

UNITED STATES DEPARTMENT OF DEFENSE

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

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MAY BUSINESS MEETING

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TUESDAY
MAY 13, 2014

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The Task Force met in the
DoubleTree Hotel Washington, D.C.-Crystal City
located at 300 Army Navy Drive, Arlington,
Virginia, at 8:00 a.m., Suzanne Crockett-Jones
and Matthew L. Nathan, Co-Chairs, presiding.

MEMBERS PRESENT:

SUZANNE CROCKETT-JONES, Non-DoD, Co-Chair
CSM STEVEN D. DeJONG
RONALD DRACH
TSgt ALEX J. EUDY
LT COL SEAN KEANE
KAREN MALEBRANCHE
STEVEN PHILLIPS, M.D.
CAPT ROBERT SANDERS
RICHARD STONE, M.D.
LT COL THEODORE WONG

EXECUTIVE DIRECTOR
DENISE DAILEY

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

2 8:01 p.m.

3 MS. DAILEY: Okay. Ladies and
4 gentlemen, I would like to really quick
5 refresh your memory, and for the
6 recommendations we went over yesterday, we're
7 not going to do a big in-depth dive on this
8 one. Just a real quick overall refresh on it,
9 and then I'll turn it over to you, ma'am.

10 Our first recommendation has to do
11 with IDES. It was broken out into two
12 recommendations. One is a global
13 recommendation for a complete revision, and
14 then the second recommendation will be in more
15 detail, and while you're working on these
16 global issues, studying it, work on these more
17 tactical issues, timeliness, transparency,
18 standardization.

19 You decided on your strategic
20 observations for harmonizing recovering
21 warrior health and transition, to move that.
22 The public-private harmonization, that

1 recommendation will be a best practice, and we
2 will move it into the best practice section.
3 On the recommendation for electronic health
4 records and PTSD, you decided to go into two
5 recommendations. One would be automatic
6 enrollment, how to move people automatically
7 into the VA system.

8 That was your first
9 recommendation, and then your second
10 recommendation was family support, breaking
11 down the barriers for -- that HIPAA may be
12 imposing, better socialization of those people
13 who are supporting wounded warriors. So two
14 came out of that.

15 The next recommendation was to
16 create an inter-agency policy. Very briefly,
17 we talked a lot about it, but inter-agency
18 policy was the direction you wanted to go.
19 And then we agreed in the afternoon to
20 publish, to recommend the publication of a
21 family caregiver DoDI, and that is where you
22 ended the day.

1 MEMBER WONG: Denise, I think one
2 additional thing we want to capture is we
3 wanted to put into the intro some discussion
4 about how we move forward towards PTSD and the
5 EHR, I think.

6 MS. DAILEY: Correct. On page
7 six, you were going under two, we were going
8 to move bullets one, two and three into the
9 introduction, and under three, A, B and C were
10 going to go into introduction. Got it.

11 CO-CHAIR CROCKETT-JONES: Is
12 everybody comfortable with the recap?
13 Everybody ready to move forward? Thank you,
14 Denise. With us this morning to provide an
15 oral statement for the public forum, we have
16 Mr. Michael Parker, a wounded warrior
17 advocate. The information is at Tab D. Is
18 this the last time Mr. Parker will be -- no.
19 We have one more public forum? Okay. So I
20 don't have to be all sentimental yet.

21 MR. PARKER: Well actually in
22 July, during your meeting, I will be playing

1 Boy Scout up at Goshen. So this will be
2 effectively my last time you get to see my
3 face. Not that I won't send something in, in
4 terms of a public statement.

5 Okay, good morning. As the task
6 force concludes its mission, I would like to
7 make two recommendations for the task force to
8 consider. The first issue deals with
9 exemptions for disability retirees. The
10 recent COLA reduction law and DoD's Tricare
11 consolidation proposal, have exemptions for
12 disability retirees. These well-intended
13 exemptions are based on the false premise that
14 disability retirees are the most severely
15 disabled retirees. This is not always true,
16 due to the oddities of the current DoD
17 disability evaluation system.

18 One can be a disability retiree
19 with a zero percent disability rating, and
20 fully employable, whereas a length of service
21 retiree can be rated 100 percent disabled,
22 unemployed and house-bound. Does it really

1 make sense to give the fully employable
2 disability retiree full COLA payments, or
3 reducing the COLA payments of the 100 percent
4 disabled, unemployed and house-bound length of
5 service retiree?

6 You can find a deeper discussion
7 of this issue attached -- I'm sorry -- in the
8 attached statement I gave earlier this year to
9 the Senate Armed Services Committee, and in
10 the attached Military Update article. I ask
11 the task force make a recommendation that
12 disability-based exemptions for COLA
13 reduction, Tricare reform and other such
14 programs be based on the individuals' actual
15 degree of disability, rather than simply on
16 the individual status as a disability retiree.

17 An individual's current VA rating
18 is much better measure of the current, or the
19 actual degree of disability as opposed to
20 simply disability retirement status. The
21 second recommendation deals with individuals
22 that are eligible for both CHAMPVA and

1 Tricare. CHAMPVA provides health insurance
2 for the veteran and eligible family members,
3 when the veteran is rated 100 percent
4 permanently and totally disabled by the VA.

5 However, under current policy,
6 Tricare eligibility makes a veteran and their
7 family ineligible for CHAMPVA. Veterans
8 eligible for both programs should be able to
9 choose which program to use. The program that
10 will be most beneficial to the veteran depends
11 on factors such as location, family status and
12 the specifics of the CHAMPVA and Tricare
13 programs. As these factors change, the
14 individual should be allowed to switch to the
15 more beneficial program.

16 I ask that the task force make a
17 recommendation to change the policy and the
18 laws required to allow those eligible for both
19 CHAMPUS or CHAMPVA and Tricare, to be able to
20 select the program more advantageous to the
21 veteran and the eligible family members, as
22 their circumstances dictate. Thank you, and

1 I will answer any questions you may have.

2 MEMBER STONE: I'm a little bit
3 confused about your first point. You're
4 talking about the reduction in cost of living
5 increases?

6 MR. PARKER: Correct.

7 MEMBER STONE: And could you spend
8 a little bit of time with this, because you've
9 got both the Tricare issue and the COLA
10 reduction law in this paragraph. Can you
11 spend some time with --

12 (Simultaneous speaking.)

13 MR. PARKER: Well, it was the
14 Tricare consolidation.

15 MEMBER STONE: --to cost of living
16 increases, and who's exempted from that
17 adjustment and who's not.

18 MR. PARKER: Right. Last
19 December, just before Christmas I think it
20 was, Congress came out with this change in law
21 that was going to reduce the cost of living
22 adjustments for retirees up until the age of

1 62, I believe it was. That law stated that if
2 you were a disability retiree, you would still
3 continue to receive full COLA payments without
4 the reduction that the length of service
5 retirees were to have.

6 The CHAMP, or the DoD, recently
7 proposed a consolidated Tricare program, where
8 basically everybody I guess goes to the
9 Tricare standard instead of having a prime and
10 a select option as well. That particular
11 proposal also states that if you're a
12 disability retiree, you're exempt from that
13 proposal.

14 MEMBER STONE: Okay. So as far as
15 cost of living adjustments to income, your
16 position is that --

17 MR. PARKER: My position is it
18 shouldn't happen to begin with. But if it's
19 going to happen, if you're going to have
20 exemptions and benefits for disabled retirees,
21 it ought to be based on their actual degree of
22 disability, and not whether or not they are

1 designated as a disability retiree, forcing
2 them from service.

3 MEMBER STONE: And so at what
4 percent disability would that exemption kick
5 in?

6 MR. PARKER: I don't know. But my
7 issue is just because they're a disability
8 retiree does not make them more disabled than
9 somebody who retired with a disability. So
10 whatever it is, be it 30, 100 or 50 --

11 MEMBER STONE: So you would be
12 okay if the Department said well, you're
13 exempt if you're 75 percent disabled? Would
14 that be acceptable too?

15 MR. PARKER: Or the exact
16 percentages, you know. I suppose that's up to
17 debate. But a guy who's 75 percent disabled
18 as a length of service retiree, and a guy
19 who's 75 percent disabled as a disability
20 retiree ought to be treated the same, and not
21 have special status just because they were a
22 disability retiree.

1 MEMBER STONE: All right, thank
2 you.

3 CO-CHAIR CROCKETT-JONES: And they
4 used the same, just, status for the Tricare
5 change?

6 MR. PARKER: Yes. I called MOA on
7 this, and they said in the actual -- now this
8 is just a proposal that DoD made, and
9 currently, I think, both the Senate and the
10 House have rejected it, at least for this
11 year. They're kind of waiting for the
12 Retirement Reform Commission to come out with
13 their statements before they take any action.
14 But the proposal that DoD did make had an
15 exemption for disability retirees being
16 affected by the change.

17 MEMBER STONE: Yeah. I'm not sure
18 that there's any legs at all for that Tricare
19 change from units prime, prime remote,
20 standard, to just change everything to
21 standard. It didn't seem to have any sort of
22 support on Capitol Hill at all that I saw.

1 Did anybody else follow that debate, that they
2 saw anything? I didn't see anything.

3 MR. PARKER: And I guess my
4 overall concern is, I kind of used those as an
5 example, but who knows what the future might
6 bring in terms of another program proposal or
7 law, where suddenly the disability retiree is
8 exempt from those things, as opposed to
9 retirees with disabilities. If I remember
10 right, when they did the Tricare change and
11 raised premiums from 460 and higher for
12 families, they exempted disability retirees
13 from that increase as well. So that's another
14 example of how that exemption was applied.

15 CO-CHAIR CROCKETT-JONES: How was
16 it received when you briefed it?

17 MR. PARKER: I did not brief it to
18 the SASC. I provided a statement to them for
19 their hearing. They mentioned that they had
20 received it, so --

21 CO-CHAIR CROCKETT-JONES: Oh,
22 okay. Thank you very much, Mr. Parker.

1 MR. PARKER: All right. Thank you
2 all.

3 MEMBER SANDERS: Good morning.
4 This is Captain Sanders. I'm substituting for
5 Admiral Nathan this morning, as the senior
6 uniformed representative. We start off today,
7 task force recommendations and developments
8 and observations related to the Reserve
9 component, including IDES.

10 Observations related to the
11 Reserve component including IDES. This fiscal
12 year, the task force visited JFHQ in Utah, the
13 CBWTUs in Utah and Illinois, Army Reserve
14 Component SMSC in Florida, MARFORRES
15 headquarters in New Orleans, the 4th Marine
16 Air Wing in New Orleans, and the Air Force's
17 624th Reserve Component in Hawaii.

18 Observations 1 through 3 address
19 IDES issues in the Reserve component.
20 Observations 4 through 6 address the tracking
21 and support for the Reserve component. Please
22 note that Item 6, which makes a recommendation

1 out of observations for MARFORRES, will also
2 be a best practice.

3 Please consider whether the
4 Wounded Warrior Regiment management of Reserve
5 component is best addressed as a
6 recommendation, or as a best practice.
7 Observation No. 5 and No. 6 are also included
8 in the previous observations about future
9 NDAA, which we discussed yesterday. I believe
10 there was some change in that conversation,
11 and it was noted earlier in the initial
12 comments by Ms. Dailey.

13 MS. DAILEY: Yeah. I pulled it
14 out of that recommendation, so you'll need to
15 reconsider it here.

16 MEMBER SANDERS: Thank you. If
17 the task force is interested in included these
18 ideas in the non-voted draft, we should
19 address and discuss the best place for them.
20 As we review Items 1 through 6, I ask that
21 you select those items that are most important
22 to you. Lieutenant Keane, please lead this

1 discussion with assistance from Command
2 Sergeant Major DeJong and Dr. Stone. Thank
3 you.

4 MEMBER KEANE: Sir, I'm not sure
5 if you have special court martial convening
6 authority to demote me.

7 MEMBER SANDERS: I actually do in
8 my other job.

9 MEMBER KEANE: In my mind, I'm
10 currently sitting at three, maybe four
11 recommendations, this one being additional one
12 making, you know, four or five. I'm on the
13 fence about this one, and I'll give you the
14 pros and cons why.

15 The first one, I guess the pro is
16 : like many other things we've heard across
17 the country, similar to why is it we get
18 involved more often, we hear about the
19 disparity in the Reserve component, and not
20 getting the same kind of carryback duty. So
21 that's obviously a pro of why we might want to
22 do this.

1 A con, this is -- unlike the
2 other, I'm going to call them 3.5 that there
3 are in my mind, that are recommendations
4 solid, this really gets in the weeds. This is
5 real -- like for example, number six. I think
6 that's really getting in the weeds of what
7 we're suggesting or modifying for the Marine
8 Corps.

9 I think they need to be broad-
10 brushed. So 1 and 2 possibly are better
11 focused for this one, if this was to go
12 forward as a recommendation. That's I guess
13 my comments. Sergeant Major?

14 MEMBER DeJONG: I would somewhat
15 concur with you, sir. We do have to do
16 something with the Reserve components and
17 their LOD issues, and how they're tracked and
18 how they're done. We need to address that.
19 It's been a global issue over the last four
20 years of just trying to get a standardization
21 across the entire Reserve component, somehow,
22 some way.

1 I don't have the wording quite
2 yet, because everybody does LODs a little bit
3 different. Air Force does it one way,
4 National Guard does it one way. I mean, this
5 is really an issue for Reserve components
6 command for National Guard Bureau for to come
7 together. But we need to somehow standardize
8 how we initiate the LODs, when they're
9 initiated and how they're captured.

10 MEMBER WONG: I'd like to concur
11 with what Lieutenant Colonel Keane was saying.
12 I think all these things are very important
13 and across the Reserve forces, how they all do
14 things. As we do draw down, I mean the
15 Reserves will still continue to support the
16 active duty forces, either as whole units,
17 individual augments and there will be some
18 difficulty in tracking them and when they do
19 get injured.

20 I think this is something that we
21 can maybe clearly state within the findings
22 portion of our report. I do need to recuse

1 myself from number six, since I'm on that.

2 But to give you an update, I have
3 been advised that will be extended for an
4 additional year for this pilot program, for
5 the LNO for MARFORRES, and the MARFORRES does
6 have a force surgeon selected, and he will be
7 on orders for a full year, starting July 1st
8 for Item C.

9 MEMBER STONE: So a couple of
10 comments. The major problem we have in the
11 Reserve components is the fact that we spend
12 a lot of time arguing about duty status, and
13 if a service member is out running, preparing
14 for an annual or a biannual PT test and is
15 injured in some manner, we have all this
16 discussion of what duty status they're in.

17 We don't have that discussion with
18 the active component. The active component
19 can be at their quarters, putting the mulch
20 around and slip a disc. We have no discussion
21 at all whether this was an LOD or a non-LOD.
22 That needs to go away. That whole thing needs

1 to go away.

2 Until you resolve the LOD status
3 issues that cause so much problems in the
4 Reserve components, including the fact that
5 you have a part-time Command structure within
6 at least the Army Reserve and the Reserve
7 components, the Guard has full-time people,
8 but it's very hard to get the LODs even
9 created in a timely manner, let alone get the
10 medical records and access to things that
11 would allow a commander to make a reasonable
12 decision.

13 So Issue No. 1 is the duty status
14 concept needs to be resolved, and anything
15 remotely associated with service, regardless
16 of whether I'm on orders or not, should be
17 included in broad, inclusive language.

18 I think the second piece is is
19 once a service member is broken and can no
20 longer serve in their MOS, IDES is IDES, you
21 know. The disability system, whatever
22 component here, has to be the same. For us to

1 get into the weeds of who writes a quality
2 comp and pen exam, to say well, you've got to
3 be at an active duty MTF.

4 What you want is a competent comp
5 and pen examiner, not -- I don't care who
6 employs them. I want a competent person doing
7 it. Now from our discussion yesterday
8 morning, if we are going to endorse
9 fundamental reform of the disability system,
10 which I think after 60-some years is
11 appropriate, I don't think you can tweak this
12 system enough to get it to where it should be.

13 We could certainly go down the
14 list of well, here's the things if you're
15 going to keep the existing system. But I
16 don't think that should be our endorsement.
17 Our endorsement should be that this is a
18 fundamentally flawed system of disability
19 rather than a system of ability that needs to
20 be abandoned now.

21 "Now" is in quotes. It's going to
22 take you a little while to get rid of it. But

1 when you get rid of it, we ought to
2 incentivize a system that acknowledges our
3 responsibility as a government and as a
4 Department of Defense, to allow service
5 members who come in and are trained, and then
6 are injured or have a compensable event, to
7 then transition out to a new life or to be
8 retrained in a new MOS.

9 So if I can no longer be an
10 infantryman, there ought to be a system
11 regardless of my component, that either
12 retrain me if that is my wish and the wish of
13 my serving service. If the Navy can take me
14 and allow me to be retrained in something
15 else, great, if that's mutually agreeable.

16 If it's not, then the government
17 ought to supply enough salary and enough
18 educational benefit to retrain me to be
19 employable in the civilian world for the
20 future, and when I transition to the civilian
21 world, employers should be incentivized by my
22 government to employ me.

1 And to move that veteran and
2 especially that disabled veteran to the top of
3 the list as a desirable employee for the
4 future should be incentivized. So I think
5 that this -- part of this goes back to the
6 discussion yesterday.

7 But this is exactly why I didn't
8 want the discussion to start too prematurely
9 on this. I think it all falls into
10 yesterday's opening discussion.

11 CO-CHAIR CROCKETT-JONES: I agree.
12 I will also wanted to say that consistently
13 when we went everywhere, one of the -- that
14 the -- one of the IDES issues for the Reserve
15 component that currently exists is one that
16 the process takes longer, because there seems
17 to be a lack of process understanding all the
18 way up until the moment the people who are
19 doing the processing get the information.

20 And I think that this is partially
21 because of the IDES, the way IDES functions.
22 So big change in IDES, to be more seamless and

1 more ability-focused. It's great.

2 It just also needs to have in view
3 the people who are not full-time active duty
4 don't necessarily have as clear an
5 understanding of all the programs that affect
6 them, because they're not working with it
7 every day and they don't have the same
8 resources.

9 They're not on a post as often or
10 as long, and it just -- our information says
11 they don't have all -- the packet's not
12 complete. They don't have all this
13 information. They don't know where or who
14 their PEBLO is.

15 All these things, they have a
16 lower institutional knowledge. So I think it
17 is not inconsistent at all to say we need a
18 new system. This is our concerns in the
19 interim for the current system, but we need a
20 new system, and to also say currently and in
21 the new system, we need to have a way to keep
22 your Reserve component more informed. You

1 need to have the --

2 I think the LOD process is a
3 separate issue, even though it affects this.
4 In a way it is a separate issue. That needs
5 to be standardized. That needs to be across
6 the services. Right it now, the fact that
7 getting injured is so different, depending on
8 the service, and how long it's kept was
9 another issue and we missed that.

10 MEMBER DeJONG: I agree with the
11 comments that have been made. If we're
12 looking at a global change for the whole
13 system, this has to be included in that global
14 change. We can't add an addition onto the
15 global change.

16 We have a system right now that
17 has been tweaked, modified, an addition here,
18 an addition there, an addition there, and
19 eventually the house of cards is just not
20 going to stay up. But we keep adding a brace
21 here and a brace there.

22 I agree with what Dr. Stone was

1 saying to the point of global change. I think
2 this fits under global change, but we have to
3 spell it out in a way that almost separates
4 the Reserve component, to make it -- to show
5 how it needs to be included into the change,
6 because of some sell items.

7 MEMBER DRACH: If I may, granted
8 the system is based on a 1945 schedule for
9 rating disabilities, which obviously is almost
10 60 years old. The rating schedule in and of
11 itself, in my mind, is not the biggest
12 problem. It's an issue, is it a problem? I
13 don't know.

14 The rating schedule is pretty
15 defined. If I have an amputation above the
16 knee, which I do, it's 60 percent. No
17 question. There's no judgment factor, there's
18 nothing there other than it's 60 percent.
19 That's both by VA and DoD, if I'm going
20 through the PEB/MEB process.

21 Okay. That in and of itself is
22 not a disincentive for me to go to work,

1 because I'm going to get that 60 percent if I
2 make \$100,000 a week, because it's not a
3 factor under the current schedule. Is that
4 bad? I don't know.

5 I was talking to an individual
6 yesterday who has a friend who's 100 percent
7 service-connected for PTSD, and he's working
8 at making \$120,000 a year. Is that bad? I
9 don't know. How much of his paid work
10 contributes to his well-being? Forget the
11 financial aspect of it. To his well-being of
12 coping with his PTSD.

13 If he was not working, whether
14 it's 30,000 or 100,000, if he's not working,
15 what's he doing. He's sitting at home and
16 then eventually he starts, you know, hitting
17 the bottle and then he eventually starts
18 drugs, and it's on a downhill spiral.

19 How do you evaluate that? How do
20 you measure that? I don't have an answer for
21 it. But I think, and we had a little bit of
22 discussion on this yesterday, is where the

1 disincentive comes in is the long wait to get
2 into some sort of training program, education
3 program, internship, whatever.

4 I was looking through some of my
5 old notes from one of the other site visits,
6 and I forget what unit it was now or what site
7 visit it was. They were not permitted to
8 participate in Operation Warfighter. The
9 opportunities were there, but the Command was
10 not allowing them to participate in OWF.

11 So again, here I am sitting doing
12 nothing, other than maybe OT/PT and my medical
13 appointments, and maybe I'm at the point now
14 where my condition is so stabilized, I don't
15 really need that much medical appointment.
16 Maybe I need OT and PT.

17 But where does, where does that --
18 you know, I guess I'm asking some rhetorical
19 questions here. I don't know what the answer
20 is. I don't know that throwing the rating
21 schedule out and starting anew is the way to
22 go. Pretty much that's what Senator Dole and

1 Donna Shalala wanted to do. It got no
2 traction anywhere.

3 MEMBER STONE: So I happen to
4 think that, Ron, that this schedule should be
5 thrown out, for exactly the reasons you've
6 stated. It sets the wrong sort of discussion
7 milieu for this, and that is how much disabled
8 am I. What I'm more interested in is how much
9 ability I have for the future, and you've
10 certainly described that in other individuals.

11 So disability insurance exists to
12 make up for lost income potential, and if my
13 income is going to be service to my nation, in
14 uniform, and I can't do that anymore because
15 the loss of a limb, then it is about allowing
16 me to reach the income potential that I might
17 have had, should I not have lost that limb.

18 Therefore, my view is forget this
19 rating schedule of how disabled I am. Allow
20 me a salary long enough to be retrained, and
21 whether it is putting \$100,000 against the GI
22 bill over a five year period and keeping me on

1 salary for five years 'til I finish a college
2 degree, that's entirely reasonable to me.

3 At that point, I should be
4 compensated for a lost career, and when I say
5 that, I just retire at that point at retired
6 pay and X rank. Now is it my existing rank?
7 Is it a future anticipatory rank? You just go
8 on retirement, which then your life can move
9 on, the same as any service member who
10 finishes their career.

11 So if in Year 2 of my career I am
12 disabled, I get X number of years of salary to
13 be retrained. I have paid for training. I
14 then transition out to a community ready to
15 accept me at the top of the list, because
16 there is a system in place that incentivized
17 employers to employ me with my new educational
18 career, and this silliness of is it 60
19 percent, is it 65 percent, is it 70 percent?

20 In my civilian practice, I still
21 see Vietnam veterans who are fighting over how
22 much disability they get under Agent Orange

1 exposure, all these years later. That's a
2 system that's broken, and I don't care how
3 much you tweak it, it is broken, needs to be
4 acknowledged as that, and we need to
5 transition to a system for ability.

6 MEMBER DRACH: I'm not disagreeing
7 with you, General. I think, for example, if
8 I understood you correctly, you've got an
9 individual right now who I talked to the other
10 day, who is combat wounded, lost both legs
11 above the knee. He's the garrison commander.
12 He's getting ready to go into the IDES system.

13 No doubt in my mind that this
14 individual, when he gets out, is going to make
15 and have a lucrative career. West Point grad,
16 you know. He's going to do okay. Are we
17 saying that he should not be compensated for
18 the loss of his two legs because he's going to
19 have a lucrative career, or am I
20 misunderstanding you?

21 MEMBER STONE: What I'm saying is
22 is that his compensation is for the lost

1 income of a career that might have gone on
2 longer, and therefore his retirement, he would
3 get a full retirement, just like he had served
4 a full 20 years, and he would get a period of
5 time on active duty or active duty salary,
6 during which time he could be retrained, and
7 that we would pay for the retraining.

8 I am absolutely saying that to
9 compensate for the loss of a spleen or a limb
10 or an eye is not the issue. The issue is the
11 ability to continue my income for what I
12 expected when I signed up for my military
13 service.

14 MEMBER DRACH: Now that's fine for
15 somebody who was planning on or is in the
16 middle of a career, 15, 18, 20, 25 years. But
17 what about that E-3, E-4 who has basically no
18 education, no training, right out of high
19 school joins the Marines, loses both limbs.

20 How do we know -- how do we
21 project what he or she may have earned over
22 their lifetime? I think that's a problem.

1 The other issue is, and I've talked to a lot
2 of combat-wounded veterans over the years.
3 They would be happy to give up their
4 compensation if they could sue.

5 Now you take somebody that was in
6 an industrial accident and lost both legs
7 above the knee. What do you think a jury is
8 going to allow in a jury trial for something
9 like that? A heck of a lot more than what
10 that individual will get over his or her
11 lifetime from the VA.

12 MEMBER STONE: Are you assuming
13 that then uniformed personnel should be able
14 to sue their government or their Command
15 structure for sending them into combat?

16 MEMBER DRACH: Well, I think
17 that's an alternative to the rating schedule.
18 If you're going to say you're not going to get
19 compensated except for what we think you might
20 have made over your lifetime --

21 MEMBER STONE: So Ron, I'm not
22 with you on this one, okay. I'm not

1 absolutely with you on this one.

2 So if in fact I serve 20 years in
3 uniform, and then obtain a retirement and the
4 current retirement system is at X percent of
5 my former salary for my lifetime, and then
6 select that retirement for my spouse's
7 lifetime and you could even include that being
8 paid for over the 360 payments that that
9 annuity covers, I'm not sure that we haven't
10 compensated for the lost income.

11 I'm not minimizing the injuries of
12 those catastrophically wounded. But what I am
13 saying is the responsibility of the
14 institution to care for a lifetime should be
15 to create those incentives that allow people
16 to go on to future productive employment.

17 MEMBER KEANE: If I could make a
18 quick comment before we continue to discuss
19 comp and pen. Ms. Crockett-Jones and I had a
20 discussion about this yesterday. This is an
21 exciting, energized topic, not one that we can
22 start discussing the meeting before we have

1 our last meeting.

2 We haven't brought in the correct
3 personnel with all the smarts, all the SMEs to
4 come in here and, you know, spin us up on this
5 and make us smart on this. We could spend all
6 morning talking about this. What just came to
7 mind, though, maybe a recommendation to have
8 another task force investigate this.

9 This is a year or two of task
10 force work not, you know, three hours the last
11 day of our conference today. To get back on
12 focus, I think we're talking about the Reserve
13 component here for a recommendation.

14 But maybe that's a recommendation,
15 something that's not even on this paper is if
16 this has that much desire, maybe we need to
17 make a recommendation, suggest to have another
18 task force to look into this.

19 MEMBER WONG: Thank you, Sean, and
20 I think we'll get into some of this discussion
21 when we talk about the vocational rehab
22 training later on this morning. But yeah, to

1 get back on task on the Reserves.

2 Dr. Stone, I'm in concurrence. I
3 mean you talked about a Reserve Marine in
4 between drills training, or getting into a
5 vehicle accident. Yes, there's always a
6 question, would it be in the line of duty or
7 not in the line of duty.

8 PTSD manifests in between drills
9 from a prior deployment. We have to tie that
10 before we can put that person inpatient in the
11 line of duty.

12 So when we're looking at Reserve
13 forces, you know, currently we centrally
14 monitor all the line of duties and medicals in
15 the Reserve component, but not so much on the
16 temporary not physically qualified, or not
17 physically qualified.

18 So maybe part of our findings or a
19 recommendation is to maybe look at that and,
20 you know, incorporate maybe all Reserves in a
21 line of duty all the time. Maybe automatic
22 enrollment into Tricare Reserves, still that.

1 I mean it's already partially
2 funded at 70 percent, and that's why the rate
3 is only \$56 for just a single reservist to be
4 enrolled in it, and then they would be covered
5 for any incidents in between drills.

6 MEMBER PHILLIPS: Just a quick
7 comment. If one looks at the civilian sector
8 as to what they do related to disability,
9 there are basically two types of policies:
10 One that pays you disability if you cannot
11 form your own occupation.

12 It's hard to get those policies.
13 If you're a neurosurgeon and you make half a
14 million dollars a year, and for some reason,
15 because of a trauma or whatever, you cannot
16 perform that any longer. They will continue
17 to pay you at a level that's equivalent to
18 what your future reimbursement would be.

19 Again, that's own occupation, and
20 that's difficult to get. The more general
21 policies are just disability policies, and it
22 goes along with what Dr. Stone was saying.

1 If you cannot perform your job as
2 a rocket scientist, they will make every
3 effort to retrain you into something else, and
4 your disability payment will be reduced based
5 on what your income is, say as a cab driver or
6 as a computer scientist.

7 So perhaps, you know, there's a
8 compromise, and perhaps again, as Lieutenant
9 Colonel Keane mentioned, this needs more
10 indepth review. But why not take a lesson
11 from the civilian sector? As he was saying,
12 you lose both legs but you can have a
13 wonderful career in something else, and that
14 might be a compromise.

15 I mean I just throw that out and I
16 think another task force or another group to
17 really look at this indepth. I'm sure there
18 have been hundreds of groups looking at this
19 indepth over the years.

20 MEMBER DeJONG: I agree with the
21 comments, that I don't think we're going to
22 formulate a recommendation out of this,

1 because the Reserve component throws in a
2 whole another link into this equation.

3 If you are -- as of right now, if
4 you are considered on a line of duty and
5 you're injured, you also have outside
6 employment to look at, to where can you do the
7 job that you were doing prior to you going
8 onto active duty as that Reserve component.

9 So it throws a whole another
10 equation into here, which is where I'd like to
11 see this separate from a global change on
12 IDES. But we've got to -- someone has to look
13 at this indepth.

14 I don't have the -- I don't feel
15 we can make a good recommendation on how to do
16 this better, with the direction we want to
17 take this and the direction we talked about
18 yesterday of how we want to take this, with
19 changing the -- other than globally changing
20 the IDES system and then also looking indepth
21 into the Reserve components and its unique
22 challenges into how it affects not one career,

1 possibly affects two.

2 MEMBER SANDERS: So would it be a
3 correct summary to say that these
4 recommendations, at least one through six, are
5 not something we want to send forward, but we
6 want to add language to previous discussion
7 about IDES that reflects this comment or this
8 area of discussion?

9 MEMBER DeJONG: That's the
10 direction I'd like to take it sir, is to add
11 this as a subcomponent into the global
12 reformation of IDES.

13 CO-CHAIR CROCKETT-JONES: I want
14 to just jump in for a second here, because I
15 want us to -- we have sort of come to the
16 conclusion that IDES is its own block. But
17 there are the Reserve component issues that we
18 do want to talk about, and I want us to be
19 clear on those.

20 A concern that you have, that
21 Colonel Wong just brought up to us, that I've
22 had is to do with the PTSD symptoms that

1 migrate up in between times. We have concerns
2 about that. We've seen places we're getting
3 that LOD status established and getting back
4 into treatment.

5 This is something we've seen in
6 many places, where that's a difficult process,
7 partially because of the LODs which we've
8 discussed earlier. But I also have -- and I'm
9 wondering, when we marry this sort of
10 experiential learning we've had with the idea
11 that the military is very much trying to
12 propose or trying to support evidence-based
13 treatment for post-traumatic stress, that in
14 some ways perhaps we should try to get combat
15 stress or post-traumatic stress separated out
16 from the LOD process.

17 I mean I don't know if that's a
18 reasonable answer, because you know, medical
19 treatment is medical treatment, and you all
20 can explain to me if that is just not going to
21 work. But it seems to me that if someone
22 shows the signs of post-traumatic stress and

1 if they've been in the Reserves or the
2 National Guard, they should just be able to
3 get that treatment.

4 It's not law; it's not, you know.
5 This is eight weeks, 12 weeks of -- the
6 evidence-based treatment is not a huge medical
7 burden. This is not a bill that is so out of
8 control, considering the hoops we make people
9 jump through to get an LOD.

10 I think we probably spend more
11 administrative money struggling to get an LOD
12 proven, than we would if we just made the
13 evidence-based treatment available to the
14 Reserve component if they needed it.

15 I'm wondering if there's a way, if
16 there's a way that this current system could
17 support that, or if this is -- if I'm just not
18 understanding why that can't be done.

19 MEMBER STONE: So this broad
20 access to behavioral health therapy, with the
21 presumption of relationship to service for all
22 Reserve components if they have ever deployed,

1 and Karen, I don't mean to pitch that as you
2 just sat down. But it was my understanding
3 that access to the VA's behavior health
4 system, if you've ever deployed, you can come
5 in for urgent behavioral health care.

6 In addition, the various other
7 referral systems available online are
8 available without -- with presumption of LOD,
9 okay. You don't need a signed LOD for
10 behavioral health care. Am I correct in that?

11 MEMBER MALEBRANCHE: Yes, I
12 apologize for being late. But yes, not only
13 that as far as the VA behavioral health
14 system, but the Vet Centers are also open.
15 Just walk in any time. I mean that's not even
16 within, you know, that's like --

17 CO-CHAIR CROCKETT-JONES: So and
18 like a course of the evidence-based treatment,
19 because I'm not just talking about an urgent
20 care, you know, I go in, I get treatment. Now
21 I go back and find the LOD, get someone to
22 sign off on that, and then after the weeks

1 that it's going to take me to do that, go back
2 in finally for treatment.

3 I think that we're missing --
4 that's sort of asking -- I think that there
5 are a lot of people, especially with PTSD,
6 which has such a big huge avoidance component,
7 they finally go in for treatment.

8 My concern is that an urgent
9 appointment isn't -- is not going to do
10 anything, that what they need is someone, when
11 they finally make -- when they're desperate or
12 they are ready or they have the right mind
13 set, and they go in to get into that evidence-
14 based treatment, and not need to have to go
15 back and do that whole process.

16 I think that we probably -- how
17 many did we lose? How can we know? How many
18 did we lose because they go in, they can get
19 one urgent treatment, but they can't get into
20 the right treatment?

21 Then the length of time it takes
22 to make an LOD happen, especially if it's been

1 a while since you deployed, and all the people
2 are different, and no one wants to sign your
3 paper, because they don't know you.

4 This is -- I feel like this is a
5 big crack, and it's easy for people to fall
6 into it, and if all they get -- this is my
7 concern is that all they get is an urgent calm
8 me down for today. But can they go in and get
9 right into evidence-based treatment with that
10 analogy?

11 MEMBER MALEBRANCHE: Well, the
12 urgent care appointment isn't supposed to be
13 a one-time and it's over. That clinician is
14 supposed to be -- I mean it's supposed to get
15 them into the treatment and care. So I guess
16 I'm not exactly sure of the -- so you're
17 saying I'm not getting into treatment.

18 MS. DAILEY: Yeah. The answer,
19 ma'am, the answer, ma'am is no but yes. They
20 need a line of duty, but they can do a
21 temporary line of duty.

22 They can be in this program with a

1 temporary line of duty, a line of duty that
2 has not been completed, a line of duty that
3 has not gone through the system, but a line of
4 duty that has been started and is -- and has
5 provisions for a temporary line of duty. That
6 has been developed in the Reserve component to
7 deal with this.

8 MEMBER STONE: I think this then
9 goes back to Lieutenant Colonel Wong's
10 suggestion of there must be a payer type
11 present condition of service, and all of the
12 components in the Reserve components have
13 played with the concept of should the presence
14 of health insurance or payer type be a
15 condition of employment.

16 It's a pretty political decision.
17 I mean it will create a bit of hackles come
18 up. But from my standpoint, I can't imagine
19 going through life without health insurance of
20 some sort. The idea that I can get that 72
21 percent supported by the government and 28
22 percent out of my pocket at the amount of \$52

1 a month is pretty solid.

2 I think it should be a requirement
3 of service. So there's always a payer. Then
4 if the VA is acceptable, great; if DoD is
5 acceptable, great, the civilian health care
6 system. Now I have a complete safety net, and
7 I have a payer type for all service members
8 regardless, and that would solve that.

9 Now the previous chief of the Army
10 Reserve had actually offered to move some
11 dollars in for service members E-4 and below,
12 to cover the cost of that \$52, and he was
13 going to move some training dollars over,
14 because he felt it was so important.

15 That was not received well -- on
16 Capitol Hill. So just because it's felt to be
17 a cost-sharing system, and that that would
18 overcome that. So from my standpoint, I think
19 if we took a position as a recommendation,
20 that the presence of health insurance is a
21 condition of employment within the Reserve
22 components, just like it is within the active

1 components, you'd have a pretty solid
2 recommendation, and then let everybody sort it
3 out.

4 MEMBER WONG: And Dr. Stone if we
5 added dental on top of that, I mean as we --
6 as you review the Reserve forces, I mean unit
7 readiness, one of the big things is dental.
8 I mean that's an additional 14, 16 dollars for
9 that service member right now as it's
10 currently subsidized as well.

11 It would alleviate a lot of the
12 unit readiness issues as well, or increase the
13 unit readiness to the Reserve components to
14 augment the active forces, if they had that.

15 CO-CHAIR CROCKETT-JONES: So I
16 think that this language covers a lot of our
17 concerns. Are we giving you way too much
18 angina there, Denise?

19 MS. DAILEY: No. I mean we're
20 completely off what's in that section. But
21 the new recommendation is --

22 MEMBER STONE: I take complete

1 responsibility for getting us off track.

2 MS. DAILEY: That's quite all
3 right, sir. We're fine. We're fine. Just
4 the guys over here who are trying to hide
5 under the table on this one. So health
6 insurance. The presence of health insurance
7 is a condition of employment in the Reserve
8 component.

9 That's the broad language, i.e.,
10 your intent is to make Tricare Reserve Select
11 mandatory for everyone, or their employer
12 insurance, or college, some college's health.

13 MEMBER STONE: However you want to
14 get insurance is your business. It can come
15 through your spouse, it can come through your
16 civilian employment, it can come any way you
17 want. But there must be a comprehensive
18 safety net to access to health care,
19 especially for those in the Reserve component
20 who may reside remotely, and it's tough to
21 find DoD and VA assets in many remote areas.

22 MS. DAILEY: Okay. This one -- if

1 this is what you want in this section, I'm
2 game. That's not a problem. We'll develop
3 it.

4 MEMBER SANDERS: Did we miss the
5 LOD aspect of this? There was a conversation
6 a minute ago about whether or not that needed
7 to be standardized across the board?

8 MS. DAILEY: We have made that
9 recommendation.

10 MEMBER DeJONG: We have made that
11 recommendation. I think that this, although
12 kind of obscurely captures what we're looking
13 for in here, as far as access to care for a
14 Reserve component, whether it's remote,
15 whether you're close to an MTF. That being a
16 condition of employment, being a condition
17 allows you access to care.

18 Because what we're losing is those
19 that were waiting on the LOD-4 to be approved
20 for care within services. If you -- if what
21 this last little injunct that we had here, if
22 you had health insurance, you can cover that

1 gap. I'm not saying the LOD process is
2 correct, but we've talked about that and we've
3 addressed it.

4 But at least you are not out there
5 on your own, getting no care for your
6 conditions. That may or may not be being
7 determined as to line of duty right now, if
8 that makes sense, sir.

9 MEMBER SANDERS: With that and
10 Denise's summary, the members are satisfied
11 with this particular issue?

12 MEMBER DeJONG: I think we've had
13 the back table's head spinning right now on
14 this one. I'm interested to see what they
15 come up with out of this conversation for
16 July, and I think we can tease this in July a
17 little bit more, and get something quality out
18 of this.

19 MEMBER SANDERS: Great, thank you.

20 CO-CHAIR CROCKETT-JONES: Yes. So
21 let's take a break. Let's come back in 15
22 minutes and we'll start talking about the

1 Centers of Excellence.

2 (Whereupon, the above-entitled
3 matter briefly went off the record.)

4 CO-CHAIR CROCKETT-JONES: All
5 right. We're now going to review observations
6 related to empowering the Centers of
7 Excellence. Please take a look at these
8 observations, and let us also refer to Mr.
9 Rehbein's more strategic and comprehensive
10 look at the Centers of Excellence found where?

11 I have tab question mark, and I
12 have a funny feeling that that isn't it. Mr.
13 Rehbein's comments, yes, all right. Tab B.

14 Observation No. 1 comes directly
15 from an expectation that the in-theater TBI
16 management DoDI would be followed by an MTF
17 DoDI. Observations 2 and 4 establish a system
18 for collaboration. Observation 3 is also
19 included in the previous observation about a
20 future NDAA we discussed yesterday, except for
21 I don't think we actually did that.

22 If the task force is interested in

1 including this observation in the non-voted
2 draft, we should discuss what is the best
3 place for it, in addition to the Observations
4 1 through 4, which we viewed during the April
5 meeting. Mr. Rehbein included in his feedback
6 a more strategic observation for the task
7 force to consider.

8 As we review Items 1 through 5, I
9 ask that you select those ideas that are most
10 important to you. If you are -- for this, Dr.
11 Stone, you can lead our discussion on Centers
12 of Excellence. Everyone take a moment to
13 review. Can we get them up on the screen as
14 well? There we go. Okay, thank you.

15 MEMBER STONE: So we've had lots
16 of discussion about the Centers of Excellence.
17 As we're all aware, the Centers of Excellence
18 have primarily grown up as a result of
19 Congressional special interests and funding
20 that was given to have interest in whether
21 it's vision or brain injury or the basic DCoE
22 concept.

1 Centers of Excellence are defined
2 specifically within the Federal Register on
3 how they exist and what they exist as. The
4 problem we have discovered with the Centers of
5 Excellence is their disconnection from the
6 rest of the medical care system, and although
7 the work going on in many of these centers,
8 whether it be hearing or vision or any of the
9 other multitude of Centers of Excellence, is
10 that they really do not connect back to the
11 medical care system, nor are they empowered to
12 exert their decision-making upon the rest of
13 the medical care system.

14 With that preamble, then I would
15 open to any of your comments.

16 CO-CHAIR CROCKETT-JONES: And
17 their disconnection also has a component of
18 sort of a lack of accountability. They don't
19 necessarily have a way -- it's not easy to
20 scrutinize how they're cut -- their ability to
21 get a product finalized or to, you know, get
22 their message coherent. It's a lack of

1 transparency as well as a lack of
2 communication.

3 MEMBER STONE: So in order to
4 overcome that, each of the Centers of
5 Excellence has been assigned to one of the
6 services, and Army has some, Navy has some,
7 Air Force has some, and that is an effort to
8 create that transparency and accountability to
9 a chain of command.

10 Whether that is effective or not,
11 I can tell by the look on your face you don't
12 think so. I don't mean to speak for you.

13 CO-CHAIR CROCKETT-JONES: Yeah,
14 you've got it.

15 MS. DAILEY: You all made the
16 recommendation, and it was followed by DoD, so
17 be careful how much you want to backtrack,
18 please.

19 CO-CHAIR CROCKETT-JONES: Well,
20 it's not that I want to backtrack. It's that
21 I want it to be acted upon. We didn't get a
22 sense that this -- that they were getting

1 response from their product and service.

2 MEMBER DeJONG: I agree that we've
3 made multiple recommendations over the last
4 four years on the Centers of Excellence, and
5 the recommendations have been looked at. They
6 have been accepted and they have gone forward.

7 However, with that being said, the
8 intent behind our recommendations was not
9 exactly executed. It was, depending on how
10 you interpret it. However, I do not believe
11 the Centers of Excellence have gained any
12 traction within the medical community, as Dr.
13 Stone was saying, and you look at the fiscal
14 response, you know, irresponsibility is what
15 I'm going to call it, because we spend
16 millions and millions of dollars on these
17 Centers of Excellences for what I think was a
18 great initiative.

19 However, if we can't get those
20 initiatives out into the medical community,
21 what good did they really -- what are they
22 providing us as services?

1 MEMBER STONE: This is very
2 similar to other academic work, in which it's
3 about the academic and then the clinical
4 community picking up academic work that's
5 done, and then propagating it. The
6 frustration is how long that takes, and people
7 talk, and Steve, you're more of an expert than
8 I am in this one.

9 But you know, people say it takes
10 as much as 17 years for a published article to
11 become sort of everyday use in the medical
12 community. Now we have a perfect solution for
13 this one, and that is the Centers of
14 Excellence really should move to the new
15 Defense Health Agency, and should fall under
16 the chief medical officer of the Defense
17 Health Agency.

18 If you would do that, you would
19 then have a single belly button to touch for
20 accountability and output of the -- from the
21 Centers of Excellence. Now there may be some
22 discussion of that, of whether they are robust

1 enough, whether they've really reached full
2 operating capability, whether they're prepared
3 in staff to manage these.

4 But the reasonable thing then
5 would be for the CMO of the DHA to act as the
6 advocate for their output, in order to reach
7 clinical consensus across the delivery system.

8 MEMBER PHILLIPS: I absolutely
9 agree with that, and I would perhaps add one
10 other wild thought, is that to connect it to
11 the NIH, because that's the -- you know, the
12 head of the academic medical community for the
13 world essentially.

14 You know, I was going to say
15 before you mentioned Defense Health Agency,
16 which I think is a brilliant solution, to
17 detail the Centers of Excellence to the NIH.
18 But somehow connect it to HHS and the NIH. I
19 mean we should all be on the same -- within
20 the same boat.

21 MEMBER STONE: So Steve we could
22 add, with the CMO of DHA, should work in

1 consultation with the medical director of NIH,
2 and that would certainly connect it back, and
3 I'm sorry, Colonel.

4 MEMBER PHILLIPS: No, and actually
5 we do this all the time. I mean we connect
6 and we -- personally, in my own area, work
7 with the Centers of Excellence on and off. So
8 I think some mechanism to connect all these
9 dots would really be beneficial.

10 MEMBER MALEBRANCHE: Just for some
11 of this discussion too. VA has a piece in the
12 Centers of Excellence, and I don't think --
13 it's never really been fully -- the
14 utilization has never been fully understood by
15 me as far as staffing and all.

16 A couple of things, though. I
17 think accountability is a key word on this,
18 and then I think things into practice in the
19 field is when we go out and look,
20 understanding that it takes years to do this
21 when we go out and ask, we'll ask folks what
22 they know about the Centers of Excellence.

1 I specifically recall in Florida,
2 because they had such a good activity with the
3 University, with the VA and DoD down there,
4 asking them, you know, what did the Centers of
5 Excellence do for you?

6 There wasn't very specific. They
7 talked about some of the research they're
8 doing together, but actually, what do you do
9 for patients; how do you see some results from
10 this.

11 They were not real specifics, but
12 they do CEUs for the providers down there. I
13 think after all these years and all this
14 money, that I would expect to see a lot more,
15 and now we have the NICOEs.

16 So how does all this fold in
17 together? I mean that would be the question
18 for me. I know they're falling into VHA and
19 I think if you're going to have these, that's
20 a great way to do it. Center this under one
21 type.

22 But we've got to have some more

1 reporting out. We're not going to have this
2 committee. But what -- how are we tracking
3 this accountability, the usefulness and what's
4 going back out to the field from these
5 different areas.

6 In Washington state, we asked
7 about the DCoEs as well. Again, it was a
8 research-based sort of thing. But even
9 research into practice, like we thought the
10 vision Center of Excellence was the one. But
11 actually if we further look at that, the Fox
12 Shield wasn't necessarily as well known as we
13 had thought it would be.

14 But there are areas where it's
15 done some goodness out there, too. So I don't
16 know. It just seems over the years we've
17 asked. I'm not seeing as much, but then Dr.
18 Stone, to defer to you, it's true. You don't
19 see these things immediate.

20 But I would expect to hear a
21 little bit more about it, or at least the
22 providers out there would know more, and that

1 our service members and veterans would feel
2 that something's happening.

3 MEMBER STONE: So let me respond
4 to the NICoE piece first. I think there's two
5 things to think about with NICoE. I would not
6 consider the NICoE satellites the same as the
7 NICoE parent on the Bethesda campus.

8 The NICoE parent on the Bethesda
9 campus is responsible and funded for the
10 development of clinical practice guidelines
11 and advanced research in brain injury and
12 closed head injury and PTSD and all the things
13 that it does.

14 Therefore, I would consider the
15 parent NICoE to fall under DHA CMO. I think
16 the remote operating units that are being
17 built with the wonderful support of the Fisher
18 family around the country should be operating
19 units that might be tied into clinical
20 research, but they're operating units under
21 the control of a regional health care system.

22 They're all co-located, too, on

1 various military bases, and whether it's at
2 Lejeune or Pendleton or Fort Belvoir, they
3 should fall under the operating units as they
4 currently are. I'm not sure we need to tackle
5 that one at this point, but I do think that
6 the NICOE parent should be integrated in this.

7 MS. DAILEY: Okay, ladies and
8 gentlemen. I'm just going to throw out the
9 counter, so take a look at it from this
10 perspective. You've made two recommendations
11 over the years on the Centers of Excellence.

12 The first one was to align them
13 under the services, and to administratively
14 align them under the services, so that
15 logistics manning budget support from a
16 billpayer. The services are the billpayers.

17 The next recommendation you made
18 was write DODIs that empower them, and allows
19 them to translate their research from their
20 environments into clinical practice
21 guidelines, current practices in the medical.

22 I just want to caution you about

1 jumping on the latest bandwagon. I know my
2 language might be pejorative here, to jump on
3 the latest bandwagon of the DHA. I could
4 probably get shot for this too, everyone knows
5 the DHA's going to last forever. It's the new
6 hope for medical care in the Department of
7 Defense.

8 So now you want to align the CoEs
9 under it. A good recommendation, not a bad
10 recommendation, but what is the DHA? Is it
11 going to be here in five years? Is there
12 going to be another entity in five years
13 that's going to save medical -- a military
14 medical health system?

15 What is your intent with these
16 CoEs? How can you transcend the latest trends
17 with a new recommendation?

18 MEMBER STONE: Well, since this is
19 the 17th attempt at reorganizing the military
20 health care system in the last 40 years, I'd
21 have to say your skepticism is probably well-
22 placed. I happen to think, however, that the

1 DHA has reached a tipping point, and will be
2 an enduring structure.

3 I would ask you to carry back to
4 the stand-up of the Defense Logistics Agency
5 more than 50 years ago, they didn't come
6 running out of the gate. They stumbled the
7 same way. There was lots of skeptics. There
8 was lots of pushback from the services because
9 they took the acquisition process.

10 But it's now hard for us to
11 believe that we could exist as an enterprise
12 without the Defense Logistics Agency. I think
13 the DHA is in its early phases, but I think to
14 introduce to the Department the concept that
15 the Centers of Excellence could be more
16 effectively managed in an integrated manner
17 such as this certainly allows the Department
18 the leeway to say, well, we agree with that,
19 but we'd like to reach FOC.

20 So since that will be either, I
21 think this fall or next fall, I think that's
22 entirely reasonable.

1 CO-CHAIR CROCKETT-JONES: I'm just
2 cogitating over this solution, since it had
3 not occurred to me before you mentioned it.
4 I think that our concern, our concerns have --
5 every time we've made the recommendation,
6 we've been looking for a solution to concerns,
7 not necessarily because -- I don't think we
8 were looking for alignment under the services.
9 We were looking for a way to get them funded,
10 manned and have a clear base.

11 When -- and we wanted them to have
12 more authority. I think that this may be --
13 this may be a good solution, and yes, I think
14 you're right about the Defense Health Agency
15 may not be -- you know, they can change again.
16 But the concept that this is a -- that these
17 Centers of Excellence are for the Department
18 of Defense as a whole or for all the services,
19 and a concept that they are linked to the
20 medical system, should be the enduring long-
21 term view that we're going for. Regardless,
22 they could change DHA to something new, but

1 there was never -- we didn't quite have the
2 concept before that there could be inter-
3 service collaboration in this broad way, like
4 the Defense Health Agency that's emerged. I
5 think that going forward, saying that these
6 Centers of Excellence in power, they're
7 purple, and their output should be purple.

8 You know, alignment was a way to
9 solve a problem. But I think this is a better
10 sort of long-term recommendation, in
11 understanding what the Centers of Excellence
12 can do for us.

13 MEMBER STONE: So to just take a
14 step back from this discussion, the military
15 health care system has never had sort of a
16 unified medical voice. It's one of the
17 problems we have in the electronic medical
18 record today. As we try to field a new
19 electronic medical record to the clinical
20 community, nothing unifies it.

21 We have the individual services,
22 sort of like 20 VISN directors. Then we have

1 the individual services. But nothing brings
2 them together as a unified voice. One of the
3 great hopes of the new DHA structure is it
4 will bring a uniformed medical two-star voice
5 in its Chief Medical Officer, that today is
6 General Thomas from the Army.

7 But the hope would be that that
8 position would continue to strengthen. I
9 think this recognizes that potential for the
10 future, at having a unified voice to act as an
11 advocate towards the integration of clinical
12 processes, the reduction of variance across
13 the system and shared standardization of an
14 integrated health care system.

15 MEMBER SANDERS: So is the end
16 state number four up there, with a little bit
17 of five in assigning or recommending a
18 particular leadership structure that ends at
19 DHA?

20 MEMBER STONE: I think the
21 committee's heard from me enough. I would
22 defer to everybody else.

1 CO-CHAIR CROCKETT-JONES: How are
2 we feeling about this?

3 MEMBER DeJONG: I like it. I
4 understand the concerns of what seems like
5 juggling. I think with the last
6 recommendation, we worked with what we had.
7 I think we -- they accepted it. I think we
8 made strides with that, and I think we did
9 strengthen the organizations as a whole.

10 We didn't have -- had we had the
11 DHA at the time, I think we would have gone
12 that route. I completely concur with the
13 comments that have been made, without trying
14 to sound redundant with everything. I do
15 believe in order to sustain them and to
16 actually keep them in existence, that is the
17 right direction to go.

18 CO-CHAIR CROCKETT-JONES: Colonel
19 Keane, are you feeling strongly? This was one
20 of our topics tasked to us. How do you feel
21 about this?

22 MEMBER KEANE: It fits nicely into

1 my third recommendation on Tab B, which is an
2 overarching -- you know, as we draw the forces
3 down, we need to codify. So in my simple
4 mind, it would be a sub-bullet of my number
5 three, and that would be maybe part one.

6 Part two would be ensuring that
7 we're more regimented in the Army's -- help
8 me.

9 Continue to help our ill and
10 injured. We don't lose of the training
11 establishment that we have. So portions of it
12 would fit nicely.

13 CO-CHAIR CROCKETT-JONES: Having
14 heard no objections, I think that we're
15 comfortable saying that our objectives would
16 be met by recommending this be moved to a DHA
17 alignment, so that's the Centers of
18 Excellence. I can't believe that this was not
19 a more painful process.

20 If we want to, we can take another
21 break, or we can move on to recruitment
22 screening practices.

1 MEMBER MALEBRANCHE: Can I have
2 one thing? I understand about and I agree
3 about the moving to the DHA. But I still --
4 I think we need to put in something in there
5 about, even though this alignment, this system
6 for documenting the collaboration -- because
7 remember they met in September? They were
8 supposed to meet in May and now it's moving to
9 the DHA. Well now what's that going to do
10 that meeting? Something has to be in place,
11 and under the DHA or wherever it is, the
12 accountability or something has to transcend
13 that, because right now they're kind of
14 hanging.

15 CO-CHAIR CROCKETT-JONES: Well you know,
16 I hesitated to mention this, but now you've
17 opened a little door. This is another area
18 where inter-agency policy would be helpful,
19 because VA has a stake already in Centers of
20 Excellence. NIH already works with Centers of
21 Excellence, and a policy regarding how often
22 they collaborate and how they are accountable

1 for product dissemination, services and
2 concept dissemination, could be a matter of
3 another inter-agency policy, if there was a
4 format and structure in place for them to make
5 that kind of policy in an inter-agency way.
6 So this is another area where we could
7 mention. When we recommend that an inter-
8 agency policy format needs to emerge, needs to
9 be -- this is another example.

10 MS. DAILEY: It's either under
11 DHA, or you're going to include it in an
12 inter-agency policy. What direction do you
13 want me to go?

14 CO-CHAIR CROCKETT-JONES: It
15 already includes required collaboration from
16 the VA, and they already include -- they
17 already work with NIH.

18 But if there is an inter-agency
19 policy that says all the people who work here
20 and touch it, if we had a format for inter-
21 agency policy, then they would all be required
22 to come to the table, say, quarterly in order

1 to, you know, formalize that.

2 I'm just saying that I'm not
3 asking for that policy to be written. I'm
4 saying this is another -- that we keep coming
5 into more and more collaboration between
6 agencies, and even if DHA is the ultimate
7 responsibility, they already have fingers
8 crossing into other agencies.

9 MEMBER STONE: So if we could --
10 because our researchers are just sort of
11 dozing off in the back, just to reengage them,
12 if we could have them pull the Centers of
13 Excellence sort of enabling legislation.

14 It's the definitions. It has a
15 lot of reporting discussion within it if I
16 remember it correctly. It's been a while
17 since I've read it, and Denise, you may have
18 it at the tip of your fingers, just because
19 your knowledge base is better than mine.

20 But let's look at what's in there,
21 and I think it will help us formulate what
22 you're trying to get to. Denise, you're not

1 speaking. Do you not remember what it said?

2 MS. DAILEY: How they report, how
3 they're accountable. You're going to make a
4 recommendation to put them under DHA for and
5 to be held accountable for those things.

6 MEMBER STONE: Yes, I got all of
7 that part. But within the definitions of
8 what's a Center of Excellence and what's not
9 in DoD, there's some very strict rules, and we
10 had -- when I was still in uniform, we had
11 lots of arguments about is this a Center of
12 Excellence, isn't it a Center of Excellence.

13 Sort of popular for people to call
14 themselves Centers of Excellence in various
15 places. There are, like you might expect, DoD
16 has some strict guidelines on what they really
17 are.

18 CO-CHAIR CROCKETT-JONES: I can
19 just imagine. I don't want to turn around and
20 look. Well let's take -- if we need that, do
21 we want to break and come back and talk about
22 recruitment screenings? Okay. Let's take 15

1 minutes and we'll be back.

2 (Whereupon, the above-entitled
3 matter went off the record at 9:34 a.m. and
4 resumed at 9:52 a.m.)

5 MS. DAILEY: Ladies and gentlemen,
6 we might be finishing up early. Don't know.
7 You really only have three more to go, and
8 it's only ten o'clock. I have paid for lunch,
9 so I think we're making arrangements maybe to
10 box it up. But or would you still like to
11 have a sit-down, or are you going to bail the
12 minute this is out, and I need to throw a box
13 lunch at you as you run down the driveway?
14 All right. Keep that in mind.

15 MEMBER SANDERS: Thank you,
16 Denise. So as we move towards this next
17 session and what will be lunch after that, or
18 moving forward, as Denise suggested. But
19 right now we're going to take on observations
20 related to recruitment screening and practices
21 and IDES.

22 This topic we will review

1 regarding observations related to recruitment
2 screening practices and IDES. Screening
3 practices are not a topic that the members
4 actively explore this year.

5 Also included is a more tactical
6 recommendation about the use of the
7 commander's letter in the IDES process. As we
8 review Items 1 and 2, I ask that you select
9 those ideas that are most important to you.
10 Dr. Phillips, would you please lead the
11 discussion, with help from myself and anybody
12 else who would like to join in?

13 MEMBER PHILLIPS: Well, thank you.
14 I asked for the recruitment issue to be on the
15 agenda not because it is an existing problem.
16 Right now, someone who wants to sign up for at
17 least the Army, the qualifications are high
18 enough that only one in four are accepted.

19 But I turn the clock back to 2005-
20 2006, when the numbers, the quantity was
21 needed, and we ignore quality. For some
22 examples, I'll just say -- and we're paying

1 the price for that. The service members are
2 paying the price and the system is paying the
3 price for perhaps lowering the standards.

4 Around 2005-2006, the standards
5 were the lowest they ever were in two decades.
6 For example, typically you want about 80
7 percent of your military recruits, your Army
8 recruits to have had a high school diploma, 80
9 to 90 percent

10 This was dropped down to about 70
11 percent. The score on the Army aptitude test
12 usually would like to be seen above 50
13 percent. This was dropped down to around 30
14 percent, with approximately four percent of
15 the recruits even below 30 percent.

16 Now one might say well, does that
17 really matter? Well, the Army is a high tech
18 place. A lot of injuries, a lot of accidents.
19 Whether they're connected to combat or
20 training, because of the inability of some
21 folks to be able to understand what needs to
22 be done.

1 In addition, the requirements for
2 pre-conditions were waived. There were a lot
3 of behavioral health issues, a lot of drug
4 abuse, even felons, and again, it's not an
5 existing problem right now, because we're
6 downsizing. They'll reduce the troops by
7 10,000 next year and 20,000 the year after,
8 whatever the numbers may be.

9 But I think we have a
10 responsibility to make the system aware that
11 they just cannot eliminate quality for
12 quantity, and I always hate to make
13 suggestions without -- complaining without
14 making a suggestion. I think a suggestion
15 could possibly be that if we need -- and we
16 probably will need -- to increase the numbers
17 in future years, we need to increase the
18 incentives to join, the benefits to join.

19 Whether it be higher pay or better
20 medical benefits or something like that. So
21 I don't know whether this has to be a
22 recommendation, but I think -- I mean at least

1 my opinion is I'd like to have the system be
2 aware of the fact that you just cannot
3 increase numbers without paying the penalty.

4 Now Mr. Rehbein, and I agree with
5 him, wrote about the fact that we can't screen
6 for post-traumatic stress, and that's not the
7 objective of why I wanted to bring this up.
8 I just -- we just -- I feel very badly about
9 the fact that we lowered the standards and
10 we're paying the price.

11 One example I came across was that
12 if someone scored in the lower range, below 30
13 percent in the Army aptitude test, and they
14 became a tank gunner, they actually missed a
15 target 34 percent of the time as compared to
16 someone who scored above. I mean it's just
17 intellectual ability and the understanding of
18 how these systems work. So I'll stop there.

19 MEMBER STONE: Steve, not that I'm
20 asking you to take ownership of this one, but
21 when you say high risk candidates, high risk
22 for what?

1 MEMBER PHILLIPS: Well, if they
2 have a pre-existing condition. Obviously if
3 they're on some behavioral health medications,
4 it's going to be difficult for them to get
5 through training and get through the system.
6 Those -- the statistics show, and again they
7 may vary a little bit, that if you have a high
8 school degree, 80 percent of those service
9 members that have a high school degree will
10 finish their first tour of duty.

11 If you don't have a high school
12 degree and you eventually have say a GED or
13 some equivalent, only 50 percent of those will
14 complete a required tour of duty. So I don't
15 necessarily mean high risk only in the medical
16 health issue, but it's also in the
17 intellectual status, and I don't mean this in
18 a negative way.

19 It's a very stressful -- the
20 military is a very stressful environment. It
21 requires very specific responses, and you need
22 to select quality people, and again I'm

1 talking about the future.

2 MS. DAILEY: So you're citing some
3 statistics, and I don't want you to do my
4 research for me. But do you have the document
5 you're pulling these out of? We'll be happy
6 to take it.

7 MEMBER PHILLIPS: Yes, I do. I
8 could share them with you offline. I just
9 Googled things and got numbers.

10 MS. DAILEY: Okay, okay.

11 MEMBER PHILLIPS: They may be
12 soft, but there's a trend.

13 MEMBER SANDERS: I'd like to just
14 add onto that, you know, there was a study
15 done a couple of years ago, and a presentation
16 made to Congress by several former Joint
17 Chiefs of Staff and several flag officers,
18 recognizing that only one in four of U.S.
19 eligible 18 year olds to 24 year olds could
20 serve on active duty.

21 Medical, criminal or other reasons
22 kept them off of active duty or eligibility to

1 serve. So when we start thinking about this
2 as a concern, it's a broader concern not just
3 for those who come; but it's a broader concern
4 for the pool of those who can come, and how we
5 look at this posture, because we think about
6 folks who have pre-existing conditions that
7 are medical-related, that would keep them from
8 serving a full tour. When we have a
9 discussion, we need to keep that in mind.

10 MEMBER STONE: So we want
11 candidates with the intellectual talent to be
12 successful, and the skill sets to have the
13 resilience to serve in high stress situations.
14 I think we lack Rick Mustion here, who is the
15 head of Army Human Resources Command, who
16 knows these standards and enforces them.

17 It's my understanding that waivers
18 for behavioral health pre-existing conditions
19 are virtually nil today. You are right,
20 Steve, that in 2005, there were some problems
21 as we expanded the Army. The Army hires in
22 excess of 65,000 new recruits a year. So it

1 is the behemoth when it comes to the services
2 of what comes out, and how many people you
3 need to hire.

4 But I would defer this decision to
5 when we have Rick with us, who can literally
6 quote, because he runs this system.

7 MEMBER PHILLIPS: Well, I agree.
8 I support that. I was just, again, not to be
9 too redundant, trying to at least make the
10 future aware of the past problems, lessons
11 learned, and hopefully try not to repeat that
12 again when the next conflict occurs.

13 MEMBER DeJONG: I agree that we
14 need to reach it. We've heard from multiple
15 places that we have been over the last several
16 years that they feel that we brought in our
17 own problem. It's not the first time that
18 we've heard of this, but I do concur with
19 General Stone, that we need to get the subject
20 matter expert here.

21 MEMBER STONE: So 1941 with the
22 draft, and the need to expand from 258,000

1 Army to ten million. There was great concern
2 about whether we would take in World War II
3 individuals through the draft that could not
4 sustain themselves in combat, from a
5 behavioral health standpoint.

6 The psychiatric community felt
7 that they could monitor the draft and put
8 people through screening, and eliminate those
9 people that would not be able to sustain
10 themselves in combat.

11 Two million American males were
12 eliminated from the draft after testing, and
13 said that they couldn't go through because
14 they couldn't sustain themselves. The
15 psychiatry community was so confident that
16 they removed the psychiatrists from the
17 division staff, as they stood up the ten
18 million man Army.

19 As a matter of fact, the incidence
20 of post-combat stress related disorders, as a
21 hospitalization rate in military hospitals in
22 1946 and '47 was about exactly the same as the

1 force that we have today.

2 In fact, if you look at the
3 population that went to war then, as well as
4 went to war now and then look at the interim
5 of Korea and Vietnam, the incidence of post-
6 traumatic stress-related disorders is about
7 exactly the same.

8 About 85 percent of us go forward,
9 come back and we're different, but we're not
10 necessarily different bad. Of the 15 percent
11 that have trouble and adjustment disorders,
12 about half of them will get better with the
13 support of their family and their community
14 and their significant partner, and they'll
15 just get better. They'll be different, but
16 they'll be better.

17 About seven to seven and a half
18 percent have a lifetime of problems. That's
19 the same in World War II, that's the same in
20 Korea, that's the same in Vietnam, that's the
21 same in the last 14 years.

22 CO-CHAIR CROCKETT-JONES: Before

1 we leave this topic area, we might want to
2 comment on the second half of the Commander's
3 letter, and this may be more appropriately
4 under the LOD process, since we have talked
5 about making the commander's letter, tagging
6 it to the moment of LOD, rather than waiting
7 until if the Commander's letter is needed in
8 the later -- yes.

9 So Colonel, do you want to speak
10 to this concept?

11 MEMBER WONG: I'd just like to
12 back up a little bit. I mean just so we stay
13 in the box, you know, we do -- I think their
14 recruitment standards are established, and
15 there are reasons why we do have waivers from
16 lessons learned past before. So I think we're
17 just -- we are rehashing a lot of items when
18 it comes to behavioral health.

19 As for the education or ASVAB
20 scores, entry scores, I think there is some
21 good information about there regarding
22 accuracy, like you said, about the tankers and

1 stuff. But we do have, you know, the military
2 has done a lot in professional military
3 education as well, to alleviate some of those
4 items.

5 In regards to Item No. 2, I think
6 it is always good for continuity, because
7 chain of commands change. Not just in the
8 Marine Corps, in the other services,
9 commanders change over. Personnel are moved
10 from one unit to another unit, especially if
11 you do a transfer by service record book.

12 I think it is good that we have an
13 initial letter. I mean even how linking the
14 IDES system can be when it gets to the board.
15 If it's less -- if it's more than six months
16 old, they always request an updated one, and
17 because things do change.

18 But I think it would be a good
19 thing if we could institutionalize this,
20 because then it historically captures where
21 this person was or did by the current, on the
22 spot identification.

1 CO-CHAIR CROCKETT-JONES: And it
2 would -- it would give a name to go back to
3 even, rather than trying to sort of recreate
4 the history. It would kind of codify things.
5 What do you think?

6 MEMBER DeJONG: Looking at the
7 possible changes under number two, I like
8 Option Number 1 more so than Option Number 2,
9 just based off of trying to find once
10 commanders change and especially on active
11 duty, they PCS somewhere else. It's almost
12 impossible to actually run that down.

13 I know I've been a big supporter
14 of this, of getting the actual commander of
15 who issued the LOD to do that. Option Number
16 1, I think, is very good, because that
17 Commander is also signing the LOD, and as he
18 knows he's going to transfer into a WTU, he
19 goes ahead and gives a commander's letter at
20 the same time, along with signing that LOD.

21 It gives the continuity that we
22 need, and it also gives the service member a

1 feeling of he or she being rated by the
2 Commander that has actually signed the LOD and
3 knows the conditions prior to being injured.

4 MEMBER MALEBRANCHE: And actually
5 in support of what the Command Sergeant Major
6 just said, we heard that at one of our site
7 visits where the commander had done that, and
8 the service member was so thankful because,
9 like you said, he knew him, he knew of him and
10 I think that was a really -- that seems to be
11 a really good practice.

12 CO-CHAIR CROCKETT-JONES: Is this
13 best cited as a best practice or is this a
14 recommendation, though? What do people think?

15 MEMBER DeJONG: I don't know if we
16 have enough supporting documentation to make
17 this a best practice, but this has been an
18 issue over the last four years and it is
19 something I think we would need to address in
20 a very short but specific recommendation.

21 MS. DAILEY: I can include it over
22 in number one, that list of bullets. But if

1 you want to make it an absolute separate
2 recommendation, I don't have a lot of
3 documentation for that either.

4 CO-CHAIR CROCKETT-JONES: Would
5 you be happy if this gets included in number
6 one as a bullet?

7 MEMBER DeJONG: I'm very happy
8 with that, as long as it gets included.

9 MS. DAILEY: In which one am I
10 including, one or two?

11 MEMBER DeJONG: Best practices,
12 ma'am. That would be small I, under A.

13 MS. DAILEY: Two or one --

14 MEMBER DeJONG: One.

15 MS. DAILEY: One I. Okay. I'm
16 happy to include that up in the bullets under
17 Recommendation 2 and the universal.

18 MEMBER DeJONG: Okay. No, no,
19 that's great.

20 MS. DAILEY: IDES 2, and you want
21 the small letter I, number one. Initiate
22 default commander's letter from losing

1 commander, before service member transitions
2 to WTU?

3 MEMBER DeJONG: Yes, ma'am.

4 MS. DAILEY: That one would go up
5 in one, would go up as a bullet under IDES 2.

6 CO-CHAIR CROCKETT-JONES: And
7 we've -- it seems like we're all at a
8 consensus, that we're not comfortable with
9 making a recommendation without the expertise
10 of General Mustion. When it comes to
11 recruitment screening practices, you know, we
12 -- is General Mustion to be here in July?

13 MS. DAILEY: He's committed now.

14 CO-CHAIR CROCKETT-JONES: Okay. I
15 was just making sure that we didn't -- we
16 weren't going to not have him. If we already
17 knew that, then we'd have no moment --

18 MS. DAILEY: Yes. I can't make
19 that commitment, that he's going to be here.

20 CO-CHAIR CROCKETT-JONES: Okay.

21 MS. DAILEY: He's committed now.

22 CO-CHAIR CROCKETT-JONES: Right,

1 right. So I think we can defer to not have a
2 recommendation in that area right now.

3 MS. DAILEY: No, no, no, no. I
4 have to do a recommendation, right? You want
5 me to craft a recommendation. You want the
6 information, and I need to solicit it from
7 Major General Mustion so that in case you want
8 it, it's there. Yes.

9 CO-CHAIR CROCKETT-JONES: All
10 right. All right, yes.

11 MEMBER SANDERS: And you're going
12 to share his input with all of us before we
13 come back together, so that we can have a look
14 at it.

15 MS. DAILEY: It will be in the
16 non-voted draft that you all get.

17 MEMBER SANDERS: Thank you. With
18 that, I think it's on to --

19 CO-CHAIR CROCKETT-JONES: We can
20 move on to observations related to vocational
21 employment services. Do we need to break
22 before that, or can we just go on? We're

1 good. Okay.

2 MEMBER SANDERS: Keep charging.
3 So we'll now review observations related to
4 the vocational employment services.
5 Observation No. 1 and No. 2 address
6 systematically assessing employment in
7 transition programs. Observations 3 and 4 are
8 more tactical ideas. Observation No. 3 came
9 from the service members' input during site
10 visits to areas such as San Antonio, and
11 Observation No. 4, pro-rating of educational
12 benefits from Tampa Veterans Integration Team
13 at the University of South Florida.

14 As we review Observations 1 and 4,
15 I ask that you select those ideas that are
16 most important to you. Mr. Drach, would you
17 please lead this, with support from Lieutenant
18 Colonel Wong?

19 CO-CHAIR CROCKETT-JONES: Before
20 we do, can we move one page over so we can
21 have them both on the screen please? Oh,
22 okay. So we lose one no matter what. Okay.

1 MEMBER SANDERS: Ronald, you're
2 up.

3 MEMBER DRACH: Okay. As
4 mentioned, we've got four issues under
5 employment and vocational training. The first
6 is the DoD should identify major DoD and
7 service-level vocational unemployment
8 programs, and take a look at the -- and make
9 an assessment as to how they satisfy or if
10 they satisfy the needs of the recovering
11 warrior population.

12 DoD should also identify which of
13 the major DoD and service level vocational
14 employment programs support family members,
15 along the same lines. And then three and
16 four, allow the recovering warrior to renew
17 clearances if within a year of the DD-214, and
18 then four is pro-rate the veteran education
19 benefits.

20 Now on the -- on the new -- let me
21 jump ahead just a little bit. Let me talk
22 about three, the allow to renew, the

1 recovering warrior, to renew their clearances.

2 What I have personally observed
3 over the last eight or ten years is that
4 initially, a lot of service members were
5 getting released for medical reasons, and
6 before they were released, their security
7 clearance expired and there was no real
8 attempt to renew it.

9 When this -- and I'm speaking
10 anecdotally to some extent here now. At one
11 point in time, the services talked recognition
12 of this, and I think maybe not formally, but
13 did start to look at renewing security
14 clearances prior to separation.

15 So I don't know if there is a
16 formal or informal process right now, and I
17 don't know whether this would require -- I
18 don't know what it would require, whether it
19 would require legislation, whether it would
20 require policy at DoDI. I'm not sure exactly
21 what that would require.

22 Now the other thing, and I

1 apologize, because I don't know that much
2 about it. A new organization just came to my
3 attention called Clearancejobs.com, who focus
4 on, as I understand it as it was explained to
5 me, that focus on working with veterans, now
6 veterans, who have a security clearance, that
7 they either brought with them upon discharge
8 or upon retirement or whatever, or perhaps
9 gained a clearance, a security clearance later
10 on.

11 I'm not sure what they do. I
12 think they provide some sort of placement
13 service or connection with corporations that
14 are looking for people, and I don't know
15 whether it's specifically veterans or not,
16 that are looking for people with security
17 clearances.

18 Last I heard, it takes about 18
19 months to get a security clearance. So if I
20 applied today, it would take 18 months before
21 I would get it. So that, to me, solidifies
22 the importance. If I'm about to be discharged

1 or within a year, and I have the security
2 clearance now and it's going to expire next
3 month, that clearance, that security clearance
4 means money.

5 I've had defense contractors tell
6 me that the difference between -- even the
7 difference between a Secret and a Top Secret
8 can be \$20,000 a year in pay, and without any
9 security clearance at all, it could be as high
10 as 40 to 50 thousand dollars, depending on the
11 type of job and what-not.

12 Do you want to talk about this, or
13 do you want me to go on to the next one?

14 CO-CHAIR CROCKETT-JONES: I'm
15 trying to remember if SOCOM had said that this
16 is a problem, or said this is a problem they
17 had a solution for. Do you remember?

18 MS. DAILEY: It wasn't SOCOM. It
19 was San Antonio. The Marines in San Antonio
20 were being discharged without clearances.

21 MEMBER KEANE: So the Secretary of
22 the Navy came out years ago with -- because of

1 the amount of polygraphers that are available,
2 so this is at the highest level, not just Top
3 Secret SCI, but with a polygraph scope, that
4 Marines who needed access to SCI would be just
5 extended.

6 If you had a current Top Secret
7 SCI clearance, it would just be extended until
8 you were able to get that renewed
9 indefinitely. They expected two or three
10 years. Your numbers are correct. It's
11 between 8 and 20 thousand dollars is what, how
12 much it may cost.

13 For a brand new, someone who
14 doesn't have a clearance at all, it's 18
15 months. For someone who has a clearance, it's
16 not 18 months. It should be four to six
17 months, yes. But the other thing is if
18 someone is at the high end who needed to get
19 a polygraph, they need to go to their NCIS
20 agent to get the polygraph. It has to be in
21 their environs.

22 I think this is in the weeds as to

1 the amount of people this may actually affect.
2 So when we're doing big scope, this is our
3 last hurrah. I think this is small peanuts,
4 compared to having the military members'
5 caregiver by the bedside.

6 MEMBER SANDERS: As far as a
7 recommendation, I think we should talk about
8 this some place. But one of the concerns is
9 in the aftermath of Snowden and several other
10 events, the security clearance process now is
11 being reviewed critically across DoD and the
12 federal government in general, and extensions
13 of clearances is not something that most of
14 the federal government is moving toward.

15 They're actually going in the
16 opposite direction, shortening the time frame
17 in which individuals hold a clearance and
18 increasing the time frame in which you're
19 reviewed again, to keep your Top Secret and
20 above, as well as those who are in specialized
21 programs above the TS/SCI level, weeding them
22 out at a sooner rather than later point in

1 time.

2 So whether or not we could
3 actually have an effect on that process, I
4 think it's probably above us. But we should
5 -- I think we should mention it somewhere
6 along the line, because that is a critical
7 thing as you think about future employment,
8 and whether or not an individual can move
9 smoothly into another job.

10 MEMBER DeJONG: I'd like to play
11 devil's advocate on this a little bit and go
12 back to -- I understand that it would almost
13 have to be, and I agree with Colonel Keane
14 that we are way in the weeds on this, and I'm
15 not really supporting a recommendation.

16 But I also want to talk fiscal
17 responsibility of this can be a federal job,
18 and the money's going to come out of the same
19 place. I really don't have an issue with
20 this, but if I'm going to have someone that's
21 looking at going to GE airplane engine
22 manufacturing and needs a -- it's a multi-

1 billion dollar corporation, I think they're
2 just trying to ride the coattails out of
3 federal dollars to get this guy employed.

4 If they know that they have a
5 security clearance, I don't believe it's the
6 federal government's responsibility to renew
7 that security clearance before they go out and
8 work for a multi-billion dollar corporation.
9 If they've been approved, they know they have
10 it. It stands. I think they still have the
11 ability to pass that security clearance. I
12 don't believe it's the federal government's
13 responsibility to supply that to -- for
14 employment.

15 MEMBER WONG: I'd like to concur
16 the sentiments of the Command Sergeant Major.
17 Regardless if we allow a renewal of a
18 clearance a year prior to departure, upon
19 separation or retirement, their clearance goes
20 inactive anyway, and if they already had a
21 clearance, again, for them to reactivate a
22 clearance with either a federal entity or a

1 private sector corporation, it is a short --
2 it really is not the 18 month time line.

3 It's the -- the 18 month time line
4 typically is for a person who has never
5 received a clearance in the first place.
6 Clearancejobs.com is a vetted organization
7 that does assist personnel that already have
8 clearances. They put in their clearance type,
9 when it was approved and when it expires, and
10 they try to match for positions. It's not
11 specifically for veterans, but they do have a
12 veterans tab and assist for it.

13 But I'd like to regress a little
14 bit about when we talked about vocational
15 training and separation of ability to serve.
16 When we talked -- when Dr. Stone was talking
17 about when an individual may lose a leg and,
18 you know, he had the potential to serve 20
19 years, and now he's no longer able to serve
20 and how that vocational time line works.

21 Currently, as the IDES system is
22 -- has been shortening that time line, or when

1 that person is able to start some type of
2 vocational training while they're still on
3 active duty. Usually, that time line that
4 they have until their discharge may not be
5 enough time to get fully developed and trained
6 into a new field. I know we have operational
7 warfighter that has some internship programs,
8 and we've slowly started to try -- we've made
9 some recommendations to open that up to
10 private sector benevolent organizations.

11 I think it -- I think maybe this
12 is another task force. I don't know if this
13 is a recommendation, but looking at maybe the
14 pay or separations program for the military,
15 to continue that military pay while they are
16 doing this vocational training or an approved
17 training program, by extending their service
18 until they are properly trained to take on a
19 new salary.

20 MEMBER SANDERS: Just to follow up
21 on Colonel Wong. One of the things that DoD
22 did several years ago was to try and align

1 MOSs and A-Schools and C-Schools with
2 certifications in the civilian community, and
3 military members now can leave with a
4 certification for civilian job, you know,
5 plumber, welder, truck mechanic, aircraft
6 mechanic, etcetera.

7 So if we're going to look at
8 trying to make sure we're doing a holistic
9 look at this, we need to make sure that we
10 don't let people, or at least advise people
11 that they can get certification and take that
12 out the door with them, so that they may not
13 need some of this extra assistance and extra
14 help. I'm not sure how we make that
15 notification known or make that more widely
16 known, but that should be part of the process
17 of looking at vocational employment
18 considerations.

19 CO-CHAIR CROCKETT-JONES: Doesn't
20 the VA have a program for training post DD-
21 214, pending getting VA benefits?

22 MS. DAILEY: Well VR&E, enrolling

1 in VR&E.

2 CO-CHAIR CROCKETT-JONES: I think
3 they have another program. When we had --

4 MS. DAILEY: It's an
5 apprenticeship program.

6 CO-CHAIR CROCKETT-JONES: It might
7 be under VR&E, right, an apprenticeship
8 program?

9 MS. DAILEY: Right, right, right.

10 MEMBER WONG: And it is
11 subsidized. But the member-only rates their
12 disability payment, and I think it's BAH for
13 their local area, which is a fairly large gap
14 between what they would be making if they were
15 on active duty being trained. So some of them
16 are not sustainable to continue in that
17 program once they come off active duty, to
18 finish those certifications.

19 MEMBER DRACH: Well, on the
20 apprenticeship and OJT, that's not restricted
21 to voc rehab, as I understand it. The post-
22 9/11 GI Bill, when it was first passed, did

1 not include OJT or apprenticeship, and then it
2 was subsequently amended, as I understand it.

3 So there are two programs, the
4 apprenticeship and the OJT that's available
5 post DD-214. But with the VR&E, it's very
6 possible now that a wounded warrior,
7 recovering warrior could possibly get the ball
8 rolling before they get their DD-214, whereas
9 there are certain -- I think there are certain
10 circumstances under which an active duty
11 person can also start, but I don't know all
12 the details.

13 And we heard at the WTC Command,
14 when we met there a couple of months ago, that
15 DoD is running a pilot licensing and
16 credentialing program. The private sector,
17 under the auspices of the National Governors
18 Association, is also running a pilot program
19 for licensing and credentialing, which is
20 looking at -- I think DoD has six areas, and
21 I think the NGA private sector is looking at
22 six occupations.

1 I think there's two, I think, that
2 are being looked at both by DoD and the
3 National Governor's Association. So that --
4 and that licensing credentialing is a big
5 issue now because a lot of these individuals,
6 they're not interested in going back to
7 college, but they would like to get or need a
8 license or a credential to pursue their
9 employment.

10 Which kind of leads into the
11 number four, the pro-rating veteran education
12 benefits for part-time students. I thought
13 that that was already available. I looked on
14 the VA website. I could not find any
15 reference to pro-rating, but Student Veterans
16 of America sent me something, which I will not
17 pretend to understand how it works or what
18 works on it. But I think we may have to have
19 -- if we want to pursue this, we may want to
20 have to have someone do some research on it,
21 to find out if the new GI Bill indeed can be
22 pro-rated.

1 Under the old GI Bills, it was
2 pretty simple. You had 36 months of
3 entitlement. If you went to school half time,
4 six credits, you got 72 months of entitlement.
5 With this new GI Bill, you've got tuition
6 fees, in-state, out-of-state; you've got
7 private universities, you've got living
8 allowance -- I mean, housing allowance. So
9 you have a whole lot of other issues, and I
10 just -- I honestly do not know the answer.

11 MEMBER SANDERS: I don't believe
12 it can go beyond the stated 48 months that you
13 get. Once you start, you have 48 months going
14 forward, and unless there's a recall to
15 service or something like, that that precludes
16 you from being able to finish. Of course, you
17 also have the option of transferring a part of
18 that away to your children or spouse and
19 elsewhere.

20 MEMBER WONG: Actually sir, it's a
21 total of 48 months, but it's not consecutive.
22 So let's say if you go one semester for four

1 months and you take a break, the clock stops
2 until you restart it again. So it is -- it's
3 not continuous 48 months, but it is a total of
4 48 months.

5 I know for the new Montgomery GI
6 Bill, it does count for part-time students.
7 I don't know if the VA voc rehab does or not.
8 I'm not a SME on that. So, but to answer your
9 question, it's 48 months. Then I think for
10 service members, they have eight years, eight
11 or 15 years to use it from the time they leave
12 service.

13 MEMBER KEANE: I believe it's 36
14 months and you have ten years. Denise, can
15 you confirm that?

16 MS. DAILEY: Yes. Well, not off
17 the top of my head. Ladies and gentlemen,
18 great discussion. Do you want to make any
19 recommendations regarding employment, an
20 overarching final type of recommendation that
21 would be --

22 MEMBER WONG: Denise, on Items 1

1 and 2, I mean, we talked -- I mean, I know
2 there are some veteran-centric employers,
3 private sector, that if you go to their web
4 page and you click their veterans link, you
5 can put in your MOS designator, be it the
6 Army, the Marine Corps, other military
7 service, and it will actually populate
8 positions within their organization that match
9 that MOS.

10 If we did a recommendation, I
11 mean, we all know USA Jobs is the place that,
12 you know, is for federal government
13 employment. I don't know if OPM currently has
14 a plan to match their job designators to
15 military MOS translation, and if not, maybe
16 that would be a recommendation, to assist
17 veterans. I know they have a government
18 employee or federal employee little button you
19 can push to separate things out then they stop
20 -- they don't know how to vet through that for
21 specific MOSSs.

22 MS. DAILEY: So 1 and 2 talk about

1 DoD getting their arms around their programs,
2 their in-service programs. It talks about
3 getting their arms around the currently
4 funded, the expenditures that are going on
5 right now for employment programs.

6 So what you're really asking them
7 to do in 1 and 2 is to assess how effective
8 they are. Is that -- and that's, you know, do
9 you want to do that as a recommendation? Do
10 you want -- so that's really what 1 and 2 are
11 talking about.

12 There are funds being expended.
13 There's initiatives. Do you want DoD to
14 assess the effectiveness of them? If you are
15 -- if this is not breaking your threshold for
16 involvement, let's not go down some other
17 rabbit holes, okay. I don't want to
18 characterize anyone's suggestions here as
19 rabbit holes, but we need to have this well
20 thought out. If you do want to make an over-
21 arching, overall recommendation for employment
22 for the DoD to act on down the road when we're

1 gone, let's think it out in a systematically
2 global way.

3 MEMBER DRACH: Well, speaking for
4 myself yes, I would like to see something like
5 that. But I don't remember whether the DoDI
6 on the Operation Warfighter for the private
7 sector was issued before our last report, or
8 whether we have a recommendation on that.

9 If not, then I would recommend
10 that the DoDI issue be rolled into that
11 somewhere, so that we can move forward and get
12 the DoDI implemented. In response to Colonel
13 Wong's comment about the federal government,
14 a couple of years ago they developed a
15 crosswalk from military MOS to federal jobs.

16 So if you're looking for a federal
17 job, I forget the URL. It's pretty long. But
18 basically yes, there is a crosswalk so I can
19 plug in my MOS, and it will tell me what jobs
20 that helps qualify me for in the federal
21 sector.

22 CO-CHAIR CROCKETT-JONES: Okay, so

1 in summary --

2 MS. DAILEY: So all sorts of
3 initiatives out there. There are cross walk
4 with their MOSSs, there's credentialing,
5 there's Operation Warfighter. There's the new
6 apprenticeship program going on based on the
7 new DoDI, and the vow to hire, the VOW Act.

8 So there are many initiatives out
9 there. It's working, it is. There's a lot of
10 work out there on employment. You don't have
11 to do anything, you know.

12 CO-CHAIR CROCKETT-JONES: I would
13 say that I think that we've eliminated 3 and
14 4 clearly, and certainly the only thing --

15 The only interest expressed is in
16 a broad call to assess under 1 and 2, and
17 perhaps if we have just a single non-voted
18 draft recommendation line for basically
19 calling DoD to assess, and find a way to
20 metric the effectiveness of those programs,
21 that's probably all that the task force seems
22 to have the impetus to do.

1 I'm not -- we can vote on it and
2 make that final decision then.

3 MEMBER WONG: I'd like to concur
4 with adding that metric, because I mean if we
5 just make a recommendation for them to do
6 this, the services will say we do this. We do
7 resume workshops; we have -- you know, we
8 point them to the website.

9 But then when you go to those
10 services and say how many of your people are
11 being employed when they leave the service?
12 Oh, we don't manage that. We don't collect
13 that because it's a very low percentage, and
14 then how long are they employed six months
15 post military service? It's a dismal metric.
16 That's why they don't keep it.

17 CO-CHAIR CROCKETT-JONES: And
18 there is a person assigned this task at
19 Warrior Care Policy office, someone who is in
20 charge of this.

21 MS. DAILEY: Yes, his programs.
22 Not necessarily all the services' programs and

1 all the services' initiatives. Just Operation
2 Warfighter coming out of their office --

3 CO-CHAIR CROCKETT-JONES: Okay, he
4 only is --

5 MS. DAILEY: -- the E2I program.

6 CO-CHAIR CROCKETT-JONES: We need
7 to have a better sense of all this, or of all
8 the --

9 MS. DAILEY: There are quite a lot
10 of them out there.

11 CO-CHAIR CROCKETT-JONES: Yes. I
12 think that's what this is calling for, is more
13 like an assessment of everything, of what's
14 out there.

15 I mean, you're right, there is a
16 lot out there. Should we -- do we want to
17 limit this theoretical recommendation to DoD
18 programs, or are we saying that DoD should
19 have an idea of what all the services are
20 doing? I'm trying to get an idea of what we
21 want, what we're asking for in this
22 recommendation.

1 MEMBER DeJONG: If we do anything,
2 I would recommend to keep it at DoD level. We
3 know that those are -- I guess for lack of
4 better terms, the highest level initiatives
5 that are coming down that affect all services.
6 I think if we try to really dig in the weeds
7 on this of each service-specific, it's going
8 to be an overwhelming task. Not that we would
9 have to do it, but if I was the one assigned
10 to do it.

11 MS. DAILEY: Okay. And DoD, WCP
12 is studying what they're doing. They've built
13 metrics into their DoDI. So this was more
14 aimed at the services' efforts.

15 CO-CHAIR CROCKETT-JONES: Yes, and
16 getting the arms around what everybody's doing
17 was kind of the --

18 MS. DAILEY: The two programs DoD
19 is running, E2I --

20 CO-CHAIR CROCKETT-JONES: -- idea.
21 They watch.

22 MS. DAILEY: -- they have metrics

1 built in, and everyone's supposed to be
2 building in metrics now to all of their
3 programs. So I mean, the real interest here,
4 is there -- do you want to go down this road?

5 CO-CHAIR CROCKETT-JONES: We can
6 vote on a single recommendation at the time.
7 Do we need another break or do we want to
8 finish up for the day?

9 (No audible response.)

10 CO-CHAIR CROCKETT-JONES: Okay.
11 We'll just go on then, to the observations
12 related to military services information
13 resources and PTSD/TBI. We're now reviewing
14 our miscellaneous observations.

15 For three years, the task force
16 has alluded to the lawyers as the rock stars
17 of the IDES process. But this is not the case
18 for everyone. In particular, the task force
19 has concerns that those receiving remote legal
20 services are not receiving adequate counsel.

21 Tech Sergeant Eudy feels strongly
22 about Observation No. 2, and has identified

1 this during a trip on the Warrior Policy
2 Office in January. Additionally, he's
3 provided information to support a
4 recommendation on the adaptive equipment DoDI
5 to be updated.

6 Other observations are self-
7 explanatory. Item No. 2 is also included in
8 the observation about a future NDAA, which I
9 don't think we clearly discussed yesterday.
10 If the task force is interested in including
11 this observation in the non-voted draft, we
12 should discuss the best place for it.

13 As we review Observations 1
14 through 5, I ask that you select those ideas
15 that are most important to you. Tech Sergeant
16 Eudy, please lead this discussion, and I think
17 there's some items in here that you might have
18 some interest in also, Lieutenant Colonel
19 Keane.

20 MEMBER EUDY: Beginning at items
21 -- I believe that three and four have already
22 been addressed. Regarding information

1 resources, we know that there's plenty of
2 information resources that exist out there.
3 Whether that's through DIECO, whether that's
4 the DVBIC, you know, in getting that out to
5 people, it's just one accessing and being
6 available to the family members through the
7 programs that already exist.

8 And in reference to the PTSD/TBI
9 treatment, per the trauma research study, I
10 think that can be incorporated elsewhere where
11 we've discussed PTSD/TBI treatment and
12 outcomes.

13 MEMBER KEANE: I think more
14 generally, it can be discussed. Take out PTSD
15 and TBI. Just say actually involve the family
16 in the recovering warrior's behavioral plan in
17 that first recommendation.

18 MEMBER EUDY: So that rolls right
19 under, again, the family member involvement
20 section.

21 The other two that I am most
22 passionate about, both 2 and 5, may be getting

1 way too much in the weeds on this. But as
2 we've talked heavily about the service
3 populations, the increase in both the illness
4 and injured, and then each of the services
5 talking about drawing down in certain uniform
6 positions.

7 Office of Warrior Policy does not
8 have any uniformed positions, and just as we
9 practice keeping aircraft, ships and a long-
10 term reserve status and have a capability for
11 the future, as this task force no longer
12 exists and someone else will stand up, that's
13 kind of the Center of Excellence as far as
14 moving forth.

15 Whether that's policy and
16 procedure, you know, although the services
17 should have a vested interest in developments
18 and guidance that's given to them, so why not
19 be sitting members of the board. Well, I
20 could hear that emails and phone calls, you
21 know, can be done, and they can say that
22 liaison work is being conducted, but I believe

1 in the visit.

2 There is a disparity seen amongst
3 information being distributed to and from the
4 services, and right now Warrior Policy is
5 conducting a lot of things. You know, whether
6 that was the new DoDI, they're out looking at
7 the non-medical case management across all the
8 services, you know, new issues with
9 employment, constant things that the services
10 themselves are then trying to step and do at
11 the 06 and below level, which I think can be
12 accomplished up there.

13 The item regarding that update to
14 the equipment and technology DoDI, again that
15 does get into the weeds, specifically.
16 However, the CAP program is utilized by all
17 recovering warriors, including EFMP family
18 members or dependents, at 11 of the MTFs.

19 That language, specific to that
20 that was provided to the research team,
21 addresses none of the current definition, but
22 just standardization of training processes, to

1 ensure that both our recovering warriors and
2 family members can receive adaptive technology
3 services at the MTFs that is commensurate
4 across, whether it's multi-service markets or
5 one of those 11 major MTFs, where they would
6 end up getting consolidated for care. That's
7 all I have at this time.

8 MEMBER KEANE: With respect to
9 number 5, I do believe that is way in the
10 weeds. I haven't read it since, I guess,
11 2010. But I believe the date of that DoDI was
12 2008, and I think it's along the lines of
13 telling them how to do their business. If
14 they want to update it, they should update it.
15 So I would discount number 5.

16 As far as number 2, just to
17 clarify. Are we talking about assigning four
18 service members with WCP?

19 MEMBER EUDY: No. My thought is
20 to have them belong to the services
21 themselves, with duty at Warrior Care Policy.
22 So they're the direct belly button for the

1 services as this process goes forward, and
2 everything gets consolidated.

3 MEMBER KEANE: Then I'm going to
4 contradict myself. If that's the case, that's
5 good. Thanks for the clarification. I think
6 having four members, you know, Army, Navy, Air
7 Force, Marines, having service members at WCP
8 would help to codify the future of our
9 programs, especially because they don't report
10 to WCP. They're assigned there, and they
11 report back to their services. So I concur
12 with 2.

13 MEMBER SANDERS: Regarding 1, as
14 the services draw down, the legal communities
15 are drawing down as well, and where it's not
16 a civilian legal lawyer in an office providing
17 information and counsel to members of the
18 Wounded Warrior community, it's uniform.

19 As those uniforms draw down and
20 move away, this issue is going to continue to
21 grow. I'm not sure whether this
22 recommendation is -- without more teeth to it,

1 in terms of some more specifics.

2 MEMBER KEANE: Sir, I do have a
3 point on that. We have seen in the past where
4 the teleconferencing has worked to great
5 success. So what I would suggest is you slide
6 out number 1, take it out of this, slide it
7 into the discussion of the total, I think it's
8 number 2 that we're talking about, the IDES
9 revamp, and have it as a best practice.

10 So not a recommendation, but
11 underneath the IDES recommendation, to
12 minimize remotely-located legal services and
13 give, you know, detail of what we're seeing
14 that worked as an example of the
15 teleconferencing because that's worked great
16 in two different places. I can't remember
17 though. Was Alaska one of them?

18 CO-CHAIR CROCKETT-JONES: Alaska
19 was one. Yes, and I think that the reason why
20 this had become sort of a more enduring issue
21 is just that in some places, either the
22 teleconferencing equipment was available and

1 it wasn't being used for this purpose. People
2 were not being given sufficient ability to
3 come in and use teleconferencing.

4 So that a remote legal, your IDES
5 specialist legal counsel, he really -- the
6 access he had to it was minimal and was
7 difficult, and didn't happen in a timely
8 fashion, which of course there's huge pressure
9 to keep that process moving and suspense
10 times.

11 So that's why it had become
12 enduring. But I think that you're right.
13 Some places have eliminated this issue by
14 doing it right, so it could be. It could
15 definitely be a best practice.

16 MEMBER STONE: So doing it right
17 is --

18 CO-CHAIR CROCKETT-JONES: Using
19 the teleconference equipment for making sure
20 it was up to the needs for a legal consult, so
21 that the teleconference equipment was in a
22 location that was private and available. It

1 worked. It was -- and was available in a
2 timely fashion.

3 MEMBER SANDERS: So what we want
4 to do is make sure that the remotely-located
5 counsel can have conversations that meet the
6 levels of client confidentiality?

7 CO-CHAIR CROCKETT-JONES: Yes, so
8 that the teleconference winds up being as
9 productive as a face-to-face meeting. Some
10 places are making sure that their remote legal
11 services -- have parity, and some places were
12 not, and that was our concern, I think.

13 MEMBER SANDERS: So would we like
14 them to establish some type of standard that
15 should be applicable to all remote services?

16 MEMBER KEANE: I think you
17 identified best practice. So not as a
18 recommendation, but say here's how it works in
19 Alaska.

20 MEMBER SANDERS: Concur.

21 MEMBER WONG: Yes, I'd like to
22 concur the sentiment that, you know, make it

1 private, you know. Lay out the best practice
2 of how it works because by them calling the
3 DES lawyer, seeing the PEBLO's office on Day
4 8 of the Day 10 that they're supposed to sign
5 their findings.

6 Then also, we talked about their
7 being the rock stars. Possibly, I don't want
8 to make it a recommendation, but when we talk
9 about best practices, introduction of the DES
10 lawyer earlier than when they're findings come
11 in. Like when they're initially signing their
12 MEB.

13 CO-CHAIR CROCKETT-JONES: We've
14 made that --

15 MEMBER WONG: Okay. I'll
16 reemphasize that.

17 CO-CHAIR CROCKETT-JONES: Yes. I
18 think that it's successful where it happens,
19 and I think we can certainly --

20 MEMBER WONG: Because that adds to
21 that transparency and knowledge base of okay,
22 I'm signing this now, instead of just a PEBLO

1 telling them hey, in about 100 to 110 days,
2 we're going to have the findings back to the
3 lawyer.

4 You can tell them that hey, then
5 we're going to sit down again because these
6 are your expectations or my expectations as
7 being a DES lawyer, and then we will review
8 your DoD and VA findings in three months or
9 four months, and then we'll sit down for you
10 to do your final signature.

11 That's a process where we
12 incorporate the family again, et cetera. So
13 you know, to discuss, you know, with family
14 members because as they transfer from active
15 duty, that it incorporates a lot of that web
16 items that we'd discussed.

17 MEMBER STONE: So I'm a bit lost
18 on this one, I have to admit. We have lots of
19 evidence of a behavioral health visit done by
20 telemedicine is just as effective as a face to
21 face meeting. Are we saying that a telephonic
22 consultation with an attorney is an

1 ineffective method?

2 MEMBER WONG: No, sir. I'd say
3 private because sometimes they are not
4 afforded the privacy or they're not taking the
5 privacy issue into consideration.

6 CO-CHAIR CROCKET-JONES: I think
7 here --

8 MEMBER STONE: So --

9 CO-CHAIR CROCKETT-JONES: --
10 there's also another thing.

11 MEMBER STONE: And this is more
12 than just anecdotal that came from somebody?

13 CO-CHAIR CROCKETT-JONES: Yes,
14 this is -- this has to do with comparing the
15 sort of institutional knowledge and
16 understanding of the process, and folks who
17 only have remote via telephone IDES lawyers,
18 to those who have in-person lawyers.

19 For instance, four years ago when
20 we asked do you know you have can have a
21 lawyer look through your entire package before
22 it's even -- before anything's happened. No,

1 we didn't know that.

2 Those places where they have good
3 legal consultation in person, they know that
4 now. Those places where the IDES lawyer
5 that's assigned to them is in another state
6 and they only get a phone call, and that phone
7 call -- those folks have very little clue
8 about their rights and the process.

9 MEMBER STONE: So Suzanne, I'm
10 with you on the concept that the attorneys who
11 establish effective relationships with their
12 clients increase those service members'
13 confidence in the system as they go through
14 it. I am hesitant to recommend to a legal
15 professional how they should interact with
16 their client in order to attain confidence.

17 CO-CHAIR CROCKETT-JONES: Yes,
18 that's why we're saying there's a best
19 practice that we want to -- that we want to --

20 MEMBER STONE: Okay. So this is
21 no longer a recommendation?

22 CO-CHAIR CROCKETT-JONES: This is

1 not a recommendation. This is a best
2 practice.

3 MEMBER STONE: I'm good with that.

4 CO-CHAIR CROCKETT-JONES: Okay.

5 MEMBER STONE: So if we could go
6 to number 2 then, is that a recommendation,
7 that there is a liaison representative to the
8 WCP? Now it seemed to me yesterday, we had
9 some discussion on whether the WCP was an
10 enduring organization that really was
11 effectively structured to do what it needed to
12 do. Now we're saying we want to enhance
13 staffing of the WCP.

14 MEMBER EUDY: Sir, at this time,
15 correct. It's not in law, but it's all we
16 have. There's no other organization that is
17 in place to do what is being done. So not to
18 say to put a Band-Aid on the process, but if
19 it's not in law, it's what will be used to
20 carry forward.

21 CO-CHAIR CROCKETT-JONES: The
22 other thing is there have been times when

1 there have been uniforms in the offices, and
2 it has been a while. It's sporadic, but it
3 does seem to give the services more connection
4 to the work done by the WCP. So this is an
5 attempt to make the WCP more effective with
6 the services, more responsive.

7 MEMBER DeJONG: We had a very
8 extensive list from WCP yesterday of what they
9 had asked us to bring forward. I don't recall
10 -- do we have any information? How do they
11 feel about having service members in their
12 office? Would it benefit the organization?
13 Would it hurt the organization?

14 CO-CHAIR CROCKETT-JONES: We did
15 ask in that meeting, and basically they said,
16 you know, basically they said that the service
17 provided them to us and we're not -- we don't
18 -- we're not going to fight them.

19 MEMBER MALEBRANCHE: Well, what
20 about a different -- I mean, everybody wants
21 to grow. Everyone wants to keep their office
22 going and keep it going. But what about if

1 you had the liaison, uniform liaison person at
2 the service that the WCP could reach to? Then
3 you still have the service element connected
4 on that end. I mean, what's the -- I mean,
5 how we say how they cut it or how they do it.
6 But the liaison can be either place.

7 MEMBER EUDY: They will say that
8 that already exists.

9 MEMBER MALEBRANCHE: They'll say
10 what?

11 MEMBER EUDY: They say that that
12 process already exists, that they're on
13 telephonically and that they're, you know,
14 with emails.

15 MEMBER MALEBRANCHE: That doesn't
16 work?

17 MEMBER EUDY: From the perception
18 in the briefings that we received, that they
19 is -- I would say it is not working as
20 efficiently as possible.

21 MEMBER KEANE: To answer Major
22 General Stone's original question, sir, I

1 would suggest it's not its own recommendation,
2 but it's under the over-arching recommendation
3 of codifying what we've learned.

4 MS. DAILEY: We're going to have
5 to develop that codifying what we want,
6 because we don't have that recommendation yet.

7 MEMBER STONE: Okay, and that was
8 my thought.

9 MS. DAILEY: Yes, where is that?
10 (Simultaneous speaking.)

11 MEMBER STONE: Where is that? We
12 had this discussion yesterday. We're
13 struggling a bit with what WCP was asking us
14 for, as they were reaching out to do some
15 things, and to solidify their strength in
16 being an advocate for our warriors.

17 What do we want the structure to
18 be after we're gone, to be the appropriate
19 advocate for our warriors?

20 MEMBER WONG: Sir, actually
21 Lieutenant Colonel Keane -- I think what
22 you're trying to say on number two is this

1 should be incorporated into the enduring
2 mission portion of our recommendation. I
3 think that's where we're trying to capture
4 this.

5 CO-CHAIR CROCKETT-JONES: And
6 just, I believe that --

7 MS. DAILEY: That might be
8 actually in the introduction.

9 CO-CHAIR CROCKETT-JONES: Yes. No
10 well, I don't know.

11 MS. DAILEY: Okay. So excuse me.
12 If we go to page three of your scripts, and at
13 the bottom of page three, you have read (a).
14 I had included it in the harmonization with
15 the civilian sector, but it got pulled out
16 yesterday. So is this the over-arching codify
17 recommendation that goes with Colonel Keane's
18 number 3? And you provided that language,
19 Lieutenant Colonel Wong.

20 MEMBER WONG: Yes ma'am. This is
21 where I had talked about the enduring mission
22 and how we established, you know, what --

1 where the staffing should be. I mean I think
2 that does get into the weeds, but we do need
3 to make a recommendation that, you know, there
4 is funding by law and types of positions to
5 provide for our wounded and injured, active,
6 reserve and civilian staff, and I think as we
7 --

8 MS. DAILEY: And I think you
9 provided us all of that information.

10 MEMBER WONG: Yes ma'am.

11 MS. DAILEY: That came from you,
12 and that --

13 CO-CHAIR CROCKETT-JONES: But we
14 pulled the language of enduring mission out of
15 that, didn't we, and say that in the
16 introduction, we wanted to talk about --
17 wasn't that where we said we put enduring
18 mission topics?

19 MS. DAILEY: That's where we said
20 we were going to put the big global. I don't
21 remember a formal discussion on what the
22 enduring mission was going to be and where it

1 was going to go. I don't remember it

2 CO-CHAIR CROCKETT-JONES: I don't
3 either, but I guess I have some concerns about
4 it. I mean I would think that enduring
5 mission should not be within this separate
6 agency. But I would hope that it's with each
7 of the services, the VA and those agencies.
8 I mean that should be part of your every day
9 business, not to create this office to do --

10 MS. DAILEY: No, no. I don't
11 think that's what we're saying. We were --

12 CO-CHAIR CROCKETT-JONES: Okay,
13 not to staff this office?

14 MS. DAILEY: No. We we're saying
15 that that's one of the ways the Department of
16 Defense recognizes the enduring mission of
17 wounded and injured care, that this is an
18 enduring mission.

19 The war doesn't end and this
20 doesn't go away, and that we have -- there's
21 all of this effort and work that has been done
22 to stand up programs, policies and processes,

1 and that letting them languish and fall
2 without archive just, basically, means we'll
3 have to reinvent this wheel again with the
4 next influx of any significant number, and
5 that I think that's what we had basically
6 talked about.

7 When the enduring mission language
8 came up, I thought we were basically saying
9 that there needs to be, either in the
10 introduction or as a recommendation, although
11 I don't think it can be specific enough.
12 Maybe there's language you can work on, to
13 make it a recommendation.

14 But there are steps to be taken to
15 recognize the enduring mission, and the work
16 that has been done so far, and keeping
17 uniformed folks in WCP is one way that DoD can
18 say we know this is not -- the services needed
19 that connection, the services.

20 Even if we're saying the services
21 are the ones who can keep it in there. That
22 another way that we recognize the enduring

1 mission is to say -- I mean that's really
2 about almost all the work, and all of our
3 recommendations have been focused on.

4 When we say "inter-agency policy
5 is an important recommendation," we're saying
6 that's because, moving forward, this work has
7 to be less burdensome and temporary and
8 intermittent and changing. When we say, you
9 know almost -- when we say family members, we
10 need definitions and standardization, and we
11 need to keep those people by the bedside, and
12 we need this to be consistent among the
13 services.

14 Part of that is saying we know
15 this -- we don't want to lose this to the
16 future by not codifying it and putting it in
17 the archive and creating the process as a
18 permanent -- in a permanent way. I think
19 that's just why this idea, that WCP needs a
20 liaison, a uniform liaison in the office,
21 because this isn't going away. This has to be
22 --

1 MEMBER MALEBRANCHE: Yeah, and I
2 understand that part, I think, because I do
3 think this enduring mission piece needs to be
4 throughout. I mean that's the whole purpose
5 of this. I guess what I'm concerned about is
6 getting into the weeds on the staffing,
7 because if you talk about a liaison person in
8 staffing, I mean you want the mission, the
9 policy to be there. But persons can be
10 ineffective. So you know, when you start
11 getting into the sort of nuts and bolts, I
12 just wonder. I understand what you're saying.

13 CO-CHAIR CROCKETT-JONES: I also
14 see your complaint and everything. That's why
15 I'm not sure we're saying this rises to the
16 level of a recommendation. I don't know. Is
17 it a -- are we saying it does? That's the
18 discussion the task force needs to have and
19 voices need to be heard.

20 MEMBER WONG: Yeah. I'd like to
21 continue the discussion and make sure my notes
22 are right. I think we talked about, in the

1 introduction, we were going to talk about the
2 strides we've made in PTSD and the continued
3 work towards a single electronic health
4 record.

5 But to go to Lieutenant Colonel
6 Keane's top three points, I don't know if it's
7 going to be four now, but to his third point,
8 when he was talking about codifying the
9 process, I think that's where we were talking
10 about the enduring mission. You know,
11 codifying all the strides that we've made, and
12 making it enduring mission. I think that's
13 that portion where he's trying to capture
14 that, and I'm in concurrence with that.

15 MS. DAILEY: And you're trying to
16 capture that in a recommendation, correct
17 Colonel Keane?

18 MEMBER KEANE: Yes. So what I
19 have as three would kind of tee it up.
20 Underneath three could be a discussion, or a
21 recommendation of inter-agency policy, assign
22 military members at WCP. Continue funding of

1 all services of Wounded Warrior programs for
2 the enduring mission.

3 MS. DAILEY: Say them again for
4 me.

5 MEMBER KEANE: Inter-agency policy,
6 inter-agency policy, have that slide, slid
7 under here. Assign four members to WCP, one
8 from each service. Continue funding of all
9 service wounded recovering warrior programs
10 for the enduring mission.

11 CO-CHAIR CROCKETT-JONES: Okay.

12 MS. DAILEY: And so the list that
13 is on page three, that Colonel Wong provided
14 us is in or out, or it's good language to
15 include instead of your three? We'll blend
16 them. We'll blend three, the red language in
17 three with your language in Tab B on number
18 three, and we will include inter-agency
19 policy, staffing the Warrior Care Policy
20 office, continued funding in enduring --
21 continued funding for all the Wounded Warrior
22 programs.

1 So I just -- I need to get my arms
2 around this. So this is the enduring mission
3 recommendation, and it can -- the reason we're
4 trying to get our arms around it now is
5 because this last recommendation, these four
6 items, some of them may slip under this
7 enduring mission recommendation instead of
8 being under 1 through 5. Sorry, that's why
9 we're there.

10 CO-CHAIR CROCKETT-JONES: Okay, and
11 I want to ask a structural question, and folks
12 can give me pros and cons and sway me, try to
13 sell me on something or other. Should these
14 be all in one recommendation, or does that
15 risk our losing follow-up on portions of it?
16 Because portions of recommendations sometimes
17 get missed, or should these be each a
18 recommendation under some heading, under a
19 bracketed enduring mission topic heading?

20 MS. DAILEY: Well, the only people
21 following up again is Congress. There's again
22 no way I can structure this or yes, how I'm

1 going to structure this for their clarity is
2 a challenge. But ultimately, I have no
3 control over bringing them in to brief us or
4 who's going to answer it if it's a
5 Congressional mission.

6 CO-CHAIR CROCKETT-JONES:

7 Absolutely, I understand that. I guess what
8 I'm saying is our past experience has been
9 that -- broadly, of the various groups who
10 have responded to the report and briefed us
11 back, there's been a tendency to see only one
12 section of a -- if there's discomfort at a
13 particular portion of a recommendation, it can
14 go unseen if they say yes, we did that on one
15 and three.

16 What was -- I don't remember number
17 two. There tends to be this sort of -- if
18 there are multiple bullets to a
19 recommendation, that's my only concern, is
20 that it gets to be sort of a sliding off, and
21 structurally do we want to have them listed
22 separately, so that they are looked at

1 separately, or looked at each carefully and
2 nothing gets lost, given the history, or are
3 we content to say this really is all part of
4 one recommendation for recognition of an
5 enduring mission?

6 MS. DAILEY: Well, you're going big
7 or you're going little. You've not -- are
8 you? That's your call here.

9 CO-CHAIR CROCKETT-JONES: That's my
10 question to everyone in this -- in the task
11 force.

12 MEMBER KEANE: And I think we can
13 decide on that in July.

14 MEMBER DeJONG: I'd like to see it
15 structured.

16 CO-CHAIR CROCKETT-JONES: Can we
17 decide on that in July?

18 (Simultaneous speaking.)

19 MEMBER KEANE: Whether it's passed
20 out as three recommendations or one, we can
21 decide in July, can't we?

22 CO-CHAIR CROCKETT-JONES: I'm just

1 afraid that we will vote on the draft -- I
2 mean I don't think that we can ask them to
3 have two different drafts to vote on.

4 MEMBER DeJONG: I would like to see
5 an overall page heading of enduring mission
6 with sub-recommendations, almost as we
7 structured the first recommendation with
8 enabling a better future with things. I would
9 like to see almost one of those being enduring
10 mission, and then with these as -- as
11 recommendations below that heading.

12 MS. DAILEY: Like give it a
13 heading?

14 MEMBER KEANE: I agree.

15 MEMBER STONE: So five years from
16 now, is there an Office of Warrior Care
17 Policy? So five years from now, should there
18 be an Office of Warrior Care Policy? Who is
19 the advocate within the department if this
20 non-in-law office goes away?

21 CO-CHAIR CROCKETT-JONES: In our
22 previous recommendation, didn't we say it

1 should be a matter of law and be in? So our
2 standing has already been it should be in law.
3 Do we benefit by reiterating a previous
4 recommendation?

5 MEMBER STONE: So in recognition of
6 our previous recommendation, then we
7 strengthen our office in the following manner
8 for its enduring mission, and then you can
9 list those things that go underneath that, in
10 order to strengthen that office and facilitate
11 its enduring mission as an advocate, and as a
12 liaison to our inter-agency partners.

13 CO-CHAIR CROCKETT-JONES: Well, I'm
14 happy. Do we have -- do the researchers need
15 to ask us any questions? Are we where we need
16 to be.

17 MS. DAILEY: I apologize. I wasn't
18 in here. Real quick recap. Minimize
19 remotely-located services is going into best
20 practice. Establishing a firm representative
21 at each -- from each service at Warrior Care
22 Policy is going under enduring mission.

1 Three and four is going to go into
2 family by the bedside, either the stand-alone
3 one or the DoDI, and then I don't know the
4 status of five.

5 MEMBER DeJONG: I believe five is
6 going away.

7 MS. DAILEY: Five is going away.

8 MEMBER DeJONG: It's too much into
9 the weeds.

10 MEMBER SANDERS: And the best
11 practice was going to be with an example, and
12 I think Alaska was the one that came up as an
13 example to use.

14 MS. DAILEY: So what's our best
15 practice here, that legal services are being
16 delivered by telephone really well? Because
17 that was not an Alaska event.

18 CO-CHAIR CROCKETT-JONES: Was
19 teleconference? Where did we say --

20 MS. DAILEY: For legal, no. It's
21 all telephone calls if it is a remote service.
22 I have no teleconferencing for legal examples.

1 MEMBER DeJONG: I believe
2 teleconference was mental.

3 MS. DAILEY: Mental health.

4 MEMBER SANDERS: So I guess I'm
5 back to my initial question. So was remote
6 legal services being delivered by telephone a
7 positive or a negative?

8 MS. DAILEY: It's a negative. That
9 was the negative.

10 CO-CHAIR CROCKETT-JONES: Yeah. I
11 guess I've confused it with teleconferencing
12 for mental health.

13 MS. DAILEY: Correct, correct.

14 MEMBER SANDERS: So I'm back to my
15 initial point, which was: I have a concern,
16 that we need to identify this as an area that
17 needs to be addressed and looked at, and
18 someone needs to take ownership of it, because
19 the legal community is going to shrink along
20 with the rest of the military, and how we
21 continue to be able to provide these services
22 will be a challenge.

1 MEMBER DeJONG: I'm hesitant to go
2 too much into this, because whether it's
3 telephonically, or whether it's face to face,
4 the right question needs to be answered or
5 asked and answered. Like any profession, you
6 have some that are good, you have some that
7 are bad.

8 As you said sir, it's going to be
9 shrinking. I just -- I think we're diving
10 into this as trying to almost individually
11 pick -- if we get too much into this, we're
12 almost going to be individually picking who we
13 need as lawyers for legal counsel for IDES,
14 and we can't do that.

15 CO-CHAIR CROCKETT-JONES: I think
16 that one of the significant objectives I had
17 had to the remote that were purely by
18 telephone, which I was thinking of those who
19 have their legal services in Florida but are
20 residing in Texas. Some members can't be part
21 of this easily.

22 This pretty much eliminates the

1 benefit, especially for those TBI folks, who
2 are having a caregiver sitting beside them,
3 and they can do extensions on the phone or
4 whatever. They can both be on there, but
5 that's just not as easy to coordinate.

6 MS. DAILEY: Okay. Can I -- what
7 about we put it under IDES 2, as a bullet?

8 MEMBER SANDERS: The bullet would
9 be --

10 MS. DAILEY: Minimize remotely
11 located legal services for IDES. It's a very
12 broad statement. What minimize means is up to
13 them.

14 MEMBER WONG: Or maybe rephrase it
15 to improve legal services.

16 MEMBER MALEBRANCHE: Well the best
17 practice piece, what I think we're trying to
18 get at is what worked best was that legal
19 services were early, and that the member and-
20 or the family member, if the family member
21 wasn't there remote with them, especially with
22 the TBI or something initially, were there

1 together.

2 It was the early services with the
3 people that needed to be there, and sometimes
4 the family support person was not able to. So
5 I mean that's what we're trying to get to. So
6 I think it does belong under IDES, but the
7 issue was the early legal support, rather than
8 way late.

9 Okay, now I'm home. My wife and
10 kids are here. But hey, I'm just about done
11 to sign off here. You know, it needs to be
12 early on. That was the issue of trying to get
13 there.

14 MS. DAILEY: And that was a
15 previous recommendation in a previous year.

16 MEMBER SANDERS: Okay. So if we
17 could add to the end of that with: minimize
18 remotely located legal services for IDES, with
19 special consideration for early contact and
20 confidentiality.

21 MS. DAILEY: Okay. So we'll put
22 number one in IDES 2. We're going to put

1 number two enduring service, enduring mission
2 recommendation. This is a recommendation now,
3 right? It's not going -- well, we can talk a
4 little bit about it in the interim.

5 So three and four are going either
6 in the DoDI for DoDIs or in the family by the
7 bedside, and number five is going to go away.
8 We will not address number five. All right.
9 I want to touch upon your enduring mission
10 recommendation.

11 It is a recommendation that is
12 about -- and let's go to B. Let's just go to
13 B, Tab B. Flip beyond Rehbein's. Go to
14 Colonel Keane's page. It's in green. Do I
15 have everyone there? So read number three.
16 This is where we're drawing the enduring
17 mission language from.

18 MEMBER SANDERS: I would add that
19 a staff, their cadre with active versus
20 recall-reserve folks, because that was an
21 issue.

22 MEMBER KEANE: That's too specific,

1 sir. For example, the Marine Corps Wounded
2 Warrior Regiment, they've asked for it. I
3 think their composition and Ted help me out if
4 it's changed, 75-25. It's mostly Reserve.
5 All of our DISCs are reservists.

6 MEMBER WONG: Seventy percent of
7 Wounded Warrior Regiment is reservists, 70
8 percent.

9 MS. DAILEY: Okay so --

10 MEMBER KEANE: Which sounds like a
11 bad thing, but actually the Marine Corps, the
12 regiment has turned into a good thing, because
13 they can interview this reservist before they
14 bring them on, as opposed to the Army, where
15 here's your guy. Make him a cadre. The
16 Marine Corps can interview this gentleman or
17 gal?

18 MEMBER STONE: That might be a
19 stretch.

20 MS. DAILEY: All right. We need --
21 I'm not sure that we need to discuss the
22 various value of -- we're talking about the

1 enduring mission. You want language in there
2 that includes fully funded staffing, trained
3 staff. You want language in there that talks
4 about the inter-agency policy, and you want
5 language in there that talks about continued
6 funding, regardless of the staffing and
7 programs.

8 CO-CHAIR CROCKETT-JONES: I think
9 we've moved towards saying that the enduring
10 mission is like a topic heading, and that each
11 of those -- is recommendations underneath it,
12 that first of all is the staffing that the
13 inter-agency policy is one, that the Warrior
14 Care Policy Office is one, that those are the
15 three recommendations off the top of my head
16 that might be more, that fall under enduring
17 mission.

18 That one should be that they
19 maintain the program's funding and staffing on
20 the Wounded Warrior units.

21 MEMBER STONE: But going back to
22 your original question, I really like how this

1 number three is written. I mean I think it
2 gives you the framework to work from with some
3 tweaking, to get to where you are. So I like
4 it. I'd include it.

5 MS. DAILEY: Good, good. Colonel
6 Keane provided that. The research team's got
7 it. We'll work from it. Yeah, yeah. That's
8 good stuff.

9 MEMBER STONE: I wonder if we could
10 go back to one other thing. I'm concerned
11 that although, you know, I think that your co-
12 chair yesterday was very clear about what
13 needs to happen to IDES, and that is burn it
14 down, the tough work in response to that is to
15 say okay, what do you replace it with?

16 I'm concerned that we've spent most
17 of the time in the last couple of days talking
18 about how do you tweak the existing system to
19 make it more effective, which is the same
20 thing we've done every previous year.

21 The style points here and the
22 professional writer has to firmly and

1 absolutely state that this system needs to be
2 replaced, that all of the other
3 recommendations that are coming out of
4 tweaking are interim recommendations until the
5 new system is stood up. If we fail to capture
6 that, I think we'll lose the real effect of
7 what we could get done here. But I think that
8 Admiral Nathan's comments of this needs to
9 burn down should be maybe an enduring theme
10 heading.

11 MS. DAILEY: Yeah, I'd agree. I
12 think it should be the first recommendation
13 they read, is that IDES needs to go away. If
14 we want to, as a task force some of us have
15 talked about this or have referenced a task
16 force. We may -- do we want to include in
17 that recommendation that this be done as a
18 course of evidence-based review by a work
19 group or task force?

20 MEMBER STONE: Yeah. I would say
21 no, because that has the appearance of the
22 task force looking to prolong its work, and I

1 would leave it to the department to make its
2 decision. As we talked privately, we've got
3 a really very interesting time now as the
4 Commission looks at modifying the retirement
5 plan.

6 I think that discussing that with
7 that organization, as it looks at retirement
8 for the Department of Defense, is a very
9 reasonable way to go in our outbrief. But I
10 would -- I would strongly suggest not placing
11 in recommendations for more work, because I
12 think it has the potential of defusing the
13 validity of the recommendation.

14 MS. DAILEY: And I just -- I'm game
15 talking to the Retirement Commission for a
16 shorter name. They have to be careful. They
17 haven't voted yet. So they can't reveal to
18 us, and they really can't even reveal to
19 themselves what their recommendations are
20 going to be. It is going to be from -- so we
21 would outbrief them after our recommendations
22 are voted. I mean I'd really like to get a

1 little intel on what they're doing. But quite
2 frankly, that is -- it could preempt their
3 efforts, quite frankly.

4 MEMBER SANDERS: Okay. Can I go
5 back for a minute to number three, and maybe
6 I didn't -- inartfully presented what I wanted
7 to say. I'm concerned that when we talk about
8 staff, in all due deference to the Marine
9 Corps' good work and efforts, term versus
10 permanent is -- a term is --

11 When I say, term versus permanent
12 staff, I think a term is a reservist, because
13 my reservists, as ADSW lawyers, doing formal
14 PB, were term attorneys, and every year, I had
15 to determine whether or not those attorneys
16 were going to be back again, and those were my
17 Marine attorneys.

18 As we go forward and build an
19 enduring function, that can't be a part of the
20 process. There needs to be more permanence in
21 the structure. So when I say reservist was a
22 problem, that was where I identified the

1 problem.

2 CO-CHAIR CROCKETT-JONES: Let me
3 just throw out something. Is it that the
4 person is temporary, or that the position is
5 temporary? That to me -- you know, we want
6 this to endure, but we cannot expect it to
7 endure at a staff waiting for the numbers from
8 two years ago.

9 It must endure with the flexibility
10 of saying it endures to meet the current
11 needs, and can flex and grow to meet future
12 needs, because won't will keep this in place.
13 We won't go to some interim system that
14 doesn't, you know, preserve all these
15 processes.

16 So I think rather than focusing on
17 where those positrons are necessarily filled,
18 because they -- the problem isn't necessarily
19 that the person, where the person comes from
20 who fills it, but is the position one that is
21 defined as having a turnover in a year or
22 turnover in two years or turnover in three

1 years. Is it not that the position is more
2 important than who fills it?

3 MEMBER SANDERS: It's both, you
4 know, because you need -- as you get those
5 positions, as they exist, they come from a
6 request from the services or from someone into
7 the joint staff, and the joint staff works it
8 and it sends it back down to the services to
9 fill.

10 Somebody has to initiate that, and
11 somebody has to say what the requirements for
12 the position are. If it's not a billet that's
13 going to be given up by someone, an
14 established permanent liaison on a staff, it's
15 just a temporary position that we're bringing
16 somebody in for the period of time that this
17 person's recalled to active duty, that's not
18 going to fly.

19 MEMBER DeJONG: I think we've spent
20 a considerable amount of time over the last
21 four years of talking about staffing,
22 establishing pros and cons of length of

1 service for reservists, from going to too
2 short to going to too long and having burnout.

3 I think -- and a lot of those have
4 been accepted. They've been in place, and
5 from what the feedback we've gotten over the
6 last two years, I think it has improved
7 twofold, if not more. I think as -- I think
8 if we start adding staffing into this
9 paragraph, sir, we're going to take away from
10 what this paragraph is saying right now, and
11 I think that it's going to bring up other
12 issues that we've addressed over the last four
13 years, and we've gotten very positive results
14 out of.

15 MS. DAILEY: Sir, I think we can
16 address your needs for permanence, you know.
17 The positions should be permanent. You know,
18 you shouldn't have to renegotiate the position
19 every year. They should be permanent
20 positions. Now you're getting an AWS in
21 there. They should be assigned there for
22 three years. There should be long enough for

1 skills to be built, knowledge to be built, you
2 know. I think we've advocated for that all
3 the way along. Has that not been our
4 position, that there be longevity and
5 permanence?

6 MEMBER SANDERS: Or, if it's a
7 permanent billet, there's an active duty
8 rotation. So it doesn't have to be an ADSW
9 person that serves the FPB attorneys that the
10 Navy had at the beginning of the process,
11 before the need for more came and the Marine
12 Corps added ADSW attorneys to the process, was
13 active duty Navy attorneys flowing through
14 their regular process filled that position.

15 And when they rode out to their
16 next job, another permanently assigned active
17 duty Navy JAG rolled into that slot and served
18 there for a period of time and then went on.
19 So when I say "permanence," I'm just concerned
20 that the positions stay, and that there's a
21 viable and visible and consistent rotation of
22 folks through the job, and that you don't have

1 to negotiate, as you just said, every year to
2 figure out who's going to now come.

3 Is the Army, the Air Force, the
4 Navy and Marine Corps, whoever it is, going to
5 assign people because they have them, or is
6 there going to be pushback?

7 MEMBER PHILLIPS: Can -- I was
8 going to bring -- I was going to go back to
9 something, but I don't want to -- before I
10 leave the subject, I know we all -- I mean
11 each organization has their table of
12 organizations set up, and they have manpower
13 constraints, and I wish Major General Mustion
14 was here as well, so he can talk on the Army
15 side.

16 But I know, at least, for the
17 Marine Corps side, I'm not familiar how we're
18 doing the lawyers as in term. But they do
19 look at the TOCR or the Table of Organization
20 and, you know, we do have rules that, you
21 know, once active or Reserve components have
22 filled positions for enduring mission or long-

1 term, over three years, it's re-reviewed, to
2 see then the next migration is potentially an
3 active Reserve position or an active duty.

4 And at least in the Wounded Warrior
5 Regiment, we have started to do that, where
6 they have transitioned some Reserve billets
7 into active duty components, because they see
8 that as a permanent position. But we're going
9 to allow that flexibility to surge and not
10 surge. We're still keeping the table of
11 organization there. That permanence is there
12 for when a conflict does -- if a new conflict
13 comes into place.

14 But as the population dwindles
15 down, we also have that flexibility to take
16 people off orders as well, and not be a full,
17 permanent, active duty position waiting for
18 something to happen. I think that's the
19 responsibility of the services, to be good
20 stewards of their money, on how they staff
21 their personnel across the entire force, not
22 just Wounded Warriors.

1 MEMBER SANDERS: Semper Fi.

2 MEMBER PHILLIPS: I wanted to
3 circle back to IDES. A question and just some
4 clarification. I mean I think we all agree
5 we're going to recommend it be burned down,
6 maybe not in that language. The question I
7 was going to ask is: do we need to replace it
8 with anything? I mean if you're wounded, ill
9 or injured, it's determined that you can
10 either return to duty or move out.

11 We've had this discussion before,
12 privately and publicly. So if that's the
13 case, why do we need IDES? The folks will
14 move on to the VA for their evaluation. I'm
15 trying to frame it in the form -- maybe I'm
16 too simplistic, but do we make a
17 recommendation that we just burn it down and
18 replace it, or do we just say it's not really
19 needed in this modern age? We have other
20 mechanisms.

21 MEMBER STONE: Well, I think there
22 needs to be a -- first of all, it needs to be

1 no IDES. But there does need to be some sort
2 of Workman's Compensation system in place --

3 MEMBER PHILLIPS: Medical board or
4 something like that.

5 MEMBER STONE: More than just the
6 board, Steve. There needs to be a worker's
7 comp system in place, that facilitates those
8 processes, that fulfills the organization's
9 responsibility to an employee --

10 MEMBER PHILLIPS: During the
11 transition.

12 MEMBER STONE: --and then passed
13 off to the VA for, as Ron and I talked about,
14 following up our discussion here, of those
15 things that the VA more appropriately does for
16 the permanent loss of a limb or for the
17 permanent disability. But the responsibility,
18 in a workman's comp or a short or long-term
19 disability system certainly does exist for all
20 employers.

21 MEMBER PHILLIPS: No, no. I
22 understand, and I recognize that. But then do

1 we -- do we harmonize it with the VA? I mean
2 do we set up the same criteria, because these
3 folks are no longer going to be service
4 members. So why have different standards?
5 I'm talking about the rating system
6 specifically. Why should we have different
7 standards?

8 MEMBER STONE: Yeah. I think the
9 rating system goes away. You either can do
10 your job or you can't. You can be retrained
11 or you can't, and then you get compensated
12 based on whatever your anticipated rank at
13 retirement is, and you get a retirement.

14 MEMBER PHILLIPS: Okay.

15 MEMBER STONE: And it becomes a
16 very simplistic, transparent system, that
17 literally the day you join the service, you
18 can understand, if you can't serve because of
19 an injury or a compensable illness, because I
20 think there are illnesses that will fall in,
21 as you get into that discussion.

22 But I think this eliminates all of

1 the other, you know, massive problems we have,
2 and it eliminates the massive infrastructure
3 that takes to serve the current system, you
4 know. My bet is there's at least 2,000 DoD
5 employees dedicated to servicing this system
6 today, and many of these are at very high wage
7 levels. So that entire system begins to come
8 down and comes apart.

9 MEMBER PHILLIPS: Thank you. You
10 said what I meant.

11 MEMBER KEANE: With regard to
12 fixing IDES, and burning it down, obviously we
13 can't use those words. But I do like those
14 words, burn it down. I mentioned briefly
15 yesterday, do we make a recommendation to
16 create another task force to discuss total
17 rehaul of comp and pens, the way it's
18 structured now. So just to throw this out
19 there, do we say we need a new IDES? Our
20 suggestion is to burn it down. In here if
21 there are -- but these immediate fixes need to
22 be instituted now.

1 Recommendation 2. Create a task
2 force to look in detail, to fix IDEs with
3 these things in mind. Second task for this
4 task force to look at, evaluate, study,
5 recommend the way comp and pen is done,
6 possibly with these things in mind.

7 MEMBER DeJONG: I'm going to go --
8 I was going to revert back to what General
9 Stone had just said about recommending more
10 work and other task forces, and I thought
11 about that last night when we -- after we had
12 recommended that too. I revert back -- I'm
13 not going to repeat what General Stone had
14 said, but I don't think it's good business to
15 ask for more work, or seemingly imply that we
16 are asking for more work.

17 (Off microphone comment.)

18 MEMBER DeJONG: No. But I think
19 depending on the reader, depending on how it
20 is, it possibly could be interpreted, and we
21 could lose what we wanted in that
22 interpretation.

1 CO-CHAIR CROCKETT-JONES: I
2 actually think that there may already be
3 avenues for that work to be done. Maybe not.
4 I'm not sure that we can make the timing work,
5 to have the recommendation for this effective.
6 I think we don't have enough information about
7 who's doing what, to be able to effectively
8 say somebody else needs to do it. But I would
9 say that I think when we say that the military
10 does not need a disability evaluation system,
11 that the current one is insufficient, we need
12 to be clear, I think, in our language -- the
13 VA, that we're not saying the VA does not need
14 to continue its work in evaluating disability
15 and providing health care.

16 I mean it's, you know, I would not
17 want -- my only concern with this
18 recommendation is that it be interpreted as
19 saying -- it be interpreted as a negative sort
20 of a disservice to the VA, that it be
21 interpreted as saying that the VA's work in
22 evaluating the disability of veterans and

1 maintaining their health is somehow not
2 necessary.

3 I want us to be clear that we're
4 talking about the system by which the military
5 decision is made, not the system that
6 currently takes care of veterans. Is everyone
7 understanding what I'm saying, or am I just
8 making it more unclear?

9 MEMBER MALEBRANCHE: No, I think so
10 Suzanne, I guess, and the other thing, again,
11 I think we've said this before. But there is
12 a commission now looking at compensation and
13 pension, and that military commission has been
14 briefed by the VA, by the VBA and I believe
15 we're going back to brief again.

16 So they're looking at a number of
17 things, maybe in a different venue. But I
18 wonder if that's not the place and hopefully
19 to look, because they -- those people are the
20 same people that sat on the senior oversight
21 committee, General Chiarelli. They know some
22 of the issues that we're doing and dealing

1 with.

2 So I think that might be the place
3 to do it, as opposed to -- and their report is
4 after ours. So that might be the place, and
5 certainly they have asked questions about VA,
6 the benefits and what's going on. So they
7 have a number of things.

8 It's much broader than this one
9 piece. But I think that's the commission
10 that's going to be probably even -- even
11 though it's not a VA commission, it's a
12 military. They are looking at it and have had
13 extensive briefings from VBA and VHA.

14 CO-CHAIR CROCKETT-JONES: Are we
15 all good?

16 MEMBER STONE: Well, until we see
17 what the writers produce during the month.

18 CO-CHAIR CROCKETT-JONES: One can
19 only hope.

20 MEMBER STONE: It will be an
21 interesting July session.

22 CO-CHAIR CROCKETT-JONES: Is

1 research staff comfortable they understand us,
2 or do they really just want us to get out of
3 the room and stop saying things that they have
4 to deal with?

5 (Off microphone comment.)

6 CO-CHAIR CROCKETT-JONES: Okay. So
7 is there any time table for non-voted draft
8 writing? Rough.

9 (Off microphone comment.)

10 MS. DAILEY: The end of June, June
11 17th.

12 CO-CHAIR CROCKETT-JONES: Okay. So
13 that's when we can expect to start our reading
14 work again. All right then. Wait, wait,
15 wait.

16 MEMBER KEANE: We have one very
17 important bit of business to discuss. Do you
18 have the graphic you can put on the computer,
19 on the screen?

20 MEMBER SANDERS: I guess while
21 we're looking at it, a quick question. So the
22 non-voted draft will be sent out to us in

1 June, and we will then vote on it when we come
2 back in July, or do we provide comments before
3 that?

4 MS. DAILEY: I will solicit
5 comments from you. You will have a time
6 period to get those comments back to me, and
7 then we will vote in July. Thank you.

8 MEMBER EUDY: I know that everyone
9 wants to be able to commemorate their time on
10 the task force while drinking their morning
11 coffee. So we have three options, if anyone
12 would like a Recovering Warrior Task Force
13 commemorative coffee mug. Go ahead, Steven,
14 to the next option. So based on pricing, it
15 doesn't really go any lower. Once you get
16 over 25 persons, you get a single dollar off.
17 That is actually a transparent, like frosted
18 glass, and then the final one is just a small,
19 cheap, standard mug.

20 That's as cheap as you can go, and
21 it may or may not have lipstick on it, being
22 used, like we've seen on previous coffee cups.

1 So that if you have an interest in that, I
2 believe we'll have somebody from the task
3 force just send out a quick notification if
4 people would like to purchase and then send
5 back, so we have a number and then we can get
6 together and do that.

7 On one side you'll have the logo;
8 on the other side we may conduct the dates or
9 put a small item from the mission statement on
10 there. So --

11 CO-CHAIR CROCKETT-JONES: I want to
12 be clear here. Are you saying we all have to
13 make the same choice, or we can all make any
14 choice?

15 MR. PARKER: This is a
16 recommendation of best practice.

17 MEMBER EUDY: For a slightly
18 cheaper price, we would all do the same thing.
19 Otherwise --

20 CO-CHAIR CROCKETT-JONES: So these
21 prices reflect individual choices. But if by
22 some chance we all made the same choice, we

1 might actually pay less. But we're not going
2 to have to pay more. That's what you're
3 telling me?

4 MEMBER STONE: I want legal advice.

5 MEMBER SANDERS: We should do this
6 jointly, as a task force.

7 MEMBER EUDY: Inter-agency.

8 MEMBER SANDERS: Inter-agency. The
9 color should be purple.

10 MR. PARKER: How many ounces is
11 that?

12 MEMBER SANDERS: I'm from there.

13 (Simultaneous speaking.)

14 MR. PARKER: Army, Air Force,
15 Marine.

16 CO-CHAIR CROCKETT-JONES: Are you
17 telling me that's an 11 ounce mug?

18 MR. PARKER: The first one is 11
19 ounces.

20 (Simultaneous speaking.)

21 MR. PARKER: The first was is 11.

22 MR. PARKER: One's ten and one's

1 11.

2 (Simultaneous speaking.)

3 MEMBER EUDY: So then for a
4 unanimous decision, anyone for the travel mug
5 with lid? No, okay. Now we either have the
6 frosted mug or the cheap mug?

7 MEMBER SANDERS: Frosty the
8 Snowman.

9 MEMBER EUDY: Frosted? Anyone
10 else for the frosted mug? It looks like we're
11 unanimous, instead of having the cheap mug.
12 All right. So for the frosted mug then, then
13 that's what it's going to look like. It's
14 going to be \$20 per person, and expect to
15 receive an email --

16 (Off microphone comment.)

17 MEMBER SANDERS: That was an
18 inaccurate statement. It is \$19.95.

19 MEMBER STONE: You see what happens
20 to this group when we give them extra time?

21 CO-CHAIR CROCKETT-JONES: All right
22 then.

1 MS. DAILEY: Did you also want to
2 talk about July the 7th?

3 CO-CHAIR CROCKETT-JONES: We can
4 also talk about July the 7th, yes.

5 MS. DAILEY: Okay. July the 7th,
6 for those who are not local, we're going to
7 fly you in early on the 7th, which is a
8 Monday, and in the afternoon, Ms. Crockett-
9 Jones is having a wrap party, a season finale,
10 the end of the task force afternoon barbeque
11 event. So we will arrange some
12 transportation, get everyone up there, get
13 everyone back in the evening, and then the 8th
14 and the 9th is the task force voting session.
15 But Monday afternoon is a party.

16 MR. PARKER: And what time do we
17 need to be up there?

18 CO-CHAIR CROCKETT-JONES: We're
19 sending out a flyer.

20 MS. DAILEY: Yeah. We'll get you
21 other information --

22 CO-CHAIR CROCKETT-JONES: Not a

1 flyer.

2 MS. DAILEY: I want you to block
3 out your days. Monday the 7th of July is a --
4 should be, if you can, blocked out.

5 CO-CHAIR CROCKETT-JONES: It should
6 be an afternoon to evening party. There's a
7 swimming pool.

8 MEMBER EUDY: This will also
9 include -- the mug information can come out in
10 the same email.

11 CO-CHAIR CROCKETT-JONES: No, no.
12 Those are separate emails. All right then, I
13 think, in anticipation of seeing you all in
14 July, hopefully on the 7th at my house, I'm a
15 good cook. What can I say? I guess we are
16 done. We are done for this meeting. Thank
17 you all. Good work.

18 MR. PARKER: What did we decide on
19 lunch? Are we having lunch?

20 CO-CHAIR CROCKETT-JONES: Are we
21 having lunch? Are we not having lunch?

22 MS. DAILEY: Lunch is outside the

1 door. So please pick it up on your way out if
2 you're hungry. Lunch is set up.

3 CO-CHAIR CROCKETT-JONES: Yeah.
4 I'm sure that this room, if someone wants to
5 eat their box lunch here before getting in the
6 car, they can do so.

7 MS. DAILEY: Yeah. Come on. Bring
8 it on back, yes.

9 (Whereupon, 11:41 a.m., the meeting
10 was adjourned.)

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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 of Recovering
Wounded - May Business Meeting

Before: US DOD

Date: 05-13-14

Place: Arlington, VA

was duly recorded and accurately transcribed under
my direction; further, that said transcript is a
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