original premise of  
4 this recommendation, to give every  
5 servicemember with the same injury in a  
6 perfect world the option to get it done in a  
7 timely manner.

8 MS. WEAVER: We note that. And it  
9 could have been that we misunderstood, but  
10 the conversation is right on target.

11 MR. STEVENS: The recommendation 16  
12 from the Recovering Warrior Task Force was  
13 to optimize the special compensation for  
14 activities with daily livings benefit  
15 through a legislative change to exempt  
16 SCAADL from income taxes.

17 This proposed recommendation has  
18 three parts and this is the first part. The  
19 Department non-concurred with the non-  
20 taxable status indicating that we believe  
21 SCAADL is payment for taxable income for  
22 work performed by the caregivers.

1           We are undergoing an analysis of  
2           compensation options to include the delivery  
3           of directly compensating caregivers similar  
4           to what the VA does for their family  
5           caregiver program.

6           Our analysis will consider the  
7           impact of cost, resources to establish and  
8           execute a caregiver compensation program,  
9           legislation required and the service's  
10          SCAADL operations.

11          We, after looking at the business  
12          case or looking at the analysis are going to  
13          put forth recommended language for the next  
14          legislative cycle.

15          DR. STONE: Why would the Department  
16          be concerned about whether this is taxable  
17          or non-taxable as a revenue source for the  
18          federal government?

19          MR. STEVENS: We don't -- it's not  
20          should I say a problem with the Department.  
21          We felt looking at the history of the  
22          legislation and the history of other

1 compensation programs that it was consistent  
2 with what had been delivered through the  
3 Department.

4 DR. STONE: So, I'm still not sure I  
5 understand why -- what other benefits that  
6 are taxable that you put in the same  
7 category as SCAADL.

8 MR. STEVENS: There are no other  
9 benefits in terms of consistent with SCAADL.  
10 We look back at the legislation as  
11 authorized by the Internal Review Service  
12 and looked at the history again of benefits  
13 that were offered to either servicemembers  
14 going back to I think 1987.

15 DR. STONE: So this would require a  
16 legislative change. Clearly this  
17 committee's, this task force does not have  
18 the ability to recommend a legislative  
19 change without concurrence of the  
20 Department.

21 It really surprises me that the  
22 Department has decided to non-concur with

1 this after we worked so hard to get SCAADL  
2 in place. Then we worked so hard to get  
3 policy and procedures in place, to get  
4 families on this. And what noble work we  
5 all felt that was.

6 A lot of us were surprised that this  
7 was taxable income, especially with the  
8 sacrifice the family members are making.

9 So I would really ask you to  
10 reexamine this non-concur. These are unique  
11 payments for catastrophically wounded. And  
12 we would ask you to reexamine the  
13 Department's position on this.

14 Now, I recognize the fact that some  
15 of the services have non-concurred. I think  
16 that is also extraordinarily shortsighted.

17 MR. DRACH: If I may add, and I  
18 don't want to get argumentative on this, but  
19 your comment says it's taxable income for  
20 work performed. So taking that literally  
21 then SCAADL wages would be subject to the  
22 Fair Labor Standards Act, overtime pay and

1 minimum wage. And I'm just wondering if  
2 SCAADL meets all of those requirements.

3 CO-CHAIR CROCKETT-JONES: I think  
4 instead of viewing this as compensation for  
5 work being performed I would think that this  
6 is a benefit that recognizes that  
7 servicemembers without family caregiver  
8 helping would require a much more expensive  
9 and higher compensated contractor to come in  
10 and do home health care.

11 And that a family member is willing  
12 to do this, that benefit shouldn't compare  
13 to how many hours they otherwise would be  
14 working necessarily.

15 But we can also look at this as what  
16 would a for-profit home health care provider  
17 cost if the family member opted not to  
18 provide all these activities of daily living  
19 assistance that they do.

20 I just, I think that if the service  
21 came from a for-profit that servicemember  
22 wouldn't experience a tax reduction on

1 getting those services and you know -- do  
2 you see what I'm saying? They wouldn't have  
3 to pay taxes out of that compensation  
4 because someone would be providing it in  
5 total. It would come out of their medical  
6 insurance bill.

7 So, the SCAADL compensation being  
8 taxable just reduces the amount that finally  
9 gets to a family member which is already  
10 much, much lower than if those services had  
11 to be contracted in the local community for  
12 someone to come in and do those assistances.

13 MS. WEAVER: When we perform the  
14 analysis needed for the legislative cycle  
15 we'll certainly re-look whether or not it  
16 should be taxable or not, and whether the  
17 Department would support it.

18 MR. REHBEIN: One of the other  
19 places to look too, in the Veterans  
20 Administration disability benefits there are  
21 two programs called Aid & Attendance and  
22 Housebound. They're different but they're

1 very similar in what they provide. And I --  
2 correct me if I'm wrong but I don't think  
3 either one of those is taxable.

4 CAPT SANDERS: And I think we've  
5 been saying that the other services has not  
6 concurred but the Air Force concurs and as  
7 does the Marine Corps I believe.

8 LTCOL WONG: I hate to pile on, but  
9 when you said you looked at like  
10 compensation. Like compensation, we can  
11 look at TSGLI, we can look at BAH, all those  
12 are non-taxable things they're giving to the  
13 servicemember. So when you reexamine maybe  
14 we look at those type of entitlements.

15 And then in addition, I mean  
16 understand when the servicemember gets that  
17 and pays it out to the caregiver, yes, that  
18 potentially could be a taxable income  
19 whoever the caregiver recipient is.

20 So if the member is being charged  
21 tax on this compensation when he initially  
22 receives it, and then let's say the

1 caregiver is outside the family, or a  
2 parent, or friend of the family and they  
3 receive that as compensation then they have  
4 to report that as taxes. Because it's an  
5 income. Now we're double-dipping on top of  
6 that. So those are things -- I hope we can  
7 look at those as well.

8 MR. STEVENS: The next  
9 recommendation was the enhanced marketing of  
10 SCAADL to the eligible population. The  
11 Department concurs and we strongly support  
12 enhanced marketing of SCAADL to the eligible  
13 populations.

14 And the military departments have  
15 through bimonthly meetings with the  
16 Department of Defense as well as increased  
17 training and awareness through recovery care  
18 coordinators, non-medical case manager  
19 involvement, the military departments  
20 looking at improving web-based tools to  
21 provide additional information about the  
22 SCAADL population, greater visibility of

1 individuals reaching out to military  
2 servicemembers and their wounded warrior  
3 programs about the eligibility for and the  
4 awareness of the SCAADL program.

5 So we are trying to look at new and  
6 innovative ways to ensure that those who  
7 could be in receipt of this SCAADL benefit  
8 are aware of and are enrolling or applying  
9 for the SCAADL program benefit.

10 The third recommendation of the  
11 SCAADL program was to optimize SCAADL  
12 through the implementation of electronic  
13 application process in AHLTA for primary  
14 care manager access.

15 The Department non-concurred in that  
16 AHLTA is not -- didn't believe that AHLTA  
17 would be the correct platform for managing  
18 the SCAADL program. It's a medical records  
19 management tool.

20 We also have a concern with --  
21 because SCAADL is a compensation-based  
22 management program that the AHLTA platform

1 would not be appropriate for a case  
2 management system in a medical records case  
3 processing system.

4 We also were concerned that there  
5 was a risk of operating and opening up  
6 sensitive privacy protected information to  
7 those not involved in the health industry.

8 Within the SCAADL program we not  
9 only have medical members making eligibility  
10 determination. We do have other individuals  
11 who are monitoring and administering the  
12 SCAADL program that would need access to  
13 that type of a record.

14 So what we are doing is we are  
15 evaluating an alternative application  
16 process that we hope in this year we'll be  
17 able to field and implement an IT solution  
18 for the SCAADL program, something similar to  
19 what we have but not to the capability or  
20 the complexity of the Integrated Disability  
21 Evaluation process.

22 MR. REHBEIN: If I may for just a

1 moment. I think if I remember the  
2 discussion around this recommendation  
3 correctly all we were really asking for was  
4 that the primary care manager have the  
5 ability to know whether an individual was  
6 receiving SCAADL and help make the decision  
7 as to whether an individual should apply.

8 I don't think we -- and I appreciate  
9 your completeness. I really do. The  
10 security aspects here are important.

11 But I don't think we were ever  
12 asking that SCAADL be administered through  
13 AHLTA. I think we were simply asking that a  
14 way to apply for SCAADL be available through  
15 AHLTA for the primary care manager. And if  
16 something can be done in an alternate IT  
17 system I think we'd all be on the same page.

18 MR. STEVENS: With your explanation  
19 we will look at that in our evaluation of an  
20 IT solution.

21 CO-CHAIR CROCKETT-JONES: Yes, I  
22 think that we were just -- knowing that

1 sometimes there's a disconnect and AHLTA was  
2 a way that primary care managers especially  
3 speak to nurse case managers, that that's an  
4 item which to the two main players on making  
5 these decisions, on knowing who the  
6 population is especially in transition  
7 units.

8 So, as long as an IT solution comes  
9 up that has both physician and nurse case  
10 management access since, you know, the nurse  
11 case managers are kind of the rock stars of  
12 knowing what's going on with all these  
13 folks.

14 We'd like them to make sure that  
15 they have some access, some way to trigger,  
16 even if they aren't the person making the  
17 application, but some way to trigger a  
18 reminder so that a primary care physician  
19 can make that application.

20 MR. STEVENS: Thank you. The  
21 recommendation number 20 was for increased  
22 family member involvement in recovery

1 process and family member awareness of  
2 available resources to encourage or to reach  
3 100 percent outreach, to ensure attendance  
4 at in-processing and IDES orientation.

5 For family members or designated  
6 caregivers consistent communication across  
7 services, that family member and caregiver  
8 participation is expected and implement  
9 measures of effectiveness to document family  
10 member involvement and attendance.

11 The Department response was for  
12 partially concurring. Knowing that -- not  
13 knowing that. Upon referral into the IDES  
14 we do encourage family member participation.

15 Family members are welcome to  
16 accompany servicemembers through the  
17 process, to attend their appointments and  
18 also to receive information about the IDES  
19 process.

20 We believe that the mandate -- or it  
21 should not be mandated that family members  
22 or designated caregivers be involved in the

1 particular process. And unless the  
2 servicemember is deemed to be incompetent a  
3 servicemember should be given the discretion  
4 or the decision to include family members in  
5 the process.

6 If we -- if servicemembers desire or  
7 want to encourage their family member's  
8 involvement it should be their choice and  
9 will be supported, but not to be imposed by  
10 the military departments.

11 CO-CHAIR CROCKETT-JONES: I'm just  
12 going to throw this out again like I have  
13 before. I can't let it go.

14 The military is choosing a very  
15 passive view on the subject. And I think  
16 that when the presentation is made that the  
17 choices are the status quo or mandating I  
18 don't agree with those being the two  
19 choices.

20 There's plenty short of mandating  
21 participation that can happen. And at this  
22 point our experience is that when we talk to

1 PEBLOs and we talk to family members and  
2 when we talk to people in the process that  
3 the passive outlook on family member  
4 participation is the predominant perspective  
5 out there.

6           And while I understand that it can't  
7 be mandated and certainly a person can opt  
8 out, let me just say that family members are  
9 greatly impacted by the outcomes of these --  
10 of the process.

11           There are some family members who I  
12 use EFMP, children on EFMP for instance as  
13 an example. When their programs stop if  
14 they don't -- haven't already made plans to  
15 take care of some of those programs. Some  
16 of those EFMP families receive very specific  
17 help and have access to programs.

18           And if they are completely unaware  
19 of time-lines and they suddenly have no help  
20 this is a traumatic change. And many of  
21 those families will need to coordinate  
22 different programming from local sources,

1 state-level sources, local charities,  
2 various things, to take over some of those  
3 EFMP programs for their children.

4 And if they have no time big gaps  
5 can happen. And an already stressed family  
6 that is going through a major transition  
7 from a military paycheck and regular  
8 programs to a new normal is now stressed to  
9 the point -- it can be to the point of  
10 breaking.

11 Part of the benefit of getting  
12 families in is not just because they -- they  
13 generally, it's a second set of ears and  
14 people remember all the things that have to  
15 be remembered. And many of our  
16 servicemembers have TBIs and behavioral  
17 health issues that make memory issues  
18 prominent.

19 It's not only because there are  
20 benefits and aspects to the transition that  
21 directly are targeted for spouses and family  
22 members, but it's also because that time-

1 line is key for some of the families who are  
2 the most in need of preparation time.

3 If they don't know what's going on  
4 they have no vision of where they're  
5 landing. And then you basically create a  
6 family where the family members are not a  
7 supportive help in that transition process.  
8 They are another source of anxiety and  
9 another source of complications.

10 And I just, I think that with some  
11 creative thinking something in between the  
12 passive, we'll let servicemembers know that  
13 they can invite their family members --  
14 which they don't, by and large they don't --  
15 but there's something in between that and  
16 mandating family members come. And  
17 certainly service by service they can figure  
18 out various creative ways.

19 But I think when the predominant  
20 voice is a passive one of hey, you know,  
21 it's your option, when that's the  
22 predominant voice there is no one encouraged

1 to make creative intermediate solutions.

2 And so I just, I'm just throwing  
3 that out to you that this issue while it's  
4 probably not a big deal to certain --  
5 probably a significant number of the people  
6 in IDES. But for the families who are the  
7 most stressed already it is probably a huge  
8 issue to have someone on -- I mean, they'd  
9 even be -- the more informed that spouse is  
10 the more they're going to be an ally in  
11 creating that good transition. I just feel  
12 I have to throw that out to you.

13 MS. WEAVER: Thank you.

14 MR. STEVENS: The final  
15 recommendation from the Recovering Warrior  
16 Task Force in terms of recommendations to  
17 the Office of Warrior Care Policy was with  
18 regards to implementation of DoD guidance  
19 for two specific policy documents.

20 And they were, first, with  
21 publication of the Disability Evaluation  
22 System volume 1 in this particular case

1 which covers the general information for the  
2 legacy Disability Evaluation System as well  
3 as the DES manual volume 2.

4 We anticipate having those published  
5 very soon. They're with our Office of  
6 General Counsel for final comment before we  
7 go into signator for that particular -- for  
8 those particular documents.

9 The DoDI and DoDM for the vocational  
10 rehabilitation and employment, VRE  
11 counseling for servicemembers transitioning  
12 to IDES, we do have a target data where we  
13 anticipate publishing that DoD guidance  
14 later this summer.

15 Those were the two documents that we  
16 had responsibility for out of item 21 from  
17 your recommendations.

18 That concludes our presentation from  
19 the Office of Warrior Care Policy pending  
20 any further questions you may have.

21 CAPT SANDERS: I would just go back  
22 to 20. And when you look at the potential

1 creative ways to look at the lanes of  
2 benefits as some benefits are directed  
3 toward the family members and some are  
4 directed toward the member.

5 And while mandated attendance may  
6 not be the way you want to go there has to  
7 be some type of mandated way that that  
8 information is going to be passed so that  
9 the family members aren't missing out on  
10 benefits that they are -- for them  
11 specifically. Because the only information  
12 about it is being given to the servicemember  
13 and it never gets over the hump.

14 MR. STEVENS: And what we will need  
15 to do is coordinate with the TVPO office who  
16 handles the transition assistance program to  
17 where there is another opportunity to  
18 discuss benefits in terms of resources that  
19 -- not resources, the various programs and  
20 opportunities for getting more information  
21 with regards to specific types of benefits  
22 as they transition from military service.

1 So we'll need to link in, and we will.

2 We'll link in with the TVPO organization.

3 CO-CHAIR MUSTION: Any other  
4 questions from the task force?

5 MS. DAILEY: Thank you. I  
6 appreciate your time.

7 Ladies and gentlemen, I'll go right  
8 into the next briefing. Colonel Soper from  
9 the Reserve Affairs is here. And we're  
10 going to get her lined up. If there's a bio  
11 break needed, please go very fast. And then  
12 we're going to start right in here.

13 CO-CHAIR MUSTION: The task force is  
14 pleased to have with us from the Office of  
15 the Secretary of Defense for Reserve Affairs  
16 Air Force Colonel Martha Soper who is the  
17 director of Reserve Medical Programs.

18 Colonel Soper will be presenting OSD  
19 Reserve Affairs' response to the 2013  
20 recommendations, specifically  
21 recommendations number 7 and 21. And you  
22 can find her presentation at tab F. Over to

1       you.

2                   COL SOPER: Thank you very much.

3       I'd like to thank you, the Recovering  
4       Warrior Task Force, the co-chairs and the  
5       staff for the opportunity to come and speak  
6       to everybody today on the recommendations  
7       and the findings that you found in your  
8       report.

9                   I'd first like to address  
10       recommendation number 7 which requests us to  
11       ensure that all eligible Reserve component  
12       members receive the healthcare and benefits  
13       in accordance with the duty status that  
14       they've been working on as well as  
15       standardize the line of duty policy as well  
16       as ensuring that there's a single electronic  
17       line of duty processing system.

18                   I'd first like to take a look at the  
19       line of duty, the form. My office in  
20       collaboration with the services have  
21       established a working group. In fact,  
22       Colonel Regina Powell who was here earlier

1 with the Army is one of the co-chairs for  
2 that working group.

3 And we're taking a look at  
4 establishing a standardized DD form, line of  
5 duty DD form, which will be used across all  
6 the services.

7 This working group has also recently  
8 invited members from the Tricare office at  
9 the Defense Health Agency. Because in  
10 looking at this form the intent of the form  
11 is to identify Reserve component members  
12 that are eligible for healthcare.

13 We look at the form often in  
14 thinking for those Reserve component members  
15 who go to an MTF to receive care we  
16 oftentimes have servicemembers going to  
17 multiple services for the MTF care.

18 And the line of duty form is  
19 cumbersome as it is right now. So this  
20 standardized DD form will help standardize  
21 the eligibility identification.

22 And in doing so we also realize that

1 we left out a very important population,  
2 those Reserve component members who are not  
3 co-located with MTFs. So you have Guardsmen  
4 out in armories and things like that who if  
5 they are injured oftentimes go to civilian  
6 agencies or emergency rooms for healthcare.

7 That's why we asked the Tricare  
8 staff from the Defense Health Agency to come  
9 and work with us on standardizing this form,  
10 because they are the POCs that identify the  
11 eligibility for healthcare for payment in  
12 the civilian sector.

13 So, we looked at that and we also  
14 decided to contact the staff at DMDC.  
15 Because in trying to standardize a single  
16 electronic form for the line of duty our  
17 goal is to eventually eliminate the paper  
18 copies. And if it's all electronic we're  
19 working with DMDC to develop some coding so  
20 if a member has a CAC card DMDC will code  
21 that member's CAC card as eligible for  
22 healthcare.

1           We're looking at all the HIPAA  
2 requirements so that the card only shows the  
3 eligibility and the member, once they go to  
4 the physician or the provider that they're  
5 seeing will have the details in their  
6 healthcare record. So that's our goal with  
7 the single electronic line of duty form.

8           In standardizing the line of duty  
9 DoDI right now we are working on the DoDI,  
10 the 1241.01. It's the Reserve component  
11 line of duty finding for healthcare.

12           We've specifically named it that so  
13 that the line of duty is specific for  
14 healthcare. Line of duty oftentimes gets  
15 used in a number of ways. So we want to  
16 make sure that we're specific for this line  
17 of duty for healthcare.

18           There's line of duty for sexual  
19 assault. There's multiple line of duty, the  
20 term is used. So we've renamed the  
21 instruction for healthcare.

22           What we're doing is canceling the

1 DoDD, the directive, and incorporating the  
2 current DoDI into the single issuance. And  
3 one of the concerns was to make sure that we  
4 have identified authorities for the military  
5 departments to go ahead and with the Reserve  
6 component member's consent bring them back  
7 on orders, or retain them on orders to  
8 receive the healthcare that they need. So  
9 the new instruction will clearly identify  
10 that requirement.

11 The instruction also goes onto  
12 identify that for those members who have  
13 conditions that will not materially improve  
14 after healthcare will eventually be referred  
15 to the IDES system.

16 They will continue to receive care  
17 from the time they're referred until the  
18 time they get into IDES as well as  
19 throughout the IDES system until they are  
20 either found fit for duty, or they're  
21 medically retired, or they're separated.  
22 Oftentimes they're separated with less than

1 a 30 percent disability.

2 Are there any questions?

3 LTCOL WONG: Ma'am, thank you for  
4 touching on the SAPR portion of 1241.02.  
5 Because the DoDI 6495.02 the SAT order  
6 conflicts with LOD benefits. And I hope in  
7 this rewrite they are looking at that  
8 because currently LOD does not -- to pay in  
9 entitlements and travel incident to  
10 healthcare for restricted reports for sexual  
11 assault. And requires that member to make  
12 it an unrestricted report in order to get  
13 full benefits of 1241 2.

14 COL SOPER: Correct. We are working  
15 with the staff at the SAPR office. We have  
16 brought that up. We do have concerns with  
17 that. It is specific to restricted reports.

18 Members who have filed -- or victims  
19 who have filed a restricted report are  
20 entitled to healthcare. The line of duty  
21 that will be filed can be filed by the SARC.  
22 The SARCs will take the place of the

1 commander in that instance because it is a  
2 restricted report. So we are working with  
3 that.

4 We've also worked with the SAPR  
5 office as far as collateral misconduct  
6 because that was a great concern with some  
7 of the services. Because if you have  
8 servicemembers who are underage and they're  
9 drinking the concern was that that in itself  
10 is misconduct. And so it would bar the  
11 member from receiving a line of duty.

12 We have language in the current DoDI  
13 that speaks to collateral misconduct and  
14 it's specific that the collateral misconduct  
15 for a victim of sexual assault will not be a  
16 barrier or considered as negligence or  
17 misconduct when seeking healthcare for a  
18 line of duty. So we did really want to make  
19 sure that that member received the  
20 healthcare that they need.

21 And then on recommendation 21 part 7  
22 talks to a requirement to publish policy as

1 far as incapacitation pay. We have included  
2 the procedures for the incapacitation pay in  
3 the updated DoDI.

4 Reserve component members who have a  
5 line of duty are eligible to receive  
6 incapacitation pay. They do have to file  
7 for it and it goes into detail about for  
8 those members who are unable to drill or  
9 physically disabled they can receive  
10 incapacitation pay according to their rank  
11 and their time of service.

12 For those members who are able to  
13 drill but are not able to work there's a  
14 formula for them to go ahead and file for  
15 lost wages.

16 So, the line of duty -- without the  
17 line of duty members are not eligible for  
18 incapacitation pay. So we have not  
19 developed a separate DoDI for incapacitation  
20 pay. We have incorporated the  
21 incapacitation pay procedures within the  
22 line of duty DoDI because that's what makes

1       them entitled to the incapacitation pay.

2                   And that concludes my brief. Any  
3 questions? Thank you very much.

4                   CO-CHAIR CROCKETT-JONES: Thank you,  
5 Colonel Soper. Great. Thank you.

6                   We will now take a 15-minute break  
7 before our next presentation.

8                   (Whereupon, the foregoing matter  
9 went off the record at 2:25 p.m. and went  
10 back on the record at 2:48 p.m.)

11                   CO-CHAIR CROCKETT-JONES: All right,  
12 we'll reconvene if you guys are ready. We  
13 welcome this afternoon Ms. Margarita Devlin,  
14 the executive director of the Department of  
15 Veterans Affairs Office of Interagency Care  
16 and Benefits Coordination and the IC3  
17 Executive Secretariat, and Dr. Jack Smith,  
18 director for Clinical and Program Policy  
19 Integration in the Office of the Assistant  
20 Secretary of Defense for Health Affairs, and  
21 the IC3 Policy and Oversight Workgroup Co-  
22 chair.

1           Ms. Devlin and Dr. Smith will  
2           provide the task force with an update of the  
3           IC3 since their April 2013 briefing to us.  
4           Their information can be found under Tab G.  
5           And I'm going to turn it over to you.

6           DR. SMITH: All right, thank you  
7           very much. Good afternoon, ladies and  
8           gentlemen of the task force.

9           We'd like to give you an update as  
10          mentioned concerning the activities of the  
11          Interagency Care Coordination Committee.

12          And we have been very busy. Our  
13          vision is to realize the full potential and  
14          achieve awareness of interagency  
15          coordination of complex care, benefits and  
16          services to support servicemembers, veterans  
17          and their families.

18          We were chartered officially under  
19          the Joint Executive Committee in November of  
20          2012 and have moved from concept to action  
21          with most of the initiatives undertaken.

22          There are quite a number of people

1 involved in IC3. As you can see about 150  
2 altogether with 30 members on the core IC3  
3 committee and then another approximately 90  
4 people involved as workgroup members under  
5 the three subgroups under the IC3.

6 The IC3 encompasses 50 programs  
7 under a community of practice with the leads  
8 of those programs. And they're using 15  
9 unique information systems under more than  
10 240 policies across DoD and VA.

11 We're having approximately 15  
12 meetings per week among all those workgroups  
13 and there's ongoing monitoring by the  
14 workgroup chairs and the IC3 leadership.

15 Your first question was to provide  
16 an overview of the IC3's current status.  
17 And we'd like to highlight some of the  
18 milestones reached since this last briefing  
19 in April of 2013.

20 We've established a strong  
21 foundation for the community of practice,  
22 launched the lead coordinator feasibility

1 assessment in January of 2013 which is  
2 ongoing. You'll hear more about that from  
3 Ms. Devlin.

4 We've built a SharePoint site and  
5 adopted that as the IC3 Co-Lab which is a  
6 virtual space for sharing of information and  
7 collaboration of those program managers  
8 mentioned.

9 We've established a process for  
10 updating the inventory of the 50-plus  
11 programs involved in care coordination. And  
12 again, involving any identified programs who  
13 have a part of care coordination in that  
14 community of practice to make sure that they  
15 have a seat at the table.

16 We've initiated a case match process  
17 for patient populations that's been fielded  
18 in eight care coordination programs to begin  
19 figuring out how best to use that Co-Lab as  
20 the tool for the management of the community  
21 of practice and the sharing that goes along  
22 with that.

1           And we created a mission and guiding  
2 principles for development of the community  
3 of practice to use as part of the Co-Lab.

4           We launched the community of  
5 practice with a face-to-face orientation  
6 meeting in March. And there were more than  
7 50 program leads identified. There were  
8 more than 100 people at the meeting. And  
9 that was very successful.

10           We've developed the initial  
11 requirements for an electronic interagency  
12 comprehensive plan. The plan is to  
13 establish an automated tool that will be  
14 used for care coordination.

15           There was a pilot using the federal  
16 case management tool with the Air Force and  
17 that is serving as a point of reference for  
18 sharing information between DoD and VA about  
19 the requirements necessary to support the  
20 model of care for complex care coordination.

21           We're also in the final stage of  
22 establishing overarching guidance for

1 complex care coordination. We're nearing  
2 the end of the coordination process for a  
3 memorandum of understanding which I'll talk  
4 about a little bit later. And that will  
5 facilitate the implementation of the key IC3  
6 objectives.

7 And finally, we've created a  
8 proposed list of IC3 performance metrics  
9 which is planned to track the IC3 progress  
10 and impact for care coordination. Over to  
11 you.

12 MS. DEVLIN: Thank you. Good  
13 afternoon. Another question that you asked  
14 was what were the lessons learned from the  
15 lead coordinator pilot project and what is  
16 the status of the rollout. So we'd like to  
17 give you some more information on that.

18 The implementation, just to kind of  
19 give an overview, of the LC concept began in  
20 January 2013 at Washington, D.C., Richmond  
21 and Walter Reed Medical Center.

22 And there were two memos signed

1 which actually provided the guidance and  
2 direction to conduct the pilot at those  
3 sites.

4 We then expanded to -- in VISN 17 to  
5 San Antonio Military Medical Center in July  
6 of 2013 to make sure we could test the pilot  
7 in more than one location.

8 We are currently developing a  
9 national implementation plan for the rollout  
10 of the lead coordinator pilot project based  
11 on the lessons that we learned and the  
12 information that we gained from those  
13 feasibility assessment sites.

14 So what were the lessons that we  
15 learned? Overall the feedback was very  
16 positive about the lead coordinator concept.

17 The care coordinators agreed on some  
18 basic promising aspects of it. It improves  
19 communication and collaboration. It eases  
20 the transfer of the patient including the  
21 knowledge transfer and ensuring that there's  
22 a warm handoff.

1           It creates efficiencies in the  
2 delivery of the available care, benefits and  
3 services. And the experience of the  
4 servicemembers and veterans in the pilot,  
5 their experience was very positive.

6           At first the tools that were  
7 provided to the lead coordinators in this  
8 feasibility assessment took a considerable  
9 amount of time. That was one of the early  
10 lessons learned. And we were able to  
11 improve this as the familiarity with the  
12 tools improved.

13           Also, another piece of a lesson  
14 learned was that in order for this to really  
15 be successful you really need a community of  
16 practice that has been rolled out with all  
17 of the connections established and the  
18 ability to connect to people across the wide  
19 variety of networks within DoD, the services  
20 and VA.

21           In order for us to expand the lead  
22 coordinator we have to engage the relevant

1 decision-makers and ensure that there is  
2 guidance.

3 We have to ensure that there is a  
4 really solid plan for training, awareness, a  
5 really solid communication plan.

6 We also need an interim solution for  
7 the ICP, for the Interagency Comprehensive  
8 Plan. Because the electronic piece is  
9 really critical to this rollout.

10 And the overarching guidance, the  
11 signatures on this MOU followed by any  
12 specific directives or orders that are  
13 required in the VA and DoD spaces to ensure  
14 that everybody is clear on what the  
15 expectations are.

16 DR. STONE: Who is the patient  
17 population that you're attempting to apply  
18 this to?

19 MS. DEVLIN: The population that  
20 would receive a lead coordinator is any  
21 servicemember or veteran in need of complex  
22 care. So those definitions are laid out in

1 the MOU. And we were careful to not be too  
2 restrictive in those definitions.

3 DR. SMITH: And I think we will  
4 address that in one of our subsequent slides  
5 a little more specifically. But we are  
6 focusing on the most complex patients both  
7 from the medical perspective and from other  
8 perspectives.

9 So, we don't want to solely focus on  
10 the medical illness or injury, recognizing  
11 that someone may have a long road back to  
12 recovery through the medical system, but may  
13 also have requirements for services or  
14 benefits that are quite complex in and of  
15 themselves.

16 And so you can have a combination of  
17 severity of injury and complexity of other  
18 needs that will get you into this model of  
19 complex care coordination.

20 DR. STONE: And my second question  
21 is in your community of practice as you look  
22 at your 50 programs is any part of your

1 charter an examination of those 50 programs  
2 where there may be duplication or  
3 integration potential within those 50  
4 programs.

5 MS. DEVLIN: That's a great question  
6 and a great segue-way to slide 7 where we  
7 talk about it. This was actually a question  
8 we received in advance.

9 As we prepare for these kinds of  
10 discussions there's a lot of work that has  
11 to be done.

12 The first task was really to get a  
13 really solid inventory of what are the  
14 programs that are out there. Who do they  
15 serve. What services specifically do they  
16 provide so that we can really look at where  
17 the similarities are and where the synergies  
18 are and where the opportunities are for  
19 synchronization.

20 So the inventory was identified  
21 which came up, we came up with over 50  
22 programs. We brought those leaders of those

1 programs together as Dr. Smith mentioned in  
2 March to solidify their role in this process  
3 and to ensure that everybody knows about  
4 each other's programs. And that was a huge  
5 first step.

6 The next piece is sort of additional  
7 information-sharing. And so we're well on  
8 our way to that.

9 The next step which is to continue  
10 to analyze the roles and responsibilities of  
11 those programs to find those logical  
12 synchronization and coordination points and  
13 ensure that they happen.

14 LTCOL KEANE: I have a quick  
15 question. How many recovering warriors were  
16 part of the pilot program? How many were  
17 assigned a lead coordinator?

18 MS. DEVLIN: I did not bring that  
19 data with me. We can provide you that  
20 information later. You don't have that with  
21 you, do you, Jack?

22 DR. SMITH: No, I don't know the

1 answer to that question specifically.

2 MS. DEVLIN: We do have data and we  
3 can provide that to you as a follow-up.

4 DR. SMITH: So, regarding the  
5 question for complex care needs, the IC3 is  
6 focused on the clients or patients who are  
7 identified by programs within the community  
8 of practice who would benefit from increased  
9 synchronization and integration of care  
10 coordination efforts.

11 As mentioned before we don't define  
12 a complex case. We prefer to leave that to  
13 the care management team's judgment. But it  
14 is determined by factors that include both  
15 the severity of a wound, illness, or injury,  
16 expected to result in prolonged recovery  
17 time, or extensive rehabilitation and  
18 complexity of care coordination needs  
19 involving any aspect of healthcare benefits  
20 and services.

21 And this would be across the federal  
22 system or using governmental or community

1 resources as well.

2 Those in need of complex care  
3 coordination have longitudinal care and case  
4 management needs that will require an  
5 interdisciplinary team approach to achieve  
6 their optimal recovery. So that's the model  
7 of care that we're putting on the table in  
8 our MOU.

9 Your next question was what's the  
10 status of formal coordination of the draft  
11 guidance that was expected to be completed  
12 by November 30 of 2013.

13 I think at the time you were briefed  
14 back last April we had drafted a policy that  
15 was in the form of an instruction. It was  
16 modeled on a DoD instruction.

17 We submitted that into formal  
18 coordination in May of 2013. And after  
19 presentation to the IC3 and to members of  
20 the JEC did receive concurrence that the  
21 content was sound.

22 However, we ran into recommendations

1 from our OGCs on both the DoD and VA side to  
2 say we think you need to revamp this as a  
3 memorandum of understanding.

4 Part of the reason is that there's  
5 no current existing instruction-type tool  
6 that would be applicable equally across DoD  
7 and VA. And so for various legal reasons we  
8 were advised that an MOU would be a more  
9 sound approach to this.

10 We revamped that and put that into  
11 formal coordination in October of 2013.

12 We're now approaching final  
13 signature for that. We've been doing the  
14 coordination on that and had estimated that  
15 we'd be able to get that done by the end of  
16 March. We're into April and it's not signed  
17 yet, but it is in the front offices of both  
18 DoD and VA. So I think we're very close to  
19 achieving a signature on that MOU.

20 Which will then be converted into  
21 policies on both the DoD and VA side. So  
22 they will be applicable to both

1 organizations. That's the way we had to go  
2 with that.

3 And I see a question forming.

4 CAPT SANDERS: Can you identify what  
5 the stumbling blocks are at this point?

6 DR. SMITH: Stumbling blocks for?

7 CAPT SANDERS: Keeping the signature  
8 from being finalized.

9 DR. SMITH: We're just going through  
10 some final coordination. So, if you're  
11 familiar with the coordination process  
12 everybody gets to have their say on this.

13 And in DoD which I've been managing  
14 we have a comments matrix which has to be --  
15 every comment has to be formally commented  
16 upon. So we've been through that.

17 We've gotten it through the final  
18 OGC review. It actually is now into our  
19 front office, the P&R front office, and  
20 ready for Secretary Wright's review. She'll  
21 be the signer on the DoD side.

22 It's nearing that same level on the

1 VA side. So, we're very close.

2 One of the challenges we've had, and  
3 this goes back to the original concept of an  
4 instruction equally applicable. DoD has our  
5 coordination process. VA has a slightly  
6 different coordination process.

7 Any changes that are made had to be  
8 brought back and adjudicated across both  
9 organizations. So, keeping this as an  
10 identical document as it has gone up through  
11 that coordination process I think gives you  
12 a feeling for the complexity of the task  
13 even though it's a relatively brief  
14 document. It's only about 14 pages.

15 But just the nuances, the wording,  
16 you know, this person didn't like that, that  
17 person. And we had a lot of great feedback  
18 and recommendations. So I think the  
19 refinement process has resulted in a product  
20 that is much clearer than what we originally  
21 wrote. But I hope that gives you a little  
22 insight as to why is it taking so long. The

1 policy wheels turn rather slowly I'm afraid.

2 LTCOL WONG: Excuse me, sir, before  
3 you move on. I wanted to step back a little  
4 bit to the previous slide talking about  
5 complex care needs.

6 You stated it's not going to be  
7 defined but my concern is this. It lends to  
8 inconsistent application due to now we're  
9 allowing that interpretation to the services  
10 if it's not defined.

11 Because of course all recovering  
12 warriors would benefit from increased  
13 synchronization. But I mean this could be a  
14 bandwidth issue, et cetera.

15 So, if it's not narrowly defined  
16 we're going to have inconsistencies across  
17 the services. And I think we may need to  
18 take some steps to mitigate that prior to it  
19 formally launching.

20 DR. SMITH: Sure and it's a great  
21 comment. And there's been a great deal of  
22 discussion about that very point.

1           I think all of us could recognize  
2           and agree upon cases that definitely need  
3           complex care coordination. So, people who  
4           have been war wounded, who have been  
5           involved in IED explosions. Or people in  
6           the civilian sector who have been involved  
7           in a car crash with spinal cord injury, for  
8           example.

9           Those are people who obviously have  
10          a severe injury or they could have a severe  
11          illness that really is requiring ICU care  
12          and maybe movement from one place to another  
13          place to get rehabilitation. Those are the  
14          cases that everybody can agree on.

15          So we want to focus on those cases  
16          initially. We want to learn how to use this  
17          model, how to communicate effectively, how  
18          to utilize the care benefits and services  
19          that are available, and how do we coordinate  
20          those effectively.

21          But you're right. We will see over  
22          time as we get into the discipline of using

1 this model that this is also beneficial for  
2 people with lower levels of medical need but  
3 who may have very complex social or other  
4 needs that would benefit from this kind of  
5 collaboration and community of practice  
6 approach.

7 So we want to use it initially very  
8 focused on those with the greatest need for  
9 coordinated care. But there are expected to  
10 be ripples that will benefit a larger and  
11 larger portion of the population over time.

12 Does that answer?

13 CO-CHAIR CROCKETT-JONES: I think  
14 one of the things that as I've been hearing  
15 about this concept that might address what  
16 you've said is there's sort of some -- it's  
17 -- there is a minimum standard, not really a  
18 maximum standard.

19 So that, you know, one of the things  
20 this is meant to address the way this has  
21 been termed is so that if someone is perhaps  
22 not the most complex care, but is extremely

1 remote. And so they have limited access in  
2 their local area to certain things. And  
3 they're traveling for specialty care. And  
4 this becomes complicated and their recovery  
5 takes too long.

6 A lead coordinator can be appointed  
7 to sort of keep that recovery going without  
8 having to trigger a complexity of care --  
9 medical complexity of care need, but more a  
10 social need or a geographical need that  
11 triggers it.

12 I don't think this is going to be --  
13 I don't think that the wording is intended  
14 to allow services sort of greater latitude  
15 so much as it's allowed to have people pull  
16 in someone whose needs are not specifically  
17 medical but whose recovery is impacted by  
18 complexities outside of the medical.

19 DR. SMITH: Right, and that's a  
20 great point. There also is as part of the  
21 model flexibility to assign the most  
22 appropriate lead coordinator depending upon

1 the needs of the individual.

2 So early on, and let's go back again  
3 to the one that we'd all agree on where  
4 somebody has had a spinal cord injury, or a  
5 burn, or been the victim of an explosive  
6 device.

7 The lead coordinator in that case is  
8 going to be a clinical case manager because  
9 the need is greatest in that medical  
10 coordination of care.

11 But teamed with always a non-  
12 clinical case manager who can attend to the  
13 needs of the family, attend to pay issues,  
14 and so on.

15 As that person goes through the  
16 recovery process now there may come a time  
17 when the medical recovery part, the physical  
18 therapy, the subsequent visits to whatever  
19 specialists are needed are pretty well on  
20 glide.

21 And now it's more complex in the  
22 personnel side of things. Maybe they're

1 going through the IDES program. So now the  
2 lead coordinator would become a non-clinical  
3 case manager. But again, in partnership  
4 with the clinical case managers at all  
5 times.

6 And the lead coordinator then helps  
7 to facilitate that phasing of care and  
8 services and benefits to optimize that  
9 recovery plan and keep track of who's on  
10 first. But also who do the family and the  
11 servicemember or veteran need to communicate  
12 with if they have questions or confusion.

13 MR. REHBEIN: Sir, if I may, along  
14 some of these lines. And I'm going to go  
15 back to that interagency comprehensive plan  
16 that was referred to in one of the first  
17 slides.

18 For those servicemembers or veterans  
19 that are enrolled in this lead coordinator  
20 program would that replace what we know as  
21 the comprehensive recovery plan?

22 DR. SMITH: I don't think the vision

1 is to replace that, but rather to have a  
2 common agreed-upon interagency comprehensive  
3 plan that everyone will use.

4 MR. REHBEIN: So that person would  
5 have both then? A CRP and an ICP?

6 DR. SMITH: They would have an ICP.  
7 That would be their recovery plan.

8 MR. REHBEIN: Okay. So it would  
9 still be one plan.

10 DR. SMITH: One plan, yes, sir.  
11 That's the vision, that there will be one  
12 plan. That that plan will be updated by the  
13 lead coordinator and that it will be updated  
14 regularly, that if there's a handoff from  
15 one team to another team that that plan will  
16 go with them and be updated. Do you want to  
17 comment on that?

18 MR. REHBEIN: So that plan then  
19 would have provisions for input from the  
20 servicemember? Input from the  
21 servicemember's family? Everything that the  
22 CTP which we have variances between the

1 services, but everything that that  
2 comprehensive recover plan includes would be  
3 included in the ICP?

4 DR. SMITH: Yes, definitely. The  
5 servicemember or veteran and their family or  
6 caregivers are considered to be part of the  
7 care management team. So they're consulted.  
8 If I'm the person you're going to manage I  
9 certainly want to have a say in what my  
10 recovery plan is going to look like and  
11 where I want to go with my recovery.

12 MS. DEVLIN: And I also just wanted  
13 to comment that because the care management  
14 team and as we really look at other issues  
15 that are non-clinical such as benefits that  
16 this plan will be updated with input from  
17 other programs that specialize in specific  
18 benefits and services that are delivered  
19 that the lead coordinator is coordinating  
20 but not necessarily providing all of the  
21 direct services on.

22 MS. DAILEY: So, real quick, let me

1 ask this question. So, we have the RCCSS  
2 coming out of Warrior Care Policy Office.  
3 Also called the CTP. We have the Army CRP  
4 are reversing that, CRP and CTP. The  
5 federal recovery coordinators have a  
6 recovery plan. All automated. What is the  
7 disposition of those current automated  
8 systems?

9 MS. DEVLIN: So, each program does  
10 currently have its own automated system.  
11 And what we're moving to is sort of a vision  
12 that we would have one common system that we  
13 would be able to share a plan on.

14 And I'll talk a little bit more  
15 about that after we get through the rest of  
16 Dr. Smith's slides. There's actually some  
17 more discussion about the ICP. It's a very  
18 interesting and complex topic and I'd be  
19 happy to address that more specifically.

20 DR. SMITH: Thank you. So, moving  
21 back to the questions concerning the  
22 overarching guidance we are continuing to

1 research the options for a single joint  
2 overarching policy. That has our OGCs  
3 scratching their heads and we're continuing  
4 to engage them in how we might do that.

5 We anticipate that there will be a  
6 need for additional policies and guidance  
7 that would be applicable to wounded  
8 warriors, recovering veterans so we need to  
9 learn how to work together more effectively  
10 in this policy arena.

11 We have identified over 240 already  
12 in existence policies in DoD and VA. And  
13 just as we talk about information systems  
14 that need to be brought together as we get  
15 the overarching policy on the table now  
16 there will be a need for all of the program  
17 managers to take a look at their policies  
18 and see where alignment needs to occur in  
19 their policies to use common terminology,  
20 common procedures.

21 And in a best case we might have  
22 policies changed to say when it comes to

1 complex care needs do what's in the MOU.  
2 So, we might shorten up some of the policy  
3 guidance. But there will be that  
4 realignment that needs to occur and that's  
5 worked for our workgroup as we get the  
6 overarching guidance signed off.

7 You asked what metrics will be  
8 considered to measure the success of IC3 and  
9 identify what further work is needed.

10 We've had three meetings that  
11 involved representatives of all of the three  
12 workgroups to address the issue of metrics.  
13 And the next three slides you will see have  
14 some specific recommendations at a high  
15 level divided into what we think can be  
16 accomplished as part of a short-term  
17 dashboard and then a longer-term dashboard.  
18 And I'll just run through and give you the  
19 highlights of that. I think you'll see  
20 where we're going with this.

21 We want to know the percentage of  
22 DoD and VA medical facilities that have

1 fully trained lead coordinators and are  
2 ready for implementation. We want the  
3 percentage of care coordination team members  
4 in medical facilities who are actively using  
5 SharePoint, the Co-Lab.

6 We want to know the percentage of  
7 eligible servicemembers and veterans with an  
8 active interagency comprehensive plan and  
9 the percentage with a lead coordinator.

10 So you can see that we're crawling,  
11 walking, running with these. We need to see  
12 the degree initially to which we're  
13 implementing the model, the degree to which  
14 we're successful in collaborating and  
15 coordinating together, and the degree to  
16 which the servicemembers are beginning to  
17 understand their -- who their lead  
18 coordinator is.

19 Moving on, the percentage of  
20 existing tier 1 coordination policies I  
21 mentioned that need to realign. And so  
22 we've divided, or we've already had a review

1 of those 240-plus policies. We've  
2 stratified those into the things that are  
3 closest to complex care coordination. There  
4 are about 40 of those. And so we're going  
5 to measure the percentage of those that have  
6 been modified to be in alignment with the  
7 overarching guidance.

8 That's going to take a little bit  
9 more time. The policy wheels again are a  
10 little slower than some of the programmatic  
11 things that we can implement.

12 The average percentage of available  
13 care, benefits and services actually being  
14 used. So we want to monitor how well are  
15 people actually getting the services and the  
16 benefits and the care that they need. And  
17 we're going to make an effort to measure  
18 those.

19 On the second slide, percentage of  
20 the care coordinators or lead coordinators  
21 who are satisfied with the information they  
22 receive during transfers.

1           So one of the concepts we have is  
2           that if you're transferring a servicemember  
3           recovering from one facility to another  
4           facility, or one level of care to another  
5           level of care, there needs to be a warm  
6           handoff.

7           So, how well are we doing that warm  
8           handoff between one lead coordinator who may  
9           pass over to another lead coordinator and  
10          care management team? How effective is  
11          that? What's the level of satisfaction?

12          Percentage of servicemembers and  
13          family members who understand the care  
14          benefits and services in the comprehensive  
15          plan. So we want to have them be able to  
16          articulate what's this about. Do you  
17          understand where you're headed? Is this the  
18          right destination? How are we doing in  
19          supporting your needs there?

20          We want to do some case reviews and  
21          actually follow periodically, quarterly a  
22          couple of cases to see where were the snags,

1 where were the problems. And again, this is  
2 both a near-term and a longer-term  
3 perspective on performance that we'd like to  
4 have.

5 Percentage of enrolled  
6 servicemembers, veterans and family members  
7 who can identify their lead coordinator.  
8 That's kind of an acid test for this  
9 particular model of care.

10 The percentage contacted within 72  
11 hours of enrollment. Is the lead  
12 coordinator getting to them? Are they doing  
13 what we're anticipating they should be  
14 doing?

15 And then what's their assessment of  
16 the responsiveness of both the lead  
17 coordinator and the rest of the care  
18 management team? And we already have some  
19 data that we can use as a baseline for  
20 comparison for that.

21 Finally, moving into satisfaction of  
22 the servicemember or veteran with the lead

1 coordinator handoffs. How satisfied are  
2 they. Are they actually less confused?

3 One of the things that has driven us  
4 to this is not just the proliferation of  
5 many programs and the confusion of the  
6 families, but are they less confused now  
7 that they have one person to whom they can  
8 turn.

9 Is this effort to synchronize  
10 programs and coordination of care  
11 effectively reducing their confusion? Are  
12 they better able to understand what's  
13 happening and when? Where they are on their  
14 roadmap to recovery. So we want to measure  
15 that.

16 And then are they achieving their  
17 originally stated goals? Or if the goals  
18 have been modified are they making progress  
19 towards those. So that's a fundamental  
20 precept of case management that we want to  
21 incorporate into our metrics.

22 Demographics of interest. And we'll

1 be looking at this. We want to know  
2 outcomes. So we want to know, well, how  
3 many of the people who have received this  
4 kind of care coordination are living  
5 independently, are involved in meaningful  
6 activities.

7 On the other side of that coin is  
8 there homelessness, is there a substance  
9 abuse problem. Are they unemployed. What's  
10 happening? And so we want to begin looking  
11 at measures of outcomes that are initially I  
12 think very difficult to get your arms  
13 around, particularly with regard to  
14 attributing any changes in effective  
15 outcomes to a particular intervention. But  
16 that's where we want to go ultimately.

17 LTCOL KEANE: Sir, a quick question.  
18 You mentioned handoffs a couple of times.  
19 Have the business rules been created  
20 defining who's going to be lead coordinator  
21 at what point?

22 DR. SMITH: Yes, yes. The

1        overarching guidance in the MOU defines all  
2        of that. So we have some business rules.  
3        And again, when signed that will provide  
4        everybody the guidance that I think they  
5        need to get going on this.

6                    LTCOL KEANE: Thank you.

7                    DR. STONE: So, Jack, my head hurts  
8        listening to this. If you could go back a  
9        slide, please.

10                   You have single metrics here that is  
11        truly patient-centric and that's number 13.  
12        And that is I've got a plan for this very  
13        complex injured patient and that patient  
14        achieves their goals.

15                   Everything else is about this sort  
16        of behemoth of a bureaucracy that you're  
17        trying to get to cooperate with each other.

18                   And I would suggest to you that you  
19        may want to take a step back from the  
20        approach in this and take a look at the  
21        World Health Organization definition of an  
22        integrated healthcare system.

1           Because it is patient-centric, about  
2           delivering to the patient exactly what the  
3           patient needs and avoiding the bureaucratic  
4           infighting that comes from large  
5           bureaucracies trying to coordinate with each  
6           other.

7           You're going to spend years trying  
8           to get these 50 programs to cooperate with  
9           each other.

10           What you really want is a plan for  
11           this complex injured patient and an  
12           advocate, your lead coordinator, that can  
13           reach back to whoever's got the best  
14           results.

15           I don't care if VA and DoD or the  
16           civilian sector duplicate. You want the  
17           ability of that lead coordinator to reach  
18           out to whoever's got the best outcomes, to  
19           maximize the metric number 13 which is the  
20           end state outcome. You want to make the  
21           complexity of this bureaucracy invisible to  
22           that patient.

1           And I really think that as you're  
2 working your way through this unless you  
3 redo your metrics to really make it patient-  
4 centric instead of bureaucracy-centric  
5 you're going to get hung up with years of  
6 trying to get concurrence from these two  
7 very staid organizations that have trouble  
8 adapting themselves to today's reality.

9           And in the meantime you've got all  
10 of this need out there from these complex  
11 wounded patients. So, I would ask you to  
12 look at that definition and I would ask you  
13 to examine your metrics outcomes in  
14 correlation to that.

15           DR. SMITH: Thanks, General. That's  
16 a great comment.

17           You've summarized probably several  
18 weeks of discussion surrounding metrics.  
19 Let me give you a little context.

20           These are proposed metrics. We  
21 recognize that these are very focused on the  
22 system in the near term. But we're forming

1 a subgroup for metrics that will have  
2 representation from all of the community of  
3 practice.

4 We recognize that there already are  
5 some other metrics that may be useful.

6 There certainly need to be more patient-  
7 centered metrics developed. And that  
8 development is part of the process that the  
9 subgroup for metrics will attack.

10 So, we recognize that these are in  
11 the crawl phase of metrics development and  
12 they're not even formally adopted just yet.  
13 But this is where we are.

14 And I certainly will look at the WHO  
15 integrated health system metrics that you've  
16 suggested as something to inform that  
17 subgroup.

18 MS. DEVLIN: So slide 13 if we could  
19 advance. Thank you.

20 One of the questions you asked is  
21 what challenges remain for the planned  
22 rollout of the single electronic interagency

1 comprehensive plan.

2 We mentioned earlier that we have  
3 some initial requirements that have been  
4 developed. And they're very comprehensive  
5 but they're also very broad. Because you  
6 know, you have to -- you start broader and  
7 then you work your way up to the more  
8 detailed requirements.

9 So we have to -- we're in the  
10 process of developing a plan for how to  
11 develop those additional requirements as  
12 more detailed requirements, making sure we  
13 engage all the right people from the  
14 community of practice so that we can capture  
15 everybody's business needs so that we can  
16 end up hopefully with one system.

17 Then we have to look at what will  
18 our acquisition strategy be. How will we do  
19 this? Will it be one system that everybody  
20 uses? Will it be several systems that  
21 connect to each other in some way? So those  
22 are some of the detailed planning steps that

1 need to be taken.

2 And then the other piece that we  
3 have to do, we mentioned earlier that there  
4 are 15 discrete systems that are being used  
5 in care coordination. Depending on how you  
6 define that there may actually be a few  
7 more.

8 But we really have to look at which  
9 systems really need to connect or  
10 communicate with each other in order for  
11 anybody in the care management team to be  
12 able to reach in and get information about  
13 whatever that servicemember or veteran is  
14 presenting with that day.

15 One of the things we talk about is  
16 that they don't always bring up the same  
17 things in the same offices with the same  
18 providers. And if we can't cross-  
19 communicate about everything that comes up  
20 during the recovery process with that  
21 individual we miss opportunities. We miss  
22 opportunities when they're working with

1 somebody on a very specialized area of their  
2 recovery and they bring up something that  
3 doesn't fit in the realm of that person's  
4 expertise.

5 If that person can't reach into a  
6 system and say that's an issue that I need  
7 to help you with, it's not my area of  
8 expertise but I know whose it is and I'm  
9 going to reach in to that person and connect  
10 you with them so that we can get you help in  
11 that area. So understanding all of those  
12 needs is critical to this process.

13 We have formed a new workgroup  
14 called Tools, Technology and Change. This  
15 workgroup is going to guide that process  
16 that I just described of finalizing that  
17 planning.

18 There will be a governance process  
19 that includes DoD and VA technical  
20 representatives, IT representatives who can  
21 manage that process, prioritize any change  
22 requests to those requirements and engage

1 all of the stakeholders from the community  
2 practice to again, as I mentioned before,  
3 make sure that we build it in a way that it  
4 will be the most effective tool for  
5 effective care and benefits coordination.

6 I wanted to talk about something  
7 that we're doing in the interim. Because  
8 clearly that process I just described can be  
9 a lengthy process. So what do we do right  
10 now? In order for us to roll out the lead  
11 coordinator model we need to have a platform  
12 for information-sharing.

13 Earlier we talked about the Co-Lab.  
14 I'd like to tell you a little bit more about  
15 this.

16 This is a CAC and PIV-enabled secure  
17 website. It is built on a SharePoint  
18 platform but it doesn't look like a  
19 SharePoint. It's a website that allows  
20 collaboration between DoD and VA care  
21 providers.

22 It allows for the comprehensive plan

1 to be electronically loaded and shared which  
2 was one of the huge lessons that we learned  
3 from the feasibility assessment is that  
4 having a paper document with all of the  
5 transfers that occur in the process was very  
6 cumbersome and was not the most efficient  
7 way to do business.

8 So this Co-Lab allows the lead  
9 coordinator to upload the comprehensive plan  
10 onto the secure SharePoint.

11 It is secure for PII, not PHI. So  
12 there are all sorts of protections against  
13 loading any PHI on the site.

14 But it will have data. It will have  
15 data from this case match that we did of the  
16 servicemember or veteran's participation in  
17 a wide variety of the 50-plus programs so  
18 that that opportunity that I described where  
19 something comes up and it's not your area of  
20 expertise and you can go in and look up that  
21 servicemember or that veteran. And you can  
22 see if they are enrolled in a different

1 program.

2 And if they are enrolled, not just  
3 that they're enrolled but who is their care  
4 provider in that program. And all of a  
5 sudden you have that person's name, that  
6 person's email address and phone number so  
7 you can talk to that person and now become a  
8 more effective care management team across  
9 the two organizations and within all the  
10 programs in each organization.

11 MR. REHBEIN: PII and PHI. I'm  
12 still in acronym school. Can you --

13 MS. DEVLIN: I'm sorry. Thank you  
14 for asking that. It's private health  
15 information or private information.  
16 Identifying information. So identifying  
17 information is secure on the site but not  
18 health information.

19 So, this platform, this website is  
20 built. And we're in the process of getting  
21 it ready to deploy. And we recognize that  
22 this is a key and very critical phase in

1 finalizing our rollout plan for the lead  
2 coordinator concept and that role.

3 The site has program pages that  
4 identifies and explains each program so that  
5 as you are using the site if you have  
6 questions about a program you can get to  
7 them.

8 It has a provider directory so that  
9 if somebody, if your servicemember or  
10 veteran is not enrolled in a program but you  
11 think they should be, or there's a service  
12 or a help or a benefit that they can get  
13 from a program, you can go into the site and  
14 find out who to talk to about that. I mean,  
15 how wonderful is that? We've never had that  
16 before across the two organizations.

17 And then there are workspaces to  
18 collaborate and share information. So as we  
19 talk about the education and training that  
20 needs to occur with this new model and how  
21 we build that skill set in that new  
22 collaborative model we need workspaces where

1 people can get together and share  
2 information.

3 So the workgroups, for example, that  
4 are working on the lead coordinator rollout  
5 and some of the other initiatives and  
6 actually deploying those initiatives have  
7 private workspaces that they can work in so  
8 that only the workgroup members can only  
9 access.

10 But then there could be some public  
11 work, chatrooms and places to share  
12 information.

13 It's also an opportunity for us to  
14 have training, actual training materials  
15 that are shared that can be deployed across  
16 both organizations at the same time.

17 We wanted to close by telling you  
18 that we have worked very hard to really  
19 solidify a vision statement for IC3. And  
20 this -- a lot of thought went into this and  
21 a lot of care across both organizations. So  
22 I'd like to just share that with you.

1           The vision statement for IC3 is that  
2 we will realize the full potential and  
3 achieve awareness of interagency  
4 coordination of complex care benefits and  
5 services to support servicemembers, veterans  
6 and their families.

7           It was important to us as we worked  
8 through these initiatives and as we move  
9 from the strategic development of the  
10 initiatives to implementation of the  
11 initiatives that we be able to articulate to  
12 all of the care providers out there in both  
13 the healthcare and benefits arenas what the  
14 vision is for the future. And so that they  
15 can see what they're working towards and  
16 what the end state will look like.

17           And with that we'll take any  
18 additional questions that you have.

19           CO-CHAIR CROCKETT-JONES: I think  
20 we're all good.

21           MS. DAILEY: Hang on just a minute.

22           CO-CHAIR CROCKETT-JONES: Denise.

1 MS. DAILEY: Margarita, on your Co-  
2 Lab and is there or where in the process  
3 might non-profits and our 501(c)'s be  
4 included as options for taking care of  
5 needs?

6 MS. DEVLIN: Part of our future  
7 vision includes public and private  
8 partnerships with other organizations.  
9 We're not there yet. And so right now the  
10 Co-Lab does not include those existing  
11 partners and future partners. But we do see  
12 those partners as having a significant role  
13 in this process. But kind of as we  
14 prioritize our first priority is really to  
15 get the DoD and VA and the services in here,  
16 into the Co-Lab working together.

17 CAPT SANDERS: Will we accidentally  
18 shut them out and lose a critical  
19 coordination partner?

20 MS. DEVLIN: I don't believe so. We  
21 still have the National Resource Directory  
22 which now is connected to eBenefits. And so

1 we have all of our partners that can be  
2 loaded -- are on there. So information-wise  
3 they are there.

4 We have many avenues of developing  
5 partnerships and engaging our partners. But  
6 they just won't be in our Co-Lab at this  
7 time. And that is really a big step to move  
8 from.

9 This is really information about the  
10 client that we have in the system. So  
11 moving from having information about the  
12 client, about your servicemembers and your  
13 veterans in the system, and then allowing  
14 partners outside of DoD and VA to come. And  
15 that's a pretty big step.

16 CAPT SANDERS: Is it a way for the  
17 client to specify hey, I've been working and  
18 engaged with this particular non-DoD VA  
19 agency. I'd like them to be cut in so that  
20 they can get the same benefit of this  
21 information. Would they work with me as DoD  
22 and VA?

1 DR. SMITH: I was just going to  
2 comment that the care management team will  
3 already have been engaged with community and  
4 non-governmental resources.

5 What will be different is that now  
6 someone on that care management team will be  
7 able to ensure that that aspect of care, if  
8 they're helping to incorporate that, can be  
9 incorporated into the comprehensive plan.

10 So, although -- and oh by the way,  
11 then I think those non-governmental and  
12 community resources can be engaged by the  
13 care management team as part of the care  
14 plan and the management of care as it goes  
15 along. But just, they're not currently as  
16 part of the SharePoint site. If that helps.

17 CAPT SANDERS: It does. I just have  
18 a concern for an individual who has a  
19 significant lash-up with somebody who's not  
20 a formal part of the process.

21 And as they get pushed into this  
22 process that we've developed for them to try

1 to give them better care, that we somehow  
2 either streamline out or block another  
3 critical partner.

4 DR. SMITH: Well, this model is  
5 about the coordination of the  
6 servicemember's recovery plan. So, the  
7 servicemember surrounded by their family and  
8 caregivers are also going to be surrounded  
9 by a lot of other people who want to help  
10 them with their recovery.

11 And the role of the care management  
12 team from my perspective, and I'll shut up  
13 and let Margarita come in on this as well,  
14 but I think the function of the care  
15 management team is to make sure that  
16 whatever the servicemember is wanting to  
17 accomplish is taken into account as part of  
18 that recovery plan.

19 So if they had somebody they wanted  
20 to do something with that is not part of  
21 their formal recovery on the medical part  
22 then de-confliction would be the role of the

1 care management team, to make sure that they  
2 can get that kind of support that they need,  
3 whatever that may be, while they're also on  
4 their recovery path and getting the care,  
5 services, benefits that they need.

6 And we know that the things that are  
7 part of the formal care management team and  
8 the recovery plan don't paint the whole  
9 picture. But hopefully this coordination,  
10 this facilitation will make that a smoother  
11 path for them. You have additional  
12 comments, Margarita?

13 MS. DEVLIN: And so as we include  
14 these other partners in our communities that  
15 will be reflected in the plan as appropriate  
16 wherever it fits. So whichever domain of  
17 that servicemember or veteran's life it  
18 affects it will be annotated, it will be  
19 documented.

20 We reach out to community partners  
21 on a frequent basis because there are --  
22 where it really works most effectively is

1 where they're filling a gap of a service  
2 that maybe isn't something that VA or DoD  
3 offer today but a community partner does  
4 offer it. So we reach out to them  
5 frequently in the care coordination process  
6 as needed. And so that would not change.

7 CO-CHAIR CROCKETT-JONES: I think  
8 we've exhausted our questions. Thank you  
9 very much, Ms. Devlin and Dr. Smith.

10 DR. SMITH: Thank you.

11 MS. DEVLIN: Thank you for having  
12 us.

13 MS. DAILEY: Ladies and gentlemen,  
14 I'm up next. I have the last briefing of  
15 the day. So please take a break. Let's  
16 come back in 10 minutes. Looking at 10  
17 till. And that will be the last briefing of  
18 the day.

19 (Whereupon, the foregoing matter  
20 went off the record at 3:42 p.m. and went  
21 back on the record at 3:54 p.m.)

22 MS. DAILEY: Thank you, everyone for

1 your patience and attention today as we went  
2 through the briefings with two of our  
3 services.

4 What I'm going to do now is go over  
5 a briefing we've had before. I want to  
6 refresh everyone's memory on it and I want  
7 our new members who haven't seen it before  
8 to get their first look at it.

9 And I want to remind you, and the  
10 reason I'm prepping you like this is to  
11 remind you that this is the last information  
12 briefing session we will be getting.

13 We will in our May meeting move into  
14 a recommendation formation event in which we  
15 will look at various topic areas that you've  
16 brought to my attention over the course of  
17 the task force business meetings and  
18 installation visits. You've brought these  
19 observations to our attention. My staff,  
20 people have taken them down and we have  
21 crafted them into observations.

22 And I am looking for from you to

1 give me any final observations. We will  
2 include it in the agenda for the May meeting  
3 and from that document we will review, you  
4 can say to me throw this out, keep this, we  
5 want to go down this road.

6 And in the then July meeting I will  
7 have a non-voted draft for you. So no more  
8 information briefings after today -- or  
9 after tomorrow. Recommendation formation in  
10 May. And voting in July.

11 So, this year Dr. Phillips provided  
12 us a framework in which he wanted to see us  
13 broaden the aperture and try and move in a  
14 more global scenario in which we are going  
15 to bring recommendations to DoD in the last  
16 year.

17 So our task, and I'm going to go  
18 through these quickly because I've got a lot  
19 here and we've been over them before.

20 So our task is going to be to take  
21 Dr. Phillips' framework and see what we've  
22 done with that framework, see what other

1 organizations have done with that framework  
2 and the observations have been crafted  
3 around that framework.

4 And it'll help us identify the gaps  
5 and what might be our most salient  
6 observations. They aren't recommendations  
7 yet. But what are going to be our most  
8 salient observations as it fits into this  
9 framework.

10 So, his first category for us was  
11 harmonization. And you see up here a  
12 national plan to harmonize all these  
13 activities which is one of the reasons why  
14 when we had the IC3 up here I'm asking about  
15 the public-private sector lash-up.

16 And so his observation here in which  
17 we have given to you as a possible  
18 observation recommendation is a strategic  
19 look at bringing all these together.

20 And the other bullet he gave us was  
21 what about a national unified medical  
22 command for all these resources. And we've

1 touched a little bit on that as we try and  
2 look at the eMSSs, the eMSMs over the last  
3 two years, over the last two site visits.

4 All right. So he then went into a  
5 task area which he called we're about DoD  
6 and VA and bringing them together.

7 And the key to this piece of the  
8 framework was the electronic health record.  
9 How will we bring the electronic health  
10 record across both surfaces together.

11 And then he also wanted us to take a  
12 look at the next bullet which was -- this  
13 has us working on what recommendations we  
14 have made for IDES and electronic health  
15 records.

16 So, from here down I take his  
17 framework and I say, okay, what have we done  
18 against this piece of his framework and what  
19 recommendations still need to be made  
20 against this piece of the framework.

21 So, his last bullet, end state,  
22 better aligned, common policies and

1 programs. He was concerned about the  
2 electronic health record. He was concerned  
3 about the IDES simplification. And how can  
4 we integrate these two programs better.

5 So, what have we done in this area  
6 in regards to IDES and the electronic health  
7 record? I have listed up here the  
8 recommendations we've made over the last  
9 three years for IDES and electronic health  
10 records.

11 And our questions are do we still  
12 have places where we can make a contribution  
13 for this integration.

14 And I also wanted to note that our  
15 recommendations in these areas have been a  
16 little more tactical. They have not  
17 addressed what are an overhaul of the  
18 benefits and the disability evaluation  
19 system. So I've listed your  
20 recommendations, the work, the good work  
21 you've done in the bullets above. But in  
22 many ways they are not a synchronized set of

1 recommendations.

2 CAPT SANDERS: Denise, have any of  
3 these recommendations already gone forward  
4 and been enacted by DoD at the policy level?

5 MS. DAILEY: Yes. And I'm not  
6 prepared to talk to each one right now. I  
7 have a document that will give you a status  
8 of them. But this is the work you've done  
9 in that area.

10 All right, so he took us to --

11 DR. STONE: Have you asked us a  
12 question at this point?

13 MS. DAILEY: No, sir, I have not.  
14 I'm just kind of laying out --

15 DR. STONE: Sounded like a question.

16 MS. DAILEY: I know. I'm laying out  
17 a framework for you and I'm telling you what  
18 you've done against his framework.

19 And we're going to get to a point  
20 where we're seeing well, here's the  
21 framework but we don't have anything under  
22 that bullet. We haven't done anything and

1 no one's done anything under that bullet.

2 Next piece. So, the next part of  
3 his framework for us was all warm handoff.  
4 We got a pretty good briefing on the warm  
5 handoff in the last piece. And I have  
6 listed again the recommendations you've made  
7 over the last few years on the warm handoff.  
8 And we've done enough work in that area and  
9 the IC3 is doing a lot of work in that area  
10 that this one's covered under his framework.

11 But then you still don't or want to  
12 do work in that area.

13 So, in the military services,  
14 another bullet that he wanted to talk with  
15 us about. Integrating and aligning the  
16 military services along programs, policies  
17 and regulations.

18 One of our very first  
19 recommendations under this bullet was  
20 recommendation 1, common terminology, common  
21 frameworks, common definitions, common  
22 vocabularies.

1           And then he stressed under this  
2           framework for all of these, you know, same  
3           standards, same outcomes, look for those  
4           things. And you've addressed those as noted  
5           up here in those recommendations in those  
6           years.

7           So, our warrior transition locations  
8           was another piece of the framework. He  
9           wanted you all to think about selecting the  
10          very best locations for where to put warrior  
11          transition units, aligning it with the  
12          communities around them that have research  
13          hospitals, teaching hospitals. And wanted  
14          you to consider a framework where they are  
15          more aligned with the communities and the  
16          resources in the communities than in the  
17          major deployment platforms.

18          And here you have some  
19          recommendations so that you were -- you  
20          pulled together and you voted for, and some  
21          you did not in this particular area.

22          Looking for some better alignment

1 and integration for the Centers of  
2 Excellence and bringing their resources to  
3 better serve the Department of Defense and  
4 the VA.

5 Centralized psychological health  
6 with the Defense Centers of Excellence for  
7 Psychological Health and TBI.

8 The center point, his guidance here  
9 is his center point for research, is the  
10 center point for disseminate of best  
11 practices.

12 And we've gone in that direction as  
13 you can see up here a couple of times. I  
14 think 9 and 10 and 11 in 2011 were -- let's  
15 man them. No, 2011, let's put them under  
16 the services. 2012, let's man them. 2013  
17 under the CoEs was let's empower them with  
18 DoDIs. So you've made a lot of  
19 recommendations in regard to the centers of  
20 excellence being a motivator, a catalyst for  
21 integrating all these good works.

22 Keeping in mind the next one, we're

1 talking about the comprehensive transition  
2 and recovery plan. Framework, question,  
3 what improvements need to be made. What can  
4 we do to better integrate this document? Is  
5 it a good idea? Has it been implemented  
6 well?

7 The framework talked about these  
8 types of items as to better synchronize  
9 care. You've made a lot of recommendations  
10 in this area, at least one each year. And I  
11 noticed my bullet 4 as pointed out to me is  
12 I've got it flip-flopped on what services  
13 are being -- using the CRP and CTP.

14 But we kind of left this one in with  
15 the second to last bullet which we covered  
16 in the ICP which is the IC3 is in hot  
17 negotiation to create one document.

18 At one time this bullet was true,  
19 i.e., we're not going to have a common CTP-  
20 CRP. We're going to have one that has  
21 common elements. But I think we heard again  
22 today that they're trying to go to a single

1 document.

2 And we really don't know how this  
3 framework item is going to come out. Is  
4 there going to be one document or is there  
5 going to be common elements of service-  
6 unique documents?

7 All right, information education  
8 framework item. The one-stop, one-person,  
9 one location for information. You all have  
10 worked this pretty aggressively over the  
11 last few years. Made several  
12 recommendations on it.

13 And your last one was last year. We  
14 got an answer on it today. They broke it  
15 down into different pieces. Some they're  
16 doing. Right now they're not going to  
17 Military OneSource as a single platform for  
18 it. I did think they made some progress in  
19 regards to analyzing what's out there. So,  
20 we have a lot of work that's been done in  
21 this area also. Next one.

22 So, you go through his whole

1 framework. We lay over what we've done on  
2 that framework and what we have is this  
3 interagency harmonization is probably one of  
4 the most unworked areas that you all have  
5 not touched in any great detail.

6 And there is some DoD and VA  
7 harmonization. We've seen a good example of  
8 it going on. But again, we're not sure how  
9 they're pulling in communities, non-profits.  
10 We're not seeing a real holistic picture  
11 yet.

12 And they're still very DoD-VA  
13 focused. Doesn't mean it won't get farther  
14 down the road. And doesn't mean you can't  
15 add to that body of knowledge.

16 And then the last bullet out of his  
17 framework which hasn't been worked is the  
18 overall compensation disability whole-scale  
19 holistic revision.

20 So, when you look at his framework  
21 and you look at the work you've done you're  
22 kind of left with these really two areas

1 that are -- that you can add your body of  
2 knowledge to.

3 All right. So we took one more step  
4 in analyzing a framework of who else has  
5 worked some of these issues.

6 So the next slide is these are the  
7 most relevant reports. Other task force  
8 recommendations. Other committee's  
9 recommendations from the last -- we went  
10 back to 2007. Yes, went back to 2007.

11 So out there people who've worked  
12 these issues since 2007. There are 13 major  
13 reports.

14 We pulled out of those five reports  
15 and we pulled the recommendations out of  
16 those five reports. And we analyzed again  
17 what has been implemented, what we think has  
18 moved forward and what is still an open  
19 piece of policy. An open area that would  
20 benefit from adding your voice to it.

21 So, these are the five reports we  
22 selected. Dole-Shalala, a RAND report on

1 the invisible wounds of the war, a seminal  
2 report on psychological health, the Franks  
3 report, seminal report for the Army on IDES  
4 and the Reserve component, IDES Center for  
5 New America: The 2010 Report. There's a new  
6 one out in 2012. And the most recent  
7 Institute of Medicine report which we had  
8 them brief us on. So go forward.

9 So, Dole-Shalala, going very  
10 quickly. Dole-Shalala was groundwork for  
11 the RCP, the FRCs. They were the groundwork  
12 for the case management areas. They laid  
13 that out for the nation to move forward  
14 with. They didn't get traction on number 2.  
15 Where it is not checked, restructure the  
16 disability evaluation system.

17 And then again the case management  
18 system laid out by Dole-Shalala has been  
19 moving forward well over the last seven  
20 years. Rapidly transferring information.  
21 DoD is getting a lot of work. Frankly I'm  
22 not sure we're there yet. It might fit

1       inside the framework for the electronic  
2       health records and the IDES information.

3               And then one of their more tactical  
4       number 7 recommendations to ensure the  
5       staffing at Walter Reed.

6               So Dole-Shalala, real quickly, its  
7       only gap we think is still this  
8       restructuring of the DoD -- of the  
9       disability system, of the holistic reform of  
10      a system of benefits.

11              All right, RAND recommendation.  
12      RAND recommendation on psychological health,  
13      a 2008 report. I think that DoD and VA have  
14      made significant slides. These are  
15      obviously -- implementation status is a  
16      little subjective on our part.

17              But the increasing cadre, policies  
18      to reduce stigma, evidence-based care, all  
19      of these we are talking about, we have  
20      language on, we have recommendations on. We  
21      hear frequently about these areas and how  
22      they have moved forward. Next

1 recommendation. Next set.

2 So it is a -- some of these reports  
3 are again similar reports. And moving very  
4 intractable issues forward. And I think  
5 it's gratifying to see some of the progress  
6 in the area.

7 Frank's report came out of the Army.  
8 Again, you see so much work in the IDES in  
9 the Army. But again you have a big gap here  
10 because even he was talking about the  
11 national dialogue, a strategic  
12 recommendation to talk about a benefits and  
13 compensation system.

14 Frank's recommendations continued.  
15 Awareness of legal assistance. Look at  
16 recommendation 7. Look how far we have come  
17 in legal assistance in the IDES. And like I  
18 said, some of this is just gratifying to say  
19 yes, yes, that's working.

20 Survey servicemembers' and family  
21 members' outcomes, number 9. We got a lot  
22 of information on that over the last two

1 days. Next slide.

2 All right. The CNAS report is about  
3 the holistic approach to care, the  
4 transition into communities, the tapping  
5 into the communities' resources to a greater  
6 degree, to innovative outreach to the  
7 services that communities are going to --  
8 servicemembers are ending up in and  
9 capitalizing on those resources.

10 I haven't marked either one of 1 or  
11 2 as being done. These are big  
12 recommendations about changing a system of  
13 care, a patient-centered care system where  
14 you are selecting the best program to meet a  
15 servicemember's need, whether it is in the  
16 VA, the DoD, or in the community.

17 And I wasn't as generous with these  
18 recommendations that also talk about the  
19 comprehensive interagency continuum of care  
20 model. We got a lot of information on it.  
21 I didn't mark it as clicked off yet but  
22 we're hearing an awful lot of progress about

1       how it's moving forward.

2                   And then the last one, the IOM. The  
3       IOM recommendations are about increased  
4       providers. Better verification of services  
5       and documentation. Metrics for progress.  
6       And then two more that talk about the DoD  
7       and VA recruiting more mental health  
8       providers. And the last one was to oversee  
9       coordination and communication. Again, a  
10      lot of things going on here.

11                   All right. So, here are what we  
12      pull out of all these reports that haven't  
13      got a lot of traction, that haven't been --  
14      you can't say it's gratifying to see how  
15      much it's changed. Again, the overall, the  
16      overall look at a disability system of  
17      benefits.

18                   Again, when you see it come up  
19      again. We saw it come up in Dr. Phillips'  
20      framework as something we haven't worked.  
21      And you see it come up again in this, that  
22      it is out there in the public works as not

1 being -- getting a lot of traction on.

2 So, the -- Frank's recommendation  
3 for the national dialogue on how to build a  
4 disability or ability system. And his  
5 information and his recommendation for  
6 transitioning in and out of uniform back and  
7 forth. Last slide.

8 Another strategic recommendation  
9 about bringing again the disability  
10 evaluation system into better alignment.

11 And then the last two from the CNAS  
12 about an ability to reach into the best  
13 services, whether it be in DoD, VA, or the  
14 community.

15 All right. So, in front of you in  
16 your hands are your observations over the  
17 last year for this report. It's called  
18 consolidated observations.

19 It is aligned with Dr. Phillips'  
20 framework. It is -- I've plugged in your  
21 observations to his framework and your  
22 observations have lined up with some of the

1 holes, national look at ability and  
2 disability, the IDES reform, you know. We  
3 saw models of reaching into the civilian  
4 communities for resources. College  
5 campuses.

6 So, I plugged it all in to Dr.  
7 Phillips' framework as your observations and  
8 where they match up against that for your  
9 next session when you come to look at where  
10 do you want to go. That's the punch line.

11 If there are things I haven't  
12 covered in your -- if I haven't covered it,  
13 or you have a new idea, and this is also the  
14 bottom line, if there is a new idea, a  
15 different recommendation that's not covered  
16 in the consolidated observations, I need it.  
17 I'm going to give you all till Tuesday. And  
18 your minds are churning. Your weekend, I'm  
19 sure you'll be processing all this. By  
20 Monday or Tuesday I need the last of your  
21 good ideas.

22 Because what we're doing in the next

1 month is we're gathering evidence, we're  
2 gathering findings for what's on your  
3 consolidated observations.

4 So if you come up with a good idea  
5 in May and which you do, and that's okay,  
6 I'll make do, but I can't get all my good  
7 ideas at the May meeting. I need a majority  
8 of them now for recommendations so that I  
9 can build the report by July.

10 So use that consolidated  
11 observations document to work your brain, to  
12 tweak your inquisitiveness, to remind you of  
13 something that needs to be done.

14 CO-CHAIR CROCKETT-JONES: Denise, I  
15 think you sohuld never have told this group  
16 that the good idea fairy can come as late as  
17 May. I think that was just a big mistake.

18 (Laughter)

19 MS. DAILEY: You know, Suzanne  
20 jumped up over there, as soon as I said it,  
21 ran over to the researchers behind there and  
22 said ah. Okay.

1           So, you're still observing  
2 information but I need you to start thinking  
3 ahead and thinking big. I've taken this  
4 consolidated members observation document to  
5 -- I've put the big ideas in there and then  
6 I've weaved your big ideas.

7           And then I've put in there the more  
8 tactical small, not small but the more  
9 tactical, pointed recommendations.

10           DR. STONE: So, as we think about  
11 the three years of reports that we've  
12 submitted and then you take a look at the  
13 somewhat dated list of previous reports and  
14 what impact they've had, as we draw to the  
15 end of combat operations for this war and  
16 prepare ourselves for the next it makes  
17 sense for this closeout document to make  
18 some really big overarching recommendations.

19           Getting into the debate of a unified  
20 medical command when the DEPSECDEF has just  
21 made a decision to go with a combat support  
22 agency instead of a unified medical command

1 is not going to do anything but lead us into  
2 a political discussion that's going to be  
3 discarded.

4 But defining what the role of the  
5 major agencies is is what IC3 is beginning  
6 to butt up against. How do you define an  
7 integrated healthcare system? How do you  
8 avoid the problems of the bureaucracies?

9 And this is sort of the overarching  
10 definition that leads you into a discussion  
11 of patient- and family-centric approaches to  
12 problems as we go into this inter-war  
13 period.

14 And I think we could spend a fair  
15 amount of time and have some real impact  
16 helping this Department think about itself  
17 and its responsibilities to our wounded, ill  
18 and injured as we come to the end of this  
19 and so many of them transfer to veteran  
20 status. Or, are still on active duty with  
21 the abilities and limitations of their  
22 wounds.

1           And so I would ask that we  
2           concentrate in that area, number one.

3           Number two, it is time for a really  
4           big hit to reform this mess of a disability  
5           system that we've lived with since the end  
6           of World War II. And I would ask that we  
7           consider redefining this ability with  
8           limitations system and really begin to  
9           redefine how America thinks about disability  
10          and ability. And incentivizing ability.

11          Now, that's a really nice statement  
12          but it's really tough to get at. And I'm  
13          not going to pretend that I have the  
14          solution except that it is I think a great  
15          closeout to this is we've tweaked this 70-  
16          year-old system enough and it needs to be  
17          changed into much different approach that  
18          doesn't incentivize the perpetuation of what  
19          could be limitations that are financially  
20          incentivized rather than recovery. And I  
21          think that's what we're faced with today.

22          So I would ask that we think about

1 focusing in the May through July time frame  
2 on those two big areas.

3 CO-CHAIR CROCKETT-JONES: I just  
4 want to throw out there an idea too. I'm  
5 going to use a term I learned from one of  
6 our briefers.

7 I think we should try to consider  
8 language that says we don't know how long  
9 our inter-war break may be. But that is the  
10 time to make policy changes and improve  
11 outcomes, not wait.

12 I think one of the things that  
13 sometimes is very frustrating is looking  
14 back on the 10 years since I've been aware  
15 of our treatment, recovery and all of this  
16 and watched it change, is that it's taken 10  
17 years to find some better outcomes which way  
18 long after the peak of our needs were  
19 recognized.

20 And so I would hope that in some way  
21 our recommendations can have language that  
22 basically says the closing of combat

1 operations in one place increases the  
2 imperative to find good solutions with  
3 better outcomes, not decreases it if we want  
4 -- unless we want to put the burden of  
5 better outcomes on the backs of the next  
6 cohort of combat wounds and the large  
7 numbers of wounded, ill and injured.

8 I think it's really got to be stark  
9 in terms of who has paid for the time line  
10 that was taken by the DoD in coming to terms  
11 with how we measure these outcomes, how we  
12 measure success, how we look at these  
13 issues. That burden doesn't have to be on  
14 the backs of servicemembers who go into  
15 harm's way.

16 MS. DAILEY: I think we just wrote  
17 our introduction there. Good, good.

18 CAPT SANDERS: I'd like to add to  
19 that commentary the fact that we now bring  
20 from the battlefield more alive than we have  
21 in the past. And we need to consider that  
22 in the process of going forward, that that's

1 hopefully the wave of the future.

2 And those who are alive have  
3 suffered such more catastrophic injuries.  
4 And they will survive in that state going  
5 forward.

6 And that needs to be woven into the  
7 process of saying whatever the next thing is  
8 that we're going to do, the next conflict  
9 that will cause these types of injuries,  
10 even more of them will come home in that  
11 condition. And we need to have a system  
12 that's going to accept them and adjust and  
13 allow them to move forward in society.

14 MR. DRACH: The concern that I have  
15 is regardless of what we do in the coming  
16 months and what our final report says unless  
17 we can find -- I say we, I mean  
18 collectively, generically a godmother or  
19 godfather who's going to pick this up and  
20 champion it after we're done it's going  
21 nowhere. It's going to go on a shelf.

22 When the Dole-Shalala report came

1 out there were some people that championed  
2 some of their recommendations and they came  
3 to fruition. The RCCs, the FRCs, the NRD  
4 immediately come to mind. But there was a  
5 champion over at DoD that picked up on those  
6 and pursued it and got them implemented.

7 When I was on the congressional  
8 commission back in the nineties one of the  
9 staff went back to work for the House  
10 Veterans Affairs Committee. He championed  
11 the recommendations and some of them came  
12 into being, one being the Montgomery GI  
13 Bill, the other one being TSP for active  
14 duty servicemembers. That was one of the  
15 recommendations of the task force.

16 Neither one of those would have  
17 happened had there not been a champion to do  
18 that.

19 VSOs and MSOs for the most part have  
20 not followed what we've been doing. For the  
21 first couple of years MOAA was here almost  
22 every meeting. I think very few meetings

1 did she miss. NMFA, the National Military  
2 Families Association was here every meeting.  
3 Both of those two people that represented  
4 their respective organizations left and went  
5 to another job and nobody picked up -- I'm  
6 sorry, there is somebody. I'm sorry, I  
7 didn't recognize you.

8 But you know, unless -- the VSOs,  
9 I've talked to several of them. They don't  
10 see DoD as part of their mission. They see  
11 VA, compensation, healthcare and maintaining  
12 the existing system of healthcare. Whether  
13 it be the worst or the best in the world,  
14 they don't care. They want to preserve this  
15 system of healthcare separate and distinct  
16 and apart from any civilian intervention,  
17 any Medicare or anything else that's coming  
18 down the pike.

19 So, there's very little from my  
20 perspective from talking to some of the  
21 VSOs, there's very, very little interest in  
22 what we're doing to witness. You know, none

1 of the VSOs are here. And I don't think any  
2 of the VSOs -- well, yes, DAV was here for a  
3 number of meetings. He retired. Nobody  
4 else picked up on it.

5 So you know. And in all due respect  
6 to what Suzanne said peacetime is not a time  
7 that we're going to get anything done.  
8 Because if the guns have stopped shooting  
9 they don't care.

10 CO-CHAIR CROCKETT-JONES: Well, I'm  
11 a little more hopeful, Ron. I'm a little  
12 more hopeful that there will emerge a VSO  
13 that's more aligned with the current  
14 generation of combat veterans that are now  
15 just leaving.

16 I think that there are a few VSOs  
17 that are emerging. I think they don't have  
18 the political power that some of the long-  
19 term VSOs have had.

20 I think with longevity comes power.  
21 But I think that there are emerging VSOs and  
22 perhaps that is where our hope lies.

1 DR. STONE: Okay. So, Ron, if I  
2 listen to you I'm going home to start  
3 antidepressants, okay?

4 (Laughter)

5 DR. STONE: Look, my  
6 responsibilities are the same as yours are  
7 and that is to these great families and  
8 these great heroes.

9 And yes, the bureaucracy may be  
10 stupid enough not to pick up good  
11 recommendations but that doesn't mean we  
12 don't create them. The needs of those  
13 families are still there the same as the  
14 needs of your family were there when you  
15 were injured. And so you've got to go do  
16 the right thing.

17 And our responsibilities are to the  
18 SECDEF and to the people that commissioned  
19 us to generate the best possible report we  
20 can. What they do with that I'm respectful  
21 enough of the bureaucracy to know that it  
22 may not happen quickly but at some point

1 good work will get recognized and picked up  
2 and implemented. And I'm not starting the  
3 antidepressants so would you cut off his  
4 microphone next time?

5 (Laughter)

6 MR. DRACH: Well, I apologize. I  
7 don't want to leave the wrong impression  
8 that I was suggesting that we just forget  
9 about what we're talking about. That's not  
10 what I'm saying.

11 What I really hope is that those of  
12 us that are going to continue in this  
13 business, you know, we can go to our -- and  
14 as Suzanne pointed out, there are some new  
15 VSOs that are emerging and they are pretty  
16 powerful. You know, the TSGLI against  
17 opposition from the DAV, the VFW, the  
18 American Legion, everybody else, Wounded  
19 Warrior Project got TSGLI passed. So that  
20 organization in and of itself is certainly a  
21 mover and shaker.

22 But what I'm saying is we as members

1 need to think about going forward what  
2 resources we can tap into, what our contacts  
3 are, what our network is that we can go to  
4 and say hey, here's this final report and  
5 there's three previous reports, pick and  
6 choose some of the issues. Maybe you don't  
7 agree with all of them but take some of them  
8 that you, DAV, VFW, whomever, that you agree  
9 with and pursue them.

10 Go up to the Hill. SECDEF and the  
11 services may say we don't concur and they  
12 don't concur with a lot and that's fine. We  
13 can't as a committee, as a task force, we  
14 can't advocate it. But we can use our  
15 contacts to advocate for it.

16 And I think that that's the message  
17 I'm sending. We cannot just sit back and  
18 say we did our job because our job's not  
19 finished until some of these recommendations  
20 or as many of these recommendations as  
21 possible get implemented. And we need a  
22 champion, either on the Hill or somewhere

1 that will pick up these recommendations and  
2 push them.

3 MR. REHBEIN: We do need a champion  
4 but I think if we try to identify that  
5 champion right now we'll fail. Nobody knows  
6 who that champion may be, where they're  
7 going to come from. We won't know that for  
8 another year.

9 The one part of -- may I still call  
10 you General Stone? No. The one part of his  
11 remarks that I think -- that resonates some  
12 is not in the VA healthcare system, it's in  
13 the disability system.

14 Because in too many cases that  
15 disability system acts to trap an individual  
16 into never progressing past where they are  
17 right now.

18 And if we can somehow make some  
19 recommendations into that disability system  
20 that fosters rehabilitation and fosters  
21 improvement of life rather than simply  
22 providing a check.

1           Because for many people -- this is  
2 politically incorrect, but there are many  
3 entitlement systems in this country that  
4 serve to trap people into staying where they  
5 are right now for the rest of their lives.  
6 And I think the VA disability system has  
7 some of that failing built into it.

8           I think if we could make some  
9 recommendations about how to reform that to  
10 bring every veteran that's in the disability  
11 system through some kind of a rehabilitation  
12 program to improve their life in the coming  
13 years I think a champion would step forward  
14 to pick that up.

15           That's really what finding a  
16 champion is all about is making good  
17 recommendations that resonate with someone  
18 that then will have the intestinal fortitude  
19 to step forward and be that champion.

20           CAPT SANDERS: Well, without getting  
21 too far afield in the political world of  
22 Washington, D.C. Since I don't live here I

1 can't probably. I watched the Second Lady  
2 of the United States on TV yesterday touting  
3 veterans education. And the First Lady of  
4 the United States was at Walter Reed  
5 yesterday visiting wounded warriors.

6 And I don't think you have to look  
7 around for champions, I think they already  
8 exist. You just have to approach them and  
9 ask them to engage. Because some of them  
10 already exist and are walking around.

11 And I don't know if that's  
12 administration-specific or they last till  
13 the end of this term, but there are people  
14 like those two who are already engaged in  
15 this process at a different angle that may  
16 not know that they're needed at this angle.

17 And if we identify to them where  
18 they can help maybe they will.

19 MS. DAILEY: We need to craft the  
20 recommendations first, ladies and gentlemen.  
21 So, please, I need your head in that game  
22 here for awhile. What do you want on the

1 table. What do you want to have a  
2 discussion about in May.

3 Suzanne, you had your hand up.  
4 Everyone has it. Okay, you also have it  
5 electronically. I sent it to you Thursday  
6 night.

7 Okay, this in the absence of any  
8 questions, concerns, I turn it back over to  
9 you Madam Chairman. Co-Chairman.

10 CO-CHAIR CROCKETT-JONES: Well, then  
11 this concludes our day. We will be meeting  
12 again tomorrow morning at 8:30. We'll start  
13 with a public session. So I'll see you all  
14 then. Good work.

15 (Whereupon, the foregoing matter  
16 went off the record at 4:37 p.m.)

17  
18  
19  
20  
21  
22

A				
<b>A-G-E-N-D-A</b> 3:1	217:2,8,18,19	202:6	220:10 228:22	<b>administration-s...</b>
<b>a.m</b> 1:13 4:2,20,21	218:1,9,12,12	<b>activations</b> 41:2	240:21 273:6	350:12
37:1,2 94:4,5	241:14 242:12	<b>active</b> 10:7,16 21:9	288:6 300:11	<b>administrative</b> 3:2
<b>abilities</b> 337:21	244:10,15 247:17	21:16 25:5 47:19	308:18 313:11	13:1 148:11 153:6
<b>ability</b> 16:7 26:17	282:1 307:9	51:20 53:3,8,14	<b>Additionally</b> 44:12	153:19
63:3 69:9 96:12	<b>accessed</b> 212:6	57:5 59:18 63:17	47:5	<b>administrator</b>
170:20 221:6	<b>accesses</b> 138:21	64:17 73:1 79:11	<b>address</b> 38:4 41:5	10:11 147:11
235:18 243:5	<b>accessibility</b> 204:5	80:6 81:8 94:12	43:2 87:2 100:17	151:7
269:18 297:17	<b>accessing</b> 119:15	94:19 114:9 135:2	101:11 106:6	<b>admit</b> 222:14
333:4,12 334:1	122:5 124:6	139:1 141:3	117:11 156:16	<b>ADOP</b> 150:9
338:7,10,10	212:16	148:21 149:21	158:21 194:14	<b>adopted</b> 265:5
<b>able</b> 14:20 35:2	<b>accidentally</b> 309:17	150:9 153:11	200:21 201:4	299:12
40:14 83:8 98:7	<b>accompany</b> 245:16	162:14 167:5	215:4 254:9 271:4	<b>adult</b> 161:10
104:18 109:2,4	<b>accomplish</b> 87:10	174:7 187:2	281:15,20 287:19	<b>advance</b> 272:8
116:12 118:3,14	110:5 158:12	201:16 202:4,7,17	289:12 305:6	299:19
119:22 136:13	312:17	203:3 290:8	<b>addressed</b> 106:15	<b>advancements</b> 48:2
150:2 156:16	<b>accomplished</b>	337:20 342:13	115:6 116:17	<b>advantage</b> 122:15
164:4 200:6 208:4	289:16	<b>actively</b> 57:21	153:10 319:17	<b>advertise</b> 34:14,21
208:13,14 242:17	<b>accomplishments</b>	59:10 60:22 63:11	322:4	<b>advertising</b> 33:14
261:12,13 269:10	39:14	64:5 85:15 115:14	<b>addresses</b> 167:12	<b>advised</b> 276:8
276:15 287:13	<b>account</b> 312:17	290:4	<b>addressing</b> 17:17	<b>advocacy</b> 39:17
292:15 294:12	<b>accounting</b> 116:7	<b>activities</b> 51:18,22	94:10 107:13	<b>advocate</b> 58:9,12
301:12 308:11	<b>accuracy</b> 204:4	52:1,2,3,21	109:18 112:13	149:15 297:12
311:7	223:16	164:20 233:14	113:22 162:15	347:14,15
<b>absence</b> 351:7	<b>accurate</b> 82:2 95:4	237:18 263:10	<b>adds</b> 78:13	<b>advocates</b> 43:13
<b>absolutely</b> 42:16	100:22 190:10	295:6 317:13	<b>adequately</b> 102:14	53:13,15 213:17
69:5 91:21 133:21	194:13 203:1	<b>activity</b> 50:6	103:22 175:7	<b>affairs</b> 2:12 5:22
142:14 182:22	223:8	<b>acts</b> 348:15	<b>adhering</b> 224:7	6:16 12:6 37:16
220:12	<b>accurately</b> 105:4	<b>actual</b> 76:16 86:14	229:12	92:21 93:14 101:2
<b>abuse</b> 295:9	<b>achieve</b> 159:22	203:16 307:14	<b>adjudicate</b> 102:16	145:7 201:6 211:3
<b>ACAP</b> 50:9	173:18 263:14	<b>acuity</b> 56:11	<b>adjudicated</b> 278:8	215:6 223:10
<b>accept</b> 169:5,7,15	275:5 308:3	<b>adapting</b> 298:8	<b>adjust</b> 341:12	253:9,15,19
341:12	<b>achieves</b> 296:14	<b>adaptive</b> 51:10,16	<b>adjusted</b> 221:15	262:15,20 342:10
<b>acceptable</b> 169:3	<b>achieving</b> 276:19	<b>add</b> 27:5 36:13	230:16	<b>affiliated</b> 74:1
<b>accepting</b> 170:6	294:16	49:8,18 70:12	<b>adjustments</b>	<b>Afghanistan</b> 7:22
<b>access</b> 67:21 69:2	<b>acid</b> 293:8	79:7,14 170:8	221:22	10:20 11:8
87:20 88:8 89:3,3	<b>acknowledged</b>	236:17 326:15	<b>adjutant</b> 134:14	<b>afield</b> 349:21
89:7,12 90:6	127:9	327:1 340:18	<b>ADME</b> 150:5	<b>afraid</b> 279:1
98:12,16 106:3	<b>acquire</b> 28:7	<b>added</b> 17:16 51:16	<b>admin</b> 154:12	<b>afternoon</b> 172:4
116:14 118:9	<b>acquisition</b> 300:18	167:21 177:5	<b>administered</b>	200:1 201:7
120:3 135:12	<b>acronym</b> 305:12	179:9	178:13 224:19	262:13 263:7
139:20 140:22	<b>ACS</b> 141:4	<b>adding</b> 177:22	243:12	267:13
180:6,17 185:8	<b>Act</b> 236:22	327:20	<b>administering</b>	<b>agencies</b> 37:11
186:5,14,16 211:3	<b>action</b> 3:4 190:22	<b>addition</b> 157:19	40:15 242:11	160:16 256:6
211:21 215:7,7,14	191:19 263:20	176:20 195:18	<b>administration</b>	337:5
215:15,19 216:7	<b>activate</b> 86:7	201:4 239:15	4:12 145:7 151:10	<b>agency</b> 8:21 26:9
	<b>activation</b> 201:20	<b>additional</b> 80:20	238:20	100:15 189:14

255:9 256:8	291:6 322:22	124:15,16 184:11	268:5	276:9 281:6
310:19 336:22	333:10	204:15 206:22	<b>anxiety</b> 71:17	296:20 331:3
<b>agenda</b> 38:16 316:2	<b>alive</b> 340:20 341:2	208:12 219:1	249:8	338:17 350:8
<b>aggravation</b> 201:19	<b>allies</b> 168:7	220:2,21 234:1,6	<b>anybody</b> 22:1	<b>approached</b> 134:11
<b>aggressively</b>	<b>allotted</b> 198:11	234:12 238:14	188:3 222:14	<b>approaches</b> 114:8
325:10	232:10	<b>analyst</b> 183:12	301:11	217:12 337:11
<b>agile</b> 87:4	<b>allow</b> 31:20 32:13	<b>analyze</b> 50:3	<b>anymore</b> 36:6	<b>approaching</b>
<b>ago</b> 9:21 13:8 57:1	33:7 37:7 41:17	193:13 206:18	<b>Anytime</b> 159:14	276:12
57:19 128:8 174:3	68:5 87:19 91:10	273:10	<b>apart</b> 154:15,18	<b>appropriate</b> 63:18
179:20 196:1	92:4 101:18	<b>analyzed</b> 327:16	343:16	97:22 98:17 150:6
<b>agree</b> 106:16	160:18 162:2	<b>analyzing</b> 205:3	<b>aperture</b> 316:13	192:2 204:18
229:20 246:18	221:14,17 282:14	325:19 327:4	<b>apologize</b> 64:7	205:9 221:9,13
280:2,14 283:3	341:13	<b>and/or</b> 201:21	346:6	242:1 282:22
347:7,8	<b>allowance</b> 79:9	<b>anecdotal</b> 195:9	<b>app</b> 142:7	313:15
<b>agreed</b> 76:3 268:17	<b>allowed</b> 31:7,12	<b>angle</b> 350:15,16	<b>appeal</b> 197:6,19	<b>approval</b> 49:1 96:9
<b>agreed-upon</b> 285:2	33:8 217:22	<b>angles</b> 114:9	198:3,5	<b>approved</b> 46:7,10
<b>agreement</b> 113:13	282:15	<b>angst</b> 97:7	<b>appealed</b> 197:17	79:8 97:18
<b>ah</b> 335:22	<b>allowing</b> 33:9 87:1	<b>anniversary</b> 40:8	198:1	<b>approves</b> 98:19
<b>ahead</b> 25:11 36:15	145:5 279:9	92:2	<b>appears</b> 129:16	108:3
87:12 126:20	310:13	<b>annotated</b> 313:18	230:2	<b>approximately</b>
149:19 178:11	<b>allows</b> 30:21 105:9	<b>announced</b> 64:21	<b>applaud</b> 117:15	49:21 187:15
258:5 261:14	219:5 303:19,22	<b>announcement</b>	<b>applicable</b> 276:6	214:9 264:3,11
336:3	304:8	76:9,16 86:5	276:22 278:4	<b>April</b> 1:8 5:3 20:10
<b>AHLTA</b> 173:2	<b>ally</b> 168:1 250:10	<b>announcements</b>	288:7	92:1 111:2 211:10
177:3 241:13,16	<b>alternate</b> 243:16	91:9	<b>application</b> 98:8	263:3 264:19
241:16,22 243:13	<b>alternative</b> 242:15	<b>annual</b> 101:4	201:14,19 202:16	275:14 276:16
243:15 244:1	<b>altogether</b> 264:2	198:16	203:2 215:7 218:2	<b>arc</b> 167:20
<b>Aid</b> 238:21	<b>amazing</b> 35:20	<b>another</b> 221:1	223:13 227:6	<b>area</b> 20:16,18,19
<b>Air</b> 10:18 27:6,8,11	<b>AMBER</b> 2:15	<b>answer</b> 60:17 61:6	241:13 242:15	40:13 45:11 78:16
134:22 135:11	<b>ambient</b> 133:10	83:18 90:11	244:17,19 279:8	85:15 91:1 115:18
208:7 217:6 239:6	140:5 145:11	112:14 119:6	<b>applied</b> 47:17	116:16 117:11
253:16 266:16	148:18	122:3,4 131:17	202:13	164:19 187:8
<b>airline</b> 34:6	<b>ambush</b> 9:6	150:17 182:19	<b>apply</b> 203:3 243:7	205:11 215:3
<b>airlines</b> 31:5,5,6,7	<b>AMEDD</b> 59:6	183:8 191:4 230:2	243:14 270:17	282:2 302:1,7,11
31:19 32:22 33:16	<b>amended</b> 228:1	274:1 281:12	<b>applying</b> 241:8	304:19 318:5
33:16 34:9	<b>America</b> 328:5	325:14	<b>appointed</b> 282:6	319:5 320:9 321:8
<b>airman</b> 131:5	338:9	<b>answered</b> 183:6,7	<b>appointment</b> 33:3	321:9,12 322:21
<b>airmen</b> 137:7,15	<b>American</b> 6:18	<b>answering</b> 27:16	<b>appointments</b> 5:9	324:10 325:21
<b>Alex</b> 1:18 10:17	8:12 27:22 31:4,6	<b>answers</b> 29:3 45:21	245:17	327:19 330:6
14:11	33:15 35:9 161:10	149:16	<b>appreciate</b> 37:17	338:2
<b>Alexandria</b> 11:21	346:18	<b>anticipate</b> 55:4	88:11 157:15	<b>areas</b> 8:7 30:10
<b>aligned</b> 50:6	<b>amount</b> 32:6,12	86:16 251:4,13	166:12 168:10,16	41:10 54:6 78:18
318:22 322:15	35:22 72:10 166:3	288:5	182:20 200:7	78:18 117:9,22
333:19 344:13	238:8 269:9	<b>anticipating</b> 293:13	243:8 253:6	118:3 120:3 186:4
<b>aligning</b> 321:15	337:15	<b>antidepressants</b>	<b>approach</b> 123:19	200:10 315:15
322:11	<b>amounts</b> 165:3	345:3 346:3	156:3 160:3	319:15 326:4,22
<b>alignment</b> 288:18	<b>analysis</b> 55:2 82:10	<b>Antonio</b> 27:9 217:7	162:15 275:5	328:12 329:21

339:2	287:3 328:3 330:7	158:10,16	<b>atmosphere</b> 22:16	213:21
<b>arena</b> 288:10	330:9	<b>assign</b> 282:21	<b>attached</b> 145:22	<b>available</b> 69:3 70:5
<b>arenas</b> 308:13	<b>Army's</b> 8:18,20	<b>assigned</b> 53:18	<b>attack</b> 299:9	82:13 90:8 102:2
<b>argumentative</b>	19:9 38:17 39:15	59:7,17 78:5,22	<b>attempt</b> 30:1 112:2	102:11,12 117:7
236:18	41:7,13 58:9	84:15 152:7	<b>attempting</b> 270:17	120:8 123:4,5
<b>Arlington</b> 1:13	65:20 100:14	155:17 174:22	<b>attend</b> 152:14,15	132:7 133:10,11
<b>ARMC</b> 62:20	109:16 181:21	201:6 273:17	159:12 161:6	135:14 141:2
<b>Armed</b> 1:4 200:15	<b>Army-approved</b>	<b>Assigning</b> 50:18	162:4 174:20	143:8 147:3,17
<b>armor</b> 42:3	54:22	<b>assignment</b> 38:21	177:14 245:17	148:2 159:10
<b>armories</b> 256:4	<b>Army-specific</b>	48:17	283:12,13	163:3 211:8
<b>arms</b> 295:12	109:20	<b>assist</b> 52:21 62:22	<b>attendance</b> 238:21	243:14 245:2
<b>Army</b> 1:12 2:2,2,3	<b>Army-wide</b> 65:16	67:11 68:17	245:3,10 252:5	269:2 280:19
2:4,5,6,7,8,9 3:6	<b>arrive</b> 109:6	148:15 150:2	<b>attendant</b> 50:12	291:12
8:16 9:22 10:1,6	<b>arrived</b> 108:21	152:17 154:1	107:17 175:11,12	<b>avenue</b> 157:1
12:3,3 19:5 25:19	<b>articulate</b> 292:16	217:3	178:17 226:22	<b>avenues</b> 310:4
37:11,16 39:1	308:11	<b>assistance</b> 50:15	227:8	<b>average</b> 44:10
40:4,10 41:22	<b>ASHLEIGH</b> 2:16	51:2,14 67:3	<b>attendants</b> 43:21	122:11 291:12
42:15 46:3,4,11	<b>ASHLEY</b> 2:17	83:20 141:10	50:16 51:9 175:4	<b>aviation</b> 42:3
50:9 52:6,10 55:2	<b>asked</b> 38:5 45:22	153:6,7,17 237:19	175:6 176:2	<b>avoid</b> 48:18 337:8
58:16 62:16 63:4	63:15 113:9 179:2	252:16 330:15,17	178:18,22	<b>avoiding</b> 297:3
64:2 66:10 67:13	183:13 197:5,10	<b>assistances</b> 238:12	<b>attendees</b> 12:11	<b>AW2</b> 40:8 53:15
68:15 76:1,13	212:22 224:11	<b>assistant</b> 5:21	<b>attention</b> 101:3	180:21 181:2
80:4 82:9 92:2,16	256:7 267:13	37:15,21 42:11	315:1,16,19	182:10,14
93:18 94:13 95:7	289:7 299:20	173:19 199:12	<b>attorneys</b> 11:10,11	<b>aware</b> 82:5 148:20
95:10 96:6 98:12	320:11	262:19	215:11	241:8 339:14
98:16,21 99:3	<b>asking</b> 192:14	<b>ASSISTANTS</b>	<b>ATTPs</b> 46:18	<b>awareness</b> 159:9
101:5,7 103:16	209:4 243:3,12,13	157:17	<b>attracting</b> 81:18	214:21 240:17
104:15 107:20,22	305:14 317:14	<b>assisted</b> 52:10 74:9	<b>attributing</b> 295:14	241:4 245:1
110:9,16 113:13	<b>asks</b> 226:14	<b>assisting</b> 39:2	<b>audience</b> 37:14	263:14 270:4
126:7 127:4	<b>aspect</b> 51:13 103:3	40:16	<b>augment</b> 138:13	308:3 330:15
130:12 135:11	119:18 144:20	<b>assists</b> 147:9	160:19 205:21	<b>awful</b> 331:22
140:22 145:8,12	274:19 311:7	<b>associated</b> 46:12	<b>augments</b> 160:21	<b>awhile</b> 29:20
145:13,16 146:2,9	<b>aspects</b> 31:18	68:3 105:5	<b>August</b> 49:7	350:22
146:10,14,20	243:10 248:20	<b>Association</b> 343:2	<b>authorities</b> 258:4	
147:2,3,7,18	268:18	<b>assume</b> 57:8 76:1	<b>authority</b> 208:16	
148:6,14,19,20,21	<b>aspirational</b> 51:13	197:9 198:2	<b>authorization</b>	
149:7,14,17	97:12,15	<b>assuming</b> 58:22	49:18	
150:19 151:1,9	<b>assault</b> 257:19	<b>assumption</b> 16:11	<b>authorizations</b>	
153:16 154:6,22	259:11 260:15	<b>assurance</b> 202:10	68:8	
157:14 160:12	<b>assertion</b> 60:15,16	202:14,19,22	<b>authorize</b> 96:22	
164:6 166:14	<b>assess</b> 140:10	203:13,21 224:1,6	<b>authorized</b> 85:4	
168:8 173:2 179:8	<b>assessing</b> 192:5	<b>assure</b> 50:5 113:12	152:10 235:11	
179:13 181:12	<b>assessment</b> 265:1	158:14	<b>automated</b> 266:13	
182:13 186:13	268:13 269:8	<b>assured</b> 57:16	287:6,7,10	
187:3 189:3,16	293:15 304:3	<b>assuring</b> 97:6	<b>automatically</b>	
190:15 208:6	<b>assessments</b> 54:9	<b>asthma</b> 106:2	155:16 171:20	
216:11 255:1	<b>assets</b> 148:19 158:8	<b>athletes</b> 52:7	<b>availability</b> 210:18	

**B**

**B** 12:10  
**back** 4:21 5:11 7:21  
10:4,8 14:2,21  
15:5,17 16:9 20:5  
22:22 29:17 31:10  
32:8 33:11 36:21  
37:2 39:21 41:13  
53:5 56:3 63:15  
70:8 73:20 84:3  
84:18 85:2,22  
87:15 94:2,5  
102:15 103:3,9,14

103:20 105:11	<b>barrier</b> 260:16	122:6 123:1,15	286:15,18 291:13	<b>bit</b> 13:15 14:7 26:2
106:14,18,21	<b>base</b> 12:5 71:4	124:13,20 125:3	291:16 292:14	37:9 76:14 123:16
108:22 109:11	<b>based</b> 69:10,10	125:10,17 126:12	303:5 308:4,13	146:19 172:8
113:2,11 119:13	116:2 136:12	164:21 248:16	313:5 319:18	188:14 205:1
123:10 127:2	138:10 145:2	<b>behemoth</b> 296:16	329:10 330:12	211:11 267:4
128:16 130:21	156:10 188:16	<b>beings</b> 159:22	332:17	279:4 287:14
134:9 153:1,16	207:19 232:11	160:1	<b>Benning</b> 42:1	291:8 303:14
155:14 158:15	233:1 268:10	<b>believe</b> 33:2 60:5	<b>best</b> 15:22 34:3,10	318:1
159:1 167:14	<b>baseline</b> 133:9	80:9 95:10,10	39:1 40:13 41:20	<b>bits</b> 166:9
169:1 171:14	230:11 293:19	109:22 110:21	48:6 134:10,18,20	<b>black</b> 91:2
172:14 173:14	<b>bases</b> 81:8	112:8 129:22	136:10 209:7	<b>block</b> 171:8,11
174:11,12 183:2,8	<b>basic</b> 81:1 82:20	130:22 137:9	265:19 288:21	178:16 312:2
184:20 188:8,18	148:5 151:8	185:12 203:14	297:13,18 322:10	<b>blocked</b> 224:21
191:3 193:10,18	152:14 164:20	216:7 228:8,15	323:10 331:14	<b>blocks</b> 277:5,6
195:17 196:7	175:14,15 180:15	233:20 239:7	333:12 343:13	<b>blog</b> 90:22,22 91:5
197:11 198:8	268:18	241:16 245:20	345:19	91:8,19
199:5 212:19	<b>basically</b> 62:21	309:20	<b>better</b> 6:9 14:1,6	<b>blue</b> 64:12 185:20
219:15 235:10,14	150:15 155:17	<b>believes</b> 105:18	26:4 41:17 43:2	<b>blurb</b> 33:17
251:21 258:6	229:13 249:5	<b>belly</b> 42:14	81:2 89:1 105:21	<b>board</b> 11:11 28:17
262:10 271:11	339:22	<b>belong</b> 42:17	137:4 152:17	76:21 95:8 101:1
275:14 278:3,8	<b>basing</b> 123:22	<b>Belvoir</b> 53:19	172:9 226:9	101:14,22 104:5
279:3 283:2	<b>basis</b> 40:9 313:21	83:10	294:12 312:1	106:5 119:6 134:5
284:15 287:21	<b>battalion</b> 7:12	<b>benchmark</b> 156:6	318:22 319:4	173:4,21 185:4
296:8,19 297:13	49:10,11 128:17	<b>beneficial</b> 18:15	322:22 323:3	186:8 187:11
314:16,21 327:10	147:21	222:1 281:1	324:4,8 332:4	189:12 190:13
327:10 333:6	<b>battlefield</b> 45:17	<b>benefit</b> 32:15 111:5	333:10 339:17	215:11 217:7,8
339:14 342:8,9	340:20	111:13,16 112:9	340:3,5	223:19 225:6,7
347:17 351:8	<b>Bay</b> 12:5	230:5 233:14	<b>beyond</b> 118:18	<b>Boards</b> 223:6
<b>background</b> 79:15	<b>bear</b> 126:3	237:6,12 241:7,9	230:10	<b>body</b> 102:11,12
<b>backs</b> 340:5,14	<b>bearing</b> 226:6	248:11 274:8	<b>big</b> 16:22 17:2	105:4 326:15
<b>badly</b> 196:13	<b>beat</b> 112:16	279:12 281:4,10	75:21 81:20 91:7	327:1
<b>BAH</b> 239:11	<b>becoming</b> 227:19	306:12 310:20	119:7 137:1 155:9	<b>boiling</b> 151:2
<b>BAKEMAN</b> 2:15	<b>bed</b> 124:12	327:20	222:12 248:4	<b>book</b> 46:12
<b>balanced</b> 114:15	<b>bedside</b> 30:22	<b>benefits</b> 25:18	250:4 310:7,15	<b>BOOTON</b> 2:17
<b>Ballroom</b> 1:12	232:22 233:1	43:21 67:15 68:20	330:9 331:11	<b>boss</b> 38:1
<b>bandwidth</b> 279:14	<b>began</b> 9:13 267:19	70:1 90:2 151:16	335:17 336:3,5,6	<b>Boston</b> 52:18
<b>bank</b> 32:3	<b>beginning</b> 55:5,17	163:2,7 170:10,12	336:18 338:4	<b>bottom</b> 192:20
<b>bar</b> 159:17 188:19	62:11 87:15 225:2	170:16,19,21	339:2	193:20 228:21
260:10	290:16 337:5	171:2,11,17	<b>biggest</b> 25:12,21	229:4,4 334:14
<b>Bardo</b> 145:6	<b>begun</b> 205:1	176:14 182:9	32:4 115:3 183:18	<b>box</b> 90:19 129:16
158:11	<b>behalf</b> 152:11	235:5,9,12 238:20	<b>bill</b> 238:6 342:13	171:5,16,22
<b>BARIDO</b> 2:4 62:14	<b>behavioral</b> 20:15	248:20 252:2,2,10	<b>billet</b> 7:7 10:21	<b>boy</b> 173:14
63:19 98:19 99:10	113:20 114:7,19	252:18,21 254:12	<b>billets</b> 116:20 117:6	<b>Bragg</b> 83:4 174:2,3
145:4 151:22	115:8,12,15 116:6	259:6,13 262:16	<b>bimonthly</b> 240:15	<b>brain</b> 335:11
154:21 156:2,9	116:15 118:2,5,7	263:15 269:2	<b>binders</b> 12:10	<b>branch</b> 94:8 108:12
157:15	119:4,11,19,20	271:14 274:19	38:11	<b>branches</b> 109:2
<b>barracks</b> 12:3 78:7	120:7,9,11,14,18	280:18 284:8	<b>bio</b> 253:10	226:20

<b>break</b> 30:13 36:20 93:21 227:22 253:11 262:6 314:15 339:9	<b>broaden</b> 316:13 <b>broader</b> 300:6 <b>broadly</b> 17:14 <b>BROCKENBER...</b> 2:18	<b>burns</b> 32:9 <b>business</b> 1:6 5:3 11:19 17:10,10 36:4 99:3 146:7 150:12 219:1 220:2 234:11 295:19 296:2 300:15 304:7 315:17 346:13	<b>campuses</b> 334:5 <b>canceling</b> 257:22 <b>candid</b> 216:2 <b>candidate</b> 48:5 150:2	39:8,16 40:3,14 41:3,14 42:12,14 42:22 46:13 47:9 47:13 50:15 51:3 51:15 52:9 53:2 55:11 61:16,17 65:3,5,13 66:8,14 67:11,19 68:16 69:20 70:9 71:21 72:6 73:9 74:1 77:6,9,20,22 78:12,15 79:1 82:22 83:9 84:14 94:13 95:3 105:22 112:10,15 113:16 116:15 121:8 128:18,20 131:15 132:21 134:2 136:19 139:5 143:3 145:17 146:10,16 147:15 154:22 155:1,5,7 155:10 157:21 158:7 173:3,9 175:18 176:7 177:6 178:7 180:22 181:7 185:8 186:5,5,6,9 186:14 188:17 199:11,13,16 200:4,21 201:3 213:11,16,17 220:1 224:12,19 232:18 237:10,16 240:17 241:14 243:4,15 244:2,18 247:15 250:17 251:19 255:15,17 258:16 262:15 263:11,15 265:11 265:13,18 266:14 266:20,20 267:1 267:10 268:17 269:2 270:22 271:19 274:5,9,13 274:18 275:2,3,7 279:5 280:3,11,18
<b>breaking</b> 248:10 <b>breath</b> 64:8,10 <b>Bret</b> 2:11 3:10 199:14 200:20 203:7	<b>broke</b> 196:17 325:14 <b>broken</b> 186:18 <b>brothers</b> 127:17 135:2	<b>busy</b> 39:13 263:12 <b>butt</b> 337:6 <b>button</b> 42:14 <b>buttons</b> 43:11	<b>capabilities</b> 55:9 66:7 139:9 <b>capability</b> 14:16 153:16 242:19 <b>capable</b> 67:8 215:15 <b>capacity</b> 58:3 213:1 214:5 <b>capital</b> 53:12 150:22	
<b>brief</b> 4:6,16 38:9 177:15 183:14 262:2 278:13 328:8	<b>brought</b> 19:10 23:2 33:13 37:10 165:19 171:20 259:16 272:22 278:8 288:14 315:16,18	<hr/> <b>C</b> <hr/> <b>C</b> 2:19 38:11 <b>CAC</b> 89:11,14 256:20,21 303:16 <b>cadre</b> 41:19 43:4 48:8,17,18 66:15 67:1,21 70:2,6 72:13,18 75:6,15 79:13 81:1 83:6 87:20 88:2,9 151:11,12,15 153:10 154:1 183:19 210:1 329:17	<b>capitalizing</b> 331:9 <b>Capitol</b> 110:13 <b>CAPT</b> 1:20 11:2 68:19 90:18 91:2 91:16 92:6 103:2 104:3,8 106:9 107:9 151:19 152:2,18 170:8 183:1 206:21 207:9 208:4,19 239:4 251:21 277:4,7 309:17 310:16 311:17 320:2 340:18 349:20	
<b>briefed</b> 17:19 275:13	<b>bullet</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16	<b>cadre's</b> 48:22 <b>cadre-sergeant</b> 80:15 <b>cadres</b> 49:3 <b>calculate</b> 153:12 <b>calendar</b> 204:17 <b>calendars</b> 165:2 <b>call</b> 41:11 73:18,19 74:15 130:4 137:17 174:12 176:11 204:9 206:14 209:11 231:15 348:9	<b>captain</b> 5:6 11:2 <b>capture</b> 103:21,22 300:14 <b>captured</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	
<b>briefers</b> 339:6 <b>briefing</b> 16:19 142:8 172:11 174:21 178:21 253:8 263:3 264:18 314:14,17 315:5,12 321:4	<b>build</b> 303:3 306:21 333:3 335:9 <b>building</b> 99:2 <b>built</b> 79:11,13 265:4 303:17 305:20 349:7	<b>called</b> 123:1 188:1 188:4 231:9 238:21 287:3 302:14 318:5 333:17 <b>calls</b> 174:11 216:12	<b>care</b> 1:3 2:10,11,12 2:13 3:4,9 5:20,22 10:21 11:21 12:13 12:19 17:3 19:8 20:20 22:22 23:5 26:4 28:4,8 30:2	
<b>briefings</b> 5:15 206:7 232:9 315:2 316:8	<b>bulletin</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16		<b>careless</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	
<b>briefly</b> 127:8 191:5 193:19	<b>bulletin</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16		<b>careless</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	
<b>briefs</b> 27:16 160:14 <b>brigade</b> 49:8 128:17 147:21	<b>bulletin</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16		<b>careless</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	
<b>brigades</b> 75:21 118:20	<b>bulletin</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16		<b>careless</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	
<b>Brigadier</b> 37:19 <b>bring</b> 12:16 14:12 22:22 32:14 58:4 73:20 164:11 166:20 195:17 258:6 273:18 301:16 302:2 316:15 318:9 340:19 349:10	<b>bulletin</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16		<b>careless</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	
<b>bringing</b> 9:14 16:12 17:6 57:5 88:12 129:2 144:21 317:19 318:6 323:2 333:9	<b>bulletin</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16		<b>careless</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	
<b>broad</b> 180:12 300:5	<b>bulletin</b> 30:15 195:15 228:21 229:4,5 317:20 318:12,21 320:22 321:1,14 321:19 324:11,15 324:18 326:16		<b>careless</b> 60:7 102:14 <b>capturing</b> 74:10 102:20 <b>car</b> 280:7 <b>card</b> 89:11,14 256:20,21 257:2	

281:9,22 282:3,8 282:9 283:10 284:7 286:7,13 287:2 289:1 290:3 291:3,13,16,20 292:4,5,10,13 293:9,17 294:10 295:4 297:15 301:5,11 303:5,20 305:3,8 307:21 308:4,12 309:4 311:2,6,7,13,13 311:14 312:1,11 312:14 313:1,4,7 314:5 324:9 329:18 331:3,13 331:13,19 343:14 344:9 <b>career</b> 8:5 10:5 40:17 43:19 50:4 50:7 <b>careers</b> 161:15 <b>careful</b> 271:1 <b>caregiver</b> 9:13 18:6 31:15 32:17 51:4 90:15 111:11 163:9 166:3 175:18 177:7,8 178:7,10 180:14 180:22 181:3,8 234:5,8 237:7 239:17,19 240:1 245:7 <b>caregivers</b> 30:21 31:9 33:11 41:19 43:4,12 87:21 89:20 90:2,3,9,10 110:3 112:5 159:13 164:18 175:5 178:22 179:7 200:12 213:13 214:2 233:22 234:3 245:6,22 286:6 312:8 <b>caregiving</b> 165:3 <b>cares</b> 40:5	<b>Carl</b> 2:9 100:13 168:18 <b>Carolyn</b> 2:10 181:19 183:10 <b>carried</b> 203:17 <b>carry</b> 215:21 <b>carrying</b> 67:8 <b>carryover</b> 31:20 <b>Carson</b> 125:16,20 126:7,10 <b>case</b> 10:22 14:20 17:10 34:10 59:6 59:9,17 60:21,22 61:1,10,14,15 62:16 63:12,21 64:4 69:8 71:6 83:13,13,13,13,19 83:20 93:4 102:10 102:15,17 127:20 128:12,20 130:20 155:18 156:6,13 173:1,5,10 177:2 178:16 179:2 183:22 184:8 185:3,21 216:3 219:1 220:2 234:12 240:18 242:1,2 244:3,9 244:11 250:22 265:16 266:16 274:12 275:3 283:7,8,12 284:3 284:4 288:21 292:20 294:20 304:15 328:12,17 <b>caseload</b> 193:16 <b>cases</b> 71:17 88:16 156:1 193:8 215:17 216:14 217:15 218:9 280:2,14,15 292:22 348:14 <b>catalyst</b> 323:20 <b>catastrophic</b> 341:3 <b>catastrophically</b> 40:6 92:18 236:11 <b>catch</b> 207:8	<b>catchment</b> 78:16 78:17,18 <b>category</b> 48:1 235:7 317:10 <b>cause</b> 341:9 <b>CBHCOs</b> 65:8 <b>CBWTU</b> 48:5 70:18 71:22 72:7 72:19 73:17,21,22 77:12 81:7 82:12 85:20 148:16 <b>CBWTUs</b> 42:16 65:8 66:6,16 68:7 70:15 73:15 75:7 75:11,19 77:3 78:16 81:9,12 84:7,16,21 85:13 86:15 139:7 143:16,18 <b>CCs</b> 24:2 <b>CCU</b> 70:22 74:20 85:3,14 143:22 <b>CCUs</b> 67:22 70:15 74:10 79:9 80:15 80:22 84:8,20 85:9 86:8 99:19 143:16 144:21 <b>celebrating</b> 40:7 <b>cell</b> 24:12,13 25:3 <b>census</b> 226:3 <b>center</b> 2:10 12:4,7 41:22 42:1 51:2 55:1 63:5 67:3 146:21 205:14 206:14 208:2 267:21 268:5 323:8,9,10 328:4 <b>centered</b> 299:7 <b>centers</b> 119:14 141:10 204:9 323:1,6,19 <b>centralized</b> 39:17 49:5 95:13 323:5 <b>centralizing</b> 101:9 <b>centric</b> 298:4 <b>ceremony</b> 4:6 <b>certain</b> 208:8	230:11 250:4 282:2 <b>certainly</b> 26:12 58:17 80:10 88:17 93:12 113:10 135:15 209:21 238:15 247:7 249:17 286:9 299:6,14 346:20 <b>certification</b> 180:8 <b>certified</b> 95:21 <b>cetera</b> 42:4 279:14 <b>CG</b> 8:20 42:9 <b>chain</b> 49:2 98:6 150:18 165:12,13 166:20 <b>chains</b> 161:4 <b>chair</b> 262:22 <b>Chairman</b> 351:9 <b>chairs</b> 4:22 200:2 201:8 264:14 <b>challenge</b> 71:16 141:13,14 <b>challenged</b> 26:21 <b>challenges</b> 27:13 52:22 142:2,12 278:2 299:21 <b>champion</b> 341:20 342:5,17 347:22 348:3,5,6 349:13 349:16,19 <b>championed</b> 342:1 342:10 <b>champions</b> 350:7 <b>chance</b> 198:17 222:8 <b>change</b> 15:8 34:6 47:15 56:10 67:19 76:4 77:19 81:7 81:21 110:1,21 111:9 162:7 180:16 183:18 221:18 222:2 233:15 235:16,19 247:20 302:14,21 314:6 339:16 <b>changed</b> 17:18	31:11 66:15 129:17 227:15 288:22 332:15 338:17 <b>changes</b> 15:6 34:11 54:15 64:21 123:3 146:6,14 278:7 295:14 339:10 <b>changing</b> 52:22 67:12 87:4 331:12 <b>charge</b> 7:12 90:12 178:1 209:1 <b>charged</b> 239:20 <b>charging</b> 19:17 <b>charities</b> 248:1 <b>chart</b> 64:11 194:19 <b>charter</b> 272:1 <b>chartered</b> 263:18 <b>chatrooms</b> 307:11 <b>Chatting</b> 133:4 <b>check</b> 80:10 348:22 <b>checked</b> 328:15 <b>checklist</b> 143:7 <b>chief</b> 94:9 109:16 145:13 146:9 149:7 150:19 151:1 172:5 <b>children</b> 32:15 163:10 247:12 248:3 <b>choice</b> 195:16 246:8 <b>choices</b> 246:17,19 <b>choose</b> 81:12 161:15 347:6 <b>choosing</b> 246:14 <b>Chrysalis</b> 136:6 <b>churn</b> 83:11 <b>churning</b> 334:18 <b>CIF</b> 29:12 <b>circulation</b> 45:17 <b>circumstances</b> 151:3 228:13 <b>cite</b> 209:15 <b>cited</b> 218:17 <b>cities</b> 81:11 <b>citizen's</b> 161:10
---	---	---	---	--

<b>City</b> 1:12 73:18 74:14,16	333:11	186:19 189:15 340:6	<b>collecting</b> 121:2	297:4 301:19
<b>civil</b> 86:7	<b>co-chair</b> 1:13,14,16	<b>cohorts</b> 189:7,9	<b>collection</b> 207:20	304:19 344:20
<b>civilian</b> 9:3 66:15 114:2,3,6 122:16	1:17 5:1 8:15 9:2	196:18	212:10	<b>comfortable</b> 25:8
128:19 188:17	9:4 11:16 12:18	<b>coin</b> 295:7	<b>collectively</b> 341:18	62:4 132:11
256:5,12 280:6	14:10 16:3 17:22	<b>coincidentally</b>	<b>College</b> 334:4	195:13
297:16 334:3	19:2,19 20:21	192:6,7	<b>colonel</b> 5:7 7:5 10:9	<b>coming</b> 20:3 37:17
343:16	22:5 23:12 24:6	<b>Col</b> 2:2,4,5,6,7,9,11	24:14 49:2,9 59:3	89:1 177:10 195:7
<b>civilians</b> 75:9 82:9	25:7 26:6 27:18	3:11 59:5,19 60:1	60:18 61:7 93:16	219:15 224:9
82:21 83:6	34:12 36:8,14	60:17 61:7 62:14	93:18 94:7 100:11	287:2 340:10
<b>claim</b> 105:8	38:8 64:9,15	63:19 70:12 79:6	100:13 103:2	341:15 343:17
<b>clarified</b> 47:16	71:13 75:3 89:5	79:19,22 80:13	107:12 113:20	349:12
<b>clarify</b> 84:5 183:6	89:15,18 93:19	82:16 85:5 94:6	127:3 142:18	<b>command</b> 2:2,3,3,4
229:6	94:1 131:18	96:14 97:14,17	145:6 150:8 152:5	2:5,6,7,8,9 3:6
<b>clarity</b> 113:11	133:20 139:11,15	98:2,14,19 99:10	158:3,11 172:5	7:15 8:18 10:19
<b>classified</b> 108:12	142:13 152:20	99:13 100:10,12	188:11 191:20	15:6 38:20 40:2
<b>clear</b> 29:3,7,18	154:4,14,19	103:7 104:7,10	253:8,16,18	40:11 41:8 42:7
151:19 202:1	155:21 156:5	106:17 107:10,12	254:22 262:5	42:10,17 43:7
230:17 270:14	161:18 178:6,12	109:11 126:22	<b>colored</b> 198:7	49:3,9,10,14 56:5
<b>clearer</b> 227:16	180:4 194:18	133:16,22 135:15	<b>coloring</b> 196:22	57:20 58:21 66:10
278:20	195:3,5 198:21	138:8 141:8	<b>combat</b> 336:15,21	67:1,9 70:4 71:3
<b>clearly</b> 47:11 193:2	199:9 208:20	142:15,20 143:14	339:22 340:6	92:10 124:14
235:16 258:9	211:22 217:16	145:4 151:22	344:14	126:11 144:3,13
303:8	218:5,8 220:20	152:5,19 153:4	<b>combination</b> 65:1	146:3 150:3 161:4
<b>clicked</b> 331:21	228:5,17,20 229:3	154:7,17,20,21	271:16	165:12,13 166:20
<b>client</b> 310:10,12,17	231:1,14,21 232:4	156:2,9 157:15	<b>combine</b> 184:7	170:1 172:6
<b>clients</b> 217:3 274:6	237:3 243:21	158:20 168:10	<b>combined</b> 10:15	183:11 216:8
<b>clinic</b> 118:19	246:11 253:3,13	172:4 178:11,14	<b>combining</b> 30:11	317:22 336:20,22
122:19	262:4,11 281:13	180:20 191:5	<b>come</b> 4:14 52:8	<b>commander</b> 8:14
<b>clinical</b> 83:15	308:19,22 314:7	192:4 193:12	70:8 71:11 85:2	23:7 42:7,8 45:7
262:18 283:8,12	335:14 339:3	194:4 197:2 254:2	91:19 98:21 102:8	49:16 50:3 66:11
284:4	344:10 351:10	259:14	108:21 136:12	66:11,12 128:20
<b>clinics</b> 119:11	<b>Co-Chairman</b>	<b>collaborate</b> 26:1	143:21 155:13	159:2 162:18
<b>clip</b> 137:19,20	351:9	306:18	157:1,3 169:1,16	174:8 260:1
<b>close</b> 68:22 73:17	<b>co-chairs</b> 199:6	<b>collaborated</b> 43:6	181:19 183:8	<b>commanders</b> 23:10
74:19 146:12	254:4 255:1	211:3	237:9 238:5,12	48:5 49:1 68:3
155:20 276:18	<b>Co-Lab</b> 265:5,19	<b>collaborating</b>	249:16 254:5	71:8 76:12 119:22
278:1 307:17	266:3 290:5	290:14	256:8 283:16	124:5 129:9
<b>closed</b> 166:16	303:13 304:8	<b>collaboration</b>	310:14 312:13	176:10,19
<b>closely</b> 82:17 92:20	309:10,16 310:6	254:20 265:7	314:16 325:3	<b>commanding</b> 8:17
<b>closeout</b> 336:17	<b>co-located</b> 256:3	268:19 281:5	330:16 332:18,19	11:9 37:20 38:19
338:15	<b>COAD</b> 52:12	303:20	332:21 334:9	<b>commands</b> 42:19
<b>closer</b> 67:2 170:5	<b>code</b> 256:20	<b>collaborative</b>	335:4,16 337:18	183:20
<b>closest</b> 291:3	<b>coding</b> 256:19	306:22	341:10 342:4	<b>comment</b> 45:9 92:5
<b>closing</b> 339:22	<b>CoEs</b> 323:17	<b>collateral</b> 260:5,13	348:7	157:16 236:19
<b>CNAS</b> 331:2	<b>coffee</b> 36:20	260:14	<b>comes</b> 19:22 91:12	251:6 277:15
	<b>cohesive</b> 25:4	<b>collect</b> 50:3	106:14 175:17	279:21 285:17
	<b>cohort</b> 140:15		244:8 288:22	286:13 298:16

311:2	41:2 53:9 65:3,5	<b>complements</b> 51:4	75:8,15 80:6	242:4 319:1,2
<b>commentary</b>	65:13 66:8 67:10	<b>complete</b> 63:22	84:19 94:11 119:8	<b>concerning</b> 263:10
340:19	68:16 69:20 70:9	67:14 69:22 122:7	130:16 139:1,2,8	287:21
<b>commented</b> 152:21	71:21 72:6 74:1	122:9 224:13,20	140:8 141:6	<b>concerns</b> 12:17
277:15	77:14 78:9,12,14	225:8,13	148:22 153:11	16:17 77:1 153:19
<b>comments</b> 18:4	83:9 84:14 86:1	<b>completed</b> 48:11	158:9 187:3	258:3 259:16
38:7 86:19 185:16	114:20 140:22	102:5 105:15	201:16,16 202:4,7	351:8
216:2 277:14	143:3 188:17	170:18 184:13	202:18 203:3	<b>concludes</b> 251:18
313:12	204:11 214:1	220:3 224:16	254:11 255:11,14	262:2 351:11
<b>commission</b> 7:2	218:4 238:11	275:11	256:2 257:10	<b>conclusions</b> 14:5
342:8	264:7,21 265:14	<b>completely</b> 170:5	258:6 261:4 328:4	<b>concur</b> 117:10
<b>commissioned</b>	265:20 266:2,4	247:18	<b>components</b> 47:19	204:13 215:13
345:18	269:15 271:21	<b>completeness</b> 243:9	72:22 139:13	220:7,9,9,14
<b>commitment</b> 67:12	274:7,22 281:5	<b>completing</b> 225:9	151:17	228:7 231:3,6,9
87:6 131:9	299:2 300:14	<b>completion</b> 50:11	<b>compos</b> 64:14	232:5 347:11,12
<b>committee</b> 2:13,14	303:1 311:3,12	225:5	<b>composition</b> 75:6	<b>concluded</b> 227:4
6:1 53:3,4 182:5	313:20 314:3	<b>complex</b> 57:10	85:3	239:6
263:11,19 264:3	331:16 333:14	78:10 228:13	<b>comprehensive</b>	<b>concurrency</b> 49:8
342:10 347:13	<b>community-based</b>	263:15 266:20	39:20 40:15 45:5	98:5 112:22
<b>committee's</b> 235:17	215:12	267:1 270:21	53:7 54:6 88:18	235:19 275:20
327:8	<b>companies</b> 78:21	271:6,14,19 274:5	205:2 213:3	298:6
<b>Committees</b> 200:16	<b>company</b> 49:20	274:12 275:2	266:12 270:7	<b>concurring</b> 245:12
<b>common</b> 45:13	50:1,2 71:8	279:5 280:3 281:3	284:15,21 285:2	<b>concur</b> 94:13
204:11 285:2	120:14	281:22 283:21	286:2 290:8	107:20 218:21
287:12 288:19,20	<b>compare</b> 56:7	287:18 289:1	292:14 300:1,4	223:15 239:6
318:22 321:20,20	237:12	291:3 296:13	303:22 304:9	240:11
321:21,21 324:19	<b>comparison</b> 293:20	297:11 298:10	311:9 324:1	<b>condition</b> 100:22
324:21 325:5	<b>compensate</b> 163:17	308:4	331:19	101:16 102:13
<b>commonality</b> 45:15	<b>compensated</b> 237:9	<b>complexities</b>	<b>concentrate</b> 338:2	103:19 104:11,16
<b>communicate</b>	<b>compensating</b>	282:18	<b>concept</b> 26:8	106:6 107:6 130:1
41:18 42:21	234:3	<b>complexity</b> 57:21	162:10 164:17	202:5 219:8 222:2
280:17 284:11	<b>compensation</b>	156:10 222:21	167:15 168:19	223:8 341:11
301:10,19	109:16 111:22	242:20 271:17	222:6 263:20	<b>conditions</b> 51:7
<b>communicating</b>	202:9 233:13	274:18 278:12	267:19 268:16	66:3 100:20
22:8	234:2,8 235:1	282:8,9 297:21	278:3 281:15	101:12 102:7,20
<b>communication</b>	237:4 238:3,7	<b>compliance</b> 54:11	306:2	104:1 105:7,14,19
22:12 146:13	239:10,10,21	107:15,20 229:6	<b>concepts</b> 180:11	223:5,17 224:8
245:6 268:19	240:3 326:18	<b>complicated</b>	292:1	232:12 258:13
270:5 332:9	330:13 343:11	222:11 282:4	<b>concern</b> 30:17	<b>condone</b> 230:3
<b>communications</b>	<b>compensation-ba...</b>	<b>complications</b>	72:13 82:8 127:9	<b>conduct</b> 4:5 55:6
76:8 86:4 91:11	241:21	249:9	127:10,10 133:7	58:19 204:15
<b>communities</b> 60:14	<b>competed</b> 52:13	<b>compo</b> 60:11 63:10	194:2 227:21,22	268:2
73:9 313:14	<b>competing</b> 52:7	64:14 97:11 98:20	241:20 260:6,9	<b>conducted</b> 11:20
322:12,15,16	<b>competition</b> 52:3	186:19	279:7 311:18	12:8 43:1 65:9
326:9 331:4,5,7	52:11	<b>component</b> 22:9	341:14	140:12 146:4
334:4	<b>complemented</b>	25:3 43:22 47:10	<b>concerned</b> 16:4	205:5
<b>community</b> 39:22	175:19	47:19 49:16 68:13	194:11 234:16	<b>conducting</b> 218:22

224:22 225:22	334:16 335:3,10	<b>continues</b> 15:8	<b>coordinates</b> 40:9	179:4 181:5
<b>confident</b> 62:9 87:8	336:4	101:8,20 185:3	<b>coordinating</b>	<b>cord</b> 280:7 283:4
126:16	<b>consolidating</b>	<b>continuing</b> 116:20	122:18 154:1	<b>core</b> 151:11 264:2
<b>conflict</b> 165:17	62:19	121:8 287:22	286:19 290:15	<b>corner</b> 192:21
228:3 341:8	<b>Constantine</b> 5:11	288:3	<b>coordination</b> 2:13	<b>Corps</b> 3:5 5:7 7:8
<b>conflicts</b> 259:6	<b>constantly</b> 15:4	<b>continuity</b> 15:7	2:13 6:1 53:2	10:12 11:12,22
<b>confused</b> 294:2,6	<b>constitute</b> 51:12	<b>continuous</b> 50:19	119:21 154:22	12:4 21:11 24:17
<b>confusion</b> 47:12	<b>construct</b> 53:17	<b>continuously</b>	155:7 157:21	24:19 25:18 57:2
158:5 284:12	65:13	156:17	191:6 262:16	168:12 169:18,21
294:5,11	<b>consult</b> 102:4 103:5	<b>continuum</b> 131:14	263:11,15 265:11	182:15 216:22
<b>Congo</b> 11:7	105:17	331:19	265:13,18 266:14	239:7
<b>congratulate</b> 5:8	<b>consultant</b> 6:12	<b>contract</b> 31:6 61:11	266:20 267:1,2,10	<b>correct</b> 60:16 98:14
<b>Congress</b> 40:12	60:22	61:17 62:3,16	271:19 273:12	99:10 104:5,6
218:15	<b>consultants</b> 114:13	81:10,15,21 82:4	274:10,18 275:3	154:17 229:2
<b>congressional</b> 7:2	<b>consultation</b> 104:9	85:7,9 127:21	275:10,18 276:11	239:2 241:17
76:11 342:7	<b>consulted</b> 286:7	128:13,19 156:4	276:14 277:10,11	259:14
<b>conjunction</b> 45:1	<b>consulting</b> 6:13	<b>contracted</b> 238:11	278:5,6,11 280:3	<b>correction</b> 55:15
48:3 49:6 128:13	<b>contact</b> 16:5 21:18	<b>contractor</b> 82:11	283:10 290:3,20	<b>correctly</b> 13:12
128:15 189:13	22:4 23:1,10 34:8	83:2 237:9	291:3 294:10	78:3 243:3
<b>connect</b> 269:18	109:4 117:18,19	<b>contractors</b> 82:14	295:4 301:5 303:5	<b>correlate</b> 193:4
300:21 301:9	119:3,21 123:12	84:7,22 98:6	308:4 309:19	<b>correlates</b> 192:21
302:9	156:20 180:1	<b>contracts</b> 85:16	312:5 313:9 314:5	<b>correlation</b> 193:7
<b>connected</b> 309:22	206:5 256:14	<b>contributing</b> 125:5	332:9	298:14
<b>connecting</b> 213:11	<b>contacted</b> 293:10	<b>contribution</b>	<b>coordinator</b> 50:18	<b>cost</b> 17:11 219:21
<b>connections</b> 269:17	<b>contacting</b> 90:20	319:12	53:11,17 128:20	234:7 237:17
<b>connects</b> 206:3	167:16	<b>contributions</b> 6:6	155:5 264:22	<b>costing</b> 221:3
<b>connotes</b> 66:2	<b>contacts</b> 347:2,15	<b>control</b> 15:15 58:22	267:15 268:10,16	<b>costs</b> 13:1
<b>consent</b> 258:6	<b>contains</b> 43:17	138:15	269:22 270:20	<b>Council</b> 102:1
<b>consider</b> 25:15	<b>content</b> 275:21	<b>CONUS</b> 108:22	273:17 282:6,22	<b>counsel</b> 102:4
76:7 125:4 170:3	<b>context</b> 92:14	232:17	283:7 284:2,6,19	103:3,4,9,14
210:13 221:5,13	205:12 298:19	<b>conversation</b> 15:18	285:13 286:19	105:17 216:8,13
221:16 234:6	<b>continental</b> 155:2	15:20 181:13	290:9,18 292:8,9	217:11,11 218:1
322:14 338:7	<b>contingency</b> 65:18	200:9 233:10	293:7,12,17 294:1	251:6
339:7 340:21	<b>continue</b> 15:13	<b>conversations</b>	295:20 297:12,17	<b>counseling</b> 251:11
<b>considerable</b> 269:8	16:18 21:18 44:6	189:13	303:11 304:9	<b>counselors</b> 50:10
<b>considered</b> 85:19	45:10 53:8,10	<b>converted</b> 276:20	306:2 307:4	<b>counterpart</b> 168:12
195:1 260:16	54:22 65:7 101:10	<b>convinced</b> 222:20	<b>coordinators</b> 49:18	<b>country</b> 209:6
286:6 289:8	108:2 115:14,16	<b>cookies</b> 212:10,19	49:19 50:1,8	213:5 349:3
<b>consistency</b> 19:4	121:5,18 129:8	<b>cooperate</b> 296:17	51:17 146:16	<b>couple</b> 76:18 79:6
227:6	131:10 144:17	297:8	155:1,10 213:11	86:8 89:6 90:21
<b>consistent</b> 56:14	198:15 200:8	<b>coordinate</b> 26:17	213:16 240:18	138:22 174:16
186:1 189:12,22	206:13,18 207:1	206:22 207:10	268:17 269:7	176:5 292:22
202:2,15 203:1	213:8,22 258:16	247:21 252:15	287:5 290:1	295:18 323:13
226:19 232:1	273:9 346:12	280:19 297:5	291:20,20	342:21
235:1,9 245:6	<b>continued</b> 55:10	<b>coordinated</b> 173:15	<b>Coots</b> 37:19	<b>course</b> 51:10 82:14
<b>consolidated</b> 47:3	115:13 156:12	173:17 207:17	<b>copies</b> 18:8 256:18	122:20 125:1
146:22 333:18	330:14	208:10 281:9	<b>coping</b> 175:22	147:12 151:8

152:14 198:14,17 279:11 315:16 <b>courses</b> 147:22,22 152:15 <b>cover</b> 36:11 38:5,6 40:20 41:7,11 44:18 46:21 54:16 160:14 <b>covered</b> 321:10 324:15 334:12,12 334:15 <b>covering</b> 26:10 43:5 156:1 208:9 <b>covers</b> 251:1 <b>CPT</b> 50:7 <b>cracks</b> 28:13 77:10 93:9,11 <b>cradle</b> 62:11,17 131:4 <b>craft</b> 350:19 <b>crafted</b> 315:21 317:2 <b>crash</b> 280:7 <b>crawl</b> 299:11 <b>crawling</b> 290:10 <b>create</b> 131:12 249:5 324:17 345:12 <b>created</b> 130:10 146:14 266:1 267:7 295:19 <b>creates</b> 269:1 <b>creating</b> 46:19 53:21 131:1 250:11 <b>creative</b> 249:11,18 250:1 252:1 <b>creatively</b> 35:14 <b>creators</b> 197:11 <b>crisis</b> 125:7 141:19 141:21 <b>criteria</b> 43:20 46:22,22 47:6,14 47:18,20 56:10,13 139:4 <b>critical</b> 22:4 53:6 172:3 270:9	302:12 305:22 309:18 312:3 <b>Crockett-Jones</b> 1:14,17 4:8 5:1 9:2,3 12:18 14:10 16:3 17:22 19:2 19:19 20:21 22:5 23:12 24:6 25:7 26:6 27:18 34:12 36:8,14 37:6 38:8 64:9,15 71:13 75:3 89:5,15,18 94:1 131:18 133:20 134:6 139:11,15 142:13 155:21 156:5 161:18 178:6,12 180:4 194:18 195:3,5 198:21 199:9 208:20 211:22 217:16 218:5,8 220:20 228:5,17 231:1,14 231:21 232:4 237:3 243:21 246:11 262:4,11 281:13 308:19,22 314:7 335:14 339:3 344:10 351:10 <b>cross</b> 301:18 <b>CRP</b> 285:5 287:3,4 324:13,20 <b>Crystal</b> 1:12 <b>CSL</b> 49:9 <b>CSM</b> 1:17 7:15 25:12 76:22 79:2 87:14 89:4 134:4 138:2 156:14 <b>CTP</b> 176:17 285:22 287:3,4 324:13,19 <b>cultural</b> 22:14 35:8 132:22 162:7 <b>culture</b> 145:15 <b>cumbersome</b> 255:19 304:6 <b>current</b> 11:14	37:22 41:1 64:21 65:19 74:8 193:20 201:20 202:12 258:2 260:12 264:16 276:5 287:7 344:13 <b>currently</b> 6:12 7:7 10:20 11:4 37:14 46:4 53:15,16,18 54:2 66:16 74:8 75:11 81:16 85:13 95:19 97:9,10 98:11 99:17 154:7 172:15 177:2 220:1 259:8 268:8 287:10 311:15 <b>customer</b> 191:13 <b>cut</b> 108:17 310:19 346:3 <b>cycle</b> 220:5 234:14 238:14 <hr/> <b>D</b> <b>D</b> 1:17 <b>D.C</b> 11:12 40:13 267:20 349:22 <b>DA</b> 40:11 43:8 82:21 <b>dad</b> 232:21 <b>DAG-1</b> 94:9 <b>DAG1</b> 96:8 97:18 <b>Dailey</b> 2:1 3:15 4:3 4:13,22 17:5 24:9 36:12 84:5,17 112:12 181:11,20 199:6 253:5 286:22 308:21 309:1 314:13,22 320:5,13,16 335:19 340:16 350:19 <b>daily</b> 40:9 44:2 78:9 91:9 164:20 233:14 237:18 <b>Dakota</b> 137:21 <b>Dalheim</b> 4:18 <b>dashboard</b> 216:12	216:22 289:17,17 <b>data</b> 5:18 50:4 59:16,22 60:5 96:16 121:9 123:2 124:16 125:12,15 125:18 126:4,18 173:8 177:5,18 184:10 189:2 192:2,12 203:10 215:17 221:3 251:12 273:19 274:2 293:19 304:14,15 <b>database</b> 94:21 95:5,13,15 <b>date</b> 20:10 44:9 105:4 214:13 <b>dated</b> 336:13 <b>dates</b> 189:8 <b>DAV</b> 344:2 346:17 347:8 <b>Dave</b> 8:3 <b>DAVID</b> 1:19 2:19 <b>DAVIS</b> 2:16 <b>day</b> 27:6 83:17 111:3 301:14 314:15,18 351:11 <b>days</b> 5:14 124:12 174:21 186:22,22 187:1,1,19 188:4 188:22 221:2 331:1 <b>DC</b> 1:12 <b>DD</b> 255:4,5,20 <b>DD93</b> 109:3 <b>de-confliction</b> 312:22 <b>deal</b> 92:15 250:4 279:21 <b>deals</b> 94:11 107:14 <b>debate</b> 336:19 <b>December</b> 189:5,19 214:8 225:11 <b>decided</b> 108:17 189:14 235:22 256:14 <b>decision</b> 2:10 97:4	126:1 141:17 161:10 197:6 220:10 222:9 243:6 246:4 336:21 <b>decision-makers</b> 270:1 <b>decisions</b> 101:1,17 161:14 223:9 244:5 <b>decline</b> 56:17 <b>decrease</b> 56:15 62:3 125:19 185:10,13,14 <b>decreased</b> 16:8 193:16 <b>decreases</b> 340:3 <b>dedicated</b> 84:10 <b>dedication</b> 112:4 <b>deemed</b> 246:2 <b>deep</b> 41:1 <b>deeper</b> 15:11 <b>DEERS</b> 73:5 <b>defends</b> 203:10 <b>Defense</b> 1:1 2:12 5:21 199:12 204:3 226:15 240:16 253:15 255:9 256:8 262:20 323:3,6 <b>define</b> 198:9 204:8 274:11 301:6 337:6 <b>defined</b> 47:8 194:5 279:7,10,15 <b>defines</b> 296:1 <b>defining</b> 197:13 295:20 337:4 <b>definitely</b> 117:10 120:22 280:2 286:4 <b>definition</b> 296:21 298:12 337:10 <b>definitions</b> 270:22 271:2 321:21 <b>definitive</b> 47:9 58:20
--	---	--	---	--

<b>deftly</b> 83:9	<b>departments</b> 40:12 87:5 206:1,7 207:18,21 216:6 226:10 228:4 229:10,15 230:22 240:14,19 246:10 258:5	<b>determinations</b> 202:3 224:2	90:14 217:10	215:20 234:3 248:21
<b>degradation</b> 84:1		<b>determine</b> 55:2 192:17 204:16 205:4,7	<b>different</b> 15:6 27:14 29:3 64:14 78:17 90:1 107:22 108:3 112:1 114:9 114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>director</b> 2:1,14,15 6:15,19 8:21 11:4 100:14 150:22 199:14 253:17 262:14,18
<b>degree</b> 290:12,13 290:15 331:6	<b>depending</b> 32:14 134:14 137:5 212:5 282:22 301:5	<b>determined</b> 52:1 146:5 274:14	108:3 112:1 114:9 114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>directorate</b> 40:5 46:5 134:15
<b>DeJong</b> 1:17 7:15 7:16 25:12 76:22 79:2 87:14 89:4 134:4 138:2 156:14	<b>depicts</b> 186:4	<b>determining</b> 69:17	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>directory</b> 18:7 211:4 213:20 214:18,22 306:8 309:21
<b>delaying</b> 220:9	<b>deploy</b> 23:5 305:21	<b>develop</b> 98:18 178:2 204:17 224:8 256:19 300:11	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>Directory's</b> 213:1
<b>deliberate</b> 76:6 86:11	<b>deployed</b> 307:15	<b>developed</b> 45:16 48:2 54:3 100:5 261:19 266:10 299:7 300:4 311:22	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>disability</b> 6:20 8:21 30:5,12,13 100:15 129:13 130:18 189:14 199:14 202:3,8,11,14 203:4,15 215:10 218:16 219:22 221:14,18,19 223:20 224:9 225:17 238:20 242:20 250:21 251:2 259:1 319:18 326:18 328:16 329:9 332:16 333:4,9 334:2 338:4,9 348:13,15,19 349:6,10
<b>deliver</b> 40:13	<b>deployment</b> 128:1 155:15 322:17	<b>development</b> 138:18 181:5 268:8 300:10 310:4	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>disabled</b> 6:17 261:9
<b>delivered</b> 125:10 125:11 235:2 286:18	<b>deployments</b> 157:8	<b>development</b> 53:6 266:2 299:8,11 308:9	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>disappointed</b> 26:17
<b>delivering</b> 297:2	<b>DEPSECDEF</b> 30:1 30:4 336:20	<b>device</b> 283:6	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>discarded</b> 337:3
<b>delivery</b> 30:2 234:2 269:2	<b>deputy</b> 2:15 10:1 37:15,20 38:19 127:3 145:6 199:12	<b>devices</b> 210:21 211:20	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>discharge</b> 222:19
<b>demarcation</b> 170:9	<b>DES</b> 202:16 251:3	<b>Devlin</b> 2:12 3:13 262:13 263:1 265:3 267:12 270:19 272:5 273:18 274:2 286:12 287:9 299:18 305:13 309:6,20 313:13 314:9,11	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>discharged</b> 158:14 221:8,12
<b>Demographics</b> 294:22	<b>describe</b> 41:21 47:6	<b>DFAS</b> 54:8	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>discipline</b> 280:22
<b>demonstrate</b> 208:14	<b>described</b> 102:14 302:16 303:8 304:18	<b>diagnoses</b> 9:7	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>disciplines</b> 114:10 115:1 117:2
<b>Denise</b> 2:1 3:15 5:2 9:18,19 24:6 36:10 182:18 183:2 308:22 320:2 335:14	<b>designated</b> 159:13 245:5,22	<b>diagram</b> 74:7	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>disconcerting</b> 190:9
<b>departed</b> 108:20	<b>designation</b> 30:1 73:8	<b>dialogue</b> 330:11 333:3	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>disconnect</b> 210:10 244:1
<b>department</b> 1:1 6:14 8:8 82:8 201:22 204:3,13 205:9,17 206:12 211:2 213:15 215:5 216:4,21 218:21 219:18 223:1,10,15 227:4 229:17 230:14 233:19 234:15,20 235:3,20,22 238:17 240:11,16 241:15 245:11 262:14 323:3 337:16	<b>desired</b> 102:6 206:20	<b>dictate</b> 66:3	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>discovered</b> 138:19
<b>Department's</b> 236:13	<b>desire</b> 246:6	<b>died</b> 19:17	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	<b>discrepancy</b> 109:8
	<b>desk</b> 232:20	<b>diem</b> 108:3	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	
	<b>destination</b> 292:18	<b>difference</b> 72:21 108:11 159:5 187:8	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	
	<b>detail</b> 54:16 76:14 109:12 146:18 205:1 261:7 326:5	<b>differences</b> 15:19	114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	
	<b>detailed</b> 43:8 76:7 300:8,12,22		114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	
	<b>details</b> 46:1 257:5		114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	
	<b>determination</b> 104:13 106:13 138:12 242:10		114:16 115:1 120:10 123:19 126:13 132:22 134:12 135:21 137:21 138:21 151:3,3 152:8 154:10 158:19 178:15 179:17 183:5 227:12 238:22 247:22 278:6 304:22 311:5 325:15 334:15 338:17 350:15	

<b>discrete</b> 301:4	<b>dividing</b> 138:20	316:15 318:5	<b>double-dipping</b> 240:5	<b>dramatic</b> 125:9
<b>discretion</b> 156:10 170:22 246:3	<b>division</b> 13:18 83:15 113:21	320:4 326:6	<b>DoubleTree</b> 1:12	<b>dramatically</b> 118:18 119:12
<b>discretionary</b> 171:12	<b>divorce</b> 165:16	328:21 329:8,13	<b>Dr</b> 3:13 4:9 5:6	<b>DRAS</b> 61:20
<b>discuss</b> 18:1 159:2 183:16 252:18	<b>Dix</b> 65:22	331:16 332:6	9:16 16:21 29:21	<b>draw</b> 14:5 101:3 336:14
<b>discussed</b> 14:14,19 15:3 23:1 100:2 146:21 148:8 150:8	<b>DMDC</b> 256:14,19 256:20	333:13 340:10	55:18,21 56:3,7	<b>drawdown</b> 15:9
<b>discussing</b> 133:17	<b>DMPM</b> 94:9 96:7 100:7	342:5 343:10	56:19 57:13 58:6	<b>draws</b> 63:4
<b>discussion</b> 12:12 13:2 15:13 16:7 23:3 31:13 33:9 36:10 112:1 243:2 279:22 287:17 298:18 337:2,10 351:2	<b>doctor</b> 43:18 106:11,19 107:2,3	<b>DoD's</b> 200:13	58:8,11 59:15,21	<b>drill</b> 261:8,13
<b>discussions</b> 35:19 272:10	<b>doctoral</b> 46:10	<b>DoD-VA</b> 326:12	60:3 63:8 64:6	<b>drilled</b> 141:11
<b>dislocation</b> 83:3	<b>doctrine</b> 143:6	<b>DoDD</b> 258:1	75:19 79:17,20	<b>drilling</b> 20:11
<b>disparity</b> 143:1	<b>document</b> 45:4,12 46:2,7,9,10,14,19 47:7,22 170:17 224:7 245:9 278:10,14 304:4 316:3 320:7 324:4 324:17 325:1,4 335:11 336:4,17	<b>DoDI</b> 17:8 18:21 155:6 158:18 251:9 257:9,9 258:2 259:5 260:12 261:3,19 261:22	80:3,12 81:5 85:6	<b>drinking</b> 260:9
<b>displaced</b> 35:7	<b>documentation</b> 96:15 100:21 173:3 223:7 332:5	<b>DoDM</b> 251:9	85:15 96:11,19	<b>drive</b> 1:13 210:14
<b>displacement</b> 82:14	<b>documented</b> 100:20 223:6,18 313:19	<b>doing</b> 6:13 8:8 25:13,14,22 60:20 62:21 101:6 110:7 122:1 126:6,11 128:9 130:13 131:10 166:4 172:16 173:1,12 173:17 220:2 242:14 255:22 257:22 276:13 292:7,18 293:12 293:14 303:7 321:9 325:16 334:22 342:20 343:22	97:16,20 98:11,15 99:6,12 110:18 111:1,5,12 112:2 112:17 123:13 125:6,20 126:1,17 168:18 181:15 182:2,12 183:12 186:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>driven</b> 294:3
<b>display</b> 48:9	<b>documents</b> 47:5 250:19 251:8,15 325:6	<b>dolls</b> 35:21 192:13	279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>driving</b> 16:16
<b>disposition</b> 287:7	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>domain</b> 313:16	182:2,12 183:12 186:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>drop</b> 122:13 123:8 124:10,18,21 193:7 222:13
<b>disqualifying</b> 47:20 129:22	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>dollars</b> 35:21 192:13	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>dropoff</b> 122:5
<b>dissatisfaction</b> 196:13	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>donate</b> 34:15,22	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>drove</b> 230:19
<b>disseminate</b> 323:10	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>donated</b> 30:20 32:1	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>Drum</b> 114:17 190:22
<b>distance</b> 71:15 72:5 73:14	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>donating</b> 34:13	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>drift</b> 45:3 275:10 316:7
<b>distinct</b> 21:5,6 219:4 343:15	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>donation</b> 33:20 35:3	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>duty</b> 10:7,16 21:9 21:17 64:17 68:13 73:1 75:13 81:8 94:12,19 95:20 114:10 135:2 141:3 149:21 150:9 157:20 218:18 222:18 254:13,15,17,19 255:5,18 256:16 257:7,8,11,13,14 257:17,18,19 258:20 259:20 260:11,18 261:5 261:16,17,22 337:20 342:14
<b>distinctly</b> 25:17	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>donations</b> 31:21	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	<b>duty-limiting</b> 103:18
<b>distinguished</b> 37:13 38:4	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>door</b> 166:16	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	
<b>distribute</b> 97:5	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2	<b>doors</b> 118:19	188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	
<b>distributed</b> 56:22 60:13 96:13 97:1	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2		188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	
<b>distribution</b> 79:8	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2		188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	
<b>dive</b> 41:1	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2		188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	
<b>divided</b> 289:15 290:22	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2		188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	
<b>divides</b> 35:8	<b>DoD</b> 1:13,16 100:19 103:7,12 130:19 131:2 197:3 201:17 203:15 204:7,10 208:6 210:20 211:2 213:8 223:4 228:11 250:18 251:13 264:10 266:18 269:19 270:13 275:16 276:1,6,18,21 277:13,21 278:4 288:12 289:22 297:15 302:19 303:20 309:15 310:14,21 314:2		188:10 190:15,20 191:20 192:19 195:18 196:3 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15 262:17 263:1,6 270:16 271:3,20 273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:16,20 295:22 296:7 298:15 311:1 312:4 314:9,10 316:11,21 320:11 320:15 332:19 333:19 334:6 336:10 345:1,5	

<b>duty-related</b> 61:13	129:11 131:10 274:10	<b>embedded</b> 42:18 118:4 119:2,4,19 120:6,17 123:14 124:13,20 125:2 125:17 126:5	<b>enemies</b> 168:7	329:4
<b>E</b>			<b>Energy</b> 8:9	<b>ensures</b> 40:3 101:20
<b>E</b> 199:21	<b>EFMP</b> 163:10,21 247:12,12,16 248:3	<b>emerge</b> 344:12	<b>engage</b> 91:11 123:12 269:22 288:4 300:13 302:22 350:9	<b>ensuring</b> 62:22 144:22 147:22 150:3 254:16 268:21
<b>earlier</b> 41:15 150:9 175:13 195:11 223:21 254:22 300:2 301:3 303:13	<b>EFMTs</b> 109:5	<b>emergency</b> 256:6	<b>engaged</b> 59:10 61:1 85:8,15 310:18 311:3,12 350:14	<b>entail</b> 55:3
<b>early</b> 27:6 171:21 198:20,22 269:9 283:2	<b>eight</b> 6:14 52:6 265:18	<b>emerging</b> 26:8 344:17,21 346:15	<b>engagement</b> 76:8 174:7	<b>enter</b> 64:3 120:16 216:2
<b>ears</b> 248:13	<b>either</b> 46:10 108:19 150:5 167:21 168:6 220:8 235:13 239:3 258:20 312:2 331:10 347:22	<b>EMMPS</b> 98:9	<b>engagements</b> 76:10 194:15	<b>entering</b> 160:4
<b>eases</b> 268:19	<b>electronic</b> 94:20 95:4 128:14 129:19 130:20 150:10 241:12 254:16 256:16,18 257:7 266:11 270:8 299:22 318:8,9,14 319:2 319:6,9 329:1	<b>emphasis</b> 21:13	<b>engaging</b> 213:6 310:5	<b>enterprise</b> 61:2 115:21 118:2 123:6 174:1
<b>easier</b> 137:13	<b>electronically</b> 130:2 304:1 351:5	<b>employee</b> 43:14	<b>engine</b> 214:5	<b>enterprise-wide</b> 174:15
<b>Easter</b> 178:9 179:18 180:6	<b>element</b> 70:20 71:2	<b>employees</b> 4:7 81:10,15,22	<b>enhance</b> 101:8 184:6	<b>entire</b> 9:10 69:6 95:3 96:3 99:3 101:15 105:4 106:4
<b>easy</b> 29:8	<b>elements</b> 159:6 324:21 325:5	<b>employment</b> 6:19 6:20 251:10	<b>enhanced</b> 29:22 30:10 78:4 184:1 186:13,15 214:22 240:9,12	<b>entirety</b> 58:4
<b>eBenefits</b> 309:22	<b>eligibility</b> 241:3 242:9 255:21 256:11 257:3	<b>empower</b> 323:17	<b>enlistment</b> 202:6	<b>entitled</b> 176:15 259:20 262:1
<b>ECASE</b> 128:14	<b>eligible</b> 50:5 85:18 85:19 202:8 240:10,12 254:11 255:12 256:21 261:5,17 290:7	<b>empowering</b> 39:18	<b>enormous</b> 165:3	<b>entitlement</b> 349:3
<b>echelons</b> 66:22	<b>eliminate</b> 218:15 220:8 256:17	<b>eMSMs</b> 318:2	<b>enormously</b> 164:15	<b>entitlements</b> 109:17 239:14 259:9
<b>education</b> 48:13,13 50:4 306:19 325:7 350:3	<b>eliminated</b> 162:19 218:20 221:21	<b>eMSs</b> 318:2	<b>enrolled</b> 284:19 293:5 304:22 305:2,3 306:10	<b>entrance</b> 56:10
<b>educational</b> 18:14 40:18	<b>eliminating</b> 71:10 219:2,19	<b>enable</b> 67:5 68:2 89:2 217:2	<b>enrolling</b> 241:8	<b>entry</b> 46:22 47:14 47:18
<b>effect</b> 119:17	<b>elimination</b> 219:16 219:17	<b>enabled</b> 50:14	<b>enrollment</b> 293:11	<b>entry/exit</b> 46:22 56:13 158:6
<b>effective</b> 114:21 116:5,10 292:10 295:14 303:4,5 305:8	<b>email</b> 167:9,12 184:16 187:22 214:17 305:6	<b>enables</b> 216:12 225:3	<b>ensuing</b> 54:17	<b>equal</b> 232:22
<b>effectively</b> 58:14,14 65:20 280:17,20 288:9 294:11 313:22		<b>enacted</b> 320:4	<b>ensure</b> 15:7 48:6 50:19 59:12 63:1 92:22 100:19 102:2,6 105:3 107:16 148:3 150:12 154:2 155:19 176:12 177:19 202:15 204:4 206:18 212:22 214:20 223:5,13,17 224:6 226:16 229:10 231:22 241:6 245:3 254:11 270:1,3,13 273:3 273:13 311:7	<b>equally</b> 202:8 276:6 278:4
<b>effectiveness</b> 17:12 204:12,16 223:12 245:9		<b>encompasses</b> 175:13 264:6	<b>equipment</b> 42:4	<b>especially</b> 15:7 26:20 27:21 28:3 83:16 92:21 158:10,17 209:8 236:7 244:2,6
<b>effects</b> 110:7 222:10		<b>encounter</b> 118:11 120:6	<b>essentially</b> 63:2 85:18 148:8,17 149:6,10 155:4 208:5	<b>establish</b> 159:17 204:3 234:7
<b>efficiencies</b> 30:3 65:11 68:6 269:1		<b>encounters</b> 116:8 119:10 121:4,15 121:17 123:20,22 124:2,8,17		
<b>efficient</b> 304:6		<b>encourage</b> 44:4 161:5,16 162:3 245:2,14 246:7		
<b>efficiently</b> 63:1		<b>encouraged</b> 160:22 161:2 216:4 249:22		
<b>effort</b> 173:15,17 291:17 294:9		<b>encouraging</b> 44:9 160:5 210:13		
<b>efforts</b> 22:19		<b>endorses</b> 104:20		
		<b>endpoint</b> 182:6		
		<b>endurance</b> 121:7		
		<b>enduring</b> 55:9 87:3 121:19		

266:13	273:3 277:12	<b>exist</b> 350:8,10	126:3	274:14
<b>established</b> 18:19	280:14 296:4	<b>existence</b> 162:19	<b>exposed</b> 139:18	<b>fade</b> 10:2
48:18 66:18 68:1	300:19 346:18	214:3 288:12	<b>expressed</b> 85:14	<b>fail</b> 348:5
81:11 86:8,10	<b>everybody's</b> 25:13	<b>existing</b> 47:15	<b>extend</b> 30:12	<b>failed</b> 106:6
148:15 149:5	300:15	205:21 207:5	<b>extended</b> 78:13	<b>failing</b> 349:7
159:18 204:9	<b>everyone's</b> 315:6	276:5 290:20	<b>extends</b> 30:5	<b>fails</b> 104:12
223:13 254:21	<b>evidence</b> 28:16	309:10 343:12	<b>extension</b> 48:20	<b>fair</b> 13:9 100:22
264:20 265:9	102:11,12 105:5	<b>exists</b> 133:6 203:11	149:22	236:22 337:14
269:17	116:2,3 335:1	<b>exit</b> 43:20 47:1,14	<b>extensive</b> 124:15	<b>fairly</b> 101:6
<b>establishing</b> 69:19	<b>evidence-based</b>	47:18	214:3 274:17	<b>fairness</b> 192:20
255:4 266:22	329:18	<b>expand</b> 126:2,3	<b>Extracting</b> 47:3	<b>fairy</b> 335:16
<b>establishment</b> 41:2	<b>evidently</b> 20:7,16	269:21	<b>extraordinarily</b>	<b>fall</b> 23:20 24:12
52:11 65:2	<b>evolution</b> 125:9	<b>expanded</b> 115:17	236:16	77:10 98:22 135:8
<b>estimated</b> 276:14	137:8	268:4	<b>extraordinary</b>	136:9 157:8
<b>et</b> 42:4 279:14	<b>evolving</b> 87:3	<b>expanding</b> 156:4	112:4 126:5	194:22
<b>ethics</b> 4:15,16	<b>exact</b> 20:10 109:6	165:5 215:14	<b>extremely</b> 119:5	<b>falling</b> 28:13 73:4
<b>Eudy</b> 1:18 10:17,18	<b>exactly</b> 29:15 198:8	<b>expect</b> 38:1	281:22	93:9,10 163:11
14:13 22:21 108:7	216:15 297:2	<b>expectations</b> 51:8	<b>eyes</b> 21:12,19	<b>falls</b> 135:16
232:6	<b>examination</b> 272:1	270:15	128:11	<b>familiar</b> 37:4 93:4
<b>Eustis</b> 191:1	<b>examine</b> 168:19	<b>expected</b> 245:8		209:5 210:7
<b>evaluate</b> 50:3 203:1	170:4 298:13	274:16 275:11	<b>F</b>	277:11
219:2,18	<b>example</b> 47:9 73:16	281:9	<b>F</b> 2:1 253:22	<b>familiarity</b> 269:11
<b>evaluated</b> 225:4	125:16 141:1	<b>expecting</b> 98:22	<b>face</b> 142:3	<b>familiarization</b>
<b>evaluating</b> 221:2	247:13 280:8	<b>expended</b> 32:6	<b>face-to-face</b> 266:5	177:15
242:15	307:3 326:7	<b>expensive</b> 237:8	<b>Facebook</b> 91:6,10	<b>families</b> 11:1 22:4,8
<b>evaluation</b> 11:11	<b>examples</b> 132:3	<b>experience</b> 67:18	<b>faced</b> 142:12	22:12,15 35:11
101:1,14,22 106:5	136:18	72:8 73:1 75:7	338:21	39:4,5,19 40:17
129:13 130:18	<b>excellence</b> 323:2,6	97:1 209:3 225:16	<b>faces</b> 37:4	41:18 43:3 55:11
187:10 199:15	323:20	225:21 237:22	<b>facets</b> 50:17	70:7 73:4 87:7
200:17 201:22	<b>excited</b> 5:9 39:13	246:22 269:3,5	<b>facilitate</b> 45:14	97:7 134:11,11,21
202:11 203:4,16	41:16 45:3	<b>experienced</b> 54:20	223:8 267:5 284:7	145:17 146:11
215:10,11 217:7	<b>exclusively</b> 78:15	<b>experiencing</b> 77:19	<b>facilitates</b> 100:22	147:17 172:13
221:19 222:5	<b>excuse</b> 184:16	<b>experiential</b> 35:12	<b>facilitation</b> 313:10	173:6,8 174:10
223:6,19,20	193:6 212:5	<b>expert</b> 7:8 50:2	<b>facilities</b> 42:20 51:1	177:1,20 178:2
224:10 225:6,7,17	221:20 228:2	<b>expertise</b> 99:21	232:17 289:22	180:21 181:2
242:21 243:19	230:15 279:2	302:4,8 304:20	290:4	200:11 205:16
250:21 251:2	<b>execute</b> 234:8	<b>experts</b> 43:5 99:20	<b>facility</b> 108:15,16	206:6 211:1 212:3
319:18 328:16	<b>executed</b> 76:6	<b>explain</b> 162:18	108:21 160:12	213:12 214:2
333:10	<b>executes</b> 103:11	165:12 166:17	292:3,4	230:6 236:4
<b>event</b> 315:14	<b>executing</b> 202:21	<b>explained</b> 206:16	<b>fact</b> 21:17 40:7	247:16,21 248:12
<b>events</b> 147:20	203:20 213:3	<b>explaining</b> 170:1	56:13 69:21 74:5	249:1 250:6
155:12	<b>execution</b> 27:16	<b>explains</b> 306:4	82:6 157:19 161:5	263:17 294:6
<b>eventually</b> 256:17	40:3 78:22 203:16	<b>explanation</b> 165:21	168:12 169:5,7,16	308:6 343:2 345:7
258:14	<b>executive</b> 2:1	230:14 243:18	202:1 222:16,22	345:13
<b>everybody</b> 25:22	262:14,17 263:19	<b>explosions</b> 280:5	236:14 254:21	<b>family</b> 15:16,17
74:11 163:21	<b>exempt</b> 233:15	<b>explosive</b> 283:5	340:19	17:7,8 23:1,5,8
254:6 270:14	<b>exhausted</b> 314:8	<b>exponentially</b>	<b>factors</b> 32:19	34:7 43:12 51:1

54:7 85:21 86:14	349:21	<b>files</b> 111:7	<b>finished</b> 220:22	164:10
87:19,21,22 88:3	<b>Faris</b> 2:5 60:19	<b>fill</b> 73:12 75:13	347:19	<b>FM</b> 46:11
88:17 89:2,19	61:7,8 70:12 98:2	80:7 105:9 116:20	<b>finishing</b> 29:7	<b>focus</b> 12:8 38:5
90:4,9,10,14	98:14 126:22	117:7	<b>Fiore</b> 82:18	41:5 77:13 86:22
108:4,10,18 109:3	127:3 128:1,6,7,7	<b>filled</b> 75:15 79:18	<b>first</b> 4:4 9:18,20	131:20 140:12
111:6 112:3,4	128:11 133:16,22	81:10,17 116:20	37:12 40:20 41:10	185:14 190:2
113:14 131:22	135:15 138:8	<b>filling</b> 49:12,19	44:22 46:10,18	191:11 209:10
133:2,2 135:10	141:8 142:15,18	314:1	49:2 62:10 67:17	213:11 271:9
136:18 140:5,11	142:20 143:14	<b>fills</b> 105:8	82:1,22 94:17	280:15
140:13 141:4,6,10	<b>farther</b> 14:8 326:13	<b>final</b> 196:9 250:14	103:17 117:18,19	<b>focused</b> 77:16
141:22 145:17,18	<b>fast</b> 253:11	251:6 266:21	118:11 119:3	78:15,17 84:14
147:2,4,8 159:8,9	<b>fatigue</b> 192:10	276:12 277:10,17	120:6 121:13	90:9 117:10
159:13 160:5,6	<b>fear</b> 77:14	316:1 341:16	125:16 128:21	127:11 274:6
161:1,6,9,12,16	<b>fears</b> 77:8,18	347:4	129:9 131:5 136:4	281:8 298:21
162:3,11,17,21	<b>feasibility</b> 264:22	<b>finalized</b> 277:8	137:10 142:6	326:13
163:3,19,22	268:13 269:8	<b>finalizing</b> 302:16	174:7,21 183:16	<b>focuses</b> 51:5 179:4
164:13 165:20	304:3	306:1	197:3 204:2	<b>focusing</b> 271:6
167:1,16 170:13	<b>federal</b> 34:5 107:14	<b>finally</b> 48:22 50:8	206:17 207:8	339:1
171:3,8,18,19	166:6 226:16	67:11 68:14	208:13 219:5	<b>folks</b> 14:3 15:21
173:19 174:4,6,20	234:18 266:15	116:16 147:19	233:18 250:20	21:19 35:5 37:13
177:14 179:13,22	274:21 287:5	154:21 238:8	254:9,18 264:15	46:19 51:17 61:19
180:18 209:8	<b>FedEx</b> 129:16	267:7 293:21	269:6 272:12	63:3 72:2,4,4,15
213:4,7 214:1	<b>feedback</b> 44:3,5,9	<b>financial</b> 54:9	273:5 284:10,16	81:19 83:16 90:12
226:18 227:20	45:19 124:4	148:11 165:1	309:14 315:8	132:17 139:6,12
230:5 232:10	183:19,21 226:12	219:11	317:10 321:18	140:2,16 164:21
234:4 236:8 237:7	268:15 278:17	<b>financially</b> 338:19	342:21 350:3,20	244:13
237:11,17 238:9	<b>feel</b> 21:8 62:4,9	<b>find</b> 12:10 20:20	<b>fiscal</b> 86:16	<b>follow</b> 61:4 95:22
240:1,2 244:22	93:5 126:15	23:13 35:2 46:1	<b>Fisher</b> 30:19 31:3	101:11 103:7
245:1,5,7,9,14,15	153:21 175:7	102:10 103:6	33:18 35:20	155:17 161:3
245:21 246:4,7	250:11	127:12 130:7	<b>fit</b> 171:5,15 258:20	292:21
247:1,3,8,11	<b>feeling</b> 278:12	132:5 161:7	302:3 328:22	<b>follow-on</b> 156:12
248:5,21 249:6,6	<b>feels</b> 107:22	163:14,16 164:1	<b>fitness</b> 54:7	<b>follow-up</b> 31:13
249:13,16 252:3,9	<b>felt</b> 21:17 195:13	166:6 169:2	<b>fits</b> 313:16 317:8	155:15 274:3
283:13 284:10	234:21 236:5	172:21 179:22	<b>five</b> 65:21 68:22	<b>followed</b> 41:4
285:21 286:5	<b>fewer</b> 132:11	197:15 199:21	69:17 94:2 146:8	93:17 100:11
292:13 293:6	<b>field</b> 46:17,20	253:22 273:11	327:14,16,21	108:6 158:3
312:7 330:20	83:20 242:17	306:14 339:17	<b>fix</b> 143:1 148:9	270:11 342:20
345:14	<b>fielded</b> 96:21 97:9	340:2 341:17	167:7	<b>following</b> 108:9
<b>family's</b> 170:12	97:21 130:11	<b>finding</b> 22:7 104:17	<b>fixed</b> 228:1	232:9,13
<b>family-centric</b>	134:16 265:17	116:2 119:15	<b>flexibility</b> 228:10	<b>food</b> 98:5
337:11	<b>fields</b> 215:17	122:12 132:16	228:16 282:21	<b>footprint</b> 77:5,21
<b>far</b> 35:11 43:15	<b>figure</b> 128:10 231:8	135:9 257:11	<b>flight</b> 34:19,21	78:3,13,14 118:8
77:21 83:3 134:8	249:17	349:15	<b>flights</b> 34:19	118:20
134:18 144:22	<b>figuring</b> 265:19	<b>findings</b> 254:7	<b>flip-flopped</b> 324:12	<b>footprints</b> 78:5
145:1 168:7 185:1	<b>file</b> 130:20 261:6,14	335:2	<b>flood</b> 139:22	<b>for-profit</b> 237:16
209:13,17 260:5	<b>filed</b> 259:18,19,21	<b>finds</b> 101:5	<b>flown</b> 31:22	237:21
261:1 330:16	259:21	<b>fine</b> 347:12	<b>flyer</b> 30:20 31:8,22	<b>force</b> 1:3,11 5:5,12

6:6 7:6,19 8:4 9:1 9:4,12,15,17 10:4 10:10,13,19 11:15 20:2,7,18 27:7,8 27:11 37:22 39:12 39:21 53:5 54:15 56:20 64:21 73:7 77:4 100:19 101:5 136:7 137:11 138:10 140:12 145:10 148:13 159:11 161:21 162:9 198:13 200:3,19 201:9,12 204:1 208:7 210:18 212:20 215:4 217:6 218:15 227:10 233:12 235:17 239:6 250:16 253:4,13,16 254:4 263:2,8 266:16 315:17 327:7 342:15 347:13 <b>force's</b> 209:3 <b>Forces</b> 1:4 3:5 11:22 19:14 <b>foregoing</b> 4:19 36:22 94:3 199:3 262:8 314:19 351:15 <b>foresee</b> 45:12 56:16 <b>forget</b> 30:8 346:8 <b>forgive</b> 91:6 <b>form</b> 105:8 254:19 255:4,5,10,10,13 255:18,20 256:9 256:16 257:7 275:15 <b>formal</b> 46:8 158:7 158:18 275:10,17 276:11 311:20 312:21 313:7 <b>formally</b> 59:1 277:15 279:19 299:12 <b>formation</b> 128:5	315:14 316:9 <b>formation's</b> 42:3 <b>formations</b> 45:10 128:1,17 <b>formed</b> 162:10 302:13 <b>formerly</b> 85:19 <b>forming</b> 277:3 298:22 <b>formula</b> 261:14 <b>Fort</b> 41:22 42:1 74:2,3 83:4 114:17,17,17 125:15,20 126:10 147:8 174:2,3 190:22,22 191:1 <b>forth</b> 16:9 205:10 234:13 333:7 <b>fortitude</b> 349:18 <b>fortunate</b> 39:1 <b>forums</b> 37:6 <b>forward</b> 3:14 52:15 54:13 96:4 100:4 100:9 198:14 320:3 327:18 328:8,13,19 329:22 330:4 332:1 340:22 341:5,13 347:1 349:13,19 <b>forward-leaning</b> 131:1 <b>foster</b> 213:9 <b>fosters</b> 101:19 348:20,20 <b>found</b> 18:7 116:10 119:10 136:22 145:10,19 146:13 148:8,13 153:3 173:4,7,21 174:3 179:7 184:17 185:2 189:11 190:7 197:4 202:1 221:8 254:7 258:20 263:4 <b>foundation</b> 30:19 31:3 33:18 35:20	35:20 264:21 <b>foundation's</b> 32:11 <b>four</b> 5:4 51:7 117:9 154:10,10 186:20 204:2 210:2 <b>four-phase</b> 86:3 <b>fourth</b> 39:11 116:16 212:21 <b>foxhole</b> 143:15 <b>FRAGOs</b> 47:2 <b>frame</b> 98:22 339:1 <b>framework</b> 316:12 316:21,22 317:1,3 317:9 318:8,17,18 318:20 320:17,18 320:21 321:3,10 322:2,8,14 324:2 324:7 325:3,8 326:1,2,17,20 327:4 329:1 332:20 333:20,21 334:7 <b>frameworks</b> 321:21 <b>Frank</b> 2:7 73:11 79:4,18 82:10 <b>Frank's</b> 330:7,14 333:2 <b>frankly</b> 82:15 159:16 164:6 192:11 328:21 <b>Franks</b> 328:2 <b>FRAZIER</b> 2:7 79:6 79:19,22 80:13 82:16 <b>FRCs</b> 328:11 342:3 <b>free</b> 34:18,20 <b>frequent</b> 30:20 31:8,22 313:21 <b>frequently</b> 45:21 73:1 119:16 122:21 124:7 164:16 314:5 329:21 <b>friction</b> 143:15 <b>friend</b> 240:2 <b>friends</b> 190:8 194:1	195:7 <b>front</b> 38:13 127:5 169:22 276:17 277:19,19 333:15 <b>fruition</b> 342:3 <b>frustrating</b> 339:13 <b>full</b> 152:4 200:13 259:13 263:13 308:2 <b>full-time</b> 20:2,7,18 <b>fully</b> 43:15 98:3 130:11,14 290:1 <b>fun</b> 14:11 <b>function</b> 312:14 <b>functioning</b> 22:15 164:1 <b>functions</b> 81:9 <b>fundamental</b> 294:19 <b>funded</b> 134:16 138:5,5,9 <b>funds</b> 34:16 <b>funneled</b> 24:20 <b>further</b> 71:21 72:5 87:11 102:16 107:10 109:12 158:2 191:10 202:15 220:16,18 221:21 251:20 289:9 <b>future</b> 20:6 55:2 66:4 97:12,14 129:5 157:4,5,12 224:22 308:14 309:6,11 341:1 <b>FY</b> 20:9 55:5,16 <b>FY13</b> 3:7	70:1 268:12 <b>gaining</b> 22:3 <b>game</b> 350:21 <b>Games</b> 51:11 52:4 <b>gap</b> 145:13 148:9 148:10 155:20 314:1 329:7 330:9 <b>gaps</b> 146:13 172:17 248:4 317:4 <b>garnered</b> 68:8 71:1 <b>garrison</b> 175:15 <b>gathered</b> 47:15 <b>gathering</b> 335:1,2 <b>gear</b> 29:13 <b>general</b> 8:17 10:1 37:6,19,20,21 38:19 42:11 48:3 49:7 113:22 114:13 122:4 134:15 145:14 169:10 251:1,6 298:15 348:10 <b>General's</b> 42:11 186:10 <b>generally</b> 102:19 103:10,16 105:19 248:13 <b>generate</b> 345:19 <b>generation</b> 108:14 344:14 <b>generations</b> 157:13 <b>generically</b> 341:18 <b>generous</b> 331:17 <b>gentlemen</b> 4:4 94:7 181:12 253:7 263:8 314:13 350:20 <b>geographic</b> 69:1 <b>geographical</b> 22:13 72:1 282:10 <b>geographically</b> 42:19 <b>George</b> 2:4 62:12 <b>getting</b> 15:16 22:11 24:20 29:5 31:21 76:15 81:19 124:3 133:8 142:4
--	--	---	--	--

158:15 166:6,8	128:5,6 129:17,18	33:4,6 57:15	324:19,20 325:3,4	<b>graph</b> 188:19
175:1,16 176:12	130:5 137:2 142:8	61:12 62:8 63:6	325:5,16 326:8	<b>gratifying</b> 330:5,18
180:6 183:9	146:18 151:7	63:15,20 69:1,21	328:9 331:7	332:14
189:11 190:10	157:13 162:1	70:13 71:15 74:3	332:10 334:17	<b>grave</b> 62:11,18
192:2 226:7,8	167:8 168:3 171:3	76:19 77:5,7,10	337:1,2 338:13	131:4
238:1 248:11	171:14 178:11,21	77:15 81:2,3	339:5 340:22	<b>gray</b> 45:11
252:20 291:15	183:2 185:1 187:4	82:22 83:3,12	341:4,8,12,19,20	<b>great</b> 11:13 23:14
293:12 305:20	188:18 193:18	84:9,19 85:10	341:21 344:7	25:14 48:2 53:20
313:4 315:12	201:9 208:12	88:7 91:16,17	345:2 346:12	54:4 58:11,15
328:21 333:1	209:14 210:12	93:15 97:8 99:18	347:1 348:7	60:1,3,6,15 68:20
336:19 349:20	222:20,21 230:10	103:2 104:4 105:2	<b>good</b> 4:3 5:2 6:11	75:4,7 83:6 88:5
<b>GI</b> 342:12	246:13 251:7,21	105:13 110:6	7:4 8:2 11:2 13:2	112:10 117:14
<b>give</b> 4:15 34:17,18	252:6 253:7,11	113:22 119:11	19:20 22:11 24:18	126:18 130:16
34:20 59:15 88:8	255:15 256:5	120:6 127:1,7	27:2 32:21 36:20	142:7,9,21 144:9
92:9 129:8 179:15	257:3 258:5	130:17 133:13	37:5 79:3 94:6	147:5 158:12
193:3 196:6 222:8	261:14 277:1	135:6,7 138:13	102:19 109:15	165:21 216:5
233:4 263:9	283:2 284:14	141:5 142:22	113:19 119:16	260:6 262:5 272:5
267:17,19 289:18	285:16 286:11	143:1,15,22	126:22 143:19	272:6 278:17
298:19 312:1	295:16 296:8	146:18 150:11,14	158:20 172:4	279:20,21 282:20
316:1 320:7	304:20 306:13	156:11,16,22	173:1,12 180:18	298:16 326:5
334:17	315:4 316:5,17	157:12 158:21	197:9,10,12 198:1	338:14 345:7,8
<b>given</b> 58:17 72:13	324:22 325:22	163:13 166:9,19	199:1 200:1 201:7	<b>greater</b> 76:14
165:21 191:21	328:8 334:10	167:21 168:1,2	230:14 250:11	146:18 149:14
246:3 252:12	336:21 337:12	169:8 171:18	263:7 267:12	204:20 240:22
317:17	340:14 341:21	174:13 180:5	308:20 319:20	282:14 331:5
<b>gives</b> 24:16,17	345:15 346:13	181:13,15,16,18	321:4 323:21	<b>greatest</b> 281:8
179:5 278:11,21	347:3,10	182:14 189:21	324:5 326:7	283:9
<b>giving</b> 110:18	<b>goal</b> 54:13 97:13,15	192:18 203:17,19	334:21 335:4,6,16	<b>greatly</b> 184:1 247:9
111:5 164:18	159:18 256:17	206:21 207:1,4,9	340:2,17,17	<b>green</b> 64:12 179:16
239:12	257:6	207:15 210:14	345:10 346:1	186:2
<b>glacial</b> 162:8	<b>goals</b> 50:7 294:17	221:2 229:5,21	349:16 351:14	<b>grew</b> 46:18 75:19
<b>glad</b> 36:6 39:7	294:17 296:14	231:12,18,22	<b>gossip-based</b> 133:3	116:1
<b>glide</b> 283:20	<b>godfather</b> 341:19	234:12 235:14	<b>gotten</b> 149:20	<b>ground</b> 191:9
<b>Gliner</b> 181:15	<b>godmother</b> 341:18	244:12 246:12	277:17	<b>grounded</b> 47:10
183:13	<b>goes</b> 35:12 64:3	248:6 249:3	<b>govern</b> 171:7	<b>groundwork</b>
<b>Gliner's</b> 186:11	70:17 97:8 104:19	250:10 252:8	<b>governance</b> 302:18	328:10,11
195:18 196:3	106:4 168:7 187:6	253:10,12 255:16	<b>governing</b> 201:15	<b>group</b> 14:14 76:6
<b>global</b> 316:14	198:18 258:11	263:5 277:9 279:6	<b>government</b> 4:7	82:19 127:5
<b>go</b> 14:8 17:1 20:5	261:7 265:21	279:16 282:7,12	6:16 34:5 234:18	131:20 132:16
25:11 33:4,11,15	278:3 283:15	283:8 284:1,14	<b>governmental</b>	209:10 254:21
49:21 56:3 69:2	311:14	286:8,10 289:20	274:22	255:2,7 335:15
71:20 74:16 75:12	<b>going</b> 4:5,15 14:3,8	291:4,8,17 295:20	<b>grade</b> 48:14	<b>groups</b> 12:8 140:13
78:1 81:7 86:10	16:1,8 17:16	296:5 297:7 298:5	<b>graduating</b> 216:20	<b>grown</b> 18:18
87:12,15 92:8,11	21:11,18 22:17	302:9,15 311:1	<b>grant</b> 215:6 217:18	211:13,18
96:11 97:4 103:20	23:8 24:4,5 27:10	312:8 315:4	217:19 218:12	<b>growth</b> 115:22
106:18,21 113:2	28:7 31:10 32:7	316:14,17,20	<b>granted</b> 89:3 217:1	<b>GS-15</b> 31:15
126:20 128:2,2,3	32:13,17,19,22	317:7 320:19	221:17	<b>Guam</b> 27:22 32:8

33:2,5 35:9	<b>H</b>	29:17 30:16 32:9	274:19 296:22	<b>Hickam</b> 12:6
<b>guarantee</b> 167:18	<b>habit</b> 22:15	33:12 35:9,9	308:13 337:7	<b>hide</b> 138:6
<b>Guard</b> 7:17,18	<b>half</b> 6:15 7:20	36:10 155:2	343:11,12,15	<b>high</b> 63:2 168:19
27:20 30:17 33:10	193:17	<b>Hawaiian</b> 29:21	348:12	169:6 185:4 190:6
61:8,9,17 62:7	<b>hamper</b> 216:1	31:5 32:22 34:8	<b>heaped</b> 113:15	196:1 289:14
64:3,17 70:13	<b>hand</b> 87:13 93:15	<b>head</b> 296:7 350:21	<b>hear</b> 5:19 13:15	<b>high-level</b> 13:10
72:18,22 75:20	210:4 351:3	<b>headed</b> 292:17	87:22 167:3 175:5	<b>high-performing</b>
76:2,12 79:10,12	<b>handle</b> 24:18	<b>headquarters</b>	182:1 265:2	168:20
94:18 95:6,7,8	<b>handles</b> 252:16	11:22 12:14 24:11	329:21	<b>high-reliability</b>
96:6 98:3,12	<b>handling</b> 6:19	24:15 40:10,11	<b>heard</b> 53:1 58:1	169:6
127:4,16 129:3,7	<b>handoff</b> 68:10	43:8 70:20 71:2	132:7,10,12 141:4	<b>high-risk</b> 123:11
130:11 131:9	268:22 285:14	71:11 72:7 136:7	209:11 210:2	<b>higher</b> 22:10 40:10
132:5,17 133:18	292:6,8 321:3,5,7	137:11 149:9	324:21	112:22 142:5
134:9,18,22,22	<b>handoffs</b> 294:1	150:20	<b>hearing</b> 12:19 14:2	186:14 198:18
135:11,21 136:14	295:18	<b>heads</b> 288:3	199:10 281:14	226:7 237:9
137:16 138:15	<b>hands</b> 333:16	<b>heal</b> 67:7	331:22	<b>highest</b> 185:21
139:2 140:14	<b>Hang</b> 308:21	<b>healing</b> 73:15	<b>HEATHER</b> 2:19	214:12
141:6,9,12,15	<b>happen</b> 29:1 99:1	206:11	<b>heavily</b> 164:22	<b>highlight</b> 67:16
142:4 144:4	102:18 135:19	<b>health</b> 20:16 26:9	<b>heels</b> 130:14	138:17 158:5
156:17 187:5	136:4,9 150:14	26:22 105:21	<b>Hello</b> 61:7 145:4	264:17
188:20,21	246:21 248:5	113:21 114:7,19	<b>help</b> 14:22 88:10	<b>highlighted</b> 127:7
<b>Guardsmen</b> 256:3	273:13 345:22	115:8,12,15,18	95:11 112:21	<b>highlights</b> 40:21
<b>guess</b> 21:3 31:4,10	<b>happened</b> 170:2	116:4,6,13,15,18	119:22 127:16	44:19 289:19
32:21 33:22 77:22	342:17	116:18,22 117:7	130:22 144:11,19	<b>highly</b> 184:3
112:17 168:15	<b>happening</b> 26:11	118:2,5,7,15	152:22 172:19	<b>Hill</b> 110:13 347:10
170:2,9 188:10	136:5 162:8	119:5,11,19,20	176:22 179:5,12	347:22
228:21 231:1	294:13 295:10	120:7,9,11,15,18	181:9 195:11	<b>Hilton</b> 1:12
<b>guidance</b> 39:17	<b>happens</b> 141:18	120:22 121:11	243:6 247:17,19	<b>HIPAA</b> 23:2,14
42:2 45:6 47:3	163:1 176:16	122:6 123:2,15	249:7 255:20	163:5 257:1
54:2 82:20 136:15	<b>happy</b> 17:5 100:15	124:13,14,20	302:7,10 306:12	<b>HIPAA-certified</b>
202:2,20 203:20	131:17 168:13	125:3,9,10,17	312:9 317:4	152:9
205:8 227:16	198:3 287:19	126:11,13 145:6	350:18	<b>hire</b> 114:6
228:1,2,11,22	<b>Harbor</b> 12:5	155:16 164:21	<b>helping</b> 237:8	<b>hires</b> 115:12
229:6,11 230:17	<b>hard</b> 18:8 20:20	237:10,16 242:7	311:8 337:16	<b>hiring</b> 114:2,19
231:5 250:18	57:4 125:12,14,18	248:17 255:9	<b>helps</b> 181:4 284:6	115:8
251:13 266:22	137:16,16 194:21	256:8 262:20	311:16	<b>history</b> 214:13
268:1 270:2,10	236:1,2 307:18	296:21 299:15	<b>heretofore</b> 142:12	234:21,22 235:12
275:11 287:22	<b>hard-to-hire</b> 115:2	305:14,18 318:8,9	<b>Hero</b> 30:17,19 31:3	<b>hit</b> 338:4
288:6 289:3,6	<b>harder</b> 140:10	318:14 319:2,6,9	31:8,16,19 32:10	<b>hits</b> 211:15
291:7 296:1,4	<b>harm's</b> 340:15	323:5,7 328:2	32:19 33:8,14,20	<b>HMTF</b> 102:1
323:8	<b>harmonization</b>	329:2,12 332:7	<b>heroes</b> 112:10	<b>hold</b> 109:2 181:13
<b>guide</b> 45:1,4 176:8	317:11 326:3,7	<b>healthcare</b> 125:7	345:8	<b>holding</b> 7:7
176:17 302:15	<b>harmonize</b> 317:12	254:12 255:12	<b>hey</b> 37:3 103:20	<b>holes</b> 334:1
<b>guiding</b> 266:1	<b>hate</b> 239:8	256:6,11,22 257:6	105:10,20 106:5	<b>holistic</b> 9:10 326:10
<b>guns</b> 344:8	<b>Hawaii</b> 3:5 12:1,9	257:11,14,17,21	106:22 176:13	326:19 329:9
<b>gunshot</b> 9:6	19:16 25:9,10	258:8,14 259:10	249:20 310:17	331:3
<b>guys</b> 262:12	28:4,14,21 29:14	259:20 260:17,20	347:4	<b>home</b> 28:21 29:6

35:7 45:8 59:8 60:13 67:5,7 68:11 73:15 75:21 88:6 158:15 164:10 166:4 237:10,16 341:10 345:2 <b>homeless</b> 6:21 <b>homelessness</b> 295:8 <b>hometown</b> 85:22 <b>honest</b> 159:14 <b>honestly</b> 45:19 70:10 88:21 <b>honor</b> 38:21 <b>Hood</b> 126:14 <b>hooked</b> 118:14 <b>hoow</b> 339:8 <b>hope</b> 13:14 35:13 46:8 65:11 72:15 79:14 133:13 143:7 198:12 220:2 224:4 240:6 242:16 259:6 278:21 339:20 344:22 346:11 <b>hoped</b> 20:4 <b>hopeful</b> 344:11,12 <b>hopefully</b> 172:2 300:16 313:9 341:1 <b>hoping</b> 12:20 46:5 73:7 <b>horizontal</b> 158:6 <b>Horizontally</b> 139:3 <b>hospital</b> 119:14 <b>hospitalization</b> 125:13 <b>hospitalizations</b> 124:10,11,18 <b>hospitals</b> 322:13,13 <b>hot</b> 324:16 <b>Hotel</b> 1:12 <b>hours</b> 8:11 99:8 237:13 293:11 <b>House</b> 200:15 342:9 <b>Housebound</b>	238:22 <b>household</b> 111:11 <b>how-to</b> 42:21 <b>HRC</b> 49:12 96:13 97:2 99:15 100:6 <b>Huachuca</b> 66:1 <b>huge</b> 35:8 57:14 163:19 250:7 273:4 304:2 <b>human</b> 8:18 150:22 159:21 160:1 169:8 <b>humans</b> 169:8 <b>hump</b> 252:13 <b>hundred</b> 188:12 <b>hung</b> 222:12 298:5 <b>hurt</b> 183:2 <b>hurts</b> 296:7 <b>husband</b> 9:5 166:8 <hr/> <b>I</b> <hr/> <b>i.e</b> 324:19 <b>IC3</b> 3:12 88:22 262:16,21 263:3 264:1,2,5,6,14 265:5 267:5,8,9 274:5 275:19 289:8 307:19 308:1 317:14 321:9 324:16 337:5 <b>IC3's</b> 264:16 <b>iceberg</b> 52:19 <b>ICP</b> 270:7 285:5,6 286:3 287:17 324:16 <b>ICU</b> 280:11 <b>ID</b> 43:2 <b>idea</b> 23:15 92:9 164:5 167:11 232:6 324:5 334:13,14 335:4 335:16 339:4 <b>ideas</b> 180:15 334:21 335:7 336:5,6 <b>identical</b> 278:10	<b>identification</b> 255:21 <b>identified</b> 48:8 172:18 207:12 258:4 265:12 266:7 272:20 274:7 288:11 <b>identifies</b> 306:4 <b>identify</b> 30:7 74:22 143:7,10 153:1 191:10 255:11 256:10 258:9,12 277:4 289:9 293:7 317:4 348:4 350:17 <b>identifying</b> 145:2 305:16,16 <b>IDES</b> 13:20 24:4,5 25:1 29:7 43:18 51:1 54:7 55:22 58:4,22 59:11 61:13,20 63:10,21 104:21 130:22 158:22 159:5,12 160:4,7 161:1 163:15 167:20 174:17,18,21 175:1 177:14 189:10 191:6 192:16 193:8,22 194:21 195:8,10 201:15 215:20 216:10,15,18,20 217:4 224:14 225:4,14,20 226:4 226:12 245:4,13 245:18 250:6 251:12 258:15,18 258:19 284:1 318:14 319:3,6,9 328:3,4 329:2 330:8,17 334:2 <b>IED</b> 280:5 <b>II</b> 338:6 <b>ill</b> 1:3 21:15 24:3 24:18 25:5 30:22 34:7 36:1 39:3,18	75:22 133:17 141:3 227:19 337:17 340:7 <b>illness</b> 271:10 274:15 280:11 <b>illnesses</b> 219:6,12 <b>images</b> 129:20 <b>immediate</b> 51:5 116:14 118:9,11 <b>immediately</b> 342:4 <b>impact</b> 20:14,17 43:9 204:20 206:19 215:1 219:2,20 234:7 267:10 336:14 337:15 <b>impacted</b> 109:22 164:14 247:9 282:17 <b>impacts</b> 219:19 <b>imperative</b> 340:2 <b>implement</b> 242:17 245:8 291:11 <b>implementation</b> 98:20 99:11 109:9 199:18 200:18 226:16 232:1 241:12 250:18 267:5,18 268:9 290:2 308:10 329:15 <b>implemented</b> 130:15 207:1 324:5 327:17 342:6 346:2 347:21 <b>implementing</b> 94:15,18 98:4 204:18 290:13 <b>import</b> 65:4 <b>importance</b> 73:2 <b>important</b> 20:19 35:5 66:13 75:18 144:16 151:18 181:21 193:22 194:5,6,8 243:10 256:1 308:7	<b>imposed</b> 246:9 <b>impressed</b> 27:7,10 <b>impression</b> 16:14 21:5,7,22 26:7 346:7 <b>improve</b> 35:14 66:21 147:12 205:13 219:13 258:13 269:11 339:10 349:12 <b>improved</b> 80:16 269:12 <b>improvement</b> 348:21 <b>improvements</b> 13:11 54:5 87:9 324:3 <b>improves</b> 219:9 268:18 <b>improving</b> 240:20 <b>IMR</b> 102:5 103:11 <b>in-brief</b> 160:8,9,10 160:17 161:2 <b>in-briefs</b> 161:6 <b>in-depth</b> 43:1 <b>in-processing</b> 159:12 176:16 245:4 <b>inactivate</b> 66:1,7 <b>inactivation</b> 86:15 <b>inactivations</b> 65:2 68:9 69:13 <b>inactive</b> 65:21 <b>inadequate</b> 164:12 <b>incapacitation</b> 261:1,2,6,10,18 261:19,21 262:1 <b>incentivize</b> 338:18 <b>incentivized</b> 338:20 <b>incentivizing</b> 338:10 <b>inception</b> 8:4 9:18 10:11 40:8 53:4 <b>incidence</b> 140:4 <b>incident</b> 259:9 <b>include</b> 8:13 41:1 51:22 54:5 204:11
---	--	--	---	---

210:19 211:5	<b>increased</b> 44:10,14	47:4 48:16 88:15	124:11 160:8,9,10	<b>installation</b> 3:4
213:3,15 215:10	50:14 54:12 71:15	92:11 93:13 104:4	266:10 300:3	11:18 22:18 67:3
221:6 234:2 246:4	119:12 120:3	109:14 132:14	<b>initially</b> 75:10	67:22 68:1 70:2
274:14 309:10	184:21 185:14	133:3,8 135:2,14	162:9 183:4	71:12 74:20 78:8
313:13 316:2	240:16 244:21	136:18 139:21,22	239:21 280:16	144:9,10 209:7,18
<b>included</b> 155:12	274:8 279:12	140:19 145:11,12	281:7 290:12	210:5 315:18
200:17 261:1	332:3	147:6,13 150:17	295:11	<b>installation-based</b>
286:3 309:4	<b>increases</b> 340:1	153:1 160:19,21	<b>initiate</b> 109:4	65:13
<b>includes</b> 6:5 54:20	<b>increasing</b> 159:7	161:13 163:1,7,18	<b>initiated</b> 265:16	<b>installations</b> 12:9
65:1 160:15 201:1	329:17	166:10 181:22	<b>initiative</b> 53:12,21	51:2 65:7 66:10
286:2 302:19	<b>incredible</b> 87:17	190:8,11 191:16	94:17 96:4,10	68:4 70:8 167:8
309:7	<b>incur</b> 75:1	193:22 194:6,8,20	99:13 100:1,4,8,8	226:2
<b>including</b> 43:18	<b>independent</b>	195:7,12 198:12	109:21	<b>instance</b> 44:10
44:2 45:17 50:18	101:19 103:4	199:21 204:5	<b>initiatives</b> 16:22	74:13 89:10 132:9
50:22 114:11	106:7,10,11,12,20	206:9 207:14	17:3 54:8 94:15	163:9 247:12
120:10 268:20	107:1	208:2,9 210:19	172:18 263:21	260:1
<b>inclusion</b> 21:8	<b>independently</b>	211:1 212:16	307:5,6 308:8,10	<b>instill</b> 145:16
<b>inclusive</b> 191:12	295:5	213:19 215:22	308:11	<b>Institute</b> 11:5
222:9	<b>indicate</b> 23:18	217:13 220:11	<b>injured</b> 1:4 9:5	328:7
<b>income</b> 111:2,7	193:21 225:19	224:3 227:9	21:15 24:3,19	<b>instruction</b> 101:9
233:16,21 236:7	<b>indicated</b> 12:22	240:21 242:6	25:6 30:22 34:7	178:16 257:21
236:19 239:18	58:19 227:11	245:18 251:1	36:1 39:3,18 40:6	258:9,11 275:15
240:5	<b>indicating</b> 233:20	252:8,11,20 263:4	75:22 92:19 141:3	275:16 278:4
<b>incompetent</b> 246:2	<b>indicator</b> 218:19	264:9 265:6	212:2 227:18	<b>instruction-type</b>
<b>inconsistencies</b>	<b>indirectly</b> 57:9,12	266:18 267:17	256:5 296:13	276:5
201:13 230:21	<b>individual</b> 6:5	268:12 273:20	297:11 337:18	<b>insurance</b> 141:16
279:16	24:19 44:3 88:16	288:13 291:21	340:7 345:15	238:6
<b>inconsistency</b>	107:16 161:10,14	301:12 305:15,15	<b>injuries</b> 219:6,13	<b>integrate</b> 157:22
229:17,20,22	178:4 221:7,11,16	305:16,17,18	341:3,9	179:13 319:4
<b>inconsistent</b> 279:8	243:5,7 283:1	306:18 307:2,12	<b>injury</b> 108:13	324:4
<b>inconvenience</b> 72:9	301:21 311:18	310:9,11,21	109:5 232:15	<b>integrated</b> 129:12
<b>incorporate</b> 54:9	348:15	315:11 316:8	233:5 271:10,17	130:17 155:10
76:19 294:21	<b>individuals</b> 57:14	325:7,9 328:20	274:15 280:7,10	215:9 225:17
311:8	75:10 149:1	329:2 330:22	283:4	242:20 296:22
<b>incorporated</b>	155:20 218:18	331:20 333:5	<b>innovative</b> 169:17	299:15 337:7
261:20 311:9	219:15 224:9	336:2	241:6 331:6	<b>integrating</b> 321:15
<b>incorporates</b> 45:5	225:3,19 241:1	<b>information-shar...</b>	<b>inpatient</b> 120:17	323:21
<b>incorporating</b>	242:10	273:7 303:12	<b>input</b> 177:4 285:19	<b>integration</b> 262:19
258:1	<b>industry</b> 242:7	<b>information-wise</b>	285:20 286:16	272:3 274:9
<b>incorrect</b> 80:8	<b>inexplicable</b> 139:17	310:2	<b>inputs</b> 207:20	319:13 323:1
349:2	<b>infantry</b> 42:3	<b>informed</b> 140:15	<b>inquirer</b> 212:7	<b>intend</b> 92:8
<b>increase</b> 44:15	<b>infighting</b> 297:4	148:1 161:5	<b>inquisitiveness</b>	<b>intended</b> 170:12
115:8,11 117:15	<b>inform</b> 214:2	162:21,22 250:9	335:12	210:10 215:1
119:1 121:22	299:16	<b>informing</b> 167:16	<b>inside</b> 139:6 329:1	282:13
190:18 210:21	<b>information</b> 6:7	<b>infringe</b> 171:4	<b>insight</b> 278:22	<b>intensive</b> 120:11
211:19 212:14	15:16,17 38:11	<b>infringing</b> 170:11	<b>inspection</b> 45:18	<b>intent</b> 58:3 75:9,14
214:7	43:9,17 46:16	<b>initial</b> 106:12 107:4	54:6,10	84:13 108:7

109:10 111:18,21 113:11,15 255:10 <b>intention</b> 57:9 111:14 210:14 <b>inter-war</b> 337:12 339:9 <b>interaction</b> 15:1 50:20 88:2 <b>interagency</b> 2:12 2:13 5:22 53:2,7 262:15 263:11,14 266:11 270:7 284:15 285:2 290:8 299:22 308:3 326:3 331:19 <b>interconnected</b> 120:15 125:2 <b>interdisciplinary</b> 275:5 <b>interest</b> 13:4 85:14 219:11 294:22 343:21 <b>interested</b> 18:11 72:20 <b>interesting</b> 18:8 31:18 138:8 192:19 193:4 287:18 <b>interface</b> 81:1 <b>interim</b> 42:8 270:6 303:7 <b>intermediate</b> 250:1 <b>internal</b> 165:20 203:21 235:11 <b>International</b> 11:5 <b>internet</b> 89:13 210:8 <b>internships</b> 18:13 43:19 <b>interoperable</b> 131:2 <b>interpret</b> 193:5 <b>interpretation</b> 35:18 36:3 201:14 202:16 279:9 <b>intervention</b> 125:7	295:15 343:16 <b>intestinal</b> 349:18 <b>intractable</b> 330:4 <b>introduce</b> 6:3 37:12 110:14 <b>introduced</b> 41:15 <b>introduction</b> 180:10 340:17 <b>Introductions</b> 3:3 <b>inventory</b> 205:2 265:10 272:13,20 <b>investigating</b> 186:16 187:9 <b>investment</b> 126:5 <b>invisible</b> 297:21 328:1 <b>invitation</b> 200:4 201:1 <b>invitational</b> 226:21 227:7,17 228:14 <b>invitations</b> 164:9 <b>invite</b> 161:1,2 162:2,3 224:12 249:13 <b>invited</b> 160:6,17 165:8 255:8 <b>involve</b> 99:2 160:5 161:16 <b>involved</b> 59:11 82:12 83:14 146:17 149:21 161:9,12 176:11 215:20 242:7 245:22 264:1,4 265:11 280:5,6 289:11 295:5 <b>involvement</b> 159:8 240:19 244:22 245:10 246:8 <b>involves</b> 159:21 160:1 161:12 <b>involving</b> 177:20 265:12 274:19 <b>IOC</b> 80:1 86:7,10 <b>IOM</b> 332:2,3 <b>Iowa</b> 8:7 <b>IP</b> 212:10	<b>iPad</b> 19:16 <b>Iraq</b> 8:1 9:7 <b>Irwin</b> 66:1 <b>island</b> 11:6 33:10 33:12 70:19 <b>islands</b> 27:15 33:7 <b>issuance</b> 228:14 258:2 <b>issue</b> 23:2 28:20 29:4,19 30:16 33:13 35:6,12 46:5 49:5 72:22 82:11,15 85:11 161:20 162:15 164:8 165:20 191:11 229:5,6 250:3,8 279:14 289:12 302:6 <b>issued</b> 18:21 229:11 <b>issues</b> 12:17 22:13 26:13 29:12 73:6 90:2,15 95:12 96:2 103:6 148:11 148:16 150:18 151:2 152:12 153:4,9,19,20 163:5,5 164:22 248:17,17 283:13 286:14 327:5,12 330:4 340:13 347:6 <b>issuing</b> 227:17 231:4 <b>it'll</b> 137:12 317:4 <b>item</b> 49:17 201:5 244:4 251:16 325:3,8 <b>items</b> 324:8 <b>iteration</b> 197:3 <b>ITOs</b> 109:4	296:7 <b>Jackson</b> 66:1 <b>JAG</b> 11:3 <b>JANE</b> 2:19 <b>January</b> 10:2 11:19 43:17 44:11,15 64:22 76:9 86:6 200:7 214:9,10 265:1 267:20 <b>Jean</b> 2:6 144:20 <b>JEC</b> 275:20 <b>JFTR</b> 108:10 229:7 232:9,14 <b>Jill</b> 2:5 127:3 <b>job</b> 8:17,20 11:14 14:1 25:14 39:1 102:20 173:2,12 343:5 347:18 <b>job's</b> 347:18 <b>jobs</b> 75:10 83:7 <b>John</b> 2:8,14,17,20 113:20 <b>Johnson</b> 2:9 100:11 100:12,13 103:7 104:7,10 106:17 107:10 158:3,20 168:10 191:5 192:4 193:12 194:4 197:2 <b>join</b> 200:6 <b>joint</b> 12:5 107:14 136:7 137:11 226:16,17 263:19 288:1 <b>jointly</b> 86:12 <b>Jones</b> 2:6 59:3,5,19 60:1,17 85:5 93:16 172:4,5 178:11,14 180:20 <b>JOSEPH</b> 2:20 <b>JTF</b> 107:21 108:3 <b>judge</b> 149:15 <b>judgment</b> 274:13 <b>July</b> 202:20 225:2 225:12 268:5 316:6,10 335:9 339:1	<b>jump</b> 19:13 25:9 71:14 161:19 208:21 <b>jumped</b> 335:20 <b>Justin</b> 5:11
<b>K</b>				
<b>Kaneohe</b> 12:4 <b>Keane</b> 1:19 10:9,10 19:15 27:5 30:15 35:16 187:12,14 188:6 273:14 295:17 296:6 <b>Keane's</b> 36:2 <b>keep</b> 21:11 48:20 282:7 284:9 316:4 <b>keeping</b> 22:11 32:2 163:22 165:2,6 277:7 278:9 323:22 <b>kept</b> 21:19 88:20 <b>key</b> 24:10 115:17 249:1 267:5 305:22 318:7 <b>kidding</b> 159:16 <b>kind</b> 12:15 13:22 14:22 25:15 33:21 34:9 36:4 58:21 77:16 138:7 162:8 171:5 196:8 244:11 267:18 281:4 293:8 295:4 309:13 313:2 320:14 324:14 326:22 349:11 <b>kinds</b> 9:14 28:12 70:21 136:19 167:14 272:9 <b>know</b> 6:8 13:10 14:18 16:17 20:9 20:10,19 21:5 23:7 24:1 28:15 30:18 47:2 58:11 58:17 60:7,14 61:4,10 62:14 63:17 69:5 82:17 83:15 88:6,7				

89:10 90:5 103:18	<b>KUNZ</b> 2:14	<b>launching</b> 216:6	346:7	209:1 277:22
105:2,21 106:22		223:22 279:19	<b>leaves</b> 122:19	289:15 292:4,5,11
108:9 109:5	<b>L</b>	<b>law</b> 47:11 110:21	<b>leaving</b> 20:8 29:8	320:4
110:15 111:1	<b>Lab</b> 309:2	224:7	181:1 344:15	<b>levels</b> 112:22 170:6
115:9 121:21	<b>Labor</b> 6:14 236:22	<b>laws</b> 201:14 202:16	<b>LEDERER</b> 2:15	193:1 281:2
127:22 132:17	<b>lack</b> 16:5 19:4	203:2	<b>left</b> 19:16 21:20	<b>leverage</b> 68:2
133:2,3,6,10,12	140:18 149:22	<b>lawyer</b> 4:15	36:9 117:16	<b>liaison</b> 7:9
133:14 135:22	203:9	<b>lawyers</b> 217:2,6	192:21 256:1	<b>liaisons</b> 25:2 68:17
136:20 138:4	<b>lacking</b> 182:16	218:6,7	324:14 326:22	<b>lies</b> 344:22
141:1,10 142:21	<b>ladies</b> 4:3 94:6	<b>lay</b> 208:5 326:1	343:4	<b>Lieutenant</b> 5:7 7:5
144:14 156:21	181:11 253:7	<b>laying</b> 320:14,16	<b>legacy</b> 251:2	10:9 24:13 113:20
164:18,19 165:8	263:7 314:13	<b>LC</b> 267:19	<b>legal</b> 11:5 148:11	145:14
165:15,16 166:5	350:20	<b>lead</b> 53:11,16	149:17 154:11	<b>life</b> 8:10,19 52:21
167:5,6 168:3	<b>Lady</b> 350:1,3	264:22 267:15	194:21 195:8,11	180:12 313:17
173:12 176:15	<b>lag</b> 184:22	268:10,16 269:7	218:3 276:7	348:21 349:12
180:7,13,20 184:2	<b>laid</b> 76:13 270:22	269:21 270:20	330:15,17	<b>lifestyles</b> 51:21
184:21 189:20	328:12,18	273:17 282:6,22	<b>Legion</b> 8:12 346:18	<b>light</b> 165:19
191:17 192:6,10	<b>Lakes</b> 11:13	283:7 284:2,6,19	<b>legislation</b> 110:14	<b>liken</b> 41:21
193:12 194:22	<b>LAKIA</b> 2:18	285:13 286:19	219:21 234:9,22	<b>limit</b> 104:17
195:6 207:13	<b>landing</b> 249:5	290:1,9,17 291:20	235:10	<b>limitations</b> 337:21
208:8 215:22	<b>lane</b> 208:6,6,7,7,8	292:8,9 293:7,11	<b>legislative</b> 6:16	338:8,19
216:15 231:10	208:15	293:16,22 295:20	110:1 233:15	<b>limited</b> 53:15
232:7,13 238:1	<b>lanes</b> 208:9 252:1	297:12,17 303:10	234:14 235:16,18	215:15 217:1,18
243:5 244:10	<b>language</b> 234:13	304:8 306:1 307:4	238:14	217:19 218:6,7,11
249:3,12,20	260:12 329:20	337:1	<b>legislators</b> 110:14	219:14 282:1
273:22 278:16	339:8,21	<b>leader</b> 45:1,4 80:18	<b>legitimate</b> 165:14	<b>limiting</b> 32:18
281:19 284:20	<b>laptops</b> 211:6	151:14,15 176:8	165:18	<b>line</b> 19:11 56:22
289:21 290:6	<b>large</b> 22:16 47:4	<b>leaders</b> 45:10 69:7	<b>Leisure</b> 52:2	58:13 95:20 120:9
295:1,2 300:6	60:8 75:21 82:5	71:7 80:22 124:5	<b>lends</b> 279:7	124:5 157:20
302:8 313:6	119:1 249:14	147:20 272:22	<b>lengthy</b> 303:9	172:2 185:20,21
320:16 322:2	297:4 340:6	<b>leadership</b> 12:2	<b>lesson</b> 269:13	186:2 191:6
325:2 334:2	<b>largely</b> 165:4	13:13 76:11 110:9	<b>lessons</b> 168:13	192:16 207:13
335:19 339:8	<b>larger</b> 281:10,11	110:16 113:2,13	267:14 268:11,14	228:20 249:1
343:8,22 344:5	<b>largest</b> 226:1	137:6 138:11	269:10 304:2	254:15,17,19
345:21 346:13,16	<b>Larry</b> 2:3 108:6	148:1 167:9 191:8	<b>let's</b> 6:10 12:12	255:4,18 256:16
348:7 350:11,16	109:15	264:14	73:16 108:13	257:7,8,11,13,14
<b>knowing</b> 92:10	<b>lash-up</b> 311:19	<b>leading</b> 47:12	222:7 239:22	257:16,18,19
167:22 243:22	317:15	<b>leads</b> 264:7 266:7	283:2 314:15	259:20 260:11,18
244:5,12 245:12	<b>lastly</b> 41:7 54:4,15	337:10	323:14,15,16,17	261:5,16,17,22
245:13	<b>late</b> 335:16	<b>learn</b> 168:13	<b>level</b> 26:4 48:14	334:10,14 340:9
<b>knowledge</b> 14:21	<b>latitude</b> 282:14	280:16 288:9	50:19 63:2 80:20	<b>lined</b> 253:10
140:5 148:19	<b>Laughter</b> 335:18	<b>learned</b> 267:14	99:5 124:1,2	333:22
149:2,4 170:20	345:4 346:5	268:11,15 269:10	131:11 135:1	<b>lines</b> 13:18 120:8
268:21 326:15	<b>launch</b> 211:9	269:14 304:2	138:4 142:22	284:14
327:2	<b>launched</b> 216:11	339:5	143:2 147:14,21	<b>lining</b> 91:2
<b>known</b> 209:7	225:11 264:22	<b>leave</b> 79:17 131:8	151:10 183:22	<b>link</b> 48:17 148:18
<b>knows</b> 273:3 348:5	266:4	170:15 274:12	197:21 206:12	149:3 253:1,2

<b>linked</b> 217:6	<b>located</b> 28:5 42:19 143:20 144:15	171:14 177:2,3,4 177:11,17 179:11	315:22 322:22 339:13	142:18,21 187:12 187:14 188:6
<b>list</b> 12:10 49:6,9,11 67:14 68:20 167:10 194:19,21 195:8,16 218:16 267:8 336:13	<b>location</b> 25:16 26:5 74:18 82:13 180:3 268:7 325:9	180:12 183:3 184:4 186:5 190:20 192:9 198:14 201:17 205:7 212:13 216:14 220:16,17 235:10 237:15 238:19 239:11,11 239:14 240:7 241:5 243:19 251:22 252:1 254:18 255:3,13 271:21 272:16 286:10,14 288:17 296:20 298:12 299:14 300:17 301:8 303:18 304:20 308:16 315:8,15 317:19 318:2,12 322:3 326:20,21 330:15 330:16 332:16 334:1,9 336:12 340:12 345:5 350:6	<b>looks</b> 85:3 87:17 137:11 <b>lose</b> 68:21 69:21 86:12 309:18 <b>losing</b> 83:7 <b>lost</b> 70:10,16 83:5 261:15 <b>lot</b> 13:3 15:8 17:15 21:18 26:9,13,19 27:19 28:14 32:9 37:4 46:16,17 88:21 112:21 122:15 128:9 130:8 133:1 137:13 141:18 144:8,12 153:18 180:18 236:6 272:10 278:17 307:20,21 312:9 316:18 321:9 323:18 324:9 325:20 328:21 330:21 331:20,22 332:10,13 333:1 347:12	259:3 273:14 279:2 295:17 296:6 <b>LU</b> 2:18 <b>lunch</b> 198:20 199:1
<b>listed</b> 319:7,19 321:6	<b>locations</b> 18:22 26:14,18 27:21 68:16 69:14,15 81:8 114:1,5,16 115:2,4,5,20 116:12,21 117:6 117:17 118:21 126:14,14 151:4 215:8 322:7,10	216:14 220:16,17 235:10 237:15 238:19 239:11,11 239:14 240:7 241:5 243:19 251:22 252:1 254:18 255:3,13 271:21 272:16 286:10,14 288:17 296:20 298:12 299:14 300:17 301:8 303:18 304:20 308:16 315:8,15 317:19 318:2,12 322:3 326:20,21 330:15 330:16 332:16 334:1,9 336:12 340:12 345:5 350:6	<b>lot</b> 13:3 15:8 17:15 21:18 26:9,13,19 27:19 28:14 32:9 37:4 46:16,17 88:21 112:21 122:15 128:9 130:8 133:1 137:13 141:18 144:8,12 153:18 180:18 236:6 272:10 278:17 307:20,21 312:9 316:18 321:9 323:18 324:9 325:20 328:21 330:21 331:20,22 332:10,13 333:1 347:12	<hr/> <b>M</b> <hr/>
<b>listen</b> 345:2	<b>Lock</b> 2:3 108:6 109:15,16 110:20 111:4,10,17 113:5	<b>looked</b> 90:7 172:14 172:17 175:3,5 181:22 222:4 225:15 235:12 239:9 256:13	<b>Louisiana</b> 19:18 137:22	<b>ma'am</b> 7:4 17:5 64:14,18 73:14 75:6 89:17 108:7 134:5 156:2 180:20 187:12 195:2,19 198:19 214:19 217:22 232:6 259:3
<b>listened</b> 203:8	<b>LOD</b> 28:1,11,16 72:21 73:3,6 259:6,8	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>MacGyvers</b> 137:17 137:18 <b>Madam</b> 351:9 <b>main</b> 77:13 133:7 244:4 <b>maintain</b> 48:22 63:2 75:16 228:9 <b>maintained</b> 72:19 <b>maintaining</b> 22:3 22:11 73:3 87:6 208:17 343:11 <b>major</b> 7:16 37:6 48:3 68:1 74:22 248:6 322:17 327:12 337:5 <b>majority</b> 10:6 197:22 335:7 <b>majors</b> 49:15 <b>makeup</b> 75:16 <b>making</b> 22:19 34:11 46:9 101:16 114:22 117:5 134:9,17 200:10 202:3 221:22 222:21 229:13 236:8 242:9 244:4 244:16 294:18 300:12 349:16 <b>man</b> 323:15,16
<b>listening</b> 296:8	<b>logical</b> 157:22 273:11	<b>looked</b> 90:7 172:14 172:17 175:3,5 181:22 222:4 225:15 235:12 239:9 256:13	<b>Louisiana</b> 19:18 137:22	<b>LU</b> 2:18 <b>lunch</b> 198:20 199:1
<b>lists</b> 38:13	<b>logon</b> 89:8,15	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>M</b>
<b>literally</b> 74:7 236:20	<b>long</b> 112:8 130:7 168:4 187:4 216:17 232:19 244:8 271:11 278:22 282:5 339:8,18 344:18	<b>looked</b> 90:7 172:14 172:17 175:3,5 181:22 222:4 225:15 235:12 239:9 256:13	<b>Louisiana</b> 19:18 137:22	<b>ma'am</b> 7:4 17:5 64:14,18 73:14 75:6 89:17 108:7 134:5 156:2 180:20 187:12 195:2,19 198:19 214:19 217:22 232:6 259:3
<b>little</b> 13:15 14:7 15:11 16:4 26:2 26:16 33:17 37:9 76:14 79:14 111:1 123:16 139:16 146:19 164:17 166:9 168:4 172:8 179:17 188:13 190:9 198:6 204:22 211:11 267:4 271:5 278:21 279:3 287:14 291:8,10 298:19 303:14 318:1 319:16 329:16 343:19,21 344:11,11	<b>long-range</b> 54:19 56:4	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>maintain</b> 48:22 63:2 75:16 228:9 <b>maintained</b> 72:19 <b>maintaining</b> 22:3 22:11 73:3 87:6 208:17 343:11 <b>major</b> 7:16 37:6 48:3 68:1 74:22 248:6 322:17 327:12 337:5 <b>majority</b> 10:6 197:22 335:7 <b>majors</b> 49:15 <b>makeup</b> 75:16 <b>making</b> 22:19 34:11 46:9 101:16 114:22 117:5 134:9,17 200:10 202:3 221:22 222:21 229:13 236:8 242:9 244:4 244:16 294:18 300:12 349:16 <b>man</b> 323:15,16
<b>live</b> 349:22	<b>long-term</b> 139:20	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>LU</b> 2:18 <b>lunch</b> 198:20 199:1
<b>lived</b> 338:5	<b>longer</b> 31:11 97:12 99:7 163:11 196:18 228:2	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>M</b>
<b>lively</b> 16:19	<b>longer-term</b> 289:17 293:2	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>maintain</b> 48:22 63:2 75:16 228:9 <b>maintained</b> 72:19 <b>maintaining</b> 22:3 22:11 73:3 87:6 208:17 343:11 <b>major</b> 7:16 37:6 48:3 68:1 74:22 248:6 322:17 327:12 337:5 <b>majority</b> 10:6 197:22 335:7 <b>majors</b> 49:15 <b>makeup</b> 75:16 <b>making</b> 22:19 34:11 46:9 101:16 114:22 117:5 134:9,17 200:10 202:3 221:22 222:21 229:13 236:8 242:9 244:4 244:16 294:18 300:12 349:16 <b>man</b> 323:15,16
<b>lives</b> 81:11 164:14 349:5	<b>longest</b> 106:1 187:7	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>ma'am</b> 7:4 17:5 64:14,18 73:14 75:6 89:17 108:7 134:5 156:2 180:20 187:12 195:2,19 198:19 214:19 217:22 232:6 259:3
<b>living</b> 78:6,7,8 164:20 222:17 237:18 295:4	<b>longevity</b> 344:20	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>maintain</b> 48:22 63:2 75:16 228:9 <b>maintained</b> 72:19 <b>maintaining</b> 22:3 22:11 73:3 87:6 208:17 343:11 <b>major</b> 7:16 37:6 48:3 68:1 74:22 248:6 322:17 327:12 337:5 <b>majority</b> 10:6 197:22 335:7 <b>majors</b> 49:15 <b>makeup</b> 75:16 <b>making</b> 22:19 34:11 46:9 101:16 114:22 117:5 134:9,17 200:10 202:3 221:22 222:21 229:13 236:8 242:9 244:4 244:16 294:18 300:12 349:16 <b>man</b> 323:15,16
<b>livings</b> 233:14	<b>longitudinal</b> 275:3	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>LU</b> 2:18 <b>lunch</b> 198:20 199:1
<b>load</b> 84:11 152:4	<b>look</b> 4:16 15:11 19:6 56:1 71:3 77:21 83:12 84:20 92:8 109:12 111:1 115:14 127:14 130:6 136:16 151:5 164:19	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>ma'am</b> 7:4 17:5 64:14,18 73:14 75:6 89:17 108:7 134:5 156:2 180:20 187:12 195:2,19 198:19 214:19 217:22 232:6 259:3
<b>loaded</b> 304:1 310:2	<b>look</b> 4:16 15:11 19:6 56:1 71:3 77:21 83:12 84:20 92:8 109:12 111:1 115:14 127:14 130:6 136:16 151:5 164:19	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 221:4 234:11,12,21 240:20 255:10 257:1 259:7 295:1 295:10 314:16	<b>love</b> 88:12 <b>loved</b> 89:2 <b>low</b> 13:22 74:12 85:20 140:4 185:9 190:21 <b>lower</b> 184:5 238:10 281:2 <b>lowest</b> 147:14 185:20 <b>LTC</b> 2:8 113:19 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8,19 <b>LTCOL</b> 1:19,21 7:4 10:9 19:15 27:5 30:15 35:16 120:21 121:12,16	<b>maintain</b> 48:22 63:2 75:16 228:9 <b>maintained</b> 72:19 <b>maintaining</b> 22:3 22:11 73:3 87:6 208:17 343:11 <b>major</b> 7:16 37:6 48:3 68:1 74:22 248:6 322:17 327:12 337:5 <b>majority</b> 10:6 197:22 335:7 <b>majors</b> 49:15 <b>makeup</b> 75:16 <b>making</b> 22:19 34:11 46:9 101:16 114:22 117:5 134:9,17 200:10 202:3 221:22 222:21 229:13 236:8 242:9 244:4 244:16 294:18 300:12 349:16 <b>man</b> 323:15,16
<b>loading</b> 304:13	<b>local</b> 114:20 160:18 160:19,21 163:16 238:11 247:22 248:1 282:2	<b>looking</b> 17:9,11 21:3 25:19 35:14 44:12 52:14 54:13 83:16,19 108:14 123:18 124:17 134:20 156:3 157:11,16 173:16 176:21 177:13 180:6 189:6 196:3 198:22 205:1 212:14,18 2		

<b>manage</b> 57:9,12,15 57:21 58:14 62:3 83:13 94:22 286:8 302:21	99:17 193:9 216:14 241:17 277:13	<b>market</b> 29:21,22 30:10 115:14	<b>meant</b> 93:12 281:20	129:2 146:21 149:21 152:12 153:20 160:11 161:13 183:20 187:10 188:17 215:11 223:5,6,17 223:18 224:8 225:5 238:5 241:18 242:2,9 253:17 267:21 268:5 271:7,10,12 281:2 282:9,17,18 283:9,17 289:22 290:4 312:21 317:21 336:20,22
<b>managed</b> 31:1 61:15 64:5 77:7 80:17,19 177:1	<b>mandate</b> 245:20	<b>marketing</b> 205:13 213:3 214:20 240:9,12	<b>measure</b> 177:17 202:22 223:12 289:8 291:5,17 294:14 340:11,12	153:20 160:11 161:13 183:20 187:10 188:17 215:11 223:5,6,17 223:18 224:8 225:5 238:5 241:18 242:2,9 253:17 267:21 268:5 271:7,10,12 281:2 282:9,17,18 283:9,17 289:22 290:4 312:21 317:21 336:20,22
<b>management</b> 1:3 8:22 10:22 25:4 56:21,22 57:6 59:18 61:11,15 62:6,16 63:5,10 63:17 67:1 77:20 77:22 96:15 118:14 127:21 128:12,14 146:21 185:11,13,15,16 192:2 193:3 241:19,22 242:2 244:10 265:20 266:16 274:13 275:4 286:7,13 292:10 293:18 294:20 301:11 305:8 311:2,6,13 311:14 312:11,15 313:1,7 328:12,17	<b>mandated</b> 135:5 158:18 174:19 245:21 247:7 252:5,7	<b>marksmanship</b> 52:10	<b>measures</b> 177:16 204:11 245:9 295:11	223:18 224:8 225:5 238:5 241:18 242:2,9 253:17 267:21 268:5 271:7,10,12 281:2 282:9,17,18 283:9,17 289:22 290:4 312:21 317:21 336:20,22
<b>manager</b> 59:17 60:21,22 63:21 64:4 93:4 105:22 128:20 149:6 150:21 152:6 177:3 178:17 184:8 185:3,21 240:18 241:14 243:4,15 283:8,12 284:3	<b>mandating</b> 176:9 176:17 177:13 246:17,20 249:16	<b>Martha</b> 2:11 3:11 253:16	<b>MEB</b> 3:8 101:10 102:5,15,21 103:22 104:19,20 105:1,2,6 106:8 106:21 107:3,5,5 107:6 129:14 147:1 183:15 189:4,17 190:1,12 195:21 196:21 216:8,13 217:2,10 223:11 224:2,14 225:8	<b>medically</b> 9:8 258:21
<b>managers</b> 14:20 59:7,9 61:1 63:12 69:8 71:6 173:1,5 173:10 179:3 183:22 213:18 244:2,3,11 265:7 284:4 288:17	<b>mandatory</b> 171:12 171:17	<b>match</b> 265:16 304:15 334:8	<b>MEBs</b> 100:20 102:19	<b>Medicare</b> 343:17
<b>manages</b> 62:17	<b>maneuver</b> 42:1	<b>matching</b> 192:13	<b>mechanism</b> 213:5 221:9	<b>medication</b> 118:13
<b>managing</b> 24:22 25:1 63:7,11 85:7	<b>manner</b> 23:9,11 48:9 57:16 96:13 134:20 173:22 192:3 233:7	<b>material</b> 8:7 160:13	<b>mechanisms</b> 221:22	<b>Medicine</b> 328:7
	<b>manpower</b> 37:16 136:6	<b>materially</b> 258:13	<b>media</b> 43:22 90:21 91:5,7,13 174:10	<b>medium</b> 116:5
	<b>mantra</b> 145:15	<b>materials</b> 307:14	<b>medical</b> 12:4,6 24:13 29:22 30:2 30:11 40:11 42:17 42:18,20 43:7 59:8 60:13 62:5 63:5 67:1 68:11 83:16 94:8,13,21 96:14,15,16 99:16 99:20,21 100:20 101:13,15,19,22 103:4,10,11 104:13 105:3 106:5,7,10,20 119:14 128:15,22	<b>meds</b> 165:2
	<b>manual</b> 251:3	<b>matrix</b> 277:14	<b>mechanism</b> 213:5 221:9	<b>MEDTRIP</b> 98:8,10
	<b>manuals</b> 46:17	<b>matter</b> 4:19 7:8 21:15 36:22 94:3 95:14,22 99:20 120:19 199:3 262:8 314:19 351:15	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	<b>meet</b> 51:8 101:13 104:12 105:12 164:12 230:12 331:14
	<b>map</b> 90:20	<b>matters</b> 6:20,20	<b>media</b> 43:22 90:21 91:5,7,13 174:10	<b>meeting</b> 1:6 5:3,13 11:19 18:4 40:22 266:6,8 315:13 316:2,6 335:7 342:22 343:2 351:11
	<b>March</b> 10:14 148:14 184:13 187:21,21 189:4 200:16 266:6 273:2 276:16	<b>MATTHEW</b> 2:16	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	<b>meetings</b> 240:15 264:12 289:10 315:17 342:22 344:3
	<b>Margarita</b> 2:12 3:13 262:13 309:1 312:13 313:12	<b>maximize</b> 210:18 297:19	<b>media</b> 43:22 90:21 91:5,7,13 174:10	<b>meets</b> 237:2
	<b>March</b> 10:14 148:14 184:13 187:21,21 189:4 200:16 266:6 273:2 276:16	<b>maximum</b> 49:22 281:18	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	<b>melted</b> 170:2
	<b>Margaret</b> 2:12 3:13 262:13 309:1 312:13 313:12	<b>MCDONOUGH</b> 2:16	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	<b>member</b> 1:17,18,18 1:19,19,20,20,21 3:3 7:6 87:19 88:3 108:18 111:6 111:19 113:14 140:13 141:4,6,15 159:8 162:11,17 167:1 171:3,9,9
	<b>Marine</b> 3:4,5 5:7 7:8 10:12 11:12 11:22 12:4 18:2 19:13 21:11 23:19 23:22 24:10,17 25:6,17 57:2 168:11 169:17,20 182:15 216:21 239:7	<b>MCKELVIN</b> 2:19	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	
	<b>Marines</b> 21:9 162:14 164:7 165:10 166:21 167:4 171:16	<b>Meade</b> 190:22	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	
	<b>mark</b> 331:21	<b>mean</b> 28:18 33:15 35:1 71:17,22 74:3 75:6 78:21 82:2 118:1 158:12 194:10 197:12 209:12 217:20 229:16 239:15 250:8 279:13 306:14 326:13,14 341:17 345:11	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	
	<b>marked</b> 331:10	<b>meaning</b> 153:6	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	
		<b>meaningful</b> 295:5	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	
		<b>means</b> 45:12 162:2 220:7	<b>MECOM</b> 64:1 82:16 85:6 99:16 99:17,19 100:6 177:18 191:19	

177:22 210:1	346:22	<b>mike</b> 196:7	148:18 252:9	141:20
224:20 225:15	<b>membership</b> 38:10	<b>miles</b> 30:17,19,21	<b>mission</b> 39:15	<b>mongo</b> 137:1
237:11,17 238:9	<b>memo</b> 47:14 229:8	31:3,8,8,17,19,20	41:13 65:7 66:10	<b>monitor</b> 131:13
239:20 244:22	<b>memorandum</b>	32:1,6,7,9,10,20	66:22 67:9 70:4	176:22 206:13
245:1,7,10,14	267:3 276:3	33:8,15,20 34:13	78:19,22 79:1	224:1 291:14
247:3 252:4	<b>memory</b> 248:17	144:10	87:3 266:1 343:10	<b>monitored</b> 44:2
256:20 257:3	315:6	<b>milestones</b> 143:12	<b>misspeak</b> 33:6	<b>monitoring</b> 191:7
259:11 260:11,19	<b>memos</b> 30:5 267:22	264:18	<b>mistake</b> 335:17	242:11 264:13
<b>member's</b> 159:9	<b>mental</b> 125:9 332:7	<b>military</b> 8:22 66:15	<b>misunderstanding</b>	<b>monitors</b> 91:14
171:4 246:7	<b>mention</b> 156:15	132:11 165:5	113:9	<b>Montgomery</b>
256:21 258:6	<b>mentioned</b> 13:11	179:13 203:18	<b>misunderstood</b>	342:12
<b>members</b> 1:4 4:17	45:2 70:3 88:22	205:19,22 206:3,7	111:20 230:12	<b>month</b> 40:7 92:1
4:17 5:5 6:3,4,7	92:18 158:11	206:15 207:17,18	233:9	184:19 187:20
11:1 12:14 15:3	194:12 210:6	207:20,21,22	<b>mitigate</b> 279:18	335:1
23:8 27:20 33:11	263:10 265:8	209:6 210:5 211:6	<b>mix</b> 144:18	<b>monthly</b> 184:14
34:8 36:16,17	273:1 274:11	214:1 216:6 219:8	<b>MOA</b> 100:5	214:8,12
88:1,17 89:2 90:4	290:21 295:18	221:10 224:20	<b>MOAA</b> 342:21	<b>months</b> 31:10
104:5 108:4,10	300:2 301:3 303:2	226:1,10,19 227:2	<b>mobile</b> 74:17	40:22 48:17 49:4
109:3 110:2,22	<b>merging</b> 26:19	227:11,13 228:3	210:19,21 211:5,7	54:21 65:16 86:9
131:22 135:10	<b>mess</b> 338:4	228:15 229:10,14	211:12,15,20	99:9 184:22 196:1
140:5,11 145:18	<b>message</b> 172:11	230:14,21 240:14	<b>mobile-enabled</b>	341:16
146:1 147:4,17	347:16	240:19 241:1	211:9	<b>MOORE</b> 2:19
159:13 160:6,6	<b>met</b> 1:11 19:5 27:6	246:10,14 248:7	<b>mobilizations</b>	<b>morale</b> 184:1
161:1,6,9,17	104:13 179:20	252:22 258:4	157:7	<b>morning</b> 4:3,5 5:2
162:3,21 163:4,19	210:15	268:5 321:13,16	<b>model</b> 69:11 98:9	5:3 6:11 7:4 8:2
164:13 167:16	<b>method</b> 16:6 22:7	325:17 343:1	120:2,14 135:6,7	11:2 94:6 100:16
170:10,14 171:18	121:20	<b>military's</b> 206:14	136:13 266:20	100:17 109:15,18
171:19 174:6,20	<b>methodologies</b>	<b>million</b> 214:14	271:18 275:6	113:19 126:22
177:14 180:19	206:8	<b>millions</b> 35:21,21	280:17 281:1	158:21 351:12
188:21 200:2	<b>methods</b> 35:2	<b>mind</b> 19:22 323:22	282:21 290:13	<b>MOS</b> 10:12
201:8,16 202:4,7	42:22	342:4	293:9 303:11	<b>mother</b> 165:17
202:18 203:4	<b>metric</b> 212:1	<b>minds</b> 334:18	306:20,22 312:4	<b>motivator</b> 323:20
209:8 213:5,7	297:19	<b>minimum</b> 160:12	331:20	<b>Motors</b> 169:11
216:13 226:18	<b>metrics</b> 5:18 61:4	160:15,20 213:2	<b>modeled</b> 275:16	<b>MOU</b> 270:11 271:1
232:11 236:8	121:2 122:8	237:1 281:17	<b>models</b> 55:1 136:11	275:8 276:8,19
242:9 245:5,15,21	123:16,19 124:16	<b>minor</b> 76:18	334:3	289:1 296:1
246:4 247:1,8,11	125:19 176:22	<b>minus</b> 180:7	<b>modified</b> 189:6	<b>mouth</b> 133:2
248:22 249:6,13	177:3,9 267:8	<b>minute</b> 55:19	291:6 294:18	<b>move</b> 16:20 25:8
249:16 252:3,9	289:7,12 294:21	308:21	<b>modify</b> 192:15	49:3 59:12 65:12
254:12 255:8,11	296:10 298:3,13	<b>minutes</b> 36:21 94:2	<b>module</b> 94:20,22	66:14 67:18 68:19
255:14 256:2	298:18,20 299:1,5	198:20,22 314:16	129:14,15 130:6	81:13 85:22 96:12
258:12 259:18	299:7,9,11,15	<b>mirroring</b> 122:10	<b>modules</b> 95:20	99:14 161:15
261:4,8,12,17	332:5	<b>misconduct</b> 260:5	<b>mom</b> 109:5 232:21	181:12 187:10
264:2,4 275:19	<b>MG</b> 1:13,16	260:10,13,14,17	<b>moment</b> 54:17	194:16 203:5
290:3 292:13	<b>microphone</b> 142:16	<b>misinterpretation</b>	243:1	279:3 308:8 310:7
293:6 307:8 315:7	346:4	230:18	<b>Monday</b> 334:20	315:13 316:13
330:21 336:4	<b>middle</b> 186:3	<b>missing</b> 116:11	<b>money</b> 34:14	328:13 341:13



234:17 239:12	226:13,13 244:21	<b>obvious</b> 28:17	<b>oftentimes</b> 255:16	264:13 265:2
<b>non-urgent</b> 186:6	250:5 253:21	123:20	256:5 257:14	<b>online</b> 18:9 43:3
<b>non-voted</b> 316:7	254:10 257:15	<b>obviously</b> 32:5 82:7	258:22	204:9,19 205:2
<b>non-wounded</b>	263:22 296:11	82:21 109:21	<b>OGC</b> 277:18	206:14
135:13	297:19 305:6	196:22 280:9	<b>OGCs</b> 276:1 288:2	<b>onset</b> 227:18
<b>normal</b> 248:8	328:14 329:4	329:15	<b>oh</b> 91:4 93:17	<b>onsite</b> 92:1
<b>normally</b> 52:2	330:21 338:2,3	<b>occasion</b> 73:18,20	178:21 218:5	<b>onward</b> 115:16
103:19 129:16	344:3	<b>occur</b> 40:19 97:16	311:10	<b>op</b> 56:15
<b>north</b> 76:10 137:21	<b>number-crunching</b>	203:13 228:13	<b>OIP</b> 54:4	<b>open</b> 155:18 156:13
<b>note</b> 20:15 33:21	31:2	288:18 289:4	<b>okay</b> 11:16 17:22	327:18,19
43:11 52:6 66:13	<b>numbers</b> 75:22	304:5 306:20	19:19 58:8 60:3,6	<b>opened</b> 156:7
157:10 214:6	82:6 84:4 122:8	<b>occurs</b> 143:13	64:6 71:13 75:3	<b>opening</b> 38:6 86:18
227:5,9 229:19	184:21 188:8	<b>OCONUS</b> 29:11	79:2 80:12 84:6	215:19 242:5
233:8 319:14	212:13 219:14	32:8 108:15,16,21	89:4,18 99:12	<b>operate</b> 45:11 68:7
<b>noted</b> 211:16 214:6	340:7	232:17	121:13 133:22	93:2 98:1
322:4	<b>numerous</b> 184:18	<b>October</b> 10:13 55:5	152:2 154:14,19	<b>operates</b> 96:21
<b>notes</b> 13:5,12 15:12	<b>nurse</b> 59:6,9,17	276:11	181:11,20 182:2	<b>operating</b> 120:14
19:15,18 20:1,8	60:21,22 61:1,10	<b>OES</b> 48:12	199:9 220:19	242:5
21:3 23:18 27:3	62:16 63:21 64:4	<b>offer</b> 75:9 314:3,4	229:3 230:9 285:8	<b>operation</b> 75:18
27:19 28:19 33:1	69:7 71:6 114:11	<b>offered</b> 235:13	318:17 335:5,22	82:6 86:3,6
177:4	117:4 128:19	<b>offhand</b> 122:3	345:1,3 351:4,7	<b>operational</b> 97:19
<b>notice</b> 90:19	172:5 173:1,4,9	<b>office</b> 2:10,11,11	<b>old</b> 4:17 47:11	<b>operations</b> 10:19
<b>noticed</b> 324:11	177:2 178:16	3:4,9 5:19,20	<b>onboard</b> 98:21	11:1 13:19 30:11
<b>notion</b> 230:20	179:2 183:21	11:20 12:19 15:2	145:15	65:18 66:3 78:10
<b>November</b> 44:16	184:8 185:3 244:3	15:4,21 17:4 19:8	<b>once</b> 23:18 29:1	219:22 234:10
263:19 275:12	244:9,10	113:21 127:12	46:7 69:22 77:3	336:15 340:1
<b>nowadays</b> 31:19		144:14 149:7	86:10 96:18 97:17	<b>operators</b> 96:20
<b>NRCC</b> 155:17	<b>O</b>	186:10,11 195:18	98:19 99:6 121:6	97:10
<b>NRD</b> 14:8,15	<b>O6</b> 49:2	199:10,13,15	137:11 139:17,22	<b>opportunities</b> 30:6
132:10 209:21	<b>Oath</b> 4:12	200:4 203:12	158:13 221:15	40:18 134:12
211:8,12 214:3	<b>objectives</b> 267:6	224:12,19 226:14	257:3	252:20 272:18
342:3	<b>obligation</b> 55:10	250:17 251:5,19	<b>one's</b> 321:1,10	301:21,22
<b>nuances</b> 278:15	<b>oblivion</b> 10:3	252:15 253:14	<b>one-off</b> 156:11	<b>opportunity</b> 37:7
<b>number</b> 13:9,22	<b>observation</b> 23:17	254:19 255:8	<b>one-person</b> 325:8	66:17,20 67:7
14:5 44:13 55:16	194:10 317:16,18	259:15 260:5	<b>one-stop</b> 213:1	72:14 77:4 102:4
57:14 62:2 69:3	336:4	262:15,19 277:19	325:8	102:9 105:9,16,17
91:22 94:11,16	<b>observations</b> 45:9	277:19 287:2	<b>ones</b> 89:2 134:2	106:18,21 163:16
99:14 100:18	168:11,16 315:19	<b>office's</b> 199:18	140:17,19	200:7 232:22
107:13 119:10	315:21 316:1	<b>officer</b> 7:9,11 11:9	<b>OneSource</b> 132:11	252:17 254:5
123:20 124:7,10	317:2,6,8 333:16	48:12,13 103:4,10	205:19 206:4,15	304:18 307:13
124:11,17 166:22	333:18,21,22	103:11 149:16	207:18,21 209:6	<b>opposed</b> 110:4,16
187:16 188:6,20	334:7,16 335:3,11	<b>officers</b> 116:18	210:5 211:6	<b>opposition</b> 346:17
193:8 197:10	<b>observed</b> 201:13	<b>offices</b> 276:17	325:17	<b>ops</b> 183:12
201:5,11 204:1	<b>observing</b> 336:1	301:17	<b>OneSource's</b>	<b>opt</b> 166:13,22
205:14 206:2	<b>obstacle</b> 22:10	<b>officially</b> 263:18	207:22	247:7
208:1 218:11,13	23:14 164:4 167:6	<b>officials</b> 110:10,17	<b>ongoing</b> 116:14	<b>opted</b> 166:18
218:17 223:4	<b>obtain</b> 49:1 193:21	<b>offset</b> 75:14	157:5 200:9	237:17

<b>optimal</b> 275:6	176:13 179:15	<b>overarching</b> 56:8	<b>Palms</b> 7:13 26:15	<b>participants</b> 53:3,8
<b>optimize</b> 51:19	245:4 266:5	202:10 266:22	<b>panel</b> 38:3	151:21 197:17
233:13 241:11	<b>orientations</b> 50:22	270:10 287:22	<b>paper</b> 33:3 58:18	<b>participate</b> 53:11
284:8	<b>original</b> 233:3	288:2,15 289:6	130:5 137:18,20	197:20
<b>option</b> 23:6,9 233:6	278:3	291:7 296:1	232:19 233:2	<b>participated</b>
249:21	<b>originally</b> 63:16	336:18 337:9	256:17 304:4	197:15
<b>options</b> 221:13	201:6 232:7	<b>overcoming</b> 52:21	<b>paradigm</b> 42:6	<b>participating</b> 50:6
234:2 288:1 309:4	278:20 294:17	<b>overhaul</b> 319:17	<b>parallel</b> 8:10	224:22 226:8
<b>opts</b> 165:22	<b>Orleans</b> 3:5 12:1	<b>overriding</b> 26:7	<b>Paralympic</b> 52:12	<b>participation</b> 13:22
<b>order</b> 23:5 44:3,5	18:1 19:12 24:8	<b>overruling</b> 83:18	<b>Paralympics</b> 52:5	53:14 79:12 226:7
63:22 64:3 74:22	<b>OSD</b> 51:15 110:10	<b>oversee</b> 332:8	52:14	245:8,14 246:21
75:1,16 82:20	110:17 155:6	<b>oversight</b> 39:17	<b>paramount</b> 129:1	247:4 304:16
94:19 110:7	158:18 192:7,12	70:3 81:3 208:17	<b>parent</b> 111:13	<b>particular</b> 22:20
146:12 147:12	253:18	262:21	240:2	122:12 138:19
150:4,16 157:4	<b>OSD(RA)</b> 3:11	<b>overtime</b> 236:22	<b>Park</b> 62:20 63:6	163:12,21 186:18
222:10 227:8	<b>other's</b> 273:4	<b>overview</b> 4:16	73:17 74:14,16	190:18 211:21
259:5,12 269:14	<b>OTI</b> 2:20	264:16 267:19	129:18	212:5 214:13
269:21 301:10	<b>OTs</b> 52:1	<b>overwhelming</b>	<b>part</b> 16:16 23:18	216:18 227:14
303:10	<b>ought</b> 222:20	137:2	51:13 58:6 60:4	246:1 250:22
<b>ordering</b> 99:15	<b>outcome</b> 122:17	<b>OWCP</b> 18:4	60:12 61:16,17	251:7,8 293:9
<b>orders</b> 73:4 94:12	210:15 297:20	<b>owner</b> 203:15	69:16 70:14 78:9	295:15 310:18
95:2,18 96:12,17	<b>outcomes</b> 221:4	<b>owners</b> 205:6	82:5 87:21 88:18	322:21
96:18 97:6,7,8	247:9 295:2,11,15	<b>owns</b> 99:19 208:15	91:5 105:1 106:8	<b>particularly</b> 18:11
98:18 99:16,18	297:18 298:13		111:11 118:22	114:16 115:2
107:17,17 108:16	322:3 330:21	<b>P</b>	125:4 130:6	160:7 191:12
150:9 226:22,22	339:11,17 340:3,5	<b>P</b> 1:16	131:20 141:13	295:13
227:7,17,22	340:11	<b>P-R-O-C-E-E-D...</b>	143:5 150:11	<b>partner</b> 31:7 144:2
228:14 258:7,7	<b>outline</b> 148:5	4:1	169:13 196:16	309:19 312:3
270:12	<b>outlined</b> 201:10	<b>P&amp;R</b> 277:19	204:2 206:17	314:3
<b>organization</b> 169:7	204:14	<b>P.K</b> 1:19	207:8 212:21	<b>partnered</b> 130:19
182:17 253:2	<b>outlining</b> 206:8	<b>p.m</b> 199:4,5 262:9	221:5 233:18	179:19
296:21 305:10	<b>outlook</b> 247:3	262:10 314:20,21	248:11 260:21	<b>partnering</b> 62:7
346:20	<b>outpatient</b> 120:11	351:16	265:13 266:3	144:12
<b>organizational</b>	120:12,18	<b>Pacific</b> 27:15 32:7	271:22 273:16	<b>partners</b> 309:11,11
45:18	<b>outreach</b> 159:11	33:12	276:4 282:20	309:12 310:1,5,14
<b>organizations</b> 8:13	167:10 169:2,16	<b>pack</b> 129:16	283:17 286:6	313:14,20
15:5 42:2 69:4	170:7 172:12,20	<b>package</b> 43:8	289:16 299:8	<b>partnership</b> 213:9
160:16 168:20	173:13 174:5	170:16	309:6 311:13,16	284:3
182:7,9 216:9	176:9 245:3 331:6	<b>page</b> 44:10 101:3	311:20 312:17,20	<b>partnerships</b> 309:8
277:1 278:9 298:7	<b>outside</b> 60:9 164:7	214:11,16 243:17	312:21 313:7	310:5
305:9 306:16	167:3 240:1	<b>pages</b> 44:13 278:14	321:2 329:16	<b>parts</b> 40:20 73:13
307:16,21 309:8	282:18 310:14	306:3	342:19 343:10	85:18 201:2 204:2
317:1 343:4	<b>overall</b> 18:15 129:2	<b>paid</b> 340:9	348:9,10	233:18
<b>organize</b> 51:18	131:3 151:8 185:6	<b>pain</b> 185:11,12,15	<b>partially</b> 152:22	<b>pass</b> 126:20 142:16
<b>orientation</b> 151:15	195:21 196:10	185:16	215:13 218:21	159:1 182:6
151:15 159:12	197:8 268:15	<b>painful</b> 140:18	220:7,14 227:4	226:10 292:9
171:10 175:14,15	326:18 332:15,16	<b>paint</b> 313:8	231:2,9 245:12	<b>passed</b> 252:8

346:19	<b>PDHRAs</b> 156:21	169:2,13,16	15:6 16:5 17:2	326:10
<b>passion</b> 137:5	157:9	187:15 188:12,12	68:11 97:22 98:17	<b>piece</b> 17:7 71:11
<b>passive</b> 162:6 165:7	<b>peacetime</b> 344:6	188:20 195:6	121:6 143:10	159:1 163:20
167:4,15 168:9	<b>peak</b> 339:18	196:2,3 197:9,12	154:13 226:15	269:13 270:8
246:15 247:3	<b>Pearl</b> 12:5	197:16,21 214:7	283:22	273:6 301:2 318:7
249:12,20	<b>PEB</b> 102:8,9 223:9	225:18 245:3	<b>perspective</b> 32:11	318:18,20 321:2,5
<b>passively</b> 164:8	224:2,14 225:9	259:1	60:21 129:8 141:9	322:8 327:19
<b>password</b> 89:16	<b>PEBLO</b> 130:4	<b>percentage</b> 63:11	177:12 247:4	<b>pieces</b> 325:15
<b>path</b> 313:4,11	193:8 194:16	63:14,16 81:15	271:7 293:3	<b>PII</b> 304:11 305:11
<b>pathway</b> 120:22	<b>PEBLOs</b> 62:8	121:6,21 193:8	312:12 343:20	<b>pike</b> 343:18
<b>patience</b> 315:1	161:3 190:3,6,19	289:21 290:3,6,9	<b>perspectives</b> 271:8	<b>pile</b> 239:8
<b>patient</b> 84:11	193:15 247:1	290:19 291:5,12	<b>pertain</b> 201:2	<b>pilot</b> 125:21 126:9
265:17 268:20	<b>pending</b> 251:19	291:19 292:12	<b>PESO</b> 95:20	266:15 267:15
270:16 296:13,13	<b>people</b> 14:15 34:13	293:5,10	<b>petition</b> 221:17	268:2,6,10 269:4
297:2,3,11,22	34:15,18 55:21	<b>percentages</b> 194:20	<b>PHA</b> 157:2	273:16
298:3 299:6	60:9 62:2 69:1	<b>perfect</b> 109:1 233:6	<b>phase</b> 86:7 96:1	<b>piloted</b> 95:8
337:11	73:4 81:17 91:10	<b>perform</b> 238:13	224:14,15,21	<b>pilots</b> 126:2
<b>patient-centered</b>	92:4 93:8,10	<b>performance</b> 48:10	225:9,9 299:11	<b>Pinellas</b> 62:20 63:6
60:12 331:13	96:22 121:8 122:5	267:8 293:3	305:22	129:18
<b>patient-centric</b>	122:6 143:18,21	<b>performed</b> 233:22	<b>phases</b> 224:17	<b>PIV-enabled</b>
296:11 297:1	144:21 162:19	236:20 237:5	225:1	303:16
<b>patiently</b> 54:1	166:22 179:12	<b>performers</b> 190:21	<b>phasing</b> 284:7	<b>place</b> 47:16 48:20
<b>patients</b> 84:12	180:13 197:17	<b>performing</b> 169:7	<b>PHI</b> 304:11,13	61:18,21 62:5
271:6 274:6	209:4 210:6	<b>peril</b> 83:7	305:11	85:21 97:3 125:18
298:11	211:20 212:1,16	<b>period</b> 54:20	<b>Phillips</b> 316:11,21	125:21 137:12
<b>pay</b> 141:20 236:22	218:11 222:12	180:10 222:3	332:19 333:19	157:22 167:20
238:3 259:8 261:1	226:8 247:2	337:13	334:7	172:15,19,22
261:2,6,10,18,20	248:14 250:5	<b>periodically</b> 292:21	<b>phone</b> 130:4 142:8	176:21 177:16
261:21 262:1	263:22 264:4	<b>perm</b> 83:1	210:8 305:6	178:20 203:12
283:13	266:8 269:18	<b>permanent</b> 16:6	<b>phrase</b> 162:2	236:2,3 259:22
<b>paycheck</b> 248:7	280:3,5,9 281:2	<b>permanent-level</b>	<b>physical</b> 8:21 11:10	280:12,13 340:1
<b>paying</b> 43:20 110:3	282:15 291:15	107:8	100:14 101:1,14	<b>placed</b> 18:12 21:14
110:4	295:3 300:13	<b>perpetuation</b>	145:7 189:14	96:17
<b>payment</b> 107:18	307:1 312:9	338:18	217:7 225:6	<b>places</b> 15:14 29:11
227:1 233:21	315:20 327:11	<b>person</b> 20:13	283:17	72:17 114:4,16,18
256:11	342:1 343:3	103:17 119:2	<b>physically</b> 261:9	125:17 162:1
<b>payments</b> 227:8	345:18 349:1,4	165:12,22 170:18	<b>physician</b> 10:5	238:19 307:11
236:11	350:13	212:14 244:16	157:17 244:9,18	319:12
<b>pays</b> 239:17	<b>people's</b> 30:20	247:7 278:16,17	257:4	<b>placing</b> 148:19
<b>PCM</b> 103:9,9,15,19	<b>perceive</b> 182:17	283:15 285:4	<b>physics</b> 8:6	<b>plan</b> 23:5 39:20
104:3,10,22	<b>percent</b> 13:21 14:4	286:8 294:7 302:5	<b>pick</b> 17:6 130:3	40:16 45:6 53:7
105:12,20 106:3,7	44:11,15,16 54:12	302:9 305:7	341:19 345:10	76:8,19 88:19
106:11,16,19	54:14 56:20 61:19	<b>person's</b> 302:3	347:5 348:1	143:12 151:16
<b>PCMs</b> 69:8	79:9,10,11 115:11	305:5,6	349:14	199:18 204:14
<b>PCS'ing</b> 122:21	116:1,8 121:22	<b>personal</b> 121:19	<b>picked</b> 342:5 343:5	266:12,12 268:9
<b>PDHRA</b> 155:12	129:4 159:11,15	<b>personally</b> 113:8	344:4 346:1	270:4,5,8 284:9
156:19	159:20,22 168:21	<b>personnel</b> 8:22	<b>picture</b> 313:9	284:15,21 285:3,7

285:9,10,12,12,15	98:15 103:13	231:19 236:3	49:10,13,16,20	<b>pre-IDES</b> 63:22
285:18 286:2,10	104:14 108:15	250:17,19 251:19	70:18 79:21 80:6	<b>preceding</b> 224:21
286:16 287:6,13	120:16 143:15	254:15 260:22	85:4,9	<b>precept</b> 294:20
290:8 292:15	171:21 172:1	262:18,21 275:14	<b>positive</b> 225:20	<b>predictive</b> 55:1
296:12 297:10	186:22 187:19	279:1 287:2 288:2	268:16 269:5	<b>predominant</b> 82:7
300:1,10 303:22	188:3,4 189:7,17	288:10,15 289:2	<b>possible</b> 13:11 17:8	247:4 249:19,22
304:9 306:1 311:9	193:20 196:20	291:9 320:4	212:4 317:17	<b>predominantly</b>
311:14 312:6,18	197:18 206:5	327:19 339:10	345:19 347:21	68:12 92:15
313:8,15 317:12	216:11 246:22	<b>political</b> 337:2	<b>possibly</b> 34:11	135:16 142:3
324:2	248:9,9 266:17	344:18 349:21	143:5	227:11
<b>planned</b> 91:20	277:5 279:22	<b>politically</b> 349:2	<b>post</b> 22:16 92:4	<b>preempt</b> 23:14
267:9 299:21	282:20 295:21	<b>Polk</b> 114:17	122:20 124:1	<b>prefer</b> 121:20
<b>planning</b> 43:20	320:12,19 323:8,9	<b>Pop</b> 109:6	140:21 155:15	274:12
165:1 300:22	323:10 345:22	<b>populate</b> 44:6	182:8	<b>preference</b> 166:7
302:17	<b>pointed</b> 324:11	<b>populated</b> 43:16	<b>posts</b> 124:12	<b>preferred</b> 169:12
<b>plans</b> 66:14 67:19	336:9 346:14	<b>population</b> 44:7	<b>posture</b> 55:7,13	<b>premise</b> 233:3
200:18 247:14	<b>points</b> 103:8 153:8	54:21 55:3 56:9	66:6	<b>prep</b> 129:14
<b>platform</b> 88:21	153:13 156:20	56:11,18 57:10	<b>potential</b> 48:10	<b>preparation</b> 27:15
178:1 241:17,22	166:7 186:20	58:4 59:1 60:8,11	251:22 263:13	249:2
303:11,18 305:19	194:15 217:10	63:9 65:16,19	272:3 308:2	<b>preparations</b>
325:17	225:4 273:12	69:10,11 71:4	<b>potentially</b> 161:13	198:16
<b>platforms</b> 175:21	<b>policies</b> 16:8	83:2,5,11 84:10	239:18	<b>prepare</b> 272:9
179:12 210:19	201:20 202:17	84:15 92:19,22	<b>pour</b> 14:21	336:16
211:5,9,21 212:8	203:2 264:10	133:16 138:21	<b>Powell</b> 2:2 93:18	<b>prepared</b> 175:8
322:17	276:21 288:6,12	142:3 155:22	94:6,8 96:14	320:6
<b>platoon</b> 71:7,7	288:17,19,22	158:19 222:12	97:14,17 99:13	<b>preparing</b> 176:3
80:17,21	290:20 291:1	240:10,22 244:6	100:10 107:12,12	<b>prepping</b> 315:10
<b>play</b> 136:12	318:22 321:16	256:1 270:17,19	109:11 150:8	<b>prescriptive</b> 228:11
<b>played</b> 53:5	329:17	281:11	254:22	<b>present</b> 1:16 2:1
<b>players</b> 244:4	<b>policy</b> 2:10,11 3:4,9	<b>populations</b> 74:22	<b>power</b> 52:20 68:3	47:21
<b>plead</b> 34:9	5:20 11:21 12:13	205:3 226:3	344:18,20	<b>presentation</b> 38:2
<b>please</b> 4:10 12:9	12:20 13:18 15:8	240:13 265:17	<b>powerful</b> 346:16	40:19 201:10
38:15 44:17 54:18	17:3 19:6,8 22:22	<b>poring</b> 47:4	<b>practice</b> 53:9 101:8	246:16 251:18
68:18 182:18	45:6 47:12,13,15	<b>portal</b> 87:19 88:8	101:20 134:19	253:22 262:7
199:7 230:8	50:13,13 51:15	123:2	264:7,21 265:14	275:19
253:11 296:9	54:2 94:8 103:8	<b>portfolio</b> 25:1	265:21 266:3,5	<b>presented</b> 198:12
314:15 350:21	103:12 112:15	31:16,17	269:16 271:21	<b>presenting</b> 39:11
<b>pleased</b> 10:3,8	145:7 199:11,13	<b>portion</b> 38:17	274:8 281:5 299:3	199:17 253:18
253:14	199:16 200:5,21	192:1 228:6 259:4	300:14 303:2	301:14
<b>pleasure</b> 5:4	201:3 203:11,15	281:11	<b>practices</b> 101:11	<b>preserve</b> 343:14
<b>plenty</b> 45:8 246:20	204:4,18 205:8	<b>portions</b> 60:10	134:10 136:11	<b>president</b> 169:11
<b>plugged</b> 333:20	210:11 214:1	225:14	323:11	<b>presiding</b> 1:14
334:6	220:1 223:14	<b>position</b> 168:22	<b>practitioners</b>	<b>presumed</b> 202:5
<b>POCs</b> 256:10	224:7,12,20	170:6 203:10	114:12 117:4	<b>presumption</b>
<b>podium</b> 4:10	228:22 229:5,13	220:15 230:2	<b>pre</b> 146:22	201:18
<b>point</b> 20:5 33:22	230:10,16,19	236:13	<b>pre-command</b>	<b>pretend</b> 338:13
38:9 65:6,22	231:4,12,13,13,16	<b>positions</b> 48:9 49:9	147:21	<b>pretty</b> 18:18 44:9

51:12 82:17 83:10 138:9 183:8 185:22 197:9,10 198:1 283:19 310:15 321:4 325:10 346:15 <b>prevailing</b> 45:9 <b>prevalent</b> 127:15 <b>prevent</b> 81:20 <b>previous</b> 38:20 42:8 187:20 193:19 224:16,18 279:4 336:13 347:5 <b>previously</b> 45:2 67:17 70:3 84:15 92:16 146:22 <b>primarily</b> 24:2 114:4 148:10 <b>primary</b> 105:22 185:17 205:15 207:4,11 208:2,22 209:12 241:13 243:4,15 244:2,18 <b>principles</b> 266:2 <b>prior</b> 6:17 7:11 8:19 11:13 63:22 76:8,15 180:22 279:18 <b>priorities</b> 146:8 <b>prioritize</b> 302:21 309:14 <b>priority</b> 309:14 <b>privacy</b> 242:6 <b>private</b> 161:13 305:14,15 307:7 309:7 <b>proactive</b> 160:3 <b>probably</b> 14:4 111:7 140:7,14,19 180:18 193:14 198:1 217:17 250:4,5,7 298:17 326:3 350:1 <b>problem</b> 28:1 57:17 97:11 137:19 138:19	178:19 234:20 295:9 <b>problems</b> 57:2 88:9 169:9 203:8 293:1 337:8,12 <b>procedures</b> 45:14 46:12 236:3 261:2 261:21 288:20 <b>proceed</b> 38:15 <b>proceedings</b> 102:21 <b>process</b> 9:11 13:1 13:13 14:4,22 28:2,16 29:9 49:14 59:11 62:8 63:21,22 64:4 67:20 70:14 73:3 73:10 81:18 86:11 95:4,9,16 96:1,3 97:5 99:4 100:3 101:22 106:12 129:18 130:15,21 131:6,7 149:22 150:4,12,15 154:2 155:13 157:18 159:9,21 160:4,7 161:12 163:2,15 171:1,8,12,13,21 174:17 175:2 192:11 194:17 195:14 196:11,15 197:7 215:20 216:15,18 217:4,8 224:10 225:5 226:4,12 227:12 232:17 241:13 242:16,21 245:1 245:17,19 246:1,5 247:2,10 249:7 265:9,16 267:2 273:2 277:11 278:5,6,11,19 283:16 299:8 300:10 301:20 302:12,15,18,21 303:8,9 304:5 305:20 309:2,13 311:20,22 314:5	340:22 341:7 350:15 <b>processes</b> 28:11 30:13 45:14 107:19 108:2 152:16 167:17 223:11 227:1 <b>processing</b> 62:6 94:19 99:15 150:6 150:7,10 242:3 254:17 334:19 <b>produced</b> 18:6 50:13 <b>product</b> 103:21 278:19 <b>productive</b> 51:20 <b>professional</b> 8:5 <b>profile</b> 103:18 107:4,8 147:1 <b>profiles</b> 62:17 <b>program</b> 18:17 27:8,12 31:15 37:9 39:9 40:4,5 40:21 41:8 45:18 50:17 51:5,17 52:9,17 54:10 58:5 59:2 69:6 92:3,17 95:9,11 98:2 122:13 123:4 126:10 138:13,14 139:4,5,7,13,18 140:1 142:1 146:15,17 148:7 148:15 149:3,6,11 150:21 151:20 152:3,6 154:8,22 155:7 158:1,8,17 163:11,22 174:4 174:14 175:6,11 175:12,18,20 176:8,14 178:9 180:14 181:2,4,9 181:21 183:18 185:7 186:9,21 187:7 188:22 189:10 190:2 202:10,20 218:17	218:19,20 219:1 219:16,17,19 221:15,20 224:1,6 225:1 234:5,8 241:4,9,11,18,22 242:8,12,18 252:16 262:18 265:7 266:7 273:16 284:1,20 287:9 288:16 305:1,4 306:3,4,6 306:10,13 331:14 349:12 <b>programmatic</b> 88:15 291:10 <b>programming</b> 247:22 <b>programs</b> 3:8 18:14 78:11 118:1 120:4,12,16 147:3 147:16 148:2 156:22 157:6,9 163:10,13 178:20 179:22 180:2 183:15 202:15,22 203:21 204:15 213:10,14 235:1 238:21 241:3 247:13,15,17 248:3,8 252:19 253:17 264:6,8 265:11,12,18 271:22 272:1,4,14 272:22 273:1,4,11 274:7 286:17 294:5,10 297:8 304:17 305:10 319:1,4 321:16 <b>progress</b> 57:4 123:3 200:9 267:9 294:18 325:18 330:5 331:22 332:5 <b>progressed</b> 134:17 <b>progressing</b> 348:16 <b>project</b> 30:19 136:6 211:18 267:15	268:10 346:19 <b>projected</b> 211:14 <b>projection</b> 37:22 216:19 <b>proliferated</b> 120:2 <b>proliferation</b> 294:4 <b>prolonged</b> 274:16 <b>prominent</b> 248:18 <b>promise</b> 53:20 <b>promising</b> 268:18 <b>promote</b> 33:20 137:15 205:13 <b>promoting</b> 206:9 <b>promotion</b> 48:10 <b>promotions</b> 153:7 <b>prompt</b> 132:2 <b>prompted</b> 209:20 <b>promulgated</b> 189:20 <b>proper</b> 165:2 <b>properly</b> 73:3 202:13 223:18 <b>proponency</b> 41:12 41:20 <b>proponent</b> 39:15 41:14 <b>proportionally</b> 114:15 <b>proposal</b> 109:19 111:18 <b>proposals</b> 55:8 <b>proposed</b> 233:17 267:8 298:20 <b>prosthetics</b> 52:18 <b>protect</b> 219:10 <b>protected</b> 242:6 <b>protection</b> 89:16 <b>protections</b> 304:12 <b>protocols</b> 131:21 <b>proud</b> 169:20 <b>provide</b> 6:4,7 26:3 30:3 39:9,16 42:2 44:3,5 50:14,21 67:6,9 71:5 88:14 104:4 108:1 109:13 116:5,11 116:13,14 119:3
---	--	--	--	---

119:22 125:12 142:10 147:6 148:3,18 149:1,16 153:14,15,17 175:8 179:3 183:21 204:22 207:15 211:3,11 212:19 216:7 217:13 237:18 239:1 240:21 263:2 264:15 272:16 273:19 274:3 296:3 <b>provided</b> 24:2 35:22 44:8 51:14 87:9,12 107:18 116:19 120:19 134:12 147:13 202:1 205:22 227:1,10 228:11 268:1 269:7 316:11 <b>provider</b> 115:12 118:15 185:6 186:2 237:16 257:4 305:4 306:8 <b>providers</b> 69:3 70:20 71:6 101:10 114:3,6,10,19 115:9,15 116:15 118:7 119:20 123:5 126:6 215:8 301:18 303:21 308:12 332:4,8 <b>provides</b> 14:16 45:21,22 150:21 177:19 178:17 <b>providing</b> 45:13 51:3 74:18 86:21 114:18 163:6 172:12 173:10 200:8 203:19 206:9 207:14 213:18 238:4 286:20 348:22 <b>provision</b> 26:22 28:12 227:19	<b>provisions</b> 201:19 285:19 <b>psychiatrists</b> 115:5 <b>psychiatry</b> 114:11 117:3 118:13 <b>psychological</b> 26:21 323:5,7 328:2 329:12 <b>psychology</b> 114:11 117:4 <b>PTs</b> 52:1 <b>public</b> 116:17,18 116:22 117:7 124:14 126:11 307:10 309:7 332:22 351:13 <b>public-private</b> 317:15 <b>publication</b> 46:3,9 250:21 <b>publish</b> 202:19 260:22 <b>published</b> 79:7 96:18 224:4 251:4 <b>publishing</b> 46:4 251:13 <b>Puerto</b> 155:3 <b>pull</b> 143:9 282:15 332:12 <b>pulled</b> 322:20 327:14,15 <b>pulling</b> 192:12 326:9 <b>punch</b> 334:10 <b>puppy</b> 9:19 <b>purpose</b> 65:4 90:22 91:4 <b>purposes</b> 219:5 <b>pursue</b> 347:9 <b>pursued</b> 342:6 <b>push</b> 100:8 153:1 348:2 <b>pushed</b> 153:21 311:21 <b>pushing</b> 96:3 <b>put</b> 24:13 33:2 58:18 74:9 76:20	91:8,22 92:14 97:18 125:18 128:11 172:19 175:10 176:21 178:20 181:8 192:8 205:9 207:3 230:1 234:13 235:6 276:10 322:10 323:15 336:5,7 340:4 <b>puts</b> 104:21 129:15 169:3 207:3 <b>putting</b> 229:14 275:7 <b>puzzle</b> 163:20 <hr/> <b>Q</b> <hr/> <b>QA</b> 81:4 <b>QAP</b> 203:17 <b>qualified</b> 48:6 115:15 152:10 <b>quality</b> 100:21 147:12 202:10,14 202:19,22 203:13 203:21 223:7,22 224:5 <b>Quantico</b> 11:13 <b>quantifiable</b> 203:9 <b>quarter</b> 197:4 <b>quarterly</b> 292:21 <b>queries</b> 91:15,18 <b>question</b> 58:15 60:1,4 63:9,15 78:3 84:18 87:17 89:6 91:17 92:7 117:16,22 119:7 121:14,15 134:1 152:21 154:5 182:3,13 183:5,6 187:12 206:17 207:8 212:21 230:15 231:10 264:15 267:13 271:20 272:5,7 273:15 274:1,5 275:9 277:3 287:1 295:17 320:12,15	324:2 <b>questions</b> 9:14 17:15 27:17 36:16 38:5 41:6 44:4 45:22 86:22 87:11 89:7 91:12 100:10 103:1,5 107:11 108:5 113:17 117:12 126:20 131:16 142:16 149:17 158:2 178:5 192:14 196:5 197:5 198:19 199:2 203:5 251:20 253:4 259:2 262:3 284:12 287:21 299:20 306:6 308:18 314:8 319:11 351:8 <b>quick</b> 86:20 87:15 140:21 156:15 187:12 273:14 286:22 295:17 <b>quicker</b> 67:5 <b>quickly</b> 316:18 328:10 329:6 345:22 <b>quite</b> 45:19 70:9 88:21 186:11 263:22 271:14 <b>quo</b> 246:17 <hr/> <b>R</b> <hr/> <b>radar</b> 23:20 <b>raise</b> 194:1 <b>ran</b> 139:4 275:22 335:21 <b>RAND</b> 327:22 329:11,12 <b>range</b> 180:13 <b>rank</b> 261:10 <b>ranked</b> 83:1 <b>Rapidly</b> 328:20 <b>rate</b> 187:15 226:7 <b>rates</b> 54:11 125:13 188:13 222:18,18	<b>rating</b> 24:1,1 221:14,18 <b>ratings</b> 101:2 223:9 <b>ratio-based</b> 69:6 <b>ratios</b> 49:20 80:14 80:15 81:2 <b>RC</b> 63:4 <b>RC1</b> 129:4 <b>RCC</b> 19:8 158:17 <b>RCCs</b> 14:19 18:16 18:20,22 19:5 155:22 156:8,9 158:18,19 342:3 <b>RCCSS</b> 287:1 <b>RCP</b> 328:11 <b>RCPSS</b> 155:8 <b>re-look</b> 238:15 <b>reach</b> 15:5 58:13 103:14 115:19 118:4 144:6 157:4 168:21 174:9 179:11,21 186:22 187:19 191:17 245:2 297:13,17 301:12 302:5,9 313:20 314:4 333:12 <b>reachback</b> 93:6,7 153:16 <b>reached</b> 118:18 169:13 188:3 264:18 <b>reaches</b> 214:22 <b>reaching</b> 14:2,16 169:14 173:5 177:19 241:1 334:3 <b>read</b> 145:9 <b>readily</b> 90:7 133:11 <b>readiness</b> 50:4 73:19 74:6,15 128:15 129:3 131:11 173:19 226:15 <b>ready</b> 18:1 19:12 128:1 170:14 176:3 178:18
--	--	---	--	---

179:1 262:12	276:4 315:10	100:18 107:13	350:20	154:21 155:1,4,7
277:20 290:2	<b>reasons</b> 165:14,18	108:8 109:10,13	<b>recommended</b> 52:2	155:10 157:21
305:21	276:7 317:13	111:15 114:1	136:13 138:3	159:8 206:11
<b>real</b> 21:13 87:14	<b>reassessment</b>	131:19 134:19	234:13	213:16 240:17
115:17 286:22	155:16	158:22 159:10	<b>recommends</b>	244:22 271:12
326:10 329:6	<b>recall</b> 19:17	181:14 183:3	100:19	274:16 275:6
337:15	<b>receipt</b> 241:7	201:11 203:6,22	<b>reconditioning</b>	282:4,7,17 283:16
<b>realign</b> 290:21	<b>receive</b> 5:15 98:16	204:1,7,14 205:12	43:19 51:10,16	283:17 284:9,21
<b>realignment</b> 289:4	100:7 150:17	205:18 206:3	<b>reconvene</b> 93:22	285:7 286:10,11
<b>reality</b> 133:1	152:4,8,13 153:20	210:17 215:14	262:12	287:5,6 294:14
159:20 298:8	157:20 211:1	218:13,14 220:8	<b>record</b> 4:20,21	301:20 302:2
<b>realize</b> 68:5 90:13	240:3 245:18	221:6 223:4,22	28:21 29:6 33:5	312:6,10,18,21
210:9 255:22	247:16 254:12	224:11 226:13	37:1,2 55:15	313:4,8 324:2
263:13 308:2	255:15 258:8,16	227:5 228:6,18	88:20 94:4,5	338:20 339:15
<b>realized</b> 128:9	261:5,9 270:20	229:9 231:15	101:12 102:13,21	<b>recruiting</b> 81:18
<b>really</b> 20:4,4,14	275:20 291:22	232:2,7 233:4,11	106:4 182:3,13,20	332:7
26:21 57:4 75:20	<b>received</b> 49:8,18	233:17 240:9	199:4,5 214:15	<b>recurring</b> 22:17
88:6 113:3 114:22	76:20 150:6 206:6	241:10 243:2	242:13 257:6	<b>red</b> 64:12 185:22
115:14 117:14	260:19 272:8	244:21 250:15	262:9,10 314:20	<b>redefine</b> 338:9
118:3 119:9,16	295:3	254:10 260:21	314:21 318:8,10	<b>redefining</b> 338:7
120:2,2 122:10	<b>receives</b> 239:22	315:14 316:9	319:2,7 351:16	<b>redesigning</b> 191:22
130:22 134:17	<b>receiving</b> 9:9	317:18 321:20	<b>recorded</b> 102:7	<b>redistributing</b>
136:20 142:10	170:19 243:6	329:11,12 330:1	105:19	116:22 117:5
143:19 154:15	260:11	330:12,16 333:2,5	<b>records</b> 48:6 103:6	<b>redo</b> 298:3
168:21 171:9	<b>receptive</b> 17:8	333:8 334:15	105:3,6 173:2	<b>reduce</b> 66:21 67:4
175:7 179:4 182:1	<b>recipient</b> 239:19	<b>recommendations</b>	241:18 242:2	119:9 189:15
192:5 235:21	<b>recognition</b> 112:10	3:7 5:17 30:9	318:15 319:10	329:18
236:9 243:3,9	209:22	38:13,15 76:18	329:2	<b>reduced</b> 65:18
260:18 269:14,15	<b>recognize</b> 112:3	134:10 199:19	<b>recover</b> 222:8	119:17
270:4,5,9 272:12	162:6 202:9	200:14,19,22	286:2	<b>reduces</b> 238:8
272:13,16 280:11	236:14 280:1	220:4 250:16	<b>recovering</b> 1:3 88:4	<b>reducing</b> 68:6
281:17 286:14	298:21 299:4,10	251:17 253:20,21	145:10 147:15	294:11
297:10 298:1,3	305:21 343:7	254:6 275:22	148:6,12 149:2	<b>reduction</b> 56:8
301:8,9 307:18	<b>recognized</b> 22:3	278:18 289:14	200:2,11 201:8,12	125:13 166:22
309:14 310:7,9	210:20 339:19	316:15 317:6	204:10 205:16	237:22
313:22 325:2	346:1	318:13,19 319:8	206:10 208:3	<b>redundancies</b> 67:4
326:22 336:18	<b>recognizes</b> 237:6	319:15,20 320:1,3	210:17,22 212:20	<b>Reed</b> 10:21 53:18
338:3,8,11,12	<b>recognizing</b> 271:10	321:6,19 322:5,19	213:4,6,12,21	267:21 329:5
340:8 346:11	<b>RECOMMA</b> 80:5	323:19 324:9	215:3,9 218:14	350:4
349:15	<b>RECOMMA'd</b>	325:12 327:8,9,15	224:13 226:18	<b>reentry</b> 221:10
<b>realm</b> 135:16 302:3	79:20	329:4,20 330:14	227:10 233:12	<b>reexamine</b> 236:10
<b>reason</b> 29:14 56:17	<b>recommend</b> 30:9	331:12,18 332:3	250:15 254:3	236:12 239:13
62:21 93:5 97:3	55:7 83:22 85:1	335:8 336:9,18	273:15 279:11	<b>refer</b> 50:9
110:16 119:1	235:18	339:21 342:2,11	288:8 292:3	<b>reference</b> 266:17
121:17 123:9	<b>recommendation</b>	342:15 345:11	<b>recovery</b> 27:20	<b>referenced</b> 169:19
125:3 131:18	17:14 34:1,4	347:19,20 348:1	35:12 45:15	182:10
166:19 196:17	94:10,14,16 99:14	348:19 349:9,17	143:12 146:16	<b>referral</b> 105:1

155:13,14 157:18 245:13 <b>referred</b> 107:6 258:14,17 284:16 <b>referring</b> 188:19 <b>refers</b> 104:11 <b>refinement</b> 278:19 <b>reflect</b> 105:4,13 <b>reflected</b> 313:15 <b>reform</b> 329:9 334:2 338:4 349:9 <b>reforming</b> 219:3 <b>REFRAD</b> 154:3 <b>refresh</b> 315:6 <b>regard</b> 295:13 323:19 <b>regarding</b> 5:16 14:13 19:8 31:14 36:16 162:1 274:4 <b>regardless</b> 75:12 139:7 224:15 341:15 <b>regards</b> 108:10 159:7 204:2 207:22 216:9 219:20 227:16 232:10 250:18 252:21 319:6 325:19 <b>Regiment</b> 7:10 21:7 24:11,17,21 24:22 25:4 <b>Regina</b> 2:2 93:18 94:7 100:13 254:22 <b>region</b> 53:13 143:20 149:11 <b>regional</b> 42:18 183:20 <b>regular</b> 8:17 78:20 248:7 <b>regularly</b> 285:14 <b>regulate</b> 131:13 <b>regulation</b> 46:3 226:17 <b>regulations</b> 107:15 171:7 226:18	321:17 <b>rehab</b> 9:8 <b>rehabilitation</b> 6:21 251:10 274:17 280:13 348:20 349:11 <b>Rehbein</b> 1:19 4:9 8:2,3 13:5,7 15:10 19:20,21 22:2 81:6 84:6 92:7 117:13 118:22 188:10,18 196:6 238:18 242:22 284:13 285:4,8,18 305:11 348:3 <b>Rehbein's</b> 24:9 <b>reinforced</b> 19:22 <b>reintegration</b> 39:21 155:11 <b>reinventing</b> 209:13 <b>reinvigorated</b> 146:16 <b>reiterate</b> 167:2 <b>rejoining</b> 9:17 <b>related</b> 47:1 61:14 <b>relating</b> 185:16 <b>relations</b> 191:13 <b>relationships</b> 67:10 <b>relatively</b> 73:17 222:2 278:13 <b>relay</b> 77:18 191:15 <b>release</b> 44:22 45:2 45:4 <b>releasing</b> 215:21 <b>relevancy</b> 204:5 <b>relevant</b> 269:22 327:7 <b>reliability</b> 168:20 169:13 <b>reliable</b> 215:16 <b>relieve</b> 110:2,22 111:19 <b>relying</b> 164:22 <b>remain</b> 87:4 186:7 299:21 <b>remained</b> 56:13 <b>remains</b> 185:9	<b>remarks</b> 348:11 <b>remember</b> 25:17 25:22 41:12 60:10 70:18 141:22 243:1 248:14 <b>remembered</b> 248:15 <b>remembering</b> 13:12 <b>remind</b> 24:7 315:9 315:11 335:12 <b>reminder</b> 229:14 244:18 <b>remote</b> 25:16 26:5 26:12,13 27:14,21 29:16 57:16 58:3 77:6,9,22 79:1 84:10 114:5 115:5 115:20 116:12 117:17 118:21 134:2 282:1 <b>remotely</b> 28:4 80:17,19 <b>remoteness</b> 35:6 132:21 <b>removed</b> 76:3 <b>renamed</b> 257:20 <b>rent</b> 141:20 <b>reorganization</b> 13:14,17 <b>rep</b> 10:12,14 11:3 58:16 <b>repeat</b> 212:11,18 <b>repeated</b> 139:20 194:14 <b>replace</b> 284:20 285:1 <b>replaced</b> 66:8 <b>replicate</b> 93:13 <b>replicated</b> 126:9,15 <b>report</b> 88:9 101:4 150:22 198:16 200:14,17 224:1 240:4 254:8 259:12,19 260:2 327:22 328:2,3,3 328:5,7 329:13	330:7 331:2 333:17 335:9 341:16,22 345:19 347:4 <b>reports</b> 48:15 134:9 259:10,17 327:7,13,14,16,21 330:2,3 332:12 336:11,13 347:5 <b>repository</b> 214:4 <b>represent</b> 7:16 8:16 117:2 <b>representation</b> 299:2 <b>representatives</b> 289:11 302:20,20 <b>represented</b> 52:4 115:1 343:3 <b>representing</b> 10:18 <b>request</b> 48:19 221:10 <b>requested</b> 201:1 223:4 <b>requesting</b> 95:2 <b>requests</b> 254:10 302:22 <b>require</b> 94:12 150:5 156:12 157:20 235:15 237:8 275:4 <b>required</b> 23:4 47:4 48:11 124:12 171:1 234:9 270:13 <b>requirement</b> 55:10 68:6 101:18 258:10 260:22 <b>requirements</b> 28:12,13 201:21 237:2 257:2 266:11,19 271:13 300:3,8,11,12 302:22 <b>requires</b> 259:11 <b>requiring</b> 50:21 95:3 155:14 280:11	<b>research</b> 2:14,15 2:15,16,16,17 8:6 43:2 116:3 183:12 288:1 322:12 323:9 <b>researchers</b> 335:21 <b>reserve</b> 2:12 3:5,5 5:21 7:8 10:6,13 11:22 19:14 22:9 24:12,12,14 25:2 25:2,5 27:7,13 37:16 47:10,19 49:15 62:13,17 63:5 64:2,18 68:12 70:13 72:22 75:8,15 76:13 79:10,12 80:4 94:11 95:7 96:7 98:13,16,21 99:3 127:17 130:12,16 132:6 133:18 139:2 140:14 141:6,16 145:8,12 145:14,17 146:2,9 146:10,15,20 147:2,4,7,18 148:6,14,19,20,21 149:7,14,17 150:20 151:1,9,17 153:12,17 154:6 154:22 156:17 158:9 187:3 201:6 201:15 202:4,7,17 203:3 253:9,15,17 253:19 254:11 255:11,14 256:2 257:10 258:5 261:4 328:4 <b>Reserves</b> 21:10 23:19,21 <b>reservist</b> 20:11 21:15,16 72:18 <b>reservists</b> 24:3 71:5 <b>reside</b> 145:3 <b>resides</b> 144:11 <b>resiliency</b> 175:21 <b>resolution</b> 128:22
---	---	--	--	---

<b>resonate</b> 349:17	225:19	<b>resume</b> 33:1	<b>Rico</b> 155:3	126:19
<b>resonates</b> 348:11	<b>response</b> 3:6 17:12	<b>resurrect</b> 66:2	<b>right</b> 9:13 21:3	<b>role</b> 53:6 273:2
<b>resource</b> 18:7	17:13 61:9 102:16	<b>retain</b> 258:7	38:3 42:9 44:1	306:2 309:12
26:10,19 27:2	162:6 187:14	<b>retention</b> 101:13	46:14 55:7 58:7	312:11,22 337:4
133:14 141:12	199:18 200:13	104:12,13	60:13 61:4 72:3	<b>role-based</b> 215:15
164:2,13 205:14	201:5 206:16	<b>retired</b> 6:13 9:8,22	77:12 79:11,13	<b>roles</b> 204:8 205:4
205:15 208:1,18	207:17 208:13	258:21 344:3	80:11 82:3 86:7	273:10
208:21 211:4	209:20 218:22	<b>retirement</b> 153:8	88:4 96:5,13 97:3	<b>roll</b> 64:8 150:18
212:22 213:19	245:11 253:19	153:13 182:9	97:17 100:3,6,12	303:10
214:4,18,21	<b>responses</b> 5:16	218:16	116:7 118:8 122:3	<b>rolled</b> 269:16
309:21	86:21 172:8	<b>retrospective</b> 56:1	130:14 142:11	<b>rolling</b> 59:13
<b>resources</b> 8:18	<b>responsibilities</b>	<b>return</b> 57:18 68:13	158:20 183:9	<b>rollout</b> 267:16
14:17 26:3 28:6,9	204:8 205:5	219:7 222:18	192:14,18 196:20	268:9 270:9
43:14 45:22 62:2	273:10 337:17	<b>returned</b> 11:7 45:8	198:8 199:6	299:22 306:1
63:1 67:4,22 70:5	345:6,17	218:18	203:11 231:17	307:4
71:1 129:2 131:21	<b>responsibility</b>	<b>returning</b> 51:20	232:3 233:10	<b>Ron</b> 6:12 344:11
132:3,7,13,14	182:6 251:16	<b>revamp</b> 276:2	253:7,12 255:19	345:1
133:9,19 134:13	<b>responsible</b> 39:2	<b>revamped</b> 276:10	257:9 262:11	<b>RONALD</b> 1:18
137:14 139:9	63:6 91:18 104:22	<b>revenue</b> 234:17	263:6 280:21	<b>room</b> 140:1
143:8,20 144:5,9	170:19	<b>reversing</b> 287:4	282:19 292:18	<b>rooms</b> 256:6
144:15 145:2	<b>responsiveness</b>	<b>review</b> 3:4,14 48:5	300:13 303:9	<b>routine</b> 78:9
159:10 163:14,16	293:16	55:7,13 69:16	309:9 318:4 320:6	<b>row</b> 90:19 127:2
175:22 179:5	<b>rest</b> 56:21 184:9	101:16 105:16	320:10 325:7,16	<b>RSC</b> 149:9,10
204:9,19 205:2,6	186:12 196:21	106:7,10,20 107:1	327:3 329:11	<b>RSCs</b> 154:10
206:14,19 209:5	287:15 293:17	107:7 110:9	331:2 332:11	<b>Rucker</b> 41:22
213:13 234:7	349:5	113:10 235:11	333:15 345:16	<b>rule</b> 171:20
245:2 252:18,19	<b>restrict</b> 215:17	277:18,20 290:22	348:5,17 349:5	<b>rules</b> 34:6 47:9
275:1 311:4,12	<b>restricted</b> 259:10	316:3	<b>right-hand</b> 66:19	295:19 296:2
317:22 322:16	259:17,19 260:2	<b>reviewed</b> 173:2	86:2	<b>run</b> 141:13,14
323:2 331:5,9	<b>restrictions</b> 225:7	<b>reviewing</b> 11:17	<b>rights</b> 102:3 170:11	187:5 230:4
334:4 347:2	<b>restrictive</b> 271:2	102:10	171:5	289:18
<b>resourcing</b> 114:1	<b>restructure</b> 328:15	<b>reviews</b> 58:20 66:6	<b>Riley</b> 74:2,4 114:17	<b>running</b> 52:17
116:21 140:20	<b>restructuring</b>	73:19 74:6,16	<b>Rio</b> 52:15	83:20 177:9
<b>respect</b> 39:22 122:4	329:8	101:19 104:20	<b>ripples</b> 281:10	290:11
122:11 192:22	<b>result</b> 65:18 104:16	105:6 292:20	<b>rise</b> 123:21	<b>runs</b> 31:15
201:15 344:5	196:12,14 211:2	<b>revised</b> 225:2	<b>risk</b> 85:20 183:1	<b>RWTF</b> 3:7,14
<b>respectful</b> 222:16	274:16	<b>revision</b> 326:19	215:21 242:5	
222:22 345:20	<b>resulted</b> 184:1	<b>rewrite</b> 259:7	<b>road</b> 74:21 271:11	<hr/> <b>S</b> <hr/>
<b>respectfully</b> 113:1	278:19	<b>Rhode</b> 11:6	316:5 326:14	<b>sacred</b> 55:10
<b>respective</b> 12:11	<b>results</b> 55:13 145:9	<b>Ribbon</b> 155:11	<b>roadmap</b> 294:14	<b>sacrifice</b> 236:8
56:16 87:5 343:4	181:22 184:7,17	156:19,22 157:9	<b>rob</b> 11:3 138:13	<b>safety</b> 41:22 57:22
<b>respond</b> 65:20	184:22 185:1,14	<b>Rich</b> 9:16	<b>Robert</b> 1:20 5:6	63:18
67:12 87:4 91:14	185:18 189:12,18	<b>Richard</b> 1:13,16,20	<b>Robichaud</b> 85:6,16	<b>sailor</b> 131:5
225:18	189:20,22 190:2	5:6	<b>robust</b> 204:19	<b>salient</b> 317:5,8
<b>respondents</b>	190:13 193:20	<b>Richmond</b> 267:20	<b>Rochester</b> 147:9	<b>Samoa</b> 27:22 35:9
225:13	195:21 196:22	<b>richness</b> 93:13	<b>rock</b> 244:11	<b>sampling</b> 226:2
<b>responding</b> 91:18	216:5 297:14	<b>Rick</b> 8:15	<b>Roger</b> 117:21	<b>San</b> 27:9 217:7

268:5	346:10,22	<b>seats</b> 127:2	280:21 288:18	<b>sensitive</b> 242:6
<b>Sanders</b> 1:20 5:6	<b>says</b> 69:11 99:8	<b>SECDEF</b> 345:18	289:13,19 290:10	<b>sent</b> 167:13 187:16
11:2,3 68:19	104:15 106:5,14	347:10	290:11 292:22	191:7,8 351:5
90:18 91:2,16	107:3 159:15,20	<b>secon</b> 134:1	304:22 308:15	<b>separate</b> 154:15,18
92:6 103:2 104:3	162:16 165:9	<b>second</b> 9:1 41:4	309:11 316:12,21	171:4 196:11
104:8 106:9 107:9	166:16 170:18	89:19 91:17 96:10	316:22 317:11	261:19 343:15
151:19 152:2,18	188:20 207:1	110:7 219:10	323:13 330:5,8	<b>separated</b> 89:20
170:8 183:1	229:5 232:2	222:10 248:13	332:14,18,21	196:17 258:21,22
206:21 207:9	236:19 339:8,22	271:20 291:19	343:10,10 351:13	<b>separating</b> 122:22
208:4,19 239:4	341:16	324:15 350:1	<b>seeing</b> 106:1	<b>sergeant</b> 7:15
251:21 277:4,7	<b>SCAADL</b> 109:19	<b>secondary</b> 206:4	123:21 124:9,19	10:17 80:17,21
309:17 310:16	112:5,8 132:16,18	207:2,11 208:22	124:21 210:10	127:4 128:21
311:17 320:2	233:16,21 234:10	<b>Secretariat</b> 262:17	211:19 257:5	<b>sergeants</b> 49:15
340:18 349:20	235:7,9 236:1,21	<b>Secretary</b> 2:11	320:20 326:10	71:7 129:10
<b>SAPR</b> 259:4,15	237:2 238:7	5:21 37:15 199:12	<b>seeking</b> 216:9	<b>serious</b> 28:1 145:13
260:4	240:10,12,22	226:14 253:15	217:13 260:17	219:6
<b>SARC</b> 259:21	241:4,7,9,11,11	262:20 277:20	<b>seen</b> 15:19 26:14,18	<b>seriously</b> 35:4
<b>SARCs</b> 259:22	241:18,21 242:8	<b>section</b> 13:19,19	29:20 125:15	227:19
<b>SAT</b> 259:5	242:12,18 243:6	<b>sector</b> 256:12 280:6	166:21 186:7	<b>serve</b> 10:21 11:4,10
<b>satisfaction</b> 3:8	243:12,14	297:16 317:15	190:5 216:5	38:18 50:2 66:17
177:18 183:14,15	<b>scale</b> 140:16	<b>secure</b> 123:5	225:12 315:7	72:14 104:18
183:17 184:8,9	<b>scan</b> 129:20	303:16 304:10,11	326:7	213:1 272:15
185:2,3,6,8,11,13	<b>scatter</b> 74:7	305:17	<b>segue-way</b> 272:6	323:3 349:4
185:18,19,20	<b>scenario</b> 34:3,10	<b>security</b> 243:10	<b>select</b> 47:20 49:14	<b>served</b> 7:1 205:4
186:1,15 187:4	316:14	<b>see</b> 16:15 22:17	141:16	<b>serves</b> 37:15,20
188:13 189:4	<b>SCHAAD</b> 2:17	33:16,19 37:3	<b>selected</b> 48:7	42:9 103:10 219:4
190:4,6 192:22	<b>schedule</b> 36:15	44:1 53:20 55:9	327:22	<b>service</b> 8:12 10:15
195:21 196:10,11	<b>Schofield</b> 12:3	61:5 66:20 69:20	<b>selecting</b> 69:17	11:8,8 28:12 29:4
196:12,14 197:8	<b>school</b> 305:12	69:22 70:10 77:5	322:9 331:14	29:8,22 30:10
197:21 225:16,20	<b>science</b> 8:7	85:10 87:2 94:2	<b>selection</b> 48:1 49:6	63:3 107:22
292:11 293:21	<b>scientist</b> 8:6	95:15 108:12	<b>self-determination</b>	108:17 109:2,9
<b>satisfied</b> 173:9	<b>scores</b> 184:4,5	109:20 115:10,22	40:1	116:11,18,19
177:7 188:22	<b>scramble</b> 163:14	118:10 122:4	<b>semantics</b> 231:10	117:1,7 120:8,9
191:21 192:1	<b>scratching</b> 288:3	134:7 139:12	231:11	134:8 158:19
291:21 294:1	<b>screen</b> 4:10 43:12	140:1,15 141:7	<b>seminal</b> 328:1,3	170:15 182:6
<b>satisfies</b> 207:6	66:20	143:9 151:1,6	<b>Senate</b> 200:15	191:6 192:16
<b>saved</b> 130:8	<b>script</b> 143:6 145:1	159:14,19 166:1	<b>send</b> 102:15 152:7	201:18,21 206:4
<b>saw</b> 44:14 57:1	199:7	167:9 168:12,15	164:9,10	217:11 219:8,15
82:7 108:11 109:8	<b>sea</b> 162:7	170:4 171:15	<b>sending</b> 64:1	219:22 221:10
332:19 334:3	<b>Seals</b> 178:9 179:18	172:16 174:13	347:17	227:11,15,22
<b>saying</b> 21:21 30:7	180:7	176:6,21 185:5,15	<b>senior</b> 66:11 68:3	229:11 232:20
123:10 124:5	<b>seamless</b> 53:21	185:22 187:2	76:11 113:2	235:11 237:20
132:19,20 162:15	93:1	189:21 192:13,14	147:20,22 151:14	249:17,17 252:22
164:11 168:1	<b>Sean</b> 1:19 10:10	198:17 210:11	183:12	261:11 306:11
169:2 189:1	19:13 25:10 27:3	212:10 215:18	<b>sense</b> 192:20,22	314:1 325:5
231:12,15 238:2	<b>search</b> 214:4	228:2,18 231:2	222:7 336:17	<b>service's</b> 202:14
239:5 341:7	<b>seat</b> 265:15	238:2 264:1 277:3	<b>sensed</b> 71:18	234:9

<b>service-specific</b> 5:17	15:20 16:1,2 25:14 26:2,4 27:1 27:21 28:3,8,11 28:18 40:12 57:18 74:18 81:21 82:12 84:2 107:15,18,21 108:1,8,9 109:21 110:11 112:13,14 113:1 115:18 116:5,6 120:10,19 122:6 124:6 125:10,11 133:9 135:11 137:14 140:22 142:9 182:8,16 200:16 202:21 203:8,18 204:10 205:22 207:3 213:17 217:12 223:12 224:5 227:1,3,13 228:9,15 230:3,10 231:18 232:8 236:15 238:1,10 239:5 245:7 254:20 255:6,17 260:7 263:16 269:3,19 271:13 272:15 274:20 279:9,17 280:18 282:14 284:8 286:1,18,21 291:13,15 292:14 308:5 309:15 313:5 315:3 321:13,16 323:16 324:12 331:7 332:4 333:13 347:11	306:21 319:22 330:1 <b>sets</b> 134:15 <b>setting</b> 51:7 <b>seven</b> 328:19 <b>seventies</b> 185:10 186:7 <b>severe</b> 280:10,10 <b>severity</b> 271:17 274:15 <b>sexual</b> 257:18 259:10 260:15 <b>SFACs</b> 173:12 <b>SGR</b> 105:6 <b>shade</b> 196:14 <b>shaker</b> 346:21 <b>shame</b> 139:14 <b>shape</b> 136:14,15 <b>share</b> 13:6 20:22 39:13 84:11 126:17 176:1 287:13 306:18 307:1,11,22 <b>shared</b> 172:8 304:1 307:15 <b>SharePoint</b> 265:4 290:5 303:17,19 304:10 311:16 <b>sharing</b> 26:10 265:6,21 266:18 <b>Sharpe</b> 149:8 152:5 152:5,19 153:4 154:7,17,20 <b>she'd</b> 128:2 <b>She'll</b> 277:20 <b>shelf</b> 341:21 <b>shift</b> 83:8 <b>shifted</b> 70:22 <b>shooting</b> 344:8 <b>short</b> 49:3 222:2 246:20 <b>short-term</b> 289:16 <b>shortage</b> 115:3 <b>shortages</b> 115:4 <b>shorten</b> 289:2 <b>shortly</b> 220:3 <b>shortsighted</b>	236:16 <b>show</b> 65:11 125:19 167:15 <b>shows</b> 126:4 195:21 257:2 <b>shrink</b> 62:1 <b>shut</b> 309:18 312:12 <b>side</b> 33:21 44:1 66:19 73:5 86:2 93:3,14 135:1 150:11 276:1,21 277:21 278:1 283:22 295:7 <b>sign</b> 119:16 <b>signator</b> 251:7 <b>signature</b> 103:17 276:13,19 277:7 <b>signatures</b> 270:11 <b>signed</b> 170:16 267:22 276:16 289:6 296:3 <b>signer</b> 277:21 <b>significance</b> 64:11 <b>significant</b> 14:5 35:6 51:12 57:2 72:10 139:21 250:5 309:12 311:19 329:14 <b>significantly</b> 18:18 193:15 <b>signs</b> 170:21 <b>silos</b> 30:14 <b>similar</b> 49:13 62:15 62:18 104:4 178:8 178:8 185:5 216:22 234:3 239:1 242:18 330:3 <b>similarities</b> 272:17 <b>similarity</b> 188:11 <b>simplification</b> 319:3 <b>simply</b> 51:11 56:9 110:3 243:13 348:21 <b>simultaneously</b> 192:7	<b>single</b> 189:15 205:15 209:7 254:16 256:15 257:7 258:2 288:1 296:10 299:22 324:22 325:17 <b>single-digit</b> 69:15 <b>sir</b> 37:17 55:20 56:2,6,12,16 57:11 58:10,16,17 59:19 60:2,17 61:5,7 62:14 76:5 76:22 79:3,6,19 79:22 80:9,14 81:6 82:16 83:22 85:5 87:14 92:7 96:14 97:15 98:2 98:9 99:1,10 110:20 111:4,10 111:18 112:12 113:5,6,17 117:13 117:21 119:7 123:17 125:14 126:8,19 152:5 153:4 154:7,20 182:11,22 189:3 191:4 192:4 193:11 194:4,17 197:1 198:7,10 206:21 212:9 220:18 223:3 279:2 284:13 285:10 295:17 320:13 <b>sister</b> 46:2 110:10 <b>sisters</b> 127:17 135:3 <b>sit</b> 142:8 208:5 347:17 <b>site</b> 12:11,15 26:9 43:15 44:5 45:7 51:16 83:4,4 90:20 91:8 128:3 214:13 265:4 304:13 305:17 306:3,5,13 311:16 318:3
---------------------------------	--	--	---	---

<b>sites</b> 3:5 91:13,15 124:19,22 126:10 190:3 191:2,10,18 268:3,13	273:1,22 274:4 277:6,9 279:20 282:19 284:22 285:6,10 286:4 287:20 295:22 298:15 311:1 312:4 314:9,10	41:18 43:3,10 45:15 47:10 48:7 48:8,15 49:22 50:5,9 52:3,12 53:18,22 55:11 59:10,14 61:12,19 63:20 65:17 66:13 67:5,6,8,10,17 68:12,14 69:15 70:6 73:15,20,22 74:8,14 75:8,16 78:5,20 80:18,19 82:8 85:19 87:7 89:21 90:3,10 92:16 94:12 95:1 95:2,16 99:18 102:1,2 103:3 110:2,4 115:20 116:6 118:4 119:11,15 120:20 122:21 124:6 127:18 128:22 129:10 130:17 131:14 137:7,15 145:20,21 147:4,7 148:3,16 149:14 152:17 153:5 155:13 157:19 158:9,13 160:4,22 161:8 174:20 175:9 176:8 181:1 184:2 186:8,13,20 187:6,18 189:16 190:7 193:21 197:19,22	169:17 250:1 340:2 <b>somebody</b> 35:13 91:13 283:4 302:1 306:9 311:19 312:19 343:6 <b>someone's</b> 232:20 <b>someplace</b> 207:12 <b>somewhat</b> 336:13 <b>soon</b> 98:4 153:22 159:16 251:5 335:20 <b>Soper</b> 2:11 3:11 253:8,16,18 254:2 259:14 262:5 <b>sorry</b> 4:18 18:3 21:2 91:1 93:17 112:18 122:2 207:7 305:13 343:6,6 <b>sort</b> 5:5 16:6,11,18 22:14 26:7 57:5 90:8 132:22 133:8 136:3 139:19 140:4 155:15 162:7,7 180:10 222:13 273:6 281:16 282:7,14 287:11 296:15 337:9 <b>sorts</b> 124:15 304:12 <b>sound</b> 36:20 202:5 202:5 275:21 276:9 <b>Sounded</b> 320:15 <b>soundness</b> 201:18 <b>sounds</b> 199:1 232:5 <b>source</b> 206:22 207:4,11,11 208:2 209:12 213:2 234:17 249:8,9 <b>sources</b> 45:17 194:20 204:6 247:22 248:1 <b>space</b> 265:6 <b>spaces</b> 270:13 <b>span</b> 69:9	<b>speak</b> 57:12 82:4 127:8 145:5 152:11 181:16 184:3 200:5 244:3 254:5 <b>speaker</b> 107:11 194:12 <b>speaking</b> 17:14 102:19 103:16 105:20 121:10 227:14 <b>speaks</b> 139:19 260:13 <b>special</b> 4:6 10:19 10:22 47:21 190:21 233:13 <b>specialist</b> 149:9,10 153:14 154:11,12 <b>specialists</b> 149:13 149:20 150:16 152:1,6,22 153:3 154:6,8 283:19 <b>specialize</b> 286:17 <b>specialized</b> 302:1 <b>specialties</b> 118:13 <b>specialty</b> 282:3 <b>specific</b> 13:4 22:1 47:18 73:8 104:11 109:9 132:3 139:3 156:7 191:10,11 191:18,18 195:15 195:15 231:4 232:9 247:16 250:19 252:21 257:13,16 259:17 260:14 270:12 286:17 289:14 <b>specifically</b> 66:5 121:11 141:2 151:4 199:19 200:22 201:17 204:6,22 205:20 205:21 252:11 253:20 257:12 271:5 272:15 274:1 282:16 287:19		
<b>sits</b> 232:20	238:15 311:1 312:4 314:9,10	63:20 65:17 66:13 67:5,6,8,10,17 68:12,14 69:15 70:6 73:15,20,22 74:8,14 75:8,16 78:5,20 80:18,19 82:8 85:19 87:7 89:21 90:3,10 92:16 94:12 95:1 95:2,16 99:18 102:1,2 103:3 110:2,4 115:20 116:6 118:4 119:11,15 120:20 122:21 124:6 127:18 128:22 129:10 130:17 131:14 137:7,15 145:20,21 147:4,7 148:3,16 149:14 152:17 153:5 155:13 157:19 158:9,13 160:4,22 161:8 174:20 175:9 176:8 181:1 184:2 186:8,13,20 187:6,18 189:16 190:7 193:21 197:19,22	169:17 250:1 340:2 <b>somebody</b> 35:13 91:13 283:4 302:1 306:9 311:19 312:19 343:6 <b>someone's</b> 232:20 <b>someplace</b> 207:12 <b>somewhat</b> 336:13 <b>soon</b> 98:4 153:22 159:16 251:5 335:20 <b>Soper</b> 2:11 3:11 253:8,16,18 254:2 259:14 262:5 <b>sorry</b> 4:18 18:3 21:2 91:1 93:17 112:18 122:2 207:7 305:13 343:6,6 <b>sort</b> 5:5 16:6,11,18 22:14 26:7 57:5 90:8 132:22 133:8 136:3 139:19 140:4 155:15 162:7,7 180:10 222:13 273:6 281:16 282:7,14 287:11 296:15 337:9 <b>sorts</b> 124:15 304:12 <b>sound</b> 36:20 202:5 202:5 275:21 276:9 <b>Sounded</b> 320:15 <b>soundness</b> 201:18 <b>sounds</b> 199:1 232:5 <b>source</b> 206:22 207:4,11,11 208:2 209:12 213:2 234:17 249:8,9 <b>sources</b> 45:17 194:20 204:6 247:22 248:1 <b>space</b> 265:6 <b>spaces</b> 270:13 <b>span</b> 69:9	<b>sit</b> 232:20 <b>sitting</b> 61:20 86:13 99:7 169:22 <b>situation</b> 35:15,17 140:18 167:5 168:9 169:4 230:4 <b>situations</b> 47:21 <b>six</b> 49:10 52:7 80:21 <b>sizing</b> 55:8 <b>skill</b> 306:21 <b>skills</b> 179:4 181:5 <b>slide</b> 38:7,17 41:9 44:17 54:18 57:7 57:8 64:18 65:4 65:14 67:13 68:18 85:17 86:2,17 115:10 127:7,14 148:4 149:4 158:11 186:4,18 192:21 193:19 195:2,20 272:6 279:4 291:19 296:9 299:18 327:6 331:1 333:7 <b>slides</b> 54:17 55:14 64:20 65:10 271:4 284:17 287:16 289:13 329:14 <b>slightly</b> 22:10 72:8 90:1 278:5 <b>slow</b> 162:8 <b>slower</b> 291:10 <b>slowly</b> 279:1 <b>small</b> 14:14 35:10 163:20 175:17 336:8,8 <b>smartphones</b> 211:5 <b>SMEs</b> 37:10 38:4 41:4 43:7 144:6 <b>Smith</b> 2:13 3:13 128:3 262:17 263:1,6 271:3	<b>Smith's</b> 287:16 <b>smoother</b> 313:10 <b>SMSC</b> 63:4 <b>snags</b> 292:22 <b>snapshot</b> 39:10 <b>snippet</b> 175:18 <b>Sochi</b> 52:7 <b>social</b> 43:22 84:6,9 84:19,21 85:7,12 90:21 91:5,7,13 114:12 117:3 118:10 174:10 281:3 282:10 <b>society</b> 341:13 <b>sohuld</b> 335:15 <b>solder</b> 59:7 <b>solder's</b> 103:8 <b>soldier</b> 43:12 45:1 51:1 52:16 54:7 62:12 64:1,2 81:1 86:13 95:22 103:8 104:1,11,15,21 105:2,5,7,11,12 105:16 106:14,17 111:6 117:17 120:5 122:18 123:7,11 129:21 131:5 144:11 153:15,18 191:15 191:16,17 192:11 194:5,16 216:16 216:17 <b>soldier's</b> 51:19 101:15 102:7,13 103:9,14 105:3,7 106:4 107:4 152:11 194:7,9 <b>soldier/family</b> 67:2 <b>soldiers</b> 30:17 34:8 39:3,5,19 40:6,16	41:18 43:3,10 45:15 47:10 48:7 48:8,15 49:22 50:5,9 52:3,12 53:18,22 55:11 59:10,14 61:12,19 63:20 65:17 66:13 67:5,6,8,10,17 68:12,14 69:15 70:6 73:15,20,22 74:8,14 75:8,16 78:5,20 80:18,19 82:8 85:19 87:7 89:21 90:3,10 92:16 94:12 95:1 95:2,16 99:18 102:1,2 103:3 110:2,4 115:20 116:6 118:4 119:11,15 120:20 122:21 124:6 127:18 128:22 129:10 130:17 131:14 137:7,15 145:20,21 147:4,7 148:3,16 149:14 152:17 153:5 155:13 157:19 158:9,13 160:4,22 161:8 174:20 175:9 176:8 181:1 184:2 186:8,13,20 187:6,18 189:16 190:7 193:21 197:19,22 <b>sole</b> 31:5 <b>solely</b> 84:10 271:9 <b>solid</b> 8:6 270:4,5 272:13 <b>solidify</b> 273:2 307:19 <b>solution</b> 60:6,6 75:4 174:1 178:3 178:4 242:17 243:20 244:8 270:6 338:14 <b>solutions</b> 138:18

<b>specifics</b> 159:3 197:10	96:5	175:20,21 189:4 189:19	160:7 273:5,9 279:3 296:19 310:7,15 327:3 349:13,19	270:16 271:20 296:7 320:11,15 336:10 345:1,5 348:10
<b>specify</b> 201:20 310:17	<b>staffing</b> 96:8 100:7 329:5	<b>starting</b> 115:9 160:8 201:11 225:12 346:2	<b>STEPHEN</b> 2:18	<b>stood</b> 98:3 128:16 129:14
<b>spectacular</b> 174:5	<b>staffs</b> 114:3	<b>starts</b> 131:6	<b>steps</b> 279:18 300:22	<b>stop</b> 55:18 247:13
<b>spectrum</b> 101:15	<b>stage</b> 216:18 266:21	<b>state</b> 8:6,7 61:16 68:10 129:21 134:13 144:6,16 163:17 164:2 297:20 308:16 318:21 341:4	<b>Sternberg</b> 4:14	<b>stopped</b> 31:11 344:8
<b>speed</b> 162:9	<b>staid</b> 298:7	<b>state-level</b> 248:1	<b>STEVEN</b> 1:17	<b>stovepiped</b> 25:16
<b>Spencer</b> 2:10 181:19 183:10,10 187:13,18 188:7 188:15 189:3 190:17 191:3 193:10,14 195:2,4 195:17 196:16	<b>stakeholders</b> 303:1	<b>stated</b> 47:11 67:17 205:18 208:12 214:19 223:21 224:3 279:6 294:17	<b>Stevens</b> 2:11 3:10 199:14 200:20 201:7 203:14 207:7,16 208:11 210:16 212:4,17 217:21 218:7,10 220:12,17 221:1 223:3 228:8 229:2 229:8,19 230:13 233:11 234:19 235:8 240:8 243:18 244:20 250:14 252:14	<b>strain</b> 48:19
<b>spend</b> 11:17 37:8 128:9 297:7 337:14	<b>Stamilio</b> 37:14	<b>statement</b> 14:13 80:8 307:19 308:1 338:11	<b>stigma</b> 119:9,17 329:18	<b>strangle</b> 182:18
<b>spending</b> 8:13	<b>stand</b> 127:1 183:13 136:1,2,3 160:15 160:20 281:17,18	<b>states</b> 8:16 76:2 135:21 136:8 137:4 155:2 350:2 350:4	<b>stipend</b> 181:3	<b>strategic</b> 55:7,13 66:6 142:22 308:9 317:18 330:11 333:8
<b>spent</b> 8:5,10	<b>standard</b> 28:2 16:12 66:21 137:10 150:1	<b>station</b> 45:8 68:11	<b>Stone</b> 1:20 4:9 5:7 9:16,16 16:21 29:21 55:18,21 56:3,7,19 57:13 58:6,8,11 59:15 59:21 60:3 63:8 64:6 75:19 79:17 79:20 80:3,12 81:5 96:11,19 97:16,20 98:11,15 99:6,12 110:18 111:1,5,12 112:2 112:17 123:13 125:6,20 126:1,17 168:18 182:2,12 190:15,20 191:20 192:19 203:7 220:6,13,19 222:6 229:16 230:1 234:15 235:4,15	<b>strategically</b> 157:11
<b>spinal</b> 280:7 283:4	<b>standardization</b> 135:19,20 137:13 254:15 255:20 256:15	<b>stations</b> 158:15	<b>strive</b> 168:21	<b>strategist</b> 137:9
<b>spoke</b> 12:1 75:2 93:8	<b>standardize</b> 15:22	<b>statistical</b> 184:10	<b>streamline</b> 66:22 312:2	<b>strategy</b> 213:4 300:18
<b>spouse</b> 111:8 165:17 166:4,5,13 167:22 168:1 250:9	<b>standardized</b> 118:1 147:6 150:4,13 160:10 223:11 231:6 255:4,20	<b>status</b> 21:10 39:6 50:10 68:18 163:10 216:3,10 217:14 233:20 246:17 254:13 264:16 267:16 275:10 320:7 329:15 337:20	<b>strength</b> 137:22	<b>stratified</b> 291:2
<b>spouses</b> 163:3,7 165:1 168:6 176:12 214:2 248:21	<b>standardizes</b> 68:10	<b>statute</b> 107:2	<b>stress</b> 167:19,22	<b>streamlined</b> 66:22 312:2
<b>spread</b> 16:2	<b>standardizing</b> 202:13 256:9 257:8	<b>statutes</b> 171:7 202:12	<b>stressed</b> 159:4 248:5,8 250:7 322:1	<b>strong</b> 20:17 48:9 48:10 52:7 264:20
<b>squad</b> 69:7 80:18 80:22	<b>standards</b> 18:19 19:5,8 101:13 104:12 165:4 188:15,16 236:22 322:3	<b>statutory</b> 101:18 171:1	<b>struggle</b> 196:8	<b>strongly</b> 240:11
<b>stab</b> 46:18	<b>standing</b> 143:4	<b>stay</b> 186:21 189:9	<b>struggling</b> 22:6,20 182:5	<b>struck</b> 188:10
<b>stability</b> 49:1	<b>standpoint</b> 195:9	<b>staying</b> 349:4	<b>structure</b> 19:9 54:15 64:21 138:10 151:20 152:3	<b>studied</b> 136:10
<b>stabilize</b> 219:7	<b>stark</b> 340:8	<b>steadily</b> 54:11 212:13	<b>Studies</b> 11:5	<b>study</b> 12:21 17:10 17:10 136:7
<b>stable</b> 83:11	<b>stars</b> 244:11	<b>step</b> 4:10 135:4,5	<b>stuff</b> 61:20	<b>stumbling</b> 277:5,6
<b>stack</b> 233:2	<b>start</b> 6:10 25:11 93:19 121:2 141:12 158:21,22 176:2 177:6,13 199:8 205:3 253:12 300:6 336:2 345:2 351:12			
<b>staff</b> 2:17,18,18,19 2:19,20,20 71:4 81:16 114:6 144:19 149:15 177:22 200:2 254:5 256:8,14 259:15 315:19 342:9	<b>started</b> 9:20 10:14 18:17 127:20			
<b>staffed</b> 46:4 95:6				

<b>stupid</b> 345:10	<b>suicides</b> 124:21	187:7 189:8	225:22	328:16,18 329:9
<b>subgroup</b> 299:1,9 299:17	<b>suit</b> 179:16	190:10 196:19	<b>survive</b> 341:4	329:10 330:13
<b>subgroups</b> 264:5	<b>summarize</b> 12:16	231:18 235:4	<b>survivor</b> 151:16	331:12,13 332:16
<b>subject</b> 7:7 46:21 99:20 100:10	<b>summarized</b> 298:17	244:14 257:16	170:15	333:4,10 337:7
103:1 107:10	<b>summary</b> 6:5 86:18 102:22 103:22	258:3 260:19	<b>suspect</b> 169:10	338:5,8,16 341:11
108:5 113:17	<b>summer</b> 49:13 224:4 251:14	265:14 268:6	<b>sustain</b> 131:11	343:12,15 348:12
117:11 131:16	<b>supervision</b> 80:20	279:20 300:12	<b>sustained</b> 101:7	348:13,15,19
158:2 178:5	<b>supplying</b> 15:15	303:3 312:15	<b>Suzanne</b> 1:14,17	349:6,11
236:21 246:15	<b>support</b> 2:10 14:15 28:5 37:21 43:13	313:1 326:8	2:15 9:3 16:22	<b>systems</b> 30:2 97:2
<b>subjective</b> 124:4 329:16	81:9,16 83:15	328:22 334:19	22:21 112:18	99:22 122:16
<b>subjects</b> 43:18	85:21 94:15 95:11	<b>surfaces</b> 318:10	335:19 344:6	127:13,16 128:13
<b>submitted</b> 200:15 275:17 336:12	99:14 120:1 121:7	<b>surgeon</b> 10:1 20:2 20:8,18 37:21	346:14 351:3	131:1,13 172:15
<b>submodule</b> 98:9	129:21 138:10	42:11,11 113:21	<b>swearing-in</b> 4:6	172:22 199:15
<b>subscribers</b> 214:17	140:21 153:15	114:13 129:21	<b>switch</b> 180:15	216:6 223:20
<b>subsequent</b> 271:4 283:18	154:8 158:9	145:6 186:10	<b>sworn</b> 4:11	264:9 287:8
<b>subset</b> 232:14	164:17 173:19	<b>surgeon's</b> 127:12	<b>synchronization</b> 272:19 273:12	288:13 300:20
<b>subsets</b> 181:6	175:8 200:10	<b>surpassed</b> 214:14 214:16	274:9 279:13	301:4,9 349:3
<b>subsidized</b> 163:12	205:21 206:10	<b>surprised</b> 236:6	<b>synchronize</b> 294:9 324:8	<b>systemwide</b> 178:3
<b>substance</b> 295:8	238:17 240:11	<b>surprises</b> 235:21	<b>synchronized</b> 319:22	
<b>substantial</b> 60:10	263:16 266:19	<b>surrounded</b> 312:7 312:8	<b>synergies</b> 272:17	<b>T</b>
<b>substantially</b> 44:14	308:5 313:2	<b>surrounding</b> 298:18	<b>system</b> 28:5 30:6 30:12 48:13,14	<b>T</b> 1:18
<b>substitute</b> 163:17	336:21	<b>survey</b> 3:8 5:18 17:18 41:8 124:16	51:20 55:22 59:13	<b>tab</b> 12:10 38:11
<b>success</b> 123:14,16 123:18 137:3	<b>supported</b> 246:9	173:8 181:13,21	62:6 85:21 89:1	199:21 253:22
210:14 213:6	<b>supporting</b> 84:8 215:8 220:15	183:14,15,17	94:19,21 95:18,19	263:4
289:8 340:12	292:19	184:8,9,12,14,15	95:21 96:17,18,21	<b>table</b> 265:15 275:7
<b>successes</b> 125:5	<b>supportive</b> 249:7	184:16,19,20	97:9,19 99:3	288:15 351:1
<b>successful</b> 22:7 39:20 119:5 213:9	<b>supports</b> 71:4 223:19	185:2,13,18	104:21 120:5	<b>tables</b> 79:8
266:9 269:15	<b>supposed</b> 151:12 155:5	187:11,22 188:1	125:5,8 128:14	<b>tablet</b> 211:17
290:14	<b>sure</b> 16:18 18:9 21:19 23:16 29:15	188:16 189:2,4	129:13 130:5,10	<b>tablets</b> 211:6,16
<b>successfully</b> 65:8 122:9	47:2 53:1 55:20	190:2,12 191:21	130:18 133:4	<b>tackling</b> 29:12
<b>sudden</b> 305:5	58:10,15 72:9	192:8,10,13	155:8 173:3 194:3	<b>tactical</b> 54:4 143:2
<b>suddenly</b> 247:19	74:10 79:4 85:1	193:20 195:19	202:11 203:4,16	151:10 319:16
<b>suffer</b> 105:10	93:9 99:8 114:14	196:9 197:3,11,16	204:19 215:10,16	329:3 336:8,9
<b>suffered</b> 341:3	114:22 117:5	197:20 224:14,16	215:19 216:2	<b>Tactics</b> 46:11
<b>suffering</b> 104:2	143:10 144:19	224:18 225:3,10	217:5 225:17	<b>TAGs</b> 76:3
<b>suggest</b> 93:20 168:18 296:18	150:4 152:10,16	225:14 226:5,9	242:2,3 243:17	<b>take</b> 15:22 36:19
<b>suggested</b> 299:16	153:22 166:17	330:20	250:22 251:2	57:7 73:11,16
<b>suggesting</b> 346:8	171:2,6 180:2	<b>surveyed</b> 186:19,20 187:20 189:17	254:17 258:15,19	74:12,21 82:22
	183:8 186:11	196:19	271:12 274:22	84:2 86:19 93:20
		<b>surveys</b> 13:21 121:3 187:16	287:10,12 296:22	105:11 109:11
			298:22 299:15	113:10 128:3
			300:16,19 302:6	134:6 138:6
			310:10,13 319:19	141:15 145:17
				151:5 160:3
				174:13 182:3,12
				182:20 183:3
				247:15 248:2

254:18 259:22	138:17,20 143:2	235:6 236:7,19	<b>tele-health</b> 121:18	<b>test</b> 268:6 293:8
262:6 279:18	143:17 169:14	238:8,16 239:3,18	121:20	<b>testimony</b> 52:20
288:17 291:8	175:20,21 194:9	<b>taxes</b> 111:2 233:16	<b>telehealth</b> 116:1,8	169:11
296:19,20 308:17	279:4 324:1	238:3 240:4	117:14 121:3	<b>thank</b> 4:13 5:1 19:1
314:15 316:20	329:19 330:10	<b>taxpayers</b> 219:12	<b>telephone</b> 184:15	79:3 81:5 87:1
318:11,16 336:12	343:20 346:9	<b>Taylor</b> 31:14	205:15	89:4 92:6 100:12
347:7	<b>talks</b> 260:22	<b>TBI</b> 164:22 323:7	<b>telephonic</b> 184:19	107:9 117:21
<b>takeaways</b> 25:13	<b>Talley</b> 145:14	<b>TBIs</b> 248:16	184:20 188:1	145:5 152:18
25:21	<b>tandem</b> 128:21	<b>TDA</b> s 79:8	<b>telephonically</b>	157:15 168:16
<b>taken</b> 110:9 135:4	<b>tap</b> 347:2	<b>TDRL</b> 13:1 17:11	174:11	199:1 200:3
135:8 162:14	<b>tapping</b> 331:4	17:16 23:20	<b>tell</b> 37:8 76:17	208:19 210:16
190:22 191:1	<b>target</b> 62:10 180:13	218:16 219:1,3,4	82:11 129:5 141:9	244:20 250:13
217:12 220:14	233:10 251:12	219:16 221:8,12	142:9 143:14	253:5 254:2,3
232:18 301:1	<b>targeted</b> 163:12	221:15,20 222:6	160:2 197:2 209:2	259:3 262:3,4,5
312:17 315:20	248:21	<b>teaching</b> 322:13	303:14	263:6 267:12
336:3 339:16	<b>task</b> 1:3,11 5:5,12	<b>team</b> 2:15,16,16,17	<b>telling</b> 307:17	287:20 296:6
340:10	6:6 7:6,19 8:3 9:1	5:5,10 39:2,9	320:17	299:19 305:13
<b>takes</b> 30:20 282:5	9:4,12,15,17 10:4	45:20 48:4 49:7	<b>tells</b> 88:5	314:8,10,11,22
<b>talk</b> 35:7 39:7	10:10,13 11:14	52:12 61:15 74:21	<b>temp</b> 83:1	<b>thankful</b> 7:13
55:12 62:12 64:20	16:16 39:12 53:5	86:21 87:13	<b>template</b> 160:10,21	<b>thanks</b> 37:7,17
72:2 87:16 88:12	73:7 77:4 100:17	114:14 120:7	<b>tempo</b> 56:15	64:6,7 94:18
106:2 123:15	100:18 101:5	131:4 146:3 170:1	<b>temporary</b> 81:20	154:19 298:15
127:15 140:17	140:12 145:10	174:18 186:16	218:16	<b>theater</b> 56:16
144:4,20 156:18	148:13 159:11	191:7,8,9 196:3	<b>tends</b> 187:4	<b>theirs</b> 163:8 165:5
156:19 168:11	161:20 162:9	198:15 275:5	<b>tenets</b> 174:14 181:7	<b>theme</b> 127:11
191:8,14 209:16	198:13 200:3,18	285:15,15 286:7	<b>tenth</b> 40:8	<b>Theodore</b> 1:21 5:8
246:22 247:1,2	201:9,12 204:1	286:14 290:3	<b>term</b> 83:1 257:20	<b>theoretically</b> 109:7
267:3 272:7	209:3 210:18	292:10 293:18	298:22 339:5	<b>therapeutic</b> 51:22
287:14 288:13	212:20 215:4	301:11 305:8	344:19 350:13	<b>therapy</b> 283:18
301:15 303:6	218:15 227:10	311:2,6,13 312:12	<b>termed</b> 281:21	<b>they'd</b> 21:20 128:6
305:7 306:14,19	233:12 235:17	312:15 313:1,7	<b>termers</b> 142:7	250:8
320:6 321:14	250:16 253:4,13	<b>team's</b> 53:7 274:13	<b>terminology</b> 47:5	<b>thick</b> 46:15,15
330:12 331:18	254:4 263:2,8	<b>team-building</b>	104:14 288:19	<b>thing</b> 15:11 18:10
332:6	272:12 278:12	179:14	321:20	19:21 21:4 29:18
<b>talked</b> 13:21 14:7	315:17 316:17,20	<b>teamed</b> 283:11	<b>terms</b> 47:8,17	32:5 34:17 35:10
17:21 20:1 23:3	318:5 327:7	<b>teams</b> 74:13,17	62:15 69:9,13,19	37:5 60:18 70:17
24:10 29:4 44:20	342:15 347:13	119:19 126:12,13	70:1,2,5,9 75:5,8	71:10 72:1,12
56:4 72:3 75:17	<b>tasked</b> 16:12	<b>technical</b> 10:17	78:13 85:4 113:11	79:16 80:13 89:19
86:3 100:1 123:13	<b>tasks</b> 47:17	50:2 302:19	147:14,19 149:19	110:5 117:14
139:1 142:21	<b>tax</b> 110:3 111:7,19	<b>technicians</b> 44:8	151:6,10 152:11	122:14 124:9
158:13 175:12	111:21 237:22	<b>Techniques</b> 46:11	208:15 211:20	126:6 136:1,4
191:14 303:13	239:21	<b>Technology</b> 302:14	213:18 217:14	142:1 143:16
324:7 343:9	<b>tax-exempt</b> 109:19	<b>Ted</b> 7:5	221:3,4 222:4	148:12 155:9
<b>talking</b> 25:17 72:15	110:15 112:9	<b>tele</b> 120:10,21	223:15,16 235:9	175:3 182:14
77:2 86:13 88:16	<b>taxability</b> 111:9	<b>tele-behavioral</b>	250:16 252:18	188:2 190:1 191:7
125:8 127:6	<b>taxable</b> 111:13	115:18 116:4,13	340:9,10	196:7 222:14
130:13 134:7	233:20,21 234:16	118:15 121:11	<b>territories</b> 135:22	341:7 345:16

<b>things</b> 4:16 13:10 18:5 32:4 35:22 42:14 59:5 60:20 70:21 71:9 72:14 79:7 90:21 92:4 105:10 127:6,15 127:19 129:20 132:15 135:18 136:11,19 138:14 140:3 145:1 153:8 167:14 172:1,3,7 172:9,21 173:11 173:16 174:16,19 175:13,15 176:1,5 176:18 179:6,10 179:14 182:4 192:16 193:2 197:14 222:4 231:5 232:18 239:12 240:6 248:2,14 256:4 281:14,19 282:2 283:22 291:2,11 294:3 301:15,17 313:6 322:4 332:10 334:11 339:12	246:15 249:10,19 271:3 275:13 276:2,18 278:11 278:18 279:17 280:1 281:13 282:12,13 284:22 289:15,19 295:12 296:4 298:1 306:11 308:19 311:11 312:14 314:7 322:9 323:14 324:21 325:18 327:17 329:7,13 330:4 335:15,17 336:10 337:14,16 338:14 338:21,22 339:7 339:12 340:8,16 342:22 344:1,16 344:17,20,21 347:1,16 348:4,11 349:6,8,13 350:6 350:7	250:12 316:4 339:4 <b>throwing</b> 72:11 250:2 <b>Thursday</b> 351:5 <b>tier</b> 290:20 <b>tightening</b> 56:9 <b>tihnk</b> 198:21 <b>till</b> 314:17 334:17 350:12 <b>time</b> 4:4 6:5 9:19 10:6 11:17 13:8 20:14 29:16 30:8 31:4 34:18 36:17 37:8 39:11 44:20 52:8 59:20 62:10 86:19 87:2 95:2 98:22 109:6 112:8 121:9 128:5 130:9 143:11 154:3 164:16 167:21 179:1 180:9 186:17 198:11 202:6 212:5 219:7 221:16 222:3 223:1 248:4,22 249:2 253:6 258:17,18 261:11 269:9 274:17 275:13 280:22 281:11 283:16 291:9 307:16 310:7 324:18 337:15 338:3 339:1,10 340:9 344:6 346:4	<b>today</b> 5:12 12:20 37:17 39:10 40:19 58:16 65:19 76:15 87:2,9 129:4 131:8 145:5 149:8 183:13 188:8 198:13 200:5,8 254:6 314:3 315:1 316:8 324:22 325:14 338:21 <b>today's</b> 298:8 <b>told</b> 36:3 132:20 335:15 <b>tolerate</b> 229:17,21 <b>Tom</b> 38:18 55:18 64:7 75:19 181:16 182:2 <b>tomorrow</b> 316:9 351:12 <b>Tony</b> 37:14 <b>tool</b> 226:9 241:19 265:20 266:13,16 276:5 303:4 <b>tools</b> 193:3 240:20 269:6,12 302:14 <b>top</b> 43:11 90:19 91:3 146:8 231:13 240:5 <b>topic</b> 14:11 19:3 22:20 194:19 287:18 315:15 <b>topics</b> 13:3 43:9 91:22 <b>tops</b> 17:20 <b>total</b> 44:14 65:21 66:9 116:8 154:12 155:22 187:16 238:5 <b>totally</b> 166:2 <b>totals</b> 214:12 <b>touch</b> 121:7 157:12 194:15 217:10 225:4 <b>touched</b> 318:1 326:5 <b>touching</b> 259:4 <b>touchpoint</b> 157:4	163:6 <b>tough</b> 111:3 338:12 <b>tour</b> 75:13 <b>touting</b> 350:2 <b>track</b> 50:7,10 183:9 213:6 267:9 284:9 <b>trackable</b> 127:13 131:13 <b>tracked</b> 61:14 123:9 211:13 <b>tracking</b> 31:2 59:12 80:11 82:15 82:17 122:17,17 130:6 177:6 215:6 218:2 <b>tracks</b> 123:2 <b>traction</b> 328:14 332:13 333:1 <b>traffic</b> 214:8 <b>train</b> 96:22 98:7 <b>trained</b> 81:19 98:1 98:17 155:6 290:1 <b>trainer</b> 53:13 <b>training</b> 10:5 18:22 42:4 48:14 50:22 51:4 54:7 99:4,11 101:9,10 143:5 144:20 147:19 150:14 151:6,20 152:4,8,13 175:14 177:7,8 178:7,10 179:3 180:7,22 181:8 184:6 190:3 190:18 191:12,13 240:17 270:4 306:19 307:14,14 <b>transfer</b> 43:20 54:1 86:11 99:18 130:21 268:20,21 337:19 <b>transferred</b> 29:6 <b>transferring</b> 292:2 328:20 <b>transfers</b> 28:21 291:22 304:5 <b>transition</b> 1:3 2:2,2 2:3,4,5,6,7,8,9 3:6
<b>think</b> 16:3,10 17:21 18:14 22:9 23:13 24:9 26:1 27:7 28:15 35:1 58:2 84:17 88:15 92:14 93:16 106:15 111:21,22 113:8 120:21 137:8 139:17,19 140:11 167:10 168:22 169:15 192:4 198:10 203:10 208:11 210:1 220:21 221:1 222:7 226:5 230:7 230:8,13,19 231:11 235:14 236:15 237:3,5,20 239:2,4 243:1,8 243:11,13,17,22	<b>thinking</b> 249:11 255:14 336:2,3 <b>thinks</b> 338:9 <b>third</b> 110:7 210:16 222:10 241:10 <b>Thirty</b> 13:21 14:4 <b>THOMAS</b> 2:2 <b>thoroughly</b> 224:8 <b>thought</b> 10:2 34:2 58:18 64:8 183:4 193:20 197:21 217:20 307:20 <b>thread</b> 24:10 <b>three</b> 7:20 9:20 17:20 35:17 40:20 48:20 51:3 57:1 108:4,10 121:4,14 121:17 185:17 186:4 233:18 264:5 289:10,11 289:13 319:9 336:11 347:5 <b>throes</b> 136:5 <b>throw</b> 90:17 246:12	250:12 316:4 339:4 <b>throwing</b> 72:11 250:2 <b>Thursday</b> 351:5 <b>tier</b> 290:20 <b>tightening</b> 56:9 <b>tihnk</b> 198:21 <b>till</b> 314:17 334:17 350:12 <b>time</b> 4:4 6:5 9:19 10:6 11:17 13:8 20:14 29:16 30:8 31:4 34:18 36:17 37:8 39:11 44:20 52:8 59:20 62:10 86:19 87:2 95:2 98:22 109:6 112:8 121:9 128:5 130:9 143:11 154:3 164:16 167:21 179:1 180:9 186:17 198:11 202:6 212:5 219:7 221:16 222:3 223:1 248:4,22 249:2 253:6 258:17,18 261:11 269:9 274:17 275:13 280:22 281:11 283:16 291:9 307:16 310:7 324:18 337:15 338:3 339:1,10 340:9 344:6 346:4 <b>time-lines</b> 247:19 <b>timeliness</b> 97:6 204:4 <b>timely</b> 28:22 192:3 223:8 233:7 <b>times</b> 70:7 127:5 141:18 212:15 284:5 295:18 323:13 <b>tip</b> 52:19 <b>Title</b> 202:2	<b>today</b> 5:12 12:20 37:17 39:10 40:19 58:16 65:19 76:15 87:2,9 129:4 131:8 145:5 149:8 183:13 188:8 198:13 200:5,8 254:6 314:3 315:1 316:8 324:22 325:14 338:21 <b>today's</b> 298:8 <b>told</b> 36:3 132:20 335:15 <b>tolerate</b> 229:17,21 <b>Tom</b> 38:18 55:18 64:7 75:19 181:16 182:2 <b>tomorrow</b> 316:9 351:12 <b>Tony</b> 37:14 <b>tool</b> 226:9 241:19 265:20 266:13,16 276:5 303:4 <b>tools</b> 193:3 240:20 269:6,12 302:14 <b>top</b> 43:11 90:19 91:3 146:8 231:13 240:5 <b>topic</b> 14:11 19:3 22:20 194:19 287:18 315:15 <b>topics</b> 13:3 43:9 91:22 <b>tops</b> 17:20 <b>total</b> 44:14 65:21 66:9 116:8 154:12 155:22 187:16 238:5 <b>totally</b> 166:2 <b>totals</b> 214:12 <b>touch</b> 121:7 157:12 194:15 217:10 225:4 <b>touched</b> 318:1 326:5 <b>touching</b> 259:4 <b>touchpoint</b> 157:4	

17:1 18:15 19:9	102:13 117:20	14:13 22:21 108:7	341:9	226:11 267:3
38:20 39:5,8,16	122:7,9,17,18	232:6	<b>typically</b> 74:14	276:3 302:11
39:20 40:2,16	123:3,8,12 124:13	<b>TSP</b> 342:13		<b>understood</b> 73:10
41:8 42:7,10 43:5	147:16 160:11	<b>Tuesday</b> 334:17,20	<b>U</b>	102:3 111:17
45:5,16 47:13	186:6 339:15	<b>turn</b> 12:9 60:18	<b>U.S</b> 40:10 76:13	<b>undertaken</b> 263:21
49:17,19 50:1,8	<b>tremendous</b> 57:4	86:20 199:22	116:17	<b>unemployed</b> 295:9
52:9 53:22 65:22	115:7,22	263:5 279:1 294:8	<b>ULB</b> 220:5	<b>unfavorable</b> 48:16
68:17,21 69:22	<b>trend</b> 115:16	351:8	<b>ultimately</b> 23:22	<b>unfit</b> 104:17 221:8
82:18 88:19 90:16	127:11 184:11	<b>turning</b> 29:12	138:18 295:16	<b>unfortunately</b> 77:3
92:10,22 139:5	<b>trends</b> 151:2 153:1	168:6	<b>unable</b> 261:8	138:1
140:2 144:3,13	153:2 185:5	<b>TV</b> 350:2	<b>unacceptable</b>	<b>unified</b> 317:21
145:21,22 146:5	<b>triad</b> 128:18	<b>TVPO</b> 252:15	169:21 170:7	336:19,22
146:15 148:7	<b>Tricare</b> 141:16	253:2	<b>unachievable</b>	<b>uniform</b> 15:3 16:5
149:13,20 151:11	255:8 256:7	<b>tweak</b> 335:12	159:18	16:8 18:19,21
152:1,15,22 153:3	<b>tried</b> 145:16 148:9	<b>tweaked</b> 32:12	<b>unappreciative</b>	21:20 38:22
154:5 158:7 159:2	<b>trigger</b> 244:15,17	338:15	166:2	128:19 333:6
172:6 173:3	282:8	<b>Twentynine</b> 7:13	<b>unaware</b> 247:18	<b>uniformity</b> 16:13
174:22 176:4,7	<b>triggers</b> 282:11	26:15	<b>unbelievable</b>	<b>uniforms</b> 179:9
180:9,21 181:10	<b>Tripler</b> 12:3	<b>Twitter</b> 91:10	188:14	<b>unify</b> 30:2
183:11 186:9	<b>trips</b> 32:12	<b>two</b> 5:14 19:10	<b>uncertified</b> 180:17	<b>unique</b> 108:1
215:12 224:15	<b>trooper</b> 169:22	32:14,18 33:7	<b>unchanged</b> 185:9	214:10,14 228:12
244:6 248:6,20	<b>trouble</b> 57:19	48:18 49:8 50:21	<b>uncomfortable</b>	236:10 264:9
249:7 250:11	112:18,19 298:7	57:1 73:12 78:4	179:8	325:6
252:16,22 322:7	<b>true</b> 56:10 80:3	80:1 85:17 94:15	<b>uncovered</b> 165:4	<b>unit</b> 3:5 41:1 50:19
322:11 324:1	141:5 145:20	128:4,8 149:4	<b>underage</b> 260:8	52:11 65:1 73:14
331:4	324:18	184:22 196:17	<b>undergoing</b> 234:1	74:1 83:9 86:12
<b>transitioned</b>	<b>truly</b> 69:9 173:1	201:2 219:4	<b>understand</b> 19:7	86:12 118:8 120:1
232:16	296:11	222:19 225:4	77:1,17 78:2	124:2 140:2
<b>transitioning</b> 6:22	<b>try</b> 82:22 137:13	232:14 238:21	89:21 97:20	147:11,17 151:7
7:3 18:12 68:15	147:5 174:12	244:4 246:18	110:12 133:18	152:13 153:17
70:14 251:11	182:19 191:10	250:19 251:15	135:12 138:2	160:18 161:4
333:6	198:7,8 311:22	267:22 298:6	141:8 144:22	174:22 177:11
<b>transparency</b>	316:13 318:1	305:9 306:16	148:4,22 151:12	178:4 183:22
129:9	339:7 348:4	315:2 318:3,3	151:18 152:16	<b>United</b> 8:16 155:2
<b>transparent</b> 127:13	<b>trying</b> 19:7 78:1	319:4 326:22	153:12 154:2	350:2,4
131:12	95:17 96:20	330:22 332:6	162:12 163:4	<b>units</b> 19:10 29:17
<b>transpired</b> 44:20	141:15 148:17	333:11 338:3	164:3 168:3,8	41:3 42:5 50:14
<b>transpose</b> 143:22	167:7 177:12	339:2 343:3	179:16 217:21	50:21 51:1,8 65:3
<b>trap</b> 348:15 349:4	192:9 194:14	350:14	220:7 231:19	65:5,6,22 66:8,9,9
<b>traumatic</b> 247:20	220:6 230:7,9	<b>two-hour</b> 178:15	235:5 239:16	66:18 67:7 68:11
<b>travel</b> 74:3 75:1	231:8 241:5	<b>type</b> 23:6 57:20	247:6 290:17	68:22 69:2,18,20
107:14,16 108:4	256:15 296:17	58:22 116:11	292:13,17 294:12	70:9 78:12,15
226:17,17,21	297:5,7 298:6	153:14 205:8	<b>understanding</b>	79:13 80:1 82:3
227:7,17,20	324:22	239:14 242:13	26:20 45:13 73:2	84:14 118:6 124:1
228:14 259:9	<b>TSGLI</b> 239:11	252:7	80:4 112:18,19	143:3 145:21
<b>traveling</b> 282:3	346:16,19	<b>types</b> 37:5 92:3	143:19 167:20	146:1,5 158:16
<b>treatment</b> 42:20	<b>TSGT</b> 1:18 10:17	252:21 324:8	216:16 217:4,17	173:20 179:21,22

184:5 185:5 190:13 215:12 244:7 322:11 <b>University</b> 8:8 <b>unrestricted</b> 259:12 <b>unstable</b> 219:6,12 <b>untenable</b> 168:22 169:4 170:6 <b>unveiled</b> 40:21 43:16 <b>unworked</b> 326:4 <b>upcoming</b> 55:14 <b>update</b> 3:12 12:21 263:2,9 <b>updated</b> 14:21 261:3 285:12,13 285:16 286:16 <b>updating</b> 265:10 <b>upload</b> 129:19 304:9 <b>upstairs</b> 19:16 <b>urgent</b> 186:5 <b>USAF</b> 3:11 <b>usage</b> 117:15 119:1 206:13 210:11,13 210:21 211:12,17 227:7 <b>USARAK</b> 144:4 <b>use</b> 38:17 42:22 104:14 105:20 133:13 137:20,21 155:8 174:14 184:4 190:2,15,17 207:5 209:15 247:12 265:19 266:3 280:16 281:7 285:3 288:19 293:19 335:10 339:5 347:14 <b>useful</b> 44:7 198:13 213:13 299:5 <b>user</b> 90:2 99:5 212:18 215:17 216:2 <b>user-friendly</b> 214:4	<b>username</b> 89:11 <b>users</b> 95:15 98:7 <b>uses</b> 178:9 211:15 300:20 <b>USO</b> 179:19 <b>USOs</b> 180:1 <b>usually</b> 111:8 132:2 <b>Utah</b> 72:3,4,16 73:16,22 <b>utilization</b> 107:16 116:1 213:20 226:21 <b>utilize</b> 280:18 <b>utilizing</b> 62:22	<b>Van</b> 37:19 <b>variance</b> 229:18,20 230:3 <b>variances</b> 285:22 <b>variation</b> 161:22 <b>varied</b> 47:6 <b>variety</b> 42:22 43:18 269:19 304:17 <b>various</b> 70:7 132:12 163:5 205:6 248:2 249:18 252:19 276:7 315:15 <b>vary</b> 83:4 <b>vast</b> 32:7 197:22 <b>vehicle</b> 207:5 <b>venture</b> 139:6 <b>verification</b> 332:4 <b>verifying</b> 143:11 <b>versa</b> 25:20 <b>versed</b> 139:8 <b>version</b> 136:4 <b>versus</b> 108:12 139:2 159:5 196:12 212:11 222:18 232:20 <b>Vertically</b> 138:22 <b>vested</b> 14:17 <b>veteran</b> 7:22 8:12 52:17 68:18 92:9 92:12,13 180:16 270:21 284:11 286:5 293:22 301:13 304:21 306:10 337:19 349:10 <b>veteran's</b> 67:21 304:16 313:17 <b>veterans</b> 6:18,22 7:3 12:6 39:4,6,19 40:17 41:19 43:13 55:12 89:21 90:4 92:15,21 93:3,14 101:2 211:2 215:6 215:6 218:1 223:10 238:19 262:15 263:16	269:4 284:18 288:8 290:7 293:6 308:5 310:13 342:10 344:14 350:3 <b>VFW</b> 346:17 347:8 <b>vice</b> 25:20 <b>victim</b> 260:15 283:5 <b>victims</b> 259:18 <b>view</b> 9:10 56:4 67:15 120:13 151:8 165:7 167:4 167:15 168:9 194:7,10 197:1 203:12 246:15 <b>viewed</b> 164:8 <b>viewing</b> 237:4 <b>views</b> 44:10,13,14 214:11,16 <b>Virginia</b> 1:13 <b>virtual</b> 41:12,20 265:6 <b>visibility</b> 62:10 82:2 127:18 150:3 240:22 <b>vision</b> 54:19 81:14 249:4 263:13 284:22 285:11 287:11 307:19 308:1,14 309:7 <b>visit</b> 3:4 12:13,15 19:16 22:18 32:16 44:4 210:5 <b>visiting</b> 350:5 <b>visitors</b> 44:12 212:11,12 214:11 <b>visits</b> 11:18,20 12:11 25:10 27:9 32:18 45:7 57:3 146:4 195:10 209:18 212:13 214:15 283:18 315:18 318:3 <b>VISN</b> 268:4 <b>vital</b> 166:12 <b>vocabularies</b>	321:22 <b>vocational</b> 6:21 251:9 <b>voice</b> 88:3 249:20 249:22 327:20 <b>volume</b> 250:22 251:3 <b>volumes</b> 60:8 <b>voted</b> 322:20 <b>voting</b> 316:10 <b>voucher</b> 34:20 <b>VR&amp;E</b> 50:9 <b>VRE</b> 251:10 <b>VSO</b> 344:12 <b>VSOs</b> 342:19 343:8 343:21 344:1,2,16 344:19,21 346:15 <b>VTA</b> 215:7,14,15 <b>vulnerability</b> 61:22
	<b>V</b>		<b>W</b>	
	<b>VA</b> 9:9,13 24:1 26:18 27:1 28:8 31:1,1,14 32:11 33:14,17 35:17 50:9 51:4 54:1 62:9 68:16 105:8 130:20 131:3 163:9 165:5 176:4 178:8,9 182:7 207:3 208:7 232:16 234:4 264:10 266:18 269:20 270:13 276:1,7,18,21 278:1,5 288:12 289:22 297:15 302:19 303:20 309:15 310:14,18 310:22 314:2 318:6 323:4 326:6 329:13 331:16 332:7 333:13 343:11 348:12 349:6 <b>VA's</b> 175:20 <b>vague</b> 47:16 <b>validate</b> 107:7 <b>valuable</b> 20:1 <b>value</b> 17:15 141:19 195:6,12 <b>value-based</b> 141:17	<b>W2's</b> 149:13 <b>wage</b> 237:1 <b>wages</b> 236:21 261:15 <b>wait</b> 54:1 167:13 339:11 <b>waiting</b> 100:6 <b>walking</b> 290:11 350:10 <b>Walter</b> 10:21 53:18 267:21 329:5 350:4 <b>want</b> 13:6 14:11 16:20 19:13 24:7 25:10 27:5 33:4,6 33:19,20 36:11 38:9 71:14 77:17 85:5 87:15 88:18 90:5 106:19 113:3 137:6 151:4 156:14 157:10 161:8,11,19 162:11,16,20,20 162:21 164:5 166:15,20 167:2 182:1 183:7		

192:10 229:9	139:5 144:3,13	119:9 120:13	116:2,7,20,21	26:14,18 29:19
230:11 236:18	145:10,21,22	122:16 128:10	118:3 119:14	53:3 58:17 74:6,7
246:7 252:6	146:4,15 148:6,6	137:20 147:5	122:12 123:17,21	75:7 95:6 96:5
257:15 260:18	148:13 149:2,12	149:19 150:19	123:21,22 124:2,9	97:4 115:7,17
271:9 280:15,16	149:20 151:11,22	158:12 170:1	127:1 129:6 135:9	116:9,17 118:17
281:7 285:16	152:14,21 153:3	171:17 196:10	136:1 137:17	119:9 120:22
286:9,11 289:21	154:5 158:7 159:2	198:4 210:22	138:17,20,20	129:11 130:10
290:2,6 291:14	172:6 173:3	212:1 215:16	142:22 143:2	142:12 146:14,15
292:15,20 294:14	174:22 176:7	217:19 223:1	148:17 156:3	146:22 149:5
294:20 295:1,2,10	183:11 186:9	243:14 244:2,15	158:14 167:6	155:9 174:16,19
295:16 296:19	199:10,13,15	244:17 252:6,7	169:19 173:16	176:6 177:5
297:10,16,20	200:3,4,21 201:3	273:8 277:1	174:13 176:8,17	178:19,20 179:2,6
312:9 315:5,6,9	201:8,12 204:11	281:20 298:2	176:20 177:12,13	179:9 183:18
316:5 321:11	205:14 206:2	300:7,21 303:3	177:19,21,21	185:2 190:5,7
334:10 339:4	208:1 210:17	304:7 310:16	182:14 183:8,9	203:7,9 205:1
340:3,4 343:14	212:20 213:10	311:10 339:17,20	187:7,8 189:21	209:22 214:14
346:7 350:22	215:4,12 218:14	340:15	190:9 192:5,9,12	225:12,15 239:4
351:1	220:1 224:12,19	<b>ways</b> 43:2 139:16	192:14,18 194:14	257:12,20 260:4
<b>wanted</b> 20:22 27:4	227:10 233:12	241:6 249:18	198:10,19,22	264:20 265:4,9,16
173:18 201:17	241:2 250:15,17	252:1 257:15	199:10 200:10	266:10 267:7
215:4 279:3	251:19 254:4	319:22	203:19 210:10	276:13 277:16,17
286:12 303:6	287:2 322:7,10	<b>WCTP</b> 44:22	221:2 226:6,6,8	278:2 289:10
307:17 312:19	346:19	<b>we'll</b> 16:18 17:19	229:12,21 231:12	290:22,22 291:1
316:12 318:11	<b>warriors</b> 146:10	25:8 38:6,16	231:12,17 240:5	306:15 311:22
319:14 321:14	147:15,15 149:18	73:19,20 74:12,20	253:9,12 255:3	314:8 315:5
322:9,13	150:5 205:16	80:9 85:2 86:10	256:18 257:1,16	316:19,21 317:22
<b>wanting</b> 312:16	206:10 208:3	91:8 93:21,22	257:22 264:11	319:8 321:8
<b>wants</b> 25:9	210:22 213:4,7	97:19 113:5	266:21 267:1	323:12 326:1,7
<b>war</b> 280:4 328:1	215:9 224:13	130:12,14 137:18	273:7 275:7	336:11 338:5,15
336:15 338:6	226:19 273:15	142:6 191:3	276:12,16,18	342:20
<b>warm</b> 268:22 292:5	279:12 288:8	198:17 199:7	277:9 278:1 279:8	<b>weakness</b> 138:1
292:7 321:3,4,7	350:5	201:4 204:20	279:16 287:11	<b>wearing</b> 179:15
<b>warrants</b> 156:6	<b>Washington</b> 1:12	206:17 238:15	288:3 289:20	<b>weaved</b> 336:6
<b>warrior</b> 2:2,2,3,4,5	1:12 11:12 267:20	242:16 249:12	290:10,12,14	<b>Weaver</b> 2:10 3:10
2:6,7,8,9,10,11	349:22	253:1,2 262:12	291:4,17 293:13	199:11,17 200:1
3:4,6,9 5:20 7:9	<b>wasn't</b> 82:5,15	294:22 308:17	298:22 300:9	201:10 231:11,17
7:12 11:21 12:13	331:17	348:5 351:12	303:7 305:20	232:3 233:8
12:19 17:3 19:7	<b>watched</b> 339:16	<b>we're</b> 5:9 19:20	308:20 309:9	238:13 250:13
21:7 22:22 24:11	350:1	22:16 43:5 45:3	318:5 320:19,20	<b>web-based</b> 123:4
24:16,21,22 25:3	<b>watching</b> 222:17	46:5 54:13 62:19	323:22 324:19,20	240:20
38:20 39:8,16	<b>wave</b> 341:1	62:21,22 69:21	326:8,10 328:22	<b>Webb</b> 2:2 37:3
40:2,3,4,14 41:8	<b>way</b> 3:14 16:19	71:10 76:19 80:10	331:22 334:22	38:16,18 55:20
41:14 42:6,12,14	23:13 26:1 41:21	81:2,2 82:21	335:1,1 338:21	56:2,6,12 57:11
42:21 46:12 47:13	89:3 96:6,8 98:5	83:11,12,14 85:15	341:8,20 343:22	58:1,7,10,15
51:11,15 52:4,9	104:18 109:1	86:6 87:8 90:18	344:7 346:9	64:13,17 69:5
65:22 71:2 78:10	114:22 115:6,7,19	95:12 96:3,7 98:3	<b>we've</b> 11:20 15:14	73:11 75:5 76:5
92:3,10,17 112:15	116:10 118:17	98:21 100:3,6	15:18,19 22:18	78:2 79:4 80:9

82:1 83:22 84:13 85:1,17 88:11 89:14,17 91:1,4 91:21 92:13 138:16 139:14 158:4 159:4 175:12 181:18 182:11,22 198:10 <b>website</b> 41:11,16 41:16 43:1 44:1 45:3 57:7 87:16 87:18 88:14 89:6 89:9 90:13 92:8 92:12 137:1 211:7 213:2 303:17,19 305:19 <b>WEDNESDAY</b> 1:8 <b>week</b> 52:18 264:12 <b>weekend</b> 334:18 <b>weekends</b> 44:2 <b>weeks</b> 174:3 179:20 298:18 <b>welcome</b> 3:3 5:2 152:19 154:20 158:16 199:11 245:15 262:13 <b>welcoming</b> 5:4 <b>well-being</b> 51:19 <b>well-integrated</b> 101:21 <b>went</b> 4:20,20 12:15 37:1,1 69:16 74:14 80:16 94:4 94:4 131:19 172:14 173:14 198:2 199:4,4 262:9,9 307:20 314:20,20 315:1 318:4 327:9,10 342:9 343:4 351:16 <b>weren't</b> 175:16 189:11 196:19 <b>West</b> 7:13 65:22 <b>wheel</b> 209:13 <b>wheels</b> 108:19 279:1 291:9	<b>whichever</b> 313:16 <b>who've</b> 210:2 327:11 <b>whoever's</b> 297:13 297:18 <b>whole-scale</b> 326:18 <b>wholly</b> 164:12 <b>wicket</b> 36:5 <b>wicket's</b> 177:4 <b>wide</b> 161:22 269:18 304:17 <b>widespread</b> 218:2 <b>willing</b> 34:15 220:15,17 237:11 <b>willingness</b> 110:13 216:1 <b>win</b> 130:16 131:3 <b>window</b> 163:15 <b>wire</b> 42:10 <b>wish</b> 14:1 172:7 <b>wishes</b> 219:18 <b>witness</b> 343:22 <b>wonder</b> 123:15 <b>wonderful</b> 136:17 306:15 <b>wondering</b> 34:13 180:5 189:2 195:14 237:1 <b>Wong</b> 1:21 5:8 7:4 7:5 24:14 120:21 121:12,16 142:18 142:21 193:6 212:9 239:8 259:3 279:2 <b>word</b> 133:1 135:20 176:13 <b>wording</b> 278:15 282:13 <b>work</b> 6:13 8:8 36:5 46:8 54:8,22 75:11 77:6 78:10 85:7 88:22 92:20 98:6 112:21 114:12 117:3 120:4 131:12 144:21 147:1 166:3 168:2 180:1	213:22 223:1 233:22 236:4,20 237:5 256:9 261:13 272:10 288:9 289:9 300:7 307:7,11 310:21 319:20,20 320:8 321:8,9,12 325:20 326:21 328:21 330:8 335:11 342:9 346:1 351:14 <b>worked</b> 6:17 57:3 112:7 113:8 114:14 143:18 147:11 174:18 236:1,2 260:4 289:5 307:18 308:7 325:10 326:17 327:5,11 332:20 <b>worker</b> 84:19 118:11 <b>workers</b> 84:6,9,21 85:12 <b>workflow</b> 99:4 <b>workgroup</b> 262:21 264:4,14 289:5 302:13,15 307:8 <b>workgroups</b> 264:12 289:12 307:3 <b>working</b> 6:15 8:11 13:16 33:18 53:16 66:16 82:3,18 85:6 126:16 128:21 129:6,12 134:20 166:9 192:17 198:15 215:5 237:14 254:14,21 255:2,7 256:19 257:9 259:14 260:2 298:2 301:22 307:4 308:15 309:16 310:17 318:13 330:19	<b>works</b> 94:2 109:7 148:21 149:3 151:9 200:20 313:22 323:21 332:22 <b>workspaces</b> 306:17 306:22 307:7 <b>world</b> 109:1 233:6 296:21 338:6 343:13 349:21 <b>worry</b> 36:7 <b>worsen</b> 219:13 <b>worst</b> 343:13 <b>wouldn't</b> 111:10 128:2 237:22 238:2 <b>wound</b> 274:15 <b>wounded</b> 1:3 7:9 7:12,21 10:20 18:12 21:7,14 24:3,11,16,18,21 24:22 25:3,5 29:13 30:22 34:7 36:1 39:3,18 40:4 75:22 92:2,17 112:11 133:17 135:13 141:2 146:10 147:15 205:13 206:2 208:1 212:2 213:10 236:11 241:2 280:4 288:7 298:11 337:17 340:7 346:18 350:5 <b>wounds</b> 9:6 328:1 337:22 340:6 <b>woven</b> 341:6 <b>wrap-up</b> 86:20 <b>Wright's</b> 277:20 <b>write</b> 30:8 96:12 <b>writing</b> 97:5 <b>written</b> 29:1,2 87:18 107:4 <b>wrong</b> 58:2 128:7,7 128:8 189:2 194:2 239:2 346:7	<b>wrote</b> 278:21 340:16 <b>WTC</b> 37:11 40:9 43:6 50:13 159:6 172:10 178:1 <b>WTU</b> 3:8 47:1 48:4 49:8,10 66:12 69:14 74:2 77:6 77:16,21 78:6,14 78:20 82:13 84:12 95:1,17 96:3 148:15 153:10,22 154:16 159:3 172:9 183:14,17 185:19 <b>WTUs</b> 42:16 43:6 68:9 84:8 99:19 134:3 139:7 152:8 154:9 <hr/> <b>X</b> <hr/> <b>X</b> 63:9 <b>XOs</b> 71:8 <hr/> <b>Y</b> <hr/> <b>year</b> 8:13 9:1,15 22:18 32:16,18 39:12 41:15 44:21 46:6 54:5 55:6 58:20 65:1 86:17 172:11 183:19 193:17 195:22 198:18 202:20 204:17 205:10 211:14 212:12,12 222:19 225:11 242:16 316:11,16 324:10 325:13 333:17 348:8 <b>year's</b> 121:9 <b>year-old</b> 338:16 <b>years</b> 6:15,18 7:19 7:20 8:11 9:21 10:7,14,15 35:18 38:22 48:18,21 56:14 57:1,19 65:9 100:2 116:9
--	--	--	--	--

128:4,8 137:1 201:21 210:2 297:7 298:5 318:3 319:9 321:7 322:6 325:11 328:20 336:11 339:14,17 342:21 349:13 <b>Yeaw</b> 2:8 113:19 113:20 117:21 119:4 121:10,13 122:2 123:17 125:14,22 126:8 126:19 <b>Yellow</b> 155:11 156:19,22 157:8 <b>yesterday</b> 350:2,5 <b>York</b> 147:9 <b>young</b> 169:22 <b>younger</b> 142:4	168:21 169:13,16 188:12,20 214:14 245:3 266:8 <b>100,000</b> 214:17 <b>10th</b> 92:2 <b>11</b> 118:1 120:15 199:19 226:1 323:14 <b>12</b> 3:4 40:22 48:17 137:1 199:20 218:13 <b>12-month</b> 48:19 <b>12:00</b> 199:4 <b>120</b> 186:22 <b>120-day</b> 188:2,3 189:7,17 196:20 <b>1241</b> 259:13 <b>1241.01</b> 257:10 <b>1241.02</b> 259:4 <b>127,207</b> 214:10 <b>13</b> 10:7 31:10 65:16 66:9 67:7 78:18 100:18 199:20 223:4 296:11 297:19 299:18 327:12 <b>13-006</b> 47:14 <b>136,071</b> 211:14 <b>14</b> 20:9 55:5 199:20 214:9 224:11 278:14 <b>15</b> 36:21 38:14 55:5 55:16 93:22 107:14 111:2 198:20,22 199:20 226:13,13 264:8 264:11 301:4 <b>15-minute</b> 36:19 262:6 <b>150</b> 115:11 264:1 <b>157</b> 53:17 <b>16</b> 1:8 38:14 183:3 199:20 233:11 <b>17</b> 10:15 54:20 268:4 <b>18</b> 38:14 155:1 <b>183</b> 3:8	<b>19</b> 38:14 <b>196,972</b> 211:15 <b>1987</b> 235:14 <b>199</b> 3:9	<b>2</b> <b>2</b> 60:11 97:11 98:20 129:4 251:3 259:13 328:14 331:11 <b>2,000</b> 63:13 <b>2,700</b> 61:18 <b>2,800</b> 65:17 <b>2:25</b> 262:9 <b>2:48</b> 262:10 <b>20</b> 38:14 69:8 149:14 154:9 158:22 181:14 199:20 201:2 244:21 251:22 <b>20,000</b> 57:15 58:2 58:12 59:16 <b>200</b> 18:22 69:8 <b>2003</b> 115:10 <b>2004</b> 9:5 11:8 <b>2005</b> 11:9 61:11 127:20 <b>2007</b> 327:10,10,12 <b>2008</b> 205:20 211:10 329:13 <b>2009</b> 10:20 <b>2010</b> 128:16 328:5 <b>2011</b> 211:12,16 323:14,15 <b>2012</b> 53:5 54:12 186:1 189:5 263:20 323:16 328:6 <b>2012-13</b> 101:4 <b>2013</b> 5:16 38:14 44:12,15,16 49:7 54:13 148:14 184:17 187:21 189:5 200:14 211:13,17 214:8 214:15 225:2 253:19 263:3	264:19 265:1 267:20 268:6 275:12,18 276:11 323:16 <b>2014</b> 1:8 5:3 49:13 54:10,14 184:13 187:21 200:16 <b>21</b> 7:19 38:14 199:20 200:13 201:2 251:16 253:21 260:21 <b>214</b> 93:3 <b>22</b> 158:11 <b>24</b> 49:3 <b>240</b> 264:10 288:11 <b>240-plus</b> 291:1 <b>25</b> 38:22 51:16 79:9 79:10 <b>25/25/50</b> 144:18 <b>253</b> 3:11 <b>26</b> 10:14 56:19 <b>262</b> 3:12 <b>27</b> 101:4 154:8,12 <b>27,000</b> 55:21 56:8 56:20 57:13 58:9 58:12 <b>28</b> 6:18 56:20 <b>280</b> 186:22 188:5	<b>37</b> 3:7		
<b>zero</b> 73:1 209:21	66:9 67:7 78:18 100:18 199:20 223:4 296:11 297:19 299:18 327:12 <b>13-006</b> 47:14 <b>136,071</b> 211:14 <b>14</b> 20:9 55:5 199:20 214:9 224:11 278:14 <b>15</b> 36:21 38:14 55:5 55:16 93:22 107:14 111:2 198:20,22 199:20 226:13,13 264:8 264:11 301:4 <b>15-minute</b> 36:19 262:6 <b>150</b> 115:11 264:1 <b>157</b> 53:17 <b>16</b> 1:8 38:14 183:3 199:20 233:11 <b>17</b> 10:15 54:20 268:4 <b>18</b> 38:14 155:1 <b>183</b> 3:8	<b>3</b> <b>3</b> 47:2 60:11 97:11 98:20 <b>3,500,000</b> 214:16 <b>3:42</b> 314:20 <b>3:54</b> 314:21 <b>30</b> 76:10 142:5 174:21 186:22 187:15,19 188:4 189:7 259:1 264:2 275:12 <b>30-day</b> 187:19 <b>300</b> 1:12 49:21 67:8 <b>31</b> 18:17 34:2 <b>315</b> 3:14 <b>33</b> 80:19 <b>35</b> 44:16 <b>36</b> 68:7	<b>4</b> <b>4</b> 3:2,3 47:2 324:11 <b>4:37</b> 351:16 <b>40</b> 80:17 195:6 291:4 <b>410</b> 187:1 188:5,22 <b>42,175</b> 211:13 <b>44</b> 214:7 <b>452</b> 18:16 <b>48</b> 99:7	<b>5</b> <b>5</b> 94:11,16 99:14 <b>5-minute</b> 93:21 <b>5,000</b> 32:1 <b>5,500</b> 55:4,16 56:5 58:5 <b>50</b> 79:10 155:2 264:6 266:7 271:22 272:1,3,21 297:8 <b>50-plus</b> 265:10 304:17 <b>500</b> 68:7 <b>500,000</b> 214:11 <b>501(c)'s</b> 309:3 <b>51</b> 44:11 <b>513</b> 38:13 <b>52</b> 49:19 130:11 <b>54</b> 130:11 135:21 136:8	<b>6</b> <b>6</b> 99:8 199:19 201:5 201:11 <b>6,200</b> 18:12 <b>6,538</b> 65:19 <b>60</b> 221:2 <b>61</b> 61:19 <b>619</b> 116:1 121:21 <b>6495.02</b> 259:5 <b>65</b> 196:2 <b>65,882</b> 211:18		
<b>1</b> <b>1</b> 49:21,22 69:7,8,8 92:1 250:22 290:20 321:20 331:10 <b>1-800</b> 205:14 206:2 208:1 <b>1,000</b> 144:10 <b>1,500</b> 63:13 <b>1,600</b> 211:17 <b>1:14</b> 199:5 <b>10</b> 56:3 57:18 69:7 199:19 202:3 204:1 314:16,16 323:14 339:14,16 <b>10-16</b> 201:2 <b>10:09</b> 94:4 <b>10:14</b> 94:5 <b>100</b> 49:22 159:11 159:15,20,22	<b>19</b> 38:14 <b>196,972</b> 211:15 <b>1987</b> 235:14 <b>199</b> 3:9	<b>2</b> <b>2</b> 60:11 97:11 98:20 129:4 251:3 259:13 328:14 331:11 <b>2,000</b> 63:13 <b>2,700</b> 61:18 <b>2,800</b> 65:17 <b>2:25</b> 262:9 <b>2:48</b> 262:10 <b>20</b> 38:14 69:8 149:14 154:9 158:22 181:14 199:20 201:2 244:21 251:22 <b>20,000</b> 57:15 58:2 58:12 59:16 <b>200</b> 18:22 69:8 <b>2003</b> 115:10 <b>2004</b> 9:5 11:8 <b>2005</b> 11:9 61:11 127:20 <b>2007</b> 327:10,10,12 <b>2008</b> 205:20 211:10 329:13 <b>2009</b> 10:20 <b>2010</b> 128:16 328:5 <b>2011</b> 211:12,16 323:14,15 <b>2012</b> 53:5 54:12 186:1 189:5 263:20 323:16 328:6 <b>2012-13</b> 101:4 <b>2013</b> 5:16 38:14 44:12,15,16 49:7 54:13 148:14 184:17 187:21 189:5 200:14 211:13,17 214:8 214:15 225:2 253:19 263:3	264:19 265:1 267:20 268:6 275:12,18 276:11 323:16 <b>2014</b> 1:8 5:3 49:13 54:10,14 184:13 187:21 200:16 <b>21</b> 7:19 38:14 199:20 200:13 201:2 251:16 253:21 260:21 <b>214</b> 93:3 <b>22</b> 158:11 <b>24</b> 49:3 <b>240</b> 264:10 288:11 <b>240-plus</b> 291:1 <b>25</b> 38:22 51:16 79:9 79:10 <b>25/25/50</b> 144:18 <b>253</b> 3:11 <b>26</b> 10:14 56:19 <b>262</b> 3:12 <b>27</b> 101:4 154:8,12 <b>27,000</b> 55:21 56:8 56:20 57:13 58:9 58:12 <b>28</b> 6:18 56:20 <b>280</b> 186:22 188:5	<b>3</b> <b>3</b> 47:2 60:11 97:11 98:20 <b>3,500,000</b> 214:16 <b>3:42</b> 314:20 <b>3:54</b> 314:21 <b>30</b> 76:10 142:5 174:21 186:22 187:15,19 188:4 189:7 259:1 264:2 275:12 <b>30-day</b> 187:19 <b>300</b> 1:12 49:21 67:8 <b>31</b> 18:17 34:2 <b>315</b> 3:14 <b>33</b> 80:19 <b>35</b> 44:16 <b>36</b> 68:7	<b>4</b> <b>4</b> 3:2,3 47:2 324:11 <b>4:37</b> 351:16 <b>40</b> 80:17 195:6 291:4 <b>410</b> 187:1 188:5,22 <b>42,175</b> 211:13 <b>44</b> 214:7 <b>452</b> 18:16 <b>48</b> 99:7	<b>5</b> <b>5</b> 94:11,16 99:14 <b>5-minute</b> 93:21 <b>5,000</b> 32:1 <b>5,500</b> 55:4,16 56:5 58:5 <b>50</b> 79:10 155:2 264:6 266:7 271:22 272:1,3,21 297:8 <b>50-plus</b> 265:10 304:17 <b>500</b> 68:7 <b>500,000</b> 214:11 <b>501(c)'s</b> 309:3 <b>51</b> 44:11 <b>513</b> 38:13 <b>52</b> 49:19 130:11 <b>54</b> 130:11 135:21 136:8	<b>6</b> <b>6</b> 99:8 199:19 201:5 201:11 <b>6,200</b> 18:12 <b>6,538</b> 65:19 <b>60</b> 221:2 <b>61</b> 61:19 <b>619</b> 116:1 121:21 <b>6495.02</b> 259:5 <b>65</b> 196:2 <b>65,882</b> 211:18
<b>0</b> <b>04</b> 7:21 <b>08</b> 7:22	66:9 67:7 78:18 100:18 199:20 223:4 296:11 297:19 299:18 327:12 <b>13-006</b> 47:14 <b>136,071</b> 211:14 <b>14</b> 20:9 55:5 199:20 214:9 224:11 278:14 <b>15</b> 36:21 38:14 55:5 55:16 93:22 107:14 111:2 198:20,22 199:20 226:13,13 264:8 264:11 301:4 <b>15-minute</b> 36:19 262:6 <b>150</b> 115:11 264:1 <b>157</b> 53:17 <b>16</b> 1:8 38:14 183:3 199:20 233:11 <b>17</b> 10:15 54:20 268:4 <b>18</b> 38:14 155:1 <b>183</b> 3:8	<b>3</b> <b>3</b> 47:2 60:11 97:11 98:20 <b>3,500,000</b> 214:16 <b>3:42</b> 314:20 <b>3:54</b> 314:21 <b>30</b> 76:10 142:5 174:21 186:22 187:15,19 188:4 189:7 259:1 264:2 275:12 <b>30-day</b> 187:19 <b>300</b> 1:12 49:21 67:8 <b>31</b> 18:17 34:2 <b>315</b> 3:14 <b>33</b> 80:19 <b>35</b> 44:16 <b>36</b> 68:7	<b>7</b> <b>7</b> 253:21 254:10				

260:21 272:6

329:4 330:16

**70** 338:15

**72** 293:10

**720** 156:2,3

**74** 54:12

**76** 54:12

**78** 196:1

---

**8**

---

**8,500** 225:13

**8:00** 1:13

**8:01** 4:2

**8:03** 4:20

**8:06** 4:21

**8:30** 351:12

**8:40** 37:1

**80** 197:9,12,16,21

**81** 116:19

**83** 225:18

**83.8** 129:4

**85** 116:7

**89** 44:15

---

**9**

---

C E R T I F I C A T E

This is to certify that the foregoing transcript

In the matter of: Task Force on the Care, Management  
and Transition of Recovering Wounded

Before: US DoD

Date: 04-16-14

Place: Arlington, VA

was duly recorded and accurately transcribed under  
my direction; further, that said transcript is a  
true and accurate record of the proceedings.

  
-----  
Court Reporter

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701