

# Department of Defense Recovering Warrior Task Force

2011-2012 Annual Report



August 31, 2012

**Department of Defense Task Force on the Care,  
Management, and Transition of Recovering Wounded,  
Ill, and Injured Members of the Armed Forces**

Preparation of this report/study cost the Department of Defense  
a total of approximately \$2,665,000 for the 2012 Fiscal Year  
Generated on 2012Jul09 0812 RefID: 1-57D0660



# DoD Recovering Warrior Task Force

## Recovering Warrior Task Force Co-Chairs

Lt Gen Charles B. Green, MD, USAF  
Mrs. Suzanne Crockett-Jones

## Recovering Warrior Task Force Members

Justin Constantine, JD  
CSM Steven D. DeJong, ARNG  
Mr. Ronald Drach  
CAPT Constance J. Evans, USN  
LtCol Sean P. K. Keane, USMC  
MSgt Christian S. MacKenzie, USAF  
COL Karen T. Malebranche (Ret.), RN, MSN, CNS  
LTC Steven J. Phillips (Ret.), MD  
David K. Rehbein, MS  
MG Richard A. Stone, MD, USAR  
Col Russell A. Turner (Ret.), MD

## Report contributors included the following RWTF staff:

COL Denise Dailey (Ret.), Executive Director, Designated Federal Officer (DFO)  
Suzanne Lederer, PhD—ICF International  
Jessica Jagger, PhD—ICF International  
Karen Egan, MA—ICF International  
Karen Wessels, MA—ICF International  
Amber Bakeman, MA—AECOM

Operations team: John Booton; LaKia Brockenberry; John Heggstad; Philip Karash, MA; Stephen Lu;  
Heather Moore; DeQuetta Tyree; and James Wood—Wagner Resources  
Col Anne Sobota (Ret.), Alternate Designated Federal Officer (ADFO)

## Prepared by

AECOM National Security Programs  
Subcontractor - ICF International

## Cover photo captions (left to right)

Physical therapy assistant John Inzinna (r) demonstrates the proper function of a knee joint to Capt. Wendy Koseka 19th Airlift Wing legal officer during her physical therapy session at Brooke Army Medical Centers outpatient physical therapy clinic. (U.S. Air Force photo/Steve Thurow)

San Diego (Nov. 25, 2008) A Sailor assigned to the Nimitz-class aircraft carrier USS Ronald Reagan (CVN 76) is greeted by his family during a homecoming celebration at Naval Air Station North Island. Ronald Reagan is returning from a six-month routine deployment to the western Pacific Ocean. (U.S. Navy photo by Mass Communication Specialist 2nd Class John P. Curtis/Released)

Marine Corps Air Ground Combat Center Twentynine Palms, Calif.-Lance Cpl. Tiofilo Corona Jr., a Marine with the 3rd Combat Engineer Battalion salutes after receiving a Purple Heart at the 3rd CEB command section. Corona's vehicle was hit with an improvised explosive device in Afghanistan.

Army Ten-Miler leaders Pvt. Reginaldo Campos Jr. of the Brazilian Army (471), U.S. All-Army Pvt. Philip Sakala (15) and Brazilian Joseuldo Nascimento (67) close the gap on a member of the Missing Parts in Action team during the 24th running of the Army Ten-Miler. Photo Credit: Tim Hipps

U.S. Navy Honorary Chief Aviation Ordnanceman David Eberhart, assigned to Marine Aviation Logistics Squadron 24, delivers a speech during a ceremony at the Tripler Army Medical Center, Marine Corps Base Hawaii, May 15, 2008. Eberhart was appointed an honorary Chief Petty Officer by Master Chief Petty Officer of the Navy Joe R. Campa, Jr. Eberhart has been diagnosed with Stage IV colon cancer and has continued to serve on active duty in his attempt to become a Chief Petty Officer while fighting the disease. (U.S. Navy photo by Mass Communication Specialist 2nd Class Michael A. Lantron)

Department of Defense  
Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured  
Members of the Armed Forces



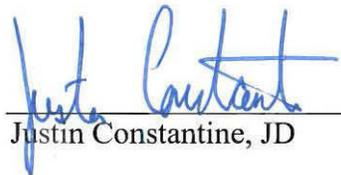
---

Lieutenant General Charles B. Green, MD  
*USAF, Co-Chair*



---

Mrs. Suzanne Crockett-Jones  
*Co-Chair*



---

Justin Constantine, JD



---

Master Sergeant Christian S. MacKenzie  
*USAF*



---

Command Sergeant Major Steven D. DeJong  
*ARNG*



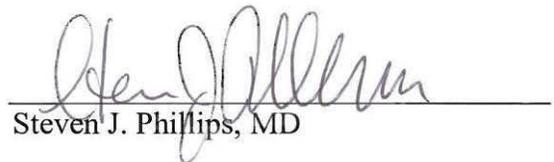
---

Karen T. Malebranche, RN, MSN, CNS  
*U.S. Department of Veterans Affairs*



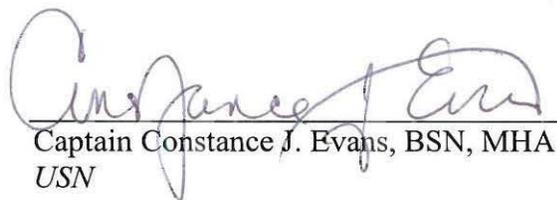
---

Mr. Ronald Drach



---

Steven J. Phillips, MD



---

Captain Constance J. Evans, BSN, MHA  
*USN*



---

David K. Rehbein, MS



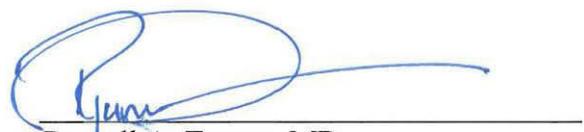
---

Lieutenant Colonel Sean P. K. Keane  
*USMC*



---

Major General Richard A. Stone, MD  
*USAR*



---

Russell A. Turner, MD



**The complete FY2012 report, including appendices, is available online at:**

<http://dtf.defense.gov/rwtf/2012report.pdf>

Website: <http://dtf.defense.gov/rwtf/>

Facebook: <http://www.facebook.com/rwtaskforce/>

Twitter: <http://www.twitter.com/rwtaskforce/>

# Table of Contents

PAGE

**Executive Summary** ..... **iii**

**Chapter 1 ★ Introduction** ..... **1**

**Chapter 2 ★ Recommendations and Findings** ..... **3**

**Restoring Wellness and Function** ..... **3**

1: Publish RW policy/program guidance ..... 3  
2: Standardize case management and care coordination roles ..... 5  
3: Draft RW Bill of Rights or content of Commander Intent Letter ..... 6  
4: Co-locate/integrate DoD and VA rehabilitation capability ..... 7  
5: Establish WCP within USD(P&R) portfolio ..... 8  
6: Provide needed resources on station for 29 Palms ..... 8  
7: Extend TAMP to one year post deployment ..... 9  
8: Ensure training for evidence based PTSD treatment/identification ..... 10  
9: Audit records for completed evidence based PTSD treatment ..... 11  
10: Adopt a common comprehensive recovery/transition plan format ..... 12  
11: Provide more access to and input into CRP for RWs and families ..... 13

**Restoring into Society** ..... **13**

12: Redefine WII Category 2 ..... 13  
13: Send non-RCC RW proponents to joint DoD RCC training ..... 15  
14: Support to family members/caregivers unconstrained by HIPAA ..... 16  
15: Designate principal point of contact for family/caregiver ..... 18  
16: Educate family members/caregivers about VA/other resources ..... 20  
17: Provide PEBLO briefing for EFMP families ..... 21  
18: Unify families/caregiver with RW ..... 21  
19: Rename NRD and market the new portal ..... 22  
20: Resource base family support centers and specify relationships with RW programs ..... 24  
21: Centralize case management for RC RWs on Title 10 ..... 26  
22: Establish policies for issue of Title 10 orders and use of INCAP pay ..... 28  
23: Include RC unit in out-processing for RWs leaving Title 10 ..... 29

**Optimizing Ability** ..... **30**

24: Publish interim guidance for NDAA 2012 Section 551 ..... 30  
25: Expand DoD/VA MOU on RW access to VR&E counseling ..... 31  
26: Update DoDD and DoDI on TAP ..... 32

---

## **Enabling a Better Future ..... 34**

27: Establish DoD and VA Deputy Secretaries as Co-Chairs of JEC .....	34
28: Evaluate processes to limit IDES population .....	35
29: Create electronic record for individual IDES information.....	36
30: Utilize WCP survey to improve IDES program .....	37
31: Exclude terminal leave from calculation of IDES timelines .....	37
32: Consider replacing Service FPEB with a joint FPEB .....	38
33: Develop staffing models/ensure adequate PEBLO staffing .....	39
34: Provide legal outreach to RWs .....	40
35: Market VA services and benefits to DoD leadership at all levels .....	41

## **Summary ..... 42**

Status of FY2011 Recommendations.....	43
Best Practices.....	44

## **Notes ..... 53**

---

### **Annexes**

Annex 1 – Member Biographies .....	1-1
Annex 2 – Acronym Listing .....	2-1

### **Appendices**

Appendix A – Legislation.....	A-1
Appendix B – Charter.....	B-1
Appendix C – Reference Handbook .....	C-1
Appendix D – Methodology.....	D-1
Appendix E – Business Meetings .....	E-1
Appendix F – Site Visits.....	F-1
Appendix G – Information Sources by Topic .....	G-1
Appendix H-1 – Recovering Warrior Focus Group Protocol .....	H-1
Appendix H-2 – Family Member Focus Group Protocol .....	H-7
Appendix H-3 – Recovering Warrior Mini-Survey.....	H-13
Appendix H-4 – Family Member Mini-Survey.....	H-19
Appendix I-1 – Recovering Warrior Mini-Survey Results.....	I-1
Appendix I-2 – Family Member Mini-Survey Results.....	I-13
Appendix J – Data Call Results – Population and Staffing of Programs .....	J-1
Appendix K – Recommendations for Congressionally Mandated Topics .....	K-1

The Recovering Warrior Task Force's (RWTF's) Fiscal Year (FY) 2012 Annual Report captures the RWTF's recommendations and findings from its second year of effort. Several of this year's recommendations build upon FY2011 RWTF recommendations that were met and FY2011 RWTF recommendations that the RWTF continues to follow.

The Congress included important feedback mechanisms for DoD in its legislation for the RWTF.<sup>1</sup> According to the RWTF legislation, DoD is required to provide Congress an assessment of the RWTF's recommendations at 90 days and an implementation plan at 180 days after the RWTF's submission of the report to the Secretary of Defense (SecDef). The RWTF found several cases last year where FY2011 recommendations did not reach the Service or DoD agency that could provide the most insight into the assessment or the implementation plan, or were not thoroughly addressed by DoD. To assist DoD with the task this year, the RWTF suggests several Services and DoD agencies that may be appropriate to provide input into the 90-day assessment and 180-day implementation plan. Although the DoD assessment and implementation plan are requirements of Congress, receiving the correct agencies' thorough responses also helps the RWTF fulfill its legislative mandate of assessing the effectiveness of policies and programs for Wounded, Ill, and Injured (WII) Service members and making recommendations for continuous improvement.

The RWTF's FY2012 effort included the specific topics Congress listed in the RWTF's governing legislation and three additional lines of inquiry.

- The Reserve Component (RC) continues to be a high priority for the RWTF. In FY2012 the RWTF explored services and parity of support for the RC Recovering Warrior (RW) community and allocated more time in the site visit schedule for RC data collection, speaking with Reservists, their families, and their providers during visits to several Joint Forces Headquarters, an Army Community-Based Warrior Transition Unit, Naval Medical Hold (MEDHOLD) East, and several Active Duty sites.
- The RWTF recognized the need to examine how RWs and their families are faring post transition in order to truly evaluate the effectiveness of the DoD continuum of RW care. Accordingly, in FY2012 the RWTF examined "transition outcomes" by speaking with DoD proponents, such as Service Recovery Care Coordinators (RCCs), Army Wounded Warrior (AW2) Advocates, Air Force Wounded Warrior (AFW2) staff, Navy Safe Harbor staff, Marine Corps District Injured Support Cells (DISCs), and others who work with RWs and families post-transition. The RWTF also tapped the perspectives of select Department of Veterans Affairs (VA) field personnel on transition outcomes. Additionally, the RWTF asked these VA field personnel about their involvement in RW case management and care coordination pre-separation. VA personnel included Federal Recovery Coordinators (FRCs), VA Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Program Managers and Case Managers, VA Liaisons, VA Poly-Trauma Case Managers, and others.
- The RWTF's FY2012 effort included a visit to installations supporting RWs in Germany. Members learned firsthand about the medical and non-medical case management that Landstuhl Regional Medical Center (LRMC) provides RWs who are evacuated from the U.S. Central

---

Command (USCENTCOM), U.S. Africa Command (USAFRICOM), and U.S. European Command (USEUCOM) areas of responsibility (AORs), and about the operations of the Army Warrior Transition Battalion-Europe.

Based on cumulative FY2011 and FY2012 data collection and analysis, the RWTF identified 35 recommendations for this report. Among these are recommendations for the swift publication of several specific pieces of policy guidance, recommendations crafted to sustain DoD attention on key initiatives, such as the Integrated Disability Evaluation System (IDES) and the electronic health records initiatives, recommendations targeting WII RC personnel, and recommendations aimed at improving support for RW families/caregivers, among others. The 35 recommendations are listed below; substantiating findings are presented in Chapter 2.

## **Restoring Wellness and Function**

1. DoD's failure to publish guidance on administrative and clinical care of RWs is unacceptable. DoD should publish timely guidance to standardize care to RWs without delay:
  - DoD Instruction (DoDI) on clinical case management
  - Update to Air Force Instruction (AFI) 34-1101
  - DoDI 1300.jj, Guidance for the Education & Employment Initiative (E2I) and Operation WARFIGHTER (OWF)
2. There is still confusion regarding the roles and responsibilities of the RCC and the FRC. Standardize and clearly define the roles and responsibilities of the RCC, the FRC, non-medical case manager (NMCM), VA Liaison for Healthcare, and VA Polytrauma Case Managers serving an RW and his or her family. Standardize the eligibility criteria for RCC (or equivalent) assignment. The RWTF looks forward to seeing the work of the newly formed VA-DoD Warrior Care and Coordination Task Force.
3. DoD should draft an RW Bill of Rights or content for a commander's intent letter to guide expectations for communication and treatment of RWs and their families.
4. Substantial rehabilitation expertise has developed over 11 years of war. DoD should partner with VA to further promote interagency collaboration and co-locate/integrate rehabilitation capability of both Departments to sustain DoD and VA capabilities, and to facilitate the seamless transition of RWs from DoD to the VA.
5. Congress should enact legislation to permanently establish the Office of Warrior Care Policy (WCP) within the Under Secretary of Defense for Personnel and Readiness portfolio at a level no less than Deputy Assistant Secretary of Defense.
6. After two visits to Marine Corps Air Ground Combat Center (MCAGCC) Twentynine Palms, the RWTF found both medical and non-medical resources available to RWs are not sufficient. The Navy and Marine Corps should provide MCAGCC the needed resources on station to meet the medical and non-medical requirements of RWs assigned to MCAGCC.

- 
7. Extend Transitional Assistance Medical Program (TAMP) benefits to one year post deployment for RC in order to promote access to care for late arising diagnoses.
  8. DoD must ensure 100 percent of DoD behavioral health providers receive training in evidence based posttraumatic stress disorder (PTSD) treatment and all primary care providers receive training in identification of PTSD patients.
  9. DoD should audit military treatment records for RWs with diagnoses of PTSD to assess completion rates of evidence based PTSD treatment and incorporate lessons learned into clinical practice guidelines.
  10. The Services should adopt a common comprehensive plan (Comprehensive Recovery Plan (CRP), Comprehensive Transition Plan (CTP), etc.) format for recovery and transition.
  11. The Navy, Air Force, and Marine Corps should ensure that RWs and families can access their CRP and have ability for written comment on information in the CRP. There must be a feedback loop to ensure that the RCC is responsive to RW and family member input and that the CRP is used as a tool to facilitate dialogue.

## **Restoring Into Society**

12. DoD should adopt a new definition of WII Category (CAT) 2 as below:
  - WII Service members of every Service should be designated as CAT 2 if they meet any of the following four criteria:
    - ▶ Identified as seriously ill/injured (SI) or very seriously ill/injured (VSI) on a casualty list
    - ▶ Referred to IDES for PTSD and/or traumatic brain injury (TBI)
    - ▶ RC retained for more than six months on medical Title 10 orders or
    - ▶ RC returned to Title 10 orders for medical conditions related to deployment.

Direct the Services to adopt the new definition as the criteria for assignment of an RCC or an NMCM.

13. All RW squad leaders, platoon sergeants, fleet liaisons, Navy Safe Harbor NMCMs, AW2 advocates, section leaders, and AFW2 NMCMs should attend the joint DoD RCC training course.
14. The Services should provide support to family members/caregivers without requiring RW permission. Support should include a needs assessment, counseling, information, referrals, vocational guidance, financial management/assistance, and other resources as needed. Health Insurance Portability and Accountability Act (HIPAA) and Privacy Act should not interfere with support to family members/caregivers.
15. Each Service should clearly identify a readily available, principal point of contact for the RW in every phase of recovery. Initial and on-going contact with the family/caregiver is the responsibility of this individual. Provide this individual the requisite tools and equipment to help meet the family's/caregiver's needs.

- 
16. Upon RW entrance into the IDES, the Services should educate family members/caregivers on potential benefits changes upon separation, the VA Caregiver Program, Vet Centers, and other federal/state resources for which families may be eligible. The Services should use social media, apps, fact sheets, pamphlets, videos, or other communication tools to educate family members on these topics.
  17. The Services should require that, upon RW entry into IDES, Physical Evaluation Board Liaison Officers (PEBLOs) brief families/caregivers enrolled in the Exceptional Family Member Program (EFMP) on the potential loss of TRICARE Extended Care Health Option (ECHO) benefits upon completion of IDES if discharged.
  18. The Services should seek every opportunity to unify family members/caregivers and RWs. It is important to preserve family dynamics and keep family members engaged in the recovery process.
  19. WCP should rename the National Resource Directory (NRD) to reflect its target audience. Market the newly named portal with a goal to more than double the usage.
  20. The Services should specify the RW program relationships with installation level family support centers and sufficiently resource Soldier and Family Assistance Centers (SFACs), Navy Fleet and Family Support Centers, Airman and Family Readiness Centers (A&FRCs), and Marine Corps Community Services (MCCS) family assistance facilities to effectively meet the needs of RWs and their families. Each family assistance center (FAC) should identify personnel responsible for meeting the needs of the RW community.
  21. The Services should establish centralized case management for RC RWs on Title 10 orders. The size of the centralized staff, and the staff qualifications and training, must comply with staffing ratios and other criteria set forth in DoDI 1300.24 and Directive-Type Memorandum (DTM) 08-033. The centralized program must be sufficiently robust that it can meet surges in demand.
  22. DoD must establish policies that allow for the rapid issuance of Title 10 orders to RC RWs who have sustained line of duty injuries/illnesses. Delays in Title 10 orders have resulted in the interim use of incapacitation (INCAP) pay. DoD should define specific criteria for the appropriate use of INCAP pay that will be consistent across all Services.
  23. The Army Warrior Transition Command (WTC) should include out-processing with the RC Service member's home unit as part of the checklist for leaving Title 10 status.

## **Optimizing Ability**

24. DoD should publish interim guidance to implement the National Defense Authorization Act (NDAA) of 2012, Section 551.
25. DoD and VA should expand their existing memorandum of understanding (MOU), in accordance with Section 1631 of the Wounded Warrior Act, so that all RWs receive Vocational Rehabilitation and Employment (VR&E) counseling upon entering the IDES process.
26. DoD should update DoD Directive (DoDD) 1332.35 and DoDI 1332.36 to include the following:

- 
- Incorporate changes legislated by the Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011
  - Ensure all RWs receive comprehensive information so that they can make informed decisions about accessing transition assistance opportunities
  - Establish early referral (PEBLO checklist item) for the RW and his or her family member and/or caregiver to meet with the transition assistance program counselor.

## **Enabling a Better Future**

27. Congressional action is required to establish the Deputy Secretaries of DoD and VA as co-chairs of the Joint Executive Council (JEC).
28. DoD should continue to evaluate processes to ensure only those RWs likely to separate enter the IDES process.
29. DoD should create individual electronic records of all IDES information and establish common standards for storage and retention of these records.
30. WCP should utilize survey results to improve the IDES program. Improvement goals should be balanced across three areas: timeliness, satisfaction (process vs. disability rating), and effectiveness.
31. Terminal leave should not be counted against IDES timelines.
32. DoD should consider a joint board modeled after the Physical Disability Board of Review (PDBR) to allow joint adjudication that replaces the Service Formal Physical Evaluation Board (FPEB) with a joint FPEB. The post Physical Evaluation Board (PEB) process would remain unchanged with appeals to the Board for Correction of Military Records (BCMR) adjudicated by the Service Secretary.
33. The current PEBLO staffing formula is inaccurate. DoD should develop new and more accurate PEBLO work intensity staffing models. The Services should ensure a minimum manning of two PEBLOs (of any Service) at every Medical Evaluation Board (MEB) site to prevent potential process delays due to a PEBLO being unavailable (e.g., leave).
34. The Services should ensure that 100 percent of RWs are individually contacted by an MEB outreach lawyer (in-person, phone, email, mail, etc.) upon notification to the PEBLO that a narrative summary (NARSUM) will be completed.
35. All military members, upon entering their Service, begin a relationship with the VA. DoD should widely market VA services and benefits to DoD leadership (commanders, senior enlisted leaders, etc.) and include this information at all levels of officer and enlisted professional development. All Active Component (AC) and RC should be encouraged to register in the VA e-Benefits online program.

A chart indicating the status of each FY2011 recommendation is presented in Chapter 2 (Exhibit 2).

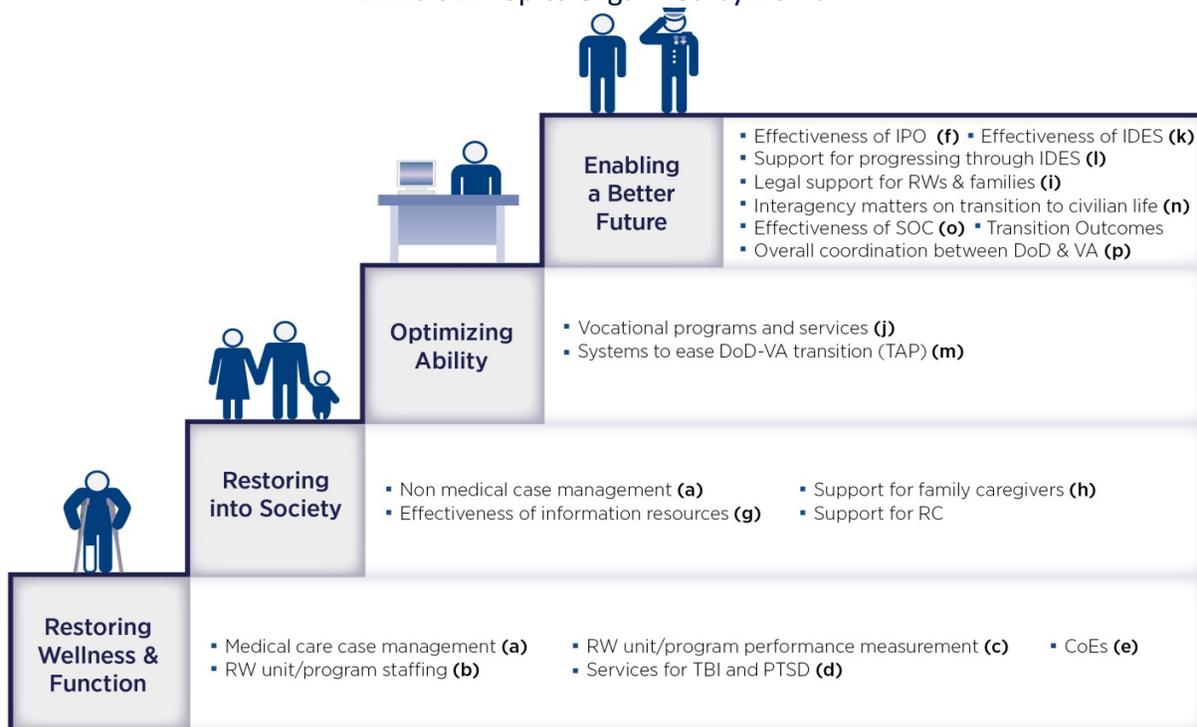


The Congress directed the establishment of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured members of the Armed Forces (hereafter referred to as the Recovering Warrior Task Force—or the RWTF) in the 2010 National Defense Authorization Act (NDAA). According to the legislation, the RWTF shall:

- (a) assess the effectiveness of the policies and programs developed and implemented by the Department of Defense, and by each of the Military Departments to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces; and
- (b) make recommendations for the continuous improvements of such policies and programs.<sup>2</sup>

The RWTF draws upon the experience and expertise of its Members, coupled with information gathered from diverse stakeholders at many levels, to assess how effectively DoD and the Services are meeting the needs of Recovering Warriors (RWs) and their families, and to provide recommendations for the improvement of relevant policies and programs.<sup>3</sup> Each year, the RWTF reviews and assesses more than a dozen diverse matters that Congress specified.<sup>4</sup> The RWTF *Reference Handbook of Key Topics and Terms* (Appendix C), which was updated in 2012, includes an overview of most of these matters. The RWTF groups these matters into four domains reflecting a holistic, progressive, and patient-centered approach for the recovery, rehabilitation, and reintegration of RWs.

**Exhibit 1: Topics Organized by Domain**



The letters following many of the above topics (a through p) reference the legislation establishing the RWTF within the NDAA 2010. These topics are listed in the legislation under Annual Report, Matters to be reviewed and assessed (Para (C)(3)). The topics added by the RWTF, Support for Reserve Component (RC) and Transition Outcomes, are also included in this exhibit.

---

On September 2, 2011, the RWTF submitted its first Annual Report to the Secretary of Defense (SecDef), presenting a total of 21 recommendations grouped by domain. Since that time, the RWTF observed forward movement on several of its Fiscal Year (FY) 2011 recommendations:

- The Army and Marine Corps continued to expand and refine their respective training curricula for transition unit staff (FY2011 Recommendation 12).
- The national Joining Forces initiative includes the well-being and psychological health of military families as one of its four pillars.<sup>5</sup> This attention helps DoD and the Services to more fully and proactively meet the needs of family caregivers (FY2011 Recommendation 14)—an area which remains a high priority for the RWTF.
- DoD implemented the NDAA 2010, Section 603, directive to expedite policy to provide Service members with catastrophic injuries or illnesses Special Compensation for Assistance with the Activities of Daily Living (SCAADL) (FY2011 Recommendation 15).
- The Veterans Opportunity to Work (VOW) to Hire Heroes Act<sup>6</sup> made attendance of the DoD Transition Assistance Program (TAP) within 12 months of separation mandatory across the Services (FY2011 Recommendation 17) and extended the sunset provision from December 2012 to December 2014 that allows RWs to access the Department of Veteran Affairs Vocational Rehabilitation and Employment (VR&E) Program (FY2011 Recommendation 18).
- DoD and the Department of Veterans Affairs (VA) are addressing pre-separation access to VR&E services by placing VR&E Vocational Rehabilitation Counselors (VRCs) at select Integrated Disability Evaluation System (IDES) installations.<sup>7</sup> DoD, VA and the Services are working to expand this effort to 110 installations in FY2012<sup>8</sup> (FY2011 Recommendation 18).
- DoD and VA established high-level governance for the Interagency Program Office (IPO) and selected a single IPO Director vested with the necessary decision-making authority (FY2011 Recommendation 20).
- DoD and VA consolidated the joint DoD/VA Senior Oversight Committee (SOC) into the DoD/VA Joint Executive Council (JEC), as the JEC Wounded, Ill, and Injured Committee (WIIC) (FY2011 Recommendation 21).

Chapter 2 of this report presents the RWTF's 35 FY2012 recommendations and associated findings, organized under the four domains. Chapter 2 also includes a chart (Exhibit 2) that tracks the status of the FY2011 RWTF recommendations. Chapter 2 concludes with best practices that are making a difference for RWs and families. Appendices containing supporting documentation are available in the on-line version of the report posted on the RWTF's website. Among these, Appendix D addresses the RWTF's research methodology, Appendix G lists the information sources used to assess congressionally mandated and other topics, and Appendix K identifies the topics addressed in each RWTF recommendation.

Each of the Recovering Warrior Task Force’s (RWTF) following 35 recommendations is supported by findings from a variety of sources, including focus groups and mini-surveys with Recovering Warriors (RWs) and family members conducted by the RWTF, briefings from site-level staff, briefings from each of the Services, briefings from other relevant individuals and organizations within and beyond the Department, and published articles and reports. The recommendations are organized by domain and topic. More information about the method by which the RWTF collected and analyzed data to inform these recommendations and findings is in Appendix D. At the end of the chapter, best practices are highlighted.

### Restoring Wellness and Function

This domain includes topics central to the restoration of the physical and mental health of the RW and foundational to recovery, rehabilitation, and reintegration. This includes units and programs for RWs; medical care case management; posttraumatic stress disorder (PTSD); and the Centers of Excellence – the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE PH & TBI), as well as the Vision, Hearing, and Traumatic Extremity Injury and Amputation Centers of Excellence (VCE, HCE, EACE).

#### RECOMMENDATION 1

DoD’s failure to publish guidance on administrative and clinical care of RWs is unacceptable. DoD should publish timely guidance to standardize care to RWs without delay:

- DoD Instruction (DoDI) on clinical case management
- Update to Air Force Instruction (AFI) 34-1101
- DoDI 1300.jj, Guidance for the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF)

Requested Agencies to Respond: DoD, Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)), Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)), Office of Warrior Care Policy (WCP), United States Air Force (USAF)

**Finding:** In addition to standardizing care and promoting parity across the Services, written policy marshals resources, facilitates information flow between DoD and the Services, and reduces redundancies. The RWTF believes DoD must prioritize the publishing and dissemination of written guidance related to the care and management of RWs, with immediate attention focused on the DoDI on clinical case management, the update to AFI 32-1101, and DoDI 1300.jj, Guidance for E2I and OWF.

- 
- The current policy guidance for medical care case managers (MCCMs), Directive-Type Memorandum (DTM) 08-033, expired May 31, 2012.<sup>9</sup> OASD(HA) is in the process of completing a DoDI on clinical case management.<sup>10</sup> This guidance will largely address the activities of nurse case managers (NCMs), who provide medical care – or clinical – case management. RWTF focus groups revealed that NCMs are valued by both RWs and family members,<sup>11,12</sup> and RWTF focus group mini-survey results indicated high RW and family member satisfaction with NCMs.<sup>13,14</sup> RWs also noted that NCMs appeared short-staffed, had high caseloads, and turned over frequently.<sup>15</sup> The RWTF believes that the DoDI on clinical case management will help to address such concerns. Based on its observations in the field, the RWTF is particularly interested in seeing DoD’s MCCM staffing guidance move beyond a straight ratio of one NCM to every 30 RWs<sup>16</sup> to an acuity-based staffing model.<sup>17,18,19,20</sup> Although OASD(HA) acknowledged the value of such a model, the new DoDI apparently will not include one.<sup>21</sup> The RWTF remains concerned about the sufficiency of a non-acuity based standard, and it will continue to monitor NCM caseloads and watch for the implementation of acuity-based caseload standards.
  - The update to AFI 34-1101 should capture all existing Air Force guidance on the care and transition of recovering Airmen and their families/caregivers. As part of the update, the Air Force should formally document the relationship between the Airman and Family Readiness Centers (A&FRCs) and the Air Force Wounded Warrior (AFW2) program, whose policy offices are co-located in the new Air Force Warrior and Family Operations Center in San Antonio.<sup>22</sup> A cornerstone of the relationship between these two programs is the use of designated Community Readiness Consultants (CRCs) with expertise in wounded warrior issues to serve as the “go to” for wounded warriors referred to A&FRCs.<sup>23</sup> The relationship between these programs is a best practice that promotes RW and family awareness of, and access to, priority A&FRC services.<sup>24</sup> Documenting this relationship in the AFI update will help to ensure that the warm handoff of AFW2 participants to A&FRCs that is envisioned at Air Force Headquarters is faithfully implemented at the installation level (See also Recommendation 20).
  - National Defense Authorization Act (NDAA) 2012 §551 instructs DoD to allow apprenticeships outside the federal sector.<sup>25</sup> While U.S. Special Operations Command (USSOCOM) Care Coalition is proceeding with implementing non-federal internship opportunities,<sup>26</sup> the Army maintains a policy limiting internships to the federal sector<sup>27</sup> and the Marine Corps indicated they will not expand internship opportunities beyond the federal sector without DoD guidance.<sup>28</sup> Expanding internship and apprenticeship opportunities beyond the federal sector would increase the availability of meaningful vocational opportunities for RWs. Few RWs who participated in focus groups with the RWTF had heard of internship programs or opportunities, including Operation Warfighter (OWF).<sup>29</sup> RWs’ mini-survey responses echoed the limited availability of vocational services, especially internships; only four percent (6/157) indicated they had first-hand experience with OWF.<sup>30</sup> Site briefings to the RWTF corroborated limited availability of internships.<sup>31</sup> Four Army and Marine Corps sites indicated RWs cannot currently have internships/work experience in the private sector, in accordance with current Service-level policies.<sup>32,33</sup> Despite the limited availability, which could be ameliorated by expanding OWF and other opportunities beyond the federal sector, sites indicated internships are beneficial for RWs and that the staff were working to increase their offerings to RWs.<sup>34</sup>

---

## RECOMMENDATION 2

There is still confusion regarding the roles and responsibilities of the Recovery Care Coordinator (RCC) and the Federal Recovery Coordinator (FRC). Standardize and clearly define the roles and responsibilities of the RCC, the FRC, non-medical case manager (NMC), Department of Veterans Affairs (VA) Liaison for Healthcare, and VA Polytrauma Case Managers serving an RW and his or her family. Standardize the eligibility criteria for RCC (or equivalent) assignment. The RWTF looks forward to seeing the work of the newly formed VA-DoD Warrior Care and Coordination Task Force.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** The RWTF recommended in Fiscal Year (FY) 2011 that DoD and VA clarify roles and responsibilities of RCCs and FRCs, NMCs provided by the Services, and case managers provided by VA.

At inception, the Federal Recovery Coordination Program (FRCP) was intended for RWs and Veterans with traumatic brain injury (TBI), amputations, burns, spinal cord injuries, visual impairment, and PTSD,<sup>35</sup> and FRC support was to begin as early as arrival at a U.S. military treatment facility (MTF) and continue throughout care, rehabilitation, and transition back to duty or to Veteran status.<sup>36</sup>

Section 1611 of the 2008 NDAA directed DoD and VA to establish a comprehensive policy for improving the care, management, and transition of RWs.<sup>37</sup> That plan, according to Congress, was to encompass the Recovery Coordination Program (RCP), MCCMs, NMCs, financial supports, assignments and duties, and vocational supports for RWs, as well as services and supports to families of RWs.<sup>38</sup> Congress instructed DoD and VA to review existing findings, recommendations, and practices, provide uniform standards and procedures for the development of a comprehensive recovery plan (CRP), and establish a uniform RCC program with caseloads, duties, training, supervision, and mechanisms to ensure RCCs had the needed resources.<sup>39</sup> Congress specified that RCCs were to oversee and assist RWs throughout care, management, transition, and rehabilitation, assisting with services provided by DoD, VA, Department of Labor (DOL), and Social Security Administration (SSA).<sup>40</sup>

On December 1, 2009, the DoD issued DoD Instruction (DoDI) 1300.24, detailing the RCP.<sup>41</sup> RCCs were to serve Category 2 RWs enrolled in the RCP, defined in the DoDI as having a serious illness or injury, unlikely to RTD within a time specified by his/her Service, and potentially being medically separated. Recovering Service members were also entitled to an NMC and an MCCM from their Service. Category 3 RWs who have severe or catastrophic injuries or illnesses, are highly unlikely to return to duty (RTD), and will most likely be medically separated were to be enrolled in the FRCP.

VA Liaisons for Healthcare, Polytrauma case managers, and Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) case managers, along with NMCs, RCCs, and FRCs, have similar roles in coordinating care and informing and supporting RWs and families.<sup>42</sup>

<sup>43</sup> When the RWTF discussed the value of having multiple case managers with representatives of

---

these VA programs, one indicated the overlap results in strong partnerships, while another noted roles and responsibilities can become unclear to RWs and families.<sup>44</sup>

The RWTF noted many overlaps and similarities in the FRCP and the RCP, such as the responsibilities each have to develop and manage a recovery plan.<sup>45, 46, 47</sup> In a handbook for RWs on compensation and benefits, DoD describes both the RCC and the FRC as an RW's "own Command Center," both providing oversight and assistance and advocating for information and assistance.<sup>48</sup> It appears there is confusion about how the roles and responsibilities of RCCs and FRCs differ,<sup>49, 50, 51</sup> and there is concern that neither the RCP nor the FRCP are serving all of their eligible populations.<sup>52, 53, 54, 55</sup> The Government Accountability Office (GAO) also documented substantial overlap in RCC and FRC roles, leading to both redundancy and confusion for RWs and families.<sup>56</sup> GAO called for DoD and VA to explore options for integrating the two programs into one and expressed concern that the redundancy and confusion created by the overlap of FRCP and RCP is inhibiting both programs from meeting their purpose of better managing and facilitating services.<sup>57, 58</sup> The Senior Oversight Committee (SOC) directed FRCP and RCP leadership to form a workgroup to address GAO's concerns,<sup>59</sup> yet GAO remains concerned that DoD and VA have not yet presented a viable model for integration.<sup>60</sup> The House Committee on Veterans' Affairs Subcommittee on Health has been monitoring the GAO findings, the responses of DoD and VA to GAO, and the overlap of the programs.<sup>61, 62, 63, 64</sup>

FRCP and RCP representatives offered some distinction in the roles and responsibilities of FRCs and RCCs. FRCP leadership indicated FRCP is intended to be complementary to RCP and other VA case managers, and that FRCs interact with these other case managers and care coordinators as appropriate for the client.<sup>65</sup> RCP leadership noted that FRCs provide clinical expertise to the severely injured, while RCCs provide non-clinical assistance.<sup>66, 67</sup>

The RWTF believes that overlaps and seams must be eliminated, and that roles and responsibilities of DoD and VA NCMs and care coordinators must be standardized in order to help RWs and family members better understand and use their recovery team.

### RECOMMENDATION 3

DoD should draft an RW Bill of Rights or content for a commander's intent letter to guide expectations for communication and treatment of RWs and their families.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** The RWTF acknowledges significant progress since last year with regard to command climate. In RWTF focus groups with RWs, RWs named unit staff including company commanders, platoon sergeants (PSGs), staff sergeants, and Army squad leaders and Marine Corps section leaders (SLs) as part of their recovery team, and frequently mentioned SLs as the most valuable team member.<sup>68</sup> While many remarks about the transition unit chain of command were positive, RWs and families also expressed concern about the climate within the transition units.<sup>69, 70</sup> RWs described an adversarial dynamic between staff and RWs which distracts them from focusing on healing.<sup>71</sup> Most frequently, RWs described a mentality of RWs needing "babysitting," which they said compromises their ability to focus on individual goals and

---

transition needs.<sup>72</sup> Other concerns included prioritizing athletic reconditioning, Warrior Games, or formations over needed medical and transition services, and being disrespected and inappropriately penalized by unit staff.<sup>73</sup> RWs also expressed concerns about their ability to trust unit staff to maintain RW privacy according to Health Insurance Portability and Accountability Act (HIPAA) requirements since unit staff broke confidentiality in the past.<sup>74</sup> In RWTF focus groups with family members, participants noted that the chain of command insists upon physical training (PT) early in the morning despite the impact of an RW's medication on his/her ability to meet this requirement.<sup>75</sup> The RWTF acknowledges that Army<sup>76</sup> and Marine Corps<sup>77</sup> transition unit staff receive training on counseling and communication but remains concerned about staff demeaning RWs and inappropriately shifting RWs' focus and priority away from medical care and transition preparation as applicable.

RWTF focus groups with RWs and families also documented some concerns with line unit leadership. Family members indicated line unit command was not meeting their needs,<sup>78</sup> and a large number of RWs reported a lack of support from the line unit, including poor treatment by commanders and/or peers, stigmatizing the RW for receiving a "welfare check", and not keeping in contact with the RW once wounded, ill, or injured.<sup>79</sup> Less frequently, RWs mentioned other issues with the line units, such as not sharing information on transition units, failure to recommend an RW for promotion, and being unaware that an RW was in a transition unit.<sup>80</sup>

The RWTF would like to see commanders consistently foster a climate where RWs are accepted, where recovery, rehabilitation, and transition are top priorities, and where RWs and families feel supported by the unit chain of command and staff. While the RWTF recognizes that there are times when unit responsibilities will take precedence, having staff assist RWs with the rescheduling of missed appointments, for example, would ensure priority care. The RWTF believes that having leaders issue an RW Bill of Rights or a commander's intent letter improves unit climate and unifies commanders, staff, and RWs on the prioritization of recovery, rehabilitation, and transition back to duty or to civilian life.

## RECOMMENDATION 4

Substantial rehabilitation expertise has developed over 11 years of war. DoD should partner with VA to further promote interagency collaboration and co-locate/integrate rehabilitation capability of both Departments to sustain DoD and VA capabilities and facilitate the seamless transition of RWs from DoD to VA.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA)

**Finding:** Over the course of OEF/OIF/Operation New Dawn (OND), each Service developed its supports to RWs, including rehabilitation care, MCCMs, NMCMS, transition unit commanders, and other staff of the units and programs for Wounded, Ill, and Injured (WII). As the current conflict draws down, the demand for these resources will plateau and then decline. The OIF/OND campaign has ended,<sup>81</sup> and the numbers of wounded in action (WIA) in OEF are decreasing.<sup>82</sup> The total number of WIA in OEF in the first four months of 2012 was 52 percent lower than the total for the same period of 2011 and was 61 percent lower than the total

---

for the last four months of 2011.<sup>83</sup> Current staffing of transition units and rehabilitation facilities will not be sustainable as the decreases continue.

DoD and the Services invest greatly in these units and programs and their staff and, accordingly, must plan for how best to retain the expertise while responding to the decreasing numbers of RWs. The Army acknowledged the need to work with DoD and VA as the current conflict ends and Soldiers return home in order to meet needs now and into the long-term.<sup>84</sup> As DoD sees diminishing flows of casualties, it will need to develop guidance for which facilities to maintain and how to align with VA facilities that have a longer term rehabilitation role without losing DoD expertise. Co-locating DoD assets with VA assets could provide DoD and the Services a mechanism to streamline services and facilitate the transition of RWs from DoD to VA when patient censuses decline while continuing to cultivate expertise.

DoD and the Services benefit from finding ways to shift the knowledge and experience of these staff as well as the policies, guidance and training developed for them to co-located DoD/VA rehabilitation facilities. The Marine Corps demonstrated the value of locating their District Injured Support Coordinators (DISCs) within some VA facilities,<sup>85</sup> and the VA's Liaisons for Healthcare, located in MTFs, also indicate that DoD and VA are aware of the benefits of co-location.<sup>86, 87</sup>

## RECOMMENDATION 5

Congress should enact legislation to permanently establish WCP within the Under Secretary of Defense for Personnel and Readiness portfolio at a level no less than Deputy Assistant Secretary of Defense.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA)

**Finding:** WCP is the DoD office coordinating the RCP, the National Resource Directory (NRD), and the Integrated Disability Evaluation System (IDES).<sup>88</sup> Although the OIF/OND campaign has ended<sup>89</sup> and the numbers of WIA in OEF are decreasing,<sup>90</sup> DoD will be coping with the casualties of these operations for decades to come, and WCP will continue to fill an important role in ensuring consistent and quality support to RWs. The RWTF believes the institutional knowledge grown within WCP should be preserved within the OUSD(P&R) with the level of leadership necessary to continue to respond effectively to the needs of RWs.

## RECOMMENDATION 6

After two visits to Marine Corps Air Ground Combat Center (MCAGCC) Twentynine Palms, the RWTF found both medical and non-medical resources available to RWs are not sufficient. The Navy and Marine Corps should provide MCAGCC the needed resources on station to meet the medical and non-medical requirements of RWs assigned to MCAGCC.

Requested Agencies to Respond: Secretary of the Navy (SECNAV), United States Marine Corps (USMC), Navy Bureau of Medicine and Surgery (BUMED), USMC Wounded Warrior Regiment

---

**Finding:** In FY2012, the RWTF visited MCAGCC Twentynine Palms to follow up on the concerns observed during the FY2011 visit. The RWTF noted several concerns with the current resourcing of medical and non-medical services to RWs. Vocational services appeared insufficient to the RWTF, compared to available services at other installations visited.<sup>91</sup> The RWTF also noted that Navy BUMED is providing insufficient medical resources; at least one NCM position remains vacant.<sup>92</sup> The Limited Duty (LIMDU) Non-Commissioned Officer (NCO) saw a 17 percent caseload increase in a year.<sup>93</sup> The VA Military Service Coordinator (MSC) assisting Twentynine Palms RWs in IDES is in the Los Angeles area and covers five separate installations, limiting availability to answer RWs' questions.<sup>94</sup> Attorneys for IDES assistance are offsite, as well.<sup>95</sup> When an RW at MCAGCC is referred to IDES for an unfitting condition by a physician at Naval Medical Center San Diego (Balboa Naval Hospital) or Naval Hospital Camp Pendleton, they are assigned to a Physical Evaluation Board Liaison Officer (PEBLO) at the same location as the physician.<sup>96</sup> Staff at Twentynine Palms indicated RWs with offsite PEBLOs have difficulty accessing and fully utilizing their PEBLOs.<sup>97</sup>

When RWTF focus group participants were asked what they would change if they were able, RWs indicated they would want more and better quality staff and providers, more information, the option of 'home awaiting orders' for those transitioning out, and prioritization of medical care.<sup>98</sup> Family members participating in RWTF focus groups noted that their need to be kept informed was not being met, they did not know who to call for information, medical care is not prioritized by unit staff, they did not perceive group PTSD treatment as helpful, and they were not involved in the CRP for their RW.<sup>99</sup> Families indicated they would like more outreach and information for themselves, more treatment options for their RWs, and the option to heal closer to home.<sup>100</sup>

The Marine Corps must resource transition units and other RW services at Twentynine Palms at a level commensurate with the demand for them. Such a demand-driven resourcing model will not only better serve RWs but also will guide right-sizing of transition units and other RW services.

## RECOMMENDATION 7

Extend Transitional Assistance Medical Program (TAMP) benefits to one year post deployment for Reserve Component (RC) in order to promote access to care for late arising diagnoses.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA)

**Finding:** TAMP currently provides "180 days of transitional health care benefits...to help certain uniformed services members and their families transition to civilian life... (including) a National Guard or Reserve member separating from a period of Active Duty (AD) that was more than 30 consecutive days in support of a contingency operation."<sup>101</sup> TAMP provides a bridge between the termination of the AD family health care benefit and initiation of other family health care options, such as health insurance through the civilian employer, health insurance through TRICARE Reserve Select,<sup>102</sup> or health care through the VA, for those eligible. TAMP is activated when Reservists leave AD,<sup>103</sup> which for many is shortly after redeployment. Consequently, Reservists' TAMP benefit currently may expire fewer than seven months post deployment.

---

TAMP coverage through six or seven months post deployment does not adequately account for certain disease processes and late arising diagnoses, often in the behavioral health arena. In one study, follow-on screenings revealed significantly higher rates of mental health concerns and referrals than initial screenings.<sup>104</sup> This is particularly salient within the RC RW community, where RC members are at greater risk than AC members for post deployment adjustment difficulties.<sup>105, 106, 107</sup> This year the Iowa Joint Forces Headquarters (JFHQ) reported that more than 25 percent of the 2,264 Soldiers with open eCases had behavioral health issues,<sup>108</sup> and the Air National Guard (ANG) reported that 123 of 178 ANG enrollees in AFW2 have sole diagnoses of PTSD.<sup>109</sup>

Due to factors such as geographic distance from military and VA facilities, long waits for VA appointments, and the screening/assessment/referral roles of state JFHQ Psychological Health programs, Reservists are likely to turn to local civilian providers for treatment.<sup>110</sup> The proposed extension of the TAMP benefit to 12 months post deployment will increase the likelihood that generally healthy RC members will be able to obtain health care from civilian providers when they need it.

The extension of TAMP is related to the implementation of FY2012 Recommendation 22, which calls for the rapid issuance of medical Title 10 orders for Reservists who have sustained line of duty (LOD) injuries/illnesses. When Title 10 orders are available to Reservists whose LOD conditions warrant them, fewer Reservists will seek care through TAMP.

## RECOMMENDATION 8

DoD must ensure 100 percent of DoD behavioral health providers receive training in evidence based PTSD treatment and all primary care providers receive training in identification of PTSD patients.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), United States Army (USA), United States Navy (USN), USAF

**Finding:** DoD has grown a large inventory of behavioral health providers to meet the needs of the increasing number of diagnosed cases of PTSD over the last 10 years. The Army reports having 3,832 licensed behavioral health providers, including psychologists, psychiatrists, social workers, nurses and other behavioral health providers, and an additional 1,583 technicians/counselors/ auxiliary staff.<sup>111</sup> The Navy reports having 1,401 licensed behavioral health providers including psychologists, psychiatrists, social workers, nurses and other behavioral health providers, and an additional 539 technicians/counselors/auxiliary staff.<sup>112</sup> The Air Force reports having approximately 1,000 behavioral health providers and an additional 900 technicians/counselors/ auxiliary staff.<sup>113</sup> Primary care providers also play a key role in the care for individuals with PTSD. The DoD Task Force on Mental Health emphasized that “often, mental health concerns are first raised in primary care clinics, where stigma is lower.”<sup>114</sup> The Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil) program implemented in Army primary care facilities aims to increase recognition of symptoms and facilitate care for RWs with PTSD and depression through coordination between primary care providers, registered nurses (RNs) functioning as care facilitators, and behavioral health specialists.<sup>115</sup>

---

According to the VA/DoD Clinical Practice Guidelines, the most effective evidence based PTSD treatment methods include trauma focused therapies, such as prolonged exposure (PE), cognitive processing therapy (CPT), and stress inoculation training (SIT).<sup>116</sup> Effective pharmacotherapies include Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin Norepinephrine Reuptake Inhibitors (SNRIs).<sup>117</sup> Extensive training in evidence based PTSD treatment methods exists for behavioral health providers across the Services.<sup>118, 119, 120</sup> The Army offers four to five day advanced training in eye movement desensitization and reprocessing (EMDR), PE, and CPT.<sup>121</sup> Of 3,500 credentialed Army behavioral health providers, 2,400 were trained to date in one of the evidence-based treatments.<sup>122</sup> The Navy reports collaboration with the Center for Deployment Psychology (CDP) to provide trainings and with the Medical University of South Carolina to offer online cognitive processing therapy training.<sup>123</sup> Nearly 500 Navy and Marine Corps uniformed, contract, and civil service behavioral health providers attended the CDP training to date.<sup>124</sup> All Air Force psychology/social work interns attend CDP training in evidence-based treatment such as PE and CPT.<sup>125</sup> The CDP mobile training team trained 284 Air Force providers in FY2011.<sup>126</sup> The Air Force also has a Master Clinician Development Course to provide advanced clinical training in CPT/PE.<sup>127</sup>

The RWTF believes that initial and ongoing training for all DoD behavioral health providers in evidence based PTSD treatments and all DoD primary care providers in identification of PTSD is essential, and that DoD's efforts in these areas should remain a priority.

## RECOMMENDATION 9

DoD should audit military treatment records for RWs with diagnoses of PTSD to assess completion rates of evidence based PTSD treatment and incorporate lessons learned into clinical practice guidelines.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), USA, USN, USAF, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE PH & TBI)

**Finding:** According to the VA/DoD Clinical Practice Guidelines, the most effective evidence based PTSD treatment methods include trauma focused therapies, such as PE, CPT, and SIT.<sup>128</sup> While fidelity to evidence based treatments is an important element of providing the best possible care to RWs with PTSD, providers must also attend to patient factors that can be critical barriers to treatment, such as stigma/views on the acceptability of behavioral healthcare, comfort with the chosen treatment method and/or elements, and willingness to continue participating in treatment.<sup>129</sup> These factors, along with barriers like taking time off from work and getting to and from appointments, may contribute to Service members not completing courses of treatment.<sup>130</sup> Many Service members who begin care do not finish; an incompleteness rate of 50 percent is not uncommon in clinical practice.<sup>131</sup> Research indicates recovery from treatment among those who seek treatment is approximately 40 percent, while recovery from treatment for those who complete is as high as 70 to 80 percent, indicating completion of treatment is more important than selection of specific treatment techniques.<sup>132</sup>

Information that the RWTF gathered during site visits raised concerns about both fidelity to evidence based methods within DoD treatment settings and patient satisfaction. Despite DoD's clear commitment to training behavioral health providers in evidence based PTSD

---

treatments methods (see Recommendation 8), several behavioral health providers who see RWs discharged from Warrior Transition Units (WTUs) questioned whether PTSD patients were receiving evidence based care “upstream,” based on their review of the RWs’ health care records.<sup>133</sup> On the other hand, the Army’s 2010 assessment of PTSD treatment techniques by behavioral health providers indicated that over 90 percent of Soldiers in treatment were receiving evidence based care.<sup>134</sup> From the patient’s perspective, when RWs and family members were asked in RWTF focus groups about the helpfulness of available PTSD services, only about one-half reported services were helpful/met their needs. The RWTF believes that fidelity to evidence based treatment methods is a priority that practitioners must balance against the needs and preferences of individual patients in order to actively encourage patients to complete treatment.<sup>135, 136</sup>

DoD utilizes audits of PTSD services as a means to ensure quality care<sup>137, 138</sup> as well as appropriate diagnoses and benefits.<sup>139</sup> DoD is currently auditing PTSD diagnosis and compensation,<sup>140</sup> and the Army conducted a records audit to assess fidelity to evidence based treatments for PTSD.<sup>141</sup> To promote optimal care for RWs with PTSD, the RWTF recommends that DoD conduct a separate records audit across the Services to assess the rate of completion of evidence based treatments for PTSD and incorporate lessons learned into clinical practice guidelines.

## RECOMMENDATION 10

The Services should adopt a common comprehensive plan (CRP, Comprehensive Transition Plan (CTP), etc.) format for recovery and transition.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** DoD envisioned the CRP as an important resource to help RWs and their recovery teams navigate the recovery, rehabilitation, and reintegration processes,<sup>142</sup> as a cornerstone resource and a key step for RW recovery and transition.<sup>143, 144</sup> Few if any RWTF focus group participants experienced it this way this year or last year. The RWTF believes that the lack of parity across the Services in the effectiveness of and satisfaction with the current CRP/CTP tools and processes is problematic.

Last year, RWTF focus group participants shared misgivings about the transition process.<sup>145</sup> They identified impediments they believe jeopardize their ability to plan and transition effectively, such as a lack of authoritative and timely information and guidance.<sup>146</sup> Some voiced grave concern about how they would make ends meet if they were forced to leave the military.<sup>147</sup> Last year and this year, Air Force, Navy, and Marine Corps RWs were noticeably less aware of the CRP than their Army peers were of the CTP.<sup>148, 149</sup> Additionally, Marine Corps participants noted having access only to paper copies through their RCC.<sup>150</sup> Multiple participants in every focus group with Army RWs expressed dissatisfaction with the CTP process and the CTP tool, while satisfaction with the CTP was expressed in only a few sessions.<sup>151</sup> Army RWs noted that they were unaware of feedback to their CTP input, that the exercise of regularly inputting information into the CTP was repetitive rather than meaningful, and that the Army Knowledge Online (AKO) system has limitations that make input difficult and/or frustrating.<sup>152</sup> While the new CTP Guidance<sup>153</sup> and the Army’s response to RWTF<sup>154</sup> addressed some of the concerns

---

with the CTP and problems reported by Army focus group participants,<sup>155, 156, 157</sup> the RWTF finds shortfalls in the implementation of both the CTP and the CRP and believes a common comprehensive plan should be used throughout DoD.

## RECOMMENDATION 11

The Navy, Air Force, and Marine Corps should ensure that RWs and families can access their CRP and have ability for written comment on information in the CRP. There must be a feedback loop to ensure that the RCC is responsive to RW and family member input and that the CRP is used as a tool to facilitate dialogue.

Requested Agencies to Respond: USN, USAF, USMC

**Finding:** RWTF focus groups indicated Navy, Air Force, and Marine Corps family members and RWs do not have adequate access to or input in the CRP. USSOCOM and Navy participants in focus groups with the RWTF reported not knowing what the CRP is, while Marines in focus groups with the RWTF indicated that the CRP is not helpful to them because many had only seen their CRP a limited number of times, had recently completed the CRP for the first time, and/or felt that their input was not included in the CRP.<sup>158</sup> Many family members in RWTF focus groups were unaware of or at least uninvolved in the CRP,<sup>159</sup> despite guidance in DoDI 1300.24 to include family members.<sup>160</sup> Marine Corps RCCs must print a paper copy for the RW, and the RW must rely upon that RCC to input any changes the RW requests.<sup>161</sup> The RWTF remains concerned about RW and family member access to the CRP, noting that whether through a technological solution or on paper, the CRP should be accessible to the RW and the family member.

## Restoring into Society

Topics in this domain address needs beyond medical care, including needs related to reintegrating into families and communities. This includes non-medical case management, support for family caregivers, information resources, and support for the RC.

## RECOMMENDATION 12

DoD should adopt a new definition of WII Category (CAT) 2 as below:

- WII Service members of every Service should be designated as CAT 2 if they meet any of the following four criteria:
  - Identified as seriously ill/injured (SI) or very seriously ill/injured (VSI) on a casualty list
  - Referred to IDES for PTSD and/or TBI
  - RC retained for more than six months on medical Title 10 orders
  - RC returned to Title 10 orders for medical conditions related to deployment.

---

Direct the Services to adopt the new definition as the criteria for assignment of an RCC or a NMCM.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** DoDI 1300.24 establishes a three-category system for differentiating a WII Service members' level of acuity, based upon definitions of "recovering Service member" and "serious injury or illness" in Section 1602 of NDAA 2008.<sup>162, 163</sup> According to the Instruction, WII Service members are classified as CAT 2 and assigned an RCC if they have a serious illness or injury, are unlikely to RTD within a time period specified by their Service, and may be medically separated.<sup>164</sup>

The RWTF observed again this year that there is a lack of parity across the Services with regard to who receives an RCC. The RWTF believes that Service members identified as having a serious or very serious illness or injury who do not meet the criteria for CAT 3, those who have PTSD and/or TBI that is potentially unfitting, those RC RWs who have stayed on Title 10 orders for more than six months for treatment of a medical condition, and those RC RWs who have been brought back onto Title 10 for treatment of a medical condition need the support of the RCC to ensure continuity of care and benefits. The RWTF notes that this change to CAT 2 should not change the existing CAT 3 criteria. While most RWs identified as SI or VSI on a casualty list receive non-medical case management and/or an RCC (or equivalent),<sup>165, 166</sup> the RWTF remains concerned that individuals with PTSD and/or TBI proceeding through IDES may not be sufficiently supported during that transition if not already receiving RCC services. The RWTF is also concerned about RC RWs retained post deployment for more than six months on Title 10 orders for medical conditions and RC RWs returned to Title 10 orders for medical conditions post deployment, particularly since RC members have been shown to be at greater risk than AC members for post deployment adjustment difficulties.<sup>167, 168, 169</sup> This recommendation, in combination with Recommendation 22, will increase the support available to RC RWs, including Navy Reservists retained in Medical Hold (MEDHOLD) Departments for several months.

During its visit to MEDHOLD EAST, the RWTF learned many Navy Reservists are retained in MEDHOLD EAST in Norfolk, Virginia, and MEDHOLD WEST in Balboa, California, for several months without access to Safe Harbor NMCM (RCC equivalent) support.<sup>170, 171</sup> MEDHOLD is described as a short-term medical treatment program for RC Sailors to address ambulatory conditions incurred or aggravated after the completion of continuous AD orders for more than 30 days.<sup>172</sup> MEDHOLD EAST has a patient population of 67 RC members and a staff of 13 including chain of command, medical officer, three Navy corpsmen and three RN medical case managers (contractors).<sup>173</sup> The case managers provide assistance with medical and nonmedical needs, including for dependents, as warranted.<sup>174</sup> MEDHOLD WEST has a population of 44 RC members.<sup>175</sup> The RWTF's February 2012 visit to MEDHOLD EAST revealed problems related to RC Sailors' access to health care, access to non-medical case management, and morale.<sup>176, 177</sup> While the Navy Safe Harbor Program indicated 29 individuals in MEDHOLD EAST had received support from Safe Harbor and 11 are enrolled,<sup>178</sup> RWTF heard from focus group participants that they did not have an RCC/Safe Harbor NMCM and did not have a CRP.<sup>179</sup> This recommendation will ensure that every Sailor who remains in MEDHOLD

---

beyond six months is classified as CAT 2 and thus enrolled in Safe Harbor and assigned Safe Harbor NMCM (RCC equivalent) support.

The RWTF believes linking CAT 2 status with the assignment of an RCC or NMCM is important, given how valuable the RCC is to RWs. Sixty percent of RWs responding to the RWTF focus group mini-surveys indicated their RCC was very or extremely helpful.<sup>180</sup> In RWTF focus groups, RWs named RCCs as part of their recovery team and indicated they were helpful.<sup>181</sup> The Marine Corps WWR reports 87 percent of their Care Coordination Survey respondents were satisfied with RCCs, with 86 to 90 percent satisfied with their RCC's abilities to solve problems (88%), to follow through (86%), and to provide referrals (89%).<sup>182, 183</sup> While RWs and family members also had some significant concerns about the efficacy of RCCs,<sup>184, 185</sup> the RWTF believes they are an important resource for any RW meeting the above criteria. Adopting the above definition for CAT 2 designation, to serve as the criteria for being assigned an RCC for non-medical case management will allow resources to be allocated to a more targeted population of RWs and will create parity across the Services, and between AC and RC, that is currently lacking.

### RECOMMENDATION 13

All RW squad leaders, platoon sergeants, fleet liaisons, Navy Safe Harbor NMCMs, Army Wounded Warrior (AW2) advocates, section leaders, and AFW2 NMCMs should attend the joint DoD RCC training course.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP, USA, USN, USAF, USMC, USSOCOM

**Finding:** RWTF focus groups indicated mixed satisfaction with transition unit staff, RCCs, and other supports,<sup>186</sup> and surveys conducted by the Services also suggest mixed RW satisfaction with these personnel.<sup>187, 188</sup> RWs responding to the RWTF focus group mini-survey had mixed feelings on the helpfulness of RCCs and chain of command, while helpfulness ratings were generally higher but still varied for AW2 Advocates.<sup>189</sup> Such mixed satisfaction suggests there may be room for improvement in staff training.

Joint, interdisciplinary training would advance the collaborative practices already in place at some of the sites the RWTF visited, where staff acknowledged the advantages of interdisciplinary teams and idea sharing.<sup>190</sup> Army Warrior Transition Command (WTC) has continued to augment and expand its training for WTU cadre and acknowledged that cross-training is a best practice.<sup>191</sup> The Marine Corps Wounded Warrior Regiment (WWR) has also augmented its training for section leaders, ensuring mentorship among RCCs and Battalion staff supervision of RCC training, and has acknowledged the value of training some topics across job titles with its phased-implementation of a 25-module computer-based training for all permanent WWR staff.<sup>192</sup> The RWTF believes that joint cross-training would improve care to RWs through increased collaboration and communication among the staff supporting them.

---

## RECOMMENDATION 14

The Services should provide support to family members/caregivers without requiring RW permission. Support should include a needs assessment, counseling, information, referrals, vocational guidance, financial management/assistance, and other resources as needed. HIPAA and Privacy Act should not interfere with support to family members/caregivers.

Requested Agencies to Respond: DoD, OUSD(P&R), USA, USN, USAF, USMC, USSOCOM

**Finding:** While the Services may have directed increased attention and resources to outreach to family members/caregivers, the RWTF focus groups with family members indicated family member needs for communication remain. What RW family members want in the way of outreach and communication from the military emerged as an overall focus group theme: improved, direct communication from and with the military rather than relying on their RWs as a conduit.<sup>193, 194</sup> Specific recommendations made by some family member focus group participants included providing new family members information early in the recovery process, providing an information session on available programs for family members, contacting family members more frequently, having someone available to direct family members to resources, and checking in on families on a monthly or bi-monthly basis to ensure their needs are being addressed and they are connected to services as appropriate.<sup>195</sup>

Many family members are not receiving information about existing resources or adequate services to assist them during their RW's recovery process. Several overall themes in this regard emerged from the RWTF family member focus groups. Most importantly, it was clear that additional information and communication for family members is needed.<sup>196</sup> For example, some family members reported they are not provided enough information, do not know who to call for information, and/or do not know what available resources exist.<sup>197</sup> Some family members reported that they rely on their RWs to supply them information; but their RWs often do not have it, may forget it, and/or may not want to share it with them. The RWTF's family member focus group mini-survey asked respondents to rate their satisfaction with information/education to help family members care for their Service members (n=44) and information/education about available benefits and services (n=45). In both cases, about as many respondents reported that they were dissatisfied/very dissatisfied as satisfied/very satisfied.<sup>198</sup> Similarly, it was not unusual for some family focus group participants at the same location to report that they did not receive consolidated reference information while other participants reported that they did receive information resources in some form.<sup>199</sup> Many family members observed that not knowing about available supports and benefits prevents family members from taking fuller advantage of these resources.<sup>200</sup>

The briefings that the RWTF received during site visits corroborated that many sites provide information and/or resources to RWs instead of directly providing them to family members/caregivers.<sup>201</sup> In particular, a Community Based Warrior Transition Unit (CBWTU) site and an outside the continental United States (OCONUS) site reported depending heavily on RWs to involve family members.<sup>202</sup> Many sites reported high rates of "contact" with family members when asked about reaching out to family members during the recovery process.<sup>203</sup> However, contact was defined in varying ways, including contacting RWs and asking them to pass information on to family members; emailing or mailing information to all family members

---

without confirmation that they received this information; and making outreach telephone calls to family members directly.<sup>204</sup> Many sites also reported that HIPAA and privacy concerns present a barrier to contacting family members. For example, many sites reported contacting family members only if RWs provide their contact information or sign a form giving permission for the family member to be contacted.<sup>205</sup> Sites often followed this procedure even when the information to be provided was not HIPAA-protected – such as to provide families information regarding available individual counseling, financial counseling, and other services for them – leaving family members without assistance to address their own needs during the recovery process. Some sites added that providing information and services directly to family members who are remotely located is particularly challenging as the geographic dispersion of Guard families constrains face-to-face and personal contact with families.<sup>206</sup> To be effective, outreach efforts must ensure that family members actually receive the information and support they need.

Family member focus group mini-survey results revealed mixed views of satisfaction with the military's support during various stages of the recovery process and different types of support, emphasizing a need for improvement in services delivered to family members.<sup>207</sup> Over half of the respondents indicated they were satisfied/very satisfied with support getting family members to the RW's bedside after the family member was notified (n=22); for subsequent stages of the recovery process, including support for family during inpatient care (n=33), outpatient care or partial hospitalization (n=39), and follow-up care (n=32), about as many respondents indicated satisfaction as dissatisfaction.<sup>208</sup>

With respect to family members' satisfaction with the types of support the Services provide them, the RWTF's family member focus group mini-survey asked respondents to rate their satisfaction with military support in a variety of areas, including overall (n=46), financial (n=37), assistance/advocacy (n=40), logistics (n=30), condition of facilities (n=43), dealing with family members' emotions (n=41), and helping children cope with RW's injuries (n=30). The respondents were divided in the proportion of satisfied/very satisfied versus dissatisfied/very dissatisfied for overall support, financial support, and assistance/advocacy, and more respondents were satisfied/very satisfied than dissatisfied/very dissatisfied with support for logistics and condition of facilities.<sup>209</sup> However, more respondents were dissatisfied/very dissatisfied than satisfied/very satisfied with support for family member's emotions and support for helping children cope with RW's injuries.<sup>210</sup> RW family member dissatisfaction also was reflected in results from the DoD-level IDES Satisfaction Survey administered by the Defense Manpower Data Center (DMDC) to IDES participants (January 2008 to September 2011) – specifically, family members typically expressed a lower rate of satisfaction than RWs with the helpfulness of Disability Evaluation System (DES) program staff to them.<sup>211</sup>

Family member participants recommended increasing education, communication, outreach, information, and support for family members focused on coping with having a spouse or parent who is an RW.<sup>212</sup> Specific recommendations made by some family members included providing spouses and children skills/tips for interacting with their RWs, providing family members a psychologist with knowledge of military culture, offering programs for children, providing family members information on how to cope with an RW who has PTSD, and helping school children to understand the situation and to manage negative feedback from their peers.<sup>213</sup> The National Military Family Association (NMFA) has also advocated for additional services family

---

members/caregivers need, such as caregiver employment, peer to peer mentoring, and care for the caregiver.<sup>214</sup>

The Marine Corps has the most robust protocol for contacting family members/caregivers,<sup>215,216</sup> which includes aggressively encouraging RWs to consent to Marine Corps communication, persuasively briefing RWs on the benefits of family involvement, and making RW family support a commander's responsibility. The Marine Corps involves the family caregiver early in the process by using the WWR RCP Family Contact Authorization Form to obtain permission from the Marine to provide communication and support to the family caregiver. While it is not mandatory for RWs to provide family member contact information authorizing family member/caregiver support from the RCC, Marines who do not provide this information will be counseled by leadership about the benefits they will give up and must sign a form acknowledging that they are informed of the benefits and still do not wish for the family member to benefit.<sup>217</sup> The Marine's RCC will continue to provide support to the family member until this form is signed.<sup>218</sup> While the RWTF believes that the Marine Corps' protocol for contacting family members is a best practice, the RWTF also urges the Services to ensure that requiring RW permission does not needlessly inhibit family support outreach efforts to provide non-HIPAA-protected information to family members in order to meet their needs.

## RECOMMENDATION 15

Each Service should clearly identify a readily available, principal point of contact for the RW in every phase of recovery. Initial and ongoing contact with the family/caregiver is the responsibility of this individual. Provide this individual the requisite tools and equipment to help meet the family's/caregiver's needs.

Requested Agencies to Respond: USA, USN, USAF, USMC, USSOCOM

**Finding:** Although Army and Marine Corps sites identified a wide range of supports for families, sites also identified a number of different individuals as being responsible for linking family members/caregivers to those supports.<sup>219</sup> The RWTF believes that having multiple points of contact for family member needs can be confusing for family members and diffuses responsibility for ensuring these needs are met. Across seven site visits to Army and Marine Corps sites, the RWTF encountered one site (an OCONUS Army program) where the unit social worker conducts home visits with each family, ensuring face-to-face contact immediately following intake.<sup>220</sup> The social worker meets the whole family and tells family members to contact her should they need anything.<sup>221</sup> This practice is an example of how family members can be introduced to one point of contact to whom they can turn for information resources, referrals, and support services.

Many indicated the need for one point of contact available to family members to improve communication and the flow of information. NMFA reported that "there is a lack of a single point person to help guide families/caregivers in making lifetime decisions about themselves and the RW. The FRC is designed to do this, but does not enter the picture early enough to provide this valuable role."<sup>222</sup> The RWTF heard in focus groups that family members desire increased/improved general communication from and with the military, suggesting that the status quo of multiple points of contact does not meet the needs of family members.<sup>223</sup> Specific

---

recommendations made by some family member focus group participants included providing new family members information early in the recovery process, providing an information session on available programs for family members, contacting family members more frequently, having someone available to direct family members to resources, and checking in on families on a monthly or bi-monthly basis to ensure their needs are being addressed and they are connected to services as appropriate.<sup>224</sup>

The Army CTP Policy and CTP-Guidance emphasizes the importance of including family members as part of the CTP process and identifies caregiver support responsibilities.<sup>225</sup> There is no specific guidance identifying which member of the RW's recovery team should contact the family member, how, or when.<sup>226</sup> Consequently, it is up to the industrious staff member to self-identify and reach out to the family member, which may or may not occur. In addition, no specific individual is responsible for proactively reaching out to family members to see how they are coping. Thus, unless the RW tells unit staff that there are family issues or the family is savvy or assertive enough to contact the unit, families in need are unlikely to receive assistance.<sup>227</sup> The Army reported that it does not believe it is necessary to specify a single recovery team member responsible for family members' needs and that the success of the Army programs and services for RWs relies on shared responsibility for the RW and family caregiver<sup>228</sup>; but, in the experience of the RWTF, this process may not meet family member needs.

Neither the Navy Safe Harbor Program nor the Air Force Warrior and Survivor Care Program specify an individual responsible for providing family support. Staff from one Navy Fleet and Family Support Program (FFSP) reported that they respond to needs on a case by case basis and do not actively inquire whether customers are families of RWs.<sup>229</sup> They noted that other regions (such as FFSP Bethesda) with larger populations of RWs may operate differently.<sup>230</sup> Navy Safe Harbor reported that "the way ahead" for them includes creating an "interactive family outreach network" and increasing "outreach and communication efforts," however.<sup>231</sup> Within the Air Force, although the RCC is primarily responsible for "engaging the RW and family and ensuring they actively participate throughout the entire CRP process,"<sup>232</sup> the Family Liaison Officer (FLO)<sup>233</sup> and the AFW2 NCMCM<sup>234</sup> are also involved in providing for family member needs.

The Marine Corps has the most robust protocol for contacting family members/caregivers.<sup>235, 236</sup> This protocol includes proactively reaching out to family members through the RCC and tasks commanders with proactively identifying and solving family support needs for family members of Marines and Sailors at the Wounded Warrior Battalion and its detachments.<sup>237</sup> The RWTF believes that the Marine Corps' protocol for contacting family members is a best practice and should be extended to family members of Marines in line units, including those with and without an RCC.

There is a need across each of the Services to task and hold accountable one individual to proactively reach out to family members/caregivers initially – without waiting for family members to seek help – and throughout the recovery process, in order to provide information and referral, assess the needs of family members/caregivers, and resolve family member/caregiver issues. This individual must be provided the necessary tools and equipment to facilitate family member/caregiver needs being met. For example, FLOs should not be required to use private cell phones or computers in their efforts on behalf of family members.<sup>238</sup>

---

An additional equipment challenge is transporting family members who are not on orders and, thus, are unauthorized to ride in official vehicles.<sup>239</sup>

## RECOMMENDATION 16

Upon RW entrance into the IDES, the Services should educate family members/caregivers on potential benefits changes upon separation, the VA Caregiver Program, VA Vet Centers, and other federal/state resources for which families may be eligible. The Services should use social media, apps, fact sheets, pamphlets, videos, or other communication tools to educate family members on these topics.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP, USA, USN, USAF, USMC, USSOCOM

**Finding:** VA has a number of resources that can help family members/caregivers cope with challenges once the RW has transitioned to being a Veteran. For eligible caregivers, there is the VA Caregiver Support program, which provides caregiver training, education, and a stipend.<sup>240</sup> There are also a number of positions tasked with providing family member/caregiver support, including the VA Caregiver Coordinator, VA Liaisons,<sup>241</sup> OEF/OIF case managers,<sup>242</sup> Polytrauma case managers,<sup>243</sup> and VA Vet Center counselors.<sup>244</sup> Eligible Caregiver Assistance Program enrollees are not identified until the Veteran is receiving care in the VA and the caregiver has been identified by the VA OEF/OIF Program,<sup>245</sup> and the Services do not systematically brief eligible family caregivers on the VA Caregiver Assistance Program, or generally brief RW family members on the VA resources that will be available to them post transition.<sup>246</sup> For example, Crystal Nicely, a caregiver and spouse of a severely wounded OEF Veteran, testified before Congress in 2011 that she was not provided any information about the VA Caregiver Program or other VA programs and benefits.<sup>247</sup> In addition, no formal process exists to ensure families learn well in advance how and why pay and other benefits may change when the RW transitions to Veteran status. The RWTF believes that family members must be counseled on resources, services, and benefits well prior to separation in order to prepare for the next chapter in their lives and to facilitate a smooth transition. Families should also be informed about additional federal and state resources available to them, such as state financial and educational benefits.<sup>248, 249</sup> This proactive communication with RW families should be institutionalized by incorporating it into the Comprehensive Recovery Plan that DoDI 1300.24 requires for all CAT 2 and CAT 3 RWs.<sup>250</sup> Family members should also be encouraged to seek legal counsel in addition to meeting with VA personnel.

The need to ensure that families are fully educated on their post DD-214 benefits was underscored in the RWTF briefings and panels from individuals who assist RWs through the DoD/VA transition. The most dominant theme in these discussions, emerging in a majority of the briefings/panels, was that RWs/families experience discontinuity in the key resources that were available to them while on AD after transitioning from DoD.<sup>251</sup> They lose a community of friends and comrades as well as a familiar network of base-centric medical and non-medical services.<sup>252</sup> At the VA, they experience reduced access to health care, with long waits for medical appointments, particularly specialty appointments, and less frequent behavioral health therapy.<sup>253</sup> Because Reservists often lose their AD status very shortly after re-deploying, they experience a more profound loss of resources than do their Active Component (AC) counterparts.<sup>254</sup>

---

Additional overall themes emerged from the briefings/panels, including the financial hardship that transitioning RWs and families experience when RWs' post-DD214 pay – such as disability compensation, education stipend, or civilian pay, if employed – falls short of military pay and the difficulty of navigating the complex VA healthcare system.<sup>255</sup>

Themes also emerged from the briefings/panels specifically related to the needs of transitioning RW families. Touch-points spoke of tangible challenges such as relocation, adjustment challenges for children and spouses (including marital role reversals and the risk of divorce), family safety issues related to the risk of secondary trauma and the potential for RW violence, and access to healthcare.<sup>256</sup> Only families whose RWs are 100 percent disabled are eligible for VA healthcare.<sup>257</sup> Proponents also noted a disparity in the implementation of the health insurance benefit associated with VA's Comprehensive Caregiver Assistance Program.<sup>258</sup> As implemented, a caregiver who has been paying for insurance despite being unable to afford it is ineligible for the benefit while a caregiver of comparable means who has chosen to go uninsured is eligible for the benefit.<sup>259</sup>

The proposed recommendation to systematically educate families/caregivers upon their RW's entry into IDES about the benefits and resources that will be available to them when he/she becomes a Veteran will help them prepare for life post-transition, make optimal use of available resources, and navigate the transition process.

## RECOMMENDATION 17

The Services should require that, upon RW entry into IDES, PEBLOs brief families/caregivers enrolled in the Exceptional Family Member Program (EFMP) on the potential loss of TRICARE Extended Care Health Option (ECHO) benefits upon completion of IDES if discharged.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), Office of the Assistant Secretary of Defense for Readiness and Force Management (OASD(R&FM)), Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy (ODASD(MC&FP)), WCP, USA, USN, USAF, USMC

**Finding:** TRICARE offers ECHO to qualifying AD Service members who are enrolled in EFMP.<sup>260</sup> ECHO covers the cost of additional services and supplies for the exceptional family member's care.<sup>261</sup> Service members lose their ECHO eligibility upon retirement, which, according to a 2011 study by the National Council on Disability in partnership with the Marine Corps, is a concern for those AD families who rely on it.<sup>262</sup> Change in ECHO benefits during a Service member's transition from AD to Veteran status contributes to a lack of seamless transition of programs and benefits for military families.<sup>263</sup> Families in EFMP and TRICARE ECHO whose RW are separating need information and time to explore state resources, such as Medicaid waivers for home and community based care that can offset the loss of ECHO.<sup>264</sup>

## RECOMMENDATION 18

The Services should seek every opportunity to unify family members/caregivers and RWs. It is important to preserve family dynamics and keep family members engaged in the recovery process.

---

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP, USA, USN, USAF, USMC, USSOCOM

**Finding:** When redeployed Service members are held for further medical evaluation at the MTF, families are unable to be reunited with their Service members as anticipated. For some, this unexpected family separation after the deployment may be as long as the deployment itself. For example, the average stay in the Army WTU system is 265 days.<sup>265</sup> This is particularly challenging for RC families and AC families who are located great distances from the MTF and who endure prolonged separations from their RWs and/or pay out-of-pocket for periodic visits to their RWs. The RWTF was informed that RC family member travel to and lodging near the RC RW assigned to a WTU is not funded, which creates a financial burden or inhibits contact when the RC RW is detained for further medical evaluation.<sup>266</sup>

Separation can be emotionally difficult for all concerned,<sup>267</sup> may be logistically challenging for the family,<sup>268</sup> and is not conducive to the RW's recovery.<sup>269</sup> According to a DoD survey of AD spouses regarding their Service member's deployment, the most frequent problems experienced, to a "large" or "very" large extent, included loneliness, being a "single" parent, emotional problems, and difficulty maintaining an emotional connection with their spouse.<sup>270</sup> In earlier DoD spouse surveys, the most frequent problems both AC and RC spouses reported experiencing, to a "large" or "very" large extent, while their spouse was deployed included loneliness, feelings of anxiety or depression, difficulty sleeping, household repairs, yard work, car maintenance, and job or education demands, which emphasize how difficult prolonged separation can be for family members.<sup>271</sup> During post deployment, separation makes it challenging for families to get information, since they rely on the Service member for accurate information about what is occurring at this time.<sup>272</sup> The Service member may also be unable or unwilling to provide information, particularly if he or she suffers from TBI or PTSD.<sup>273</sup> Not only is separation problematic on several levels but on-site family support has been found to help the RW during the recovery process and is associated with improved recovery,<sup>274, 275</sup> reduced medication use,<sup>276</sup> and return to work.<sup>277</sup> Healthy family functioning as a whole is associated with a lower level of disability/functional impairment and higher employability.<sup>278</sup> Thus it is important for the well-being of the family as a whole, the RW, and the individual family members to optimize their opportunity to be together.

## RECOMMENDATION 19

WCP should rename the NRD to reflect its target audience. Market the newly named portal with a goal to more than double the usage.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** Several information resources, websites, and call centers are available to educate and support RWs and their family members during the recovery process. Congress specifically instructed the RWTF to explore the effectiveness of the NRD, Military OneSource, Family Assistance Centers (FACs), Wounded Warrior Resource Center (WWRC), and Service hotlines. The RWTF gathered data about these resources from DoD, the Services, and the RW community. It is apparent to the RWTF that there is redundancy in these resources and, in some cases, under-utilization. The RWTF is concerned about the number of existing information

---

resources because of the potential for confusion and frustration for RWs and family members. Others noted that because of the large number of websites and programs, family members do not know how to ask for many resources or are overwhelmed completely.<sup>279</sup> The RWTF is particularly interested in the NRD as a portal that specifically addresses the needs of the RW community. The RWTF believes that changing the name of the NRD to reflect RWs and their family members as its target population would increase recognition among this population that this resource is designed for them, and thus increase its use.

The RWTF recognizes recent efforts to decrease the number of existing websites and to link existing resources. For example, the former WWRC website was replaced by a portal in the NRD website that allows RWs and FMs to email questions, which are then answered by the WWRC Wounded Warrior specialty consultants.<sup>280</sup> The Military OneSource Wounded Warrior tab provides a link to the NRD and to the phone number for the WWRC.<sup>281</sup> Some of these resources can be difficult to find, such as the Wounded Warrior tab on Military OneSource, where users must first click on the Military Life & Deployment tab in order to see the Wounded Warrior tab.<sup>282</sup>

The RWTF study participants were more familiar with Military OneSource than the NRD. Many RWTF RW and family member focus group mini-survey respondents reported that they had used Military OneSource (29/45 family members<sup>283</sup> and 71/162 RWs<sup>284</sup>). Of those, they were divided in their ratings of how helpful this resource was for them.<sup>285, 286</sup> The family member focus group discussions echoed these mixed reviews about Military OneSource's helpfulness: some family member participants at the same locations reported that Military OneSource was helpful for them, while others reported that it was not – though slightly more fell into the “not helpful” side.<sup>287</sup> Some family members elaborated on why this resource, which includes online as well as telephonic support, was not helpful for them, noting a lack of applicable information for Wounded Warriors, buried information, and disorganization.<sup>288</sup> The RWTF believes that some of these shortfalls in meeting RWs' and family members' needs occur because this information resource is targeting the needs of the entire military community rather than the specific needs of RWs and their family members.

The RWTF found that only a small proportion of RWTF family member and RW focus group mini-survey respondents reported use of information resources designed to meet the needs of RWs and their families. For example, fewer participants reported that they had used the NRD (1/45 family member respondents<sup>289</sup> and 12/159 RW respondents<sup>290</sup>), a military hotline (1/44 family member respondents<sup>291</sup> and 13/158 RW respondents<sup>292</sup>), and the WWRC (12/46 family members<sup>293</sup> and 50/160 RWs<sup>294</sup>). Those who had used these resources, however, indicated that they were helpful.<sup>295, 296</sup> These findings suggest the NRD, military hotlines, and the WWRC are helpful resources but underutilized by RWs and family members. (Note that the Marine Corps hotline may be an exception as utilization among RWs in the WWR appears higher, which may be in part due to the outreach function of the call center. The Marine Corps WWR 2012 Care Coordination Survey found that over 75 percent of 717 survey participants were satisfied overall with the call center/contact cell, which also implies higher utilization among this population.<sup>297</sup>)

The RWTF is particularly interested in the NRD to connect RWs and their families to vetted information resources specific to their needs. In its 2012 Care Coordination Survey, the Marine Corps WWR found that 12 percent of their WII Marines reported using the NRD.<sup>298</sup> In its

---

October 2011 briefing to the RWTF, the DoD WCP reported that 180,000 unique users had visited the NRD webpage, but could not yet break out how many of these users were RWs and/or family members.<sup>299</sup> WCP also indicated it was expanding its NRD outreach and marketing efforts, including providing additional resources/budget to the outreach division, changing the information technology (IT) platform so that when an RCC pulls up a file to discuss RW needs it now has the NRD on it, adding the NRD as an item to the counseling checklist, increasing RCC training on the NRD, partnering with private organizations, using social networks, adding a community blogger to promote the NRD, and adding radio interviews/discussions.<sup>300</sup> However, the RWTF remains concerned about the underutilization of this resource among RWs and family members. Changing the name of the NRD to more explicitly target the RW/family population, while continuing WCP's recent multi-faceted marketing efforts, should increase recognition and use of this vital resource by the RW community.

## RECOMMENDATION 20

The Services should specify the RW program relationships with installation level family support centers and sufficiently resource Soldier and Family Assistance Centers (SFACs), Navy Fleet and Family Support Centers, A&FRCs, and Marine Corps Community Services (MCCS) family assistance facilities to effectively meet the needs of RWs and their families. Each family assistance center (FAC) should identify personnel responsible for meeting the needs of the RW community.

Requested Agencies to Respond: DoD, OUSD(P&R), ODASD(MC&FP), USA, USN, USAF, USMC

**Finding:** Relatively few RWTF RW and family member focus group mini-survey respondents reported that they had used a FAC or SFAC (18/45 family members<sup>301</sup> and 40/151 RWs<sup>302</sup>). However, those who had used them rated them highly.<sup>303, 304</sup> Specific factors that family member focus group participants mentioned as contributing to the helpfulness of the FAC/SFAC included staff who did their best to help, were honest, searched for information, and provided useful information.<sup>305</sup> Family members also seem to appreciate having the same person help them each time.<sup>306</sup> These findings suggest that FACs/SFACs are helpful resources that may be underutilized by RWs and family members. While this may be true across the board, it is important to note the relationship between FACs/SFACs and RW programs is not consistent across the Services. The RWTF believes consistent policy linking RW programs to FACs will increase utilization of this valuable and helpful resource.

The Army SFACs are co-located with WTUs expressly to provide targeted information resources and other services to address the needs of RWs and family members.<sup>307</sup> At continental United States (CONUS) sites the RWTF visited, Army SFACs reported high utilization by RWs.<sup>308</sup> In some cases, sites reported 100 percent utilization, though one SFAC reported a lower percentage for in processing personnel attached (72%) versus assigned (95%) to the WTU.<sup>309</sup> Note that these percentages specifically addressed those RWs who in processed through the SFAC as opposed to those who utilized other SFAC services.<sup>310</sup> One site reported additional utilization over 60 percent within 30 days, depending on the RW's goals.<sup>311</sup> Other sites did not specify utilization other than in-processing rates.<sup>312</sup> Some sites reported that the percentage of family members who had used the SFAC was difficult to capture, but in all cases, estimates of

---

family usage were lower than RW usage.<sup>313</sup> At CONUS SFACs, percentages for family usage ranged from 20-30 percent.<sup>314</sup>

Within the Air Force, A&FRCs serve all Airmen and family members, including the RW community. Most centers have a Community Readiness Consultant (CRC) with expertise in wounded warrior issues who serves as the “go to” when a wounded warrior is referred.<sup>315</sup> The A&FRC and AFW2 policy management team are co-located in the new Air Force Warrior and Family Operations Center in San Antonio, linking the A&FRCs with the AFW2 mission to ensure warm handoffs at the installation level for AFW2 participants.<sup>316</sup> The relationship between the Air Force A&FRCs and the AFW2 Program is a best practice that promotes RW and family member awareness of, and access to, priority services.<sup>317</sup> This model for pulling together two types of installation programs for maximum utilization of resources is consistent with the observation of NMFA, that “there needs to be better coordination of existing Service Family Support Centers with a medical and non-medical component with all Recovering Warrior case managers.”<sup>318</sup> Per FY2012 Recommendation 1, the relationship between the A&FRCs and the AFW2 Program must be formally specified in Air Force policy to ensure that the warm handoff of AFW2 participants to A&FRCs that is envisioned at Air Force Headquarters is faithfully implemented at the installation level.

The Navy and Marine Corps have not yet established comparable relationships between their base-level FACs and their RW programs. At one Navy site, the Director for Fleet and Family Support Services reported that her organization serves RWs and their families, when asked, but suggested that, in partnership with Safe Harbor, they could be doing much more.<sup>319</sup> The Marine Corps has a very robust Wounded Warrior Regiment Program that has developed a number of information resources for RWs and family members, including a customized Keeping It All Together notebook,<sup>320</sup> numerous fact sheets,<sup>321</sup> a smart phone application that allows users to access information resources electronically,<sup>322</sup> and a robust call center.<sup>323</sup> However, apart from the Hope and Care Centers already at Camp Pendleton and planned for Camp Lejeune, it does not yet appear that the WWR has established a formal relationship with base-level Marine Corps Community Services.<sup>324</sup> The Navy and the Marine Corps should write policy to formally link base family assistance/information resources and RW programs in order to increase RW and family member awareness and utilization of existing base services. At minimum, each Navy Fleet and Family Support Center (FFSC) and Marine and Family Readiness Center should equip and designate a “go-to” to address the targeted needs of the RWs and their families.

As the current conflict draws down, the number of war casualties will decline and the infrastructure of RW programs may shrink; but Service members will continue to sustain injuries and illnesses and the needs of RWs and their family members will continue. Systems must be in place to provide them the information resources and services they need. The RWTF believes the Navy, Air Force, and Marine Corps should capitalize on existing base-level systems, such as each Service’s FACs and that the Army should continue their use of the SFAC. Recognizing that funding for “family programs” may be at risk in the post-war fiscal environment, the RWTF recommends the Navy, Air Force, and Marine Corps prioritize funding for base-level FACs to ensure they can retain sufficient high quality staff and train them appropriately to meet needs of the RW community that may otherwise go unaddressed.

---

With respect to the SFACs, in particular, an Army site reported to the RWTF that Installation Management Command (IMCOM) funding for SFACs is being decreased.<sup>325</sup> The Army SFAC is an integral component of the Army's RW program. As the RWTF stated in last year's report, Army SFACs are co-located with WTUs and offer a wide slate of services, including information and referral; human resources/military benefits; education counseling; financial counseling/Army Emergency Relief; social services; outreach services; transition support; child, youth, and school services; and a computer room.<sup>326, 327, 328, 329</sup> When asked to brief on caregiver support, the Army focused its presentation on SFACs, demonstrating the centrality of this resource to the Army's caregiver support strategy.<sup>330, 331, 332</sup> The Army has 32 SFACs – 29 locations within CONUS and three major locations OCONUS.<sup>333, 334</sup> Of 18 CONUS SFAC construction locations, six were open as of July 2011 and operating in centrally situated, campus-like RW settings.<sup>335, 336</sup> Twelve more new construction projects were under way or in the planning stages. Army-wide, the SFACs employ 208 staff.<sup>337, 338</sup> The CTP Policy and CTP-Guidance published by the Army WTC in December 2011 states that the SFAC will provide a number of important functions in providing information resources to RWs and family members as SFACs are directed to “in-process the Soldier and his Family members within 30 days of arrival and ensure they receive a copy of the SFAC Hero Handbook, conduct an orientation tour, and schedule referrals as needed to social worker services, finance, Army Substance Abuse Program (ASAP) education, Army Career and Alumni Program (ACAP)/Transition Assistance Program (TAP), Child & Youth Services (CYS) Outreach, Veterans Benefits Administration (VBA) representatives, Veterans Health Administration (VHA) representatives, state VAs, and REALifelines/DOL representative.”<sup>339</sup> The RWTF urges IMCOM to prioritize and maintain current funding for SFACs to ensure they can continue to fulfill the pivotal role in RW care and transition that the Army intends.

## RECOMMENDATION 21

The Services should establish centralized case management for RC RWs on Title 10 orders. The size of the centralized staff, and the staff qualifications and training, must comply with staffing ratios and other criteria set forth in DoDI 1300.24 and DTM 08-033. The centralized program must be sufficiently robust that it can meet surges in demand.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), Office of the Assistant Secretary of Defense, Reserve Affairs (OASD(RA)), WCP, National Guard Bureau (NGB), United States Army Reserve (USAR), Air Force Reserve, Navy Reserve, United States Marine Corps Reserve (USMCR)

**Finding:** Diverse stakeholder groups and sources at varying levels indicated that medical care case management for demobilizing and demobilized Reservists is inadequate.<sup>340, 341, 342, 343</sup> During site visits and business meetings, the RWTF received nearly 30 briefings and panels from approximately 50 individuals who assist RWs through the DoD/VA transition. Nearly one-fourth of the briefings/panels addressed shortfalls in medical care case management for Reservists who incur/aggravate wounds, illnesses, or injuries while on Title 10 status.<sup>344</sup> The briefers observed that LOD documentation for Reservists often is not completed in theatre as intended and the absence of LOD documentation delays continuation or reinstatement of Title 10 orders.<sup>345</sup> They said Reservists are regularly demobilized before their medical issues incurred

---

or aggravated in the LOD are addressed, jeopardizing access to medical care and/or creating an undeserved financial burden.<sup>346</sup>

The RWTF visited three state JFHQs – Indiana, Massachusetts, and Iowa – and received extensive site-level briefings from joint, Army National Guard (ARNG), and ANG proponents. All three JFHQs identified significant problems obtaining post-mobilization medical care for National Guard members who are injured, ill, or wounded while on Title 10.<sup>347</sup> Redeployed ARNG Soldiers are eligible to be assigned to the Army WTU system, which provides them not only medical care through the MTF but also clinical and non-medical case management. Currently, ARNG Soldiers comprise 53 percent of the total WTU population,<sup>348</sup> however, two JFHQs identified barriers to use of the Army WTU system for redeployed RC RWs.<sup>349</sup> Indiana reported the WTU accepted four of 104 potentially eligible candidates.<sup>350</sup> Iowa projected that 300 to 500 of their redeployed Soldiers would be eligible for assignment to a WTU, yet only eight were accepted.<sup>351</sup> The majority of Indiana and Iowa RC RWs return to their states from the demobilization site directly, with referrals and profiles, placing an un-resourced burden on the state for care and case management.<sup>352</sup> JFHQ proponents said many AC, RC, and contract demobilization site providers have insufficient knowledge of National Guard health benefits and how they change when Service members switch from Title 10 to Title 32 and, in some cases, have insufficient familiarity with Title 32 terminology, programs, and constraints.<sup>353</sup> This compromises their capacity to appropriately advise demobilizing Guard members.<sup>354</sup> The JFHQ proponents also expressed concerns about parity for Guard members after they return from AD and enter Title 32 status.<sup>355</sup> They observed that frequent medical appointments can jeopardize a Title 32 Soldier’s civilian employment.<sup>356</sup> Subject to how competently their case is managed, a Title 32 Soldier with a Title 10 condition also may have a co-pay, creating an unjust burden and possible financial hardship.<sup>357</sup> The JFHQ proponents noted that some Guard Soldiers enter the Medical Evaluation Board (MEB) while on Title 32 despite the fact that MEB is a Title 10 process.<sup>358</sup>

The 14-state pilot ARNG RC Managed Care (RCMC) program<sup>359</sup> has a total of 100 contract Case Managers, including 95 RNs and five Masters of Social Work (MSWs), 328 contract care coordinators, and an unknown number of Active Duty Operational Support (ADOS) healthcare specialists (68W).<sup>360</sup> The ARNG lacks visibility on MCCM staffing in states that are not RCMC pilot sites.<sup>361</sup> While the RCMC is a start, the scale of this pilot effort is not equal to the ARNG’s 57,276 “working case management cases.”<sup>362</sup> As of March 2012, the 89 plus medical groups and geographically separated units of the ANG had no personnel designated in a position description to work wounded warrior issues.<sup>363</sup>

The recommended centralized case management program for Reservists on Title 10 orders is modeled after the ARNG RCMC program, the centralized AFW2 Program<sup>364</sup> and the pending centralized Air Force Case Management Officer (CMO) Program to expedite care, RTD, or IDES for Reservists who are remotely located from an MTF.<sup>365</sup> It will increase the inventory of case managers for RC RWs receiving care in the community through TRICARE, establish common qualifications and training – including RC-specific training where applicable – and standardize the baseline quality of case management services across the RCs, regardless of component or state. It will enhance access to health care, free of unintended financial burden, commensurate with the level of access and quality of care available to their AC counterparts.

---

This is primarily a program for low-risk/low-acuity/ambulatory RWs whose conditions are conducive to community-based care. While case managers will prioritize care in the community to the extent possible, there may be circumstances when it is necessary to refer RWs to the WTU system or an MTF, such as if an RW's condition becomes severe or needs become complex, or if he/she is non-compliant with the treatment plan.

As noted, the proposed program is for Reservists on Title 10 orders. The potential of this initiative to meaningfully impact the RC community as a whole will depend in large part on ensuring that all Reservists who have sustained LOD injuries/illnesses are on Title 10 orders, which is the objective of FY2012 Recommendation 22.

## RECOMMENDATION 22

DoD must establish policies that allow for the rapid issuance of Title 10 orders to RC RWs who have sustained line of duty injuries/illnesses. Delays in Title 10 orders have resulted in the interim use of Incapacitation (INCAP) pay. DoD should define specific criteria for the appropriate use of INCAP pay that will be consistent across all Services.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(RA), NGB, USAR, Navy Reserve, Air Force Reserve, USMCR

**Finding:** Many sources reported during site visits and business meetings that Reservists are regularly demobilized before their LOD conditions are addressed, jeopardizing access to medical care and/or creating an undeserved financial burden.<sup>366</sup> The RWTF received nearly 30 briefings and panels from approximately 50 individuals who assist RWs through the DoD/VA transition. Nearly one-fourth of the briefings/panels addressed shortfalls in access to medical care and medical care case management for Reservists who sustain line of duty injuries or illnesses.<sup>367</sup> Specifically, the briefers observed that Reservists' LOD documentation often is not completed in theater as intended and the absence of LOD documentation delays continuation or reinstatement of Title 10 orders.<sup>368</sup>

Joint, ARNG, and ANG proponents at three state JFHQs identified significant problems obtaining post mobilization medical care for National Guard members who are injured, ill, or wounded while on Title 10.<sup>369</sup> They also expressed concerns about parity for Guard members after they return to Title 32 status, observing that frequent medical appointments can jeopardize a Title 32 Soldier's civilian employment and, unlike the Title 10 Soldier, the Title 32 Soldier may have a co-pay.<sup>370</sup> The JFHQ proponents noted that some Guard Soldiers enter the MEB while on Title 32 despite the fact that MEB is a Title 10 process.<sup>371</sup>

Within the National Guard, some states use INCAP pay to support Title 32 Soldiers who were prematurely separated from AD with LOD conditions or to cover Guard members who are sent home to go through the disability evaluation system.<sup>372</sup> The Navy Reserve offers RC Sailors the choice of remaining on AD orders in MEDHOLD EAST in Norfolk, Virginia, or WEST in San Diego, California, or entering the LOD Program, which enables them to be treated through TRICARE in their home community and to receive INCAP pay for loss of civilian wages.<sup>373</sup> Sailors in the LOD Program generally receive lower remuneration than Sailors in MEDHOLD and are responsible for filing a monthly claim for INCAP pay, while pay for MEDHOLD

---

Sailors is automatic.<sup>374</sup> While perhaps financially and logistically preferable, MEDHOLD entails prolonged separations from family and friends.

INCAP pay is a complex matter and it appears to the RWTF that the Services lack a common understanding of how it is to be used.<sup>375</sup> An Army Guard briefer noted, “The regulation does not exclude Title 10 (conditions) so we do it. It was not put in black and white that you cannot pay Title 10.”<sup>376</sup> According to DoD policy, “the Military Departments shall authorize pay and allowances...for a Reserve Component member who is not medically qualified to perform military duties...because of an injury, illness, or disease incurred or aggravated in the line of duty, or to provide pay and allowances to a member who is fit to perform military duties, but experiences a loss of earned income because of an injury, illness, or disease incurred or aggravated in the line of duty. This is commonly referred to as INCAP pay.”<sup>377</sup> The policy defines “incapacitation” as “physical disability due to injury, illness, or disease that prevents the performance of military duties as determined by the Secretary concerned, or which prevents the member from returning to the civilian occupation in which the member was engaged at the time of the injury, illness, or disease.”<sup>378</sup>

The RWTF envisions that the implementation of this recommendation will afford similar benefits to RC Sailors in the LOD Program as those within MEDHOLD. They will continue to recover in their home communities, will no longer have to apply monthly for INCAP pay, and will receive Title 10 pay. Consistent with FY2012 Recommendation 21, as Title 10 Reservists they will receive centralized case management. Similarly, ARNG Title 32 Soldiers with LOD conditions will receive Title 10 pay and centralized case management, including an assessment to determine whether their care is best delivered in the community, at the MTF, or elsewhere. Thus, establishing policy for the rapid issuance of Title 10 orders to RC RWs who have sustained line of duty injuries/illnesses is not only an essential step toward parity of pay and benefits for RC RWs but is linked to other FY2012 recommendations, namely Recommendation 21 (centralized case management for RC RWs on Title 10) and Recommendation 12 (redefining CAT 2 designation, including two criteria that are tied to Title 10 status).

The rapid issuance of Title 10 orders is especially critical for Title 32 Reservists who experience late arising diagnoses, or worsening, of LOD conditions. Those with PTSD may exhibit increased symptoms after deactivation. If severe, these symptoms may interfere with their civilian employment, create financial hardship, and put their closest relationships at risk.<sup>379</sup> In such cases, reliance on the TAMP benefit (see Recommendation 7) is neither appropriate nor sufficient and the RC RW requires the comprehensive health care, case management, non-medical supports, and pay that Title 10 status affords.

It should be noted that the sequencing of the implementation of this two-part recommendation is important. Because some Title 32 Reservists with LOD injuries/illnesses currently rely on INCAP pay as their primary source of income, the establishment of policy to rapidly issue eligible Reservists Title 10 orders must precede any decision to eliminate use of INCAP pay.

## **RECOMMENDATION 23**

The Army WTC should include out-processing with the RC Service member’s home unit as part of the checklist for leaving Title 10 status.

---

Requested Agencies to Respond: DoD, OUSD(P&R), USA, WTC

**Finding:** ARNG proponents reported difficulty maintaining command and control over redeployed Guard Soldiers who are leaving transition units and/or completing the IDES.<sup>380</sup> There is no formal warm handoff from the WTU to the RC unit and, consequently, the line unit often is unaware that the Guard Soldier has been released.<sup>381</sup> One JFHQ reported to the RWTF that there is no communication or tracking mechanism in place other than informal telephone calls that they may receive based on personal relationships at certain WTUs.<sup>382</sup> A second JFHQ indicated they often do not know which of their Soldiers are assigned to the WTU.<sup>383</sup>

The release of Guard members without the knowledge of the line unit can disadvantage both the member and the unit.<sup>384</sup> The Guard member may not receive the pay and benefits to which he or she is entitled.<sup>385</sup> A JFHQ proponent said, “It is not uncommon that we will not be notified that someone is released and they are sitting at home waiting for their check to come in for disabilities and these individuals have not gotten a medical board yet.”<sup>386</sup> In turn, the unit is carrying the Guard member on its manning roster, which counts against unit strength.<sup>387</sup> Additionally, the unit is unable to recover equipment.<sup>388</sup>

While briefing the RWTF in February 2012, Brigadier General Darryl Williams, Commanding General, Army WTC, acknowledged a significant problem with “pitching and catching” when National Guard Soldiers go off Title 10.<sup>389</sup> He suggested that pending Army restructuring should help to address this handoff issue.<sup>390</sup> In the meantime, the RWTF recommends the Army establish policy requiring Guard Soldiers who are being released from the WTU system and/or completing IDES to out-process with the Guard unit; thus formalizing the warm handoff that currently is lacking.

## Optimizing Ability

Topics included in this domain address a central aspect of successful transition to civilian life – preparing for employment after military service. This includes vocational programs and services as well as the TAP and other systems to ease the DoD/VA transition.

### RECOMMENDATION 24

DoD should publish interim guidance to implement NDAA 2012, Section 551.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(R&FM)

**Finding:** Section 551 of NDAA 2012 instructs DoD to allow apprenticeships outside the federal sector.<sup>391</sup> While USSOCOM Care Coalition is proceeding with implementing non-federal internship opportunities,<sup>392</sup> the Army maintains a policy limiting internships to the federal sector,<sup>393</sup> and the Marine Corps indicates it will not expand internship opportunities beyond the federal sector without DoD guidance.<sup>394</sup>

Expanding internship and apprenticeship opportunities beyond the federal sector would increase the availability of meaningful vocational opportunities for RWs. Few RWs who participated in

---

focus groups with the RWTF had heard of internship programs or opportunities.<sup>395</sup> Three RWs reported doing current internships but did not specify the program or resource; only one RW mentioned OWF, implying a lack of name recognition of this program among RWs.<sup>396</sup> Among those who had used vocational services more generally, some found them to be helpful, while others indicated vocational services had not met their needs.<sup>397</sup> Some noted concern that internships fill the time but do not further the RW's career.<sup>398</sup> Remote location of some transition units limits opportunities; RWs reported that being in an OCONUS transition unit or geographically remote results in fewer internship, educational, and/or career opportunities.<sup>399</sup> RWs' mini-survey responses echoed the limited availability of vocational services, especially internships; only four percent (6/157) indicated they had first-hand experience with OWF.<sup>400</sup>

Site briefings to the RWTF also indicated limited availability of internships; three sites mentioned using OWF, one site noted two percent of RWs are in OWF, and four sites mentioned using other internship programs.<sup>401</sup> Sites noted these did not always meet the needs of RWs; one site noted internships and other opportunities are not available in the professions/trades some RWs want, one site indicated OWF was understaffed and slow to respond to their RWs, and two sites indicated their location was not near federal internship opportunities.<sup>402</sup> Four Army and Marine Corps sites indicated RWs cannot have internships/work experience in the private sector, in accordance with current Service-level policies.<sup>403, 404</sup> Despite the limited availability, which could be ameliorated by expanding OWF and other opportunities beyond the federal sector, sites indicated internships are beneficial for RWs and were working to increase their offerings to RWs.<sup>405</sup> One site noted that 17 of its RWs had been hired through an internship program.<sup>406</sup> The Wounded Warrior Employment Hiring Rate Tiger Team, in September 2011, also noted that internship opportunities are a successful means of addressing RW unemployment and recommended such opportunities be expanded.<sup>407</sup>

## RECOMMENDATION 25

DoD and VA should expand their existing memorandum of understanding (MOU), in accordance with Section 1631 of the Wounded Warrior Act, so that all RWs receive Vocational Rehabilitation and Employment (VR&E) counseling upon entering the IDES process.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** VA VR&E is an important resource for vocational services for RWs, with a 77 percent rehabilitation rate for its active participants.<sup>408</sup> While Congress extended RW access to VR&E to December 2014 in the Veterans Opportunity to Work (VOW) to Hire Heroes Act,<sup>409</sup> the RWTF remains concerned about RWs' access to VR&E prior to separation, based on information from site briefings and focus groups.<sup>410, 411</sup> Several Veterans service organizations (VSOs) also expressed concern to Congress about access to and sufficiency of vocational services.<sup>412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422</sup>

In February 2012, DoD and VA signed a MOU to provide VR&E Vocational Rehabilitation Counselors (VRCs) at designated Military installations as identified by the Services and VA. This effort expands access to VR&E prior to separation by ensuring all RWs in IDES at selected installations sites can receive initial VR&E counseling.<sup>423</sup> This began with three sites, and planning continues to expand the number of sites.<sup>424</sup> While VR&E attempts to outreach to RWs

---

at several times during the separation process,<sup>425</sup> the RWTF believes the model established in the pilot whereby RWs in IDES are required to receive initial counseling from an onsite VRC should be the minimum standard outreach and intake for RWs pre-separation.

RWTF focus group and mini-survey results as well as Marine Corps survey results provide insight into RWs' access to and satisfaction with VR&E services. While VR&E was mentioned by some focus group participants as a helpful service, it was noted by others as ineffective in actually getting RWs employed.<sup>426</sup> FY2011 RWTF focus group participants indicated that the information about VR&E was not consistent, available, accessible, and/or understandable.<sup>427</sup> The FY2011 RWTF mini-survey findings corroborated this limited availability; only 19 percent of RWTF mini-survey respondents participated in VR&E,<sup>428</sup> yet most of the respondents who participated in VR&E found it helpful (67%).<sup>429</sup> This year's Marine Corps Care Coordination Survey revealed that 28 percent of respondents said they were unaware of VR&E, while 31 percent had used VR&E.<sup>430</sup> In last year's Marine Corps' Reintegration Phase Survey, 20 percent of respondents were participants in VR&E, and among those who were participants, 59 percent found it helpful.<sup>431</sup>

Across sites and Services, access to VR&E varies. Site briefings on vocational services this year showed that installations are collaborating with VR&E in different ways and with varying levels of success: five sites referred RWs to VR&E staff, four sites used VR&E staff to inform RWs of their options at briefings and musters, and one site had issued no memorandum ratings needed to begin VR&E pre-separation, nor did its staff who briefed the RWTF know how to prepare or request a memorandum rating.<sup>432</sup> While three sites had a VRC onsite at least periodically, three other sites' onsite VA representatives were not from VR&E.<sup>433</sup> Many sites had concerns about collaborating with VR&E, including inability to get memorandum ratings issued, VR&E's refusal to honor memorandum ratings, miscommunication with command about how well VR&E is utilized, and VR&E understaffing which led one installation to discourage RW participation.<sup>434</sup> During FY2011 RWTF site visits, installation staff cited VR&E and TAP as the programs providing vocational services and touted strong collaboration between unit/program staff and onsite or local VA and/or DOL personnel.<sup>435</sup> Air Force Warrior and Survivor Care staff indicated that only Airmen at San Antonio Military Medical Center (SAMMC) and Walter Reed National Military Medical Center (WRNMMC) have VR&E access now, though the pilot at Nellis Air Force Base (AFB) was forthcoming as of February 2012.<sup>436</sup> Where VR&E is available in the Air Force, access to VR&E services is determined in part by military duties.<sup>437</sup>

At the installations visited, RWTF has not yet seen adequate access to VR&E. Because it is valued by RWs and is one of few programs available for RWs who will transition from military service, it is critically important that DoD takes steps to ensure that RWs can access VR&E. Memorandum ratings must be provided to qualifying RWs, in accordance with current policy, to facilitate their participation in VR&E prior to separation. Without formal guidance from DoD, the lack of consistent and accurate information on how to utilize VR&E pre-separation impedes RW access to the service.

## **RECOMMENDATION 26**

DoD should update DoD Directive (DoDD) 1332.35 and DoDI 1332.36 to include the following:

- 
- Incorporate changes legislated by the VOW to Hire Heroes Act of 2011
  - Ensure all RWs receive comprehensive information so that they can make informed decisions about accessing transition assistance opportunities
  - Establish early referral (PEBLO checklist item) for the RW and his or her family member and/or caregiver to meet with the transition assistance program counselor.

Requested Agencies to Respond: DoD, OUSD(P&R), Office of the Secretary of Defense for Readiness and Force Management (OASD(R&FM))

**Finding:** In its FY2011 Annual Report, the RWTF recommended that all components of TAP become mandatory (Recommendation 17). Through TAP, DOL, VA, and DoD prepare Service members for their transition to civilian life, and this preparation is critical. Post-9/11 RWs are more likely than other generations of wounded Veterans to say “transition to the civilian world has been difficult” and to say “government has not done enough to help them”.<sup>438</sup> Seventy-five percent say transition after military was difficult and 67 percent say “government failed to provide them with all the help it should.”<sup>439</sup> These percentages are higher than other generations of wounded Veterans and higher than among post-9/11 non-RW Veterans.<sup>440</sup> Many recognized that RWs face particular challenges in transitioning from Service member to Veteran.<sup>441, 442</sup> In September 2011, the Wounded Warrior Employment Hiring Rate Tiger Team noted several key issues impeding RW employment, including unimpressive resumes, inability to translate military skills to the civilian sector, and incomplete transition plans.<sup>443</sup> TAP, while in need of continued improvement and updating, is designed to address these key issues.

The RWTF appreciates the efforts to increase access to and quality of TAP. DOL is implementing a curriculum redesign that should improve the usefulness of and satisfaction with TAP among Service members;<sup>444</sup> clear progress has been made with the passage of the VOW to Hire Heroes Act.<sup>445</sup> The latest DoD policies issued on transition assistance were DoDI 1332.36, Pre-separation Counseling for Military Personnel (1994),<sup>446</sup> and DoDD 1332.35, Transition Assistance for Military Personnel (1993).<sup>447</sup> Issuance of a new DoDI will ensure consistent implementation of the VOW to Hire Heroes Act across the Services, meeting the intent of RWTF FY2011 Recommendation 17.

VA provides Disabled Transition Assistance Program (DTAP), generally aimed at those likely to be eligible for VR&E. Nearly half (81/164) of RWTF focus group mini-survey respondents had attended DTAP. Of those, 10 percent (5/50) indicated it was not at all helpful, while 40 percent (20/50) indicated it was very or extremely helpful.<sup>448</sup> Only five of 46 family members had first-hand experience with DTAP.<sup>449</sup>

WCP surveys of transitioning RWs assess satisfaction with TAP, as administered by DOL, as well as satisfaction with DTAP. Between 72 and 92 percent were satisfied with the half-day DTAP.<sup>450</sup> Navy appears to have the highest satisfaction while Army Guard has the lowest.<sup>451</sup> Between 60 and 73 percent of survey respondents indicated they better understand their VR&E options since DTAP.<sup>452</sup> Army AC appears to most strongly agree that their understanding of VR&E increased with DTAP participation, while Army Reservists and Air Force Reservists were less likely to agree than their AC counterparts. There were also differences among the Services and Components on satisfaction with TAP. Between 56 and 73 percent agreed they were better

---

prepared to transition to civilian job market since attending TAP.<sup>453</sup> USMCR, USAR, and ARNG were least likely to agree that TAP had prepared them for transition to the civilian job market, while AC Airmen were most likely to agree.<sup>454</sup> While 70 to 85 percent of respondents indicated they were satisfied or very satisfied with the 3-day TAP administered by DOL, RC respondents appear less satisfied than AC respondents, and Army and Marine Corps respondents appear less satisfied than Navy and Air Force respondents.<sup>455</sup> DoD is expanding ways by which Service members can access TAP in order to make TAP more successful, especially for RC and remotely located RWs who cannot easily utilize transition offices at installations, through expanded offerings on TurboTAP.org.<sup>456, 457</sup>

The RWTF believes that linking RWs and family members/caregivers, through the PEBLO, to the transition assistance program counselor will ensure more robust utilization of that resource, and bolster RWs' confidence about the transition from DoD to VA.<sup>458</sup> This early contact will allow for more informed transition planning, enabling RWs to explore how best to use their time during the IDES process. As the Services work to reduce the number of RWs in the IDES process who ultimately RTD, IDES is increasingly becoming more focused on those who will separate.<sup>459, 460, 461</sup> The RWTF believes DoD should promote efforts to prepare RWs in IDES for transition to civilian life.

## Enabling a Better Future

This domain includes topics in which DoD and VA collaborate to shape policies and programs with a long term impact on RWs, during military service and after transition to civilian life. This includes the Interagency Program Office (IPO); the Integrated Disability Evaluation System (IDES) and the legal support provided during IDES; the Wounded, Ill, and Injured Committee (WIIC) of the Joint Executive Council (JEC); the overall coordination between DoD and VA; and Transition Outcomes, added this year to gain perspective on DoD programs and services from providers who see RWs through and following the DoD-VA transition.

### RECOMMENDATION 27

Congressional action is required to establish the Deputy Secretaries of DoD and VA as co-chairs of the JEC.

Requested Agencies to Respond: DoD, OUSD(P&R)

**Finding:** In February 2012 the SOC was integrated into the JEC as the WIIC.<sup>462</sup> However, the JEC remains co-chaired by the Under Secretary of Defense for Personnel and Readiness. Because there was general consensus among key SOC stakeholders that having the Deputy Secretary of Defense co-chair the SOC was a key component to its effectiveness,<sup>463, 464, 465</sup> the RWTF recommends that Congress ensure the Deputy Secretary of Defense co-chairs the JEC. The RWTF feels this level of leadership is needed to sustain Departmental attention on key initiatives such as IDES and electronic health records.

The VA Deputy Secretary has co-chaired the JEC since its inception. According to NDAA 2004, the JEC is to be comprised of:<sup>466</sup>

---

*“(A) the Deputy Secretary of Veterans Affairs and such other officers and employees of the Department of Veterans Affairs as the Secretary of Veterans Affairs may designate; and (B) the Under Secretary of Defense for Personnel and Readiness and such other officers and employees of the Department of Defense as the Secretary of Defense may designate.”*

The RWTF recommends that Congress amend 38 U.S. Code (U.S.C.) Section 320 (a)(2)(B) to the following:

*“(B) the Deputy Secretary of Defense and such other officers and employees of the Department of Defense as the Secretary of Defense may designate.”*

## RECOMMENDATION 28

DoD should continue to evaluate processes to ensure only those RWs likely to separate enter the IDES process.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** The RWTF believes it is imperative that the Services pre-screen IDES applicants to ensure the Services are aware of, and prepared for, the bow wave of those likely to enter IDES. The pre-screen also serves to RTD those who do not need to be referred to IDES. The mechanism for identifying the population likely to enter IDES may give the Services visibility on IDES staffing needs, improve timeliness of the process, and increase RWs’ satisfaction with the process.

Each of the Services implemented a program for screening or monitoring of the pre-IDES population.<sup>467, 468, 469, 470, 471</sup> The RWTF believes DoD should review the existing programs to ensure the pre-IDES population is being accurately and consistently identified, decrease RTD rates in the IDES population, and marshal the resources necessary to administer the IDES process. Screening prior to IDES allows resources to be focused on those most likely to separate and not on those who will RTD. IDES outcome results indicate 11 percent to 14 percent of the total DoD IDES population was returned to duty between September 2011 and February 2012; in February 2012, 11 percent of the Army IDES population, 23 percent of the Navy IDES population, eight percent of the Marine Corps IDES population, and 23 percent of the Air Force IDES population was returned to duty.<sup>472</sup> This high RTD rate has implications for both the cost of and timeliness of IDES.

In March 2012, the Air Force implemented a pre-IDES screening process to reduce the proportion of Airmen that are referred to IDES and ultimately RTD.<sup>473</sup> The goal of the process is to screen Service members with potentially unfitting conditions – including conditions or occurrences which may indicate a Service member has a medical and/or mental health condition(s) that is/are inconsistent with retention standards or deployability – so they are appropriately referred to the IDES only when a RTD adjudication is not likely.<sup>474</sup>

Army Medical Command tracks Soldiers with temporary conditions on profiles.<sup>475</sup> The goals of this process include consistent, command-driven management of the temporary conditions population to maximize the return of Soldiers to available and deployable status.<sup>476</sup> Additionally,

---

the Army is piloting a program at Fort Stewart and Fort Knox designed to implement policy, provide medical management to decrease recovery time, and decrease the length of time a Soldier cannot perform duties.<sup>477</sup>

The Navy tracks Sailors and Marines on LIMDU status in order to monitor the care, recovery, and rehabilitation process and to recommend next steps.<sup>478</sup> Sailors and Marines on LIMDU are assigned a Limited Duty Coordinator to coordinate between command and the MTF and to track light duty, limited duty, and disability evaluation appointments, with the goal of returning the Service member to full duty or to the MEB/Physical Evaluation Board (PEB) process as quickly as possible.<sup>479, 480</sup>

## RECOMMENDATION 29

DoD should create individual electronic records of all IDES information and establish common standards for storage and retention of these records.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP, IPO

**Finding:** The RWTF observed the process of an electronic file being created for all IDES records during its visit to Camp Lejeune.<sup>481</sup> IDES results distributed by WCP indicate Camp Lejeune recently saw substantial improvement in their timeliness goals over DoD averages. Between July 2011 and January 2012, the average AC MEB Stage Days for Camp Lejeune decreased by 32 percent (from 68 to 46 days) while the DoD average decreased by four percent (78 to 75 days).<sup>482</sup> During the same time, the average AC Exam Days at Camp Lejeune dropped 30 percent (50 to 35 days) while the DoD average remained the same (45 days).<sup>483</sup> The RWTF infers that Camp Lejeune's practice of creating an electronic file has likely reduced processing times.<sup>484</sup>

Instituting the DoD-wide creation of an electronic file for all IDES records will decrease processing times and contribute to further development of a unified electronic process between DoD and VA. As common standards for storage and retention of individual electronic records are established, a scanned electronic record should be created simultaneously whenever making a copy of a record; this will ensure that there is always a digital back up.

The Army is introducing electronic case processing throughout the pre-IDES and IDES processes to address low-performing IDES sites.<sup>485</sup> The VA has noted that receiving Service member separation data electronically will improve the timeliness of benefits delivery, and is implementing plans to do so this fiscal year.<sup>486</sup> The RWTF also observed VA's use of a digitized health records system<sup>487</sup> and believes having DoD personnel at MTFs input records directly into VA's system will further increase efficiency.

The ARNG is using the Medical Electronic Data for Care History and Readiness Tracking System (MED-CHARTS) to test the Case File (Electronic) Transfer program between DoD and VA.<sup>488</sup> MED-CHARTS, a "customizable, centralized approach to managing all aspects of a Soldier's medical readiness and care history," is used to track all medical records for Service members, including routine care and treatment for illness and injury.<sup>489</sup> MED-CHARTS may

---

prove to be a useful tool in creating and archiving electronic records should it be released DoD-wide.

### RECOMMENDATION 30

WCP should utilize survey results to improve the IDES program. Improvement goals should be balanced across three areas: timeliness, satisfaction (process vs. disability rating), and effectiveness.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** WCP's IDES Satisfaction Survey assesses several aspects of the IDES process, including, but not limited to, the RW's overall experience, awareness and usefulness of legal support, and satisfaction with their PEBLO and VA MSC.<sup>490</sup> In addition, WCP monitors IDES timeliness by tracking IDES stage completion times at each MTF, producing a monthly report of each site's performance.<sup>491</sup> Although the satisfaction survey is informative about RWs' perceptions of IDES, results have not been fully utilized to guide policy to improve the process. Similar to the actions taken in response to WCP's reports on IDES stage completion times, such as establishing several accountability systems like site-by-site performance tracking and reporting of timelines and distribution of a weekly report of IDES "top 20" outliers, WCP's satisfaction survey results should be used to take action to improve IDES.<sup>492</sup>

In order to make the survey results more actionable, adjustments to the methodology as well as some of the survey items may be necessary. Although the WCP survey asks Service members to assess their overall experience since entering the IDES process (i.e., very poor to very good), Service member satisfaction with the IDES process is likely influenced by the Service member's IDES outcome/disability rating, thus producing biased satisfaction rates.<sup>493</sup> Results of the survey will be more useful if satisfaction with the IDES process and satisfaction with the IDES outcome/disability rating are assessed separately, enabling a more precise measurement of how Service members perceive IDES. Although WCP tracks IDES timeliness, the satisfaction data are not linked to timeliness metrics.<sup>494,495</sup> In addition, WCP does not currently link indicators of IDES effectiveness, such as the percent of PEBs that are appealed and ultimately overturned, and the time to receipt of VA benefits after separation, to the satisfaction data collected in the survey.

### RECOMMENDATION 31

Terminal leave should not be counted against IDES timelines.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** The IDES goal for AC members is 295 days and, although many believe it to be an achievable number, the Task Force repeatedly heard during site visits and briefings that the Services' ability to reach this goal is impacted by the number of days RWs spend on terminal leave.<sup>496, 497, 498</sup> The Service Member Transition Phase includes processing the Service member for RTD or to VA care; for separating members, it is measured from the date of approval of the final disability disposition to the date of the Service member's separation from military service.<sup>499</sup> Days spent on terminal leave that exceed the 45 days allocated for the Transition phase

---

artificially inflate Service-level averages and Services' performance against the 295-day goal for AC.<sup>500</sup> By excluding days spent on terminal leave from the calculation of days in IDES, DoD will have a more accurate picture of how long the IDES process is taking. It is important to note that this recommendation should in no way interfere with Service members' opportunity to take their terminal leave.

## RECOMMENDATION 32

DoD should consider a joint board modeled after the Physical Disability Board of Review (PDBR) to allow joint adjudication that replaces the Service Formal Physical Evaluation Board (FPEB) with a joint FPEB. The post PEB process would remain unchanged with appeals to the Board for the Correction of Military Records (BCMR) adjudicated by the Service Secretary.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP

**Finding:** The PDBR was established to review disability determinations of post-9/11 Veterans with a disability rating of 20 percent or less by PEBs.<sup>501</sup> The PDBR will re-evaluate records for anyone who served in the Armed Forces between September 11, 2001, and December 31, 2009, and provides a DoD-level review of previously filed disability ratings.<sup>502</sup> As of May 29, 2012, 40 percent of the 1,862 cases reviewed by the PDBR resulted in upgraded disability determinations, which means these Veterans had their medical separation changed to a disability retirement. The Army's rate has been the highest at 45 percent, followed by Air Force (33%), Navy/Marine Corps (32%), and Coast Guard (9%).<sup>503</sup> Given the high rate of medical separations changed to disability retirements by the PDBR, DoD should consider replacing the individual Service's FPEBs with a joint FPEB similar to the PDBR. The joint FPEB would convene prior to separation and would look at all requests for appeals.

RWs found unfit for duty by the informal PEB (IPEB) have the option to rebut the IPEB and request a FPEB or a one-time reconsideration of their disability rating(s) for unfitting condition(s) if they have new medical evidence or can establish that an error was made in the rating determination.<sup>504</sup> RWs found fit for continued service by the IPEB can rebut the IPEB and request a FPEB if they can submit information not previously considered by the IPEB.<sup>505</sup> However, for members found fit, the Services are not granting requests for a FPEB at the same rate, with the Army and the Air Force granting nearly all requests most recently, and the Navy denying most.<sup>506</sup> In addition, some proponents indicate the MEB frequently fails to cover all medical conditions with all required medical data, assigns improper VA ratings, and makes arbitrary fitness determinations, thus leading to more adjudications following IPEBs and lengthened IDES timelines due to the need to update documentation and rating errors.<sup>507</sup> Although many adjudication errors are fixed via a formal board request and, thus, a formal board is not held, Service members do not appear to have equal access to a formal board.<sup>508</sup> In addition, the individual Service formal boards can revoke a disability separation (granted by the IPEB) if they determine that the condition existed prior to Service.<sup>509</sup> By consolidating the FPEB appeals process into a joint DoD adjudication, increased equity and consistency may be seen across the Services.

The Services have seen shifts in appeal rates since the implementation of IDES, and on average, the number of FPEBs has decreased. Of members who went through the IDES process in

---

FY2010, 2.6 percent (n=112) appealed the IPEB and went through a FPEB; 6.4 percent (n=914) of members who went through the Legacy Disability Evaluation System (LDES) process appealed the IPEB in FY2010.<sup>510</sup> Thus, the number of appeals reviewed by a joint FPEB is expected to be manageable. If the Service member is unsatisfied with the joint FPEB decision, they would still have the right to appeal the decision within their Service (Army Review Boards Agency, Navy Council of Review Boards, or Air Force Personnel Council, up to and including the Secretary of their Service).<sup>511</sup>

### RECOMMENDATION 33

The current PEBLO staffing formula is inaccurate. DoD should develop new and more accurate PEBLO work intensity staffing models. The Services should ensure a minimum manning of two PEBLOs (of any Service) at every MEB site to prevent potential process delays due to a PEBLO being unavailable (e.g., leave).

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP, USA, USN, USAF

**Finding:** A PEBLO is assigned to assist each Service member through IDES, and remains an integral part of the process from the point of MEB referral to the Service member's RTD or separation.<sup>512</sup> The PEBLO is expected to be knowledgeable about the RW's case, coordinate medical appointments, and act as a liaison to ensure RWs and families understand the processes and procedures of IDES.<sup>513</sup> The current formula to calculate the PEBLO staffing ratio at each site, following, is based on the estimated number of days a PEBLO works on a case in a given year, without respect to level of effort and the average number of hours necessary to complete each task.<sup>514</sup>

$$PEBLO \text{ Ratio} = \# \text{ of PEBLOS} \div \left( \frac{100}{365} \right) * (\text{Number of MEBs per year})$$

Using the current formula, an MTF with one PEBLO and 73 MEBs in a given year would meet the required PEBLO ratio of 1:20. For sites whose caseloads only warrant one PEBLO according to the above ratio, the RWTF believes training an additional PEBLO at that site, possibly as a secondary duty, will ensure coverage when the PEBLO is on leave, improve IDES timeliness, and improve patient-centered care and RW satisfaction with their support during IDES. In addition, a new PEBLO ratio formula based on the average number of hours necessary to complete each task will further aid in ensuring that the proper number of PEBLOs are assigned to each site. It is important to note that as DoD and VA move to an electronic-based system – electronic health records – the PEBLO's work intensity will be impacted.

PEBLOs have an array of responsibilities and RWs in RWTF focus groups described how PEBLOs can help or hinder their IDES process. The RWs frequently spoke about the length of time it takes to complete the DES/IDES process, and many reported they were not confident or had concerns about their transition from DoD to VA.<sup>515</sup> They acknowledged PEBLOs as part of their team, providing support during the IDES process.<sup>516</sup> While some RWs indicated PEBLO support met their needs, others indicated it did not.<sup>517</sup> They offered reasons such as rarely seeing their PEBLO, difficulty getting an appointment with the PEBLO, and the PEBLO not initiating contact with the RW.<sup>518</sup> These reasons allude to the problem one RW reported – that PEBLOs

---

have too many cases and are short-staffed.<sup>519</sup> Last year's focus group participants also had limited knowledge of the PEBLO's role, limited contact with PEBLOs, and generally negative comments about the PEBLO, although a few noted the PEBLO was helpful.<sup>520</sup> Forty-six percent (37/81) of this year's RWTF RW focus group mini-survey respondents indicated their PEBLO was only a little or moderately helpful.<sup>521</sup> Family members responding to the RWTF mini-survey also had concerns with the helpfulness of the PEBLO; seven of the 16 respondents indicated the PEBLO was only a little helpful.<sup>522</sup> In addition, results of WCP's IDES Transition Phase Satisfaction Survey through September 2011 show that 21 to 30 percent of RWs – depending on Service – found their PEBLO only slightly or somewhat helpful; 10 to 12 percent indicated their PEBLO was not at all helpful.<sup>523</sup> RC RWs were more likely than their AC counterparts to describe the PEBLO as not at all helpful.<sup>524</sup>

### RECOMMENDATION 34

The Services should ensure that 100 percent of RWs are individually contacted by an MEB outreach lawyer (in-person, phone, email, mail, etc.) upon notification to the PEBLO that a narrative summary (NARSUM) will be completed.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP, USA, USN, USAF, USMC

**Finding:** DTM 11-015 issued guidance for providing legal support during the IDES process, mandating that each Military Department provide uniformed or civilian legal counsel at no cost to the member to represent them before DoD at all steps of the PEB determinations, and before the VA during the pre-separation portion of the IDES process.<sup>525</sup> However, results from RWTF's focus groups revealed that awareness of legal support is a challenge. In four focus group sessions, approximately half of RWs reported knowing that legal support was available to them.<sup>526</sup> Use of legal supports during DES/IDES was discussed in over a third of RWTF focus groups with RWs; approximately a third of RWs in these focus groups indicated they did not use and/or were not provided legal support.<sup>527</sup> Reasons cited by some RWs included lack of information or misinformation about the existence and/or purpose of legal support, not knowing how to access existing legal support, perceived conflicts of interest for the attorneys, geographic distance from legal support particularly for RC RWs, and limited availability, e.g., no available appointments prior to separation date, only one lawyer for IDES at the installation. Only 11 percent (16/153) of the RWs in RWTF focus groups indicated in their mini-survey responses they had first-hand experience with legal support for RWs and their families.<sup>528</sup> Similarly, the RWTF found last year that the majority of RWTF RW focus group participants lacked personal experience with, or knowledge of, these specialized legal resources.<sup>529</sup> Results from WCP's IDES Transition Phase Satisfaction Survey show that 84 percent of RWs who had reached transition and had participated in both previous IDES satisfaction surveys had legal counsel available to them throughout the DES process.<sup>530</sup>

RC respondents to the WCP IDES Satisfaction Survey were generally less aware than their AC counterparts of the availability of legal counsel.<sup>531</sup> During onsite briefings to the RWTF, personnel at three sites across two Services indicated communication with Reservists is challenging, thus impacting their access to legal services.<sup>532</sup> Two sites reported that access and availability of legal supports to RC soldiers is a challenge because they are stationed outside of

---

the local vicinity or, if they are not in MEDHOLD, they are juggling the demands of civilian life and work while going through the DES. (One proponent suggested that denial of MEDHOLD often means effective denial of access to legal supports).<sup>533</sup> Two of the JFHQs the RWTF visited stated they have no dedicated legal resources to support RC RWs going through the disability evaluation process.<sup>534</sup>

Although the RWTF saw improvement since last year in the amount of legal support available, it continued to hear from legal staff at installations that they are not sufficiently staffed to support those who need it.<sup>535, 536</sup> The RWTF believes that under-staffing of legal support for IDES, combined with an understandable command focus on reducing delays in the IDES process, compromises RWs' opportunities for redress. By requiring 100 percent outreach to RWs as proposed, which will likely require additional resources, DoD will ensure that all RWs are aware of their legal rights and the legal support available to them.

## RECOMMENDATION 35

All military members, upon entering their Service, begin a relationship with the VA. DoD should widely market VA services and benefits to DoD leadership (commanders, senior enlisted leaders, etc.) and include this information at all levels of officer and enlisted professional development. All AC and RC should be encouraged to register in the VA e-Benefits online program.

Requested Agencies to Respond: DoD, OUSD(P&R), OASD(HA), WCP, USA, USN, USAF, USMC

**Finding:** The RWTF received nearly 30 briefings and panels from approximately 50 individuals who assist RWs through the DoD/VA transition. These briefers highlighted some of the challenges inherent in the transition from DoD to VA, many of which also apply to personnel who are not wounded, ill, or injured.<sup>537</sup>

Service members and family members experience the VA as a new culture and a complex organization.<sup>538</sup> One proponent said that navigating the extensive VA health care system requires "a liaison to the liaisons to figure out who to go to."<sup>539</sup> Family caregivers find some OEF/OIF Case Managers more supportive than others.<sup>540</sup> VA, in turn, experiences special challenges caring for the newest generation of Veterans, such as a high rate of dependence on prescription medication; disincentives to recover and work, which they linked to a particularly high no-show rate among OEF/OIF/OND Veterans; and ARNG Soldiers who are prematurely pushed into the VA when, it was suggested, they should instead be cared for under Title 10 in the WTU.<sup>541</sup> The VA also finds some family caregivers more difficult to engage than others.<sup>542</sup> Some proponents observed that the level of support DoD provides RWs creates expectations that cannot be met by the VA, which impedes RWs' positive adjustment to the VA.<sup>543</sup>

The transition of Service members from military treatment facilities to VA facilities, i.e., the transfer and referral process, is not seamless.<sup>544</sup> Although the VA OEF/OIF Program was established to facilitate OEF/OIF Veterans' integration into the VA, some RWs leave the military with no prior contact with the VA OEF/OIF Program or Case Manager.<sup>545</sup> Similarly, although the VA Liaison for Healthcare is supposed to collect transitioning Service members' medical records, make initial appointments in the appropriate VA Medical center, and execute a

---

warm handoff to that facility, DoD does not consistently refer Service members to this office.<sup>546</sup> Proponents observed that a formal trigger to systematically notify the VA OEF/OIF Program of incoming personnel, including RC and AC, is lacking.<sup>547</sup> While the VA sends staff to some Yellow Ribbon Reintegration Program events, which facilitates referrals of Reservists to the VA, there exists no comparable referral mechanism for AC personnel.<sup>548</sup>

Even when the handoff of an RW from DoD to VA is successfully accomplished, continuity of transition plans and continuity of health care is at risk.<sup>549</sup> The RW's Comprehensive Recovery/Transition Plan is not always included in the documentation that DoD provides the VA.<sup>550</sup> Electronic health record limitations interfere with the sharing of vital medical information, although more information tends to be shared when cases transfer with the help of a VA liaison.<sup>551</sup> DoD and VA family caregiver programs do not align.<sup>552</sup> There are long waits for specialty appointments at the VA, particularly for behavioral health.<sup>553</sup> Medication discontinuity also can be a problem, due to the absence of medication lists or notes and differing DoD/VA medication formularies and guidelines, particularly for psychotropic and addictive pain medications.<sup>554</sup>

Many Service members will be associated with the VA for several decades – for as long as they were part of DoD, if not longer. Often this long-term relationship will be vital to their well being and quality of life as Veterans; as such, Service members' relationship with the VA must be cultivated from day one.<sup>555</sup> The RWTF believes DoD should take several key steps, in partnership with the VA, to prepare Service members to successfully navigate the transition from DoD to the VA:

- In order to indirectly influence how AD Service members think of the VA and use VA services upon becoming Veterans, DoD should market VA services and benefits to military leaders, i.e., proactively train them regarding the VA as a service provider, an organization, and a culture.
- In order to directly influence how AD Service members think of the VA and use VA services upon becoming Veterans, DoD should incorporate the same information into each Service's progressive officer and enlisted professional development curricula. The RWTF encourages the schoolhouses to include visits to VA facilities in the professional development programs, as feasible.

On a practical level, in order to accelerate AD Service members' access to VA health care and other VA benefits, DoD should ensure all Service members register with e-Benefits, which is a portal to access benefits-related online tools and information.<sup>556</sup>

## Summary

The final section of this chapter includes a chart that documents RWTF's FY2011 recommendations, summarizes DoD's formal responses, and notes the RWTF's assessment of each recommendation's current status. Best practices from FY2012 are also highlighted.

## STATUS OF FY2011 RECOMMENDATIONS

### Exhibit 2

FY2011 Recommendation	Summary of DoD Response	Status
1. Define "Recovering Warrior"	DoD will review current terms	Continue to follow (see FY2012 Rec 2, 12)
2. Specify population-based standards and criteria.	Army Medical Command is participating in DoD/VA workgroups to develop guidelines. CTP being revised.	Continue to follow (see FY2012 Rec 2)
3. Develop standardized, data-driven protocols for condition-specific recovery care.	Army Medical Command is participating in DoD/VA workgroups to develop guidelines. CTP being revised.	Continue to follow
4. Create standards, and provide oversight and guidance, for the CRP and CTP.	USMC WWR took multiple steps to improve. USA WTC changed CTP on 12.1.11.	Continue to follow (see FY2012 Rec 10, 11)
5. WTC and WWR must define appropriate transition unit command climate and disseminate corresponding standards for achieving it.	WWR ensures the appropriate climate. WTC notes command and control for the for WTU/CBWTUs is in Army Medical Command.	Met (however see FY2012 Rec 3)
6. Enforce the existing policy guidance regarding transition unit entrance criteria.	WWR works to maintain awareness. Army fragmentary orders (FRAGOs) provide specific guidance.	Met (however see FY2012 Rec 12)
7. Ensure that there are sufficient numbers of medical care case managers available at WTUs, WWRs, and CBWTUs.	DTM 08-033 addresses MCM. FRAGO 3 & HQDA Executive Order (EXORD) 118-07 reinforces WTU/CBWTU cadre numbers.	Met (however see FY2012 Rec 1)
8. Shape strategic solutions that address the unique needs of RC RWs.	There is only one standard. Working on restructuring the Remote Care program.	Continue to follow (see FY2012 Rec 21, 22, 23)
9. Provide the needed support for the Centers of Excellence (CoEs) to enable full operational capability.	CoE Advisory Board established. DCoE PH & TBI realigned. EACE funded.	Met
10. Ensure timely access to routine PTSD care across the continuum of Service.	Took multiple steps to ensure timely access	Continue to follow (see FY2012 Rec 7, 8, 9)
11. Standardize and define the roles/responsibilities of care coordinators, VA personnel, and NMCs.	DoDI 1300.24 provides eligibility criteria. Fragmentary Order (FRAGO) 3 & Headquarters Department of Army (HQDA) Executive Order (EXORD) 118-07 provide guidance	Continue to follow (see FY2012 Rec 2)
12. Develop minimum qualifications, ongoing training, and skill identifiers specializing in recovery and transition for transition unit personnel.	USMC Section Leaders are a mix of RC & AC; moving toward only AC. WTC working to enhance training.	Continue to follow
13. As part of the intake process, and on a regular and recurring basis, review available resources for support, to include the NRD and Keeping It All Together, with the RW and the family caregiver.	WTC recognized the need to better educate Service members and families on transition. These are reflected in the 12.1.11 CTP guidance & policy.	Met (however see FY2012 Rec 19)
14. Empower family caregivers with the resources they need to fulfill their roles in the successful recovery of RWs.	WTC recognized the need to better educate SMs and families; reflected in the 12.1.11 CTP guidance & policy.	Continue to follow (see FY2012 Rec 14, 15, 16, 17, 18)
15. The DoD should expedite policy to provide special compensation for SMs with catastrophic injuries or illnesses requiring assistance in everyday living, as directed by Section 603 of the NDAA 2010.	DoD issued policy for Special Compensation for Assistance with Activities of Daily Living on 8.31.11. Eligible WII started receiving payments 9.15.11.	Met

FY2011 Recommendation	Summary of DoD Response	Status
16. Continue to support the SFACs and take steps to increase utilization.	WTC working to educate and inform about SFACs.	Continue to follow (see FY2012 Rec 20)
17. Make TAP attendance mandatory for RWs within the 12 months prior to separation.	Section 221 of the Vow to Hire Heroes Act, Public Law 112-56, signed 11.21.11, contained a mandatory TAP provision.	Met (however see FY2012 Rec 26)
18. Ensure that the VA VR&E Program is available and accessible to RWs before their separation from the Services.	MOU signed 2.1.12 to implement at earliest opportunity. Process will be expanded further in FY2012.	Continue to follow (see FY2012 Rec 25)
19. Develop a uniform DoD manpower and staffing model for PEBLOs and legal support.	Army reviewing staffing needs in the DES. USAF increased staff.	Met (however see FY2012 Rec 33 & 34)
20. Pending the implementation of a common electronic health record (EHR), find interim solutions to grant access to EHR for disability assessment.	Working on multiple electronic health records systems with the VA.	Continue to follow
21. Consolidate the SOC functions into the JEC. The JEC will be co-chaired by the Deputy Secretaries of DoD and VA.	The SOC has become the WIIC of the JEC.	Continue to follow (see FY2012 Rec 27)

## BEST PRACTICES

The RWTF defines best practices to include promising models, innovations, and initiatives that are believed to promote effective services for the RW community and have the potential to be replicated, whether or not they have been tested for applicability beyond their current implementation. The RWTF encountered most of these best practices during site visits; others were identified in briefings presented during RWTF business meetings and through the literature. They inform the recommendations made this year and provide some of the direction for next year's efforts.

### Reserve Component

The Indiana National Guard created a J9 section, which facilitates action synchronicity and cooperation, directorate-level attention, and funding procurement, e.g., for chaplains, Employment Program, Transition Assistance Advisors (TAA), JFHQ Crisis Team, and so forth.<sup>557</sup>

### Landstuhl Regional Medical Center

Landstuhl Regional Medical Center (LRMC) established the Deployed Warrior Medical Management Center (DWMMC) to coordinate and facilitate the reception, triage, and onward movement of WII warriors from the U.S. Central Command (USCENTCOM), U.S. Africa Command (USAFRICOM), and U.S. European Command (USEUCOM) areas of responsibility (AORs).<sup>558</sup> The DWMMC model, or elements of this model, could be replicated within the Pacific Regional Medical Command. The DWMMC model also may be relevant to civilian emergency management and mass evacuation planning.

---

## Units and Programs

Various site briefers attested to the benefits of transition units, stating that those who are assigned to them experience better access to resources and more favorable transition outcomes than those who are not.<sup>559</sup>

Camp Lejeune, Wounded Warrior Battalion-East (WWBn-East), is authorized to overlap unit staff, bringing new staff in before departing staff leaves.<sup>560</sup>

## Services for Posttraumatic Stress Disorder

LRMC has a Consultation-Liaison Service with Behavioral Health assets in inpatient wards for early intervention and consultation, including prevention rounds through the Deployed Warrior Behavioral Health Service.<sup>561</sup> These psychiatric prevention rounds are patterned after a Walter Reed Army Medical Center (WRAMC) program and are part of an effort to incorporate psychiatric prevention rounds across military medical facilities.

Portsmouth Naval Medical Hospital (NMH) established Trauma and Operational Stress Services (TAOSS), which provides evidence-based services to RWs with combat-related trauma using PE, EMDR, and CPT.<sup>562</sup>

Portsmouth NMH also has the Back on Track (BOT) Program, where RWs are provided 70 hours of information on combat readjustment over a two-week period.<sup>563</sup> The goal of the program is to front-load information provided to those RWs who have been identified early, which may allow for better outcomes.

Camp Lejeune offers civilian providers training on military culture and has the Psychiatric Medical Home Model, which focuses on a multi-disciplinary team approach, stability in treatment, and continual evaluations/adjustments to ensure increased access to care.<sup>564</sup>

Mental health providers are embedded in Operational Stress Control and Readiness (OSCAR) teams along with other team members who identify, support, and advise Marines on combat operational stress control at Camp Lejeune.<sup>565</sup>

Fort Carson offers an Intensive Outpatient Program (IOP) and the embedded Behavioral Health model of care, which embeds a Behavioral Health team within each Brigade Combat Team (BCT).<sup>566</sup> The Embedded Behavioral Health Team (EBHT) has been broadly implemented across Army BCTs.

The Indiana JFHQ uses the Star Behavioral Health Providers (SBHP) program, which was developed by the Indiana National Guard, NGB via Indiana Director of Psychological Health, Purdue Military Family Research Institute (MFRI), Family Social Services Association (FSSA), and in collaboration with CDP.<sup>567</sup> This program provides training for therapists in the community interested in working with Service members, lessens geographic limitations, and provides a directory of trained therapists. They trained over 250 therapists to date and Service members have shown a great deal of interest. The next step they identified is to provide similar training for ministers since they are so involved in marriage counseling. The effectiveness of the SBHP is

---

potentially enhanced by practices such as National Guard staff following up to verify provider competence, using pre/post tests to assess outcomes, and the use of an assessment and referral protocol (flow diagram).

The Indiana National Guard has five full time chaplains.<sup>568</sup> Service members say chaplains understand them since they deployed themselves.

Fort Stewart uses a contract with the Soldier's command to secure command support for the Soldier to be assigned for two weeks to the clinic to participate in the IOP and then to return to duty as soon as possible.<sup>569</sup>

## **Mental Health Services (PTSD and TBI)**

Diverse initiatives have been established across DoD to increase Service members' access to mental health services.<sup>570</sup> Some of these initiatives deliver services within a military environment; others take place in civilian settings; some bridge the two. Some target Service members while others are also for family members. Services include assessment, referral, prevention, education, and treatment. The initiatives are often staffed by credentialed masters-level mental health personnel, who seem to be in abundant supply. Some of the initiatives strike the RWTF as promising efforts that could potentially be applied more broadly throughout the Department of Defense.

At Fort Knox, a PTSD/TBI spouse and family support group is offered at the WTB.<sup>571</sup>

LRMC embeds behavioral health provider(s) within a family practice setting for behavioral health assessment and preventative treatment.<sup>572</sup>

The White House/DoD/VA collaboration through Joining Forces, a national initiative to mobilize support for the military community, received commitments from 135 medical schools and 500 nursing schools to ensure training of future physicians and nurses using leading research on diagnosis and treatment of PTSD and TBI.<sup>573</sup>

## **Services for Traumatic Brain Injury**

Portsmouth NMH has a Brain Trauma Recovery Intervention Program (BTRIP) that is being duplicated within Naval Medicine East.<sup>574</sup> It is a brief program focused on restoring hope and optimism. It provides a single point of entry for assessment of RWs with TBI and bundles Interdisciplinary Assessment Appointments, which expedites the assessment and reduces the burden on the RW.

Fort Knox offers Neuro-Vision Rehabilitation, which provides real time and space interactive feedback that integrates vision, auditory, proprioceptive, balance and visual motor control.<sup>575</sup>

## **Medical Care Case Management**

Camp Lejeune identified the "Welcome Back MEDEVAC" program as a best practice.<sup>576</sup> This program standardizes the process and supports provided to medically evacuated (MEDEVACed) Marines and Sailors upon arrival in country and at the Naval Hospital, (e.g., transport, boxed meal,

---

information package, lodging assistance, barracks room with Semper Fi Fund provided items, front of line privileges in the specialty clinic, prompt meeting with MCCM).

U.S. Army Medical Command (MEDCOM) established the Medically Not Ready (MNR) Policy and Program and Army Medical Management Centers to: 1) provide for the consistent and command-driven management of the MNR population (i.e., Soldiers with temporary conditions and profiles); 2) provide for the maximum return of Soldiers to available and deployable status; 3) provide better distinction within the Military Occupation Specialties (MOS)/Medical Retention Board (MMRB) and MEB/PEB populations; and 4) decrease MEB/PEB processing time.<sup>577</sup> This can be considered a “pre-Integrated Disability Evaluation System (IDES)” initiative that reduces unnecessary burden on the IDES process.

To address gaps in RC medical care and the management of Soldiers who are not medically ready for deployment, the ARNG created a process for Soldiers with low risk - low acuity conditions, who were injured or became ill during mobilization or training, to return to active duty on short term orders to resolve those duty-related limiting conditions.<sup>578</sup> The 14-state RCMC Pilot Program puts eligible Soldiers on active duty orders for up to 179 days. Soldiers participating in this program are managed through the Medical Management Processing System (MMPS), which systematically monitors, manages, and facilitates authorized medical care for Soldiers and focuses on facilitating a final disposition of their medical condition.

The Massachusetts JFHQ hired a physician one day per week (ADOS), as of October 1, 2011, so units no longer have to wait for drill weekends to do state boards.<sup>579</sup> This helps with the MEB review process and helps the Health Care NCOs deal with issues more promptly.

At least one state, Indiana, currently conducts its Post Deployment Health Reassessments (PDHRAs) at the VA site (Roudebush VA Medical Center, Indianapolis), bringing each Guard member, allowing a face-to-face assessment by a VA health care provider.<sup>580</sup> This is a policy of the Adjutant General (TAG) of Indiana implemented to facilitate transition to Veterans Health Administration (VHA) services. Indiana reports this practice resulted in a 50 percent increase in usage of VA services by redeployed Indiana National Guard members.<sup>581</sup>

In the Iowa National Guard, the line commander allows Title 32 RWs to attend a specified number of medical appointments per Unit Training Assembly (UTA) of drill.<sup>582</sup> (The RWTF speculates that engaging Title 32 leadership in this way enhances line unit visibility of RW medical issues and obstacles, increases RW compliance with medical re-set, and promotes unit strength.)

Currently at 60 demobilization sites across the country, returning Service members complete VA form 1010-EZ, Application for Health Benefits, during an informational health care briefing.<sup>583</sup> The applications are consolidated and mailed to the Health Eligibility Center for processing. Through a partnership between the VA Health Eligibility Center and the First Army Division East, returning Service members at Camp Shelby, the test site, are able to register for health benefits online during the demobilization process, allowing them to attend without distraction to the informational briefing and completely eliminating the lag time in the paper submission process. Service members receive more prompt notification from the VA of their enrollment status and can access their medical benefits sooner. (This best practice is not RW specific.)

---

## Non-Medical Case Management

The Massachusetts CBWTU, Camp Lejeune, and Fort Stewart described their team meetings/musters/triads, and integrating the relevant unit staff into those efforts, as best practices.<sup>584</sup> The Massachusetts CBWTU indicated the 70 percent RTD rate is evidence of the success of this and other best practices. Camp Lejeune noted these meetings increase understanding and have a positive impact when a RW is in crisis.

The AFW2 Program described their auditing of retired pay, through which they caught hundreds of payroll errors.<sup>585</sup>

Fort Carson and Fort Stewart have RWs working with service/therapy dogs; Fort Carson also has equine therapy available.<sup>586</sup>

Kleber Kaserne identified the CTP as a best practice; CTP metrics have improved. Kleber Kaserne offers a goal setting class for RWs in connection with CTP.<sup>587</sup>

Three USSOCOM sites – at Fort Carson, Camp Lejeune, and Little Creek – reported that their best practices include continuity of care afforded by longevity of Care Coalition staff, mentorship, tenacity, attention to detail, collaboration, integration of Care Coalition staff into installation command daily operations, lifetime involvement with Special Operations Forces (SOF) RWs and families, leaving RWs in line units, and alternative therapies.<sup>588</sup> They report very positive regular feedback from RWs and families; RWs refer others to Care Coalition for help.

The Army WTC reported that their best practices in training include integrated team training, incorporating feedback and needs from the field and from the Organizational Inspection Program (OIP), incorporating response technology (described as fun, providing rapid feedback to instructor and participants, engaging), updating the distance learning component (to be more interactive and current), using posttest surveys to inform training changes, involving subject matter experts (SMEs) in training development, and adding scenarios and role play to training.<sup>589</sup>

The Marine Corps WWR reported that computer-based training modules for unit staff are a best practice.<sup>590</sup>

In Massachusetts, the National Guard has a dedicated TAA for working with RWs.<sup>591</sup> The TAA meets with RWs one-on-one during quarterly musters, assesses any issues (e.g., financial problems, legal issues, educational, benefit barriers), briefs the Soldier on all available services in the state, and works with them to solve their issues. The TAA receives the daily activity report from the LRMC.<sup>592</sup>

The Massachusetts CBWTU reported that the AW2 Program hired an experienced Advocate with VR&E experience in Massachusetts to supplement and support the transitional activities of the Massachusetts CBWTU. In addition, the AW2 Program hired a combat Veteran and currently serving National Guard social worker.<sup>593</sup>

---

## Information Resources

The Marine Corps WWR application is available for the iPhone/Android/iPad and was launched in February 2012.<sup>594, 595</sup> This application allows patients, caregivers, and staff/medical personnel to access Wounded Warrior resources, including fact sheets (33 information topics for Marines and Veterans, eight information topics for family members and caregivers) and also offers news, pictures, videos, contact information, and a user profile. This also allows information to reach individuals who live in any area.

Within the Air Force, co-locating the A&FRC programs and policy management team with the AFW2 program in the new Warrior and Family Operations Center provides a best practice for linking the FACs with the wounded warrior population.<sup>596</sup>

## Support for Family Caregivers

The Marine Corps involves the family caregiver early in the process by using the WWR RCP Family Contact Authorization Form to obtain permission from the Marine to provide communication and support to the family caregiver.<sup>597</sup> It is not mandatory for WII Marines to provide family member contact information authorizing family/caregiver support from the RCC. However, if Marines do not provide this information they will be counseled by leadership about the resources/benefits they will give up and must sign a form acknowledging that they have been informed of the importance and that they do not wish for their family member to benefit. The RCC will continue to provide support to the Marine and his/her family members until this form is signed. The RWTF saw this best practice model in action at Camp Lejeune.

At the Army Warrior Transition Battalion (WTB) in Europe, the Family Readiness Support Assistant (FRSA) took Army Family Team Building (AFTB) I, II, III, and Rear Detachment Training.<sup>598</sup>

At an Army WTU site in Europe, Kleber Kaserne, the unit social worker conducts home visits with each family.<sup>599</sup> This allows face-to-face contact with the family shortly following intake, and provides the opportunity to meet the children and other family members and to encourage continued contact.

Three sites, Fort Knox, Camp Lejeune, and Fort Carson, reported that they are currently running support groups.<sup>600</sup> At Fort Knox, the SFAC Social Service Coordinator (SSC) co-facilitates the family member support group. At Camp Lejeune, caregiver support groups are facilitated by the Families OverComing Under Stress (FOCUS) team. At Fort Carson, they have Warrior support groups.

The TRICARE Assistance Program (TRIAP) is a free Skype online service that gives enrollees 24/7 confidential access to a counselor.<sup>601</sup> Users can go to this website and receive an appointment to “call” with Skype, which provides access to a professional who can help with problem solving. Guard and Reserve on drill status can also use this resource.

## Integrated Disability Evaluation System

Members of the RWTF observed a paperless or nearly paperless system for IDES records while visiting Camp Lejeune. An electronic/scanned copy of each record is created simultaneously with

---

making a paper copy and the paper copy is provided to the requesting user, typically VA.<sup>602</sup> Camp Lejeune also adopted an “assembly” line approach to creating a complete medical record for VA.<sup>603</sup> Those providers most familiar with a portion of the record are responsible for integrating the necessary information into the record instead of one person assimilating the entire record.<sup>604</sup> This led to decreases in processing time. IDES results distributed by the WCP Office indicate Camp Lejeune saw substantial improvement over DoD averages.<sup>605</sup> Between July 2011 and January 2012, the average AC MEB Stage Days for Camp Lejeune decreased by 32 percent (from 68 to 46 days) while the DoD average decreased by four percent (78 to 75 days).<sup>606</sup> During the same time, the average AC Exam Days at Camp Lejeune dropped 30 percent (50 to 35 days) while the DoD average remained the same (45 days).<sup>607</sup>

In addition, Camp Lejeune built trigger points into the IDES process to prevent the circular problem of an RW missing an appointment, an exam request expiring, and having to restart the process.<sup>608</sup> When an exam request is approaching expiration, an alert goes out to the NCM for action to be taken. Ultimately, this is likely to reduce delays.

Two sites, Fort Carson and Portsmouth, cited the benefits of having all of the key players in one centralized location, including medical and mental health providers and support staff such as the VA MSC, PEBLOs, and other DoD support staff.<sup>609</sup> They consider it an ideal set-up for the RW and the IDES process. Being co-located with all parties involved in the IDES process at the MTF level created an atmosphere of cooperativeness and cohesiveness, in terms of the entire IDES process, and “one-stop shopping” for the patient. Significant delays in the process have been eliminated due to the co-location and communication between the parties involved. This set-up has been referred to as the “model.” Camp Lejeune indicated that having a joint facility for the PEBLO and VA MSC has alone improved coordination. Transportation is an issue when a Service member in IDES needs an exam at the VA. Co-locating the providers on the installation will help alleviate this issue.<sup>610</sup>

A Portsmouth NMH PEBLO created a program using raw data from the Veterans Tracking Application (VTA) to allow unit leaders to see where RWs are in the IDES process and how well the MTF is progressing RWs through the phases, and to monitor the performance of the MTF PEBLOs.<sup>611</sup> This allowed the MTF to establish a “watch board” that identifies outlier cases inappropriately assigned to the MTF, cases that were thought to have been closed, cases with dates entered incorrectly, and cases requiring immediate attention. Staff at Portsmouth indicated that this program has been accepted and utilized by Navy Medicine East (NAVMEDEAST); Naval Hospital (NH), Quantico; BUMED leadership; and NH, Jacksonville.

In November 2011, the Marine Corps WWR developed a tracking system that combines data from Marine Corps-specific databases, Recovery Coordination Program – Support Solution (RCP-SS), and the VTA to assist RCCs and other staff in identifying where Marines are in the IDES.<sup>612</sup> Marines can be tracked as soon as the MEB process starts. Monthly meetings with VA, BUMED, and the Marine Corps are held and specifically address Marines who have been in the MEB process for more than 100 days or have been in the PEB process for more than 120 days. In addition, the tracking system will allow RCCs to proactively engage MEB and PEB staff when a case is not progressing on schedule and to discuss the status of the case with the Marine in order to manage expectations.

The Marine Corps WWR provides several resources to advocate for WII members going through the IDES process, including an IDES Pocket Guide and Fact Sheet, DES Attorneys, and a RCC

---

IDES Handbook for Marines training to become an RCC with easy to follow steps.<sup>613</sup> The Marine Corps WWR also enhanced access to information for WII Marines and their families via strategic communication efforts, including social media (e.g., Facebook) and a Web-based WWR Resource Center/tool kit.

## **Legal Support**

Two sites – Camp Lejeune and Portsmouth – reported that some RWs have disabilities that prevent their understanding of the utility of lawyers and whether they need help.<sup>614</sup> Camp Lejeune reported they provide take-home advice sheets for clients with cognitive issues to enable them to directly communicate legal advice to health care providers, family members, and so forth, should they choose to do so.

Fort Stewart noted that the MEB paralegal attends the unit briefings to give guidance and answer questions for the commanders.<sup>615</sup>

At Fort Carson, tracking who attends the WTU/MEB in-processing briefings and having the Soldiers' Medical Evaluation Board Counsel (SMEBC) Office reach out to those new to the MEB who do not attend were identified as best practices.<sup>616</sup>

## **Vocational Services**

Three Army sites – Kleber Kaserne, Fort Carson, and Fort Stewart – identified the Functional Capacity Evaluation or similar occupational therapy (OT) assessment of capabilities/requisite job abilities as a best practice.<sup>617</sup> One of the ways Fort Carson is using this is to support RWs who want to utilize Continue on Active Duty/Continue on Active Reserve (COAD/COAR) to become cadre.

Two sites from two Services – Joint Base San Antonio (JBSA) and Camp Lejeune – highlighted programs to employ RWs as civilian employees of the Air Force and Marine Corps, respectively.<sup>618</sup>

Two Army sites – Fort Knox and Fort Carson – indicated they had increased OWF participation by increasing available internship sites.<sup>619</sup> Fort Carson had increased participation in OWF among RWs by 18 percent in 60 days through the work of a new transition coordinator.

The Services jointly held a two-day event at Fort Belvoir for employers and employment services providers.<sup>620</sup> The agenda included a networking session for RWs and employers.

The VA conducted a clinical trial using random assignment to compare a new method to the existing standard of care: 43 Veterans with PTSD were given standard vocational rehabilitation program (VRP) and 42 were given individual placement and support (IPS).<sup>621</sup> These Veterans were followed for 12 months: 76 percent of IPS participants “gained competitive employment”,<sup>622</sup> compared to 28 percent of VRP participants. IPS focuses on “client choice, rapid job finding where appropriate, competitive education programs, integrated education and work settings, and follow-along supports”.<sup>623</sup>

The Massachusetts CBWTU identified a number of successful practices associated with vocational services. VA Vocational Rehabilitation & Employment staff, Vet Center staff, and the AW2

---

Advocate come to the CBWTU each Wednesday and attend the CBWTU quarterly musters. The CBWTU also has 10 to 15 different organizations attend the quarterly musters to give informational lectures as well as meet with smaller groups for more in-depth question-and-answer periods. The TAAs help the CBWTU platoon sergeants stay abreast of career fair opportunities outside the Boston area by sending emails with information on events in Pennsylvania, New York, New Jersey, and so forth.<sup>624</sup>

In FY 2013, its third year of effort, the RWTF will continue to assess the RW matters outlined in the legislation, make recommendations for improvement, and identify emerging and best practices for possible replication across DoD. To gather information, the RWTF will again employ briefings by Headquarters-level proponents and other stakeholders during RWTF business meetings; Headquarters-level data calls; reviews of major reports, congressional testimony, and peer-reviewed journal articles; and visits to Army, Air Force, Navy, and Marine Corps RW sites. The RWTF's agenda on site will be two-fold, consistent with prior years: to receive briefings from proponents of site-level RW programs and services, and to hear directly from the customers of these programs and services, i.e., RWs and family members. Recognizing that DoD and VA are partners in RW recovery and transition, as feasible the RWTF will again seek briefings from local VA proponents who work with RWs. To complement its qualitative focus group results, the RWTF will continue to examine quantitative results of WCP and Service-specific surveys. Additionally, the RWTF will analyze results from the FY 2012 DoD AC and RC Status of Forces Surveys, to which the RWTF contributed survey questions.

---

## Notes

---

<sup>1</sup> NDAA of 2010, Pub. L. No. 111-84, 123, Stat. 2190, §724 (2010) (a)(2).

<sup>2</sup> Ibid.

<sup>3</sup> For the purposes of this report, the RWTF considers “Warrior” synonymous with “member of the Armed Forces.”

<sup>4</sup> NDAA of 2010 Pub. L. No. 111-84, 123, Stat 2190, §724 (2010).

<sup>5</sup> Joining Forces (January 2011). About Joining Forces. Retrieved June 1, 2012, from <http://www.whitehouse.gov/joiningforces/about>

<sup>6</sup> VOW to Hire Heroes Act of 2011, Pub. L. No. 112-56, §221 (2011).

<sup>7</sup> DoD and Department of Veterans Affairs (February 1, 2012). Memorandum of Understanding between the DoD and VA: Providing VR&E services at the earliest opportunity to active duty Servicemembers.

<sup>8</sup> Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment Service. October 4, 2011.

<sup>9</sup> DoD (August 26, 2009; Rev. August 16, 2011). DoD Directive-Type Memorandum 08-033: Interim guidance for clinical case management for the wounded, ill, and injured service member in the military health system.

<sup>10</sup> Quisenberry, G. C. Briefing to the RWTF. Clinical case management services. February 22, 2012.

<sup>11</sup> RWTF RW focus group results, October 2011-March 2012.

<sup>12</sup> RWTF family member focus group results, October 2011-March 2012.

<sup>13</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>14</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>15</sup> RWTF RW focus group results, October 2011-March 2012.

<sup>16</sup> DoD (August 26, 2009; Rev. August 16, 2011). DoD Directive-Type Memorandum 08-033: Interim guidance for clinical case management for the wounded, ill, and injured service member in the military health system. The Army’s goal for the Nurse Case Manager ratio is 1:20, while the Directive-Type Memorandum required 1:30.

<sup>17</sup> Guice, K. Briefing to the RWTF. 2010 Federal Recovery Coordination Program Survey Results. May 18, 2011.

<sup>18</sup> CAPT Willis, M. Navy Response to RWTF FY2012 draft report. June 12, 2012. The Navy considers patient acuity when managing caseloads.

<sup>19</sup> CAPT Carter, B. Navy Safe Harbor briefing to the RWTF, March 31, 2011.

<sup>20</sup> Site-level briefings to the RWTF. March/April 2011.

<sup>21</sup> Quisenberry, G. C. Briefing to the RWTF. Clinical case management services. February 22, 2012.

- 
- <sup>22</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>23</sup> Ibid.
- <sup>24</sup> Ibid.
- <sup>25</sup> National Defense Authorization Act of 2012 Pub. L. No. 112-81. §551 (2011).
- <sup>26</sup> McDonnell, K. Special Operations Command Care Coalition briefing to the RWTF. February 22, 2012.
- <sup>27</sup> Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author. p.8, section 5d (2)(d) of Office of the Surgeon General/Medical Command Policy Memo 11-098, as printed in the CTP-Guidance. p.8: “Soldiers will not participate in internships with any non-federal entities, such as agencies of state, county, or local governments, non-profit organizations, or commercial/for-profit organizations.”
- <sup>28</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- <sup>29</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>30</sup> RWTF RW mini-survey results, October 2011-March 2012.
- <sup>31</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>32</sup> Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author. p.8, section 5d (2)(d) of Office of the Surgeon General/Medical Command Policy Memo 11-098, as printed in the CTP-Guidance. p.8: “Soldiers will not participate in internships with any non-federal entities, such as agencies of state, county, or local governments, non-profit organizations, or commercial/for-profit organizations.”
- <sup>33</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012. Colonel Mayer indicated RWs can only access federal internships in Operation WARFIGHTER until DoD issues guidance on non-federal work experience.
- <sup>34</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>35</sup> Government Accountability Office (March 2011). DoD and VA health care: Federal Recovery Coordination Program continues to expand but faces significant challenges. GAO-11-250.
- <sup>36</sup> The Federal Recovery Coordination Program: From concept to reality: Hearing before the Subcommittee on Health, House Committee on Veterans’ Affairs, 112<sup>th</sup> Cong. (13 May 2011) (Prepared statement of Karen Guice, Executive Director, Federal Recovery Coordination Program, Department of Veterans Affairs).
- <sup>37</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).
- <sup>38</sup> Ibid.
- <sup>39</sup> Ibid.
- <sup>40</sup> Ibid.
- <sup>41</sup> DoD (December 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- <sup>42</sup> Amdur, D., Batres, A., Belisle, J., Brown Jr, J. H., Cornis-Pop, M., Mathewson-Chapman, M., et al. (2011). VA integrated post-combat care: A systemic approach to caring for returning combat Veterans. *Social Work in Health Care*, 50, 564-575. DOI: 10.1080/00981389.2011.554275.

---

<sup>43</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.

<sup>44</sup> Ibid.

<sup>45</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>. Recovery Care Coordinators work with RWs on the Comprehensive Recovery Plan.

<sup>46</sup> Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012. Federal Recovery Coordinators work with RWs on a Federal Individualized Recovery Plan.

<sup>47</sup> The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs. 112<sup>th</sup> Cong. (October 6, 2011) (Prepared statement of Phillip Burdette, Principal Director, Wounded Warrior Care and Transition Policy, Office of the Under Secretary of Defense for Personnel and Readiness, U.S. DoD). Until recently, Federal Recovery Coordinators did not have access to the Comprehensive Recovery Plan. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>48</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf> p.1.

<sup>49</sup> Government Accountability Office (October 6, 2011). DoD and VA health care: Action needed to strengthen integration across care coordination and case management programs. GAO-12-129T.

<sup>50</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012) (Prepared statement of COL Robert F Norton (Ret.), Deputy Director, Government Relations, Military Officers Association of America).

<sup>51</sup> Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112<sup>th</sup> Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).

<sup>52</sup> Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012. The Army is sending Army Wounded Warrior Program Advocates to Recovery Care Coordinator training, but the criteria for Army Wounded Warrior Program Advocates are not the same as criteria for the Recovery Care Program, and squad leaders' (not DoD Recovery Care Coordinator-trained) responsibility for the Army's Comprehensive Transition Plan parallels the Recovery Care Coordinator's responsibility for the Comprehensive Recovery Plan. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>53</sup> RWTF RW focus group results, October 2011-March 2012. Participants in a RWTF focus group in Portsmouth indicated they were not receiving Safe Harbor Non-Medical Case Manager support (Recovery Care Coordinator-equivalent).

<sup>54</sup> RWTF family member focus group results, October 2011-March 2012. Many family members indicated they were unaware of having a Recovery Care Coordinator.

<sup>55</sup> Government Accountability Office (October 6, 2011). DoD and VA health care: Action needed to strengthen integration across care coordination and case management programs. GAO-12-129T.

---

<sup>56</sup> Ibid. Government Accountability Office also found care coordinator roles overlapped with Non-Medical Case Manager roles.

<sup>57</sup> Ibid.

<sup>58</sup> The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs. 112<sup>th</sup> Cong. (October 6, 2011) (Prepared statement of Debra A. Draper, Director, Health Care, U.S. Government Accountability Office).

<sup>59</sup> The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs. 112<sup>th</sup> Cong. (October 6, 2011) (Prepared statement of Phillip Burdette, Principal Director, Wounded Warrior Care and Transition Policy, Office of the Under Secretary of Defense for Personnel and Readiness, U.S. DoD). The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>60</sup> Government Accountability Office (October 6, 2011). DoD and VA health care: Action needed to strengthen integration across care coordination and case management programs. GAO-12-129T. Government Accountability Office also found care coordinator roles overlapped with Non-Medical Case Management roles.

<sup>61</sup> The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs. 112<sup>th</sup> Cong. (October 6, 2011) (Prepared statement of Phillip Burdette, Principal Director, Wounded Warrior Care and Transition Policy, Office of the Under Secretary of Defense for Personnel and Readiness, U.S. DoD). The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>62</sup> The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs. 112<sup>th</sup> Cong. (October 6, 2011) (Prepared statement of Debra A. Draper, Director, Health Care, U.S. Government Accountability Office).

<sup>63</sup> The Federal Recovery Coordination Program: From concept to reality: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs, 112<sup>th</sup> Cong. (May 13, 2011) (Prepared statement of Karen Guice, Executive Director, Federal Recovery Coordination Program, U.S. Department of Veterans Affairs).

<sup>64</sup> The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs. 112<sup>th</sup> Cong. (October 6, 2011) (Prepared statement of John Medve, Executive Director, Office of the U.S. Department of Veterans Affairs- DoD Collaboration, U.S. Department of Veterans Affairs).

<sup>65</sup> Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012.

<sup>66</sup> The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs. 112<sup>th</sup> Cong. (October 6, 2011) (Prepared statement of Phillip Burdette, Principal Director, Wounded Warrior Care and Transition Policy, Office of the Under Secretary of Defense for Personnel and Readiness, U.S. DoD). The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

- 
- <sup>67</sup> Langley, K. (October 18, 2011). Two federal agencies testify on way forward together for recovering Service members. Retrieved November 22, 2011, from <http://warriorcare.dodlive.mil/2011/10/18/two-federal-agencies-testify-on-way-forward-together-for-recovering-service-members/>
- <sup>68</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>69</sup> Ibid.
- <sup>70</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>71</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>72</sup> Ibid.
- <sup>73</sup> Ibid.
- <sup>74</sup> Ibid.
- <sup>75</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>76</sup> COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Army Warrior Transition Command cadre training. December 9, 2011.
- <sup>77</sup> Marine Corps Wounded Warrior Regiment (December 5, 2011). Wounded Warrior Regiment Order 1540.1: Computer based training order.
- <sup>78</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>79</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>80</sup> Ibid.
- <sup>81</sup> Defense Manpower Data Center, Data Analysis and Programs Division. Global war on terrorism – Operation New Dawn by month September 1, 2010 through May 7, 2012. Retrieved May 24, 2012, from <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/ondmonth.pdf>
- <sup>82</sup> Defense Manpower Data Center, Data Analysis and Programs Division. Global war on terrorism – Operation Enduring Freedom by month October 7, 2001 through May 7, 2012. Retrieved May 24, 2012, from <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oefmonth.pdf>
- <sup>83</sup> Ibid; 1204 in January-April 2011; 1482 in September-December 2011.
- <sup>84</sup> Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>, p. 77.
- <sup>85</sup> SSgt Gallardo, M. and MSgt Schiller, B. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Wounded Warrior Regiment District Injured Support Coordinators. December 8, 2011.
- <sup>86</sup> Amdur, D., Batres, A., Belisle, J., Brown Jr, J. H., Cornis-Pop, M., Mathewson-Chapman, M., et al. (2011). VA integrated post-combat care: A systemic approach to caring for returning combat Veterans. *Social Work in Health Care*, 50, 564-575. DOI: 10.1080/00981389.2011.554275.
- <sup>87</sup> Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011.

- 
- <sup>88</sup> Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.
- <sup>89</sup> Defense Manpower Data Center, Data Analysis and Programs Division. Global war on terrorism – Operation New Dawn by month September 1, 2010 through May 7, 2012. Retrieved May 24, 2012, from <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/ondmonth.pdf>
- <sup>90</sup> Defense Manpower Data Center, Data Analysis and Programs Division. Global war on terrorism – Operation Enduring Freedom by month October 7, 2001 through May 7, 2012. Retrieved May 24, 2012, from <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oefmonth.pdf>
- <sup>91</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>92</sup> Ibid.
- <sup>93</sup> Ibid.
- <sup>94</sup> Ibid.
- <sup>95</sup> Ibid. The briefer addressing legal supports estimated only 25% of Twentynine Palms RWs in the Integrated Disability Evaluation System are getting legal support.
- <sup>96</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>97</sup> Ibid.
- <sup>98</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>99</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>100</sup> Ibid.
- <sup>101</sup> DoD (2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 25, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>; p. 7.
- <sup>102</sup> Ibid.
- <sup>103</sup> Ibid.
- <sup>104</sup> Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148.
- <sup>105</sup> Hourani, L.L., Bray, R.M., Marsden, M.E., Witt, M., Vandermaas-Peeler, R., Schleffer, S., et al. (2007). 2006 Department of Defense survey of health related behaviors among Guard/Reserve military personnel: A component of the Defense Lifestyle assessment Program. Research Triangle Park, NC: RTI.
- <sup>106</sup> Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148.
- <sup>107</sup> Everitt, L., Then, A., and Saiyed, G. (February 14, 2012). Efforts lag to improve care for National Guard. Retrieved February 14, 2012, from [http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAymEWER\\_story.html?tid=pm\\_national\\_pop](http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAymEWER_story.html?tid=pm_national_pop)

- 
- <sup>108</sup> COL Kerr, L., LTC Parmenter, M., and MAJ Smith, P. Iowa Joint Forces Headquarters briefing to the RWTF. February 22, 2012. From Medical and Electronic Data-Care History and Readiness Tracking (MED-CHART), retrieved from <https://medchart.ngb.army.mil/MED-CHART/Public/About.aspx> para. 3: “eCase provides Case Managers, Physicians, and Support personnel with a means to open and track cases electronically. The eCase vision is to provide automated case management workflow, flexible and automated task management, and a more complete, integrated view of all data across applications that are needed to manage a case.”
- <sup>109</sup> Col Kirk, J., Air National Guard Advisor to the Air Force Surgeon General, personal communication with the RWTF, March 30, 2012.
- <sup>110</sup> Site briefings to the RWTF, October 2011-March 2012.
- <sup>111</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.
- <sup>112</sup> CDR Malone, R.C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Navy and Marine Corps. February 23, 2012.
- <sup>113</sup> Lt Col Dickey, D.H. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Air Force. February 23, 2012.
- <sup>114</sup> DoD Task Force on Mental Health. (2007). *An achievable vision: Report of the DoD Task Force on Mental Health*. Falls Church, VA: Defense Health Board; p. 16.
- <sup>115</sup> RESPECT-Mil (n.d.). About. Retrieved June 22, 2012, from <http://www.pdhealth.mil/respect-mil/index1.asp>
- <sup>116</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.
- <sup>117</sup> Ibid.
- <sup>118</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.
- <sup>119</sup> CDR Malone, R.C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Navy and Marine Corps. February 23, 2012.
- <sup>120</sup> Lt Col Dickey, D.H. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Air Force. February 23, 2012.
- <sup>121</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.
- <sup>122</sup> Ibid.
- <sup>123</sup> CDR Malone, R.C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Navy and Marine Corps. February 23, 2012.
- <sup>124</sup> CAPT Willis, M. Navy Response to RWTF FY2012 draft report. June 12, 2012.
- <sup>125</sup> Lt Col Dickey, D.H. Air Force Response to RWTF FY2012 draft report. June 11, 2012.
- <sup>126</sup> Ibid.
- <sup>127</sup> Lt Col Dickey, D.H. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Air Force. February 23, 2012.

---

<sup>128</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>129</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.

<sup>130</sup> Site briefings to the RWTF, October 2011-March 2012.

<sup>131</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.

<sup>132</sup> Ibid. Slide 9.

<sup>133</sup> Site briefings to the RWTF, October 2011-March 2012.

<sup>134</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.

<sup>135</sup> RWTF RW focus group results, October 2011-March 2012.

<sup>136</sup> RWTF family member focus group results, October 2011-March 2012.

<sup>137</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012. The Army used the 2010 Army Behavioral Health Provider Survey to assess the fidelity of posttraumatic stress disorder treatment techniques by surveying Behavioral Health providers who systematically reviewed randomly selected patients treated in the past week. In their sample, over 90 percent of Soldiers in treatment were receiving evidence based care, although clinicians frequently did not administer every technique in the treatment manual.

<sup>138</sup> Lt Col Dickey, D.H. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Air Force. February 23, 2012. Air Force Medical Operations Agency is repeating an earlier study of fidelity of evidence based posttraumatic stress disorder treatment techniques among providers due to methodological concerns.

<sup>139</sup> Kime, P. (June 13, 2012). DoD orders review of mental health diagnoses. Retrieved June 22, 2012, from <http://www.armytimes.com/news/2012/06/military-defense-department-orders-review-mental-health-diagnoses-061312w/>. Defense Secretary Leon Panetta announced on June 13, 2012 that all of the Services will review mental health cases from 2001 on in order to verify that Service members were given appropriate diagnoses and benefits.

<sup>140</sup> Ibid.

<sup>141</sup> Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012. The Army used the 2010 Army Behavioral Health Provider Survey to assess the fidelity of PTSD treatment techniques by surveying Behavioral Health providers who systematically reviewed randomly selected patients treated in the past week. In their sample, over 90 percent of Soldiers in treatment were receiving evidence-based care, although clinicians frequently did not administer every technique in the treatment manual.

<sup>142</sup> DoD. Foundations of care, management, and transition support for recovering Service members and their families. Retrieved on July 6, 2011, from [http://prhome.defense.gov/WWCTP/docs/09.15.08\\_FINAL\\_Ten\\_Steps.pdf](http://prhome.defense.gov/WWCTP/docs/09.15.08_FINAL_Ten_Steps.pdf)

<sup>143</sup> Ibid.

<sup>144</sup> DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.

- 
- <sup>145</sup> RWTF Service member focus group results. March/April 2011.
- <sup>146</sup> Ibid.
- <sup>147</sup> Ibid.
- <sup>148</sup> Ibid.
- <sup>149</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>150</sup> Ibid.
- <sup>151</sup> Ibid.
- <sup>152</sup> Ibid.
- <sup>153</sup> Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author.
- <sup>154</sup> BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- <sup>155</sup> RWTF Service member focus group results. March/April 2011.
- <sup>156</sup> Ibid.
- <sup>157</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>158</sup> Ibid.
- <sup>159</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>160</sup> DoD (December 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- <sup>161</sup> Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.
- <sup>162</sup> DoD (December 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- <sup>163</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1602 (2008). In paragraph 1B(7), “recovering service member” is defined as “a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy and is in an outpatient status while recovering from a serious injury or illness related to the member’s military service.” In paragraph 1B(8), “serious injury or illness” is defined as “an injury or illness incurred by the member [of the Armed Forces] in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating.”
- <sup>164</sup> DoD (December 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- <sup>165</sup> BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- <sup>166</sup> CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and Bureau of Medicine and Surgery briefing to the RWTF. February 22, 2012.
- <sup>167</sup> Hourani, L.L., Bray, R.M., Marsden, M.E., Witt, M., Vandermaas-Peeler, R., Schleffer, S., et al. (2007). 2006 Department of Defense survey of health related behaviors among Guard/Reserve military personnel: A component of the Defense Lifestyle assessment Program. Research Triangle Park, NC: RTI.

- 
- <sup>168</sup> Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148.
- <sup>169</sup> Everitt, L., Then, A., and Saiyed, G. (February 14, 2012). Efforts lag to improve care for National Guard. Retrieved February 14, 2012, from [http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAymEWER\\_story.html?tid=pm\\_national\\_pop](http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAymEWER_story.html?tid=pm_national_pop)
- <sup>170</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>171</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>172</sup> Chief of Naval Operations (April 9, 2011). NAVADMIN 124-11: Reserve Component medical hold screening and assignment. Retrieved February 10, 2012, from <http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2011/NAV11124.txt>
- <sup>173</sup> Chief of Naval Operations (April 9, 2011). NAVADMIN 124-11: Reserve Component medical hold screening and assignment. Retrieved February 10, 2012, from <http://www.public.navy.mil/bupers-npc/references/messages/Documents/NAVADMINS/NAV2011/NAV11124.txt>
- <sup>174</sup> Ibid.
- <sup>175</sup> Ibid.
- <sup>176</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>177</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>178</sup> CAPT Gibbons, M., LT Noriega, D., CAPT Shapiro, D., CDR Varias, M., CAPT Willis, M., et al. Panel discussion with the RWTF: Site visit review – Naval Medical Center Portsmouth. May 15, 2012.
- <sup>179</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>180</sup> RWTF RW mini-survey results, October 2011-March 2012.
- <sup>181</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>182</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- <sup>183</sup> Petrella, M.E. Marine Corps response to the RWTF FY2012 draft report. June 15, 2012.
- <sup>184</sup> RWTF RW mini-survey results, October 2011-March 2012.
- <sup>185</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>186</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>187</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- <sup>188</sup> Gliner, M. (2012). WTU/MEB Satisfaction. Briefing submitted to RWTF.
- <sup>189</sup> RWTF RW mini-survey results, October 2011-March 2012.
- <sup>190</sup> Site Briefings to the RWTF, October 2011-March 2012.

- 
- <sup>191</sup> COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Army Warrior Transition Command cadre training. December 9, 2011.
- <sup>192</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- <sup>193</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>194</sup> Ibid.
- <sup>195</sup> Ibid.
- <sup>196</sup> Ibid.
- <sup>197</sup> Ibid.
- <sup>198</sup> RWTF family member mini-survey results, October 2011-March 2012.
- <sup>199</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>200</sup> Ibid.
- <sup>201</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>202</sup> Ibid.
- <sup>203</sup> Ibid.
- <sup>204</sup> Ibid.
- <sup>205</sup> Ibid.
- <sup>206</sup> Ibid.
- <sup>207</sup> RWTF family member mini-survey results, October 2011-March 2012.
- <sup>208</sup> Ibid.
- <sup>209</sup> Ibid.
- <sup>210</sup> Ibid.
- <sup>211</sup> Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated disability evaluation system program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.
- <sup>212</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>213</sup> Ibid.
- <sup>214</sup> Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011.
- <sup>215</sup> Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Care Coordinator Program Procedural Manual.
- <sup>216</sup> Marine Corps Wounded Warrior Regiment (January 19, 2012). Wounded Warrior Regiment Order 1754.6A. Wounded Warrior Regiment Family Support Program.
- <sup>217</sup> Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A. Recovery Care Coordinator Program Procedural Manual.

---

<sup>218</sup> Ibid.

<sup>219</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>220</sup> Ibid.

<sup>221</sup> Ibid.

<sup>222</sup> Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report Comments: National Military Family Association. Alexandria, VA: Author; p.2. Dr. Cohoon, the Deputy Director of Government Relations for the National Military Family Association, reported that, “there is a lack of a single point person to help guide families/caregivers in making lifetime decisions about themselves and the RW. The FRC is designed to do this, but does not enter the picture early enough to provide this valuable role.”

<sup>223</sup> RWTF family member focus group results, October 2011-March 2012.

<sup>224</sup> Ibid.

<sup>225</sup> Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author.

<sup>226</sup> Ibid.

<sup>227</sup> Ibid.

<sup>228</sup> BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.

<sup>229</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>230</sup> Ibid.

<sup>231</sup> CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and Bureau of Medicine and Surgery briefing to the RWTF. February 22, 2012. Slide 26.

<sup>232</sup> Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

<sup>233</sup> MSgt Eichman, T. Briefing to the RWTF. Role of Family Liaison Officer. December 9, 2011.

<sup>234</sup> Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior Program: Non-medical care management and support. December 6, 2011.

<sup>235</sup> Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Care Coordinator Program Procedural Manual.

<sup>236</sup> Marine Corps Wounded Warrior Regiment (January 19, 2012). Wounded Warrior Regiment Order 1754.6A. Wounded Warrior Regiment Family Support Program.

<sup>237</sup> Ibid.

<sup>238</sup> MSgt Eichman, T. Briefing to the RWTF. Role of Family Liaison Officer. December 9, 2011.

<sup>239</sup> Ibid.

<sup>240</sup> Department of Veterans Affairs (July 5, 2011). VA issuing first payments to caregivers. Retrieved January 10, 2012, from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2127>

- 
- <sup>241</sup> Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011.
- <sup>242</sup> Ray, L. and Alms-Chapa, T. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers. December 8, 2011.
- <sup>243</sup> Jules, D. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: Polytrauma Case Managers. December 8, 2011.
- <sup>244</sup> Uriarte, J. Panel presentation to the RWTF: VA Vet Center Counselors. Vet Center Readjustment Counseling Service. December 9, 2011.
- <sup>245</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- <sup>246</sup> Ibid.
- <sup>247</sup> Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112<sup>th</sup> Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- <sup>248</sup> Military.com staff writer (2012). State Veteran's benefits. Retrieved June 20, 2012, from <http://www.military.com/benefits/veteran-state-benefits/state-veterans-benefits-directory.html>
- <sup>249</sup> USA Today staff writer (July 10, 2007). States all over the map on tuition aid. Retrieved June 20, 2012, from [http://www.usatoday.com/news/education/2007-07-10-gi-bill-states\\_N.htm](http://www.usatoday.com/news/education/2007-07-10-gi-bill-states_N.htm)
- <sup>250</sup> DoD (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- <sup>251</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- <sup>252</sup> Ibid.
- <sup>253</sup> Ibid.
- <sup>254</sup> Ibid.
- <sup>255</sup> Ibid.
- <sup>256</sup> Ibid.
- <sup>257</sup> Ibid.
- <sup>258</sup> Ibid.
- <sup>259</sup> Ibid.
- <sup>260</sup> TRICARE (n.d.). Extended Health Care Option. Retrieved May 25, 2012, from <http://www.tricare.mil/mybenefit/ProfileFilter.do;jsessionid=P1vPzJWnSSypTp6mBsPSDWV098wT5xkzzbcbFSPqk5yhY0LP2h9H!-1344178956?puri=%2Fhome%2FLifeEvents%2FspecialNeeds%2FECHO>
- <sup>261</sup> Ibid.
- <sup>262</sup> National Council on Disability (November 28, 2011). United States Marine Corps Exceptional Family Members: How to improve access to health care, special education, and long-term supports and services for family members with disabilities. Retrieved May 24, 2012, from <http://www.ncd.gov/publications/2011/Nov282011>

- 
- <sup>263</sup> Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011.
- <sup>264</sup> National Council on Disability (November 28, 2011). United States Marine Corps Exceptional Family Members: How to improve access to health care, special education, and long-term supports and services for family members with disabilities. Retrieved May 24, 2012, from <http://www.ncd.gov/publications/2011/Nov282011>
- <sup>265</sup> Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- <sup>266</sup> National Guard Association of the United States, Retired Enlisted Association, Association of the United States Navy, and National Military Family Association (n.d.). Wounded, ill, and injured National Guard and Reserve members white paper. Washington, DC: Authors.
- <sup>267</sup> Booth, B., and Lederer, S. (2012). Supporting military families in an era of continuous deployments. In J.H. Laurence, and M.D. Matthews (Eds.), *The Oxford handbook of military psychology* (pp. 365-380). New York: Oxford University Press.
- <sup>268</sup> Ibid.
- <sup>269</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (e) (6) (A) (2008). The RWTF infers that Congress believes being near home/family during recovery is important, and that separation would not be conducive to recovery.
- <sup>270</sup> Defense Manpower Data Center (February 2011). 2010 Military Family Life Project: Tabulations of responses. DMDC Report No. 2010-029.
- <sup>271</sup> Defense Manpower Data Center (2009). 2008 Surveys of military spouses: Impact of deployments on spouses and children. Retrieved June 25, 2012, from <http://apps.mhf.dod.mil/pls/psgprod/p?n=10709724410328545>
- <sup>272</sup> National Guard Association of the United States, Retired Enlisted Association, Association of the United States Navy, and National Military Family Association (n.d.). Wounded, ill, and injured National Guard and Reserve members white paper. Washington, DC: Authors.
- <sup>273</sup> Ibid.
- <sup>274</sup> Bradway, J.K., Malone, J.M., Racy, J., Leal, J.M., and Poole, J. (1984). Psychological adaptation to amputation: An overview. *Orthotics and Prosthetics*, 38 (3), 46-50. This study found that the integration of family into the support team is important to recovery post-amputation.
- <sup>275</sup> Kulk, J.A. and Mahler, H.I. (1989). Social support and recovery from surgery. *Health Psychology*, 82 (2), 221-238. DOI: 10.1037/0278-6133.8.2.221. This study found that spousal support in the hospital is associated with lower pain medication usage and faster recovery post-surgery.
- <sup>276</sup> Ibid.
- <sup>277</sup> MacKenzie, E.J., Siegel, J.H., Shapiro, S., Moody, M., and Smith, R.T. (1988). Functional recovery and medical costs of trauma: An analysis by type and severity of injury. *Trauma*, 28 (3), 281-297. This study found that the presence of supportive family or friends is associated with return to work in trauma patients.

---

<sup>278</sup> Sander, A.M., Caroselli, J.S., High Jr, W.M., Becker, C., and Scheibel, R. (2002). Relationship of family functioning to progress in a post-acute rehabilitation programme following traumatic brain injury. *Brain Injury*, 16 (8), 649-657. DOI: 10.1080/02699050210128889

<sup>279</sup> Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011.

<sup>280</sup> Milam, C.E. and Clouse, N. Briefing to the RWTF. Military Community and Family Policy. February 22, 2012.

<sup>281</sup> Military OneSource (2012). Wounded Warrior. Retrieved January 9, 2012, from <http://www.militaryonesource.mil/MOS/?p=MOS:TOPIC:0:::SV,UT,LG,CID,TID:Army%20Active,Member,EN,23.50.10.0.0.0.0.0,23.50.10.30.0.0.0.0>

<sup>282</sup> Ibid.

<sup>283</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>284</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>285</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>286</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>287</sup> RWTF family member focus group results, October 2011-March 2012.

<sup>288</sup> Ibid.

<sup>289</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>290</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>291</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>292</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>293</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>294</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>295</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>296</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>297</sup> Marine Corps Wounded Warrior Regiment Future Initiatives Transition Team Research and Analysis Cell (n.d.). Research fact sheet: 2012 care coordination survey. Quantico, VA: Marine Corps Wounded Warrior Regiment.

<sup>298</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.

<sup>299</sup> Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>300</sup> Ibid.

<sup>301</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>302</sup> RWTF RW mini-survey results, October 2011-March 2012.

- 
- <sup>303</sup> RWTF family member mini-survey results, October 2011-March 2012.
- <sup>304</sup> RWTF RW mini-survey results, October 2011-March 2012.
- <sup>305</sup> RWTF family member focus group results, October 2011-March 2012.
- <sup>306</sup> Ibid.
- <sup>307</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>308</sup> Ibid.
- <sup>309</sup> Ibid.
- <sup>310</sup> Ibid.
- <sup>311</sup> Ibid.
- <sup>312</sup> Ibid.
- <sup>313</sup> Ibid.
- <sup>314</sup> Ibid.
- <sup>315</sup> Ibid.
- <sup>316</sup> Ibid.
- <sup>317</sup> Ibid.
- <sup>318</sup> Cohoon, B. (n.d.). Recovering Warrior Task Force draft report comments: National Military Family Association. Alexandria, VA: Author; p.1.
- <sup>319</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>320</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- <sup>321</sup> Ibid.
- <sup>322</sup> Ibid.
- <sup>323</sup> Marine Corps Wounded Warrior Regiment (n.d.). Sergeant Merlin German Wounded Warrior Call Center (fact sheet). Quantico, VA: Author.
- <sup>324</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>325</sup> Ibid.
- <sup>326</sup> BG Williams, D. A. Army Warrior Transition Command briefing to the RWTF. February 22, 2011.
- <sup>327</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division) briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.
- <sup>328</sup> Site level briefings to the RWTF. March/April 2011.
- <sup>329</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>330</sup> BG Williams, D. A. Army Warrior Transition Command briefing to the RWTF. February 22, 2011.

- 
- <sup>331</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division) briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.
- <sup>332</sup> Site level briefings to the RWTF. March/April 2011.
- <sup>333</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division) briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.
- <sup>334</sup> LTC Pasek, G., U.S. Army Warrior Transition Command, personal communication, July 6, 2011.
- <sup>335</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division) briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.
- <sup>336</sup> LTC Pasek, G., U.S. Army Warrior Transition Command, personal communication, July 6, 2011.
- <sup>337</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division) briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.
- <sup>338</sup> LTC Pasek, G., U.S. Army Warrior Transition Command, personal communication, July 6, 2011.
- <sup>339</sup> Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author; p. 25.
- <sup>340</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- <sup>341</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>342</sup> RWTF Iowa Army National Guard RW, family member, and medical management provider focus group results, March 2012.
- <sup>343</sup> Everitt, L., Theen, A., and Saiyed, G. (February 14, 2012). Efforts lag to improve care for National Guard. Retrieved February 14, 2012, from [http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAYmEWER\\_story.html?tid=pm\\_national\\_pop](http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAYmEWER_story.html?tid=pm_national_pop)
- <sup>344</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- <sup>345</sup> Ibid.
- <sup>346</sup> Ibid.
- <sup>347</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>348</sup> Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- <sup>349</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>350</sup> Ibid.
- <sup>351</sup> COL Kerr, L., LTC Parmenter, M., and MAJ Smith, P. Iowa Joint Forces Headquarters briefing to the RWTF. February 22, 2012.
- <sup>352</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>353</sup> Ibid.
- <sup>354</sup> Ibid.
- <sup>355</sup> Ibid.

- 
- <sup>356</sup> Ibid.
- <sup>357</sup> Ibid.
- <sup>358</sup> Ibid.
- <sup>359</sup> COL Faris, J. K., Holdeman, R., and Scott, E. Briefing to the RWTF. Medical Management Processes of the Army National Guard. October 5, 2011.
- <sup>360</sup> COL Faris, J., Deputy Surgeon, Office of the Chief Surgeon, Army National Guard, personal communication with the RWTF, February 7, 2012.
- <sup>361</sup> Ibid.
- <sup>362</sup> Ibid.
- <sup>363</sup> Col Kirk, J., Air National Guard Advisor to the Air Force Surgeon General, personal communication with the RWTF, March 30, 2012.
- <sup>364</sup> Briefing to the RWTF, March 23, 2011 Martinez, D. and Heinbaugh, E. Air Force Wounded Warrior Program Care Managers at the Air Force Personnel Center. Briefing to the RWTF, March 23, 2011.
- <sup>365</sup> Brig Gen Murrie, E.J. and Col Zeh, G.R. Briefing to the RWTF. Air Force Wounded Warrior Program. May 15, 2012.
- <sup>366</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- <sup>367</sup> Ibid.
- <sup>368</sup> Ibid.
- <sup>369</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>370</sup> Ibid.
- <sup>371</sup> Ibid.
- <sup>372</sup> Ibid.
- <sup>373</sup> CAPT Gibbons, M., LT Noriega, D., CAPT Shapiro, D., CDR Varias, M., CAPT Willis, M., et al. Panel discussion with the RWTF: Site visit review – Naval Medical Center Portsmouth. May 15, 2012.
- <sup>374</sup> Ibid.
- <sup>375</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>376</sup> Ibid.
- <sup>377</sup> DoD (February 28, 2004; Certified Current as of April 23, 2007). DoD Directive 1241.01: Reserve Component medical care and incapacitation pay for line of duty conditions; para. 4.5.
- <sup>378</sup> Ibid. para. 3.1.
- <sup>379</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- <sup>380</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>381</sup> Ibid.
- <sup>382</sup> Ibid.

---

<sup>383</sup> Ibid.

<sup>384</sup> Ibid.

<sup>385</sup> Ibid.

<sup>386</sup> Ibid.

<sup>387</sup> Ibid.

<sup>388</sup> Ibid.

<sup>389</sup> BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.

<sup>390</sup> Ibid.

<sup>391</sup> National Defense Authorization Act of 2012 Pub. L. No. 112-81. §551 (2011).

<sup>392</sup> McDonnell, K. Special Operations Command Care Coalition briefing to the RWTF. February 22, 2012.

<sup>393</sup> Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author. p.8, section 5d (2)(d) of Office of the Surgeon General/Medical Command Policy Memo 11-098, as printed in the CTP-Guidance. p.8: “Soldiers will not participate in internships with any non-federal entities, such as agencies of state, county, or local governments, non-profit organizations, or commercial/for-profit organizations”

<sup>394</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.

<sup>395</sup> RWTF RW focus group results, October 2011-March 2012.

<sup>396</sup> Ibid.

<sup>397</sup> Ibid.

<sup>398</sup> Ibid.

<sup>399</sup> Ibid.

<sup>400</sup> Ibid.

<sup>401</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>402</sup> Ibid.

<sup>403</sup> Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author. p.8, section 5d (2)(d) of Office of the Surgeon General/Medical Command Policy Memo 11-098, as printed in the CTP-Guidance. p.8: “Soldiers will not participate in internships with any non-federal entities, such as agencies of state, county, or local governments, non-profit organizations, or commercial/for-profit organizations.”

<sup>404</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012. Colonel Mayer indicated RWs can only access federal internships in Operation WARFIGHTER until DoD issues guidance on non-federal work experience.

<sup>405</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>406</sup> Ibid.

- 
- <sup>407</sup> CDR Tomlin, S.D. (February 28, 2012). Wounded Warrior Employment Hiring Rate Tiger Team summary. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- <sup>408</sup> Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment Service. October 4, 2011.
- <sup>409</sup> Veterans Opportunity to Work to Hire Heroes Act of 2011, Pub. L. No. 112-56, §231 (2011).
- <sup>410</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>411</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>412</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 21, 2012) (Prepared statement of David Fletcher, President, National Association of State Directors of Veterans Affairs).
- <sup>413</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 21, 2012) (Prepared statement of Dawn Halfaker, President, Board of Directors, Wounded Warrior Project).
- <sup>414</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 21, 2012) (Prepared statement of William R. Hutton, National Commander, Military Order of the Purple Heart).
- <sup>415</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 21, 2012) (Prepared statement of H. Gene Overstreet, President, Non Commissioned Officers Association of the United States of America).
- <sup>416</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 21, 2012) (Prepared statement of Tom Tarantino, Deputy Policy Director, Iraq and Afghanistan Veterans of America).
- <sup>417</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012) (Prepared statement of Allen E Falk, National Commander, Jewish War Veterans of the USA).
- <sup>418</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012) (Prepared statement of Gary L Fry, National Commander, AMVETS).
- <sup>419</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012) (Prepared statement of MG Gus Hargett, President, NGAUS).
- <sup>420</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012) (Prepared statement of CMSgt John R McCauslin (Ret.), Chief Executive Officer, Air Force Sergeants Association).
- <sup>421</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012) (Prepared statement of COL Robert F Norton (Ret.), Deputy Director, Government Relations, Military Officers Association of America).
- <sup>422</sup> Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112<sup>th</sup> Cong. (March 22, 2012) (Prepared statement of John R. Davis, Director, Legislative Programs, Fleet Reserve Association).

- 
- <sup>423</sup> DoD and Department of Veterans Affairs (February 1, 2012). Memorandum of Understanding between the DoD and VA: Providing VR&E services at the earliest opportunity to active duty Servicemembers.
- <sup>424</sup> Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment Service. October 4, 2011. DoD and VA plan to expand to 110 installations in FY2012.
- <sup>425</sup> Ibid.
- <sup>426</sup> RWTF RW focus group results, October 2011-March 2012.
- <sup>427</sup> RWTF Service member focus group results. March/April 2011.
- <sup>428</sup> Ibid.
- <sup>429</sup> Ibid.
- <sup>430</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- <sup>431</sup> Marine Corps Wounded Warrior Regiment briefing to the RWTF. March 30, 2011.
- <sup>432</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>433</sup> Ibid.
- <sup>434</sup> Ibid.
- <sup>435</sup> Site-level briefings to the RWTF. March/April 2011.
- <sup>436</sup> Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012. Slide 9.
- <sup>437</sup> Ibid. Slide 9.
- <sup>438</sup> Taylor, P., Morin, R., Gonzalez, A., Motel, S., and Patten E. (November 8, 2011). For many injured veterans, a lifetime of consequences. Retrieved January 17, 2012, from <http://www.pewsocialtrends.org/files/2011/11/Wounded-Warriors.pdf>, p.10.
- <sup>439</sup> Ibid. p. 11.
- <sup>440</sup> Ibid.
- <sup>441</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- <sup>442</sup> CDR Tomlin, S.D. (February 28, 2012). Wounded Warrior Employment Hiring Rate Tiger Team summary. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- <sup>443</sup> Ibid.
- <sup>444</sup> Ortiz Jr, I. Briefing to the RWTF. Veterans' Employment and Training Services: Program overview. October 5, 2011.
- <sup>445</sup> Veterans Opportunity to Work to Hire Heroes Act of 2011, Pub. L. No. 112-56, §221 (2011).
- <sup>446</sup> DoD (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel.
- <sup>447</sup> DoD (December 9, 1993). DoD Directive 1332.35: Transition assistance for military personnel.
- <sup>448</sup> RWTF RW mini-survey results, October 2011-March 2012.

- 
- <sup>449</sup> RWTF family member mini-survey results, October 2011-March 2012.
- <sup>450</sup> Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated disability evaluation system program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.
- <sup>451</sup> Ibid.
- <sup>452</sup> Ibid.
- <sup>453</sup> Ibid.
- <sup>454</sup> Ibid.
- <sup>455</sup> Ibid.
- <sup>456</sup> Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.
- <sup>457</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- <sup>458</sup> RWTF RW focus group results, October 2011-March 2012. In several sessions, RWs indicated they were not confident or were concerned about their transition from DoD to VA.
- <sup>459</sup> Headquarters United States Air Force/SG3 (February 2011). Pre-IDES Screening Process Implementation. Washington, DC: Author.
- <sup>460</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>461</sup> Navy Personnel Command (December 19, 2011). Limited Duty. Retrieved April 5, 2012, from <http://www.public.navy.mil/BUPERS-NPC/CAREER/RETIREMENT/LIMDU/Pages/default.aspx>
- <sup>462</sup> Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy. February 21, 2012. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.
- <sup>463</sup> Office of the Deputy Secretary, Veterans Affairs. Senior Oversight Committee: Interview with the RWTF. May 31, 2011.
- <sup>464</sup> Office of the Joint Staff Surgeon, Joint Chiefs of Staff. Senior Oversight Committee: Interview with the RWTF. May 23, 2011.
- <sup>465</sup> Office of the Assistant Secretary of the Air Force, Manpower & Reserve Affairs. Senior Oversight Committee: Interview with the RWTF. June 6, 2011.
- <sup>466</sup> National Defense Authorization Act for FY 2004, Pub. L. No. 108-136, §583, 38 U.S.C. §320 (2003).
- <sup>467</sup> Headquarters United States Air Force/SG3 (February 2011). Pre-IDES Screening Process Implementation. Washington, DC: Author.
- <sup>468</sup> Site Briefings to the RWTF, October 2011-March 2012.

- 
- <sup>469</sup> Navy Personnel Command (December 19, 2011). Limited Duty. Retrieved April 5, 2012, from <http://www.public.navy.mil/BUPERS-NPC/CAREER/RETIREMENT/LIMDU/Pages/default.aspx>
- <sup>470</sup> Marine Corps (October 26, 2009). MARADMIN 0636/09: Limited duty and disability processing.
- <sup>471</sup> CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- <sup>472</sup> WWCTP (March 2012). Integrated Disability Evaluation System Monthly Report and Monthly Report Supplement. Washington, DC: Author.
- <sup>473</sup> Headquarters United States Air Force/SG3 (February 2011). Pre-IDES Screening Process Implementation. Washington, DC: Author.
- <sup>474</sup> Ibid.
- <sup>475</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>476</sup> Ibid.
- <sup>477</sup> Ibid .
- <sup>478</sup> Navy Personnel Command (December 19, 2011). Limited Duty. Retrieved April 5, 2012, from <http://www.public.navy.mil/BUPERS-NPC/CAREER/RETIREMENT/LIMDU/Pages/default.aspx>
- <sup>479</sup> Marine Corps (October 26, 2009). MARADMIN 0636/09: Limited duty and disability processing.
- <sup>480</sup> CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and Bureau of Medicine and Surgery briefing to the RWTF. February 22, 2012.
- <sup>481</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>482</sup> Wounded Warrior Care and Transition Policy (February 2012). Integrated Disability Evaluation System Monthly Report and Monthly Report Supplement. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.
- <sup>483</sup> Ibid.
- <sup>484</sup> Ibid.
- <sup>485</sup> BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- <sup>486</sup> Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112<sup>th</sup> Cong. (March 28, 2012) (Prepared statement of John Medve, Office of U.S. Department of Veterans Affairs-DoD Collaboration, U.S. Department of Veterans Affairs).
- <sup>487</sup> Site Briefings to the RWTF, October 2011-March 2012.
- <sup>488</sup> COL Faris, J.K. Deputy Surgeon, Office of the Chief Surgeon, Army National Guard – Chief Surgeon General, personal communication with the RWTF, June 21, 2012.
- <sup>489</sup> MED-CHART (n.d.). Medical Electronic Data Care History and Readiness Tracking System. Retrieved June 21, 2012, from <https://medchart.ngb.army.mil/MED-CHART/>

---

<sup>490</sup> Wounded Warrior Care and Transition Policy (January 2012). IDES Customer Satisfaction Quarterly Report: July 1 – September 30, 2011. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>491</sup> Wounded Warrior Care and Transition Policy (February 2012). Integrated Disability Evaluation System Monthly Report and Monthly Report Supplement. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>492</sup> Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>493</sup> Wounded Warrior Care and Transition Policy (January 2012). IDES Customer Satisfaction Quarterly Report: July 1 – September 30, 2011. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>494</sup> Ibid.

<sup>495</sup> Wounded Warrior Care and Transition Policy (February 2012). Integrated Disability Evaluation System Monthly Report and Monthly Report Supplement. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>496</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>497</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.

<sup>498</sup> Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>499</sup> DoD (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.

<sup>500</sup> Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>501</sup> Military.com (n.d.). Physical Disability Board of Review. Retrieved March 8, 2012, from <http://www.military.com/benefits/content/military-legal-matters/physical-disability-board-of-review.html>

<sup>502</sup> Ibid.

<sup>503</sup> Secretary of the Air Force/Manpower and Reserve Affairs, Air Force Review Boards Agency, DoD Physical Disability Board of Review (May 29, 2012). Recharacterization to Retirement Matrix: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.

<sup>504</sup> DoD (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.

<sup>505</sup> Ibid.

---

<sup>506</sup> Parker, M. (May 25, 2012). Information Paper #1 for the RWTF: Issues with Formal Appeals Data Provided to the Task Force.

<sup>507</sup> Ibid.

<sup>508</sup> Ibid.

<sup>509</sup> Ibid.

<sup>510</sup> Wounded Warrior Care and Transition Policy (December 8, 2011). Disability Evaluation System Annual Report for Fiscal Year 2010. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>511</sup> DoD (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.

<sup>512</sup> Ibid.

<sup>513</sup> Marine Corps Wounded Warrior Regiment (2010). Disability Evaluation System Pilot: Pocket Guide for Marines. Retrieved December 1, 2011, from [http://www.woundedwarriorregiment.org/documents/DESPocketGuide\\_final.pdf](http://www.woundedwarriorregiment.org/documents/DESPocketGuide_final.pdf)

<sup>514</sup> Voegtle, T., Wounded Warrior Care and Transition Policy, personal communication with the RWTF, March 9, 2012. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>515</sup> RWTF RW focus group results, October 2011-March 2012.

<sup>516</sup> Ibid.

<sup>517</sup> Ibid.

<sup>518</sup> Ibid.

<sup>519</sup> Ibid.

<sup>520</sup> RWTF Service member focus group results. March/April 2011.

<sup>521</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>522</sup> RWTF family member mini-survey results, October 2011-March 2012.

<sup>523</sup> Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated Disability Evaluation System program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author. Indicated Physical Evaluation Board Liaison Officer was slightly or somewhat helpful: Army 21%, Navy 29%, Marine Corps 28%, Air Force 30%. Indicated Physical Evaluation Board Liaison Officer was not at all helpful: Army 9%, Navy 10%, Marine Corps 12%, Air Force 11%. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>524</sup> Ibid. Indicated Physical Evaluation Board Liaison Officer was not at all helpful: Army 13%-15% v. 8%, Navy 17% v. 10%, Marine Corps 13% v. 12%, Air Force NR. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>525</sup> DoD (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.

<sup>526</sup> RWTF RW focus group results, October 2011-March 2012.

---

<sup>527</sup> Ibid.

<sup>528</sup> RWTF RW mini-survey results, October 2011-March 2012.

<sup>529</sup> RWTF Service member focus group results. March/April 2011.

<sup>530</sup> Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated Disability Evaluation System program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author. Total DoD 84% (n=2,639). The RWTF acknowledges this high level of access to legal counsel may be based on a biased sample, since only those who have completed the two previous IDES satisfaction surveys are invited to complete the Transition Phase Satisfaction Survey. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>531</sup> Ibid. Army Guard 70% (n=133), Reserve 78% (n=138), Active 88% (1,351); Navy Reserve 78% (n=18), Active 84% (n=306); Marine Corps Reserve Component 74% (n=35), Active Component 84% (n=495); Air Force Guard 46% (n=13), Reserve 55% (n=11), Active 63% (n=139). The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

<sup>532</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>533</sup> Ibid.

<sup>534</sup> Ibid.

<sup>535</sup> Ibid.

<sup>536</sup> Site-level briefings to the RWTF. March/April 2011.

<sup>537</sup> RWTF transition outcomes briefing/panel results, October 2011-March 2012.

<sup>538</sup> Ibid.

<sup>539</sup> Ibid.

<sup>540</sup> Ibid.

<sup>541</sup> Ibid.

<sup>542</sup> Ibid.

<sup>543</sup> Ibid.

<sup>544</sup> Ibid.

<sup>545</sup> Ibid.

<sup>546</sup> Ibid.

<sup>547</sup> Ibid.

<sup>548</sup> Ibid.

<sup>549</sup> Ibid.

<sup>550</sup> Ibid.

<sup>551</sup> Ibid.

<sup>552</sup> Ibid.

---

<sup>553</sup> Ibid.

<sup>554</sup> Ibid.

<sup>555</sup> Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112<sup>th</sup> Cong. (July 11, 2011) (Submission for the record of Deborah Amdur, Chief Consultant, Care Management and Social Work Service, Veterans Health Administration, U.S. Department of Veterans Affairs).

<sup>556</sup> Department of Veterans Affairs and DoD (n.d.). eBenefits homepage. Retrieved June 1, 2012, from <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>

<sup>557</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>558</sup> Ibid.

<sup>559</sup> Ibid.

<sup>560</sup> Ibid.

<sup>561</sup> Ibid.

<sup>562</sup> Ibid.

<sup>563</sup> Ibid.

<sup>564</sup> Ibid.

<sup>565</sup> Ibid.

<sup>566</sup> Ibid.

<sup>567</sup> Ibid.

<sup>568</sup> Ibid.

<sup>569</sup> Ibid.

<sup>570</sup> Ibid.

<sup>571</sup> Ibid.

<sup>572</sup> Ibid.

<sup>573</sup> Joining Forces (n.d.). Joining Forces accomplishments overview. Retrieved June 1, 2012, from [http://www.whitehouse.gov/sites/default/files/docs/joining\\_forces\\_first\\_anniversary\\_accomplishments.pdf](http://www.whitehouse.gov/sites/default/files/docs/joining_forces_first_anniversary_accomplishments.pdf)

<sup>574</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>575</sup> Ibid.

<sup>576</sup> Ibid.

<sup>577</sup> Ibid.

<sup>578</sup> COL Faris, J. K., Holdeman, R., and Scott, E. Briefing to the RWTF. Medical Management Processes of the Army National Guard. October 5, 2011.

<sup>579</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>580</sup> Ibid.

---

581 Ibid.

582 Ibid.

583 Boggs, R. (February 2, 2012). Digital partnership improves health care access for Veterans. Retrieved February 15, 2012, from [http://www.army.mil/article/73000/Digital\\_partnership\\_improves\\_health\\_care\\_access\\_for\\_veterans/](http://www.army.mil/article/73000/Digital_partnership_improves_health_care_access_for_veterans/)

584 Site Briefings to the RWTF, October 2011-March 2012.

585 Ibid.

586 Ibid.

587 Ibid.

588 Ibid.

589 COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Army Warrior Transition Command cadre training. December 9, 2011.

590 Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.

591 Site Briefings to the RWTF, October 2011-March 2012.

592 Ibid.

593 Ibid.

594 Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.

595 Petrella, M.E. Marine Corps response to the RWTF FY2012 draft report. June 15, 2012.

596 Site Briefings to the RWTF, October 2011-March 2012.

597 Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Care Coordinator Program Procedural Manual.

598 Site Briefings to the RWTF, October 2011-March 2012.

599 Ibid.

600 Ibid.

601 Cohoon, B., Deputy Director of Government Relations for the National Military Family Association, personal communication with the RWTF, December 16, 2012.

602 Site Briefings to the RWTF, October 2011-March 2012.

603 Ibid.

604 Ibid.

605 Wounded Warrior Care and Transition Policy (February 2012). Integrated Disability Evaluation System Monthly Report and Monthly Report Supplement. Washington, DC: Author. The name of the Wounded Warrior Care and Transition Policy office changed to Warrior Care Policy in June 2012.

606 Ibid.

---

<sup>607</sup> Ibid.

<sup>608</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>609</sup> Ibid.

<sup>610</sup> Ramirez, M., Santos, R., and Long, J. Briefing to the RWTF. VA IDES Support. December 8, 2011.

<sup>611</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>612</sup> Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.

<sup>613</sup> Ibid.

<sup>614</sup> Site Briefings to the RWTF, October 2011-March 2012.

<sup>615</sup> Ibid.

<sup>616</sup> Ibid.

<sup>617</sup> Ibid.

<sup>618</sup> Ibid.

<sup>619</sup> Ibid.

<sup>620</sup> 2012 Wounded Warrior Employment Conference (February 28, 2012). Conference packet. Ft Belvoir, VA: Author.

<sup>621</sup> Mahoney, D. (February 1, 2012). Vets with PTSD: Individualized vocational support ups employment odds. Retrieved February 17, 2012, from <http://www.clinicalpsychiatrynews.com/news/more-top-news/single-view/vets-with-ptsd-individualized-vocational-support-ups-employment-odds/898b580e4e.html>

<sup>622</sup> Ibid. para.9.

<sup>623</sup> Ibid. para.6.

<sup>624</sup> Site Briefings to the RWTF, October 2011-March 2012.



## **ANNEX 1: MEMBER BIOGRAPHIES**



---

## **Lieutenant General Charles B. Green, MD**

### **United States Air Force**

Lieutenant General (Lt Gen) Charles B. Green, M.D. is the Surgeon General of the Air Force. Lt Gen Green serves as functional manager of the U.S. Air Force Medical Service. In this capacity, he advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs on matters pertaining to the medical aspects of the air expeditionary force and the health of Air Force members.

Lt Gen Green has authority to commit resources worldwide for the Air Force Medical Service, to make decisions affecting the delivery of medical services, and to develop plans, programs and procedures to support worldwide medical service missions. He exercises direction, guidance and technical management of more than 42,800 people assigned to 75 medical facilities worldwide. Lt Gen Green was commissioned through the Health Professions Scholarship Program and entered active duty in 1978 after completing his doctorate of medicine at the Medical College of Wisconsin in Milwaukee. He completed residency training in family practice at Eglin Regional Hospital, Eglin AFB, FL, in 1981, in aerospace medicine at Brooks AFB, TX, in 1989, and is board certified in aerospace medicine.

An expert in disaster relief operations, Lt Gen Green planned and led humanitarian relief efforts in the Philippines after the Baguio earthquake in 1990, and in support of Operation Fiery Vigil following the 1991 eruption of Mount Pinatubo. Lt Gen Green has served as commander of three hospitals and Wilford Hall Medical Center. As command surgeon for three major commands, he planned joint medical response for operations Desert Thunder and Desert Fox, and oversaw aeromedical evacuation for operations Enduring and Iraqi Freedom. He has served as Assistant Surgeon General for Health Care Operations and, prior to his current assignment, Deputy Surgeon General. Lt Gen Green is the recipient of numerous military awards.

---

## **Mrs. Suzanne Crockett-Jones**

Mrs. Suzanne Crockett-Jones is the wife of Major William Jones (a wounded veteran, retired as of July 2012), and mother of three children. In 2003, while on an unaccompanied tour in Korea, her husband's brigade of the 2nd Division was sent directly to combat operations in Operation Iraqi Freedom. In Iraq, he was severely injured in an ambush not far from Fallujah. During his recovery, her main occupation became "in home nursing care" because his wounds had him restricted to bed rest for weeks, and subsequently confined to a wheelchair for several months.

Although he rejoined his unit as it redeployed to Fort Carson in the fall of 2005 with the intention of returning to company command, his physical recovery had not progressed well enough to allow that. He has been challenged since then to recover from PTSD and physical injuries. Mrs. Crockett-Jones is well versed with the experiences he has had, and also her own perspective on this journey. She has 20 years of experience in customer satisfaction and as a volunteer. Her broad skills in communicating with diverse cultures and age groups has provided her with expertise in solving problems, making independent decisions and adapting quickly to new systems.

---

## Justin Constantine, JD

Mr. Justin Constantine graduated from James Madison University in 1992 with a double major in English and Political Science and a minor in German. He graduated from the University of Denver School of Law in 1998; while there he was a member of the International Law Journal and Chairman of the Honor Council. Mr. Constantine joined the U.S. Marine Corps after his second year of law school. While on active duty, Mr. Constantine served as a Judge Advocate specializing in criminal law, and was stationed both in Okinawa, Japan, and at Camp Pendleton, California, where he worked as a defense counsel and criminal prosecutor.

As a Marine Reservist, he volunteered for deployment to Iraq in 2006, and served in the Al-Anbar Province as a Team Leader of a group of Marines performing civil affairs work while attached to an infantry battalion. While on a routine combat patrol, Mr. Constantine was shot in the head by a sniper. Although the original prognosis was that he had been killed in action, Mr. Constantine survived. Through teamwork and a positive mental attitude, he has had quite a successful recovery. His personal awards from his time in Iraq include the Purple Heart, Combat Action Ribbon, and Navy-Marine Corps Commendation Medal.

Upon recovering from his injuries, Mr. Constantine started a new job with the U.S. Department of Justice. In November of 2008, Mr. Constantine was invited to serve as Counsel for the Senate Veterans' Affairs Committee. In 2009, Mr. Constantine was accepted into the Fellowship program of the Truman National Security Project, and was the Honor Graduate of his class at the Marine Corps Command and Staff College.

In early 2011, Mr. Constantine started a job with the Federal Bureau of Investigation working on a counterterrorism team. Also, Mr. Constantine was recently selected for promotion to Lieutenant Colonel in the Marine Corps Reserve. He serves on the Board of Directors of the Wounded Warrior Project, and spends much of his spare time on wounded warrior activities, including fundraising and raising awareness of the myriad issues faced by our wounded warriors and their families. In addition, Mr. Constantine will begin the Master of Laws (LLM) program at Georgetown University in the Fall of 2012.

Based on his remarkable recovery and continued advocacy for veterans, in 2011 Mr. Constantine received the annual Courage award from the Wounded Warrior Project and the Commitment to Service Award from the Give An Hour Foundation in 2012. He has also received significant recognition from the White House, the Commonwealth of Virginia, the Washington Redskins, James Madison University, and the Tri-State Troopers Fund.

Mr. Constantine recently started his own business as an Inspirational Speaker - over the last several years he has spoken at numerous military, educational and corporate events about the value of a positive attitude, teamwork and community values in overcoming adversity. He has been featured in magazines and programs such as CNN, Mens Health, the Huffington Post, the Atlantic, James Madison University's Madison Magazine, the Wounded Warrior Project's After Action Report, Vetrepreneur Magazine, Financial Times, the Verizon FIOS Channel 1 magazine show "Push-Pause," the Department of Labor's America's Heroes at Work Success Stories, and the 2011 USMC Commandant's Birthday Message Video.

---

## **Command Sergeant Major Steven D. DeJong**

### **United States Army National Guard**

CSM Steven DeJong is a member of the Indiana National Guard and currently assigned as the Command Sergeant Major of the 2/152 Reconnaissance and Surveillance Squadron located in Columbus, Indiana. On September 9, 2004 he was severely wounded in action during a fire fight in south central Afghanistan and was medivaced to the United States for recovery. He recovered from his injuries and returned to Afghanistan in early November that same year.

CSM DeJong was born in Hobart, Indiana in 1975 and joined the Indiana Army National Guard in 1993. His first assignment was as a Stinger Missile gunner with the 1/138th Air Defense Artillery Battalion. He then was assigned by request to the 151st Long Range Surveillance Detachment (LRS-D). During his 13 years assigned to the 151 LRS-D, he attended a wide variety of courses to include: Ranger, Long Range Surveillance Leadership, Pathfinder, basic Airborne and was later the honor graduate of his Jumpmaster class. While assigned to the 151 LRS-D, he was assigned as an assistant recon team leader and later as a recon team leader. In 2004 the LRS-D was deployed to Afghanistan, attached to the 76th Infantry Brigade out of Indianapolis, IN. During this deployment he was assigned as an Embedded Tactical Trainer (ETI) to the Afghanistan National Army in which he and his Afghan company of Soldiers performed combat operations with the 25th Infantry Division and 3rd Special Forces Group.

Upon his return to theatre, (then) SFC DeJong was assigned to the 38th Infantry Division G3 Operations where he was the assistant operations NCO. He was promoted to first sergeant and assigned to C Company, 1/151st Infantry Battalion as the company first sergeant. He and his company deployed in 2007 in support of OIF 07-09, performing convoy security operations in northern Iraq. After returning from Iraq CSM DeJong was assigned as the first sergeant of Headquarters, Headquarters Troop 2/152 Reconnaissance and Surveillance Squadron.

In 2010 CSM DeJong was promoted to sergeant major and was assigned to his current assignment as the Command Sergeant Major of 2/152nd Reconnaissance and Surveillance Squadron. He is currently enrolled in class 37 distance learning class of the United States Sergeant Major Academy and is also pursuing a bachelor's degree in fire science and administration. He is a certified firefighter/paramedic in a south suburb of Chicago. CSM DeJong is the recipient of numerous military awards.

---

## Mr. Ronald Drach

A Vietnam veteran, Mr. Ronald Drach medically retired from the U.S. Army in 1967, following the amputation of his right leg as a result of combat action. He currently serves on the Board of Directors and is immediate past president of the Wounded Warrior Project, a non-profit organization whose mission is to “honor and empower wounded warriors.”

He was employed by the Department of Labor’s Veterans’ Employment and Training Service (VETS) from April 2002 until his retirement in September 2010. As Director of Government and Legislative Affairs, he was responsible for working with Congressional staff, the Department’s Office of the Solicitor and others within the Department of Labor (DOL) on all veteran’s legislative employment issues that affect the Departments of Labor, Veterans Affairs (VA) and Defense (DoD). Mr. Drach also helped develop and supported the America’s Heroes at Work project, a DOL initiative that addresses the employment needs of veterans with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). He served on the Governance Board of the National Resource Directory, a collaborative effort between DoD, VA and DOL which provides access to services and resources at the national, state and local levels that support recovery, rehabilitation and community reintegration.

For 28 years, Mr. Drach worked with the Disabled American Veterans (DAV), 23 of these years as the DAV’s National Employment Director. In this capacity, he was responsible for developing and carrying out DAV’s policies and initiatives (including legislative) relating to employment, vocational rehabilitation, homelessness among veterans, disability issues, and other socio-economic issues affecting veterans. While with DAV his accomplishments included developing DAV’s successful outreach efforts to assist Vietnam veterans experiencing PTSD, homeless veteran initiatives, the Transition Assistance Program to review military medical records for transitioning service members, and a program to provide representation to disabled veterans for disability benefits administered by the Social Security Administration. Mr. Drach is the recipient of numerous military and other awards for his work with disabled veterans.

---

## **Captain Constance J. Evans, BSN, MHA**

### **United States Navy, Nurse Corps**

Captain (CAPT) Constance J. Evans is the Director, Care Management Liaison, Navy Safe Harbor. CAPT Evans completed her undergraduate studies at the University of Southern Mississippi in Hattiesburg. She began her naval career in 1987 and later attained a Masters degree in Healthcare Administration through Central Michigan University.

Following Officer Indoctrination School in Newport, RI, Captain Evans' first assignment was as a Staff Nurse, Medicine-Oncology and Labor and Delivery Units at Naval Medical Center San Diego. Captain Evans transferred to U.S. Naval Hospital Okinawa, Japan and was assigned as a Labor and Delivery Nurse and later as the PM shift Nurse Supervisor. She continued her service at Naval Hospital Jacksonville, FL and was assigned as a Newborn Nursery Nurse, Command Customer Relations Officer, and Division Officer, OB/GYN Clinic.

In a second tour to Okinawa, Japan, she worked as the Community Health Nurse, Risk Manager/Performance Improvement and Patient Education Coordinator. After completion of this tour, she was selected as the Officer in Charge, Naval Aviation Technical Training Center Branch Clinic, Naval Hospital Pensacola. She was recognized for her implementation of Open Access and was later selected as the Senior Nurse for 12 Branch Clinics. During this assignment, she deployed with 3rd Marine Logistics Group to Joint Special Operations Task Force - Philippines where she served as Group Surgeon for 14 Medical Staff. Following Pensacola, she was assigned to U.S. Hospital Naval Rota, Spain, where she served two years as the Deputy Director, Primary Care and one year as the Director, Healthcare Business Operation.

Prior to her current assignment, she served as the Director of the Warrior Family Coordination Cell at Walter Reed National Medical Center and was previously the Director, Hospital Corpsman Knowledge Management, Naval Hospital Corps School, Great Lakes, IL. CAPT Evans is the recipient of numerous military awards.

---

## **Lieutenant Colonel Sean P. K. Keane**

### **United State Marine Corps**

Lieutenant Colonel (LtCol) Keane currently serves as the Marine Corps Liaison to Veterans Affairs and is co-located in VA's central office in Washington, D.C. LtCol Keane graduated from the University of Massachusetts with a degree in Sports Medicine in 1990. He was commissioned a Second Lieutenant in January 1991 aboard the USS Constitution at the Old Boston Navy Yard. Upon completion of the Basic School he attended the Adjutant's course at Camp Johnson, NC and reported to 1st Radio Battalion, at Kaneohe Bay, HI for duty as the Battalion Adjutant. He was promoted to First Lieutenant in January 1993 and transferred to 3d Battalion, 3d Marines in June 1994 where he served as the Battalion Adjutant and Personnel Officer. In June 1995 he was promoted to Captain. He served with Marine Aviation Support Squadron - 6, and attended the Air Support Control Officers' Course in 29 Palms, CA and became a Direct Air Support Control Officer.

LtCol Keane was the last Marine Corps Officer assigned to NAS South Weymouth, while serving as OIC Marine Site Support Element (Rear) during the Base Realignment and Closure of 1996. LtCol Keane also served in Marine Wing Support Squadron - 474 Det B, as the Personnel Officer for the detachment. In December 1999, LtCol Keane transferred to 1st Battalion, 25th Marines to serve as the Battalion Adjutant and Personnel Officer. He was promoted to Major in August 2000. As a Major, he served as the Adjutant to the Deputy Commandant for Plans, Policies and Operations Department, HQMC. In April 2004, he transferred to Intelligence Department, HQMC, Signals Intelligence (SIGINT) Branch, as the assistant Branch Head. In November 2004 he was assigned as the Branch Head for the SIGINT Branch. In September 2005, he was reassigned to the National Security Agency, as the Marine Cryptologic Support Battalion's, Cryptologic Augmentee Program Manager.

LtCol Keane was promoted to his present rank in September 2006, at the Marine Corps War Memorial in Arlington, VA. In 2007, LtCol Keane served as the CJ-1 Director for the Personnel Services Division at CSTC-Afghanistan, at Camp Eggers, Kabul, Afghanistan. In September 2008 LtCol Keane was selected by HQMC to serve on the Chairman of the Joint Chiefs of Staff, Plans and Policy Directorate, J-5 and served as the Chief of the J-5, Director's Action Group. LtCol Keane has been in his present position since December 2010. LtCol Keane is the recipient of numerous military awards.

---

## **Master Sergeant Christian S. MacKenzie**

### **United States Air Force and Special Operations Command**

On April 12, 2004, while conducting missions in Fallujah, Iraq, Master Sergeant (MSgt) MacKenzie was critically wounded when a rocket propelled grenade struck the cockpit of his helicopter in flight. He suffered severe facial trauma, a Traumatic Brain Injury (TBI), and the destruction of one eye. He spent 16 months in and out of the hospital, numerous surgeries, and, consequently, painful rehabilitation experiences.

On August 25, 2005 MSgt MacKenzie won the battle to recover and was returned to full active duty, and re-instated as an Enlisted Aviator. While undergoing treatment and rehab, from 2004-2005 he served as Non-Commissioned Officer in Charge (NCOIC) Helicopter Operations, Air Force Special Operations Command, Special Operations Liaison Element, and NCOIC Training for the Special Operations Forces Air Operations Center, from 2005 until 2006. MSgt MacKenzie was then assigned to 1st Airlift Squadron, Andrews AFB, MD as a Flight Attendant supporting the Vice President, Chairman Joint Chiefs of Staff, Commander US Central Command, and numerous other missions.

MSgt MacKenzie was called upon to be an Air Force Family Liaison Officer for a critically wounded airman at Walter Reed Army Medical Center. Through his tenacity and compassion for caring for the family and service member he received recognition from the US Special Operations Command casualty assistance liaison chief.

In September 2007, MSgt MacKenzie was selected by the Commander, Air Force Special Operations Command, for a full time position with the US Special Operations Command Care Coalition as a liaison for the wounded, ill, and injured Special Operations Forces and their families in the National Capital Region. In April 2010, MSgt MacKenzie was assigned to HQ USSOCOM Care Coalition as a liaison for the critically wounded TBI and SCI patients at the James A. Haley VA Medical Center. Currently, he serves as Superintendent, Community Outreach, managing benevolent resourcing, wellness events, and transition/ reintegration initiatives for Special Operations Wounded, Ill, and injured warriors. MSgt MacKenzie is the recipient of numerous military awards.

---

**Colonel Karen T. Malebranche, RN, MSN, CNS**  
**United States Army, Retired**  
**U.S. Department of Veterans Affairs**

COL (Ret.) Karen Malebranche, RN, MSN, CNS, is the Executive Director for Interagency Health Affairs in the Veterans Health Administration at the Department of Veterans Affairs (VA). In this capacity, she is responsible for VHA/DoD collaboration, sharing agreements, OEF/OIF/OND outreach and numerous coordination activities with other national and international agencies on Veteran issues, and policy and services guidance. From September 2007 to January 2009, she was the Executive Director for the OEF/OIF Office and served on the Secretary of Veterans Affairs Task Force on the Returning Global War on Terror Heroes. Prior to this, she was the Program Coordinator for Clinical and Case Management in the Office of Seamless Transition and the Chief of the State Home Per Diem Grant Program in the Office of Geriatrics and Extended Care.

COL (Ret.) Malebranche received her civilian undergraduate degree from the University of Portland and her graduate degree from Vanderbilt University in Nashville, TN. She served 31 years in the U.S. Army as an active duty soldier, nurse, senior health systems analyst, program manager, and in various clinical and administrative roles. COL (Ret.) Malebranche is a graduate of the Army Command and General Staff College.

She came to VA after her last active duty assignment in the Office of the Secretary of Defense for Health Affairs, where she was the Director of the Programs and Benefits Directorate at the TRICARE Management Activity. Previous assignments include: Chief, Coordinated Care/TRICARE Division, U.S. Army Medical Command, and Ft. Sam Houston/Office of the Surgeon General; Chief Nurse, Joint Task Force (JTF) Bravo, Honduras; Ft. Campbell; Ft. Rucker; Ft. Ord; Ft. Gordon; Hawaii; and Korea. She has presented at numerous conferences on managed care, resource management, case/care management, and TRICARE. She served as the Chairperson-elect at the National Association of State Veteran Homes and as consultant on the Board of the Armed Forces Veterans Home Foundation. She currently is on the Advisory Board for the first federal healthcare facility for the James A. Lovell Federal Health Care Center in North Chicago, co-chairs the care and collaboration workgroup for the VA Women Veteran Task Force, and co-chairs the governance and policy tiger team on the DoD/VA Wounded Warrior Care and Coordination Task Force. COL (Ret.) Malebranche has worked on numerous VA/DoD initiatives that have greatly enhanced services for Service members, Veterans, and their families.

COL (Ret.) Malebranche has received numerous military and civilian awards for her service as a soldier and an advanced practice nurse.

---

**Lieutenant Colonel Steven J. Phillips, MD**  
**United States Army Reserve, Retired**  
**U.S. Department of Health and Human Services**

Dr. Steven Phillips is the Director, Specialized Information Services, and Associate Director, National Library of Medicine (NLM), National Institutes of Health (NIH), Department of Health & Human Services. Dr. Phillips was on active duty from 1968-70. He served in Vietnam with the 101st Airborne, the 27th Surgical Hospital and then at the Walter Reed Army Institute of Research. In 1970 he returned to Vietnam with a research team to study the effects of altitude on the wounded being flown from Vietnam to the Philippines and Japan. He remained a reserve officer until his retirement as a Lieutenant Colonel in 1993. He is a life member of the 101st Airborne Association and an invited Associate Life Member of the UDT/SEAL Association. Dr. Phillips is on the Board of the Vietnam Wall Memorial Reception Center.

On February 1, 2007, Dr. Phillips returned to the National Library of Medicine (NLM), National Institutes of Health (NIH), as an Associated Director to lead the NLM in establishing a Disaster Information Management Research Center. The Center, which he directs and is located in the NLM Division of Specialized Information Services, is totally devoted to disaster informatics. It is the first of its kind in the world. Dr. Phillips is a graduate of Hobart College and Tufts Medical School and is board certified both in general and thoracic surgery.

In 1967, Dr. Phillips was on the team that implanted the first intraaortic balloon pump in a human, and performed the first heart transplant in the U.S. In 1974 he co-founded the Iowa Heart Center that has grown approximately 60 physicians, all specializing in cardiovascular disease. Dr. Phillips pioneered techniques for emergency coronary bypass surgery for evolving heart attacks, implanted the first artificial heart in Iowa, performed the first heart transplant in central Iowa, and invented the technology for percutaneous cardiopulmonary bypass.

In 1997, Dr. Phillips was interviewed by the White House search committee for the position of Commissioner of the Food and Drug Administration and in 1998 testified before the Full Committee on Commerce as a witness on the Implementation of the Food and Drug Administration Modernization Act of 1997. Dr. Phillips has received numerous military, scientific and humanitarian awards. He serves and has served on numerous corporate and medical society boards, and as president of national and international medical societies. He has approximately 125 peer reviewed medical publications and has been granted six patents.

---

## David K. Rehbein, MS

Mr. David K. Rehbein has served a dual career with his professional life being spent in the research field specializing in solid state physics and materials science and his personal life heavily involved in veterans service and issues through The American Legion. Mr. Rehbein is a US Army veteran with service in Germany from 1970-71 with separation at the rank of Sergeant, E-5.

Mr. Rehbein's 36 years of volunteer work in The American Legion resulted in his election to spend a year of service as the National Commander of the 2.7 million member organization. His leadership roles in that organization include service on the National Board of Directors and chairmanship duties on three major commissions including Veterans Affairs and Legislation and several special high-level committees.

In Iowa, Mr. Rehbein received gubernatorial appointments to two terms on the Iowa Commission of Veterans Affairs overseeing the Department of Veterans Affairs and the 650 resident Iowa Veterans Home. He holds a Bachelor of Science in Physics and Master of Science in Metallurgy from Iowa State University and spent 30 years as a research scientist at the Ames Laboratory, US Department of Energy. He is the author of 75 published scientific papers and one patent. His career included work on many unique problems including aging aircraft, nuclear waste storage, space shuttle fuel tanks, high strength bonds for aircraft turbine blades and robotic inspection. Mr. Rehbein brings a unique blend of knowledge of veterans and military health issues and a set of problem-solving and evaluation skills developed through years in a scientific research environment.

---

## **Major General Richard A. Stone, MD**

### **United States Army Reserve**

Major General (MG) Richard A. Stone, M.D. is currently serving as the U.S. Army Acting Deputy Surgeon General. Before this selection, MG Stone served as the Deputy Surgeon General for Mobilization, Readiness, and Reserve Affairs from March 2009 to June 2011. From October 2005 to March 2009, he served simultaneously as the Commanding General, Medical Readiness and Training Command in San Antonio, TX, and as Deputy Commander for Administration for the 3rd Medical Command in Forest Park, GA. He also serves as the chairman of the Army Reserve Force Policy Committee.

MG Stone is a graduate of Western Michigan University where he received a Bachelor of Science degree in Biology in 1973. He graduated from the Wayne State University Medical School and earned his degree in Medicine in 1977. He completed his internship in internal medicine and residency in Dermatology at Wayne State University, Detroit, MI, from 1977 to 1981, and is certified by the American Board of Dermatology. His military education includes completion of the AMEDD Officer Basic and Advanced Courses, Command and General Staff College, and the U.S. Army War College.

MG Stone was directly commissioned in the Medical Corps in 1991 and has held assignments in the Army Reserve as a dermatologist, 323d General Hospital, 1991–1994; Commander, Hospital Unit Surgical, 323d General Hospital, 1994–1997; Commander, 948th Forward Surgical Team, 1997–2001; and Commander, 452d Combat Support Hospital 2001–2005. While serving as the 452d Combat Support Hospital Commander, MG Stone deployed to Bagram Airfield, Afghanistan, and subsequently was selected to serve as Commander, Task Force 44 Medical (Forward) in 2003–2004, a multinational medical task force of more than 1,000 medical service members from four nations. During this time, he simultaneously served as the Task Force 180 Command Surgeon. MG Stone is the recipient of numerous military awards.

---

## **Colonel Russell A. Turner, MD**

### **United States Air Force, Retired**

Dr. Russell A. Turner brings to the Task Force 30 years of leadership at all levels of family practice, flight and occupational medicine, and primary medical care, along with a strong background in medical systems. In 2005, as the commander of a deployed wartime hospital in Iraq he commanded the busiest multi-force, multi-national trauma hospital in Iraq in support of combat operations north of Baghdad. Additional military experience includes delivery of medical care and disability determination as a clinical family practice physician and a primary care clinic manager.

In the civilian sector, Dr. Turner developed and managed San Antonio city-wide outpatient medical and dental care systems coordinating military and civilian care providers for 36,000 patients. With a specialty in medical industry and informatics, Dr. Turner's expertise extends to surveying electronic medical records, coding and syndrome surveillance for detection of disease patterns.

Dr. Turner has completed a postgraduate degree at the highest level in the Department of Defense for strategic program acquisition, funding and resource planning. Additionally, he led a 10-year planning and management effort for medical modernization for an Air Force system of 16 hospitals and clinics plus all overseas deployed forces. Dr. Turner is a disabled veteran, and currently owns a small business that provides medical consultant services. Dr. Turner is the recipient of numerous military awards.



## **ANNEX 2: ACRONYM LISTING**



## Acronyms Used in Report

Acronym	Meaning of Acronym
ISG	First Sergeant
A&FRCs	Airmen & Family Readiness Centers
ABA	American Bar Association
AC	Active Component
AD	Active Duty
ADOS	Active Duty Operational Support
AF	Air Force
AFB	Air Force Base
AFI	Air Force Instruction
AFSAP	Air Force Survivor Assistance Program
AFTB	Army Family Team Building
AFW2	Air Force Wounded Warrior
AKO	Army Knowledge Online
ANG	Air National Guard
AMEDD	Army Medical Department
AMVETS	American Veterans
AOR	Area of Responsibility
ARNG	Army National Guard
ASAP	Army Substance Abuse Program
ASD(HA)	Assistant Secretary of Defense for Health Affairs
AW2	Army Wounded Warrior
BCMR	Board for Correction of Military Records
BCT	Brigade Combat Team
BEC	Benefits Executive Council
BHIE	Bidirectional Health Information Exchange
BOT	Back on Track
BPR	Business Process Re-Engineering
BTRIP	Brain Trauma Recovery Intervention Program
BUMED	Navy Bureau of Medicine and Surgery
C&P	Compensation and Pension
CAPT	Captain
CAT	Category
CBT	Cognitive Behavioral Therapy
CBWTU	Community-Based Warrior Transition Unit
CCRP	Care Coalition Recovery Program
CDL	Commercial Driver's License

<b>Acronym</b>	<b>Meaning of Acronym</b>
CDP	Center for Deployment Psychology
CDR	Commander
CFR	Code of Federal Regulations
CMO	Case Management Officer
COAD/COAR	Continue on Active Duty/Continue on Active Reserve
COL, Col, Col.	Colonel
Cong.	Congress
CONUS	Continental United States
CMSgt	Command Master Sergeant
CNS	Clinical Nurse Specialist
CPC	Construction Planning Committee
CPT	Cognitive Processing Therapy
CRCs	Community Readiness Consultants
CRP	Comprehensive Recovery Plan
CSM	Command Sergeant Major
CSTS	Center for the Study of Traumatic Stress
CTP	Comprehensive Transition Plan
CYS	Child and Youth Services
DACOWITS	Defense Advisory Committee on Women in the Services
DAV	Disabled American Veterans
DCoE	Defense Centers of Excellence
DCoE PH & TBI	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DD214	Department of Defense Form 214: Certificate of Release or Discharge from Active Duty
DEERS	Defense Eligibility Enrollment Reporting System
DES	Disability Evaluation System
DHCC	Deployment Health Clinical Center
DHS	Department of Homeland Security
DHWG	Deployment Health Working Group
DISC	District Injured Support Cell
DISCs	District Injured Support Coordinators
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DoDD	DoD Directive
DoDI	DoD Instruction
DOL	Department of Labor
DTAP	Disabled Transition Assistance Program
DTM	Directive-Type Memorandum
DVBIC	Defense and Veterans Brain Injury Center

<b>Acronym</b>	<b>Meaning of Acronym</b>
DVOPS	Disabled Veterans' Outreach Program Specialists
DWMMC	Deployed Warrior Medical Management Center
E2I	Education and Employment Initiative
EACE	Extremity Injury and Amputation Center of Excellence
EBHT	Embedded Behavioral Health Team
ECHO	Extended Care Health Option
EEI	Employment, Education, and Internship
EFMP	Exceptional Family Member Program
EHR	Electronic Health Record
EMDR	Eye Movement Desensitization and Reprocessing
ESGR	Employer Support of the Guard and Reserve
ETT	Embedded Tactical Trainer
EXORD	Executive Order
FAC	Family Assistance Center
FSSA	Family Social Services Association
FFSC	Fleet and Family Support Centers
FFSP	Fleet and Family Support Program
FLO	Family Liaison Officer
FOCUS	Families Over Coming Under Stress
FPEB	Formal Physical Evaluation Board
FRAGO	Fragmentary Order
FRC	Federal Recovery Coordinator
FRCP	Federal Recovery Coordinator Program
FRSA	Family Readiness Support Assistant
FTE	Full-Time Equivalents
FY	Fiscal Year
GAO	Government Accountability Office
GS	Government Service
HCE	Hearing Center of Excellence
HEC	Health Executive Council
HIPAA	Health Insurance Portability and Accountability Act
HQDA	Headquarters Department of Army
HQMC	Headquarters Marine Corps
H.R.	House Resolution
ICF	ICF International
IDES	Integrated Disability Evaluation System
iEHR	Individual Electronic Health Record
IIP	Information Interoperability Plan
IMCOM	Installation Management Command

<b>Acronym</b>	<b>Meaning of Acronym</b>
INCAP	Incapacitation
IOP	Intensive Outpatient Program
IPEB	Informal Physical Evaluation Board
IPO	Interagency Program Office
IPS	Individual Placement and Support
IT	Information Technology
JBSA	Joint Base San Antonio
JEC	Joint Executive Council
JFHQ	Joint Forces Headquarters
JFSAP	Joint Family Support Assistance Program
JFTR	Joint Federal Travel Regulation
JSP	Joint Strategic Plan
JTF	Joint Task Force
JTTR	Joint Theatre Trauma Registry
LCDR	Lieutenant Commander
LDES	Legacy Disability Evaluation System
LIMDU	Limited Duty
LLM	Masters of Law
LNO	Liaison Officers
LOA	Line of Action
LOD	Line of Duty
LRMC	Landstuhl Regional Medical Center
LRS-D	Long Range Surveillance Detachment
LT	Lieutenant
LTC, LtCol, Lt Col	Lieutenant Colonel
Lt Gen	Lieutenant General
LVERS	Local Veterans' Employment Representatives
M4L	Marine For Life
MAJ, Maj, Maj.	Major
MARADMIN	Marine Administrative Message
MACE	Military Acute Concussion Evaluation
MC&FP	Military Community and Family Policy
MCAGCC	Marine Corps Air Ground Combat Center
MCCM	Medical Care Case Manager
MCCS	Marine Corps Community Services
M.D.	Medical Doctor
MEB	Medical Evaluation Board
MEBOC	Medical Evaluation Board Outreach Counsel
MED-CHARTS	Medical Electronic Data for Care History and Readiness Tracking System

<b>Acronym</b>	<b>Meaning of Acronym</b>
MEDCOM	Medical Command
MEDCON	Medical Continuation
MEDEVAC	Medical Evacuation
MEDHOLD	Medical Hold
MFLC	Military Family Life Consultants
MFRI	Military Family Research Institute
MG	Major General
MH	Mental Health
MHS	Military Health System
MNR	Medically Not Ready
MMPS	Medical Management Processing System
MOA	Memorandum of Agreement
MOS	Military Occupation Specialties
MOU	Memorandum of Understanding
MRB	Medical Retention Board
MRMC	Medical Research and Materiel Command
MS	Master of Science
MSC	Military Service Coordinator
MSgt	Master Sergeant
MSN	Master of Science in Nursing
MSW	Master of Social Work
mTBI	Mild Traumatic Brain Injury
MTF	Military Treatment Facility
NGAUS	National Guard Association of the United States
NAVADMIN	Navy Administrative Message
NAVMEDEAST	Navy Medicine East
NARSUM	Narrative Summary
NCMs	Nurse Case Managers
NCO	Non-Commissioned Officer
NCOIC	Non-Commissioned Officer in Charge
NCPTSD	National Center for Posttraumatic Stress Disorder
NDAA	National Defense Authorization Act
NGB	National Guard Bureau
NH	Naval Hospital
NICoE	National Intrepid Center of Excellence
NIH	National Institutes of Health
NLM	National Library of Medicine
NMA	Non-Medical Attendant
NMCM	Non-Medical Case Manager

<b>Acronym</b>	<b>Meaning of Acronym</b>
NMFA	National Military Family Association
NMH	Naval Medical Hospital
No.	Number
NOD	National Organization on Disabilities
NRD	National Resource Directory
NRMA	Navy Region Mid-Atlantic
NVLSP	National Veterans Legal Service Program
OAC	Office of Airmen's Counsel
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
OASD(R&FM)	Office of the Assistant Secretary of Defense for Readiness and Force Management
OASD(RA)	Office of the Assistant Secretary of Defense for Reserve Affairs
OCONUS	Outside the Continental United States
ODASD(MC&FP)	Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OIP	Organizational Inspection Program
OND	Operation New Dawn
OPCON	Operational Control
OSCAR	Operational Stress Control and Readiness
OSD	Office of the Secretary of Defense
OT	Occupational Therapy
OTP&CC	Office of Transition Policy and Care Coordination
OUSD(P&R)	Office of the Under Secretary of Defense for Personnel and Readiness
OWF	Operation Warfighter
PDBR	Physical Disability Board of Review
PDHA	Post Deployment Health Assessment
PDHRA	Post Deployment Health Reassessment
PE	Prolonged Exposure
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
PH	Psychological Health
PhD	Doctor of Philosophy
PHOP	Psychological Health Outreach Program
PSGs	Platoon Sergeants
PT	Physical Training
PTSD	Posttraumatic Stress Disorder
Pub. L.	Public Law
RA	Reserve Affairs

<b>Acronym</b>	<b>Meaning of Acronym</b>
RC	Reserve Component
RCC	Recovery Care Coordinator
RCMC	Reserve Component Managed Care
RCP	Recovery Coordination Program
RCP-SS	Recovery Coordination Program Support Solution
REALifelines	Recovery and Employment Assistance Lifelines
RESPECT-Mil	Re-Engineering Systems of Primary Care Treatment in the Military
Ret.	Retired
RNs	Registered Nurses
RSM	Recovering Service Members
RT	Recovery Team
RTD	Return to Duty
RWs	Recovering Warriors
RWTF	Recovering Warrior Task Force
SAMHSA	Substance Abuse and Mental Health Services Administration
SAMMC	San Antonio Military Medical Center
SBHP	Star Behavioral Health Providers
SCAADL	Special Compensation for Assistance with the Activities of Daily Living
SecDef	Secretary of Defense
SECNAV	Secretary of the Navy
SES	Senior Executive Service
SFAC	Soldier and Family Assistance Center
SGT	Sergeant
SI	Seriously Ill/Injured
SIGINT	Signals Intelligence
SIT	Stress Inoculation Training
SLs	Section Leaders
SME	Subject Matter Expert
SMEBC	Soldiers' Medical Evaluation Board Counsel
SNRIs	Serotonin Norepinephrine Reuptake Inhibitors
SOC	Senior Oversight Committee
SOF	Special Operations Forces
SOP	Standard Operating Procedure
SSA	Social Security Administration
SSC	Social Service Coordinator
SSG	Staff Sergeant
SSRI	Selective Serotonin Reuptake Inhibitors
Stat.	Statute
T2	National Center for Telehealth and Technology

<b>Acronym</b>	<b>Meaning of Acronym</b>
TAA	Transition Assistance Advisors
TAG	The Adjutant General
TAOSS	Trauma And Operational Stress Services
TAP	Transition Assistance Program
TAMP	Transitional Assistance Medical Program
TBI	Traumatic Brain Injury
TDRL	Temporary Disabled/Retired List
TRIAP	Tricare Assistance Program
UDT/SEAL	Underwater Demolition Team/ SEa Air and Land
USA	United States Army
USAF	United States Air Force
USAFRICOM	United States Africa Command
USAIG	United States Army Office of the Inspector General
USAR	United States Army Reserve
U.S.C.	United States Code
USCENTCOM	United States Central Command
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USERRA	Uniformed Services Employment and Reemployment Rights Act
USEUCOM	United States European Command
USMC	United States Marine Corps
USMCR	United States Marine Corps Reserve
USN	United States Navy
USSOCOM	United States Special Operations Command
UTA	Unit Training Assembly
VA	Department of Veterans Affairs
VASRD	Veterans Administration Schedule for Rating Disabilities
VBA	Veterans Benefits Administration
VCE	Vision Center of Excellence
VETS	Veterans Employment and Training Service
VHA	Veterans Health Administration
VISNs	Veterans Integrated Service Networks
VLER	Virtual Lifetime Electronic Record
VR&E	Vocational Rehabilitation and Employment
VRCs	Vocational Rehabilitation Counselors
VRP	Vocational Rehabilitation Program
VSII	Very Seriously Ill/Injured
VSO	Veterans Service Organization
VTA	Veterans Tracking Application
VOW	Veterans Opportunity to Work

<b>Acronym</b>	<b>Meaning of Acronym</b>
WCP	Office of Warrior Care Policy
WIA	Wounded in Action
WII	Wounded, Ill, and Injured
WIIC	Wounded, Ill, and Injured Committee
WRAMC	Walter Reed Army Medical Center
WRNMMC	Walter Reed National Military Medical Center
WTB	Warrior Transition Battalion
WTC	Warrior Transition Command
WTU	Warrior Transition Unit
WWBn-East	Wounded Warrior Battalion-East
WWBn-West	Wounded Warrior Battalion-West
WWCTP	Wounded Warrior Care and Transition Policy
WWR	Wounded Warrior Regiment
WWRC	Wounded Warrior Resource Center
YRRP	Yellow Ribbon Reintegration Program



## **APPENDIX A: LEGISLATION**



---

**111 P.L. 84, \*; 123 Stat. 2190;  
2009 Enacted H.R. 2647**

**[\*724] Sec. 724. Department of Defense Task Force on the Care,  
Management, and Transition of Recovering Wounded, Ill, and Injured Members  
of the Armed Forces.**

(a) Establishment.--

(1) In general.-- The Secretary of Defense shall establish within the Department of Defense a task force to be known as the “Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces” (in this section referred to as the “Task Force”).

(2) Purpose.-- The purpose of the Task Force shall be to assess the effectiveness of the policies and programs developed and implemented by the Department of Defense, and by each of the military departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces, and to make recommendations for the continuous improvement of such policies and programs.

(3) Relation to senior oversight committee.-- The Secretary shall ensure that the Task Force is independent of the Senior Oversight Committee (as defined in section 726(c) of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4509)).

(b) Composition.--

(1) Members.-- The Task Force shall consist of not more than 14 members, appointed by the Secretary of Defense from among the individuals as described in paragraph (2).

(2) Covered individuals.-- The individuals appointed to the Task Force shall include the following:

(A) At least one member of each of the regular components of the Army, the Navy, the Air Force, and the Marine Corps.

(B) One member of the National Guard.

(C) One member of a reserve component of the Armed Forces other than National Guard.

(D) A number of persons from outside the Department of Defense equal to the total number of personnel from within the Department of Defense (whether members of the Armed Forces or civilian personnel) who are appointed to the Task Force.

(E) Persons who have experience in--

(i) medical care and coordination for wounded, ill, and injured members of the Armed Forces;

(ii) medical case management;

(iii) non-medical case management;

(iv) the disability evaluation process for members of the Armed Forces;

(v) veterans benefits;

(vi) treatment of traumatic brain injury and post-traumatic stress disorder;

- 
- (vii) family support;
  - (viii) medical research;
  - (ix) vocational rehabilitation; or
  - (x) disability benefits.

(F) At least one family member of a wounded, ill, or injured member of the Armed Forces or veteran who has experience working with wounded, ill, and injured members of the Armed Forces or their families.

(3) Individuals appointed from within department of defense.-- At least one of the individuals appointed to the Task Force from within the Department of Defense shall be the surgeon general of an Armed Force.

(4) Individuals appointed from outside department of defense.-- The individuals appointed to the Task Force from outside the Department of Defense--

(A) with the concurrence of the Secretary of Veterans Affairs, shall include an officer or employee of the Department of Veterans Affairs; and

(B) may include individuals from other departments or agencies of the Federal Government, from State and local agencies, or from the private sector.

(5) Deadline for appointments.-- All original appointments to the Task Force shall be made not later than 120 days after the date of the enactment of this Act.

(6) Co-chairs.-- There shall be two co-chairs of the Task Force. One of the co-chairs shall be designated by the Secretary of Defense at the time of appointment from among the individuals appointed to the Task Force from within the Department of Defense. The other co-chair shall be selected from among the individuals appointed from outside the Department of Defense by those individuals.

(c) Annual Report.--

(1) In general.-- Not later than 12 months after the date on which all members of the Task Force have been appointed, and each year thereafter for the life of the Task Force, the Task Force shall submit to the Secretary of Defense a report on the activities of the Task Force and the activities of the Department of Defense and the military departments to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces. The report shall include the following:

(A) The findings and conclusions of the Task Force as a result of its assessment of the effectiveness of the policies and programs developed and implemented by the Department of Defense, and by each of the military departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

(B) A description of best practices and various ways in which the Department of Defense and the military departments could more effectively address matters relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces, including members of the regular components, and members of the reserve components, and support for their families.

(C) A plan for the activities of the Task Force in the year following the year covered by the report.

---

(D) Such recommendations for other legislative or administrative action as the Task Force considers appropriate for measures to improve the policies and programs described in subparagraph (A).

(2) Methodology.-- For purposes of the reports, the Task Force--

(A) shall conduct site visits and interviews as the Task Force considers appropriate;

(B) may consider the findings and recommendations of previous reviews and evaluations of the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces; and

(C) may use such other means for directly obtaining information relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces as the Task Force considers appropriate.

(3) Matters to be reviewed and assessed.-- For purposes of the reports, the Task Force shall review and assess the following:

(A) Case management, including the numbers and types of medical and non-medical case managers (including Federal Recovery Coordinators, Recovery Care Coordinators, National Guard or Reserve case managers, and other case managers) assigned to recovering wounded, ill, and injured members of the Armed Forces, the training provided such case managers, and the effectiveness of such case managers in providing care and support to recovering wounded, ill, and injured members of the Armed Forces.

(B) Staffing of Army Warrior Transition Units, Marine Corps Wounded Warrior Regiments, Navy and Air Force Medical Hold or Medical Holdover Units, and other service-related programs or units for recovering wounded, ill, and injured members of the Armed Forces, including the use of applicable hiring authorities to ensure the proper staffing of such programs and units.

(C) The establishment and effectiveness of performance and accountability standards for warrior transition units and programs.

(D) The availability of services for traumatic brain injury and post traumatic stress disorder.

(E) The establishment and effectiveness of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and the centers of excellence for military eye injuries, hearing loss and auditory system injuries, and traumatic extremity injuries and amputations.

(F) The effectiveness of the Interagency Program Office in achieving fully interoperable electronic health records by September 30, 2009, in accordance with section 1635 of the Wounded Warrior Act (title XVI of Public Law 110-181; 122 Stat. 460; 10 U.S.C. 1071 note).

(G) The effectiveness of wounded warrior information resources, including the Wounded Warrior Resource Center, the National Resource Directory, Military OneSource, Family Assistance Centers, and Service hotlines, in providing meaningful information for recovering wounded, ill, and injured members of the Armed Forces.

(H) The support available to family caregivers of recovering wounded, ill, and injured members of the Armed Forces.

(I) The legal support available to recovering wounded, ill, and injured members of the Armed Forces and their families.

(J) The availability of vocational training for recovering wounded, ill, and injured members of the Armed Forces seeking to transition to civilian life.

---

(K) The effectiveness of any measures under pilot programs to improve or enhance the military disability evaluation system.

(L) The support and assistance provided to recovering wounded, ill, and injured members of the Armed Forces as they progress through the military disability evaluation system.

(M) The support systems in place to ease the transition of recovering wounded, ill, and injured members of the Armed Forces from the Department of Defense to the Department of Veterans Affairs.

(N) Interagency matters affecting recovering wounded, ill, and injured members of the Armed Forces in their transition to civilian life.

(O) The effectiveness of the Senior Oversight Committee in facilitating and overseeing collaboration between the Department of Defense and the Department of Veterans Affairs on matters relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

(P) Overall coordination between the Department of Defense and the Department of Veterans Affairs on the matters specified in this paragraph.

(Q) Such other matters as the Task Force considers appropriate in connection with the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

(4) Transmittal.-- Not later than 90 days after receipt of a report required by paragraph (1), the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives the report and the Secretary's evaluation of the report.

(d) Plan Required.--Not later than six months after the receipt of a report under subsection (c), the Secretary of Defense shall, in consultation with the Secretaries of the military departments, submit to the Committees on Armed Services of the Senate and the House of Representatives a plan to implement the recommendations of the Task Force included in the report.

(e) Administrative Matters.--

(1) Compensation.-- Each member of the Task Force who is a member of the Armed Forces or a civilian officer or employee of the United States shall serve on the Task Force without compensation (other than compensation to which entitled as a member of the Armed Forces or an officer or employee of the United States, as the case may be). Other members of the Task Force shall be appointed in accordance with, and subject to, the provisions of section 3161 of title 5, United States Code.

(2) Oversight.-- The Under Secretary of Defense for Personnel and Readiness shall oversee the Task Force. The Washington Headquarters Services of the Department of Defense shall provide the Task Force with personnel, facilities, and other administrative support as necessary for the performance of the duties of the Task Force.

(3) Visits to military facilities.-- Any visit by the Task Force to a military installation or facility shall be undertaken through the Deputy Under Secretary of Defense for Personnel and Readiness, in coordination with the Secretaries of the military departments.

(f) Termination.--The Task Force shall terminate on the date that is five years after the date of the enactment of this Act.

## **APPENDIX B: CHARTER**



---

## Charter

### Department of Defense Task Force On the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces

1. Committee's Official Designation: The Committee shall be known as the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (hereafter referred to as "the Task Force").
2. Authority: The Secretary of Defense, under the provisions of section 724 of Public Law 111-84, the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix 2), and 41 CFR § 102-3.50(a), established the Task Force.

Pursuant to section 724(a)(3), the Secretary of Defense shall ensure that the Task Force's work is independent of the Senior Oversight Committee, as defined by section 726(c) of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4509).

3. Objectives and Scope of Activities: The Task Force shall: (a) assess the effectiveness of the policies and programs developed and implemented by the Department of Defense, and by each of the Military Departments to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces; and (b) make recommendations for the continuous improvements of such policies and programs.
4. Description of Duties: The Task Force, pursuant to section 724(c) of Public Law 111-84, shall no later than 12 months after the date on which all Task Force members have been appointed, and each year thereafter for the life of the Task Force, shall submit a report to the Secretary of Defense.

The Task Force shall submit to the Secretary of Defense a report on the activities of the Task Force, and on the activities of the Department of Defense, to include the Military Departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces. As a minimum, the Task Force's report shall include the following:

- a. The Task Force's findings and conclusions as a result of its assessment of the effectiveness of developed and implemented DoD policies and programs, to include those by the Military Departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.
- b. A description of best practices and various ways in which the Department of Defense, to include the Military Departments, could more effectively address matters relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces, including members of the Regular and Reserve Components and support for their families.
- c. A plan listing and describing the Task Force's activities for the upcoming year.
- d. Such recommendations for other legislative or administrative action that the Task Force considers appropriate for measures to improve DoD-wide policies and programs that assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

---

The Task Force, for the purposes of its reports, shall fully comply with sections 724(c)(2) and (3) of Public Law 111-84 in all matters dealing with the report's: (a) methodology; and (b) matters to be reviewed and assessed.

No later than 90 days after receiving the Task Force's report, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives the report and the Secretary's evaluation of the report.

No later than six months after receiving the Task Force's report, the Secretary of Defense, in consultation with the Secretaries of the Military Departments, shall submit to the Committees on Armed Services of the Senate and the House of Representatives a plan to implement the recommendations of the Task Force's annual report.

5. Agency or Official to Whom the Committee Reports: Pursuant to section 724(c) of Public Law 111-84, the Task Force reports its independent findings, advice and recommendations to the Secretary of Defense.
6. Support: The Department of Defense, through the Office of the Under Secretary of Defense for Personnel and Readiness and the Office of the Director of Administration and Management, shall provide support as deemed necessary for the performance of the Task Force's functions, and shall ensure compliance with the requirements of the Federal Advisory Committee Act.

Upon request by the Task Force's co-chairs and in consultation with the Deputy Under Secretary of Defense for Personnel and Readiness, any department or agency of the Federal Government, to include DoD Federally Funded Research and Development Centers, may provide information that the Task Force considers necessary to carry out its duties.

Any Task Force visit to a military installation or facility shall be undertaken through the Deputy Under Secretary of Defense for Personnel and Readiness, in consultation with the appropriate the Secretary of the Military Departments.

7. Estimated Annual Operating Costs and Staff Years: It is estimated that the annual operating costs, to include travel and contract support is approximately \$5,000,000.00. The estimated annual DoD personnel costs are 25.0 full-time equivalents (FTE).
8. Designated Federal Officer: The Designated Federal Officer, pursuant to DoD policy, shall be a full-time or permanent part-time DoD employee, and shall be appointed in accordance with established DoD policies and procedures.

In addition, the Designated Federal Officer is required to be in attendance at all Task Force and subcommittee meetings; however, in the absence of the Designated Federal Officer, the Alternate Designated Federal Officer shall attend the meeting.

9. Estimated Number and Frequency of Meetings: The Task Force shall meet at the call of the Task Force's Designated Federal Officer, in consultation with the co-chairs. The estimated number of Panel meetings is five (5) per year.
10. Duration: The need for this advisory function, unless extended by Act of Congress, is for five years; however this Charter is subject to renewal every two years.

- 
11. Termination: Unless otherwise extended by Act of Congress, the Task Force, pursuant to section 724(f) of Public Law 111-84, terminates no later than October 27, 2014.
  12. Membership and Designation: The Task Force, pursuant to section 724(b) of Public Law 111-84, shall be comprised of not more than 14 members appointed by the Secretary of Defense.

Pursuant to 724(b)(2) of Public Law 111-84, the Secretary of Defense shall appoint:

- a. At least one member of each of the Regular Components of the Army, the Navy, the Air Force and the Marine Corps;
- b. One member of the National Guard;
- c. One member of a Reserve Component of the Armed Forces other than the National Guard;
- d. At least one family member of a wounded, ill, or injured member of the Armed Forces or veteran who has experience working with wounded, ill, and injured members of the Armed Forces or their families; and
- e. A number of person from outside the Department o Defense equal to the total number of personnel from within the Department of Defense (whether members of the Armed Forces or civilian personnel) who are appointed to the Task Force.

Sections 724(b)(2) through (4) of Public Law 111-84, further stipulate the following Task Force appointment requirements:

- a. At least one individual appointed to the Task Force from within the Department of Defense shall be the Surgeon General of an Armed Force.
- b. The individuals appointed to the Task Force from outside the Department of Defense –
  - i. With the concurrence of the Secretary of Veterans Affairs, shall include an officer or employee of the Department of Veterans Affairs; and
  - ii. May include individuals from other departments or agencies of the Federal Government, from State and local agencies, or from the private sector.
- c. Persons appointed to the Task Force shall have experience in –
  - i. Medical care and coordination for wounded, ill, and injured members of the Armed Forces;
  - ii. Medical case management;
  - iii. Non-medical case management;
  - iv. The disability evaluation process for members of the Armed Forces;
  - v. Veterans benefits;
  - vi. Treatment of traumatic brain injury and post-traumatic stress disorder;
  - vii. Family support;
  - viii. Medical research;
  - ix. Vocational rehabilitation; or
  - x. Disability benefits.

There shall be two co-chairs of the Task Force. One of the co-chairs shall be designated by the Secretary of Defense at the time of appointment from among the individuals appointed to the Task Force from within the Department of Defense. The other co-chair shall be selected from among the individuals appointed from outside the Department of Defense by those individuals.

---

Pursuant to sections 724(e)(1) of Public Law 111-84, Task Force members who are members of the Armed Forces or a civilian officer or employee of the United States shall serve on the Task Force without compensation (other than compensation to which entitled as a member of the Armed Forces or an officer or employee of the United States, as the case may be).

Other Task Force members shall be appointed in accordance with, and subject to, the provisions of 5 U.S.C. § 3161 and shall be compensated. These individuals shall serve as special government employees, and they shall not be considered full-time or permanent part-time officers or employees of the Federal Government for the purpose of determining the applicability of the Federal Advisory Committee Act of 1972.

All Task Force members shall be appointed for the duration of the Task Force. In the event of a vacancy on the Task Force the individual appointed to fill that vacancy shall be appointed by the same officer (or the officer's successor) who made the appointment to the seat when the Task Force was first established.

All Task Force members shall receive travel and per diem for official Task Force travel.

13. Subcommittees: With DoD approval, the Task Force is authorized to establish subcommittees, as necessary and consistent with its mission. These subcommittees or working groups shall operate under the provisions of the Federal Advisory Committee Act of 1972, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b), and other governing Federal regulations.

Such subcommittees or workgroups shall not work independently of the chartered Task Force, and shall report all their recommendations and advice to the Task Force for full deliberation and discussion. Subcommittees or workgroups have no authority to make decisions on behalf of the chartered Task Force; nor can they report directly to the Department of Defense or any Federal officers or employees who are not Task Force members.

Subcommittee members, who are not Task Force members, shall be appointed in the same manner as Task Force members.

14. Recordkeeping: The records of the Task Force and its subcommittees shall be handled according to section 2, General Record Schedule 26 and governing Department of Defense policies and procedures. These records shall be available for public inspection and copying, subject to the Freedom of Information Act of 1966 (5 U.S.C. § 552, as amended).
15. Filing Date: 18 November 2010

## **APPENDIX C: REFERENCE HANDBOOK**



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



## **Reference Handbook of Key Topics and Terms**

---

**Updated February 2012**

Including updates from NDAA 2012

Recovering Warrior Task Force  
Hoffman Building II  
200 Stovall Street, Alexandria, VA 22332-0021  
703-325-6640



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

---

This Reference Handbook was prepared for Members of the Recovering Warrior Task Force (RWTF) as a primer on specific matters that Congress charged the Task Force to address. Consisting of 15 separate information papers and an acronym glossary, the handbook is intended to provide a baseline familiarity across a wide array of initiatives undertaken on behalf of Recovering Warriors (RWs). The handbook also is intended to promote the RWTF Members' fluency with terms and acronyms associated with these initiatives. (For purposes of this handbook, the term "recovering warrior" is synonymous with "wounded warrior," "recovering wounded, ill, and injured Service member;" "recovering Service member;" and "wounded, ill, and injured Service (WII) member.")

As directed by Section 724 of the 2010 National Defense Authorization Act (NDAA), the RWTF will assess the effectiveness of the policies and programs developed and implemented by the Office of the Secretary of Defense (OSD) and each of the military departments (hereafter referred to collectively in this handbook as the "Department") to assist and support the care, management, and transition of recovering WII members of the Armed Forces, and to make recommendations for the continuous improvement of corresponding policies and programs. The RWTF provides an invaluable service to the Department and, as an independent body of advisors, was formed to evaluate, provide expert advice, and give recommendations on the policies and programs within the Department that affect wounded warriors. The RWTF's objective is to provide a report with legislative and administrative recommendations to the Department at the end of each year of its four-year duration.

---

Reference Handbook contributors included the following RWTF staff:

COL (Ret) Denise Dailey, Executive Director  
Suzanne Lederer, Ph.D.—ICF International  
Jessica Jagger, Ph.D.—ICF International  
Karen Egan, M.A.—ICF International  
Karen Wessels, M.A.—ICF International  
Amber Bakeman, M.A.—AECOM

Prepared by  
AECOM National Security Programs  
Subcontractor - ICF International



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

**Reference Handbook of Key Topics and Terms  
Table of Contents**

<b>Information Papers on:</b>	<b>Page Number</b>	<b>Citation in legislation*</b>
Non-medical case management .....	C-2	3A
Medical care case management .....	C-4	3A
Wounded warrior units and programs .....	C-6	3B, 3C
Services for posttraumatic stress disorder and traumatic brain injury .....	C-8	3D
Centers of Excellence for Psychological Health and Traumatic Brain Injury, for Vision, for Hearing, and for Traumatic Extremity Injuries and Amputation .....	C-11	3E
Interagency Program Office.....	C-14	3F
Wounded warrior information sources .....	C-16	3G
Support for family caregivers .....	C-19	3H
Legal support .....	C-22	3I
Vocational services .....	C-25	3J
Disability Evaluation System .....	C-27	3K, 3L
Support systems to ease transition from DoD to Department of Veterans Affairs (VA): Transition Assistance Program (TAP).....	C-29	3M
Senior Oversight Committee.....	C-31	3O
Overall coordination between DoD and VA: Joint Executive Council (JEC).....	C-33	3P
Other matters: Resources for Reserve Component (RC).....	C-36	3Q
References.....	C-39	-
Appendix: Acronyms Used in Handbook.....	C-63	-

\* *Pub. L. 111-84, 123 Stat. 2190, §724 Subsection c (Annual Report), paragraph 3 (Matters to be Reviewed and Assessed, subparagraphs A-Q). (No information paper was prepared on topic 3N: Interagency Matters Affecting Transition to Civilian Life).*



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

---

**Topic:** Non-medical case management (performed by recovery care coordinators or federal recovery coordinators and non-medical case managers) (see also information papers on *medical care case management* and *wounded warrior programs*)

**Background:**

Case management is “a process intended to assist returning Service members with management of their care from initial injury through recovery” and “is especially important for returning Service members who must often visit numerous therapists, providers, and specialists,” which can result in multiple, uncoordinated treatment plans.<sup>1</sup> Congress prioritized case management for Recovering Warriors (RWs) through the creation of the Recovery Coordination Program (RCP); the Department of Defense (DoD) followed with RCP implementation guidance in 2009.<sup>2, 3</sup>

The RCP includes: 1) a comprehensive recovery plan (CRP) developed and implemented for each Recovering Warrior, encompassing medical/non-medical needs and short-/long-term goals, to include transition to the Department of Veterans Affairs (VA) or civilian care and medical separation or retirement, or return to duty; 2) a recovery care coordinator (RCC) who has “primary responsibility for development of the CRP” and oversight and coordination of identified medical and non-medical services and resources throughout the continuum of care; and 3) a recovery team (RT) of multidisciplinary medical/non-medical providers who, along with the RCC, develop the CRP and deliver or facilitate services and resources. The RT includes a non-medical case manager (NMC) who works closely with the RW and family to ensure they “get needed non-medical support” and to assist in “resolving non-medical issues.”<sup>4</sup>

According to DoD policy, the assignment of an RCC is based on the care category (CAT) associated with the RW: an RW labeled CAT I has a mild injury or illness and is likely to return to duty in less than 180 days; an RW labeled CAT II has a serious injury or illness and is unlikely to return to duty in less than 180 days; and an RW labeled CAT III has a severe/catastrophic injury or illness and is likely to be medically separated from the military.<sup>5</sup> RWs rated CAT II and above are assigned a DoD RCC; RWs rated CAT III are provided a VA federal recovery coordinator (FRC) in addition to the RCC.<sup>6</sup> More simply, DoD policy requires RCCs be assigned, at a minimum, to RWs whose medical conditions are expected to last at least 180 days, and in addition, FRCs are available to RWs who are likely to separate from service because of their medical condition(s).<sup>7</sup>

RCCs are to be hired and jointly trained by DoD and the Services’ wounded warrior programs. Currently, more than 180 RCCs (49 Marine Corps<sup>8</sup>; 32 Air Force; 37 Army; 19 Army Reserve; 25 Special Operations Command; and 21 Navy<sup>9</sup>) are assigned to more than 40 locations.<sup>10</sup> According to DoD guidance, the Services’ wounded warrior programs are to assign RCCs and NMCs caseloads of 40 RWs or fewer, depending on condition acuity and complexity of non-



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

---

medical needs. Waivers are required for exceptions.<sup>11</sup> Training for RCCs is provided by the Office of Wounded Warrior Care and Transition Policy (WWCTP).

The Services' wounded warrior programs differ in their use of—and nomenclature for—RCCs and NMCMs. Army Warrior Transition Units (WTUs) assign RWs a Squad Leader who functions as the primary NCMC (caseload 1:10); more severely injured RWs are assigned an AW2 Advocate (Warrior Transition Command (WTC) has indicated all AW2 Advocates will receive DoD RCC training<sup>12</sup>; as of February 2012, WWCTP indicated 37 of the 154 AW2 Advocates have done so<sup>13</sup>). The Marine Corps uses RCCs (49 located at 14 separate sites,<sup>14</sup> caseload 1:25<sup>15</sup>) and Wounded Warrior Battalion Section Leaders as the primary NMCMs (caseload 1:11).<sup>16</sup> The Navy uses 21 RCCs (caseload 1:37).<sup>17</sup> The Air Force uses 32 RCCs<sup>18</sup>, as well as Air Force Wounded Warrior (AFW2) NMCMs for those meeting the AFW2 criteria (25, with an average caseload of 1:58<sup>19</sup>), and Family Liaison Officers. The Special Operations Command Care Coalition includes 22 Wounded Warrior Advocates (caseload 1:300) and 27 Liaison Officers (LNOs) (caseload 1:10).<sup>20</sup> Care Coalition caseloads are based on contact frequency, so although an Advocate may have up to 300 lifetime members of Care Coalition, the average caseload is 1 staff to 32 special operators needing weekly, monthly, or quarterly contacts.<sup>21</sup>



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

---

**Topic:** Medical care case management (see also information paper on *non-medical case management*)

**Background:**

A medical care case manager (MCCM) is a licensed registered nurse or degreed social worker who provides coordination of medical care and treatment (also known as clinical case management).<sup>22</sup> The MCCM works as a part of the recovery team with the Recovering Warrior (RW), the RW's commander, a recovery care coordinator (RCC) and/or federal recovery coordinator (FRC)<sup>23</sup>, and a non-medical case manager (NMCM).<sup>24</sup>

In Section 1611 of the 2008 National Defense Authorization Act, Congress specified the duties of the MCCM shall include:

- Assisting the Service member or family member/designee to understand medical status during care, recovery, and transition;
- Assisting the Service member in receiving prescribed medical treatment during care, recovery, and transition; and
- Conducting periodic reviews of the Service member's medical status with the Service member or, with a manager's approval, a designated family member, if the Service member cannot participate.<sup>25</sup>

In the same legislation, Congress mandated uniform standards for the training and skills of MCCMs—and others who work with wounded, ill, and injured Service members—to detect and report signs of posttraumatic stress disorder (PTSD), suicidal or homicidal thoughts, and other behavioral health concerns. DoD policy guidance also requires that as an RW transitions to veteran status, MCCMs communicate directly with the accepting physician or facility.<sup>26</sup> Congress tasked DoD and the Department of Veterans Affairs (VA) to develop policies for MCCMs on caseloads and training requirements, as well as rank and occupation specifications for supervisors of MCCMs. Congress also specified that MCCMs must be fully trained before assuming the duties of the job, and that DoD and VA must provide the necessary resources to operate a medical care case management program.<sup>27</sup>

DoD Instruction (DoDI) 1300.24, Recovery Coordination Program, tasks the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) with ensuring the development and consistent implementation of policies and procedures for MCCMs across the Services, including training, qualifications, and caseloads.<sup>28</sup>

Directive-Type Memorandum (DTM) 08-033, DoD Health Affairs' Interim Guidance for Clinical Case Management for the Wounded, Ill, and Injured Service Member in the Military



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

---

Health System (MHS), delineates requirements for the implementation of clinical case management and establishes the MHS medical and clinical policies and procedures for wounded, ill, and injured care. The DTM was reauthorized on August 16, 2011, and remains in effect through May 31, 2012.<sup>29</sup>

In accordance with DTM 08-033, to support MCCM training, DoD Health Affairs developed basic and advanced medical management trainings available through the MHS Learn Portal.<sup>30</sup> To further unify MCCM efforts across DoD, Health Affairs identified required clinical case management training modules utilizing a patient-centered approach to clinical case management, common combat-related injuries, and transition care coordination.<sup>31</sup> DTM 08-033 states, “the standard number of cases to be managed by each case manager shall be no more than 30.”<sup>32</sup> Figures provided by the Service branches show variation across the Department.<sup>33</sup>

In February 2012, Health Affairs indicated the process of coordinating the DoDI that will drive the standardization of clinical case management across the Services was ongoing. At that time, the draft DoDI had been informally agreed upon with the Services and was in internal coordination within the Office of the Under Secretary of Defense for Personnel and Readiness.<sup>34</sup>



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

---

**Topic:** Wounded warrior units and programs (see also information paper on *non-medical case management*)

**Background:**

The wounded warrior units and programs are the vehicles through which the Services execute the Recovery Coordination Program (RCP) and manage the transition of Recovering Warriors (RWs), as directed by the 2008 National Defense Authorization Act (NDAA) and DoD Instruction (DoDI) 1300.24.<sup>35</sup>

**Army.** The Army Warrior Transition Command (WTC) oversees two mutually dependent programs: the Warrior Transition Unit (WTU); and the Army Wounded Warrior (AW2) Program. WTUs are brigade-, battalion-, or company-level units to which RWs are assigned while preparing to transition back to duty or to civilian status. WTUs are located at major military treatment facilities (MTFs) and provide “command and control, administrative support, and clinical and non-clinical case management to wounded, ill, and injured (WII) Soldiers (and their families) who are expected to require six months or more of rehabilitative care or who require complex medical management.”<sup>36</sup> Today, approximately 9,718 Soldiers are assigned to 38 WTUs, including 9 community-based WTUs (CBWTUs) for Reservists requiring only outpatient care.<sup>37, 38</sup> More than 1200 Soldiers with severe disabilities currently participate in the AW2 Program, which assigns RWs and their families an AW2 Advocate “for life” to assist with needs related to career and education, benefits, transition, information, and more.<sup>39, 40, 41</sup>

**U.S. Marine Corps (USMC).** The USMC Wounded Warrior Regiment (WWR) provides non-medical case management throughout the recovery period to post 9/11 WII Marines and Sailors assigned to or directly supporting Marine units. WWR supports Active and Reserve Component Marines, including those who have separated or retired.<sup>42</sup> The WWR is comprised of a battalion at Camp Lejeune (WWBn-East) and at Camp Pendleton (WWBn-West), which have detachments at 12 principal MTFs and four Department of Veterans Affairs (VA) polytrauma rehabilitation centers. Fifteen to 20 RWs are assigned to each detachment.<sup>43</sup> The USMC program emphasizes outreach and reintegration through resources such as the Battalion Contact Centers, the Sergeant Merlin German Call Center, 29 District Injured Support Coordinators (DISCs) located in 22 VA Veterans Integrated Service Networks (VISNs – VA-defined regions),<sup>44</sup> and the Marine For Life (M4L) Program.<sup>45</sup> As of February 2012, 794 WII Marines and Sailors were assigned to the WWR.<sup>46</sup>

**Navy.** The Navy Safe Harbor Program provides non-medical case management for severely injured—and high-risk, non-severely injured—WII Sailors, Coast Guardsmen, and their families.<sup>47</sup> Safe Harbor is available to those with injuries, whether combat-related or due to a shipboard or liberty accident, and to those with serious physical or psychological illness(es); enrollees remain assigned to their parent unit.<sup>48</sup> The Safe Harbor Operations Department consists of non-medical case managers (NMCMS) geographically dispersed at major MTFs and



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

---

VA polytrauma hospitals, and a Strategic Support Department of subject matter experts who assist the NCMCs.<sup>49</sup> As of February 2012, 789 Sailors were in the Safe Harbor program.<sup>50</sup> Safe Harbor partners with voluntary and community organizations to offer the Anchor Program, which provides mentorship to Reserve and separating/retiring members during their transition to civilian life, thereby extending their contact with Safe Harbor.<sup>51</sup> (Navy Medical Hold is a program that allows Reservists to be retained beyond the expiration of their orders in order to obtain medical treatment).<sup>52</sup>

**Air Force.** The Air Force Wounded Warrior (AFW2) Program is a component of Air Force (AF) Warrior and Survivor Care, which also manages the Recovery Coordination Program (RCP), all non-medical support to RWs, and the Air Force Survivor Assistance Program (AFSAP).<sup>53</sup> The AFW2 Program is for Airmen who have a combat-related injury or illness, necessitating long-term care that will require a Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB) to determine fitness for duty.<sup>54</sup> AFW2 leverages existing resources, such as AFSAP and installation Airman and Family Readiness Centers (A&FRCs), to provide services, including expanded transition assistance, extended case management, follow-up, and advocacy.<sup>55</sup> As part of AFSAP, RWs and their families are assigned a Family Liaison Officer to facilitate the logistics of medical treatment away from home.<sup>56, 57</sup> As of February 2012, Warrior and Survivor Care was undergoing reorganization and restructuring of staff responsibilities to allow it to remain compliant with DoDI 1300.24 and to meet the needs of recovering Airmen, despite slated reductions in AFW2 personnel.<sup>58</sup>

**U.S. Special Operations Command (USSOCOM).** The USSOCOM Care Coalition “is chartered to track, support, and advocate for Special Operations Forces (SOF) casualties from the Global War on Terror for life.”<sup>59</sup> While all SOF RWs are eligible for Care Coalition support, entry into the Care Coalition Recovery Program (CCRP) is limited to those who are seriously or very seriously injured, require hospitalization for more than two weeks, and are not expected to return to duty within six months.<sup>60</sup> Care Coalition currently assists 4,857 WII currently-serving and retired special operators and families,<sup>61</sup> while CCRP currently serves 121 members.<sup>62</sup> Care Coalition partners with governmental and non-governmental agencies to optimize RWs’ access to services—particularly cutting-edge care—and works closely with unit leadership to facilitate swift return of SOF members to duty, as appropriate, and improve SOF readiness.<sup>63</sup> It also serves as a liaison with, and complements, the Services’ wounded warrior programs by advocating that standards be met or exceeded and by promoting equality of benefits across the Services.<sup>64</sup>



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

---

**Topic:** Services for posttraumatic stress disorder and traumatic brain injury

**Background:**

Posttraumatic stress disorder (PTSD) is “a psychological condition that affects those who have experienced a traumatizing or life-threatening event such as combat, natural disasters, serious accidents, or violent personal assaults.”<sup>65</sup> The prevalence rates of PTSD among Service members and veterans vary widely. According to a 2010 RAND report, “In samples representative of previously deployed personnel, rates were commonly five percent to 20 percent, based primarily on self-reported symptoms on questionnaires.”<sup>66</sup> The average prevalence rate among infantry, post deployment, is approximately 15 percent.<sup>67</sup>

The DoD definition of traumatic brain injury (TBI) is “traumatically induced structural injury or physiological disruption of brain function as a result of external force to the head.”<sup>68</sup> According to the Defense and Veterans Brain Injury Center (DVBIC), there were more than 233,000 diagnosed cases of TBI, at all severity levels, across the Armed Forces between the beginning of Fiscal Year (FY) 2000 and the end of FY2011.<sup>69</sup> PTSD and TBI frequently co-occur and affect moods, thoughts, and behavior, “yet these wounds often go unrecognized and unacknowledged.”<sup>70</sup> Mild TBI (mTBI), or concussion, is particularly difficult to diagnose because symptoms are not typically obvious.

DOD’s National Intrepid Center of Excellence (NICoE), which opened June 2010 on the campus of Walter Reed National Military Medical Center (WRNMMC), offers cutting-edge diagnosis, treatment, rehabilitation, and follow-up for warriors with PTSD, TBI, and related conditions.<sup>71</sup> Effective August 10, 2011, the NICoE was transferred from the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) to the Department of the Navy for further alignment under WRNMMC.<sup>72</sup>

**Prevention and early intervention of PTSD.** A wide variety of DoD- and Service-level resources and initiatives exist to facilitate PTSD prevention and early intervention. DoD offers free, confidential counseling through Military OneSource and the Military Family Life Consultants (MFLC) Program. The Army’s Comprehensive Fitness Program trains Soldiers to improve resilience, decrease stress, and promote success.<sup>73</sup> Battlemind is a training curriculum that facilitates transition from combat zone to “home zone” through expectations management.<sup>74</sup> The Army also has begun to embed behavioral health teams within its Brigade Combat Teams.<sup>75</sup> The Marine Corps Reserve and Navy Reserve have established Psychological Health Outreach Teams that provide access to psychological health services to increase resilience and facilitate recovery.<sup>76, 77</sup> Cognitive Behavioral Therapy (CBT), combat exposure-based therapies, and “psychological first aid” are treatment methodologies found to be effective for early intervention and prevention of PTSD.<sup>78</sup>

**Screening for PTSD.** The DoD Pre Deployment Health Assessment, Post Deployment Health Assessment, and Post Deployment Health Re-Assessment are screening tools. According to



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

---

DoD Instruction 6490.03, Deployment Health, all re-deploying Service members must participate in a post deployment health assessment (PDHA)<sup>79</sup> and a post deployment health reassessment (PDHRA),<sup>80</sup> both of which include PTSD screening. Section 712 of Public Law 111-383, the 2011 National Defense Authorization Act (NDAA), advances DoD's ability to detect and treat psychological changes in deployed personnel by mandating pre deployment medical examinations, post deployment medical examinations that include the assessment of mental health, and post deployment health reassessments.<sup>81</sup>

Section 705 of the 2012 NDAA requires the Secretary of Defense (SecDef) to provide in-person mental health assessments 60 days before deployment, every 180 days during deployment, and once between 90 and 180 days after a deployment, at approximately the same time as required periodic health assessments.<sup>82</sup> Section 723 of NDAA 2012 requires the SecDef to report on the benefits of research on neuroimaging studies aimed at improving PTSD diagnosis. The report is due one year after enactment, on December 31, 2012.<sup>83</sup>

**Treatment of PTSD.** Veterans can access PTSD treatment and information through several mental health services, including the National Center for PTSD (NCPTSD), NICoE, DCoE for Psychological Health and Traumatic Brain Injury, and other sources. NCPTSD's mission is to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.<sup>84</sup> Treatment options include psychotherapy, medication, and/or complementary and alternative approaches, such as acupuncture, yoga, and herbal/dietary supplements. The most empirically supported treatment modalities for PTSD include cognitive therapies, specifically cognitive processing therapy (CPT), prolonged exposure (PE), and stress inoculation training. Eye movement desensitization reprocessing (EMDR) has also been shown to be an effective treatment modality.<sup>85</sup> A number of installations offer intensive outpatient therapy (IOP) programs for PTSD (e.g., Fort Campbell and Naval Medical Center San Diego).<sup>86</sup> In regards to pharmacological treatments, the evidence base is strongest for selective serotonin reuptake inhibitors (SSRIs)<sup>87</sup> and serotonin norepinephrine reuptake inhibitors (SNRI).<sup>88</sup>

Access to mental health care for a specific segment of the Armed Forces is addressed by Section 703 of NDAA 2012. This law affords Reservists in training—not on Active Duty—access to mental health care including PTSD care. The law also provides for training on suicide prevention and response. These benefits are to be offered at no cost to the Reservist.<sup>89</sup>

**Screening and treatment of TBI.** Section 722 of Public Law 111-383, NDAA 2011, required the SecDef to develop and implement a comprehensive policy on consistent neurological cognitive assessments of Service members before and after deployment no later than January 31, 2011.<sup>90</sup> TBI screening occurs in theatre, at Landstuhl Regional Medical Center (LRMC), during PDHA and PDHRA, and at the Department of Veterans Affairs (VA) Medical Centers.<sup>91</sup>



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

---

DoD TBI treatment programs have been established throughout the continental United States (CONUS) and overseas. Evidence-based treatment protocols have been tailored to treatment location (e.g., in-theatre, CONUS), acuity of condition (e.g., acute, sub-acute, chronic), and

severity of condition (e.g., mild, moderate, severe, penetrating). The Military Acute Concussion Evaluation (MACE) tool helps to systematize the diagnosis of TBI.<sup>92</sup> Directive-Type Memorandum (DTM) 09-033, Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting, established guidance for the management of concussions in deployed settings. Signed into policy on June 21, 2011, the DTM includes mandatory protocols for exposure, medical evaluation, rest requirements, and resumption of activities that involve a concussion risk.<sup>93</sup> A comprehensive brain injury rehabilitation program may include: visual, vestibular, vocational, physical, and cognitive rehabilitation; specialty services; and psychological counseling.<sup>94</sup> The focus of cognitive rehabilitation is on specific cognitive deficits and the effects of these deficits on social, communication, behavioral, and vocational/academic performance.<sup>95</sup>

Section 724 of NDAA 2012 requires a report from SecDef on how to identify, refer, and treat Operations Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Service members who served before the 50-meter from explosion criterion was established. Additionally, SecDef is required to report on the effectiveness of several newer policies, including managing concussion and mTBI in deployed settings, identifying and treating blast injuries (including the 50-meter criterion), and operational effectiveness in theatre. This report is due 180 days after the law passed, by June 2012.<sup>96</sup>



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

---

**Topic:** Centers of Excellence for Psychological Health and Traumatic Brain Injury, for Vision, for Hearing, and for Traumatic Extremity Injuries and Amputation

**Background:**

The Defense Centers of Excellence (DCoE) for Psychological Health (PH) and Traumatic Brain Injury (TBI) was established November 2007 under DoD’s Military Health System (MHS).<sup>97</sup> In an effort to address concerns about management and oversight raised by the Government Accountability Office (GAO)<sup>98</sup> and consistent with the 2011 recommendation of the RWTF, support responsibility for DCoE is transferring from DoD MHS to the U.S. Army Medical Research and Materiel Command (MRMC); complete transition is expected by October 2013.<sup>99</sup> DCoE serves as DoD’s “open front door” for needs associated with PH and TBI experienced by our Armed Forces. The DCoE currently comprises five directorates and three component centers: Defense and Veterans Brain Injury Center (DVBIC), Deployment Health Clinical Center (DHCC), and National Center for Telehealth and Technology (T2).<sup>100</sup>

Established by Congressional mandate, the mission of the DCoE is to “improve the lives of our Service Members, families, and Veterans by advancing excellence in PH and TBI prevention and care.”<sup>101</sup> DCoE compiles and coordinates the work of scientific researchers, clinicians, and other health professionals—from DoD, Department of Veterans Affairs (VA), and other federal agencies, academic institutions, state and local agencies, and the non-profit and private sectors—to expand the state of knowledge about PH and TBI. The DCoE endeavors to drive the translation of research to practice in the areas of PH, TBI, and suicide prevention; and ensures best practices and quality standards are continuously and consistently implemented throughout the continuum of care, regardless of a Service member’s branch, component, or location. The DCoE Director is Captain Paul S. Hammer, MC, USN.

Among its many activities, DCoE and its component centers develop and train providers in new techniques and technologies in PH and TBI treatment; sponsor and conduct research studies on posttraumatic stress disorder (PTSD), TBI, and promising treatments; create and disseminate guidelines to military and civilian practitioners; develop outreach programs for military and veteran communities and the public; and establish mechanisms to coordinate local, state, and federal resources to eliminate gaps in care for patients in transition between DoD and VA.<sup>102</sup>

Section 716 of Public Law 111-383, the 2011 National Defense Authorization Act (NDAA), mandated several actions relevant to the DCoE. Specifically, it required the Secretary of Defense (SecDef) to develop and implement training on the use of pharmaceuticals in rehabilitation programs for seriously ill or injured Service members. NDAA 2011 also specified that training shall be provided to several groups, including: patients in, or transitioning to, a wounded warrior unit, with special accommodations in the trainings for patients with cognitive disabilities; non-medical case managers; military leaders; and family members. In addition, NDAA 2011 required the SecDef to review DoD policies and procedures regarding the use of



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

---

pharmaceuticals in rehabilitation programs for seriously ill or injured members of the Armed Forces, and to submit recommendations to Congress by September 20, 2011.<sup>103</sup>

In addition to the DCoE, Congress directed the establishment of three other centers: 1) the Vision Center of Excellence (VCE) mandated by NDAA 2008<sup>104</sup>; 2) the Hearing Center of Excellence (HCE) mandated by NDAA 2009; and 3) the Extremity Trauma and Amputation Center of Excellence (EACE), also mandated by NDAA 2009.<sup>105</sup> Like the DCoE, these Centers of Excellence share a common purpose of addressing blast injuries, described as the signature wounds of the wars in Afghanistan and Iraq.<sup>106</sup> Since spring 2010, stakeholders have identified challenges in establishing the centers (e.g., reaching a common vision; infrastructure; governance and control; duplication; leveraging existing efforts, interagency partners, and the academic community; integration across centers; and reconciling operational and policy development responsibilities).<sup>107</sup> All four Centers of Excellence currently receive guidance and direction from the recently established Military Health System Center of Excellence Oversight Board.<sup>108</sup>

**Vision Center of Excellence (VCE).** The mission of the VCE is to “lead and advocate for programs and initiatives to improve vision health, optimize readiness, and enhance quality of life for Service members and Veterans.”<sup>109</sup> The concept of operations was approved January 10, 2012, and the VCE is continuing to evolve initial operational capability.<sup>110</sup> The VCE has two locations: clinical headquarters at Walter Reed National Military Medical Facility in Bethesda, Maryland; and administrative personnel in Crystal City, Virginia.<sup>111, 112</sup> As of February 2012, the VCE was transitioning to align under the Navy Bureau of Medicine and Surgery (BUMED).<sup>113</sup> The VCE has made it a priority to coordinate and collaborate with other Centers of Excellence, including HCE, DCoE PH & TBI, National Intrepid Center of Excellence (NICoE) on the Joint Theatre Trauma Registry (JTTR) and VA Eye Injury Data Store.<sup>114</sup>

**Hearing Center of Excellence (HCE).** Headquartered at Joint Base San Antonio and headed by interim Director Lieutenant Colonel Mark D. Packer, MD, USAF, the HCE began initial operating capability in May 2011 by drafting its concept of operations. As of December 2011, five directorate chiefs were appointed, and “hub” support personnel were addressing a registry in tandem with the VCE for capturing clinical audiogram data. The HCE continues to implement a communications/prevention campaign, prioritize ongoing research, and produce clinical practice guidelines. Full operating capability, defined as a functional DoD/VA hearing data registry, is expected by December 2013. HCE plans call for a staff of 37 to be hired incrementally over five years.<sup>115</sup>

Section 704 of Public Law 111-383, NDAA 2011, mandated several actions relevant to the HCE. Under this mandate, the SecDef was to identify the best tests currently available to screen Service members for tinnitus, develop a plan to ensure all Service members are screened prior to and after deployment to a combat zone, and report on these actions to the congressional



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

---

defense committees no later than December 31, 2011. NDAA 2011 also required the SecDef to examine methods to improve the aural protection for Service members in combat and to submit a report on these methods to Congress within one year of enactment of NDAA 2011. All results of these activities were to be transmitted to the HCE, as well.<sup>116</sup>

**Extremity Trauma and Amputation Center of Excellence (EACE).** The EACE is directed by Mr. John Shero.<sup>117</sup> Its mission is to “Serve as the joint DoD/VA lead organization for policy direction and oversight of the multidisciplinary network for continuous care and study of amputations and extremity injuries resulting from trauma, point of injury through definitive care and rehabilitation, into lifelong surveillance in order to reduce the disability and optimize the quality of life for Service Members and Veterans.”<sup>118</sup> The EACE is in the early stages of establishment.<sup>119, 120</sup> The concept of operations and decision to headquarter the EACE in San Antonio, Texas, was approved by the Centers of Excellence Oversight Board in January 2012.<sup>121</sup> Hiring of staff is ongoing.<sup>122, 123</sup>



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

---

**Topic:** Interagency Program Office

**Background:**

The Interagency Program Office (IPO) was established by Congress in Section 1635 of Public Law 110-181, the 2008 National Defense Authorization Act (NDAA).<sup>124</sup> Congress mandated DoD and the Department of Veterans Affairs (VA) to work together to:

- Increase the speed of health information exchange;
- Develop capabilities to share health information in a usable way (interoperability) by September 30, 2009; and
- Establish the IPO as the office accountable for developing and implementing the health information sharing capabilities for DoD and VA.

The IPO was formed by DoD and VA April 17, 2008, and chartered by January 2009.<sup>125</sup> At that time, the permanent staffing structure included seven government service (GS) civilian positions from DoD and seven GS positions from VA, led by a DoD Director and a VA Deputy Director, both Senior Executive Service (SES) positions.<sup>126</sup> In April 2009, at the direction of the Senior Oversight Committee (SOC), the IPO charter was changed to include coordinating and overseeing the development of the Virtual Lifetime Electronic Record (VLER), which provides Veterans, Service members, their families, care-givers, and their service providers with a single source of information for health and benefits in a way that is secure, and is authorized by the Service member or Veteran.<sup>127,128</sup>

Since 2008, the IPO has received substantial scrutiny from Congress and the Government Accountability Office (GAO), which has issued a number of reports on the interoperability of DoD and VA health information systems and the IPO.<sup>129, 130, 131, 132, 133</sup> NDAA 2011 required the Secretary of Defense to assess and report on existing health information technology systems and future plans for legacy systems and new electronic health record initiatives, including IPO's role.<sup>134</sup>

Although significant data sharing has existed between DoD and VA for years, the Departments had been taking separate paths to replace their existing legacy Electronic Health Record (EHR) systems: DoD's AHLTA (Armed Forces Health Longitudinal Technology Application) and VA's VISTA (Veterans Health Information Systems and Technology Architecture).<sup>135</sup> Starting March 2011, the Secretaries of the Departments committed to jointly developing and implementing the next generation of EHR capabilities. To that end, the IPO has organized teams comprised of clinicians from both departments to define individual EHR (iEHR) capabilities and processes, and is communicating with private health care providers pioneering the exchange of information through VLER. In October 2011, the Deputy Secretaries of both Departments signed a new IPO charter giving more authority to the joint program office and making the IPO the single point of accountability for the iEHR.<sup>136</sup>



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

---

The iEHR will enable DoD and VA to align resources and investments with business needs and programs to implement a common EHR platform. This single system will enable sharing of health care information to allow both departments to track medical care from the time an individual joins the military until they become a Veteran and through the rest of their lives.<sup>137</sup>

The common platform will be developed using the following sequentially ordered business rules:<sup>138</sup>

- Purchase commercially available components for joint use whenever possible and cost effective;
- Adopt applications developed by VA, DoD, or other federal agencies if a modular commercial solution is not available and currently exists inside the government;
- Approve joint application development on a case by case basis, and only if a modular commercial or federally-developed solution is not available; and
- Use applications developed by the other Department unless justification and approval to develop a separate application is sought by the IPO Advisory Board.

In addition, the Secretaries of Defense and Veterans Affairs agreed to implement a high-level governance structure that includes the IPO, whose Director serves as the Program Executive, and an IPO Advisory Board.<sup>139</sup> In essence, the IPO serves as the single point of accountability for the Departments in the development and implementation of the iEHR, and coordinates with the existing DoD/VA Joint Executive Council to integrate capability, functional requirements, and business process re-engineering (BPR). The current Director of the IPO, Mr. Barclay Butler, assumed his position February 27, 2012. As of that date, a staff of approximately 100 personnel was anticipated, with half from DoD and half from VA.<sup>140</sup>

While the IPO aggressively pursues the development and phased implementation of the iEHR, other initiatives of the IPO will continue uninterrupted. This includes the demonstration project underway at the North Chicago DoD/VA medical facility—an interagency collaboration leveraging interoperable legacy electronic DoD and VA health records that “speak to one another.”<sup>141</sup> Section 1098 of NDAA 2011 required ongoing review of the North Chicago pilot by the Comptroller General in July of 2011, 2013, and 2015.<sup>142</sup>



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

---

**Topic:** Wounded warrior information resources

**Background:**

**National Resource Directory ([www.nationalresourcedirectory.gov](http://www.nationalresourcedirectory.gov)).** One of four cornerstones of the Recovery Coordination Program (RCP) established through the Senior Oversight Committee (SOC)<sup>143</sup> (see also information paper on *Senior Oversight Committee*), the National Resource Directory is a joint venture of DoD, the Department of Labor (DOL), and the Department of Veterans Affairs (VA). It is an online partnership “connecting Wounded Warriors, Service Members, Veterans, their families and caregivers with those who support them.”<sup>144</sup> The directory provides access to national, state, and local governmental and non-governmental services and resources for recovery, rehabilitation, and reintegration.<sup>145</sup> Major topic areas include benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, transportation and travel, volunteer opportunities, and other services and resources.<sup>146</sup> In November 2011, the National Resource Directory added a tab with access to the new Veterans Job Bank, an online tool that allows veterans to search for jobs by their military skills and zip code.<sup>147</sup> The National Resource Directory web page also provides the phone number to access the Wounded Warrior Resource Center/Military OneSource.<sup>148</sup>

**Wounded Warrior Resource Center (800-342-9647 or [wwrc@militaryonesource.com](mailto:wwrc@militaryonesource.com)).** A companion to the National Resource Directory, this initiative provides “wounded warriors, their families, and their primary caregivers with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining healthcare services, receiving benefits information, and any other difficulties encountered while supporting wounded warriors”.<sup>149</sup> It is staffed 24/7 by Wounded Warrior specialty consultants who are Master’s level professionals with specialties in the social sciences.<sup>150</sup> It is accessible at 800-342-9647 or via email at [wwrc@militaryonesource.com](mailto:wwrc@militaryonesource.com).<sup>151</sup> (Previously, there was also a Wounded Warrior Resource Center website<sup>152</sup>, but this has been replaced by the National Resource Directory website.<sup>153</sup>) The specialty consultants work with the Services’ wounded warrior programs and the VA in order to make referrals to help address callers’ needs.<sup>154</sup> Individuals can learn about this resource through Military OneSource, Military OneSource briefings, or webinars.<sup>155</sup> Within 24 hours following each call, a consultant must reach out to the Services and/or VA, and within 96 hours, the Services and/or VA must release a plan of action.<sup>156</sup>

Wounded Warrior Resource Center utilization statistics show that 2,939 calls were received by consultants in Fiscal Year (FY) 2011 with the top three issues being health care, VA benefits, and military benefits.<sup>157</sup> Of 111 Recovering Warrior (RW) and family member survey participants from FY 2011, 73 percent rated the overall quality of the service as good or better, 77 percent agreed or strongly agreed that they would use the service again if another need arose, and 66 percent believed that the consultants improved response time.<sup>158</sup>



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

---

**Military OneSource (www.militaryonesource.com or 800-342-9647).** Military OneSource is an all-purpose portal for Active and Reserve Component Service members, spouses, families, and service providers, through which DoD’s Office of Military Community and Family Policy (MC&FP) disseminates information to the military community.<sup>159</sup> Military OneSource is staffed 24/7 by Master’s level professionals.<sup>160</sup> Recent utilization statistics indicate that 1,725,169 Service members and 847,409 family members accessed this resource during FY 2011.<sup>161</sup> The Military OneSource Wounded Warrior tab provides a link to the National Resource Directory and the phone number for the Wounded Warrior Resource Center/Military OneSource.<sup>162</sup>

The “Keeping It All Together” binder from Military OneSource consolidates information across a range of websites, hotlines, and programs.<sup>163, 164</sup> It is a valuable tool for family members, filling an identified need for a “one-stop” information resource.<sup>165, 166</sup> The Marine Corps Wounded Warrior Regiment has had particular success customizing and distributing the binder to families.<sup>167, 168</sup> Military OneSource’s requirement that this resource be ordered individually for Recovering Warriors and family members rather than in bulk may limit utilization.<sup>169</sup>

**Family Assistance Centers.** The Army has established Soldier and Family Assistance Centers (SFACs) at all military treatment facilities (MTFs) with Warrior Transition Units (WTUs) to facilitate family and Soldier access to information and resources.<sup>170</sup> Army SFACs offer a wide variety of services, including information and referral; human resources/military benefits; education counseling; financial counseling/Army Emergency Relief; social services; outreach services; transition support; child, youth, and school services; and computer rooms.<sup>171, 172</sup> The Army has 32 SFACs (29 locations within the continental U.S. (CONUS) and three major locations outside of CONUS).<sup>173</sup> As of July 18, 2011, six of 18 CONUS SFAC construction locations were open and operating in centrally located, campus-like RW settings.<sup>174, 175</sup> Twelve (12) more new construction projects were underway or in the planning stages.<sup>176, 177</sup> Army-wide, the SFACs employ a staff of 208.<sup>178</sup> Sister Services and Army Reserve Component sites provide information to RWs and their families, but most do not have dedicated site-level facilities comparable to the Army’s.<sup>179, 180</sup>

**Service hotlines.** Two Service-specific hotlines operate 24/7:

- Army Wounded Soldier and Family Hotline (800-984-8523) is designed to allow Soldiers and their families to seek information and share concerns about medical care. Concerns also can be shared anonymously through the website: <http://www.armymedicine.army.mil/wsfh/index.html>.<sup>181</sup>
- Marine Corps Sergeant Merlin German Wounded Warrior Call Center (877-487-6299) is for wounded Marines, their families, and eligible Sailors and is also used for outreach.<sup>182</sup>



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

---

The Navy and Air Force wounded warrior websites provide key links and telephone numbers.<sup>183, 184</sup> However, their programs do not operate Service-specific wounded warrior hotlines.<sup>185, 186</sup>

When the DoD Wounded Warrior Care and Transition Policy office held its 2011 Wounded Warrior Care Coordination Summit, many recommendations were made regarding family resilience through increased information flow and improved access to information resources, suggesting that the subject of information resources for RWs and family members is a top priority.<sup>187</sup>



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

---

**Topic:** Support for family caregivers

**Background:**

The financial burden experienced by caregivers and families has been well documented.<sup>188, 189,</sup>  
<sup>190</sup> Several pieces of legislation have been written to address this burden and to support caregivers as they, in turn, support their Recovering Warriors (RWs).

**Special compensation for members of the uniformed Services with catastrophic injuries or illnesses requiring assistance in everyday living.** Catastrophic injury or illness is defined as “a permanent, severely disabling injury, disorder, or illness that the Secretary [of the military Service] ... determines compromises the ability of the afflicted person to carry out the activities of daily living to such a degree that the person requires personal or mechanical assistance to leave home or bed, or constant supervision to avoid physical harm to self or others.”<sup>191</sup> Section 603 of Public Law 111-84, the 2010 National Defense Authorization Act (NDAA)<sup>192</sup> amends federal law<sup>193</sup> to authorize monthly compensation to RWs to pay for aid and attendance care without which they would require hospitalization, nursing home care, or other residential institutional care. Eligibility expires on the earliest of the following dates: after a 90-day period following the date of separation or retirement; when a Service member dies or is determined to no longer be afflicted with the catastrophic injury or illness; or when the Service member begins receiving comparable veteran’s compensation under Title 38.<sup>194</sup> Section 634 of Public Law 111-383, the NDAA 2011, modified the criterion for the amount of special compensation paid to Service members with injuries or illnesses requiring assistance in everyday living.<sup>195</sup> This standard was to be changed from the amount established by the Veterans Administration Schedule for Rating Disabilities (VASRD) to personal caregiver stipends established under 38 U.S. Code (U.S.C.) section 1720G.<sup>196</sup>

On August 31, 2011, this law was promulgated through the initiation of Special Compensation for Assistance with Activities of Daily Living (SCAADL); SCAADL pays Service members for the time and assistance their caregivers provide them at home.<sup>197</sup> In order to be eligible for this stipend, a Service member must have a catastrophic illness or injury incurred in the line of duty and be certified by a licensed physician as requiring assistance from another person in order to perform activities of daily living and requiring some form of institutional care if such assistance was not available.<sup>198</sup> As of January 31, 2012, the Air Force received 11 applications and 10 individuals are receiving the stipend<sup>199</sup>, the Navy received 24 applications and 20 individuals are receiving the stipend<sup>200</sup>, and the Marine Corps processed 194 applications and 178 are rated for benefits.<sup>201, 202</sup>

**Expanded authority for family member travel.** Section 632 of NDAA 2010 expanded the authorized coverage for families of a seriously ill or injured Service member who has been hospitalized to roundtrip travel and per diem once every 60 days and extended the benefit to individuals other than family members chosen by the Service member.<sup>203</sup> Eligible Service



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

---

members may be hospitalized due to combat injury or other serious illness or injury.<sup>204</sup> This requirement is implemented in the current Joint Federal Travel Regulation (JFTR).<sup>205</sup>

**Authorized travel and transportation allowances for non-medical attendants for very seriously and seriously wounded, ill, or injured members.** A qualified non-medical attendant (NMA) is defined as a person whose presence, in the judgment of the attending physician or surgeon and commander or head of the military medical facility, “may contribute to the health and welfare of the [Service] member” while hospitalized for treatment of the wound, illness, or injury or during continuing outpatient treatment.<sup>206</sup> Section 633 of NDAA 2010 amended federal law by authorizing round-trip transportation for NMAs between their home and the location at which the member is receiving treatment, as well as additional transportation while accompanying the member for further treatment.<sup>207</sup> NMAs are also authorized a per diem allowance or reimbursement for actual and necessary travel expenses.<sup>208</sup> This requirement is implemented in the current JFTR.<sup>209</sup>

**Respite care for seriously ill or injured active duty members.** Respite care is defined as “short-term care for a patient to provide rest and change for the primary caregivers who have been caring for the patient at home,” to include assisting the Service member with activities of daily living (e.g., dressing, feeding, hygiene).<sup>210</sup> Respite care is available if the Service member’s care includes more than two “interventions during the eight-hour period per day that the primary caregiver would normally be sleeping.”<sup>211</sup> Respite care is limited to eight hours per day, five days per week, and must be provided by a TRICARE-authorized home health agency.<sup>212</sup> Federal law authorizing respite for TRICARE ECHO participants—family members of Service members—was amended to allow this benefit for Service members.<sup>213</sup> Respite care for seriously ill or injured active duty members is currently available through DoD.<sup>214</sup>

**VA support for caregivers of RWs.** On May 5, 2010, the President signed Public Law No. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010.<sup>215</sup> This law expanded Department of Veterans Affairs (VA) support for family caregivers of active duty (i.e., still serving) RWs.<sup>216</sup> Sections 101 through 104 provided for a program of comprehensive assistance, including: 1) instruction, preparation, and training in providing personal care services; 2) ongoing technical support; 3) counseling; 4) lodging and subsistence; 5) mental health services; 6) respite care of not less than 30 days annually, including 24 hours per day; 7) medical care; and 8) a monthly stipend.<sup>217</sup> The VA launched this comprehensive caregiver program in May 2011 and began the first care-giving training in June 2011.<sup>218</sup>

Caregivers will receive an average of \$1,600 per month.<sup>219</sup> The total amount of the stipend is calculated based on the Veteran’s condition, the amount of care the Veteran requires, and where the Veteran lives.<sup>220</sup> Under the program of comprehensive assistance, caregivers must complete caregiver training developed by Easter Seals in collaboration with the VA.<sup>221</sup> As of January 10, 2012, 4,575 applications had been filed with 2,671 approved (1,250 Tier 3 (highest level); 869 Tier 2; and 552 Tier 1 (lowest level)), 692 were disapproved, 449 were withdrawn by



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

---

caregivers, and 763 were still in process.<sup>222</sup> Reasons for applications being disapproved include Veteran ineligibility (e.g., clinically ineligible or served pre 9/11), administrative issues, (e.g., application lacking date of veteran's discharge), and caregiver ineligibility.<sup>223</sup>

**Inclusion in preseparation counseling.** Section 529 of Public Law 112-81, the 2012 National Defense Authorization Act (NDAA), authorizes the inclusion of a spouse in portions of preseparation counseling and added more content areas to that counseling.<sup>224</sup> Preseparation counseling is required for transitioning Service members (see also information paper on the *Transition Assistance Program*).<sup>225</sup>



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

---

**Topic:** Legal support

**Background:**

Subject to availability of resources, the military is authorized by statute to provide “legal assistance in connection with personal civil legal affairs” to active duty Service members.<sup>226</sup> This legal assistance includes routine legal support to Service members—including wounded warriors, retirees, and their families—on a broad range of legal issues (e.g., bankruptcy, credit issues, identity theft, landlord-tenant disputes, and general estate planning). In addition, each Service provides legal support for wounded, ill, and injured (WII) Service members that focuses on the process for determining medical fitness for continued duty (i.e., the Disability Evaluation System (DES)).<sup>227, 228, 229</sup> Generally, this process involves two boards: the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB) (both informal and formal PEBs).<sup>230</sup>

Directive-Type Memorandum (DTM) 11-015, Integrated Disability Evaluation System (IDES), issued guidance for providing legal support during the IDES process.<sup>231</sup> Each Military Department must provide uniformed or civilian legal counsel at no cost to the Service member. In addition, each Military Department must establish procedures to inform Service members—upon referral to the IDES—of available Government legal counsel and the alternative options of retaining private counsel at their own expense or using the services of a representative of a service organization recognized by the Department of Veterans Affairs (VA).

The Services historically assign attorneys to PEB locations where they offer legal counsel and representation to Service members undergoing formal PEB (FPEB) hearings. The Army has more than 17 Soldiers’ Counsel—mostly mobilized Reservists on one-year tours—assigned to support three PEB sites in the continental United States (CONUS), and to provide legal support for overseas FPEBs via video teleconference.<sup>232</sup> The Navy provides legal support for the FPEB process at the Navy Yard in Washington, DC, which is the sole PEB site for Sailors and Marines. The Air Force provides legal support for the FPEB process at Lackland Air Force Base, which is the sole PEB site for Airmen.<sup>233, 234, 235, 236</sup> Apart from their consistent support for FPEB hearings, the Services vary in their legal support to WII Service members in the disability evaluation system, including the legal resources the Services have allocated and where these resources are housed organizationally. In addition, the Services vary in how early in the process they seek to engage Service members.

**Army.** In 2008, the Army initiated the Soldiers’ MEB Counsel (SMEBC) program to introduce legal support earlier in the disability evaluation process. The Army has 24 attorney/paraprofessional teams—mostly permanent civilian employees—at Army locations worldwide. SMEBC teams also assist severely injured Soldiers receiving care at VA polytrauma centers. In late 2011, the Army authorized the hiring of additional SMEBC attorney/paralegal teams, which will increase the total to 38 SMEBC teams Army-wide.<sup>237</sup>



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

---

The SMEBC teams are available to educate and advise WII Soldiers one-on-one before and during the MEB process, and to help them formulate—and optimize the likelihood of attaining—their goals. SMEBC teams also prepare MEB appeals, requests for impartial provider reviews, requests for reconsideration, requests for formal hearings, and requests for rating reconsiderations. In addition, SMEBC teams conduct regular outreach briefings at Warrior Transition Units (WTUs), Soldier and Family Assistance Centers (SFACs), MEB in-processing briefings, and town hall meetings, and they coordinate with PEB Liaison Officers (PEBLOs).<sup>238, 239, 240, 241</sup> WII Soldiers should be referred to the servicing SMEBC office for an informational briefing on the DES and their rights in the process within 14 days of initiation of the MEB process.

**Navy.** The Navy has designed a program specifically to address the legal needs of WII shipmates. The DES Outreach Attorney Program is staffed with 12 civilian attorneys, including a Program Manager, who provide legal counsel to Sailors and Marines as they navigate the DES process. The Program is expanding an outreach campaign that will ensure that those Sailors and Marines pending review by the PEB are made aware of, and have access to, Navy DES Outreach Attorney Program services at the earliest opportunity, including the limited duty and referral phases. The early use of Outreach Attorney services will help ensure that the most complete and accurate medical information is submitted to the PEB, assisting in expediting Sailors and Marines through the DES process. The Program also seeks to bridge the transition between the informal and formal PEB phases (IPEB and FPEB respectively) of the DES process, allowing for an efficient overall evolution that instills confidence in Service members and their families. Navy DES Outreach Attorneys are located at the major military treatment facilities (MTFs) that process Navy and Marine Corps DES cases.<sup>242</sup>

**Marine Corps.** The Marine Corps provides legal counsel to assist and advise Marines and Sailors as soon as they are referred to the MEB. Currently, the Marine Corps has mobilized six Reserve judge advocates within the Wounded Warrior Regiment and Judge Advocate Division who provide legal support on the East and West coasts, as well as at Quantico, Virginia, and Bethesda, Maryland. The Program Manager, one of the six mobilized Reservists, is located at Marine Corps Headquarters. In addition, two Reserve judge advocates were mobilized to provide legal support for the FPEB process at the Navy Yard in Washington, DC. The Judge Advocate Division is evaluating use of active duty judge advocates in future years.<sup>243</sup>

**Air Force.** The Air Force provides disability evaluation legal support through the Office of Airmen's Counsel (OAC), at Lackland AFB, Texas. Formerly under the Air Force Personnel Center, this program was moved to the Air Force Trial Defense Division in April 2011 to best serve the interests of Recovering Airmen.<sup>244</sup>

In August 2011, the Air Force began supplementing its staffing with Reserve support of three attorneys and two paralegals. As of December 2011, the Air Force had six attorneys and three paralegals providing Airmen legal support after the IPEB decision and, on a space available



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

---

basis, during the IPEB and MEB stage. To provide Recovering Airmen legal support at the MEB, IPEB, FPEB, and appellate stages of the DES, the OAC staffing will increase to 13 attorneys and 10 paralegals as newly authorized active duty positions are filled in the summer of 2012. The staffing increase will also enable the OAC to conduct outreach briefings and increase its educational support to affiliated service providers, such as PEBLOs, Military Service Coordinators (MSCs), and Transition Assistance Program (TAP) and family support personnel.



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

---

**Topic:** Vocational Services

**Background:**

DoD and the Services collaborate with other federal agencies, Veteran Service Organizations (VSOs), private entities, and non-profit organizations to provide job training, counseling, referral, placement, and other assistance.

**The Department of Veterans Affairs (VA) Vocational Rehabilitation and Employment (VR&E) Program.** Congress passed the Soldiers and Sailors Relief Act in 1918 to provide employment and vocational rehabilitation for disabled veterans. As of 2004,<sup>245</sup> VA maintains a five-track system that provides a more focused, individualized approach to employment—as opposed to the previous, single-track, long-term path toward academic degrees.<sup>246</sup> The five-track system includes: (1) self-employment for those interested in entrepreneurship;(2) reemployment for those returning to a previous or similar job or occupation; (3) rapid access to employment for those who need short term assistance with resume, job search, accommodations, and post employment follow-up; (4) employment through long-term services for the more than 80 percent of VR&E participants seeking education or vocational training; and (5) independent living for those who need assistive technologies, adaptive housing grants, training, support services, and/or financial aid to increase their independence in activities of daily living.<sup>247</sup>

The VR&E program can include free tuition at any institution of higher learning or vocational training where the Veteran is accepted, academic counseling, special tutoring if needed, dental care, job referrals, job placement, and other benefits.<sup>248</sup> VR&E is available to Veterans with a combined disability rating of 20 percent or more and to some Service members awaiting discharge.<sup>249, 250</sup> Access to VR&E for active duty Service members was mandated by NDAA 2011 which had a sunset provision ending their access by December 31, 2012.<sup>251</sup> The VOW to Hire Heroes Act of 2011 extended this sunset provision by an additional two years, until December 31, 2014.<sup>252</sup> In Fiscal Year (FY) 2012, VR&E began placing its counselors at all Integrated Disability Evaluation System (IDES) sites; Service members referred to the Physical Evaluation Board (PEB) were mandated to meet with a VR&E counselor for information, evaluation, and to begin VR&E services where appropriate.<sup>253</sup>

**DoD Operation Warfighter (OWF) Program.** OWF is a federal internship program for RWs who are convalescing at military treatment facilities (MTFs).<sup>254</sup> The program provides RWs an opportunity to build their resumes, explore federal employment, develop job skills, and gain valuable federal government work experience.<sup>255</sup> While there is no promise of permanent employment with a federal agency upon completion of the OWF assignment, the program helps federal agencies experience the talent and skills of transitioning Service members. Many employers participating in the OWF program hire transitioning Service members.<sup>256</sup>



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

---

**DOL Recovery and Employment Assistance Lifelines (REALifelines).** DOL’s Veterans Employment and Training Service (VETS)—in partnership with DoD, VA, and the State Workforce Agencies—collaborate with public and private employers to provide job training and employment services to RWs.<sup>257</sup> Using dedicated Disabled Veterans’ Outreach Program Specialists (DVOPS) and Local Veterans’ Employment Representatives (LVERs) located in One-Stop Career Centers throughout the nation, REALifelines creates a seamless, personalized assistance network to provide RSMs training for careers in the private sector.<sup>258</sup>

**Additional Initiatives.** Vocational services are often included in the annual National Defense Authorization Acts (NDAA), to pilot new services, or expand availability of existing services. Section 2805 of NDAA 2011 instructed the Secretary of Defense (SecDef) to establish a program to allow Veterans to work on military construction projects.<sup>259</sup> NDAA 2012 contained three provisions related to vocational services for RWs. Section 555 of NDAA 2012 allowed the Secretary of the Air Force to permit certain post 9/11 RWs to enroll in degree programs of the Community College of the Air Force.<sup>260</sup> Section 558 of NDAA 2012 required the SecDef to conduct a pilot program assessing feasibility and advisability of permitting Service members to obtain civilian credentialing or licensing for skills required in a Military Occupational Specialty (MOS). Congress included a statement in its NDAA report encouraging the SecDef to include Commercial Driver’s Licenses (CDLs) as one of the civilian credentials/licenses to be included in the pilot.<sup>261</sup> Section 551 of NDA 2012 allows the Secretaries of the Services to offer job skills training programs, including apprenticeships, for Service members preparing to transition to civilian employment and civilian life.<sup>262</sup>



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

---

**Topic:** Disability Evaluation System

**Background:**

Under the Legacy Disability Evaluation System (LDES), Service members are separately evaluated by DoD to determine fitness for duty and compensation for injury or disease incurred in the line of duty that inhibits a Service member's ability to perform the duties of her or his office, grade, rank, or rating.<sup>263, 264</sup> In LDES, the Department of Veterans Affairs (VA) evaluates the Service member separately to determine VA benefits, factoring in "all disabilities incurred or aggravated during military service" warranting a disability rating of 10 percent or higher.<sup>265, 266, 267</sup> This difference in what was considered by DoD and VA evaluations accounted for differences in ratings that transitioning Service members received from DoD and VA. Implementation of a new process has been underway since at least 2002 to address these discrepancies and other shortcomings in the Disability Evaluation System (DES).<sup>268, 269</sup>

The Senior Oversight Committee (SOC) (see also information paper on *Senior Oversight Committee*) called for pilot testing of an Integrated Disability Evaluation System (IDES) in 2007 as an alternative to the LDES; pilots began November 2007<sup>270</sup> at three military installations, and Congress included the pilots in the 2008 National Defense Authorization Act (NDAA).<sup>271</sup> The pilots were intended to provide a singular evaluation—using VA protocols and rating—in lieu of the separate DoD and VA evaluations. Specifically, the SOC called for increased consistency in ratings for Service members and veterans, protecting appellate procedures, ensuring direct hand-off from DoD case managers to VA case managers when a Service member transitions, and a reduction in the time from referral to DES to receipt of VA benefits.<sup>272</sup> At the direction of the SOC co-chairs, IDES was expanded worldwide.<sup>273</sup> Full DoD-wide implementation—replacing LDES—was achieved by the end of September 2011.<sup>274</sup> In December 2011, DoD published the first comprehensive Directive-Type Memorandum, DTM 11-015, Integrated Disability Evaluation System.<sup>275</sup> This DTM compiles numerous previous letters and guidelines published by the SOC and established in work groups.<sup>276</sup> This is the first comprehensive policy document on the DES since DoD Directive 1332.18, Separation or Retirement for Physical Disability, in 1996.<sup>277</sup>

The IDES features a single set of disability medical examinations designed for determining both fitness and ability to return to duty, and disability. Evaluation of a Service members' fitness for duty by DoD runs concurrently with VA determination of a disability rating, and has led to a streamlined process that reduces the amount of time it takes for Recovering Warriors (RWs) to receive benefits.<sup>278</sup> While the Physical Evaluation Board Liaison Officer (PEBLO) is assigned to assist the Service member through the process in both LDES and IDES, the assistance of a Military Service Coordinator (MSC) is a new support available in IDES (see also information paper on *legal support*).<sup>279</sup>



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

---

The IDES monthly report tracks IDES performance based on data from the VA Veterans Tracking Application (VTA) IDES module and customer satisfaction surveys administered by the Defense Manpower Data Center. As of the November 2011 IDES monthly report, enrollment was 20,656 and steadily increased at a rate of seven percent per month between May 2011 and October 2011—an overall increase of 40 percent, or 5,880 cases. Average IDES processing time was 361 days compared to the LDES average of 540 days<sup>280, 281</sup>—the goal is 295 days. In addition, the Medical Examination stage is meeting the 45-day goal with an average processing time of 42 days. However, the Medical Evaluation Board (MEB) stage continues to exceed the goals for number of days (35) with Active Component (AC) Service members at 75 days, Reserve at 86 days, and National Guard at 83 days. The goal for Service member satisfaction—calculated by averaging the combined satisfaction with MEB, PEB, and/or Transition and defined as greater than 3.0 on a five-point Likert scale is 80 percent. As of the November 2011 IDES monthly report, satisfaction of the total DoD was 76 percent, with the Army reporting the highest level of satisfaction (78 percent) and the Marine Corps reporting the lowest (69 percent).

Surveys on IDES revealed a steady decrease in overall satisfaction. Service member satisfaction with the IDES experience DoD-wide,—determined by the sum of four items from each of the three phases (MEB, PEB, and Transition)—decreased from 83 percent in July-September 2009 to 70 percent in April-June 2011. The Air Force reported the highest level of satisfaction at 78 percent and the Marine Corps reported the lowest satisfaction at 62 percent. However, the overall percentage satisfied has remained relatively stable during the past year—July 2010 through June 2011.<sup>282</sup>

Several sections of Public Law 111-383 of NDAA 2011 addressed disability benefits and the disability process, including Sections 533, 534, 631, 632, and 633. Section 533 introduced a modification of the PEB process, expanding the rights of Service members by broadening the criteria for those eligible to request a review of their retirement or separation without pay for physical disability—this eligibility was formerly restricted to officers.<sup>283</sup> In an additional step, Section 534 prohibited a Service branch from authorizing an involuntary administrative separation of a Service member because of that member's unsuitability for deployment or worldwide assignment, when the unsuitability is because of a medical condition already assessed by a PEB.<sup>284</sup> Sections 631, 632, and 633 modified the criteria for calculating disability retirement pay. Section 631 allowed benefits to exceed the 75 percent cap on disability retirement for members who served on active duty for more than 30 years while retaining the retired pay multiplier based on years of service.<sup>285</sup> Section 632 specified that disability pay will be paid on the first day of each month, beginning after the month in which the right to such pay accrues.<sup>286</sup> Section 633 amended the method by which eligibility for receiving retired pay is calculated for Reserve Component (RC) Service members; the new method awards credit for time receiving medical care to be counted toward years of service.<sup>287</sup>



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

---

In NDAA 2012, additional provisions regarding disability evaluation were introduced. Section 527 prohibited Services from administratively separating a Service member based on medical conditions for which s/he was found fit for duty by a PEB<sup>288</sup>. Section 596 required the SecDef to report on the feasibility and advisability of an expedited disability determination process for RWs with certain specific diseases or conditions.<sup>289</sup>



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

---

**Topic:** Support systems to ease transition from DoD to Department of Veterans Affairs:  
Transition Assistance Program

**Background:**

Section 502 of Public Law 101-510, the 1991 National Defense Authorization Act (NDAA), as codified in 10 USC §1141-1143 and 1144-1150, authorized comprehensive transition assistance benefits and services for military personnel and their spouses separating or retiring from the Armed Forces within the last 180 days of service and beginning no fewer than 90 days prior to separation.<sup>290, 291, 292</sup> By November 21, 2012, the Transition Assistance Program (TAP) will be mandatory for all Service members unless waived by the Secretary of Defense (or Secretary of the Department of Homeland Security (DHS)), as specified in Section 221 of the Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011.<sup>293</sup> Currently, TAP is authorized for all active duty Service members and their spouses without regard to geographic location and is conducted at most military installations in the United States and overseas. Prior to the VOW to Hire Heroes Act, the Marine Corps and Army's Warrior Transition Command had already mandated TAP participation.<sup>294</sup>

The scope of TAP encompasses all Active Component (AC) separations and retirements, all Reserve Component (RC) deactivations, and all wounded, ill, and injured (WII), and their families.<sup>295</sup> However, the timeline for TAP participation does vary between AC and RC. Public Law 107-103, the Veterans Education and Benefits Expansion Act of 2001, changed the timeline in which separating Service members are to commence the transition process so that pre-separation counseling can now begin up to 12 months prior to separation for those who are not retiring and, in the case of Service members anticipating retirement, 24 months prior to retirement.<sup>296</sup> Prior to release from active duty, demobilizing Reserve Component (RC) Service members are required to receive transition counseling equivalent to the pre-separation counseling provided to their AC counterparts. In the NDAA 2012, Congress authorized an exception to the 90-day rule for demobilizing Reservists; transition assistance can begin fewer than 90 days prior to separation if duties related to demobilization interfere with starting earlier.<sup>297</sup> RC members are eligible to utilize their transition assistance counselors for up to 180 days after release from active duty.<sup>298</sup>

TAP is a mutual responsibility of DoD, the Department of Labor (DOL), Department of Veterans Affairs (VA), and DHS.<sup>299, 300</sup> The Departments collaborate to provide a program that furnishes counseling, assistance in identifying and obtaining employment and training opportunities, information about veterans' benefits programs, and related information and services to separating Service members and their spouses. Specifically, the Departments' responsibilities are:

- DoD and DHS: Individual pre-separation counseling through the Army, Navy, Air Force, Marines, and Coast Guard to inform Service members about educational



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

---

assistance benefits, financial planning, and other benefits to which they are entitled under the law. Section 529 of Public Law 112-81, NDAA 2012, authorized the inclusion of a spouse in portions of pre-separation counseling and added more content areas to that counseling.<sup>301</sup>

- DOL: Conducts two-and-a-half day (20-hour) TAP Employment Workshops that provide employment information, training opportunities, and vocational guidance to allow separating Service members make informed career choices. DOL is currently collaborating with DoD and VA to update the TAP program.<sup>302</sup> For the RC, DOL focuses primarily on the Uniformed Services Employment and Reemployment Rights Act (USERRA).<sup>303</sup>
- VA: Conducts half-day, four-hour VA Benefits Briefings (usually in conjunction with the DOL TAP Employment Workshop). For separating members who are injured and/or disabled, VA conducts an additional two-hour Disabled TAP (DTAP) briefing that provides extensive information regarding VA's Vocational Rehabilitation and Employment (VR&E) benefits and assistance with VR&E application.<sup>304</sup>

For those without easy access to an installation's Transition Assistance Office, DoD has established a TAP web portal—[www.TurboTAP.org](http://www.TurboTAP.org)—that provides a series of resources.<sup>305</sup> These resources include guidebooks and checklists, materials for transitioning personnel to help prepare for mandatory counseling, resources for TAP counselors and state transition assistance providers, links to partner websites, and other tools and information to help facilitate successful transition. The “Pre-separation Guide for the AC” and “Transition Guide for the RC” are available through TurboTAP.<sup>306</sup> DoD is expanding its offerings through TurboTAP.<sup>307</sup>



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

---

**Topic:** Senior Oversight Committee

**Background:**

The President's Commission on Care for America's Returning Wounded Warriors released the Dole/Shalala Report in 2007.<sup>308</sup> To address the hundreds of recommendations made by this commission and other review groups convened before and after the deficiencies at Walter Reed Army Medical Center (WRAMC) were made public, the 2008 National Defense Authorization Act (NDAA) directed DoD and the Department of Veterans Affairs (VA) to "jointly develop and implement comprehensive policies on the care, management, and transition of Recovering Service Members (RSMs)."<sup>309, 310</sup> The Senior Oversight Committee (SOC) for the Wounded, Ill, and Injured (WII)—a team of senior DoD and VA officials co-chaired by the respective Deputy Secretaries—was formed to execute this requirement. Since its inception, the SOC has targeted many issues facing RWs, including some also identified for action by the DoD and VA Joint Executive Council (JEC).

As of February 2012, and consistent with the 2011 recommendation by RWTF, the SOC has been folded into the JEC.<sup>311</sup> As of March 2012, the JEC was restructured to include the new Wounded, Ill, and Injured Committee (WIIC) along with the existing Construction Planning Committee (CPC), Health Executive Council (HEC), Benefits Executive Council (BEC), and Interagency Program Office (IPO).<sup>312</sup> The eight lines of action from the SOC were assigned to appropriate working groups (WG) within the JEC, and two new working groups were added (the James A Lovell Federal Health Care Center WG under the HEC and the Case Management/Care Coordination WG under the BEC).<sup>313</sup> The following paragraphs summarize the evolution of the SOC from inception through this incorporation into JEC in 2011.

In its initial stages, the committee members were organized into eight work groups or lines of action (LOAs): 1) disability system; 2) traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD); 3) case management; 4) DoD/VA data sharing; 5) facilities; 6) clean sheet design (for thinking outside the box); 7) legislative and public affairs; and 8) personnel, pay, and financial support.<sup>314</sup> Among the most visible initiatives of the SOC are the Defense Centers of Excellence (DCoE) for Psychological Health (PH) and TBI, the National Resource Directory, the Federal Recovery Coordination Program (FRCP), and the pilot and full implementation of the Integrated Disability Evaluation System (IDES).<sup>315, 316</sup>

The NDAA 2008 called for the Government Accountability Office (GAO) to examine the Departments' progress in developing and implementing joint policy reforms on behalf of the wounded warrior community, which GAO did in a July 2009 report.<sup>317</sup> This report indicated that the majority of the policy requirements identified by the SOC (60 of 76) had been completed and those remaining were in progress. The report also identified challenges faced by the SOC, such as standardizing key terminology across the Services, concerns about changes in SOC leadership and reporting chains, and unclear differentiation of the responsibilities of the SOC and the JEC, which since 2002 has provided senior leadership for collaboration and



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

---

resource sharing between VA and DoD. In an October 5, 2011, GAO report on the subject of the integration of DoD and VA health care coordination and case management programs, GAO recommended the Secretaries of Defense and VA direct the SOC to address redundancy and overlap with a plan to strengthen functional integration across all DoD and VA care coordination and case management programs.<sup>318</sup> On September 12, 2011, the SOC co-chairs issued a joint letter stating the departments were considering options to maximize care coordination resources. The options were not finalized, identified, or outlined in this letter.

Conceived as a one-year committee, the SOC was to expire May 2008, but was extended to January 2009. The NDAA 2009 then extended it through December 2009. In August 2009, the Deputy Secretaries of DoD and VA cosigned a series of letters to the House leadership to request that the SOC be allowed to continue its work implementing and overseeing “program and process enhancements” serving the WII.<sup>319</sup> “In order to improve the integration of DoD and VA into a single team to address wounded warrior needs as well as the integration of these issues into the management framework of the Under Secretary for Personnel Readiness, the Department created two new offices in late 2008, the Transition Policy and Care Coordination Office and the Office of Strategic Planning and Performance/Executive Secretariat to the SOC/JEC”.<sup>320</sup> In November 2008, Lines of Action (LOAs) one, three, and eight were incorporated into the Transition Policy and Care Coordination Office, whose mission was to “ensure equitable, consistent, high-quality care coordination and transition support for Service members, including wounded warriors and their families, through appropriate interagency collaboration, responsive policy and effective program oversight.” This was the forerunner of today’s DoD Office for Wounded Warrior Care and Transition Policy (WWCTP). Four LOAs were incorporated into existing DoD organizations and one—LOA six—was deemed completed.<sup>321</sup>

As of May 2011, efforts of the SOC continued to focus on four main areas: 1) Service accomplishments; 2) DoD and VA Continuity of Care initiatives to form a coordinated team approach; 3) new approaches to psychological health and the anti-stigma campaign for TBI and posttraumatic stress disorder (PTSD); and 4) the revolution in customer care.<sup>322</sup>



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

---

**Topic:** Overall coordination between DoD and Department of Veterans Affairs: Joint Executive Council

**Background:**

As early as 2002, Congress recognized the need for interagency collaboration on health care through the establishment of the Joint Executive Council (JEC), which “provides senior leadership for collaboration and resource sharing between VA and DoD.”<sup>323</sup> Federal law describes the purpose of the JEC as follows:

“The Secretary of Veterans Affairs and the Secretary of Defense shall enter into agreements and contracts for the mutually beneficial coordination, use, or exchange of use of the health care resources of the Department of Veterans Affairs (VA) and the Department of Defense (DoD) with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by the Veterans Health Administration and the Military Health System to the beneficiaries of both Departments.”<sup>324</sup>

The JEC’s charter encompasses four areas: 1) overseeing development and implementation of the VA/DoD Joint Strategic Plan (JSP); 2) overseeing the Health Executive Council (HEC) and Benefits Executive Council (BEC); 3) identifying opportunities to enhance mutually beneficial services and resources; and 4) submitting an annual report to Department Secretaries and Congress, including progress on the JSP.<sup>325, 326</sup> The JEC laid a foundation of interagency collaboration for the newer Senior Oversight Committee (SOC), which was convened specifically to address the needs of the wounded, ill, and injured (WII). As of February 2012 and consistent with the 2011 recommendation by the Recovering Warrior Task Force (RWTF), the SOC has been folded into the JEC (see also information paper on *Senior Oversight Committee*).

JEC’s Fiscal Year (FY) 2010 Annual Report summarizes JEC accomplishments under six goal areas.<sup>327</sup> Below is a sampling of accomplishments related to Recovering Warriors (RWs), many of which are also under the purview of federal entities other than the JEC.

- Goal 1: Leadership, Commitment, and Accountability
- Goal 2: High-Quality Health Care
  - Virtual Grand Rounds training program focusing on health issues of returning Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF, OIF, and OND) forces was implemented, generating two to four episodes of training each month focused on high priority clinical topics, such as posttraumatic stress disorder (PTSD), integrated care of pain, and traumatic brain injury (TBI).



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

---

- VA/DoD Deployment Health Working Group (DHWG) was established to ensure coordination and collaboration between the Departments to maintain, protect, and preserve the health of Armed Forces personnel, with an emphasis on those returning from OEF/OIF/OND, including health surveillance information, research initiatives related to deployment health, and health risk communication.
- VA/DoD DHWG coordinated DoD's identification of major environmental and occupational exposure incidents during the conflicts in Iraq and Afghanistan; included identification of exposed cohorts, provision of data to VA, and development of appropriate follow-up activities.
- DoD funded \$30.5 million to VA researchers in Fiscal Year (FY) 2010 to investigate high-priority topics, such as secondary prevention of PTSD in at-risk Service members from OEF/OIF/OND, mild TBI (mTBI) following exposure to explosive devices, and effects of deployment to Iraq on psychological health (PH) of Veterans after returning home.
- DoD developed supplemental psychological health screening questions in FY 2010 for the post deployment health assessment (PDHA) and post deployment health reassessment (PDHRA); these instruments are administered to Service members within two months prior to deployment, and 3-to-6, 7-to-12, and 16- to-24 month intervals after return from deployment.
- VA and DoD continued to collaborate on providing Web-based public information to promote positive cultural associations with mental health (MH) treatment and care, and provide information on anonymous MH resources to Service members, Veterans, and their families. DCoE's Real Warriors Campaign website was visited by 71,913 users in FY 2010. VA/DoD Integrated Mental Health Strategy (IMHS), defined by four strategic goals designed to develop a joint VA/DoD strategy to address the range of MH needs of Services members, Veterans, and their families in the wake of contingency operations in Iraq and Afghanistan, was approved by the SOC in May 2010.
- Goal 3: Seamless Coordination of Benefits
  - VA/DoD BEC Pre-Discharge Program allows Service members to file VA disability compensation claims up to 180 days prior to separation.
  - VA/DoD expanded the BEC Communication of Benefits and Services Working Group (WG) to increase awareness of new or expanded VA/DoD benefits and services available to Service members.



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

---

- BEC Medical Records WG updated the memorandum of agreement (MOA) between VA and DoD regarding the physical transfer of treatment records for Veterans benefits processing.
- Goal 4. Integrated Information Sharing
  - As part of the DoD/VA Interagency Program Office (IPO) initiative to develop electronic health care records systems and accelerate the exchange of health care information:
  - Bidirectional Health Information Exchange (BHIE) completed 100 percent of FY 2010 quarterly metric milestones to enhance viewable bidirectional electronic health data sharing between DoD/VA.
  - HHS Nationwide Health Information Network developed software using a specified set of health data standards to allow interoperability between different health care organization systems to securely communicate over the Internet.
- Goal 5: Efficiency of Operations
- Goal 6: Joint Medical Contingency/Readiness Capabilities



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

---

**Topic:** Other matters: Resources for Reserve Component

**Background:**

The Reserve Components (RC) of the Armed Forces—Army Reserve (USAR), Air Force Reserve, Navy Reserve, Marine Corps Reserve, Coast Guard Reserve, Army National Guard (ARNG), and Air National Guard (ANG)—total nearly 1.1 million Service members and comprise more than 40 percent of the total force.<sup>328</sup> Since 9/11, more than 800,000 RC personnel have been called to active duty.<sup>329</sup> The ARNG and USAR have deployed more than 450,000 Soldiers—many Soldiers have been deployed more than once—in support of Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND).<sup>330</sup> The Services are required to “ensure their Recovery Coordination Programs (RCPs) are extended to include Recovering Service members (RSMs) in their RCs and incorporate all program services, to include identifying RSMs, assigning RSMs to Recovery Care Coordinators (RCCs), and preparing recovery plans.”<sup>331</sup> The Services’ wounded warrior programs do not differentiate between Active Component (AC) members and activated Reservists (see also information paper on *wounded warrior units and programs*).<sup>332</sup> However, certain resources are unique to the RC as a whole and to specific RCs.

**Army Community-Based Warrior Transition Units (CBWTUs).** CBWTUs allow qualified ARNG and USAR Reservists to recover in their home communities. As of September 2011, 53 per cent of the 9,825 Soldiers assigned to WTUs/CBWTUs were ARNG or USAR Soldiers, and 23 percent of the 9,825 were managed by a CBWTU.<sup>333</sup>

**USAR RCCs.** Nineteen RCCs, trained by DoD, are located in high-density areas throughout the USAR. The USAR RCC program does not support ARNG Soldiers.<sup>334, 335</sup>

**National Guard Bureau (NGB) Transition Assistance Advisor (TAA) Program.** NGB TAA serves all redeploying or separating RC members, injured or not. TAAs are in each of the 50 states and four territories, co-located with the state Adjutants General and incorporated into the Department of Veterans Affairs (VA) sectors and the CBWTUs.<sup>336</sup> TAAs assist Soldiers and families with reintegration into the unit or transition to civilian life by establishing one-on-one contact and educating them on federal, state, local, and community benefits and entitlements. TAAs partner extensively with entities such as the Joint Family Support Assistance Program (JFSAP), Employer Support of the Guard and Reserve (ESGR), Psychological Health (PH), Yellow Ribbon Reintegration Program (YRRP), CBWTUs, job assistance programs, veterans service organizations (VSOs), and others.<sup>337</sup> There are 65 contracted TAAs and a handful of TAAs working as state employees or in Active Duty for Operational Support (ADOS) status. TAAs carry caseloads of approximately 1:73 for wounded, ill, or injured (WII) members and 1:5117 for all separating/returning members.<sup>338</sup> While TAAs serve all RC members, and even some AC members, ARNG members comprise their largest clientele.<sup>339</sup>



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

---

**ARNG.** The ARNG has taken several steps to address gaps in RC medical care, and the management of Soldiers who are not medically ready for deployment. One such step was creating a process for Soldiers with low risk-low acuity conditions, who were injured or became ill during mobilization or training, to return to active duty on short-term orders to resolve those duty-related limiting conditions. The Reserve Component Managed Care (RCMC) Pilot Program involves 14 states from the ARNG with a formal application process for putting eligible Soldiers on active duty orders for up to 179 days. Soldiers participating in this program are managed through the Medical Management Processing System (MMPS). MMPS systematically monitors, manages, and facilitates authorized medical care for Soldiers who are medically non-available for deployment and focuses on facilitating a final disposition of their medical condition. This program utilizes many of the full-time medical staff that the ARNG has brought on board over the past 10 years to assist in building and maintaining medical readiness. Overseen by the Deputy State Surgeon, the staff that support the MMPS include case managers, care coordinators and medical readiness non-commissioned officers (NCOs). The RCMC Pilot will be reevaluated by the Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)) in August 2012 to assess whether full implementation of this program across the ARNG is warranted.<sup>340</sup>

Another recent initiative was the implementation of the RC Soldier Medical Support Center (SMSC). Established in Pinellas Park, Florida, in January 2011 and staffed by USAR and ARNG Soldiers, it is a short-term solution to facilitate the screening of the backlog of RC Medical Evaluation Board (MEB) packets, and a gateway for RC Integrated Disability Evaluation System (IDES) medical processing support. The RC SMSC screens RC MEB packets for accuracy/completeness; validates and submits RC MEB packets to Medical Command; and provides administrative /medical subject matter expertise regarding IDES RC medical processing.<sup>341</sup>

**Marine Corps Reserve.** The Marine Corps Reserve established its PH Outreach Program in 2009 to provide activated Reserve Marine forces access to appropriate PH care services, to increase resilience, and to facilitate recovery. Much like the Navy Psychological Health Outreach Program (PHOP), six teams of five licensed clinicians work throughout the country in Washington, California, Missouri, Georgia, Louisiana, and Massachusetts. They provide Marines and family members initial screenings, referrals, and telephone/email follow-up services to ensure clients have received needed information and services, whether through military, VA, or civilian community resources. In addition, PHOP provides psycho-educational briefs and consultation to command, and interfaces with civilian resources to ensure they have the background necessary to effectively serve the Marine Corps population.<sup>342</sup>

**Navy Reserve.** The Navy Region Mid-Atlantic (NRMA) RC Command Medical Hold Department (MEDHOLD EAST), located in Norfolk, Virginia, provides case management services for RC members who are authorized a medical hold status.<sup>343</sup> Eligible Sailors must be unfit for duty and have “conditions incurred or aggravated after completion of continuous active



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

---

duty orders for more than 30 days.<sup>344</sup> Stays in MEDHOLD do not normally exceed 12 months.<sup>345</sup> MEDHOLD case management is provided by RN case managers, with an emphasis on medical matters, although non-medical case management is provided as warranted.<sup>346</sup>

The Navy Reserve established a PHOP in 2008 aimed at maintaining psychological health and promoting resilience and recovery of Reserve Service members and their families.<sup>347</sup> PHOP staff, including clinically licensed outreach coordinators and outreach support team members, are co-located with RC Command staff in five regions—Mid-Atlantic, Southeast, Southwest, Northwest, and Midwest. They conduct a thorough behavioral health screening to holistically assess an individual’s psychological, physical, and social functioning, and family well-being. Based on this screening, PHOP staff link individuals with appropriate military or community-based providers and provide follow-up. PHOP also conducts outreach calls with recently demobilized Sailors and provides psycho-educational briefings on a variety of topics of interest to the Navy Bureau of Medicine.<sup>348</sup>

**YRRP.** The 2008 National Defense Authorization Act (NDAA) called for the establishment of the YRRP to provide information, services, referral, and proactive outreach programs to RC members and families throughout the deployment cycle.<sup>349</sup> DoD Instruction 1342.28, DoD YRRP, provides comprehensive guidance regarding YRRP policy, responsibilities, and implementation, replacing earlier departmental guidance.<sup>350</sup> For reintegration purposes, the YRRP is organized on a 30-60-90-day post deployment model.<sup>351</sup> Official health screening in the form of the post deployment health reassessment (PDHRA) is to be incorporated into 90-day YRRP activities (see also information paper on *services for posttraumatic stress disorder and traumatic brain injury*).<sup>352</sup>

NDAA 2011 introduced YRRP enhancements, including expansion of partnerships with the VA and Service and state-based programs, a mechanism for evaluating the effectiveness of the YRRP via the Center for Excellence in Reintegration, authorization of resiliency training, and authorization of transportation and per diem allowances for YRRP participants.<sup>353</sup> Section 590 of NDAA 2012 restated the function of the Center for Excellence in Reintegration to focus on lessons learned from states’ Guard/Reserve, training for state representatives, and identifying best practices in information dissemination and outreach.<sup>354</sup> Section 703 of NDAA 2012 provides for mental health care and training on suicide prevention and response for un-activated Reservists during training, at no cost to the Reservists.<sup>355</sup>



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

---

**References for non-medical case management:**

<sup>1</sup> Government Accountability Office (September 26, 2007). DoD and VA: Preliminary observations on efforts to improve health care and disability evaluations for returning service members. Washington, DC: Author. GAO 07-1256T.

<sup>2</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).

<sup>3</sup> Office of the Under Secretary of Defense for Personnel & Readiness (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program. Washington, DC: Author.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> DoD (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>

<sup>8</sup> Col Mayer, J. L., and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012. While WWCTP indicated 50 RCCs for the USMC, USMC WWR indicated 49 RCCs with caseloads. WWCTP reported a total of 181 RCCs as of February 2012.

<sup>9</sup> CAPT Carter, B., and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012. Navy Safe Harbor indicated having 21 as of February 2012, while WWCTP indicated Navy had 18 RCCs.

<sup>10</sup> Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy (WWCTP). February 21, 2012.

<sup>11</sup> Mencl, P., Roberts, S., and Stevens, B. (June 10, 2010). Wounded Warrior Care and Transition Policy (WWCTP) programs overview. Presentation to DoD Inspector General Office.

<sup>12</sup> BG Williams, D. Army Warrior Transition Command (WTC) briefing to the RWTF. February 21, 2012.

<sup>13</sup> Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy (WWCTP). February 21, 2012.

<sup>14</sup> Wounded Warrior Regiment. Briefing to the RWTF. Recovery Care Coordinators. January 11, 2012.



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

---

<sup>15</sup> Col Mayer, J. L., and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF.

<sup>16</sup> Ibid.

<sup>17</sup> CAPT Carter, B., and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.

<sup>18</sup> Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy (WWCTP). February 21, 2012.

<sup>19</sup> Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior (AFW2) program: Non-medical care management and support. December 6, 2011.

<sup>20</sup> McDonnell, K. SOCOM Care Coalition briefing to the RWTF. February 22, 2012.

<sup>21</sup> Ibid.

**References for medical care case management:**

<sup>22</sup> DoD (August 26, 2009; Rev. August 16, 2011). DoD Directive-Type Memorandum (DTM) 08-033: Interim guidance for clinical case management for the wounded, ill, and injured service member in the military health system.

<sup>23</sup> Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012; slide 2. Federal recovery coordinators are masters-prepared nurses and clinical social workers who provide care coordination for severely wounded, ill, and injured Service members, Veterans, and their families.

<sup>24</sup> DoD (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

<sup>25</sup> National Defense Authorization Act (NDAA) of 2008, Pub. L. No. 110-181, §1611 (2008).

<sup>26</sup> DoD (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

<sup>27</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).

<sup>28</sup> DoD (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

<sup>29</sup> DoD (August 16, 2011) Directive-Type Memorandum (DTM) 08-033: Interim guidance for clinical case management for the wounded, ill, and injured service member in the Military Health System.

<sup>30</sup> Quisenberry, G. C. Briefing to the RWTF. Clinical case management education and training. October 5, 2011.



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

---

<sup>31</sup> Ibid.

<sup>32</sup> DoD (August 26, 2009). Directive-Type Memorandum 08033: Interim guidance for clinical case management for the wounded, ill, and injured Service member in the Military Health System.

<sup>33</sup> CAPT Carter, B., and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.

<sup>34</sup> Quisenberry, G. Briefing to the RWTF. Clinical case management services. February 22, 2012.

**References for wounded warrior units and programs:**

<sup>35</sup> DoD (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

<sup>36</sup> CALIBRE. (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: Office of Wounded Warrior Care and Transition Policy (WWCTP).

<sup>37</sup> Army Warrior Care and Transition Policy response to the RWTF data call. April 16, 2012.

<sup>38</sup> DoD (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>

<sup>39</sup> Army Warrior Transition Command (WTC) briefing to the RWTF. February 22, 2011.

<sup>40</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>

<sup>41</sup> Army Warrior Care and Transition Policy response to the RWTF data call. April 16, 2012

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Wounded Warrior Regiment Iowa District Injured Support Coordinators (DISCs). Prepared briefing for the RWTF. District Injured Support Coordinators. No date.

<sup>45</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: WWCTP.

<sup>46</sup> Ibid.



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

---

- <sup>47</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- <sup>48</sup> Ibid.
- <sup>49</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: WWCTP.
- <sup>50</sup> CAPT Carter, B., and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- <sup>51</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: WWCTP.
- <sup>52</sup> Department of Navy, Bureau of Medicine and Surgery (July 28, 2008). NAVMED Policy 08-019: Medical oversight of reserve component medical hold (MEDHOLD) personnel.
- <sup>53</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- <sup>54</sup> Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior (AFW2) program: Non-medical care management and support. December 6, 2011.
- <sup>55</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: WWCTP.
- <sup>56</sup> Ibid.
- <sup>57</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- <sup>58</sup> Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.
- <sup>59</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: WWCTP.
- <sup>60</sup> Ibid.
- <sup>61</sup> McDonnell, K. SOCOM Care Coalition Briefing to the RWTF. February 22, 2012.
- <sup>62</sup> Infelise, C. Briefing to the RWTF. SOCOM Care Coalition. January 11, 2012 (slide 12).



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

---

<sup>63</sup> DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>

<sup>64</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: WWCTP.

**References for services for posttraumatic stress disorder and traumatic brain injury:**

<sup>65</sup> Department of Veterans Affairs (n.d.). Polytrauma System of Care Definitions. Retrieved October 25, 2010, from <http://www.polytrauma.va.gov/definitions.asp#ptsd>

<sup>66</sup> Maggio, E. (2010). Studies' estimates of PTSD prevalence rates for returning service members vary widely. RAND Center for Military Health Policy Research. Retrieved February 15, 2012, from [http://www.rand.org/content/dam/rand/pubs/research\\_briefs/2010/RAND\\_RB9509.pdf](http://www.rand.org/content/dam/rand/pubs/research_briefs/2010/RAND_RB9509.pdf)

<sup>67</sup> Hoge, C. Panel presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.

<sup>68</sup> DoD (September 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from <http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf>

<sup>69</sup> Defense and Veterans Brain Injury Center. (n.d.). DoD worldwide numbers for TBI non-combat and combat injuries. Retrieved February 15, 2012, from <http://dvbic.org/TBI-Numbers.aspx>

<sup>70</sup> Tanielian, T., and Jaycox, L. H. (Eds.). (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: Rand. Retrieved November 4, 2010, from [http://www.rand.org/pubs/monographs/2008/RAND\\_MG720.pdf](http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf)

<sup>71</sup> National Intrepid Center of Excellence (n.d.). NICoE information page. Retrieved January 11, 2012, from [http://www.bethesda.med.navy.mil/new\\_directions/NICoE.pdf](http://www.bethesda.med.navy.mil/new_directions/NICoE.pdf)

<sup>72</sup> Ibid.

<sup>73</sup> Ready Army (n.d.). Comprehensive soldier fitness. Retrieved February 9, 2012, from [http://www.acsim.army.mil/readyarmy/ra\\_csf.htm](http://www.acsim.army.mil/readyarmy/ra_csf.htm)

<sup>74</sup> Morales, J. (March 23, 2009). Soldiers learn how to get out of the 'battle mind' and back into the 'peacetime' mind. Retrieved February 9, 2012, from <http://www.army.mil/article/18608/>



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

---

<sup>75</sup> MCXE-BH. (October 2011). Evans Army Community Hospital embedded behavioral health teams (information paper). Fort Carson, CO: Author.

<sup>76</sup> Wells, T. Site briefing to the RWTF. Marine Forces Reserve Psychological Health Outreach Program. November 15, 2011.

<sup>77</sup> Navy Reserve Psychological Health Outreach Program (n.d.). About. Retrieved December 23, 2011, from <http://www.navyreserve.navy.mil/Pages/PHOP.aspx>

<sup>78</sup> Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (n.d.). PTSD: Treatment options. Retrieved October 28, 2010, from <http://www.dcoe.health.mil/ForHealthPros/PTSDTreatmentOptions.aspx>

<sup>79</sup> Deployment Health Clinical Center (November 3, 2010). Enhanced Post-Deployment Health Assessment (PHDA) Process (DoD Form 2796). Retrieved November 4, 2011, from [http://www.pdhealth.mil/dcs/DD\\_form\\_2796.asp](http://www.pdhealth.mil/dcs/DD_form_2796.asp)

<sup>80</sup> DoD (April 19, 2007). Force health protection and readiness policy and programs: The post deployment health reassessment (PDHRA). Retrieved October 25, 2010, from <http://fhp.osd.mil/pdhrainfo/>

<sup>81</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §712 (2010).

<sup>82</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §705 (2011).

<sup>83</sup> National Defense Authorization Act of 2012 Pub. L. No. 112-81. §723 (2011).

<sup>84</sup> National Center for Posttraumatic Stress Disorder (n.d.). NCPTSD—mission and overview. Retrieved February 12, 2012, from <http://www.ptsd.va.gov/about/mission/mission-and-overview.asp>

<sup>85</sup> Lt Col Dickey, D.H. Panel presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Air Force. February 23, 2012.

<sup>86</sup> Site briefings to the RWTF. March/April 2011.

<sup>87</sup> Jeffreys, M. (December 20, 2011). Clinicians guide to medications for PTSD. National Center for PTSD. Retrieved February 12, 2012, from <http://www.ptsd.va.gov/professional/pages/clinicians-guide-to-medications-for-ptsd.asp>

<sup>88</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>89</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §703 (2011).

<sup>90</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §722 (2010).



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

---

<sup>91</sup> DoD (September, 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from <http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf>

<sup>92</sup> Defense and Veterans Brain Injury Center. (n.d.). Concussion/mTBI Screening. Retrieved January 9, 2012, from <http://www.dvbic.org/Providers/TBI-Screening.aspx>

<sup>93</sup> Office of the Under Secretary of Defense for Personnel & Readiness (June 21, 2010). Directive-type memorandum (DTM) 11-033: Policy guidance for management of concussive/mild traumatic brain injury in the deployed setting. Washington, DC: Author.

<sup>94</sup> Vanderploeg, R.D., CDR Handrigan, M.T., and Pramuka, M. Panel presentation to the RWTF: Cognitive Rehabilitation Therapy and TBI. May 19, 2011.

<sup>95</sup> Ibid.

<sup>96</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §724 (2011).

**References for Defense Centers of Excellence:**

<sup>97</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>98</sup> Government Accountability Office (February 2011). Defense health: Management weaknesses at Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury require attention. Washington, DC: Author. GAO 11-219.

<sup>99</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>100</sup> Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (n.d.). About DCoE. Retrieved February 24, 2012, from <http://www.dcoe.health.mil/WhatWeDo.aspx>

<sup>101</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>102</sup> Ibid.

<sup>103</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §716 (2011).

<sup>104</sup> National Defense Authorization Act of 2008, Pub. L., No. 110-181, §1611 (2008).

<sup>105</sup> National Defense Authorization Act of 2009, Pub. L. No. 110-417, §721 and §722. (2009).



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

---

<sup>106</sup> Statement to the Subcommittee on Military personnel of the House Committee on Armed Services, 111th Cong. (April 13, 2010). (Prepared statement of LTG Eric B. Schoomaker, Army Surgeon General).

<sup>107</sup> Department of Defense Medical Centers of Excellence: Hearing before the Military Personnel Subcommittee of the Committee on Armed Services House of Representatives, 111th Cong. (2010).

<sup>108</sup> CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

<sup>109</sup> COL Gagliano, D.A. Briefing to the RWTF. Vision Center of Excellence. February 22, 2012.

<sup>110</sup> Ibid.

<sup>111</sup> COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. May, 18 2011.

<sup>112</sup> COL Gagliano, D.A. Briefing to the RWTF. Vision Center of Excellence. February 22, 2012.

<sup>113</sup> Ibid.

<sup>114</sup> Ibid.

<sup>115</sup> Lt. Col. Packer, M. Briefing to the RWTF. Hearing Center of Excellence. December 9, 2011.

<sup>116</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §704 (2011).

<sup>117</sup> LTC Pendergrass, T. Army Office of the Surgeon General, Health Policy and Services, personal communication with the RWTF, February 25, 2012.

<sup>118</sup> LTC Pendergrass, T. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. February 22, 2012.

<sup>119</sup> Ibid.

<sup>120</sup> COL Gagliano, D.A. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. May 18, 2011.

<sup>121</sup> LTC Pendergrass, T. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. February 22, 2012.

<sup>122</sup> COL Gagliano, D.A. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. May 18, 2011.



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

---

<sup>123</sup> LTC Pendergrass, T. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. February 22, 2012.

**References for Interagency Program Office:**

<sup>124</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1635, 122 Stat. 3, 460-63 (2008).

<sup>125</sup> Government Accountability Office (January 2010). Electronic health records. Washington, DC: Author. GAO 10-332.

<sup>126</sup> Department of Veterans Affairs (VA)/DoD Joint Executive Council (JEC). (2009). JEC annual report, Fiscal Year (FY) 2009. Washington, DC: Authors.

<sup>127</sup> DoD and Department of Veterans Affairs. (n.d.). New Interagency Program Office off to a successful start. Good News, 2 (3), 2.

<sup>128</sup> Cool, R., Project Manager, DoD/VA Interagency Program Office, personal communication with the RWTF, February 28, 2012.

<sup>129</sup> Government Accountability Office (July 2008). Electronic health records. Washington, DC: Author. GAO 08-954.

<sup>130</sup> Government Accountability Office (January 2009). Electronic health records. Washington, DC: Author. GAO 09-268.

<sup>131</sup> Government Accountability Office (July 2009). Electronic health records. Washington, DC: Author. GAO 09-775.

<sup>132</sup> Government Accountability Office (January 2010). Electronic health records. Washington, DC: Author. GAO 10-332.

<sup>133</sup> Government Accountability Office (February 2011). Electronic health records. Washington, DC: Author. GAO 11-265.

<sup>134</sup> National Defense Authorization Act of 2011, Pub. L. No. 112-81, §1098 (2011).

<sup>135</sup> Wennergren, D. M. Briefing to the RWTF. Interagency Program Office (IPO). February 23, 2012.

<sup>136</sup> Cool, R. Project Manager, DoD/VA Interagency Program Office, personal communication with the RWTF, February 28, 2012.

<sup>137</sup> Ibid.



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

---

<sup>138</sup> Wennergren, D. M. Briefing to the RWTF. Interagency Program Office (IPO). February 23, 2012.

<sup>139</sup> Ibid.

<sup>140</sup> Cool, R. Project Manager, DoD/VA Interagency Program Office, personal communication with the RWTF, February 28, 2012.

<sup>141</sup> Wennergren, D. M. Briefing to the RWTF. Interagency Program Office (IPO). February 23, 2012.

<sup>142</sup> National Defense Authorization Act of 2011, Pub. L. No. 112-81, §1098 (2011).

**References for wounded warrior information resources:**

<sup>143</sup> DoD (n.d.). Foundations of care, management, and transition support for recovering Service members and their families. Retrieved February 7, 2012, from [http://prhome.defense.gov/WWCTP/docs/09.15.08\\_FINAL\\_Ten\\_Steps.pdf](http://prhome.defense.gov/WWCTP/docs/09.15.08_FINAL_Ten_Steps.pdf)

<sup>144</sup> National Resource Directory (2012). Homepage. Retrieved January 9, 2012, from [www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org)

<sup>145</sup> Ibid.

<sup>146</sup> Ibid.

<sup>147</sup> Ibid.

<sup>148</sup> Ibid.

<sup>149</sup> National Defense Authorization Act for Fiscal Year 2008, H.R. 4986, §1616, 445 24 (2008). p. 1130, lines 1-6.

<sup>150</sup> Military OneSource (2012). Wounded Warrior tab. Retrieved January 9, 2012, from [www.militaryonesource.com](http://www.militaryonesource.com)

<sup>151</sup> Ibid.

<sup>152</sup> Wounded Warrior Resource Center (2010). About us, homepage. Retrieved October 15, 2010, from [www.woundedwarriorresourcecenter.com](http://www.woundedwarriorresourcecenter.com)

<sup>153</sup> Milam, C.E., and Clouse, N. Briefing to the RWTF. Office of the Secretary of Defense (OSD) for Military Community and Family Policy (MCFP). February 22, 2012.

<sup>154</sup> Ibid.



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

---

<sup>155</sup> Ibid.

<sup>156</sup> Ibid.

<sup>157</sup> Ibid.

<sup>158</sup> Ibid.

<sup>159</sup> Military OneSource (2012). About us. Retrieved January 9, 2012, from [www.militaryonesource.com](http://www.militaryonesource.com)

<sup>160</sup> National Resource Directory (2012). About us. Retrieved January 9, 2012, from [www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org)

<sup>161</sup> Milam, C.E., and Clouse, N. Briefing to the RWTF. OSD (MCFP). February 22, 2012.

<sup>162</sup> Military OneSource (2012). Wounded Warrior tab. Retrieved January 9, 2012, from [www.militaryonesource.com](http://www.militaryonesource.com)

<sup>163</sup> Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.

<sup>164</sup> Site briefings to the RWTF. March/April 2011.

<sup>165</sup> Defense Advisory Committee on Women in the Services (2009). Report: Support for families of wounded warriors. Retrieved June 8, 2011, from [http://dacowits.defense.gov/annual\\_reports/DACOWITS%2009%20Final%20Report.pdf](http://dacowits.defense.gov/annual_reports/DACOWITS%2009%20Final%20Report.pdf)

<sup>166</sup> Site briefings to the RWTF. March/April 2011.

<sup>167</sup> Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.

<sup>168</sup> Site briefings to the RWTF. March/April 2011.

<sup>169</sup> Ibid.

<sup>170</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division). Briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.

<sup>171</sup> Ibid.

<sup>172</sup> Site briefings to the RWTF. March/April 2011.



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

---

<sup>173</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division). Briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.

<sup>174</sup> Ibid

<sup>175</sup> LTC Pasek, G. U.S. Army WTC, personal communication with the RWTF, July 6, 2011.

<sup>176</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division). Briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.

<sup>177</sup> LTC Pasek, G. U.S. Army WTC, personal communications with the RWTF, July 6, 2011.

<sup>178</sup> Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division). Briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.

<sup>179</sup> Site briefings to the RWTF. March/April 2011.

<sup>181</sup> Wounded Soldier and Family Hotline (2012). U.S. Army Medical Department. Retrieved February 7, 2012, from <http://www.armymedicine.army.mil/wsfb/index.html>

<sup>182</sup> Sergeant Merlin German Wounded Warrior Call Center (2012). U.S Marine Corps Wounded Warrior Regiment. Retrieved February 7, 2012, from <http://www.woundedwarriorregiment.org/callcenter/callcenter.cfm>

<sup>183</sup> Navy Safe Harbor Program (2012). Navy Personnel Command. Retrieved February 7, 2012, from [http://www.public.navy.mil/bupers-npc/support/safe\\_harbor/Pages/default.aspx](http://www.public.navy.mil/bupers-npc/support/safe_harbor/Pages/default.aspx)

<sup>184</sup> Air Force Wounded Warrior (2012). U.S. Air Force. Retrieved February 7, 2012, from <http://www.woundedwarrior.af.mil/>

<sup>185</sup> Navy Safe Harbor Program (2012). Navy Personnel Command. Retrieved February 7, 2012, from [http://www.public.navy.mil/bupers-npc/support/safe\\_harbor/Pages/default.aspx](http://www.public.navy.mil/bupers-npc/support/safe_harbor/Pages/default.aspx)

<sup>186</sup> Air Force Wounded Warrior. (2012). U.S. Air Force. Retrieved February 7, 2012, from <http://www.woundedwarrior.af.mil/>

<sup>187</sup> Office of the Wounded Warrior Care and Transition Policy (2011). Wounded warrior care coordination summit recommendations. Washington, DC: Author.



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

---

**Additional references for wounded warrior information sources:**

- Government Accountability Office (September 24, 2008). Military disability system: Increased supports for servicemembers and better pilot planning could improve the disability process. Washington, DC: Author. GAO-08-1137, p. 17.
- U.S. Army Office of the Inspector General (September 22, 2010). Inspection of the warrior care and transition program. Washington, DC: Author.

**References for support for family caregivers:**

<sup>188</sup> Christiansen, E., Hill, C., Netzer, P., Farr, D., Schaefer, E., & McMahon, J. (April 2009). Economic impact on caregivers of the severely wounded, ill, and injured. Alexandria, VA: Center for Naval Analysis.

<sup>189</sup> Defense Advisory Committee on Women in the Services (October 17, 2008). Support for families of wounded warriors: Summary of DACOWITS focus groups. Fairfax, VA: ICF International.

<sup>190</sup> Defense Advisory Committee on Women in the Services (March 23, 2010). 2009 annual report. Fairfax, VA: ICF International.

<sup>191</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §439 (2010). p. 161, g 1-2.

<sup>192</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §603 (2011).

<sup>193</sup> 10 U.S.C. §1074, 1079, TRICARE Extended Care Health Option (ECHO) Program.

<sup>194</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §439 (2010).

<sup>195</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §634 (2011).

<sup>196</sup> Ibid.

<sup>197</sup> Campbell, J.R., and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy Status Update. October 5, 2011.

<sup>198</sup> Ibid.

<sup>199</sup> Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

<sup>200</sup> CAPT Carter, B., and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.



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

---

<sup>201</sup> Col Mayer, J. L., and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.

<sup>202</sup> Army SCAADL figures are pending.

<sup>203</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §632 (2010).

<sup>204</sup> *Ibid.*

<sup>205</sup> DoD (January 1, 2012). Joint Federal Travel Regulations, Volume 1, Change 301. Retrieved January 12, 2012, from [http://www.defensetravel.dod.mil/Docs/perdiem/JFTR\(Ch1-10\).pdf](http://www.defensetravel.dod.mil/Docs/perdiem/JFTR(Ch1-10).pdf)

<sup>206</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §411 (2010). p. 173, b2.

<sup>207</sup> National Defense Authorization Act of 2010, Pub. L. No. 111-84, §633 (2010).

<sup>208</sup> *Ibid.*

<sup>209</sup> DoD (January 1, 2012). Joint Federal Travel Regulations, Volume 1, Change 301. Retrieved January 12, 2012, from [http://www.defensetravel.dod.mil/Docs/perdiem/JFTR\(Ch1-10\).pdf](http://www.defensetravel.dod.mil/Docs/perdiem/JFTR(Ch1-10).pdf)

<sup>210</sup> Respite Care for Injured Service Members (2012). TRICARE. Retrieved February 7, 2012, from <http://www.tricare.mil/mybenefit/ProfileFilter.do;jsessionid=PxhQ2PBZNZLfJNmYftxzknL1bRnNVPdmfcyQqmhLY7hcJmCGpmPM!-541484568?puri=%2Fhome%2FLifeEvents%2FSpecialNeeds%2FRespiteCare>, Respite care for the primary caregiver, para. 1.

<sup>211</sup> *Ibid.* Para. 2.

<sup>212</sup> 32 C.F.R. 199.5(e), TRICARE Extended Care Health Option (ECHO) Home Health Care Program.

<sup>213</sup> 10 U.S.C. 1074, 1079, TRICARE ECHO Program.

<sup>214</sup> Office of the Under Secretary of Defense (August 1, 2008). Memorandum: Provision of respite care for the benefit of seriously ill or injured active duty members.

<sup>215</sup> Caregivers and Veterans Omnibus Health Services Act of 2010, Pub. L. No. 111-163, 124 Stat 1130, §101-104, 2010. Retrieved October 20, 2010, from <http://veterans.house.gov/legislation/111th/S1963summaryforfloor.pdf>

<sup>216</sup> *Ibid.*

<sup>217</sup> *Ibid.*



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

---

<sup>218</sup> Department of Veterans Affairs (June 14, 2011). VA and Easter Seals open first round of caregiver training. Retrieved January 18, 2012, from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2118>.

<sup>219</sup> Department of Veterans Affairs (July 5, 2011). VA issuing first payments to caregivers (VA press release). Retrieved on January 10, 2012, from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2127>

<sup>220</sup> Ibid.

<sup>221</sup> Ibid.

<sup>222</sup> Medve, J., Executive Director, Office of the VA/DoD Collaboration, Office of Policy and Planning, personal communication with the RWTF, January 13, 2012.

<sup>223</sup> Ibid.

<sup>224</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §529 (2011).

<sup>225</sup> DoD (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel. Retrieved October 28, 2010, from [www.dtic.mil/whs/directives/corres/pdf/133236p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/133236p.pdf)

**Additional references for support for family caregivers:**

- DoD, Under Secretary of Defense for Personnel & Readiness (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program. Washington, DC: Author.
- U.S. Army Office of the Inspector General (September 22, 2010). Inspection of the warrior care and transition program. Washington, DC: Author.

**References for legal support:**

<sup>226</sup> 10 U.S.C., Chapter 53, Miscellaneous Rights and Benefits (1984).

<sup>227</sup> 10 U.S.C., Chapter 61, §1214, Right to Full and Fair Hearing (1956).

<sup>228</sup> 10 U.S.C., Chapter 61, Retirement or Separation for Physical Disability (1956).

<sup>229</sup> American Bar Association (2010). Standing committee on legal assistance for military personnel (LAMP). Retrieved November 4, 2010, from <http://www.abanet.org/legalservices/lamp/>

<sup>230</sup> DoD (November 14, 1996). DoD Instruction 1332.28: Physical disability evaluation. Retrieved October 26, 2010, from [www.dtic.mil/whs/directives/corres/pdf/133238p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/133238p.pdf)



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

---

<sup>231</sup> Office of the Under Secretary of Defense for Personnel & Readiness (Acting) (December 19, 2011). Directive-type memorandum (DTM) 11-015: Integrated Disability Evaluation System (IDES). Washington, DC: Author.

<sup>232</sup> Fiore, U.L., Director, Soldier & Family Legal Services, Office of The Judge Advocate General, U.S. Army, personal communication with the RWTF, January 30, 2012.

<sup>233</sup> Lt Col Faerber, P.. Disability Evaluation System Advisor/Wounded Warrior Attorney, personal communication with the RWTF, November 5, 2010.

<sup>234</sup> Fiore, U.L. Jr. Director, Soldier and Family Legal Services, Office of the Judge Advocate General, U.S. Army, personal communication with the RWTF, October 22, 2010.

<sup>235</sup> Judge Advocate General's Corps (n.d.). Soldiers counsel services during the MEB/PEB process. Retrieved November 4, 2010, from <http://www.sammc.amedd.army.mil/wtb/docs/jag-svcs-meb-peb-trifold.pdf>

<sup>236</sup> Lawyers Serving Warriors (2010). Who we are. Retrieved November 4, 2010, from [http://www.lawyerservingwarriors.com/who\\_we\\_are.html](http://www.lawyerservingwarriors.com/who_we_are.html)

<sup>237</sup> Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of the Judge Advocate General, U.S. Army, personal communication with the RWTF, January 30, 2012.

<sup>238</sup> DoD (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability. Retrieved October 26, 2010, from [www.dtic.mil/whs/directives/corres/pdf/133218p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/133218p.pdf)

<sup>239</sup> Disabled American Veterans (n.d.). Services for military. Retrieved November 4, 2010, from <http://www.dav.org/veterans/MilitaryAffairs.aspx>

<sup>240</sup> Military Pro Bono Project (2010). About the project. Retrieved November 4, 2010, from <http://www.militaryprobono.org/about/>

<sup>241</sup> West Point Army Medicine (n.d.). PEBLO guide. Retrieved November 11, 2010, from <http://www.west-point.org/users/usma1991/48648/peblos.htm>

<sup>242</sup> Morrisroe, K., Navy Disability Evaluation System Outreach Attorney Program Manager, Office of the Judge Advocate General, U.S. Navy, personal communication with the RWTF, February 6, 2012.

<sup>243</sup> Hostetter, M., Head Legal Assistance, Judge Advocate Division, Marine Corps Headquarters, personal communication with the RWTF, January 19, 2012.

<sup>244</sup> Deam, S. R. USAF Special Counsel, Office of the Judge Advocate General, personal communication with the RWTF, January 26, 2011.



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

---

**References for vocational services:**

- <sup>245</sup> 38 U.S.C., Chapter 31, Training and Rehabilitation for Veterans with Service-Connected Disabilities (2010).
- <sup>246</sup> Department of Veterans Affairs (October 29, 2011). Vocational Rehabilitation and Employment Program homepage. Retrieved February 1, 2012, from <http://www.vba.va.gov/bln/vre/index.htm>
- <sup>247</sup> Department of Veterans Affairs (October 29, 2011). Vocational Rehabilitation and Employment Program's homepage. Retrieved February 1, 2012, from <http://www.vba.va.gov/bln/vre/index.htm>
- <sup>248</sup> Congressional Research Service (2008). Veterans benefits: The Vocational Rehabilitation and Employment Program, Congressional CRS report. Washington, DC: Author.
- <sup>249</sup> DoD (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- <sup>250</sup> Department of Veterans Affairs (October 29, 2011). Vocational Rehabilitation and Employment Program's homepage. Retrieved February 1, 2012, from <http://www.vba.va.gov/bln/vre/index.htm>. The VA VR&E website indicates Service members expecting an honorable discharge and with a memorandum rating of 20% or more from the VA can apply for VR&E.
- <sup>251</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1631 (2008).
- <sup>252</sup> VOW to Hire Heroes Act of 2011, Pub. L. No. 112-56, §231 (2011).
- <sup>253</sup> Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment Service. October 4, 2011.
- <sup>254</sup> Military Homefront. (n.d.). Overview: Operation Warfighter. Retrieved October 28, 2010, from [http://cs.mhf.dod.mil/content/dav/mhf/QOL-Library/Project%20Documents/MilitaryHOMEFRONT/Troops%20and%20Families/Military%20Severely%20Injured%20Support/Operation\\_Warfighter\\_Program\\_Overview.pdf](http://cs.mhf.dod.mil/content/dav/mhf/QOL-Library/Project%20Documents/MilitaryHOMEFRONT/Troops%20and%20Families/Military%20Severely%20Injured%20Support/Operation_Warfighter_Program_Overview.pdf)
- <sup>255</sup> Ibid.
- <sup>256</sup> Ibid.
- <sup>257</sup> U.S. Department of Labor (n.d.) REALifelines: Veterans employment and training service. Retrieved October 28, 2010, from <http://www.dol.gov/vets/programs/Real-life/main.htm>



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

---

<sup>258</sup> Ibid.

<sup>259</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §2805 (2011).

<sup>260</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §555 (2011).

<sup>261</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §558 (2011).

<sup>262</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §551 (2011).

**References for Disability Evaluation System:**

<sup>263</sup> DoD (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.

<sup>264</sup> DCoE Real Warriors (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from <http://www.realwarriors.net/active/disability/disability.php>

<sup>265</sup> Office of Wounded Warrior Care & Transition Policy (October 15, 2010). Integrated Disability Evaluation System (IDES) Overview. Alexandria, VA: Author.

<sup>266</sup> DoD (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from <http://www.pdhealth.mil/hss/des.asp>

<sup>267</sup> DoD (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.

<sup>268</sup> Government Accountability Office (September 2007). DoD and VA. Washington, DC: Author. GAO 07-1256T.

<sup>269</sup> Marcum, C. Y., Emmerichs, R. M., McCombs, J. S., & Thie, H. J. (2002). Methods and actions for improving performance of the Department of Defense disability evaluation system. Santa Monica, CA: Rand.

<sup>270</sup> Office of Wounded Warrior Care & Transition Policy (October 15, 2010). Integrated Disability Evaluation System (IDES). Alexandria, VA: Author.

<sup>271</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1612 & 1644, 122 Stat. 3 (2008).

<sup>272</sup> Office of Wounded Warrior Care & Transition Policy (October 15, 2010). IDES. Alexandria, VA: Author.

<sup>273</sup> Ibid.



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

---

<sup>274</sup> Air Force Wounded Warrior (November 28, 2011). IDES program reduces disability benefits waiting period after separation. Retrieved December 1, 2011, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123281086>

<sup>275</sup> Office of the Under Secretary of Defense for Personnel & Readiness (December 11, 2011). Directive-type memorandum (DTM) 11-015: Integrated Disability Evaluation System (IDES).

<sup>276</sup> Ibid.

<sup>277</sup> DoD (November 4, 1996). DoD directive 1332.18: Separation or retirement for physical disability.

<sup>278</sup> Walton, B. (March 17, 2011). Integrated Disability Evaluation System helps separating Soldiers. Retrieved March 18, 2011, from <http://www.army.mil/article/53420/integrated-disability-evaluation-system-helps-separating-soldiers/>

<sup>279</sup> DoD (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from <http://www.pdhealth.mil/hss/des.asp>

<sup>280</sup> Office of Wounded Warrior Care & Transition Policy (October 15, 2010). IDES. Alexandria, VA: Author.

<sup>281</sup> Office of Wounded Warrior Care & Transition Policy (November 2011). IDES monthly report. Alexandria, VA: Author.

<sup>282</sup> Office of Wounded Warrior Care & Transition Policy (September 2011). IDES customer satisfaction quarterly report. Alexandria, VA: Author.

<sup>283</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §533 (2011).

<sup>284</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §534 (2011).

<sup>285</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §631 (2011).

<sup>286</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §632 (2011).

<sup>287</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §633 (2011).

<sup>288</sup> National Defense Authorization Act of 2012 Pub. L. No. 112-81. §527 (2011).

<sup>289</sup> National Defense Authorization Act of 2012 Pub. L. No. 112-81. §596 (2011).



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

---

**References for Transition Assistance Program:**

- <sup>290</sup> National Defense Authorization Act of 1991, Pub. L. No. 101-510 (1991). Military Transition Assistance Programs. Retrieved October 28, 2010, from [http://www.dtic.mil/ird/law/pl101\\_510.html](http://www.dtic.mil/ird/law/pl101_510.html)
- <sup>291</sup> 10 U.S.C., Chapter 58, Benefits and Services for Members Being Separated or Recently Separated (2010).
- <sup>292</sup> DoD (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- <sup>293</sup> National Defense Authorization Act of 2011, Pub. L. No. 112-56 (2011). Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011. Retrieved January 17, 2012, from <http://www.gpo.gov/fdsys/pkg/PLAW-112publ56/pdf/PLAW-112publ56.pdf>
- <sup>294</sup> Marine Corps Wounded Warrior Regiment briefing to the RWTF. March 30, 2011; Army Warrior Transition Command (WTC) briefing to the RWTF. February 22, 2011.
- <sup>295</sup> Office of the Secretary of Defense, Office of Transition Policy and Care Coordination (now known as WCP) (2009, September 1-3). Paper presented at the DoD Joint Family Readiness Conference. Chicago, IL.
- <sup>296</sup> Pub. L. No. 107-103 (2001). Veterans Education and Benefits Expansion Act of 2001. Retrieved October 28, 2010, from [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107\\_cong\\_public\\_laws&docid=f:publ103.107.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ103.107.pdf)
- <sup>297</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §513 (2011).
- <sup>298</sup> Transition Assistance Program (May 2007). Transition guide for the guard and reserve. Retrieved October 29, 2010, from [http://www.turbotap.org/export/sites/default/transition/resources/PDF/TransitionGuide\\_RC.pdf](http://www.turbotap.org/export/sites/default/transition/resources/PDF/TransitionGuide_RC.pdf)
- <sup>299</sup> DoD (December 9, 1993). DoD Directive 1332.35: Transition assistance for military personnel. Retrieved October 26, 2010, from [www.dtic.mil/whs/directives/corres/pdf/133235p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/133235p.pdf)
- <sup>300</sup> DoD (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel. Retrieved October 28, 2010, from [www.dtic.mil/whs/directives/corres/pdf/133236p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/133236p.pdf)
- <sup>301</sup> National Defense Authorization Act of 2012, Pub. L. No. 112-81, §529 (2011).



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

---

<sup>302</sup>Ortiz, I., Jr. Briefing to the RWTF. Veterans' Employment and Training Services: Program overview. October 5, 2011.

<sup>303</sup> Transition Assistance Program (May 2007). Transition guide for the guard and reserve. Retrieved October 29, 2010, from [http://www.turbotap.org/export/sites/default/transition/resources/PDF/TransitionGuide\\_RC.pdf](http://www.turbotap.org/export/sites/default/transition/resources/PDF/TransitionGuide_RC.pdf)

<sup>304</sup>DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>

<sup>305</sup> Transition Assistance Program (2012). TAP homepage. Retrieved February 10, 2012, from <http://www.turbotap.org/register.tpp>

<sup>306</sup>Transition Assistance Program (May 2007). Transition guide for the guard and reserve. Retrieved October 29, 2010, from [http://www.turbotap.org/export/sites/default/transition/resources/PDF/TransitionGuide\\_RC.pdf](http://www.turbotap.org/export/sites/default/transition/resources/PDF/TransitionGuide_RC.pdf)

<sup>307</sup> Campbell, J.R., and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011.

**References for Senior Oversight Committee:**

<sup>308</sup> President's Commission on Care for America's Returning Wounded Warriors (July 2007). Serve, support, simplify. Washington, DC: Author.

<sup>309</sup> Government Accountability Office (July 2009). Recovering service Members: DoD and VA have jointly developed the majority of required policies but challenges remain. Washington, DC: Author. GAO 09-728.

<sup>310</sup> National Defense Authorization Act of 2008, Pub. L., No. 110-181, §1611 (2008).

<sup>311</sup> Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy (WWCTP). February 21, 2012.

<sup>312</sup> Campbell, J. and Medve, J. (n.d.). SOC-JEC consolidation plan decision brief. Washington, DC: WWCTP and Office of VA-DoD Collaboration.

<sup>313</sup> Ibid.

<sup>314</sup> Defense Advisory Committee on Women in the Services (March 23, 2010). Annual report, 2009. Fairfax, VA: ICF International.



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

---

<sup>315</sup> Government Accountability Office (2009, July). Recovering service Members: DoD and VA have jointly developed the majority of required policies but challenges remain. Washington, DC: Author. GAO 09-728.

<sup>316</sup> Hearing before the Subcommittee on National Security, Homeland Defense and Foreign Operations, House Oversight and Government Reform Committee, 112<sup>th</sup> Cong. (May 4, 2011) (Prepared statement of L. Simpson).

<sup>317</sup> National Defense Authorization Act of 2008, Pub. L., No. 110-181, §1611 (2008).

<sup>318</sup> Government Accountability Office (October 5, 2011). DOD and VA Health Care: Action needed to strengthen integration across care coordination and case management programs. Washington, DC: Author. GAO-12-129T.

<sup>319</sup> Hon. Lynn, W.J., and Hon. Gould, W.S. (August 31, 2009). Letters to the Speaker of the U.S. House of Representatives and Chairs of the House Committees on Armed Services Appropriations and Veterans Affairs.

<sup>320</sup> McGinn, G.H. (April 29, 2009). Prepared Statement before the Senate Armed Services Committee, Subcommittee on Personnel. Retrieved February 14, 2012, from <http://armed-services.senate.gov/statemnt/2009/April/McGinn%2004-29-09.pdf>.

<sup>321</sup> Defense Advisory Committee on Women in the Services (2010, March 23). 2009 annual report. Fairfax, VA: ICF International.

<sup>322</sup> Hearing before the Subcommittee on National Security, Homeland Defense and Foreign Operations, House Oversight and Government Reform Committee, 112<sup>th</sup> Cong. (May 4, 2011) (Prepared statement of L. Simpson).

**References for Joint Executive Council:**

<sup>323</sup> VA/DoD Joint Executive Council (2009). Annual report, fiscal year 2009. Washington, DC: Author.

<sup>324</sup> 38 U.S.C. §8111, Sharing of VA and DoD Health Care Resource. Retrieved October 19, 2010, from <http://www.tricare.mil/DVPCO/policy-leg.cfm>

<sup>325</sup> VA/DoD Joint Executive Council (n.d.). JEC charter. Washington, DC: Author.

<sup>326</sup> VA/DoD Joint Executive Council (2009). Annual report, fiscal year 2009. Washington, DC: Author.

<sup>327</sup> VA/DoD Joint Executive Council (2010). Annual report, fiscal year 2010. Washington, DC: Author.



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

---

**Additional references for Joint Executive Council:**

- DoD (August 1, 2002). DoD Instruction 6010.23:DoD and VA Health Care Resource Sharing Program. Retrieved October 19, 2010, from <http://www.tricare.mil/DVPCO/policy-leg.cfm>
- TRICARE Management Activity (August 1, 2002). TMA policy manual, chapter 11, section 2.1, VA health care facilities. Retrieved October 19, 2010, from <http://www.tricare.mil/DVPCO/policy-leg.cfm>

**References for resources for Other matters: Resources for Reserve Components:**

- <sup>328</sup> Defense Manpower Data Center (2010). Profile of the Military Community. DC: Author.
- <sup>329</sup> Office of the Secretary of Defense for Reserve Affairs (n.d.). Retrieved on January 4, 2012, from <http://ra.defense.gov/news/>
- <sup>330</sup> Defense Manpower Data Center (October 2011). Contingency tracking system deployment file (DRS #21800). DC: Author.
- <sup>331</sup> DoD (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program, p. 9.
- <sup>332</sup> Site briefings to the RWTF. March 2011- April 2011.
- <sup>333</sup> Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012 from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- <sup>334</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: Wounded Warrior Care and Transition Policy (WWCTP).
- <sup>335</sup> Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy (WWCTP). February 21, 2012.
- <sup>336</sup> CALIBRE (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: WWCTP.
- <sup>337</sup> Ibid.
- <sup>338</sup> Conner, M., Chief of Warrior Support, National Guard Bureau, personal communication with the RWTF, February 27, 2012.
- <sup>339</sup> Ibid.



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

---

- <sup>340</sup> COL Faris, J. K., Holdeman, R., and Scott, E. Briefing to the RWTF. Medical Management Processes of the Army National Guard. October 5, 2011.
- <sup>341</sup> COL Faris, J., Deputy Surgeon, Office of the Chief Surgeon, Army National Guard, personal communication with the RWTF, January 12, 2012.
- <sup>342</sup> Wells, T. Briefing to the RWTF. Marine Forces Reserve Psychological Health Outreach Program. November 15, 2011.
- <sup>343</sup> CDR Alexander, M., and Costello-Shea, M. Briefing to the RWTF. Navy Medical Hold Department (MEDHOLD) East. February 2012.
- <sup>344</sup> NAVADMIN 124/11: Reserve Component medical hold screening and assignment. (n.d.). Retrieved February 10, 2012, from <http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2011/NAV11124.txt>
- <sup>345</sup> Ibid.
- <sup>346</sup> CDR Alexander, M., and Costello-Shea, M. Briefings to the RWTF. Navy Medical Hold Department (MEDHOLD) East. February 2012.
- <sup>347</sup> U.S. Navy Reserve Psychological Health Outreach Program (n.d.). Retrieved January 12, 2012, from <http://www.navyreserve.navy.mil/PHOP%20Documents/PHOP%20Poster.pdf>
- <sup>348</sup> Navy Reserve Psychological Health Outreach Program (n.d.). Retrieved December 23, 2011, from <http://www.navyreserve.navy.mil/Pages/PHOP.aspx>
- <sup>349</sup> National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).
- <sup>350</sup> Office of the Under Secretary of Defense for Personnel and Readiness (March 30, 2011). DoD Instruction 1342.28: DoD Yellow Ribbon Reintegration Program (YRRP).
- <sup>351</sup> Ibid.
- <sup>352</sup> Ibid.
- <sup>353</sup> National Defense Authorization Act of 2011, Pub. L. No. 111-383, §622 (2011).
- <sup>354</sup> National Defense Authorization Act of 2012. Pub. L. No. 112-81, §590 (2011).
- <sup>355</sup> National Defense Authorization Act of 2012. Pub. L. No. 112-81, §703 (2011).



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

---



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

---

**Appendix:**

**Acronyms Used in Handbook**

A&FRC	Airman and Family Readiness Centers
ABA	American Bar Association
AC	Active Component
AF	Air Force
AFSAP	Air Force Survivor Assistance Program
AFW2	Air Force Wounded Warrior
ANG	Air National Guard
ARNG	Army National Guard
ASD(HA)	Assistant Secretary of Defense for Health Affairs
AW2	Army Wounded Warrior
BEC	Benefits Executive Council
CBT	Cognitive-Behavioral Therapy
CBWTU	Community-Based Warrior Transition Unit
CCRP	Care Coalition Recovery Program
CDP	Center for Deployment Psychology
CONUS	Continental United States
CRP	Comprehensive Recovery Plan
CSTS	Center for the Study of Traumatic Stress
DAV	Disabled American Veterans
DCoE	Defense Center(s) of Excellence
DEERS	Defense Eligibility Enrollment Reporting System
DES	Disability Evaluation System
DHCC	Deployment Health Clinical Center
DHS	Department of Homeland Security
DISC	District Injured Support Cell
DoD	Department of Defense
DoDI	Department of Defense Instruction



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

---

DoL	Department of Labor
DTAP	Disabled Transition Assistance Program
DVBIC	Defense and Veterans Brain Injury Center
DVOPS	Disabled Veterans' Outreach Program Specialists
EMDR	Eye Movement Desensitization and Reprocessing
ESGR	Employer Support of the Guard and Reserve
FPEB	Formal Physical Evaluation Board
FRC	Federal Recovery Coordinator
FRCP	Federal Recovery Coordination Program
FY	Fiscal Year
GAO	Government Accountability Office
GS	Government Service
HEC	Health Executive Council
IDES	Integrated Disability Evaluation System
IIP	Information Interoperability Plan
IPEB	Informal Physical Evaluation Board
IPO	Interagency Program Office
JEC	Joint Executive Council
JFSAP	Joint Family Support Assistance Program
JFTR	Joint Federal Travel Regulation
JSP	Joint Strategic Plan
LNO	Liaison Officer
LOA	Line of Action
LRMC	Landstuhl Regional Medical Center
LVERS	Local Veterans' Employment Representatives
M4L	Marine for Life Program
MACE	Military Acute Concussion Evaluation
MC&FP	Military Community and Family Policy
MCCM	Medical Care Case Manager



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

---

MEB	Medical Evaluation Board
MEBOC	Medical Evaluation Board Outreach Counsel
MFLC	Military Family Life Consultant
MHS	Military Health System
mTBI	Mild Traumatic Brain Injury
MTF	Military Treatment Facility
NDAA	National Defense Authorization Act
NGB	National Guard Bureau
NICoE	National Intrepid Center of Excellence
NMA	Non-Medical Attendant
NMCM	Non-Medical Case Manager
NOD	National Organization on Disabilities
NVLSP	National Veterans Legal Service Program
OSD	Office of the Secretary of Defense
OWF	Operation Warfighter
PDHA	Post-Deployment Health Assessment
PDHRA	Post-Deployment Health Reassessment
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
PH	Psychological Health
PTSD	Post-Traumatic Stress Disorder
RC	Reserve Component(s)
RCC	Recovery Care Coordinator
RCP	Recovery Coordination Program
REALifelines	Recovery and Employment Assistance Lifelines
RSM	Recovering Service Member
RT	Recovery Team
SAMHSA	Substance Abuse and Mental Health Services Administration
SES	Senior Executive Service



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

---

SFAC	Soldier and Family Assistance Center
SOC	Senior Oversight Committee
SOP	Standard Operating Procedure
SOF	Special Operations Forces
T2	National Center for Telehealth and Technology
TAA	Transition Assistance Advisor
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury
TDRL	Temporary Disabled/Retired List
USAR	U.S. Army Reserve
USD(PR)	Under Secretary of Defense for Personnel and Readiness
USMC	U.S. Marine Corps
USERRA	Uniformed Services Employment and Reemployment Rights Act
USSOCOM	U.S. Special Operations Command
VA	Department of Veterans Affairs
VETS	Veterans Employment and Training Service
VLER	Virtual Lifetime Electronic Record
VR&E	Vocational Rehabilitation and Employment
VSO	Veterans Service Organizations
WII	Wounded, Ill, and Injured
WRAMC	Walter Reed Army Medical Center
WTC	Warrior Transition Command
WTU	Warrior Transition Unit
WWBn	Wounded Warrior Battalion
WWR	Wounded Warrior Regiment
YRRP	Yellow Ribbon Reintegration Program

## **APPENDIX D: METHODOLOGY**



---

## RWTF 2011/2012 Methodology

This appendix provides an overview of the RWTF's research methodology during its second year of operations. The overview is organized in four parts:

- Research topics
- Approach
- Focus groups
- Transition outcomes
- Strategy for assessing effectiveness

Additional detail regarding aspects of the RWTF's methodology is contained in separate appendices and referenced below.

### Research Topics

Congress specified over a dozen diverse matters that the RWTF is to review and assess each year. These matters are depicted graphically, by domain, in Chapter 1. Topics range from direct services, such as case management and available services for PTSD and TBI to inter-agency efforts including the IDES and IPO. Synopses of most of these matters can be found in the RWTF Reference Handbook (2012 update) (Appendix D).

### Approach

The RWTF engaged in a broad range of data collection activities between October 2011 and March 2012 to inform its second annual assessment and recommendations. These activities were guided by an adapted version of the comprehensive data collection framework that structured the first year of effort. The RWTF's FY 2012 approach mirrored the previous year. The main sources from which the RWTF gathered information were: Headquarters-level proponents, site-level proponents, Recovering Warriors and family members, and pre-existing information sources such as reports, other literature and documents, and administrative or survey databases. The main methods the RWTF used to gather information from these sources included briefing presentations and panel discussions during bimonthly RWTF business meetings, briefing presentations and focus groups during site visits, and analysis of existing databases, reports, or literature. Exhibit 1 identifies the types of methods used to gather various categories of information.

**Exhibit 1: Information Gathering Methods by Information Source**

Source of Information	Methods of Gathering Information	Example
Headquarters-level program proponents	<ul style="list-style-type: none"> <li>▶ Briefings during business meetings</li> <li>▶ Panel discussions during business meetings</li> </ul>	DoD and Service-level Wounded Warrior programs
Site-level program proponents	<ul style="list-style-type: none"> <li>▶ Briefings during site visits</li> </ul>	Wounded Warrior program/unit leadership and cadre
Recovering Warriors and family members	<ul style="list-style-type: none"> <li>▶ Focus groups</li> </ul>	RW assigned to RW units or line units; spouses and/or parents of RW
Existing reports, literature, and documents	<ul style="list-style-type: none"> <li>▶ Search and review</li> </ul>	GAO reports, peer reviewed literature, news articles
Administrative or survey databases	<ul style="list-style-type: none"> <li>▶ Data calls</li> </ul>	Personnel rosters, survey results

Highlights of the RWTF’s 2011/2012 data collection activities are summarized below:

- Five business meetings totaling approximately 156 RWTF person-days<sup>1</sup>
- Twenty-nine Headquarters-level (or other national-level) briefings, involving 41 personnel
- Eight Headquarters-level (or other national-level) panel discussions, involving 30 personnel
- Thirteen site visits totaling 82 RWTF person-days<sup>1</sup>
- One hundred twenty-three site-level briefings,<sup>2</sup> involving over 150 site-level personnel
- Thirty site-level focus groups involving 226 participants (including 20 Recovering Warrior (RW) sessions and 10 family member sessions) (RWs assigned to RW units or line units and caregivers)
- Review of more than 150 reports, articles, and policy documents

A more detailed accounting of the RWTF’s data collection activities is in Appendices E and F, including the business meeting and site visit schedules and in Appendix G, a crosswalk of sources by topic. Further detail regarding the RWTF’s focus groups follows.

**Focus Groups**

On-site focus groups form a centerpiece of the RWTF’s data collection activities, capturing a real-time customer perspective. This year, teams of 3 to 5 members visited 13 Army, Air Force, Navy, Marine Corps, joint, and National Guard sites, where they held separate focus groups with RWs (assigned to transition units or line units) and family caregivers. The RWTF conducted 20 RW focus groups and 10 caregiver focus groups at these locations, employing a methodology and instruments approved in advance by the ICF International Institutional Review Board. The RWTF also conducted an additional site-level focus group with 20 Joint Forces Headquarters medical case management personnel and 27 individual interviews with RWs and family members across multiple sites at their request in lieu of focus group participation.

Focus group participants also completed anonymous mini-surveys, which gathered both demographic and substantive information. The mini-surveys were completed by 175 Recovering Warriors, of whom 88 percent were male. One-half were Active Component Soldiers and Marines. Most were junior enlisted personnel and junior noncommissioned officers (88%). Over half (62%) indicated that they have more than one condition. The most prevalent of these conditions was an orthopedic injury, followed by psychological diagnosis and traumatic brain injury (TBI). Fifty-one family members completed mini-surveys, of whom 92% were spouses. Four-fifths of the family

---

members indicated their Service member had more than one condition, and the most prevalent of these conditions was TBI, followed by psychological diagnosis and orthopedic injury. See Appendix J for further detail regarding the characteristics of the mini-survey respondents.

## Transition Outcomes

In FY2012, the RWTF explored “transition outcomes” by gathering information during site visits and business meetings from touch-points who work with RWs and families post DD214 (e.g., Federal Recovery Coordinators (FRCs), VA OEF/OIF Case Managers, Army Wounded Warrior (AW2) Advocates, Air Force Wounded Warrior (AFW2) Advocates, Marine Corps District Injured Support Cells (DISCs), and others) in order to tap a downstream perspective on the effectiveness of DoD RW programs and policies. Two specific Transition Outcome questions were posed of the touch-points:

- What are the major challenges facing RWs and family caregivers during and after transition?
- How do DoD programs and services for RWs and family caregivers help or not help after separation?

A total of 28 briefings or panels during business meetings and site visits, involving approximately 50 proponents, responded to these transition outcome questions. Their comments were aggregated and content analyzed to identify the most commonly expressed perceptions and concerns. Results frequently did not clearly differentiate between challenges and programs, or between the pre-DD214 and post-DD214 experience. Some results applied to veterans across the board rather than being unique to the RW population.

The 50 or so individuals who contributed transition outcomes data included approximately 30 site-level proponents (DISCs, AW2s, OIF/OEF Case Managers, and so forth) and the following individuals who briefed and/or participated in panels during one of the RWTF business meetings:

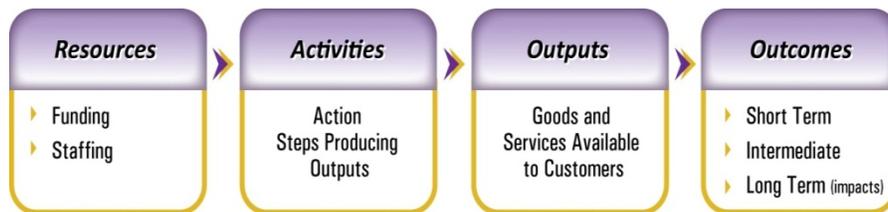
- Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011.
- Munoz, K. D. Briefing to the RWTF. Quality of Life Foundation: Helping families who care for catastrophically wounded, ill, or injured Veterans. October 4, 2011.
- SSG (Ret.) Arnold, J. and PO1 Johnson, A. Panel presentation to the RWTF: Veteran views of pre-DD214 programs and policies. December 8, 2011.
- Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. December 8, 2011.
  - SSgt Gallardo, M. and MSgt Schiller, B. Wounded Warrior Regiment District Injured Support Coordinators (DISC).
  - LCDR Cole, S.K. and Pennington, D. Navy Safe Harbor.
  - Baskerville, J. and Burbach, J. USSOCOM Care Coalition Recovery Program.
  - Ramos, M. Federal Recovery Coordination Program.
  - Garcia, I. Army Wounded Warrior (AW2) Advocates.

- Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. December 8, 2011 Five business meetings totaling approximately 156 RWTF person-days.
  - Ray, L. and Santiago, Y. South Texas Veterans Health Care System: VA Liaisons for Healthcare.
  - Ray, L. and Alms-Chapa, T. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers.
  - Jules, D. South Texas Veterans Health Care System: Polytrauma Case Managers.
- CDR (Ret.) Campos, R. Panel presentation to the RWTF: Veterans’ and Military Service Organizations. DoD Recovering Warrior Task Force MSO/VSO Panel: *MO44*. December 9, 2011.

### Strategy for Assessing Effectiveness

“Effectiveness” may be defined as the extent to which a policy or program accomplishes its stated goals and objectives or meets the needs it was established to address. Assessing effectiveness tells what positive difference a policy or program makes. It is not a straightforward task, however, and there are myriad ways to approach it—some more formal and rigorous than others. The RWTF’s approach to assessing effectiveness is a practical one that takes into account the maturity of existing RW programs and policies as well as the metrics that these initiatives are currently gathering. The RWTF approach capitalizes on the logic model—a tool that helps program developers and evaluators explicate how the elements of a program are supposed to work together to achieve intended outcomes. This model is particularly useful for illustrating the range of opportunities and various types of metrics—in addition to outcomes—that can contribute to an assessment of effectiveness. A pared-down sample logic model is presented in Exhibit 2.

**Exhibit 2:** Basic Logic Model



Although outcome data provide the strongest evidence of an initiative’s effectiveness, younger initiatives are more likely to be gathering resource data, activity data, and/or output data. Accordingly, the RWTF sought and used the best available metrics to inform its assessments of program and policy effectiveness.

<sup>1</sup>Total includes RWTF Members only.

<sup>2</sup>Although most briefings were presented directly to the RWTF Members, some briefing content was imparted less formally, and other briefings and related collateral were provided to the Members as take-away materials.

**APPENDIX E: BUSINESS MEETINGS  
AND PRESENTATIONS/PANELS**



## Business Meetings and Presentations/Panels

Dates	Presentations/Panels
October 4–5, 2011	<p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>▶ Office of Wounded Warrior Care and Transition Policy: Update Brief (Campbell, J.R. and Burdette, P.A.)</li> <li>▶ Introduction to the Armed Forces Health Surveillance Center (Clark, L. and CAPT Ludwig, S.L.)</li> <li>▶ VA Vocational Rehabilitation and Employment Service (Cocker, M.)</li> <li>▶ National Military Family Association: Transition Outcomes and Family Caregivers (Cohoon, B.)</li> <li>▶ Medical Management Processes of the Army National Guard (COL Faris, J.K., Holdeman, R., and Scott, E.)</li> <li>▶ Joint Combat Neurosciences Team: Gray Team (COL Macedonia, C.)</li> <li>▶ Quality of Life Foundation: Helping Families Who Care for Catastrophically Wounded, Ill, or Injured Veterans (Munoz, K.D.)</li> <li>▶ Veterans' Employment and Training Services: Program Overview (Ortiz Jr, I.)</li> <li>▶ Clinical Case Management Education and Training (Quisenberry, G.C.)</li> <li>▶ Care for the Casualties of War From the Prospective of History: What Have We Learned? How Did We Get Here? (Rostker, B.)</li> </ul>
December 8–9, 2011	<p><b>Panel: Provider Perspectives on VA Services Pre-DD214</b></p> <ul style="list-style-type: none"> <li>▶ SSG (Ret.) Arnold, J. and PO1 Johnson, A.</li> <li>▶ South Texas Veterans Health Care System: Polytrauma Case Managers (Jules, D.)</li> <li>▶ South Texas Veterans Health Care System: OEF/OIF/OND Case Managers (Ray, L. and Alms-Chapa, T.)</li> <li>▶ South Texas Veterans Health Care System: VA Liaisons for Healthcare (Ray, L. and Santiago, Y.)</li> </ul> <p><b>Panel: Veteran Views of Pre-DD214 Programs and Policies</b></p> <ul style="list-style-type: none"> <li>▶ SSG Arnold, J.E. and PO1 Johnson, A.</li> <li>▶ Panel: Provider Perspectives on Post-DD214 Challenges</li> <li>▶ USSOCOM Care Coalition Recovery Program (Baskerville, J. and Burbach, J.)</li> <li>▶ Navy Safe Harbor (LCDR Cole, S.K and Pennington, D.)</li> <li>▶ Wounded Warrior Regiment District Injured Support Coordinators (DISC) (SSgt Gallardo, M. and MSgt Schiller, B.)</li> <li>▶ Army Wounded Warrior (AW2) Advocates. (Garcia, I.)</li> <li>▶ Federal Recovery Coordination Program (Ramos, M.)</li> </ul> <p><b>Panel: Veterans' and Military Service Organizations</b></p> <ul style="list-style-type: none"> <li>▶ Military Officers Association of America (CDR Campos, R. (Ret.))</li> <li>▶ Military Officers Association of America: The Alamo Chapter (MAJ (Ret.) Cunningham, J.)</li> <li>▶ Disabled American Veterans (Noonan, J.)</li> <li>▶ Panel: Disabled Veterans Outreach Program Specialists and Local Veterans Employment Representatives</li> <li>▶ REALifelines Program (Desoto, F. and Gonzales, D.)</li> </ul> <p><b>Panel: VA Vet Center Counselors.</b></p> <ul style="list-style-type: none"> <li>▶ Vet Center Readjustment Counseling Service (Uriarte, J.)</li> </ul> <p><b>Panel: VA IDES Support</b></p> <ul style="list-style-type: none"> <li>▶ Veterans Benefits Administration (Ramirez, M., Santos, R., and Long, J.)</li> <li>▶ Panel: Evidence-Based Treatment Modalities for PTSD</li> <li>▶ Evidence-based treatment modalities for PTSD in the Air Force (Lt Col Dickey, D.H.)</li> <li>▶ Evidence-based treatment modalities for PTSD in the Army (Hoge, C.)</li> <li>▶ Evidence-based treatment modalities for PTSD in the Navy and Marine Corps (CDR Malone, R.C.)</li> </ul> <p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>▶ Warrior Transition Command Cadre Training (COL Bair, D., COL Scott, S. and Emerich, S.)</li> <li>▶ Role of Family Liaison Officer (MSgt Eichman, T.)</li> <li>▶ Hearing Center of Excellence (Lt Col Packer, M.)</li> </ul>

Dates	Presentations/Panels
February 21–23, 2012	<b>Presentations</b>
	▶ TRICARE Management Activity Telephone Survey of Ill or Injured Service Members Post-Operational Deployment (Bannick, R.R.)
	▶ Wounded Warrior Care and Transition Policy (WWCTP) (Burdette, P.)
	▶ Navy Safe Harbor and BUMED Briefing to the RWTF (CAPT Carter, B. and Paganelli, V.M.)
	▶ Vision Center of Excellence (COL Gagliano, D.A.)
	▶ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (CAPT Hammer, P.S.)
	▶ Iowa Joint Force Headquarters (COL Kerr, L., LTC Parmenter, M., and MAJ Smith, P.)
	▶ Marine Corps Wounded Warrior Regiment (Col Mayer, J.L. and Williamson, P.D.)
	▶ Special Operations Command Care Coalition (McDonnell, K.)
	▶ OSD Office of Military Community and Family Policy (MC&FP) (Milam, C.E. and Clouse, N.)
	▶ Clinical Case Management Services (Quisenberry, G.C.)
	▶ Interagency Program Office (IPO) (Wennergren, D.M.)
	▶ Federal Recovery Care Program (Weese, C.)
	▶ Army Warrior Transition Command (WTC) (BG Williams, D.)
▶ Air Force Warrior and Survivor Care (Lt Col Wyatt, M.C.)	
May 15–17, 2012	<b>Presentations</b>
	▶ Electronic Medical Records (EMRs), Health Information Exchanges (HIEs), and Other Alternative Strategies (McDonald, C.J.)
	▶ Air Force Wounded Warrior Program (Brig Gen Murrie, E.J. and Col Zeh, G.R.)
	<b>Panel: Site Visit Review</b>
▶ Naval Medical Center Portsmouth (CAPT Gibbons, M., LT Noriega, D., CAPT Shapiro, D., CDR Varias, M., CAPT Willis, M., et al.)	
<b>Panel: Site Visit Review</b>	
▶ Marine Corps Air Ground Combat Center Twentynine Palms (Col Mayer, J.L. and Flores, E.)	
June 13–15, 2012	<b>Task Force Recommendation Development</b>
▶ Report Finalization and Voting	

## **APPENDIX F: SITE VISITS**



## Site Visits

Dates	Installation/ Location/Service	Presentations
October 13–14, 2011	Landstuhl Regional Medical Center (All Services)	<ul style="list-style-type: none"> <li>▶ Deployed Warrior Medical Management Center (DWMMC) - Medical Case Management and Non Medical Case Management (LCDR Liliana Flores)</li> <li>▶ Electronic Transfer of Medical Records (MAJ Robert E. Russum, Sr.)</li> <li>▶ Landstuhl Regional Medical Center TBI Program (MAJ Megumi Vogt)</li> <li>▶ PTSD Services and the Evolution Program (Dr. Daphne Brown and MAJ Todd Neu, PhD)</li> <li>▶ Family Care Giver Support (Mr. Frazier)</li> <li>▶ Department of Veterans Affairs Office (Mr. Fletcher)</li> <li>▶ Patient Liaison Office – Army, Navy, Air Force, Special Ops, and Marines</li> <li>▶ Landstuhl Regional Medical Center (COL Jeffrey B. Clark and CSM William H. O’Neal)</li> </ul>
October 17–18, 2011	Kleber Kaserne (Army)	<ul style="list-style-type: none"> <li>▶ Warrior Transition Battalion Briefing – Brief Overview of the Battalion (LTC Michael C. Richardson and CSM Michael L. Gragg)</li> <li>▶ Medical Care Case Management</li> <li>▶ AW2 Advocate – Non Medical Case Management (Mr. Michael Hamm)</li> <li>▶ Soldier and Family Assistance Center (SFAC)</li> <li>▶ Care Giver Support Briefing Family Readiness Support Assistant (Ms. Marge Page)</li> <li>▶ Electronic Records (Ms. Marcado)</li> <li>▶ Vocational Employment Services Occupational Therapist (Mr. Ryan Padick)</li> <li>▶ Family Readiness Support Assistant (FRSA)</li> </ul>
November 1–2, 2011	Fort Knox (Army)	<ul style="list-style-type: none"> <li>▶ Non Medical Case Management (Mr. Anderson and Mr. Hightower)</li> <li>▶ Information Resources - Soldier and Family Assistance Center (Ms. Ewing)</li> <li>▶ Warrior Transition Battalion Staff/Cadre Briefing – S1 (COL Rojas and MAJ Jason Lee)</li> <li>▶ Medical Case Management (COL Rojas)</li> <li>▶ Army Recruiting Command: USAREC “101” Brief (LTC Farrior and LTC Lim)</li> <li>▶ AW2 Advocate (Mr. Hightower and Mr. Anderson)</li> <li>▶ TBI Clinic (Ms. Maureen O’Brien)</li> <li>▶ PTSD (Dr. Connor P. Mulcahey and Dr. Laura E. Johnson)</li> <li>▶ Care Giver Support (Mrs. Ewing and Mrs. Melissa Swift)</li> <li>▶ Vocational &amp; Employment Services (Mrs. Ryan)</li> <li>▶ IDES (Ms. Summer Carney)</li> <li>▶ Legal Support</li> <li>▶ Soldier and Family Assistance Center (SFAC) (Mrs. Isadora O. Ewing)</li> </ul>
November 3–4, 2011	Joint Force Headquarters (JFHQ) Indiana (National Guard)	<ul style="list-style-type: none"> <li>▶ Indiana Army National Guard – Strength and Deployments</li> <li>▶ Army National Guard Recovering Warrior Services</li> <li>▶ Air National Guard Recovering Warrior Services (MAJ C. Williams)</li> <li>▶ Medical Care Case Management for Recovering Warriors</li> <li>▶ Indiana Army National Guard Mental Health Services: PTSD (Mr. Sydney H. Davidson and Mr. Stephen W. Shields)</li> <li>▶ Army National Guard PDHA/PDHRA Operations (SGT Zentz)</li> <li>▶ Army National Guard Family Assistance (COL Waltemath)</li> <li>▶ Disability Evaluation System &amp; Legal Support During DES</li> </ul>

Dates	Installation/ Location/Service	Presentations
November 8–9, 2011	Fort Carson (Army)	<ul style="list-style-type: none"> <li>▶ Wounded Warrior Battalion Staff Briefing to Task Force (CPT Morales, Ms. Deb Kneller, and 1SG Wilkins)</li> <li>▶ Medical Case Management (LTC McKennan and MAJ Dalmou-Antimo)</li> <li>▶ USSOCOM Care Coalition</li> <li>▶ AW2 Advocates, Non Medical Case Management (Ms. Susan Holmes)</li> <li>▶ TBI Services (Dr. Pazdan)</li> <li>▶ PTSD Services (MAJ Ivany)</li> <li>▶ Care Giver Support (Ms. Charlotte Spencer)</li> <li>▶ Information Resources - Soldier and Family Assistance Center (Ms. Nancy Montville)</li> <li>▶ IDES (COL Boneta)</li> <li>▶ Legal Support (COL Boneta)</li> <li>▶ Vocational &amp; Employment Services (Mr. Michael Robinson and Mr. Chuck Walters)</li> </ul>
November 15–16, 2011	Community Based Warrior Transition Unit (CBWTU) Massachusetts (Army)	<ul style="list-style-type: none"> <li>▶ CBWTU MA Commander In-Brief (MAJ Mark O’Clair and 1SG Dennis Donlan)</li> <li>▶ Medical Care Case Management (COL Diane Fletcher)</li> <li>▶ Vocational &amp; Employment Services (AJ Mark O’Clair and 1SG Dennis Donlan)</li> <li>▶ AW2 Advocate, Non Medical Case Management (Mr. George Kimball)</li> <li>▶ Care Giver Support (MAJ Mark O’Clair and 1SG Dennis Donlan)</li> <li>▶ DES and Legal Support (LTC Michael M. Tallman)</li> <li>▶ USMC Reserve Psychological Health Outreach Team (Ms. Tina Wells and Ms. Danielle Riach)</li> </ul>
November 17–18, 2011	JFHQ Massachusetts (National Guard)	<ul style="list-style-type: none"> <li>▶ Manpower and Personnel (COL Sterling MacLeod)</li> <li>▶ Deployment Cycle Support Team (MAJ Michael Greene and MSG Peter Organsky)</li> <li>▶ Transition Assistance Advisor’s Program (Mr. Wil Melendez and MAJ John Sobutk)</li> <li>▶ Medical Care Case Management (CPT David DiGregorio)</li> <li>▶ Army National Guard PDHA/PDHRA Operations (SFC Bruce A. Ware)</li> <li>▶ Mental Health Services: PTSD (Mr. Philip L. Burke)</li> <li>▶ Massachusetts National Guard Family Program (Ms. Maureen Serrecchia)</li> <li>▶ Air Guard Recovering Warrior Services (Dr. Haluska)</li> <li>▶ Medical Care Management for Wounded, Ill, and Injured Guard Members</li> <li>▶ Service Member Transition to the VA, BOSTON Jamaica Plains VAMC USMC DISC, VA OEF/OIF Case Managers and Program Managers (Boston VAMC), VA polytrauma case managers (Boston VAMC), VA Vet Center counselors (Boston/Lowell), and VA FRC (Providence VAMC)</li> <li>▶ Massachusetts Air National Guard: Medical Care of the Citizen Warrior</li> </ul>
December 6–7, 2011	Joint Base San Antonio (Air Force Wounded Warrior Program)	<ul style="list-style-type: none"> <li>▶ Air Force Wounded Warrior (AFW2) Program, Non Medical Care Management and Support (Lt Col Susan Black)</li> <li>▶ Air Force Recruiting Service (Mr. Angelo Haygood)</li> <li>▶ USAF Military Medical Screening (COL Cesario Ferrer)</li> <li>▶ Airman and Family Readiness Centers (Ms. Yvonne Duker)</li> <li>▶ Disability Evaluation System and Return to Duty (Lt Col Lorianne R. Hodge)</li> <li>▶ Initiatives for Wounded Warriors (Lt Col Susan Black)</li> </ul>

Dates	Installation/ Location/Service	Presentations
January 11-12, 2012	Camp LeJeune (Marine Corps)	<ul style="list-style-type: none"> <li>▶ Battalion Staff Briefing (Mr. Craig E. Stephens)</li> <li>▶ Non Medical Case Management</li> <li>▶ Medical Care Case Management (Ms. Nita Hedreen, Kathy Buffell, and Heather Sawyer)</li> <li>▶ USSOCOM Care Coalition (Ms. Christina Infelise)</li> <li>▶ NHCL Marine and Sailor Concussion Recovery Center (TBI Services) (CAPT T. Armel and CDR J. Green)</li> <li>▶ NHCL Directorate for Mental Health (PTSD Services) (CDR S. Ghurani)</li> <li>▶ Family Member Support (Ms. Amanda Daniels and Ms. Kristy Jones)</li> <li>▶ Post-DD214 Challenges</li> <li>▶ Vocational &amp; Employment Services</li> <li>▶ NHCL IDES Program (LTJG L. Cook)</li> <li>▶ Legal Support in IDES (LTC Peter C. Faerber)</li> <li>▶ Recovery Care Coordinators (Mr. Tim Clubb and Ms. April Peterson)</li> <li>▶ Transition Coordinators (Mr. Robert Saul and Ms. Kathy Theakston)</li> <li>▶ Referral Process</li> </ul>
February 15-16, 2012	Fort Stewart (Army)	<ul style="list-style-type: none"> <li>▶ Warrior Transition Battalion Command Brief (LTC Reitemeyer)</li> <li>▶ Medical Case Management (Ms. Angela Blair)</li> <li>▶ Psychological Healthcare Teams (MAJ Robert Czech)</li> <li>▶ Non Medical Case Management</li> <li>▶ Hospital Behavioral Health Services (PTSD/COSR &amp; TBI)</li> <li>▶ Soldier and Family Assistance Center (SFAC) (Ms. Diane R. Smith)</li> <li>▶ IDES (Ms. Gerald)</li> <li>▶ Vocational &amp; Employment Services (Ms. Debra Dehart)</li> <li>▶ 3rd ID BCT Medical Care Teams (MMC) (LTC Richard Malish)</li> </ul>
February 28-29, 2012	29 Palms (Marine Corps)	<ul style="list-style-type: none"> <li>▶ Non Medical Case Management</li> <li>▶ Medical Care Case Management (CDR Maria Young)</li> <li>▶ Regional Limited Duty Non-Commissioned Officer Briefing (GySgt Dandridge, Mrs. Buckley, CDR Schalck, LDCR Autry, and LCDR Musarra)</li> <li>▶ TBI Services (Mr. Thomas M. Teleha and LCDR Shauna King Hollis)</li> <li>▶ PTSD Services (LCDR S. King-Hollis, Mr. Tom Teleha, CAPT Greenwood, CDR Morris, and CDR McAndrews)</li> <li>▶ Family Member Support (GySgt Eric Esparza)</li> <li>▶ Post-DD 213 Challenges - DISC (GySgt John Szczepanowski and GySgt Charles Shaver)</li> <li>▶ Vocational &amp; Employment Services (CDR Maria Young, LT Lawson, and SSgt Ryan Harris)</li> <li>▶ IDES (Ms. Dawn Schadeegg and Ms. Wendy Beneitz)</li> <li>▶ Legal (Maj Danielle Fitz)</li> </ul>
March 12-13, 2012	Portsmouth (Navy)	<ul style="list-style-type: none"> <li>▶ Medical Care Case Management (CDR Marjorie Alexander and Margaret Costello-Shea)</li> <li>▶ USSOCOM Non Medical Case Management Care Coalition and Medical Care Case Management (LT Korrina R. Donald)</li> <li>▶ IDES (Mrs. Carol Mitchel, Ms. Mary Lynn Kelley, and EMC Creighton Litt)</li> <li>▶ Legal Support (CDR Nicholas Murphy)</li> <li>▶ Navy Safe Harbor (LT Terry LaBeff)</li> <li>▶ TBI Services (CDR David LaBrie)</li> <li>▶ PTSD Services (CDR James Reeves)</li> <li>▶ Naval Family Member Support (Ms. Marguerite Tackett)</li> <li>▶ Vocational &amp; Employment Services (Mr. Al Welcher, Ms. Leigh Hammer, LCDR HazelAnn Teamer, and LT Elizabeth Crowder)</li> </ul>

---

Dates	Installation/ Location/Service	Presentations
March 20–21, 2012	JFHQ Iowa (National Guard)	<ul style="list-style-type: none"><li>▶ Iowa Joint Force Headquarters In-Brief</li><li>▶ ARNG Recovering Warrior Services</li><li>▶ Medical Case Management</li><li>▶ ARNG PDHA/PDHRA Operations</li><li>▶ Mental Health Services</li><li>▶ ARNG Family Assistance</li><li>▶ Disability Evaluation and Legal Support</li><li>▶ U.S. Army Wounded Warrior Program (AW2) (Mr. Ken Garot)</li><li>▶ District Injured Support Coordinators (DISC)</li></ul>

---

## **APPENDIX G: INFORMATION SOURCES BY TOPIC**



---

## Information Sources by Topic

### MCCM References (DoD)

- ▶ Air Force Medical Service response to the RWTF data call. February 21, 2012.
- ▶ Army Warrior Care and Transition Program response to the RWTF data call. April 16, 2012.
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of VADM Matthew L Nathan, Surgeon General of the Navy).
- ▶ CAPT Carter, B. Navy Safe Harbor briefing to the RWTF, March 31, 2011.
- ▶ DoD (August 26, 2009; Rev. August 16, 2011). DoD Directive-Type Memorandum 08-033: Interim guidance for clinical case management for the wounded, ill, and injured service member in the military health system.
- ▶ DoD (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- ▶ Navy BUMED Case Management response to the RWTF data call. January 10, 2012.
- ▶ Quisenberry, G. C. Briefing to the RWTF. Clinical case management education and training. October 5, 2011.
- ▶ Quisenberry, G. C. Briefing to the RWTF. Clinical case management services. February 22, 2012.
- ▶ RWTF family member focus group results, October 2011-March 2012.
- ▶ RWTF family member mini survey results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini survey results, October 2011-March 2012.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- ▶ CAPT Willis, M. Navy Response to RWTF FY2012 draft report. June 12, 2012.

### MCCM References (VA)

- ▶ Amdur, D., Batres, A., Belisle, J., Brown Jr, J. H., Cornis-Pop, M., Mathewson-Chapman, M., et al. (2011). VA integrated post-combat care: A systemic approach to caring for returning combat Veterans. *Social Work in Health Care*, 50, 564-575. DOI: 10.1080/00981389.2011.554275.
- ▶ Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012.
- ▶ CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- ▶ Department of Veterans Affairs Federal Recovery Coordination Program (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved February 6, 2012, from [http://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=537&FType=2](http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2)
- ▶ DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- ▶ Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- ▶ Government Accountability Office (March 2011). DoD and VA health care: Federal Recovery Coordination Program continues to expand but faces significant challenges. GAO-11-250.
- ▶ Government Accountability Office (October 6, 2011). DoD and VA health care: Action needed to strengthen integration across care coordination and case management programs. GAO-12-129T.
- ▶ Guice, K. Briefing to the RWTF. 2010 Federal Recovery Coordination Program Survey Results. May 18, 2011.
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of COL Robert F Norton (Ret.), Deputy Director, Government Relations, Military Officers Association of America).

## MCCM References (VA) (cont.)

- ▶ Jules, D. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: Polytrauma Case Managers. December 8, 2011.
- ▶ Kabir, K. and Franklin, M. (September 16, 2010). 2010 Federal Recovery Coordination Program survey results. Rockville, MD: Westat.
- ▶ Langley, K. (October 18, 2011). Two federal agencies testify on way forward together for recovering Service members. Retrieved November 22, 2011, from <http://warriorcare.dodlive.mil/2011/10/18/two-federal-agencies-testify-on-way-forward-together-for-recovering-service-members/>
- ▶ National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).
- ▶ Ramos, M. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Federal Recovery Coordination Program. December 8, 2011.
- ▶ Ray, L. and Alms-Chapa, T. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers. December 8, 2011.
- ▶ Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011.
- ▶ RWTF family member focus group results, October 2011-March 2012.
- ▶ RWTF family member mini survey results, October 2011- March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Site-level briefings to the RWTF. March/April 2011.
- ▶ The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs.112th Cong. (October 6, 2011) (Prepared statement of Phillip Burdette, Principal Director, Wounded Warrior Care and Transition Policy, Office of the Under Secretary of Defense for Personnel and Readiness, U.S. DoD).
- ▶ The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs.112th Cong. (October 6, 2011) (Prepared statement of Debra A. Draper, Director, Health Care, U.S. Government Accountability Office).
- ▶ The Federal Recovery Coordination Program: From concept to reality: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs, 112th Cong. (May 13, 2011) (Prepared statement of Karen Guice, Executive Director, Federal Recovery Coordination Program, U.S. Department of Veterans Affairs).
- ▶ The Federal Recovery Coordination Program: Assessing progress toward improvement: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs.112th Cong. (October 6, 2011) (Prepared statement of John Medve, Executive Director, Office of the U.S. Department of Veterans Affairs- DoD Collaboration, U.S. Department of Veterans Affairs).
- ▶ Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012.
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.

## Units & Programs References

- ▶ Air Force Wounded Warrior Program (November 1, 2011). Ginsberg discusses wounded warrior program. Retrieved November 22, 2011, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123278076>
- ▶ Amdur, D., Batres, A., Belisle, J., Brown Jr, J. H., Cornis-Pop, M., Mathewson-Chapman, M., et al. (2011). VA integrated post-combat care: A systemic approach to caring for returning combat Veterans. *Social Work in Health Care*, 50, 564-575. DOI: 10.1080/00981389.2011.554275.
- ▶ SSG Anderson, E. (October 19, 2011). Six former warriors in transition graduate from WTU cadre course. Retrieved on November 22, 2011, from <http://wtc.armylive.dodlive.mil/2011/10/six-former-warriors-in-transition-graduate-from-wtu-cadre-course/>
- ▶ Army Warrior Transition Command (December 1, 2011). *Comprehensive Transition Plan Policy and CTP-Guidance*. Alexandria, VA: Author.

## Units & Programs References (cont.)

- ▶ Associated Press (November 14, 2011). Campbell to open wounded soldier barracks. Retrieved November 22, 2011, from <http://www.armytimes.com/news/2011/11/ap-campbell-opens-wounded-warrior-barracks-111411/>
- ▶ COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Army Warrior Transition Command cadre training. December 9, 2011.
- ▶ CSM Baskerville, J. (Ret.) and 1SG Burbach, J. (Ret.). Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. USSOCOM Care Coalition Recovery Program. December 8, 2011.
- ▶ Bernton, H. (August 15, 2011). Lewis-McChord opens new living quarters for wounded soldiers. Retrieved November 11, 2011, from [http://seattletimes.nwsourc.com/html/localnews/2015920210\\_madigan16m.html](http://seattletimes.nwsourc.com/html/localnews/2015920210_madigan16m.html)
- ▶ Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior Program: Non-medical care management and support. December 6, 2011.
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of LTG Patricia D Horoho, Surgeon General of the Army).
- ▶ Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012.
- ▶ Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011.
- ▶ CAPT Carter, B. Navy Safe Harbor briefing to the RWTF, March 31, 2011.
- ▶ Defense Manpower Data Center, Data Analysis and Programs Division. Global war on terrorism – Operation New Dawn by month September 1, 2010 through May 7, 2012. Retrieved May 24, 2012, from <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/ondmonth.pdf>
- ▶ Defense Manpower Data Center, Data Analysis and Programs Division. Global war on terrorism – Operation Enduring Freedom by month October 7, 2001 through May 7, 2012. Retrieved May 24, 2012, from <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oefmonth.pdf>
- ▶ Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ DoD (December 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- ▶ DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- ▶ DoD – National Guard/US Army Reserve: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 28, 2012) (Prepared statement of Gen Craig R McKinley, Chief, National Guard Bureau).
- ▶ DoD Office of Inspector General (March 17, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Sam Houston. Washington, DC: Author.
- ▶ DoD Office of Inspector General (September 30, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Drum. Washington, DC: Author.
- ▶ SSgt Gallardo, M. and MSgt Schiller, B. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Wounded Warrior Regiment District Injured Support Coordinators. December 8, 2011.
- ▶ Johnson, F. (November 7, 2011). Warrior care month, unleashing unlimited potential. Retrieved November 22, 2011, from <http://warriorcare.dodlive.mil/2011/11/07/warrior-care-month-unleashing-unlimited-potential/>
- ▶ Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Care Coordinator Program Procedural Manual.
- ▶ Marine Corps Wounded Warrior Regiment (December 5, 2011). Wounded Warrior Regiment Order 1540.1: Computer based training order.
- ▶ Marine Corps Wounded Warrior Regiment (December 19, 2011). Marine Corps Bulletin 5040: Wounded Warrior Regiment Command Inspection Program.
- ▶ Marine Corps Wounded Warrior Regiment (February 2012). Comprehensive Recovery Plan: Roadmap to recovery. Quantico, VA: Author.

---

## Units & Programs References (cont.)

- ▶ Marine Corps Wounded Warrior Regiment. Briefing to the RWTF. Recovery Care Coordinators. January 11, 2012.
- ▶ Marine Corps Wounded Warrior Regiment Future Initiatives and Transformation Team (n.d.). Research Fact Sheet: Support to Wounded, Ill, and Injured Reserve Personnel. Quantico, VA: Marine Corps Wounded Warrior Regiment.
- ▶ Martinez, D. and Heinbaugh, E. Air Force Wounded Warrior Program Care Managers at the Air Force Personnel Center. Briefing to the RWTF, March 23, 2011.
- ▶ Col Mayer, J. L. Marine Corps Wounded Warrior Regiment briefing to the RWTF. March 30, 2011.
- ▶ Col Mayer, J. L. and Flores, E. Panel discussion with the RWTF: Site visit review – Marine Corps Air Ground Combat Center Twentynine Palms. May 16, 2012.
- ▶ Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- ▶ McDonnell, K. SOCOM Care Coalition briefing to the RWTF. February 22, 2012.
- ▶ Navy Safe Harbor Public Affairs (January 4, 2012). Navy Safe Harbor surveys measure wounded warrior, family satisfaction. Retrieved February 15, 2012, from [http://www.navy.mil/search/display.asp?story\\_id=64630](http://www.navy.mil/search/display.asp?story_id=64630)
- ▶ LTC Pasek, G.M., Deputy G-3/5/7, Army Warrior Transition Command, personal communication with the RWTF, May 3, 2012.
- ▶ Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011.
- ▶ RWTF family member focus group results. March/April 2011.
- ▶ RWTF family member focus group results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ RWTF Service member focus group results. March/April 2011.
- ▶ Santos III, M.A. (November 2, 2011). Advocate this! Retrieved November 22, 2011, from <http://aw2.armylive.dodlive.mil/2011/11/advocate-this/>
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Site-level briefings to the RWTF. March/April 2011.
- ▶ Wetzel, A. (January 19, 2012). NCO Academy comes to wounded warriors. Retrieved February 15, 2012, from <http://www.military.com/news/article/marine-corps-news/nco-academy-comes-to-wounded-marines.html>
- ▶ BG Williams, D. A. (September 26, 2011). Commander's drumbeat: Fort Stewart-Success built on teamwork. Retrieved November 11, 2011, from <http://wtc.armylive.dodlive.mil/2011/09/commander%E2%80%99s-drumbeat-fort-stewart%E2%80%93success-built-on-teamwork-2/>
- ▶ BG Williams, D. A. Army Warrior Transition Command briefing to the RWTF. February 22, 2011.
- ▶ BG Williams, D. A. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- ▶ Wounded Warrior Care and Transition Policy (February 2012). Integrated Disability Evaluation System monthly report. Washington, DC: Author.
- ▶ Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

## Landstuhl Reference

- ▶ Site Briefings to the RWTF, October 2011-March 2012.

## TBI References

- ▶ Brown, D. (October 11, 2011). Clear strategies for treating traumatic brain injury are elusive, panel finds. The Washington Post. Retrieved December 22, 2011, from: [http://www.washingtonpost.com/national/health-science/clear-strategies-for-treating-traumatic-brain-injury-are-elusive-panel-finds/2011/10/10/gIQAkRBZcL\\_story.html](http://www.washingtonpost.com/national/health-science/clear-strategies-for-treating-traumatic-brain-injury-are-elusive-panel-finds/2011/10/10/gIQAkRBZcL_story.html)
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of LTG Patricia D Horoho, Surgeon General of the Army).
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of VADM Matthew L Nathan, Surgeon General of the Navy).
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement from the Honorable Jonathan Woodson, Assistant Secretary of Defense for Health Affairs).
- ▶ Defense and Veterans Brain Injury Center (n.d.). DoD worldwide numbers for TBI non-combat and combat injuries. Retrieved February 15, 2012, from <http://dvbic.org/TBI-Numbers.aspx>
- ▶ DoD (November 7, 2011). Directive-Type Memorandum 09-033: Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting.
- ▶ DoD/Department of Veterans Affairs (April 2009). Clinical practice guideline: Management of concussion/mild Traumatic Brain Injury. Retrieved April 30, 2012, from [http://www.healthquality.va.gov/mtbi/concussion\\_mtbi\\_full\\_1\\_0.pdf](http://www.healthquality.va.gov/mtbi/concussion_mtbi_full_1_0.pdf)
- ▶ Fuentes, G. (December 21, 2011). New database tracks Marine head injuries. Marine Corps Times. Retrieved January 29, 2012, from <http://www.marinecorpstimes.com/news/2011/12/marine-traumatic-brain-injury-detection-reporting-122111w/>
- ▶ CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.
- ▶ Hearing to receive testimony on the Department of the Navy in review of the Defense Authorization Request for Fiscal Year 2013 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, 112th Cong. (March 15, 2012) (Prepared Statement from Gen James F. Amos, Commandant of the Marine Corps).
- ▶ Institute of Medicine (October 2011). Report brief: Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the evidence. Retrieved May 2, 2012, from <http://www.iom.edu/-/media/Files/Report%20Files/2011/Cognitive-Rehabilitation-Therapy-for-Traumatic-Brain-Injury-Evaluating-the-Evidence/CRTforTBIreportbrief2.pdf>
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 21, 2012) (Prepared statement of Dawn Halfaker, President, Board of Directors, Wounded Warrior Project).
- ▶ Kime, P. (October 11, 2011). Report: Evidence on TBI therapy inconclusive. Military Times. Retrieved October 12, 2011, from: <http://militarytimes.com/news/2011/10/military-cognitive-rehabilitation-therapy-tbi-report-101111w/>
- ▶ COL Macedonia, C. Briefing to the RWTF. Joint Combat Neurosciences Team: Gray Team. October 5, 2011.
- ▶ RWTF family member focus group results, October 2011-March 2012.
- ▶ RWTF family member mini-survey results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ Sanchez, E. (January 12, 2012). Military study aims to help troops with mTBI. Armed Forces Press Service. Retrieved January 29, 2012, from <http://www.defense.gov/news/newsarticle.aspx?id=66776>
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Vanderploeg, R.D., CDR Handrigan, M.T., and Pramuka, M. Panel presentation to the RWTF: Cognitive Rehabilitation Therapy and TBI. May 19, 2011.

---

## PTSD References

- ▶ Bliese, P.D., Wright, K.M., Adler, A.B., Thomas, J.L., and Hoge, C.W. (2007). Timing of postcombat mental health assessments. *Psychological Services*, 4(3), 141-148.
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of VADM Matthew L Nathan, Surgeon General of the Navy).
- ▶ Coley, H. A. Memorandum for Assistant Secretary of the Army (Manpower and Reserve Affairs). US Army Medical Command Implementation Plan for Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation. November 3, 2010.
- ▶ Cooper, B. (January 11, 2012) New commitments will improve health care for our heroes. Retrieved May 19, 2012, from <http://www.whitehouse.gov/blog/2012/01/11/new-commitments-will-improve-health-care-our-heroes>
- ▶ Cronk, T. M. (December 15, 2012). Writing therapy to foster wounded warriors' recovery. *American Forces Press Service*. Retrieved January 29, 2012, from <http://www.defense.gov/news/newsarticle.aspx?id=66502>
- ▶ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (January 1, 2012). T2 launches online community for military mental health providers. Retrieved February 17, 2012, from <http://dcoe.health.mil/NewsArticle.aspx?id=2762>
- ▶ Lt Col Dickey, D.H. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Air Force. February 23, 2012.
- ▶ Lt Col Dickey, D.H. Air Force Response to RWTF FY2012 draft report. June 11, 2012.
- ▶ DoD (January 2007). Directive-Type Memorandum 11-011: Mental Health Assessments for Members of the Military Services Deployed in Connection with a Contingency Operation.
- ▶ DoD Task Force on Mental Health. (2007). *An achievable vision: Report of the DoD Task Force on Mental Health*. Falls Church, VA: Defense Health Board.
- ▶ Ginsberg, D. B. (September 28, 2010). Memorandum for Assistant Secretary of Defense for Health Affairs. Mental health assessments for members of the Armed Forces deployed in connection with a contingency operation.
- ▶ Grieger, T.A., Cozza, S.J., Ursano, R.J., Hoge, C.W., Martinez, P.E., Engel, C.C., et al. (2006). Posttraumatic stress disorder and depression in battle-injured soldiers. *American Journal of Psychiatry*, 163(10), 1777-1783.
- ▶ CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.
- ▶ Hearing to receive testimony on the Department of the Navy in review of the Defense Authorization Request for Fiscal Year 2013 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, 112th Cong. (March 15, 2012) (Prepared Statement from Gen James F. Amos, Commandant of the Marine Corps).
- ▶ Hoge, C. Panel Presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.
- ▶ Kime, P. (November 8, 2011). Program to educate civilian doctors on military. *Marine Corps Times*. Retrieved February 5, 2012, from <http://www.marinecorpstimes.com/news/2011/11/military-programs-to-educate-civilian-doctors-on-military-110811w/>
- ▶ Kime, P. (February 22, 2012). Army Investigates preferential PTSD treatment. *Army Times*. Retrieved February 29, 2012, from <http://www.armytimes.com/news/2012/02/military-army-investigates-preferential-ptsd-treatment-022212/>
- ▶ Kime, P. (June 13, 2012). DoD orders review of mental health diagnoses. Retrieved June 22, 2012, from <http://www.armytimes.com/news/2012/06/military-defense-department-orders-review-mental-health-diagnoses-061312w/>
- ▶ Litz, B. T. & Schlenger, W.E. (Winter 2009). PTSD Research Quarterly. *National Center for Post Traumatic Stress Disorder*, 20(1), 1050-1835.
- ▶ COL Macedonia, C. Briefing to the RWTF. Joint Combat Neurosciences Team: Gray Team. October 5, 2011.



---

## Centers of Excellence References (cont.)

- ▶ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (n.d.) Past conferences federal interagency conference on TBI. Retrieved January 29, 2012, from <http://www.dcoe.health.mil/Training/PastConferences.aspx>
- ▶ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (August 30, 2011). Providers discuss best practices, programs at annual TBI summit. Retrieved September 2, 2011, from: <http://dcoe.health.mil/NewsArticle.aspx?id=2486>
- ▶ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (December 21, 2011). Annual trauma spectrum conference day one: TBI, technology, sleep discussed. Retrieved January 29, 2012, from <http://dcoe.health.mil/NewsArticle.aspx?id=2832>
- ▶ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (January 1, 2012). T2 launches online community for military mental health providers. Retrieved February 17, 2012, from <http://dcoe.health.mil/NewsArticle.aspx?id=2762>
- ▶ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (January 13, 2012). DCoE Center releases new mobile app for providers: Co-occurring conditions toolkit. Retrieved January 29, 2012, from <http://dcoe.health.mil/NewsArticle.aspx?id=2875>
- ▶ DoD (September 28, 2011). Services to help leaders look out for team members. Retrieved February 5, 2012 from <http://www.dodlive.mil/index.php/2011/09/services-to-help-leaders-look-out-for-team-members->
- ▶ DoD (November 10, 2011). Real Warriors campaign helps wounded Veterans. Retrieved February 5, 2012 from <http://www.defense.gov/news/newsarticle.aspx?id=66038>
- ▶ COL Gagliano, D.A. Briefing to the RWTF. Vision Center of Excellence February 22, 2012.
- ▶ Government Accountability Office (June 30, 2011). DCoE: Limited budget and performance information on the Center for Psychological Health and Traumatic Brain Injury. Washington, DC: Author. GAO-11-611.
- ▶ Government Accountability Office (January 2012). Defense Health: Coordinating authority needed for psychological health and traumatic brain injury activities. Washington, DC: Author. GAO-12-154.
- ▶ CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.
- ▶ Miles, D. (January 9, 2012). Vision Center of Excellence promotes eye-injury research, care. American Forces Press Service. Retrieved January 29, 2012 from <http://www.defense.gov/News/NewsArticle.aspx?ID=66714>
- ▶ National Center for Telehealth and Technology (n.d.) Co-occurring conditions toolkit. Retrieved February 19, 2012, from <http://www.t2health.org/apps/cct>
- ▶ National Center for Telehealth and Technology (n.d.) mTBI pocket guide mobile application. Retrieved February 19, 2012, from <http://www.t2health.org/apps/mtbi>
- ▶ Lt Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. December 9, 2011.
- ▶ LTC Pendergrass, T. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. February 22, 2012.
- ▶ Real Warriors Campaign (April 2011). About Us. Retrieved February 20, 2012, from <http://realwarriors.net/aboutus>
- ▶ RWTF family member focus group results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ Site Briefings to the RWTF, October 2011-February 2012.
- ▶ Vanderploeg, R.D., CDR Handrigan, M.T., and Pramuka, M. Panel presentation to the RWTF: Cognitive Rehabilitation Therapy and TBI. May 19, 2011.

## NMCM References

- ▶ Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.
- ▶ Air Force Warrior and Survivor Care response to the RWTF data call. February 21, 2012.
- ▶ Air Force Wounded Warrior Program (November 1, 2011). Ginsberg discusses wounded warrior program. Retrieved November 22, 2011, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123278076>

## NMCM References (cont.)

- ▶ Air Force Wounded Warrior Program (December 21, 2011). Wounded warrior pay cell dedicated for service. Retrieved January 24, 2012, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123284288>
- ▶ SSG Anderson, E. (October 19, 2011). Six former warriors in transition graduate from WTU cadre course. Retrieved November 22, 2011, from <http://wtc.armylive.dodlive.mil/2011/10/six-former-warriors-in-transition-graduate-from-wtu-cadre-course/>
- ▶ Army Warrior Care and Transition Program response to the RWTF data call. April 16, 2012.
- ▶ Army Warrior Transition Command (n.d.). Army Wounded Warrior program (AW2). Retrieved on May 29, 2012, from <http://wtc.army.mil/aw2/index.html>
- ▶ Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author.
- ▶ COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Army Warrior Transition Command cadre training. December 9, 2011.
- ▶ Bannick, R.R. Briefing to the RWTF. TRICARE Management Activity telephone survey of ill or injured Service members post-operational deployment. February 21, 2012.
- ▶ CSM Baskerville, J. (Ret.) and 1SG Burbach, J. (Ret.). Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. USSOCOM Care Coalition Recovery Program. December 8, 2011.
- ▶ Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior Program: Non-medical care management and support. December 6, 2011.
- ▶ Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy. February 21, 2012.
- ▶ CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- ▶ Chief of Naval Operations (April 9, 2011). NAVADMIN 124-11: Reserve Component medical hold screening and assignment. Retrieved February 10, 2012, from <http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMIN/NAV2011/NAV11124.txt>
- ▶ LCDR Cole, S.K and Pennington, D. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Navy Safe Harbor. December 8, 2011.
- ▶ Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ DoD (September 2008). Foundations of care, management, and transition support for recovering Service members and their families. Retrieved on July 6, 2011, from [http://prhome.defense.gov/WWCTP/docs/09.15.08\\_FINAL\\_Ten\\_Steps.pdf](http://prhome.defense.gov/WWCTP/docs/09.15.08_FINAL_Ten_Steps.pdf)
- ▶ DoD (December 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- ▶ DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- ▶ DoD Office of Inspector General (March 17, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Sam Houston. Washington, DC: Author.
- ▶ DoD Office of Inspector General (September 30, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Drum. Washington, DC: Author.
- ▶ MSgt Eichman, T. Briefing to the RWTF. Role of Family Liaison Officer. December 9, 2011.
- ▶ Everitt, L., Theen, A., and Saiyed, G. (February 14, 2012). Efforts lag to improve care for National Guard. Retrieved February 14, 2012, from [http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAymEWER\\_story.html?tid=pm\\_national\\_pop](http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAymEWER_story.html?tid=pm_national_pop)
- ▶ Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- ▶ SSgt Gallardo, M. and MSgt Schiller, B. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Wounded Warrior Regiment District Injured Support Coordinators. December 8, 2011.
- ▶ CAPT Gibbons, M., LT Noriega, D., CAPT Shapiro, D., CDR Varias, M., CAPT Willis, M., et al. Panel discussion with the RWTF: Site visit review – Naval Medical Center Portsmouth. May 15, 2012.
- ▶ Gliner, M. (2012). WTU/MEB Satisfaction. Briefing submitted to RWTF.

## NMCM References (cont.)

- ▶ Government Accountability Office (October 6, 2011). DoD and VA health care: Action needed to strengthen integration across care coordination and case management programs. Washington, DC: Author. GAO-12-129T.
- ▶ Hourani, L.L., Bray, R.M., Marsden, M.E., Witt, M., Vandermaas-Peeler, R., Schleffer, S., et al. (2007). 2006 Department of Defense survey of health related behaviors among Guard/Reserve military personnel: A component of the Defense Lifestyle assessment Program. Research Triangle Park, NC: RTI.
- ▶ Johnson, F. (October 3, 2011). New class of Recovery Care Coordinators prepare[sic] to serve wounded, ill, and injured Service members, families. Retrieved November 11, 2011, from <http://warriorcare.dodlive.mil/2011/10/03/new-class-of-recovery-care-coordinators-prepare-to-serve-wounded-ill-and-injured-service-members-families/>
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of COL Robert F Norton (Ret.), Deputy Director, Government Relations, Military Officers Association of America).
- ▶ Langley, K. (October 18, 2011). Two federal agencies testify on way forward together for recovering Service members. Retrieved November 22, 2011, from <http://warriorcare.dodlive.mil/2011/10/18/two-federal-agencies-testify-on-way-forward-together-for-recovering-service-members/>
- ▶ Marine Corps Wounded Warrior Regiment (n.d.) The Recovery Care Coordinator: Training module. Quantico, VA: Author.
- ▶ Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Care Coordinator Program Procedural Manual.
- ▶ Marine Corps Wounded Warrior Regiment (February 2011). Wounded Warrior Regiment Order 3000.1: Wounded Warrior Regiment Recovery Care Coordinator Standard Operating Procedure.
- ▶ Marine Corps Wounded Warrior Regiment (July 27, 2011). Wounded Warrior Regiment Order 6300.1A: Administrative procedures for acceptance of wounded, ill, injured, or hospitalized personnel to the Wounded Warrior Regiment.
- ▶ Marine Corps Wounded Warrior Regiment (October 2011). Recovery Care Coordinators (fact sheet). Quantico, VA: Author.
- ▶ Marine Corps Wounded Warrior Regiment (December 5, 2011). Wounded Warrior Regiment Order 1540.1: Computer based training order.
- ▶ Marine Corps Wounded Warrior Regiment (December 19, 2011). Marine Corps Bulletin 5040: Wounded Warrior Regiment Command Inspection Program.
- ▶ Marine Corps Wounded Warrior Regiment. Briefing prepared for the RWTF. District Injured Support Coordinators. January 2012.
- ▶ Marine Corps Wounded Warrior Regiment. Briefing to the RWTF. Recovery Care Coordinators. January 11, 2012.
- ▶ Marine Corps Wounded Warrior Regiment response to the RWTF data call. February 23, 2012.
- ▶ Marine Corps Wounded Warrior Regiment Future Initiatives Transition Team Research and Analysis Cell (n.d.). Research fact sheet: 2012 care coordination survey. Quantico, VA: Marine Corps Wounded Warrior Regiment.
- ▶ Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment.
- ▶ Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- ▶ McDonnell, K. SOCOM Care Coalition briefing to the RWTF. February 22, 2012.
- ▶ Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148.
- ▶ Navy Safe Harbor Public Affairs (January 4, 2012). Navy Safe Harbor surveys measure wounded warrior, family satisfaction. Retrieved February 15, 2012, from [http://www.navy.mil/search/display.asp?story\\_id=64630](http://www.navy.mil/search/display.asp?story_id=64630)
- ▶ Navy Safe Harbor briefing to the RWTF, 31 March 2011.
- ▶ Navy Safe Harbor response to the RWTF data call. February 22, 2012.
- ▶ Petrella, M.E. Marine Corps response to the RWTF FY2012 draft report. June 15, 2012.

## NMCM References (cont.)

- ▶ Posture of the US Marine Corps: Hearing before the US House Subcommittee on Defense, Committee Appropriations, 112th Cong. (March 1, 2012) (Statement from Gen James F. Amos, Commandant of the Marine Corps).
- ▶ Tech. Sgt. Powell, C. (December 16, 2011). Air Force Wounded Warrior Program helps Airmen transition, become self-sufficient. Retrieved January 24, 2012, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123283830>
- ▶ RWTF family member focus group results, October 2011-March 2012.
- ▶ RWTF family member mini-survey results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ RWTF Service member focus group results. March/April 2011.
- ▶ Secretary of the Navy (May 2010). SECNAV Instruction 1740.5: Department of the Navy Recovery Coordination Program.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Site-level briefings to the RWTF. March/April 2011.
- ▶ USSOCOM briefing to the RWTF, 19 May 2011.
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 22, 2011.
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- ▶ Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

## Information Resources References

- ▶ Air Force Wounded Warrior (November 18, 2011). DoD releases updated compensation, benefits handbook. Retrieved January 17, 2012, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123280517>
- ▶ Air Force Wounded Warrior (2012). Homepage. Retrieved February 7, 2012, from <http://www.woundedwarrior.af.mil/>
- ▶ Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division) briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.
- ▶ Army Medical Department (2012). Wounded Soldier and Family Hotline. Retrieved February 7, 2012, from <http://www.armymedicine.army.mil/wsfh/index.html>
- ▶ Army Medical Department Activity West Point (n.d.). A guide for Warriors in transition and their families. Retrieved February 13, 2012 from [http://kach.amedd.army.mil/WTU/SOLDIER\\_HANDBOOK.pdf](http://kach.amedd.army.mil/WTU/SOLDIER_HANDBOOK.pdf)
- ▶ Army Warrior Transition Command (2011). Caregivers' guide to the Comprehensive Transition Plan. Retrieved February 15, 2012, from [http://wtc.army.mil/ctpfamilylearningmodule/wrap\\_menupage.htm](http://wtc.army.mil/ctpfamilylearningmodule/wrap_menupage.htm)
- ▶ Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author.
- ▶ LTC Bair, H. (July 19, 2011). Family focus—New online tool aims to better inform wounded warriors loved ones. Retrieved January 19, 2012, from <http://wtc.armylive.dodlive.mil/category/resources/>
- ▶ Brooke Army Medical Center Warrior Transition Battalion (January 15, 2008). Welcome Packet. Retrieved February 13, 2012 from [http://www.google.com/url?sa=t&rct=j&q=Brooke+Army+Medical+Center+Warrior+Transition+Battalion+Welcome+Packet&source=web&cd=1&ved=0CCEQFjAA&url=http%3A%2F%2Fwww.bamc.amedd.army.mil%2Fwtb%2Fdocs%2FWarrior%2520Welcome%2520Packet.doc&ei=36CVT4HFLYi26QGI-ayfBA&usg=AFQjCNGUgb\\_UV7e5fZRyTQxJZs6TVgZamw](http://www.google.com/url?sa=t&rct=j&q=Brooke+Army+Medical+Center+Warrior+Transition+Battalion+Welcome+Packet&source=web&cd=1&ved=0CCEQFjAA&url=http%3A%2F%2Fwww.bamc.amedd.army.mil%2Fwtb%2Fdocs%2FWarrior%2520Welcome%2520Packet.doc&ei=36CVT4HFLYi26QGI-ayfBA&usg=AFQjCNGUgb_UV7e5fZRyTQxJZs6TVgZamw)
- ▶ Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011.
- ▶ Center of Excellence for Medical Multimedia Traumatic Brain Injury (n.d.). Caregiver's journey. Retrieved February 15, 2012, from <http://www.traumaticbraininjuryatoz.org/Caregivers-Journey.aspx>
- ▶ Cohoon, B. (n.d.). Recovering Warrior Task Force draft report comments: National Military Family Association. Alexandria, VA: Author.



---

## Information Resources References (cont.)

- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ RWTF Service member focus group results. March/April 2011.
- ▶ RWTF Service member mini-survey results. March/April 2011.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Site level briefings to the RWTF. March/April 2011.
- ▶ 1LT Skelton, D.J. and the Family Readiness Group of the 1/25th ID (n.d.). Walter Reed Army Medical Center Our Hero Handbook. Retrieved February 13, 2012, from <http://images.gocomics.com/images/db/hero.pdf>
- ▶ Social Security Administration (2012). Disability benefits for wounded warriors. Retrieved February 17, 2012, from <http://www.ssa.gov/pubs/10030.pdf>
- ▶ Spouses of the US Army War College Class of 2006 (June 2006). Our Hero Handbook. Retrieved February 13, 2012 from <http://www.washingtonpost.com/wp-srv/nation/documents/walter-reed/HeroHandbook.pdf>
- ▶ Walker, J., US Army Medical Command, WINN Army Community Hospital, personal communication with the RWTF, April 6, 2012.
- ▶ BG Williams, D. A. Army Warrior Transition Command briefing to the RWTF. February 22, 2011.
- ▶ Capt Wolf, J. (November 7, 2011). Wounded Warrior Regiment celebrates warrior care month. Retrieved January 19, 2012, from [http://www.woundedwarriorregiment.org/news/news\\_story\\_11\\_08\\_2011.cfm](http://www.woundedwarriorregiment.org/news/news_story_11_08_2011.cfm)

## Support for Family Caregivers References

- ▶ Air Force Wounded Warrior (September 8, 2011). Wounded warriors, surviving spouses get child care placement priority. Retrieved January 18, 2012, from <http://www.woundedwarrior.af.mil/news/story.asp?id=123271034>
- ▶ Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author.
- ▶ Army Warrior Transition Command (March 2, 2012). Army Warrior Transition Command response to the Department of Defense Task Force on the Care, Management and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces (RWTF) request for information (Memorandum submitted to RWTF). Alexandria, VA: Author.
- ▶ COL Bair, D., COL Scott, S. and Emerich, S. Briefing to the RWTF. Army Warrior Transition Command cadre training. December 9, 2011.
- ▶ Bannick, R.R. Briefing to the RWTF. TRICARE Management Activity telephone survey of ill or injured Service members post-operational deployment. February 21, 2012.
- ▶ Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior Program: Non-medical care management and support. December 6, 2011.
- ▶ Booth, B., and Lederer, S. (2012). Supporting military families in an era of continuous deployments. In J.H. Laurence, and M.D. Matthews (Eds.), *The Oxford handbook of military psychology* (pp. 365-380). New York: Oxford University Press.
- ▶ Bradway, J.K., Malone, J.M., Racy, J., Leal, J.M., and Poole, J. (1984). Psychological adaptation to amputation: An overview. *Orthotics and Prosthetics*, 38 (3), 46-50.
- ▶ Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy (WWCTP). February 21, 2012.
- ▶ Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011.
- ▶ Cannon, L.S. (February 29, 2012). Military Spouse Employment Partnership. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- ▶ CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- ▶ Celley, S., Munoz, K., Sawyer, A. and Weese, C. (December 15, 2011). Veteran reintegration and family member support: Supporting the Veteran caregiver. Presentation to the ICF Military, Veterans, and Their Families Breakfast Series.

## Support for Family Caregivers References (cont.)

- ▶ Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report Comments: National Military Family Association. Alexandria, VA: Author.
- ▶ Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011.
- ▶ Cohoon, B., Deputy Director of Government Relations for the National Military Family Association, personal communication with the RWTF, December 16, 2012.
- ▶ DCMilitary.com (February 6, 2012). Wounded Warrior care. Retrieved April 12, 2012, from <http://www.dcmilitary.com/article/20120206/NEWS11/120209870/wounded-warrior-care&template=baseguide>
- ▶ Defense Manpower Data Center (2009). 2008 Surveys of military spouses: Impact of deployments on spouses and children. Retrieved June 25, 2012, from <http://apps.mhf.dod.mil/pls/psgprod/p?n=10709724410328545>
- ▶ Defense Manpower Data Center. (February 2011). 2010 Military Family Life Project: Tabulations of responses. DMDC Report No. 2010-029.
- ▶ Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ Department of Veterans Affairs (July 5, 2011). VA issuing first payments to caregivers. Retrieved January 10, 2012, from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2127>
- ▶ Desoto, F. and Gonzales, D. Panel presentation to the RWTF: Disabled Veterans Outreach Program Specialists and Local Veterans Employment Representatives. REALifelines program. December 9, 2011.
- ▶ DoD (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- ▶ DoD Office of Inspector General (September 30, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Drum. Washington, DC: Author.
- ▶ MSgt Eichman, T. Briefing to the RWTF. Role of Family Liaison Officer. December 9, 2011.
- ▶ Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- ▶ Florida State University (June 20, 2011). Florida State University announces new business 'boot camp' for families of veterans with disabilities. Retrieved January 18, 2012, from: <http://www.newswise.com/articles/florida-state-university-announces-new-business-boot-camp-for-families-of-veterans-with-disabilities>
- ▶ CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.
- ▶ Headquarters, Department of the Army (2012). Army 2020: Generating Health & Discipline in the Force: Ahead of the Strategic Reset Report 2012. Retrieved February 8, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ Hoge, C. Panel presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.
- ▶ Holmes, C.B. (March 28, 2011). Summit seeks to improve nonmedical care. Retrieved January 13, 2012, from <http://www.defense.gov//News/NewsArticle.aspx?ID=63339>
- ▶ Holmes, V. (January 31, 2012). First Lady continues commitment to military families and caregivers. Retrieved February 17, 2012 from <http://warriorcare.dodlive.mil/2012/01/31/first-lady-continues-commitment-to-military-families-and-caregivers/>
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Prepared statement of Anna Frese, Director, Warrior Support Program, Wounded Warrior Project).
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Prepared statement of Debbie Schulz, Caregiver and Mother of OIF Veteran).

## Support for Family Caregivers References (cont.)

- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Deborah Amdur, Chief Consultant, Care Management and Social Work Service, Veterans Health Administration, U.S. Department of Veterans Affairs).
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Adrian Atizado, Assistant National Legislative Director, Disabled American Veterans).
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Barbara Cohoon, Government Relations Deputy Director, National Military Family Association).
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Paralyzed Veterans of America).
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Tom Tarantino, Senior Legislative Associate, Iraq and Afghanistan Veterans of America).
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Wounded Warrior Project).
- ▶ Joining Forces (n.d.). Joining Forces accomplishments overview. Retrieved June 1, 2012, from [http://www.whitehouse.gov/sites/default/files/docs/joining\\_forces\\_first\\_anniversary\\_accomplishment\\_s.pdf](http://www.whitehouse.gov/sites/default/files/docs/joining_forces_first_anniversary_accomplishment_s.pdf)
- ▶ Joining Forces (January 2011). About Joining Forces. Retrieved June 1, 2012, from <http://www.whitehouse.gov/joiningforces/about>
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 21, 2012) (Prepared statement of Dawn Halfaker, President, Board of Directors, Wounded Warrior Project).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of John R. Davis, Director, Legislative Programs, Fleet Reserve Association).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of Gary L Fry, National Commander, AMVETS).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of MG Gus Hargett, President, NGAUS).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of CMSgt John R McCauslin Ret.), Chief Executive Officer, Air Force Sergeants Association).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of COL Robert F Norton (Ret.), Deputy Director, Government Relations, Military Officers Association of America).
- ▶ Joint House and Senate Committee on Veterans' Affairs to receive Legislative Presentation of the Veterans of Foreign Wars (VFW), 112th Cong. (March 7, 2012) (Witness testimony of Richard L DeNoyer, Commander-In-Chief, VFW).
- ▶ Jules, D. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: Polytrauma Case Managers. December 8, 2011.
- ▶ COL Kerr, L., LTC Parmenter, M., and MAJ Smith, P. Briefing to the RWTF. Iowa Joint Forces Headquarters. February 22, 2012.
- ▶ KSAT staff writer (January 31, 2012). Wounded Warrior families play in snow. Retrieved February 17, 2012, from <http://www.ksat.com/news/Wounded-Warrior-families-play-in-snow/-/478452/8569528/-/5ei4va/-/index.html>
- ▶ Kulk, J.A. and Mahler, H.I. (1989). Social support and recovery from surgery. *Health Psychology*, 82 (2), 221-238. DOI: 10.1037/0278-6133.8.2.221.

## Support for Family Caregivers References (cont.)

- ▶ MacKenzie, E.J., Siegel, J.H., Shapiro, S., Moody, M., and Smith, R.T. (1988). Functional recovery and medical costs of trauma: An analysis by type and severity of injury. *Trauma*, 28 (3), 281-297.
- ▶ Malta, D. (January 29, 2012). Nursing on the go: No Wounded Warrior is too far. Retrieved February 17, 2012, from <http://www.yumasun.com/articles/snook-76304-help-wounded.html#ixzz1kx49N7Ea>
- ▶ Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A. Recovery Care Coordinator Program Procedural Manual.
- ▶ Marine Corps Wounded Warrior Regiment (September 13, 2011). Wounded Warrior Regiment Order 6100.4. Warrior Athlete Reconditioning Program Standard Operating Procedure.
- ▶ Marine Corps Wounded Warrior Regiment (December 5, 2011). Wounded Warrior Regiment Order 1540.1: Computer based training order.
- ▶ Marine Corps Wounded Warrior Regiment (January 19, 2012). Wounded Warrior Regiment Order 1754.6A. Wounded Warrior Regiment Family Support Program.
- ▶ Marine Corps Wounded Warrior Regiment. Briefing prepared for the RWTF. District Injured Support Coordinators. January 2012.
- ▶ Marine Corps Wounded Warrior Regiment. Briefing to the RWTF. Recovery Care Coordinators. January 11, 2012.
- ▶ Marine Corps Wounded Warrior Regiment Future Initiatives Transition Team Research and Analysis Cell (n.d.). Research fact sheet: 2012 care coordination survey. Quantico, VA: Marine Corps Wounded Warrior Regiment.
- ▶ Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- ▶ Medve, J., Executive Director, Office of the VA-DoD Collaboration within the Office of Policy and Planning, Department of Veterans Affairs, personal communication with the RWTF, January 13, 2012.
- ▶ Military.com staff writer (2012). State Veteran's benefits. Retrieved June 20, 2012, from <http://www.military.com/benefits/veteran-state-benefits/state-veterans-benefits-directory.html>
- ▶ Munoz, K. D. Briefing to the RWTF. Quality of Life Foundation: Helping families who care for catastrophically wounded, ill, or injured Veterans. October 4, 2011.
- ▶ National Council on Disability (November 28, 2011). United States Marine Corps Exceptional Family Members: How to improve access to health care, special education, and long-term supports and services for family members with disabilities. Retrieved May 24, 2012, from <http://www.ncd.gov/publications/2011/Nov282011>
- ▶ National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (e) (6) (A) (2008).
- ▶ National Defense Authorization Act of 2010, Pub. L. No. 111-84 §603 (2009).
- ▶ National Defense Authorization Act of 2012 Pub. L. No. 112-81. §529 (2011).
- ▶ National Guard Association of the United States, Retired Enlisted Association, Association of the United States Navy, and National Military Family Association (n.d.). Wounded, ill, and injured National Guard and Reserve members white paper. Washington, DC: Authors.
- ▶ Navy Safe Harbor Public Affairs (January 4, 2012). Navy Safe Harbor surveys measure wounded warrior, family satisfaction. Retrieved February 15, 2012, from [http://www.navy.mil/search/display.asp?story\\_id=64630](http://www.navy.mil/search/display.asp?story_id=64630)
- ▶ Ramos, M. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Federal Recovery Coordination Program. December 8, 2011.
- ▶ Ray, L. and Alms-Chapa, T. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers. December 8, 2011.
- ▶ Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011.
- ▶ RWTF family member focus group results, October 2011-March 2012.
- ▶ RWTF family member mini-survey results, October 2011-March 2012.
- ▶ RWTF Iowa Army National Guard RW, family member, and medical management provider focus group results, March 2012.
- ▶ RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.

## Support for Family Caregivers References (cont.)

- ▶ Sander, A.M., Caroselli, J.S., High Jr, W.M., Becker, C., and Scheibel, R. (2002). Relationship of family functioning to progress in a post-acute rehabilitation programme following traumatic brain injury. *Brain Injury*, 16 (8), 649-657. DOI: 10.1080/02699050210128889.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Tackett, M., Fleet and Family Support Program Regional Program Manager, Commander Navy Region Mid Atlantic, personal communication with the RWTF, March 13, 2012.
- ▶ Taylor, P., Morin, R., Gonzalez, A., Motel, S., and Patten E. (November 8, 2011). For many injured veterans, a lifetime of consequences. Retrieved January 17, 2012, from <http://www.pewsocialtrends.org/files/2011/11/Wounded-Warriors.pdf>
- ▶ TRICARE (n.d.). Extended Health Care Option. Retrieved May 25, 2012, from <http://www.tricare.mil/mybenefit/ProfileFilter.do;jsessionid=P1vPzJWnSSypTp6mBsPSDWV098wT5xkz zbcBFSPqk5yhYOLP2h9Hl-1344178956?puri=%2Fhome%2FLifeEvents%2FSpecialNeeds%2FECHO>
- ▶ Uriarte, J. Panel presentation to the RWTF: VA Vet Center Counselors. Vet Center Readjustment Counseling Service. December 9, 2011.
- ▶ USA Today staff writer (July 10, 2007). States all over the map on tuition aid. Retrieved June 20, 2012, from [http://www.usatoday.com/news/education/2007-07-10-gi-bill-states\\_N.htm](http://www.usatoday.com/news/education/2007-07-10-gi-bill-states_N.htm)
- ▶ Virginia Wounded Warrior Program: Virginia Department of Veterans Services (2012). Homepage. Retrieved April 11, 2012, from <http://www.vawoundedwarrior5.org/>
- ▶ Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012.
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- ▶ Wounded Warrior Care and Transition Policy (September 6, 2011). New DoD policy and compensation for catastrophically wounded warriors. Retrieved January 18, 2012, from <http://warriorcare.dodlive.mil/2011/09/06/new-dod-policy-and-compensation-for-homebound-wounded-warriors/>
- ▶ Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated disability evaluation system program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.
- ▶ Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

## Reserve Component References

- ▶ Army Reserve, Army National Guard, and Air National Guard readiness, training and operations: Hearing before the Senate Armed Services Committee Subcommittee on Readiness, 112th Cong. (September 21, 2011) (Statement of MG Raymond W Carpenter, Acting Director, Army National Guard).
- ▶ Army Reserve, Army National Guard, and Air National Guard readiness, training and operations: Hearing before the Senate Armed Services Committee Subcommittee on Readiness, 112th Cong. (September 21, 2011) (Statement of LTG Jack C Stultz, Chief, US Army Reserve).
- ▶ Army Warrior Transition Command (March 2, 2012). Army Warrior Transition Command response to the Department of Defense Task Force on the Care, Management and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces (RWTF) request for information (Memorandum submitted to RWTF). Alexandria, VA: Author.
- ▶ SSG Arnold, J. (Ret.) and PO1 Johnson, A. Panel presentation to the RWTF: Veteran views of pre-DD214 programs and policies. December 8, 2011.
- ▶ Baskerville, J. and Burbach, J. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. USSOCOM Care Coalition Recovery Program. December 8, 2011.
- ▶ Boggs, R. (February 2, 2012). Digital partnership improves health care access for Veterans. Retrieved February 15, 2012, from [http://www.army.mil/article/73000/Digital\\_partnership\\_improves\\_health\\_care\\_access\\_for\\_veterans/](http://www.army.mil/article/73000/Digital_partnership_improves_health_care_access_for_veterans/)
- ▶ Brown, A. (September 20, 2011). Program aids wounded Reserve Marines. Retrieved October 20, 2011, from <http://www.military.com/news/article/marine-corps-news/program-aids-wounded-reserve>
- ▶ CDR Campos, R. (Ret.). Panel presentation to the RWTF: Military/Veterans Service Organizations. DoD Recovering Warrior Task Force Military Service Organizations/Veterans Service Organizations Panel: Military Officers Association of America. December 9, 2011.

## Reserve Component References (cont.)

- ▶ Celley, S., Munoz, K., Sawyer, A. and Weese, C. (December 15, 2011). Veteran reintegration and family member support: Supporting the Veteran caregiver. Presentation to the ICF Military, Veterans, and Their Families Breakfast Series.
- ▶ Chief of Naval Operations (April 9, 2011). NAVADMIN 124-11: Reserve Component medical hold screening and assignment. Retrieved February 10, 2012, from <http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2011/NAV11124.txt>
- ▶ Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment Service. October 4, 2011.
- ▶ Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011.
- ▶ Cohoon, B., Deputy Director of Government Relations for the National Military Family Association, personal communication with the RWTF, December 16, 2012.
- ▶ LCDR Cole, S.K and Pennington, D. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Navy Safe Harbor. December 8, 2011.
- ▶ Davis, J. (August 22, 2011). How providers can improve care for Reserve Component members. Retrieved October 20, 2011, from <http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=279>
- ▶ Defense Manpower Data Center, Data Analysis and Programs Division. Global war on terrorism casualties by military Service Component – Active, Guard and Reserve. October 7, 2001, through April 2, 2012. Retrieved April 13, 2012, from [http://siadapp.dmdc.osd.mil/personnel/CASUALTY/gwot\\_component.pdf](http://siadapp.dmdc.osd.mil/personnel/CASUALTY/gwot_component.pdf)
- ▶ Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ Department of Veterans Affairs, Public and Intergovernmental Affairs (April 19, 2012). VA to increase mental health staff by 1,900. Retrieved on May 29, 2012, from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2302>
- ▶ Deputy Chief of Staff, Army G-1. (February 3, 2012). Post-Deployment Health Reassessment Program – PDHRA. Retrieved May 27, 2012, from <http://www.armyg1.army.mil/hr/pdhra/>
- ▶ Desoto, F. and Gonzales, D. Panel presentation to the RWTF: Disabled Veterans Outreach Program Specialists and Local Veterans Employment Representatives. REALifelines program. December 9, 2011.
- ▶ DoD (February 28, 2004; Certified Current as of April 23, 2007). DoD Directive 1241.01: Reserve Component medical care and incapacitation pay for line of duty conditions.
- ▶ DoD (August 26, 2009; Rev. August 16, 2011). DoD Directive-Type Memorandum 08-033: Interim guidance for clinical case management for the wounded, ill, and injured service member in the military health system.
- ▶ DoD (December 2009). DoD Instruction 1300.24: Recovery Coordination Program.
- ▶ DoD (March 30, 2011). DoD Instruction 1342.28: Yellow ribbon reintegration program.
- ▶ DoD (2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 25, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- ▶ Military Community and Family Policy eMagazine (April 2011). National Guard and Reserve Joint Family Support Assistance Program. Retrieved April 19, 2012, from <http://apps.mhf.dod.mil/pls/psgprod/f?p=EMAG2:ARTICLE:0::::MONTH,YEAR,COHE,PAGE:April,2011,260343,5>
- ▶ DoD – National Guard/US Army Reserve: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 28, 2012) (Prepared statement of Gen Craig R McKinley, Chief, National Guard Bureau).
- ▶ DoD – National Guard/US Army Reserve: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 28, 2012) (Prepared statement of LTG Jack C Stultz, Chief, US Army Reserve).
- ▶ DoD, Office of the Deputy Under Secretary of Defense (Military Community and Family Policy) (2009). Demographics 2009: Profile of the military community. Washington, DC: Author.
- ▶ DoD, Office of the Deputy Under Secretary of Defense (Military Community and Family Policy) (2010). Demographics 2010: Profile of the military community. Washington, DC: Author.

## Reserve Component References (cont.)

- ▶ DoD Office of Inspector General (March 17, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Sam Houston. Washington, DC: Author.
- ▶ DoD Office of Inspector General (September 30, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Drum. Washington, DC: Author.
- ▶ MSgt Eichman, T. Briefing to the RWTF. Role of Family Liaison Officer. December 9, 2011.
- ▶ Everitt, L., Theen, A., and Saiyed, G. (February 14, 2012). Efforts lag to improve care for National Guard. Retrieved February 14, 2012, from [http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAYmEWER\\_story.html?tid=pm\\_national\\_pop](http://www.washingtonpost.com/national/national-security/efforts-lag-to-improve-care-for-national-guard/2012/02/04/gIQAYmEWER_story.html?tid=pm_national_pop)
- ▶ COL Faris, J., Deputy Surgeon, Office of the Chief Surgeon, Army National Guard, personal communication with the RWTF, February 7, 2012.
- ▶ COL Faris, J. K., Holdeman, R., and Scott, E. Briefing to the RWTF. Medical Management Processes of the Army National Guard. October 5, 2011.
- ▶ SSgt Gallardo, M. and MSgt Schiller, B. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Wounded Warrior Regiment District Injured Support Coordinators. December 8, 2011.
- ▶ Garcia, I. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Army Wounded Warrior Advocates. December 8, 2011.
- ▶ CAPT Gibbons, M., LT Noriega, D., CAPT Shapiro, D., CDR Varias, M., CAPT Willis, M., et al. Panel discussion with the RWTF: Site visit review – Naval Medical Center Portsmouth. May 15, 2012.
- ▶ Hearing to receive testimony on the Department of the Army in review of the Defense Authorization Request for Fiscal Year 2013 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, 112th Cong. (March 8, 2012) (Statement by the Honorable John M McHugh, Secretary of the Army, and GEN Raymond T Odierno, Army Chief of Staff).
- ▶ Hourani, L.L., Bray, R.M., Marsden, M.E., Witt, M., Vandermaas-Peeler, R., Schleffer, S., et al. (2007). 2006 Department of Defense survey of health related behaviors among Guard/Reserve military personnel: A component of the Defense Lifestyle assessment Program. Research Triangle Park, NC: RTI.
- ▶ CAPT Hunter, J. Briefing to the RWTF. DoD Task Force on the Care, Management, and Transition of Recovering, Wounded, Ill, and Injured Members of the Armed Forces. March 31, 2011.
- ▶ Jules, D. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: Polytrauma Case Managers. December 8, 2011.
- ▶ COL Kerr, L., LTC Parmenter, M., and MAJ Smith, P. Iowa Joint Forces Headquarters briefing to the RWTF. February 22, 2012.
- ▶ Col Kirk, J., Air National Guard Advisor to the Air Force Surgeon General, personal communication with the RWTF, March 30, 2012.
- ▶ Col Kirk, J., Air National Guard Advisor to the Air Force Surgeon General, personal communication with the RWTF, April 4, 2012.
- ▶ Col Klingenberger, J., Air National Guard Office of the Surgeon General, personal communication with the RWTF, March 29, 2012.
- ▶ Maggio, E. (2010). Studies' estimates of PTSD prevalence rates for returning Service members vary widely. RAND Center for Military Health Policy Research. Retrieved February 15, 2012, from [http://www.rand.org/content/dam/rand/pubs/research\\_briefs/2010/RAND\\_RB9509.pdf](http://www.rand.org/content/dam/rand/pubs/research_briefs/2010/RAND_RB9509.pdf)
- ▶ Marine Corps Wounded Warrior Regiment (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Care Coordinator Program Procedural Manual.
- ▶ Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148.
- ▶ Munoz, K. D. Briefing to the RWTF. Quality of Life Foundation: Helping families who care for catastrophically wounded, ill, or injured Veterans. October 4, 2011.
- ▶ Brig Gen Murrie, E.J. and Col Zeh, G.R. Briefing to the RWTF. Air Force Wounded Warrior Program. May 15, 2012.
- ▶ National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).
- ▶ National Defense Authorization Act of 2011, Pub. L. No. 111-383, §622 (2011).
- ▶ National Defense Authorization Act of 2012, Pub. L. No. 112-81. §590 and §703 (2011).

## Reserve Component References (cont.)

- ▶ National Guard Association of the United States, Retired Enlisted Association, Association of the United States Navy, and National Military Family Association (n.d.). Wounded, ill, and injured National Guard and Reserve members white paper. Washington, DC: Authors.
- ▶ Tech.Sgt. Orrell, J. (December 13, 2011). National Guard unveils peer hotline. Retrieved January 25, 2012, from <http://www.defense.gov/utility/printitem.aspx?print=http://www.defense.gov/news/newsartBG>
- ▶ Petrella, M., Marine Corps Wounded Warrior Regiment, personal communication with the RWTF, April 9, 2012.
- ▶ Ramos, M. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Federal Recovery Coordination Program. December 8, 2011.
- ▶ Ray, L. and Alms-Chapa, T. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers. December 8, 2011.
- ▶ Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011.
- ▶ Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112th Cong. (March 28, 2012) (Statement of Jim Neighbors, Director, Requirements and Strategic Integration, DoD).
- ▶ RWTF (December 22, 2010). Reference Handbook of Key Topics and Terms. Retrieved April 18, 2012, from <http://dtf.defense.gov/rwtf/rwtfref3.pdf>
- ▶ RWTF (in press). Reference Handbook of Key Topics and Terms. Alexandria, VA: Author.
- ▶ RWTF Iowa Army National Guard RW, family member, and medical management provider focus group results, March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012. RWTF
- ▶ RW mini-survey results, October 2011-March 2012.
- ▶ RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- ▶ Sheftick, G. (January 23, 2012). New order strengthens Army's transition assistance. Retrieved February 15, 2012, from <http://www.military.com/news/article/army-news/new-order-strengthens-armys-transition-assistance.html>
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012.
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- ▶ Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated disability evaluation system program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.
- ▶ Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

## Vocational Services References

- ▶ 2012 Wounded Warrior Employment Conference (February 28, 2012). Conference packet. Ft Belvoir, VA: Author.
- ▶ American Forces Press Service (November 9, 2011). Agency offers business training for veterans. Retrieved December 1, 2011, from <http://www.defense.gov/news/newsarticle.aspx?id=66023>
- ▶ Army Warrior Transition Command (December 1, 2011). Comprehensive Transition Plan Policy and CTP-Guidance. Alexandria, VA: Author.
- ▶ Associated Press (February 13, 2012). GE to hire 5000 veterans over next 5 years. Retrieved February 17, 2012, from <http://www.suntimes.com/business/10613823-420/ge-to-hire-5000-veterans-over-next-5-years.html>
- ▶ Barker, E. (August 30, 2011). Navy transition tool reaches 100 million hits. Retrieved November 11, 2011, from <http://www.military.com/news/article/navy-news/navy-transition-tool-reaches-100-million-hits.html>
- ▶ Blackwell, L. (n.d.). Heroes for Hire bill would help Veterans find work. Retrieved February 17, 2012, from <http://www.wncftv.com/localnews/Heroes-For-Hire-Bill-Would-Help-Veterans-Find-Work-138993919.html>

---

## Vocational Services References (cont.)

- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of LTG Patricia D Horoho, Surgeon General of the Army).
- ▶ CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- ▶ Chen, P. (July 25, 2011). Milicruit virtual career fair for veterans. Retrieved November 11, 2011, from <http://warriorcare.dodlive.mil/2011/07/25/milicruit-virtual-career-fair-for-veterans/>
- ▶ Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment Service. October 4, 2011.
- ▶ Decker, R. (February 29, 2012). President’s Employment Initiative – An update. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- ▶ Department of Veterans Affairs Office of Public Affairs, Media Relations (February 2, 2012). Over 500 vets hired at VA’s hiring fair. Retrieved February 17, 2012, from <http://www.businesswire.com/news/home/20120202006316/en/500-Vets-Hired-VA%E2%80%99s-Hiring-Fair>
- ▶ Department of Veterans Affairs Veterans Employment Coordination Service (June 7, 2011). About us. Retrieved March 8, 2012, from [http://www.va.gov/VECS/VECS\\_About.asp](http://www.va.gov/VECS/VECS_About.asp)
- ▶ Desoto, F. and Gonzales, D. Panel presentation to the RWTF: Disabled Veterans Outreach Program Specialists and Local Veterans Employment Representatives. REALifelines program. December 9, 2011.
- ▶ DoD and Department of Veterans Affairs (February 1, 2012). Memorandum of Understanding between the DoD and VA: Providing VR&E services at the earliest opportunity to active duty Servicemembers.
- ▶ DoD – National Guard/US Army Reserve: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 28, 2012) (Prepared statement of Gen Craig R McKinley, Chief, National Guard Bureau).
- ▶ DoD Office of Inspector General (March 17, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Sam Houston. Washington, DC: Author.
- ▶ DoD Office of Inspector General (September 30, 2011). Special plans and operations: Assessment of DoD Wounded Warrior matters – Fort Drum. Washington, DC: Author.
- ▶ Hon Garcia III, J.M. (February 29, 2012). Department of the Navy Wounded Warrior Employment. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- ▶ Glazer, C., President, National Organization on Disability, email update on Wounded Warrior Careers Program Update, personal communication with National Organization on Disability Army Wounded Warrior Careers distribution list, January 3, 2012.
- ▶ Gomperts, J. (January 10, 2012). AmeriCorps recruiting our nation’s heroes. Retrieved January 24, 2012, from <http://www.whitehouse.gov/blog/2012/01/10/amicorps-recruiting-our-nation-s-heroes>
- ▶ Hearing to receive testimony on the Department of the Navy in review of the Defense Authorization Request for Fiscal Year 2013 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, 112th Cong. (March 15, 2012) (Prepared Statement from the Honorable Ray Mabus, Secretary of the Navy).
- ▶ Horton, A. (January 19, 2012). Vets descend on Washington for career fair and expo. Retrieved February 17, 2012, from <http://www.whitehouse.gov/blog/2012/01/19/vets-descend-washington-career-fair-and-expo>
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 21, 2012) (Prepared statement of David Fletcher, President, National Association of State Directors of Veterans Affairs).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 21, 2012) (Prepared statement of Dawn Halfaker, President, Board of Directors, Wounded Warrior Project).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 21, 2012) (Prepared statement of William R. Hutton, National Commander, Military Order of the Purple Heart).

## Vocational Services References (cont.)

- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 21, 2012) (Prepared statement of H. Gene Overstreet, President, Non Commissioned Officers Association of the United States of America).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 21, 2012) (Prepared statement of Tom Tarantino, Deputy Policy Director, Iraq and Afghanistan Veterans of America).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of John R. Davis, Director, Legislative Programs, Fleet Reserve Association).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of Allen E Falk, National Commander, Jewish War Veterans of the USA).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of Gary L Fry, National Commander, AMVETS).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of MG Gus Hargett, President, NGAUS).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of CMSgt John R McCauslin (Ret.), Chief Executive Officer, Air Force Sergeants Association).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of COL Robert F Norton (Ret.), Deputy Director, Government Relations, Military Officers Association of America).
- ▶ Lt Col Lewis, R. (February 29, 2012). Joining Forces Campaign. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- ▶ Mahoney, D. (February 1, 2012). Vets with PTSD: Individualized vocational support ups employment odds. Retrieved February 17, 2012, from <http://www.clinicalpsychiatrynews.com/news/more-top-news/single-view/vets-with-ptsd-individualized-vocational-support-ups-employment-odds/898b580e4e.html>
- ▶ Marine Corps Wounded Warrior Regiment Future Initiatives Transition Team Research and Analysis Cell (n.d.). Research fact sheet: 2012 care coordination survey. Quantico, VA: Marine Corps Wounded Warrior Regiment.
- ▶ Col Mayer, J. L. Marine Corps Wounded Warrior Regiment briefing to the RWTF. March 30, 2011.
- ▶ Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- ▶ Maze, R. (October 7, 2011). Jobless rate climbs for young veterans. Retrieved November 11, 2011, from <http://militarytimes.com/news/2011/10/military-jobless-rate-climbs-for-young-veterans-100711/>
- ▶ Maze, R. (October 12, 2011). House easily passes veterans employment bill. Retrieved November 11, 2011, from <http://www.militarytimes.com/news/2011/10/military-veterans-employment-bill-101211w/>
- ▶ Maze, R. (January 6, 2012). Young vets' jobless rate rises to 13.3%. Retrieved January 24, 2012, from <http://www.airforcetimes.com/news/2012/01/military-young-vets-jobless-rate-rises-to-13-percent-010612/>
- ▶ Maze, R. (February 13, 2012). Summit to discuss civilian credentials for vets. Retrieved February 17, 2012, from <http://www.airforcetimes.com/news/2012/02/military-american-legion-jobs-summit-021312w/>
- ▶ McDonnell, K. Special Operations Command Care Coalition briefing to the RWTF. February 22, 2012.
- ▶ Miles, D. (November 7, 2011). Obama announces jobs initiatives for veterans. American Forces Press Service. Retrieved December 1, 2011, from <http://www.defense.gov/news/newsarticle.aspx?id=65987>
- ▶ Mooney, A. (February 3, 2012). Obama unveils \$5 billion Veterans jobs proposal. Retrieved February 17, 2012, from <http://www.cnn.com/2012/02/03/politics/veterans-employment/>
- ▶ National Defense Authorization Act of 2012 Pub. L. No. 112-81. §551, §555, and §558 (2011).
- ▶ Ortiz Jr, I. Briefing to the RWTF. Veterans' Employment and Training Services: Program overview. October 5, 2011.

---

## Vocational Services References (cont.)

- ▶ PR Newswire US staff (November 10, 2011). TriWest joins Hero Health Hire to promote employing wounded warriors. PR Newswire US. Retrieved April 27, 2012, from <http://www.prnewswire.com/news-releases/triwest-joins-hero-health-hire-to-promote-employing-wounded-warriors-133603898.html>
- ▶ Prah, P. (February 8, 2012). States try to help veterans find jobs. Retrieved February 17, 2012, from <http://www.bellinghamherald.com/2012/02/08/2384867/states-try-to-help-veterans-find.html>
- ▶ Reviewing the implementation of the VOW to Hire Heroes Act of 2011: Hearing before the US House Committee on Veterans' Affairs Subcommittee on Economic Opportunity, 112th Cong. (December 15, 2011)(Testimony from Curtis L Coy, Deputy Under Secretary for Economic Opportunity, Veterans Benefits Administration, U.S. Department of Veterans Affairs).
- ▶ Roberts, D. (November 9, 2011). News release # 11-1640-NAT: US Labor Department, Microsoft announce new resources for veterans. Retrieved December 1, 2011, from <http://www.dol.gov/opa/media/press/vets/VETS20111640.htm>
- ▶ Robillard, T. (January 25, 2012). Corps of Engineers offers internships for Warriors in Transition. Retrieved February 17, 2012, from <http://www.dvidshub.net/news/82804/corps-engineers-offers-internships-warriors-transition>
- ▶ Rohan, K. (February 29, 2012). Hero Health \*Hire\* (H3). Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- ▶ Rostker, B. Briefing to the RWTF. Care for the casualties of war from the prospective [sic] of history: What have we learned? How did we get here? October 4, 2011.
- ▶ RWTF family member mini-survey results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ RWTF Service member focus group results. March/April 2011.
- ▶ RWTF Service member mini-survey results. March/April 2011.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Site-level briefings to the RWTF. March/April 2011.
- ▶ Slack, M. (November 11, 2011). By the numbers: 94. White House Blog. Retrieved December 1, 2011, from <http://www.whitehouse.gov/blog/2011/11/11/numbers-94>
- ▶ CDR Tomlin, S.D. (February 28, 2012). Wounded Warrior Employment Hiring Rate Tiger Team summary. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- ▶ VOW to Hire Heroes Act of 2011, Pub. L. No. 112-56, §231 (2011).
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- ▶ WTKR-TV3 Staff (August 19, 2011). FBI program helps wounded soldiers. Retrieved November 11, 2011, from <http://www.wtkr.com/news/wtkr-wounded-warrior-program,0,1339736.story>
- ▶ Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

## TAP References

- ▶ Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011.
- ▶ DoD (December 9, 1993). DoD Directive 1332.35: Transition assistance for military personnel.
- ▶ DoD (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel.
- ▶ DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- ▶ Johnson, F. (December 28, 2011). Making career development a priority for the new year. Retrieved January 24, 2012, from <http://warriorcare.dodlive.mil/2011/12/28/making-career-development-a-priority-for-the-new-year/>
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of John R Davis, Director, Legislative Programs, Fleet Reserve Association).

## TAP References (cont.)

- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of Allen E Falk, National Commander, Jewish War Veterans of the USA).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of CMSgt John R McCauslin (Ret.), Chief Executive Officer, Air Force Sergeants Association).
- ▶ Joint House and Senate Committee on Veterans Affairs Hearing to Receive Legislative Presentation of VSOs, 112th Cong. (March 22, 2012) (Prepared statement of COL Robert F Norton (Ret.), Deputy Director, Government Relations, Military Officers Association of America).
- ▶ Headquarters United States Air Force/SG3 (February 2011). Pre-IDES Screening Process Implementation. Washington, DC: Author.
- ▶ Legislative Hearing on H.R. 3329, H.R. 3483, H.R. 3610, H.R. 3670, H.R. 3524, H.R. 4048, H.R. 4051, H.R. 4052, H.R. 4057, and H.R. 4072: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, 112th Cong. (March 8, 2012) (Statement of Ryan M Gallucci, Deputy Director, National Legislative Service, Veterans of Foreign Wars of the United States).
- ▶ Legislative Hearing on H.R. 3329, H.R. 3483, H.R. 3610, H.R. 3670, H.R. 3524, H.R. 4048, H.R. 4051, H.R. 4052, H.R. 4057, and H.R. 4072: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, 112th Cong. (March 8, 2012) (Statement of Steve L Gonzalez, Assistant Director, National Economic Commission, The American Legion).
- ▶ Legislative Hearing on H.R. 3329, H.R. 3483, H.R. 3610, H.R. 3670, H.R. 3524, H.R. 4048, H.R. 4051, H.R. 4052, H.R. 4057, and H.R. 4072: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, 112th Cong. (March 8, 2012) (Statement of Ismael Ortiz, Deputy Assistant Secretary, Veterans' Employment and Training Service, US Department of Labor).
- ▶ Legislative Hearing on H.R. 3329, H.R. 3483, H.R. 3610, H.R. 3670, H.R. 3524, H.R. 4048, H.R. 4051, H.R. 4052, H.R. 4057, and H.R. 4072: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, 112th Cong. (March 8, 2012) (Statement of MG Ronald G Young (Ret.), Director, Family and Employer Program and Policy, DoD).
- ▶ Legislative Hearing on H.R. 3329, H.R. 3483, H.R. 3610, H.R. 3670, H.R. 3524, H.R. 4048, H.R. 4051, H.R. 4052, H.R. 4057, and H.R. 4072: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, 112th Cong. (March 8, 2012) (Submission for the record of Disabled American Veterans).
- ▶ Legislative Hearing on H.R. 3329, H.R. 3483, H.R. 3610, H.R. 3670, H.R. 3524, H.R. 4048, H.R. 4051, H.R. 4052, H.R. 4057, and H.R. 4072: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, 112th Cong. (March 8, 2012) (Submission for the record of Iraq and Afghanistan Veterans of America).
- ▶ Legislative Hearing on H.R. 3329, H.R. 3483, H.R. 3610, H.R. 3670, H.R. 3524, H.R. 4048, H.R. 4051, H.R. 4052, H.R. 4057, and H.R. 4072: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, 112th Cong. (March 8, 2012) (Submission for the record of Paralyzed Veterans of America).
- ▶ Marine Corps Wounded Warrior Regiment Future Initiatives Transition Team Research and Analysis Cell (September 2011). Wounded, Ill, and Injured Marines' awareness of Veterans disability benefits. Quantico, VA: Marine Corps Wounded Warrior Regiment.
- ▶ National Defense Authorization Act of 2012 Pub. L. No. 112-81. §513 and §529 (2011).
- ▶ Navy Personnel Command (December 19, 2011). Limited Duty. Retrieved April 5, 2012, from <http://www.public.navy.mil/BUPERS-NPC/CAREER/RETIREMENT/LIMDU/Pages/default.aspx>
- ▶ Ortiz Jr, I. Briefing to the RWTF. Veterans' Employment and Training Services: Program overview. October 5, 2011.
- ▶ Perez, A. (November 8, 2011). Transition benefits: Navy officials release new transition assistance handbook. Retrieved November 22, 2011, from [http://www.navy.mil/search/display.asp?story\\_id=63699](http://www.navy.mil/search/display.asp?story_id=63699)
- ▶ Posture of the US Marine Corps: Hearing before the House Subcommittee on Defense, Committee Appropriations, 112th Cong. (March 1, 2012) (Statement from Gen James F. Amos, Commandant of the Marine Corps).
- ▶ RWTF family member mini-survey results, October 2011-March 2012.

---

## TAP References (cont.)

- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- ▶ Sheftick, G. (January 23, 2012). New order strengthens Army's transition assistance. Retrieved February 15, 2012, from <http://www.military.com/news/article/army-news/new-order-strengthens-armys-transition-assistance.html>
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Taylor, P., Morin, R., Gonzalez, A., Motel, S., and Patten E. (November 8, 2011). For many injured veterans, a lifetime of consequences. Retrieved January 17, 2012, from <http://www.pewsocialtrends.org/files/2011/11/Wounded-Warriors.pdf>
- ▶ CDR Tomlin, S.D. (February 28, 2012). Wounded Warrior Employment Hiring Rate Tiger Team summary. Presentation to 2012 Wounded Warrior Employment Conference (Ft Belvoir, VA).
- ▶ TurboTAP (2012). About us. Retrieved April 25, 2012, from [http://www.turbotap.org/portal/transition/resources/About\\_Us](http://www.turbotap.org/portal/transition/resources/About_Us)
- ▶ VOW to Hire Heroes Act of 2011, Pub. L. No. 112-56, §221 (2011).
- ▶ Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated disability evaluation system program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.

## IPO References

- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement from the Honorable Jonathan Woodson, Assistant Secretary of Defense for Health Affairs).
- ▶ Cool, R., Project Manager, DoD/VA Interagency Program Office, personal communication with the RWTF, February 28, 2012.
- ▶ Department of Health and Human Services Office of the National Coordinator for Health Information Technology (n.d.). Connect Community Portal. Retrieved February 16, 2012, from <http://www.connectopensource.org/>
- ▶ Department of Veterans Affairs and DoD (n.d.) eBenefits portal. Retrieved June 1, 2012, from <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>
- ▶ McDonald, C.J. Briefing to the RWTF. Electronic Medical Records (EMRs), Health Information Exchanges (HIEs), and other alternative strategies. May 15, 2012.
- ▶ North Carolina Healthcare Information and Communications Alliance (2010). NwHIN specification preview. Retrieved February 16, 2012, from [http://www.nchica.org/HIT\\_HIE/NHIN2/NHIN1209.htm](http://www.nchica.org/HIT_HIE/NHIN2/NHIN1209.htm)
- ▶ Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112th Cong. (March 28, 2012) (Statement of Jim Neighbors, Director, Requirements and Strategic Integration, DoD).
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Wennergren, D. M. Briefing to the RWTF. Interagency Program Office (IPO). February 23, 2012.

## Legal Support References

- ▶ Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011.
- ▶ CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- ▶ Deam, S. R., Air Force Special Counsel Office of the Judge Advocate General, personal communication with the RWTF, January 26, 2011.
- ▶ DoD (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System. Washington, DC: Author.

---

## Legal Support References (cont.)

- ▶ Faerber, P., Lieutenant Colonel, Disability Evaluation System Advisor/Wounded Warrior Attorney, personal communication with the RWTF, November 5, 2010.
- ▶ Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of The Judge Advocate General, Army, personal communication with the RWTF, October 22, 2010.
- ▶ Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of the Judge Advocate General, Army, personal communication with the RWTF, January 30, 2012.
- ▶ Hostetter, M. Head Legal Assistance, Judge Advocate Division, Marine Corps Headquarters, personal communication with the RWTF, January 19, 2012.
- ▶ Judge Advocate General's Corps (n.d.). Soldiers counsel services during the MEB/PEB process. Retrieved November 4, 2010, from <http://www.sammc.amedd.army.mil/wtb/docs/jag-svcs-meb-peb-trifold.pdf>
- ▶ Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- ▶ Morrisroe, K. Navy Disability Evaluation System Outreach Attorney Program Manager, Office of the Judge Advocate General, Navy, personal communication with the RWTF, February 6, 2012.
- ▶ Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112th Cong. (March 28, 2012) (Prepared statement of Phil Riley, Senior Benefits Liaison, Wounded Warrior Project).
- ▶ RWTF family member mini survey results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini survey results, October 2011-March 2012.
- ▶ RWTF Service member focus group results. March/April 2011.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Site-level briefings to the RWTF. March/April 2011.
- ▶ Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated Disability Evaluation System program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.

## IDES References

- ▶ SSG Arnold, J. (Ret.) and PO1 Johnson, A. Panel presentation to the RWTF: Veteran views of pre-DD214 programs and policies. December 8, 2011.
- ▶ Bannick, R.R. Briefing to the RWTF. TRICARE Management Activity telephone survey of ill or injured Service members post-operational deployment. February 21, 2012.
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of LTG Patricia D Horoho, Surgeon General of the Army).
- ▶ Budget hearing – Defense Health Program – Assistant Secretary and Surgeons General: Hearing before the House Committee on Appropriations Subcommittee on Defense, 112th Cong. (March 8, 2012) (Statement of VADM Matthew L Nathan, Surgeon General of the Navy).
- ▶ Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012.
- ▶ Campbell, J.R. and Burdette, P. A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy update brief. October 5, 2011.
- ▶ CDR Campos, R. (Ret.). Panel presentation to the RWTF: Military/Veterans Service Organizations. DoD Recovering Warrior Task Force Military Service Organizations/Veterans Service Organizations Panel: Military Officers Association of America. December 9, 2011.
- ▶ CAPT Carter, B. and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.
- ▶ LTJG Cook, L. (May 7, 2012). Naval Hospital Camp Lejeune. Briefing submitted to RWTF.
- ▶ DoD (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from <http://www.pdhealth.mil/hss/des.asp>

## IDES References (cont.)

- ▶ DoD (October 14, 2008). Policy Memorandum on Implementing Disability-Related Provisions of the National Defense Authorization Act of 2008 (Pub L. 110-181).
- ▶ DoD (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from <http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf>
- ▶ DoD (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.
- ▶ Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- ▶ COL Faris, J.K. Deputy Surgeon, Office of the Chief Surgeon, Army National Guard – Chief Surgeon General, personal communication with the RWTF, June 21, 2012.
- ▶ Government Accountability Office (May 23, 2012). Military Disability System: Preliminary Observations on Efforts to Improve Performance. GAO-12-718T.
- ▶ Grill, E. M. (November 28, 2011). IDES program reduces disability benefits waiting period after separation. Air Force Wounded Warrior. Retrieved November 30, 2011, from <http://www.afpc.af.mil/news/story.asp?id=123280997>
- ▶ Headquarters United States Air Force/SG3 (February 2011). Pre-IDES Screening Process Implementation. Washington, DC: Author.
- ▶ Marine Corps (October 26, 2009). MARADMIN 0636/09: Limited duty and disability processing.
- ▶ Marine Corps Wounded Warrior Regiment (2010). Disability Evaluation System Pilot: Pocket Guide for Marines. Retrieved December 1, 2011, from [http://www.woundedwarriorregiment.org/documents/DESPocketGuide\\_final.pdf](http://www.woundedwarriorregiment.org/documents/DESPocketGuide_final.pdf)
- ▶ Col Mayer, J. L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- ▶ MED-CHART (n.d.). Medical Electronic Data Care History and Readiness Tracking System. Retrieved June 21, 2012, from <https://medchart.ngb.army.mil/MED-CHART/>
- ▶ Meireles, T. (October 24, 2011). Improved Care for Wounded, Ill, and Injured – Worldwide Expansion Completed. Warrior Care Blog. Retrieved November 15, 2011, from <http://warriorcare.dodlive.mil/2011/10/24/improved-care-for-wounded-ill-and-injured%E2%80%94worldwide-expansion-completed/>
- ▶ Military.com (n.d.). Physical Disability Board of Review. Retrieved March 8, 2012, from <http://www.military.com/benefits/content/military-legal-matters/physical-disability-board-of-review.html>
- ▶ Navy Personnel Command (December 19, 2011). Limited Duty. Retrieved April 5, 2012, from <http://www.public.navy.mil/BUPERS-NPC/CAREER/RETIREMENT/LIMDU/Pages/default.aspx>
- ▶ Philpott, T. (January 26, 2012). VA sees 'paperless' claims as critical to ending backlog. Retrieved February 14, 2012, from <http://www.stripes.com/news/va-sees-paperless-claims-as-critical-to-ending-backlog-1.166841>
- ▶ Quisenberry, G. C. Briefing to the RWTF. Clinical case management education and training. October 5, 2011.
- ▶ Ramirez, M., Santos, R., and Long, J. Briefing to the RWTF. VA IDES Support. December 8, 2011.
- ▶ Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112th Cong. (March 28, 2012) (Prepared statement of John Medve, Office of U.S. Department of Veterans Affairs-DoD Collaboration, U.S. Department of Veterans Affairs).
- ▶ Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112th Cong. (March 28, 2012) (Prepared statement of Phil Riley, Senior Benefits Liaison, Wounded Warrior Project).

## IDES References (cont.)

- ▶ Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112th Cong. (March 28, 2012) (Prepared statement of John Wilson, Assistant Legislative Director, Disabled American Veterans).
- ▶ Re-evaluating the transition from Service member to Veteran: Honoring a shared commitment to care for those who defend our freedom: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, 112th Cong. (March 28, 2012) (Statement of Jim Neighbors, Director, Requirements and Strategic Integration, DoD).
- ▶ RWTF family member mini-survey results, October 2011-March 2012.
- ▶ RWTF RW focus group results, October 2011-March 2012.
- ▶ RWTF RW mini-survey results, October 2011-March 2012.
- ▶ Secretary of the Air Force/Manpower and Reserve Affairs (SAF/MRB), Air Force Review Boards Agency, DoD Physical Disability Board of Review (May 29, 2012). Recharacterization to Retirement Matrix: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.
- ▶ Senger, D. (August 18, 2011). DoD reviewing veteran disability ratings for post-9/11 veterans. U.S. Army News. Retrieved August 31, 2011, from [http://www.army.mil/article/63848/DoD\\_reviewing\\_veteran\\_disability\\_ratings/](http://www.army.mil/article/63848/DoD_reviewing_veteran_disability_ratings/)
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Voegtler, T., Wounded Warrior Care and Transition Policy, personal communication with the RWTF, March 9, 2012.
- ▶ BG Williams, D. Army Warrior Transition Command briefing to the RWTF. February 21, 2012.
- ▶ Wounded Warrior Care and Transition Policy (n.d.). Disability Evaluation System Annual Report for Fiscal Year 2009. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (February 21, 2008). Disability Evaluation System Annual Report for Fiscal Year 2007. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (July 28, 2009). Disability Evaluation System Annual Report for Fiscal Year 2008. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (December 2011). Integrated Disability Evaluation System Monthly Report and Monthly Report Supplement. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (December 8, 2011). Disability Evaluation System Annual Report for Fiscal Year 2010. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (January 2012). IDES Customer Satisfaction Quarterly Report: July 1 – September 30, 2011. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated Disability Evaluation System program: Report prepared for the Recovering Warrior Task Force. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (January 5, 2012). Integrated Disability Evaluation System survey results – cumulative data from January 2008 to September 2011. Washington, DC: Author.
- ▶ Wounded Warrior Care and Transition Policy (February 2012). Integrated Disability Evaluation System Monthly Report and Monthly Report Supplement. Washington, DC: Author.
- ▶ WWCTP (March 2012). Integrated Disability Evaluation System (IDES) Monthly Report and Monthly Report Supplement. Washington, DC: Author.
- ▶ Lt Col Wyatt, M. C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.
- ▶ CAPT Zinder, D.J., CDR Case, M., and LTJG Cook, L.A. (January 24, 2011). Briefing to the 2012 Military Health System Conference.

---

## SOC/JEC References

- ▶ Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy. February 21, 2012.
- ▶ Campbell, J. and Medve, J. (n.d.). SOC-JEC consolidation plan decision brief. Washington, DC: WWCTP and Office of VA-DoD Collaboration.
- ▶ Defense Advisory Committee on Women in the Services. (March 23, 2010). 2009 annual report. Fairfax, VA: ICF International.
- ▶ Department of Veterans Affairs/DoD (2010). Joint Executive Council Annual Report, Fiscal Year 2010. Washington, DC: Author.
- ▶ National Defense Authorization Act for FY 2004, Pub. L. No. 108-136, §583, 38 U.S.C. §320 (2003).
- ▶ Office of the Assistant Secretary of the Air Force, Manpower & Reserve Affairs. Senior Oversight Committee: Interview with the RWTF. June 6, 2011.
- ▶ Office of the Assistant Secretary of the Army, Manpower & Reserve Affairs. Senior Oversight Committee: Interview with the RWTF. May 24, 2011.
- ▶ Office of the Assistant Secretary of the Navy, Manpower & Reserve Affairs. Senior Oversight Committee: Interview with the RWTF. June 8, 2011.
- ▶ Office of the Deputy Secretary, Veterans Affairs. Senior Oversight Committee: Interview with the RWTF. May 31, 2011.
- ▶ Office of the Joint Staff Surgeon, Joint Chiefs of Staff. Senior Oversight Committee: Interview with the RWTF. May 23, 2011.

## Transition Outcomes References

- ▶ SSG Arnold, J. (Ret.) and PO1 Johnson, A. Panel presentation to the RWTF: Veteran views of pre-DD214 programs and policies. December 8, 2011.
- ▶ Baskerville, J. and Burbach, J. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. USSOCOM Care Coalition Recovery Program. December 8, 2011.
- ▶ CDR Campos, R. (Ret.). Panel presentation to the RWTF: Military/Veterans Service Organizations. DoD Recovering Warrior Task Force Military Service Organizations/Veterans Service Organizations Panel: Military Officers Association of America. December 9, 2011.
- ▶ Celley, S., Munoz, K., Sawyer, A. and Weese, C. (December 15, 2011). Veteran reintegration and family member support: Supporting the veteran caregiver. Presentation to the ICF Military, Veterans, and Their Families Breakfast Series.
- ▶ Cohoon, B. Briefing to the RWTF. National Military Family Association: Transition outcomes and family caregivers. October 4, 2011.
- ▶ Cohoon, B., Government Relations Deputy Director, National Military Family Association, personal communication with the RWTF, December 16, 2011.
- ▶ LCDR Cole, S.K. and Pennington, D. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Navy Safe Harbor. December 8, 2011.
- ▶ Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ Department of Veterans Affairs and DoD (n.d.). eBenefits homepage. Retrieved June 1, 2012, from <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>
- ▶ Desoto, F. and Gonzales, D. Panel presentation to the RWTF: Disabled Veterans Outreach Program Specialists and Local Veterans Employment Representatives. REALifelines program. December 9, 2011.
- ▶ SSgt Gallardo, M. and MSgt Schiller, B. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Wounded Warrior Regiment District Injured Support Coordinators. December 8, 2011.
- ▶ Garcia, I. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Army Wounded Warrior (AW2) Advocates. December 8, 2011.
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Deborah Amdur, Chief Consultant, Care Management and Social Work Service, Veterans Health Administration, U.S. Department of Veterans Affairs).

---

## Transition Outcomes References (cont.)

- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Barbara Cohoon, Government Relations Deputy Director, National Military Family Association).
- ▶ Implementation of Caregiver Assistance: Moving Forward: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Health, 112th Cong. (July 11, 2011) (Submission for the record of Tom Tarantino, Senior Legislative Associate, Iraq and Afghanistan Veterans of America).
- ▶ Jules, D. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: Polytrauma Case Managers. December 8, 2011.
- ▶ Kabir, K. and Franklin, M. (September 16, 2010). 2010 Federal Recovery Coordination Program survey results. Rockville, MD: Westat.
- ▶ Munoz, K. D. Briefing to the RWTF. Quality of Life Foundation: Helping families who care for catastrophically wounded, ill, or injured Veterans. October 4, 2011.
- ▶ Ramos, M. Panel presentation to the RWTF: Provider perspectives on post-DD214 challenges. Federal Recovery Coordination Program. December 8, 2011.
- ▶ Lt Col Randall, M. (2012). Gap analysis: Transition of health care from Department of Defense to U.S. Department of Veterans Affairs. *Military Medicine*, 177(1), 11-16.
- ▶ Ray, L. and Alms-Chapa, T. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: OEF/OIF/OND Case Managers. December 8, 2011.
- ▶ Ray, L. and Santiago, Y. Panel presentation to the RWTF: Provider perspectives on VA services pre-DD214. South Texas Veterans Health Care System: VA Liaisons for Healthcare. December 8, 2011.
- ▶ RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- ▶ Site Briefings to the RWTF, October 2011-March 2012.
- ▶ Taylor, P., Morin, R., Gonzalez, A., Motel, S., and Patten E. (November 8, 2011). For many injured veterans, a lifetime of consequences. Retrieved January 17, 2012, from <http://www.pewsocialtrends.org/files/2011/11/Wounded-Warriors.pdf>
- ▶ Weese, C. Briefing to the RWTF. Federal Recovery Care Program. February 21, 2012.

## Recruitment & Resilience References

- ▶ Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ LTC Farris, C. and LTC Lim, I. Briefing to the RWTF. US Army Recruiting Command. November 1, 2011.
- ▶ Department of the Army Headquarters (2012). Army 2020: Generating health and discipline in the Force ahead of the strategic reset. Retrieved January 24, 2012, from <http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf>
- ▶ LTC Farris, C. and LTC Lim, I. Briefing to the RWTF. US Army Recruiting Command. November 1, 2011.
- ▶ COL Ferrer, C., MD. Briefing to the RWTF. US Air Force Military Medical Screening. December 6, 2011;
- ▶ Haygood, A. Briefing to the RWTF. Air Force Recruiting Service. December 6, 2011.
- ▶ Ludwig, S., MD. Briefing to the RWTF. Introduction to the Armed Forces Health Surveillance Center. October 4, 2011.
- ▶ Rostker, B. Briefing to the RWTF. Care for the casualties of war from the prospective [sic] of history: What have we learned? How did we get here? October 4, 2011.
- ▶ Site briefings to the RWTF. October 2011-March 2012.

**APPENDIX H-1: RECOVERING WARRIOR FOCUS GROUP PROTOCOL**



**RWTF, YEAR 2**  
**RECOVERING WARRIOR FOCUS GROUP PROTOCOL**

**SESSION INFORMATION**

Location:

Date:

Time:

Facilitator:

Recorder:

# of Participants present for entire session:

# of Participants excused/reasons:

**FOCUS GROUP KICK-OFF: KEY POINTS TO COVER**  
**(As participants start to arrive, scribe distributes name tents and markers)**

- **Welcome attendees**
  - Thank you for taking the time to join our discussion today.
  - I am \_\_\_\_ (insert name) and I am a member of the DoD Recovering Warrior Task Force (RWTF), and this is \_\_\_\_ (introduce partner), also a member of this Task Force.
  - Our scribe, \_\_\_\_, is part of the RWTF research staff.
  
- **Introduce RWTF and its purpose**
  - The 2010 National Defense Authorization Act directs the Recovering Warrior Task Force (RWTF) to assess the effectiveness of the policies and programs developed and implemented by the DoD and the military departments, and make recommendations for improvements.
  - The RWTF is comprised of 14 members including 7 DoD and 7 non-DoD members.
  - The RWTF is chartered for four years and will generate an Annual Report at the end of each year of effort. We are now in our second year.
  
- **Describe how focus group session will work**
  - This session is intended for recovering Service members.
  - We have scripted questions formulated to address specific topics.
  - The session will last approximately 90 minutes, and we will not take a formal break. (Restrooms are located xxxxxx)
  - Before we begin our voluntary discussion, we will pass around a short questionnaire to gather some basic background information from you. The questionnaire is voluntary and should be completed anonymously—no names please. If you need assistance filling out the questionnaire, please let us know so one of us can offer our assistance.
  - Try not to mention individuals by name in your comments to protect their confidentiality.
  - Each of us has a role to play here.
    - I serve as an impartial data gatherer and discussion regulator.
    - Our scribe serves as recorder—note s/he is taking no names and we are not audio- or video-taping the session.
    - You serve as subject matter experts.
    - My other colleagues are here to observe.

**RWTF, YEAR 2**  
**RECOVERING WARRIOR FOCUS GROUP PROTOCOL**

- **Emphasize that participation is voluntary**
  - Your participation in this session is voluntary.
  - While we would like to hear from everyone; feel free to answer as many or as few questions as you prefer.
  - If you would prefer to excuse yourself from the focus group at this time, or at any point after we get started, you are free to do so. If you do leave, you are welcome to return.
  - Also, let us know if you would prefer to talk with a Task Force member one-on-one.
  
- **Address confidentiality**
  - We treat the information you share as confidential. That means we will protect your confidentiality to the extent allowable by law. We will not reveal the names of study participants and no information will be reported that can identify you or your family.
  - Your name will never be linked to your answers or to any comments you make during the discussion. Your answers to our questions will not affect your promotions, rights, or benefits.
  - However, there are some behaviors that we are required to report. If we learn that you are being hurt or planning on hurting yourself or others, or others are being hurt or planning on hurting themselves or others, the law requires that we share this information with someone who can help and to the appropriate authority.
  - Also, because this is a group meeting, it is important that each of you keep any information you hear today in the strictest of confidence and not discuss it with anyone outside of this group.
  - Please be aware, however, that we cannot guarantee that other participants will honor this expectation. If this concerns you, you should limit your participation.
  - We will distribute an informed consent form for you to read and sign. If you have any questions or need assistance with the form, please let us know so one of us can offer our assistance.
  
- **Ask scribe to distribute the informed consent forms and mini-surveys.**

**Note: Scribe will collect the informed consent forms immediately after they are signed but will not collect the surveys until the focus group is over. (See pages 5 and 6 of protocol.)**

  - Informed consent form is to be read and signed.
  - Short mini-survey is to be completed anonymously.
  
- **Explain ground rules**
  - Speak one at a time so that your statement can be heard by all.
  - There are no right or wrong answers.
  - We want to hear the good and the bad.
  - We respect and value differences of opinion.
  - Please avoid sidebar conversations.
  - Please note that we use the terms recovering Service member; recovering warrior; and wounded, ill, or injured Service member interchangeably.

**RWTF, YEAR 2**  
**RECOVERING WARRIOR FOCUS GROUP PROTOCOL**

**WARM-UP/INTRODUCTIONS**

To begin, I'd like to go around the room and ask each of you to introduce yourselves and to share some brief background. Specifically please tell us:

1. Your AC/RC status
2. When you became wounded, ill, or injured
3. Whether you are assigned to a line unit or a transition unit
4. Are you married or single?
5. Do you live on or off this installation?

**DISCUSSION QUESTIONS**

We are here to learn about your experiences and perspectives regarding the policies and programs that have been established to support the care, management, and transition of recovering Service members and their families. We are particularly interested in hearing how effectively these resources meet your needs.

We will be talking about a number of topics. Some of these topics include: 1) return to duty, 2) medical care case management, 3) non-medical care case management, 4) the disability evaluation process, 5) legal support, 6) vocational training, and 7) services for traumatic brain injury (TBI) and post traumatic stress disorder (PTSD).

**INITIAL QUESTIONS**

- A. Who is part of your team helping you through the recovery process?
- B. Which of these "team members" is most valuable to you as you recover?
- C. During this recovery process, what needs do you have that are not being met, if any?

FOR RC RWs ONLY:

- D. What RC-specific programs or services are you aware of?
- E. Which of these have you used?
- F. To what extent do they meet your needs? (Please speak to each individual program/service separately)

**RWTF, YEAR 2**  
**RECOVERING WARRIOR FOCUS GROUP PROTOCOL**

**FOLLOW-ON QUESTIONS**  
**(TO BE CHOSEN BASED ON RESPONSES TO INITIAL QUESTIONS)**

**I. Medical Care Case Management**

INTRO: Medical care case management is sometimes called clinical case management. The medical care case manager is typically a registered nurse (RN) or someone with a master's degree in social work (MSW).

- a. What kinds of support does your medical care case manager provide you?
- b. To what extent does he/she meet your needs?  
(Mini-survey captures ratings of medical care case manager helpfulness)

**II. Non-Medical Case Management**

INTRO: We are specifically interested in the non-medical case management provided by your *Recovery Care Coordinator (RCC)* or your *Federal Recovery Coordinator (FRC)*. If you are enrolled in the Army Wounded Warrior Program (AW2), this would be your *AW2 Advocate*.

- a. What kinds of support does your RCC/FRC/AW2 Advocate provide you? (Please specify whether you are talking about an RCC, FRC, or AW2 Advocate)
- b. To what extent does he/she meet your needs?

Your *unit chain of command* may also provide non-medical case management.

- a. What kinds of support does your unit chain of command provide you? (Please specify whether you are talking about your line unit or the transition unit.)
- b. To what extent does the unit chain of command meet your needs?

*Other entities* may also be providing you non medical case management support.

- a. Who are these other non medical case managers, if any?
- b. For RC RWs only: For RC RWs in line units, who is responsible for ensuring that you have access to the programs and services you need?

Let's take a moment to focus specifically on the Comprehensive Recovery Plan/ Comprehensive Transition Plan?

- a. How does this work?
- b. In what way does it facilitate your transition?  
(Mini-survey captures ratings of RCC/FRC/AW2/ unit chain of command helpfulness)

**RWTF, YEAR 2**  
**RECOVERING WARRIOR FOCUS GROUP PROTOCOL**

**III. Services for TBI & PTSD**

INTRO: Many combat veterans experience traumatic brain injuries (TBI) or post-traumatic stress disorder (PTSD). Some Service members experience “mild” PTS symptoms that could become more severe if untreated.

- a. What treatment options are available at this location?
- b. To what extent do available treatment options meet the needs of Service members diagnosed with TBI or PTSD?

**IV. Return to Duty**

INTRO: We’d like to talk with you now about your transition plans, or at least what you’re thinking today about returning to duty or leaving the military. Before we do that, please take a look at Question #1 of your survey, which asks where you are in the recovery, rehabilitation, and transition process. Notice whether you checked “early,” “middle,” “returning to duty,” or “in Disability Evaluation System.” **(We will collect your surveys at the end of the focus group.)**

I’m going to ask you several questions about returning to duty. Before you answer, please tell us which of these answers you checked.

- a. What information do you have about return to duty options and who provided it?
- b. To what extent have you gotten the information/support you need to reach this decision?
- c. When in the recovery, rehabilitation, and transition process is the best time to provide return to duty information to Recovering Warriors?

**V. Disability Evaluation System (DES)**

INTRO: We’d like to hear about your experiences with the Disability Evaluation System (DES).

- a. Who has heard the term Disability Evaluation System, or DES? (show of hands)

The process consists of the following stages: 1) compensation & pension (C&P) exam complete, 2) MEB complete, 3) PEB complete, 4) appeal process, 5) final decision.

For those of you in the DES:

- b. What types of support and assistance are available to you, and from whom?
- c. To what extent has this support meet your needs as you progress through this process?
- d. If not addressed spontaneously: What is the role of the VA Military Services Coordinator (MSC) during this process?
- e. How confident are you about how the transition from DoD to VA care and services will work?

**RWTF, YEAR 2**  
**RECOVERING WARRIOR FOCUS GROUP PROTOCOL**

**VI. Legal Support**

INTRO: Military personnel, including recovering Service members and others, have access to legal assistance services. We are interested in the *additional* legal support that is available to you as you prepare to transition either to civilian status or back to duty.

- a. What legal support has been provided to you? (e.g., pre-MEB, MEB, pre-PEB, PEB? Other?)
- b. To what extent has it met your needs?

**VII. Vocational Support**

INTRO: For RWs who choose to transition out of uniform, we are interested in the resources available to help them find employment—in Federal Government, State Government, and the private sector.

- a. What programs or resources have you used to prepare for and find a civilian job within the Federal Government? (Please specify program by name)
- b. What programs or resources have you used to prepare for and find a civilian job within State Government. (Please specify program by name)
- c. What programs or resources have you used to prepare for and find employment in the private sector?
- d. To what extent have these resources met your needs? (Please specify which you are referring to)

**Wrap Up**

As we draw to a close, we have one final question.

- a. If you were “king/queen for a day” and in charge of all RW programs and policies, what would your first action be?
- b. (If time permits) What else would you like to tell us?

*This concludes our discussion. **PLEASE LEAVE YOUR SURVEYS ON THE TABLE FACE DOWN AND WE WILL COLLECT THEM.** Please remember not to repeat what you heard in this room. Thank you for taking the time to share your opinions and experiences with us. Your thoughts are invaluable to our efforts to inform the Secretary of Defense and Congress on these matters. Once again, thank you very much, and our sincere best wishes for your continued recovery.*

**APPENDIX H-2: FAMILY MEMBER FOCUS GROUP PROTOCOL**



**RWTF, YEAR 2**  
**FAMILY MEMBER FOCUS GROUP PROTOCOL**

**SESSION INFORMATION**

Location:  
Date:  
Time:  
Facilitator:  
Recorder:  
# of Participants present for entire session:  
# of Participants excused/reasons:

**FOCUS GROUP KICK-OFF: KEY POINTS TO COVER**

**(As participants start to arrive, scribe distributes name tents and markers)**

- **Welcome attendees**
  - Thank you for taking the time to join our discussion today.
  - I am \_\_\_ (insert name) and I am a member of the DoD Recovering Warrior Task Force (RWTF), and this is \_\_\_ (introduce partner), also a member of this Task Force.
  - Our scribe, \_\_\_, is part of the RWTF research staff.
  
- **Introduce RWTF and its purpose**
  - The 2010 National Defense Authorization Act directs the Recovering Warrior Task Force (RWTF) to assess the effectiveness of the policies and programs developed and implemented by the DoD and the military departments, and make recommendations for improvements.
  - The RWTF is comprised of 14 members including 7 DoD members and 7 non-DoD members. The RWTF is chartered for four years and will generate an Annual Report at the end of each year of effort. This is our second year.
  
- **Describe how focus group session will work**
  - This session is intended for participants who are family members of recovering Service members.
  - We have scripted questions formulated to address specific topics.
  - The session will last approximately 90 minutes, and we will not take a formal break. (Restrooms are located xxxxxx)
  - Before we begin our voluntary discussion, we will pass around a short questionnaire to gather some basic background information from you. The questionnaire is voluntary and should be completed anonymously—no names please. If you need assistance filling out the questionnaire, please let us know so one of us can offer our assistance.
  - Try not to mention individuals by name in your comments to protect their confidentiality.
  - Each of us has a role to play here.
    - I serve as an impartial data gatherer and discussion regulator.
    - Our scribe serves as recorder—note s/he is taking no names and we are not audio- or video-taping the session.
    - You serve as subject matter experts.
    - My other colleagues are here to observe.

**RWTF, YEAR 2**  
**FAMILY MEMBER FOCUS GROUP PROTOCOL**

- **Emphasize that participation is voluntary**
  - Your participation in this session is voluntary.
  - While we would like to hear from everyone; feel free to answer as many or as few questions as you prefer.
  - If you would prefer to excuse yourself from the focus group at this time, or at any point after we get started, you are free to do so. If you do leave, you are welcome to return.
  - Also, if you would prefer to talk with a Task Force member one-on-one, we can do that.
  
- **Address confidentiality**
  - We treat the information you share as confidential. That means we will protect your confidentiality to the extent allowable by law. We will not reveal the names of study participants and no information will be reported that can identify you or your family.
  - Your name will never be linked to your answers or to any comments you make during the discussion. Your answers to our questions will not affect your or your Service member's promotions, rights, or benefits.
  - However, there are some behaviors that we are required to report. If we learn that you are being hurt or planning on hurting yourself or others, or others are being hurt or planning on hurting themselves or others, the law requires that we share this information with someone who can help and to the appropriate authority.
  - Also, because this is a group meeting, it is important that each of keep any information you hear today in the strictest of confidence and not discuss it with anyone outside of this group.
  - Please be aware, however, that we cannot guarantee that other participants will honor this expectation. If this concerns you, you should limit your participation.
  - We will shortly distribute an informed consent form for you to read and sign. If you have any questions or need assistance with the form, please let us know so one of us can offer our assistance.
  
- **Ask scribe to distribute/collect the informed consent forms and then the mini-surveys. (After collecting the completed mini-surveys, the scribe will place the completed informed consent forms and mini-surveys in two separate folders.)**
  - Informed consent form to be read and signed.
  - Short mini-survey to be completed anonymously.
  
- **Explain ground rules**
  - Speak one at a time so that your statement can be heard by all.
  - There are no right or wrong answers.
  - We want to hear the good and the bad.
  - We respect and value differences of opinion.
  - Please avoid sidebar conversations.
  - Please note that we use the terms recovering Service member; recovering warrior; and wounded, ill, or injured Service member interchangeably.

**RWTF, YEAR 2**  
**FAMILY MEMBER FOCUS GROUP PROTOCOL**

**WARM-UP/INTRODUCTIONS**

To begin I'd like to go around the room and ask each of you to introduce yourselves (your first name is sufficient) and to share some brief background on your Service member and his/her injury. Specifically please tell us:

1. What is your relationship to your Service member (e.g., spouse? parent?)
2. Is your Service member in the Active Component or Reserve Component?
3. When did he or she become wounded, ill, or injured?
4. Where is your Service member in the recovery process and what is his or her current transition goal (i.e., return to duty, leave the military, or undecided)?
5. Does your Service member live on or off this installation?

**DISCUSSION QUESTIONS**

We are here to learn about your experiences and perspectives regarding the policies and programs that have been established to support the care, management, and transition of recovering Service members and their families. We are particularly interested in hearing how effectively these resources meet **your** needs.

We will be talking about several topics, among them: 1) Support for family caregivers, 2) support provided by members of the Recovering Warrior's recovery team, 3) information sources, and 4) services for traumatic brain injury (TBI) and post traumatic stress disorder (PTSD).

**INITIAL QUESTIONS**

- A. Who is part of your Service member's team helping him or her through the recovery process?
- B. Which of these "team members" is most valuable **to you** as your Service member recovers?
- C. What needs do **you** have that are not being met, if any?

For family caregivers of RC RWs ONLY:

- D. What RC-specific programs or services are you aware of?
- E. Which of these have you used?
- F. To what extent do they meet your needs? (Please speak to each individual program/service separately)

**RWTF, YEAR 2**  
**FAMILY MEMBER FOCUS GROUP PROTOCOL**

**FOLLOW-ON QUESTIONS**  
**(TO BE CHOSEN BASED ON RESPONSES TO INITIAL QUESTIONS)**

**I. Support for Family Caregivers**

INTRO: We know that the families of recovering warriors, and particularly those in the caregiver role, are profoundly impacted by their Service member's condition and the recovery process.

- a. What supports and benefits have you been using? These may be people, places, or other resources, including through the military or other sources. (e.g., financial, travel/lodging, respite care, caregiver training, vocational training, counseling, family readiness groups) (**Note to moderators:** start with top of mind)
- b. How did you learn about these resources?
- c. To what extent have these resources met your needs as the family member/caregiver of a RW?
- d. What has prevented you from taking fuller advantage of available supports and benefits?

INTRO: Let's turn to some of the members of your Recovering Warrior's recovery team.

- a. Does your Service member have **Recovery Care Coordinator (RCC)**, or perhaps a *Federal Recovery Coordinator (FRC)*? If your Service member is enrolled in the Army Wounded Warrior Program (AW2), that might be his or her *AW2 Advocate*.
- b. What kinds of support or information does your Service member's RCC/FRC/AW2 Advocate provide **you**? Please specify whether you are talking about RCC, FRC, or AW2 Advocate.
- c. To what extent does he/she meet **your needs** as a family member/caregiver of a recovering warrior?

Your Service member's unit chain of command may also provide non medical case management.

- a. What kinds of support or information does your Service member's **unit chain of command** provide **you**? Please specify line unit or transition unit.
- b. To what extent does the unit chain of command meet **your needs** as a family member/caregiver of a recovering warrior?

Let's take a moment to focus specifically on the Comprehensive Recovery Plan/ Comprehensive Transition Plan.

- a. How does this work?
- b. In what way does it help **you** as a family caregiver?

**RWTF, YEAR 2**  
**FAMILY MEMBER FOCUS GROUP PROTOCOL**

**II. Recovering Warrior Information Resources**

INTRO: We'd like to talk with you about information resources for recovering warriors and their families. Please note these questions about information resources are about **your experiences** with these information resources, rather than your Service member's.

When your Service member was seriously wounded, ill, or injured, they and you began a treatment, recovery, and rehabilitation journey together.

- a. At that time, who provided you consolidated reference information and what did it consist of?
- b. Was this provided to you automatically or did you have to seek it out?
- c. How have you used this information?
- d. To what extent has this information met your needs?
- e. What has prevented you from taking fuller advantage of this information and any other information resources that have been provided to you?

Now let us ask you some questions about specific information sources. (**Note to moderators:** ask for show of hands)

- a. Have **you** consulted the *National Resource Directory*? This is an online directory of national, state, and local governmental and non-governmental services and resources that assist with recovery, rehabilitation, and reintegration.
  - o How helpful was it?
- b. Have **you** consulted *Military OneSource*? This is an all-purpose portal for the military community, accessible online or by phone, and provides dedicated support for recovering warriors and their families.
  - o How helpful was it?
- c. Have **you** visited or used a military *Family Assistance Center*? This is an office or agency that facilitates recovering Service member and family access to information and resources.
  - o If so, which one?
  - o How helpful was it?

**RWTF, YEAR 2**  
**FAMILY MEMBER FOCUS GROUP PROTOCOL**

**III. Services for TBI & PTSD**

INTRO: Many combat veterans experience traumatic brain injuries (TBI) or post-traumatic stress disorder (PTSD). Some Service members experience “mild” PTS symptoms that could become more severe if untreated.

- a. What treatment options are available at this location?
- b. To what extent do available treatment options meet the needs of Service members diagnosed with TBI or PTSD?

**IV. Wrap Up**

As we draw to a close, we have one final question.

- a. If you were “king/queen for a day” and in charge of all RW programs and policies, what would your first action be?

*This concludes our discussion. Please remember not to repeat what you heard in this room. Thank you for taking the time to share your opinions and experiences with us. Your thoughts are invaluable to our efforts to inform the Secretary of Defense and Congress on these matters. Once again, thank you very much, and our sincere best wishes for your Service member’s continued recovery.*

## **APPENDIX H-3: RECOVERING WARRIOR MINI-SURVEY**



# RWTF Focus Groups: Mini Survey for Recovering Warriors

## ABOUT YOU

### 1. Where are you in the process of recovery, rehabilitation, and transition? (Mark only one)

- Early: I am receiving regular medical care and am unsure if I will return to duty or transition out of the military
- Middle: I am nearing the medical decision point, when I have reached maximum medical benefit according to my medical care providers and it is time to decide whether I will return to duty or transition out of the military.
- Returning to Duty: I have begun the process to return to duty
- In Disability Evaluation System (DES): I have begun the disability evaluation process. If yes, check the steps that have been completed:
  - Compensation & pension (C&P) exam
  - Medical evaluation board
  - Briefing by VA MSC completed
  - Physical evaluation board

### 2. Please tell us about your condition. (Mark all that apply)

- Traumatic Brain Injury
- Amputation
- Spinal Cord injury
- Burn injury
- Vision loss
- Psychological diagnosis
- Intra-abdominal injury
- Orthopedic injury
- Chest injury
- Hearing loss
- Inhalation injury
- Medical diagnosis

### 3. What is your marital status?

- Married
- Single, never married
- Legally separated or filing for divorce
- Divorced or widowed

### 4. Do you have dependent children living in the home?

- Yes
- No

### 5. What is your gender?

- Male
- Female

### 6. What is your branch of Service?

- Army
- Army Reserve
- Navy
- Navy Reserve
- Air Force
- Air Force Reserve
- Marine Corps
- Marine Corps Reserve
- Coast Guard
- Coast Guard Reserve
- Army National Guard
- Air National Guard

### 7. What is your pay grade?

- E1
- E2
- E3
- E4
- E5
- E6
- E7
- E8
- E9
- WO1
- CW2
- CW3
- CW4
- CW5
- O1
- O2
- O3
- O4
- O5
- O6

**TRANSITION SUPPORT FOR YOU**

**8. Have you attended a Disabled Transition Assistance Program (DTAP) briefing?** (An additional Transition Assistance Program briefing provided by the Department of Veterans Affairs for individuals who will be claiming disability benefits such as Vocational Rehabilitation and Employment, (VR&E))

- Yes
- No
- Don't know

**9. How helpful is your medical care case manager to you?** (also known as “clinical case manager”) (Mark one)

- Does not apply—I do not have a medical care case manager or a clinical case manager
- Extremely helpful
- Very helpful
- Moderately helpful
- A little bit helpful
- Not at all helpful

**CASE MANAGEMENT SUPPORT FOR YOU**

**10. Please indicate whether you are working with each of the following types of case managers. For each one that you are working with, please rate how helpful they are to you.**

Have you used any of these case managers or care coordinators?				How helpful have these case managers or care coordinators been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Recovery Care Coordinator (RCC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Federal Recovery Coordinator (FRC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Army Wounded Warrior Program (AW2) Advocate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Transition unit chain of command (USA & USMC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Air Force Wounded Warrior Program (AFW2) Consultant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. SOCOM Care Coalition Liaison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. SOCOM Care Coalition Advocate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Case manager within JFHQ Surgeon General's Office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other case manager:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify case management program/ title (not case manager name):								

## INFORMATION RESOURCES FOR YOU

**11. Please indicate whether you have used each of the following information resources. For each one that you have used, please rate how helpful it has been to you.**

	Have you used any of these information resources?			How helpful have these information resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Wounded Warrior Resource Center?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. National Resource Directory?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Military OneSource?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Military Hotline?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify hotline:								
e. Military Family Assistance Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify family assistance center:								

## SUPPORT FOR YOU DURING THE DES PROCESS

**12. Have you met with your VA Military Service Coordinator (MSC)?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**13. How helpful is your VA MSC to you?**

- Does not apply—I do not have a MSC
- Extremely helpful
- Very helpful
- Moderately helpful
- A little bit helpful
- Not at all helpful

## VOCATIONAL RESOURCES FOR YOU

**14. Please indicate whether you have had first-hand experience with any of the following vocational programs. For each of the programs with which you have had first-hand experience, please rate how helpful it has been to you.**

	Have you used any of these vocational resources?			How helpful have these vocational resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Operation Warfighter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. REALifelines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. AW2 Career Demonstration Program (Army/NOD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Education and Employment Initiative (E2I, from DoD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Employment, Education, and Internship (EEI, from Army)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other vocational training or education program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify other vocational program:								

**DOD PROGRAMS AND SERVICES FOR YOU OVERALL**

**15. Please indicate whether you have had first-hand experience with any of the following programs. For each of the programs with which you have had first-hand experience, please rate how helpful it has been to you.**

	Have you used any of these RW resources?			How helpful have these RW resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Medical care case management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Non medical case management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Services for TBI?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Services for PTSD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Information resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Support for family caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Legal support for RWs and families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Vocational training for transition to civilian life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Disability Evaluation System (DES)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Physical Evaluation Board Liaison Officer (PEBLO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Disabled Transition Assistance Program (DTAP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Thank you for providing this information.*



## **APPENDIX H-4: FAMILY MEMBER MINI-SURVEY**



## RWTF Focus Groups: Mini Survey for Family Members

### ABOUT YOU

#### 1. What is your relationship to the recovering Service member?

- Parent of recovering Service member
- Spouse of recovering Service member
- Other (Please specify): \_\_\_\_\_

#### 2. With whom are you attending this focus group?

- I am attending by myself
- I am attending with my spouse
- I am attending with someone else  
(Please specify): \_\_\_\_\_

#### 3. What is your gender?

- Male
- Female

### ABOUT YOUR SERVICE MEMBER

#### 4. Where is your Service member in the process of recovery, rehabilitation, and transition? (Mark only one)

- Early: Receiving regular medical care and is unsure if he/she will return to duty or transition out of the military
- Middle: Nearing the medical decision point, when he/she has reached maximum medical benefit according to the medical care providers and it is time to decide whether he/she will return to duty or transition out of the military.
- Returning to Duty: Has begun the process to return to duty
- In Disability Evaluation System (DES): Has begun the disability evaluation process. If yes, check the steps that have been completed:
  - Compensation & pension (C&P) exam
  - Medical evaluation board
  - Briefing by VA MSC completed
  - Physical evaluation board
  - I don't know

#### 5. What is your Service member's marital status?

- Married
- Single, never married
- Legally separated or filing for divorce
- Divorced or widowed

#### 6. Does your Service member have dependent children living in the home?

- Yes
- No

#### 7. Please tell us about your Service member's condition. (Mark all that apply)

- Traumatic Brain Injury
- Amputation
- Spinal Cord injury
- Burn injury
- Vision loss
- Psychological diagnosis
- Intra-abdominal injury
- Orthopedic injury
- Chest injury
- Hearing loss
- Inhalation injury
- Medical diagnosis

#### 8. What is your Service member's branch of Service?

- Army
- Navy Reserve
- Navy
- Air Force Reserve
- Air Force
- Marine Corps Reserve
- Marine Corps
- Coast Guard Reserve
- Coast Guard
- Army National Guard
- Army Reserve
- Air National Guard

#### 9. What is your Service member's pay grade?

- E1
- E6
- WO1
- O1
- E2
- E7
- CW2
- O2
- E3
- E8
- CW3
- O3
- E4
- E9
- CW4
- O4
- E5
- CW5
- O5
- O6

**ABOUT SUPPORT YOU AND YOUR SERVICE MEMBER HAVE RECEIVED**

**10. Please indicate whether your Service member is working with each of the following types of case managers. For each one that your Service member is working with, please rate how helpful that person is to you.**

Have you used any of these case managers or care coordinators?	How helpful have these case managers or care coordinators been to you?							
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Recovery Care Coordinator (RCC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
b. Federal Recovery Coordinator (FRC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
c. Army Wounded Warrior Program (AW2) Advocate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
d. Transition unit chain of command (USA & USMC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
e. Air Force Wounded Warrior Program (AFW2) Consultant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
f. SOCOM Care Coalition Liaison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
g. SOCOM Care Coalition Advocate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
h. Case manager within JFHQ Surgeon General's Office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				
i. Other case manager:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>				

Please specify case management program/ title (not case manager name):

**ABOUT INFORMATION RESOURCES FOR YOU**

**11. Please indicate whether you have used each of the following information resources. For each one that you have used, please rate how helpful it has been to you.**

	Have you used any of these information resources?			How helpful have these information resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Wounded Warrior Resource Center?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. National Resource Directory?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Military OneSource?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Military Hotline?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify hotline:								
e. Military Family Assistance Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify family assistance center:								

**SUPPORT FOR YOUR FAMILY**

**12. For each stage of your Service member’s treatment and recovery, please indicate your overall level of satisfaction or dissatisfaction with the military’s support for your family.**

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
<b>Stages of Treatment/Recovery Process</b>						
a. Support getting you to the member’s bedside after you were notified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Support while member undergoes inpatient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Support during outpatient care or partial hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Support during follow up care (home, rehabilitation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Please indicate your level of satisfaction or dissatisfaction with the military’s support of your family in each of the following areas:**

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
<b>Areas of Support</b>						
a. Overall support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Finances (e.g., advances, reimbursements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Logistics (e.g., movement to and between treatment facilities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Condition of facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Information/education to help you care for your Service member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Information/education about available benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emotions (e.g., stress management, coping with depression /grief)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Assistance/advocacy (e.g., reducing red-tape, case management, respite care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Support helping children cope with a Service member’s injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**DOD PROGRAMS AND SERVICES FOR YOU OVERALL**

**14. Please indicate whether you have first-hand experience with any of the following programs. For each of the programs with which you have had first-hand experience, please rate how helpful it has been to you.**

	Have you used any of these RW resources?			How helpful have these RW resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Medical care case management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Non medical case management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Services for TBI?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Services for PTSD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Information resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Support for family caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Legal support for RWs and families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Vocational training for transition to civilian life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Disability Evaluation System (DES)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Physical Evaluation Board Liaison Officer (PEBLO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Disabled Transition Assistance Program (DTAP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Thank you for providing this information.*



## **APPENDIX I-1: RECOVERING WARRIOR MINI-SURVEY RESULTS**



<b>Demographic Profile (N = 175)</b>		
<b>Variable/Response</b>	<b>N*</b>	<b>Percent**</b>
<b>Gender:</b>		
Male	153	88%
Female	21	12%
Total	174	100%
<b>Branch of Service:</b>		
Army	57	33%
Navy	8	5%
Air Force	13	8%
Marine Corps	30	17%
Army Reserve	18	11%
Army National Guard	35	20%
Air Guard	1	1%
Naval Reserve	10	6%
Total	172	100%
<b>Pay Grade:</b>		
E1 - E3	14	10%
E4 - E6	89	61%
E7 - E9	25	17%
WO	3	2%
O1 - O3	6	4%
O4 - O6	9	6%
Total	146	100%
<b>Marital Status:</b>		
Married	116	66%
Single, never married	23	13%
Legally separated or filing for divorce	11	6%
Divorced or widowed	25	14%
Total	175	100%
<b>Dependent Children Living in the Home:</b>		
Yes	102	58%
No	73	42%
Total	175	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>Care Profile (N = 173)</b>		
<b>Variable/Response</b>	<b>N*</b>	<b>Percent**</b>
<b>Where are you in the process of recovery, rehabilitation, and transition?</b>		
Early	35	21%
Middle	33	20%
Returning to Duty	14	8%
In Disability Evaluation System	84	51%
Total	166	100%
<b>If in DES, what steps have been completed?</b>		
Compensation & pension (C&P) exam	24	28%
Medical Evaluation Board	55	65%
Briefing by VA MSC completed	23	27%
Physical Evaluation Board	37	44%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>Care Profile (N = 173)</b>		
<b>Variable/Response</b>	<b>N*</b>	<b>Percent**</b>
<b>Number of Service members who endorsed each of the following conditions:</b>		
Traumatic Brain Injury	80	46%
Amputation	4	2%
Spinal Cord Injury	36	21%
Burn Injury	4	2%
Vision Loss	9	5%
Psychological Diagnosis	85	49%
Intra-abdominal Injury	10	6%
Orthopedic Injury	87	50%
Chest Injury	3	2%
Hearing Loss	58	34%
Inhalation Injury	9	5%
Medical Diagnosis	49	28%
<b>Total Number of conditions endorsed:</b>		
One	62	36%
Two	36	21%
Three	30	17%
Four	26	15%
Five	8	5%
Six	11	6%
Total	173	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>DTAP (N = 164)</b>		
<b>Variable/Response</b>	<b>N*</b>	<b>Percent**</b>
<b>Have you attended a Disabled Transition Assistance Program (DTAP) Briefing?</b>		
No	74	45%
Yes	81	49%
Don't know	9	6%
Total	164	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>Case Management Support (N = 151)</b>		
<b>Variable/Response</b>	<b>N*</b>	<b>Percent**</b>
<b>How helpful is your medical care case manager to you?</b>		
Extremely helpful	58	39%
Very helpful	40	27%
Moderately helpful	30	20%
A little bit helpful	18	12%
Not at all helpful	3	2%
Total	149	100%
<b>Please indicate whether you are working with each of the following types of case managers:</b>		
<b>Recovery Care Coordinator (RCC)</b>		
No	82	55%
Yes	43	29%
Not Sure	25	17%
Total	150	100%
<b>Federal Recovery Coordinator (FRC)</b>		
No	117	78%
Yes	5	3%
Not Sure	29	19%
Total	151	100%
<b>Army Wounded Warrior Program (AW2) Advocate</b>		
No	90	60%
Yes	38	25%
Not Sure	22	15%
Total	150	100%
<b>Unit chain of command</b>		
No	67	45%
Yes	58	39%
Not Sure	25	17%
Total	150	100%
<b>Air Force Wounded Warrior Program (AFW2) Consultant</b>		
No	118	81%
Yes	18	12%
Not Sure	9	6%
Total	145	100%
<b>SOCOM Care Coalition Liaison</b>		
No	123	83%
Yes	9	6%
Not Sure	17	11%
Total	149	100%
<b>SOCOM Care Coalition Advocate</b>		
No	123	83%
Yes	8	5%
Not Sure	18	12%
Total	149	100%
<b>Case manager within JFHQ Surgeon General's Office</b>		
No	124	83%
Yes	3	2%
Not Sure	22	15%
Total	149	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

**Please indicate whether you are working with each of the following types of case managers:**

**Other case manager**

No	54	38%
Yes	67	48%
Not Sure	20	14%
Total	141	100%

**Please rate how helpful the following are to you:**

**Recovery Care Coordinator (RCC)**

Extremely helpful	12	29%
Very helpful	13	31%
Moderately helpful	7	17%
A little helpful	7	17%
Not at all helpful	3	7%
Total	42	100%

**Federal Recovery Coordinator (FRC)**

Extremely helpful	2	40%
Very helpful	1	20%
Moderately helpful	1	20%
A little helpful	1	20%
Not at all helpful	0	0%
Total	5	100%

**Army Wounded Warrior Program (AW2) Advocate**

Extremely helpful	10	26%
Very helpful	13	34%
Moderately helpful	9	24%
A little helpful	5	13%
Not at all helpful	1	3%
Total	38	100%

**Unit Chain of Command**

Extremely helpful	12	23%
Very helpful	16	30%
Moderately helpful	11	21%
A little helpful	9	17%
Not at all helpful	5	9%
Total	53	100%

**Air Force Wounded Warrior Program (AFW2) Consultant**

Extremely helpful	9	53%
Very helpful	6	35%
Moderately helpful	2	12%
A little helpful	0	0%
Not at all helpful	0	0%
Total	17	100%

**SOCOM Care Coalition Liaison**

Extremely helpful	4	44%
Very helpful	2	22%
Moderately helpful	2	22%
A little helpful	1	11%
Not at all helpful	0	0%
Total	9	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>Please rate how helpful the following are to you:</b>		
<b>SOCOM Care Coalition Advocate</b>		
Extremely helpful	6	75%
Very helpful	1	13%
Moderately helpful	1	13%
A little helpful	0	0%
Not at all helpful	0	0%
Total	8	100%
<b>Case manager within JFHQ Surgeon General's Office</b>		
Extremely helpful	1	33%
Very helpful	1	33%
Moderately helpful	1	33%
A little helpful	0	0%
Not at all helpful	0	0%
Total	3	100%
<b>Other case manager</b>		
Extremely helpful	24	2%
Very helpful	18	8%
Moderately helpful	16	25%
A little helpful	5	28%
Not at all helpful	1	38%
Total	64	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>Information Resources (N = 162)</b>		
<b>Variable/Response</b>	<b>N*</b>	<b>Percent**</b>
<b>Please indicate whether you have used each of the following information resources:</b>		
<b>Wounded Warrior Resource Center</b>		
No	93	58%
Yes	50	31%
Not Sure	17	11%
Total	160	100%
<b>National Resource Directory</b>		
No	134	84%
Yes	12	8%
Not Sure	13	8%
Total	159	100%
<b>Military OneSource</b>		
No	85	53%
Yes	71	44%
Not Sure	6	4%
Total	162	100%
<b>Military Hotline</b>		
No	140	89%
Yes	13	8%
Not Sure	5	3%
Total	158	100%
<b>Military Family Assistance Center</b>		
No	104	69%
Yes	40	27%
Not Sure	7	5%
Total	151	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

Information Resources (N = 162)		
Variable/Response	N*	Percent**
<b>How helpful have these information resources been to you?</b>		
<b>Wounded Warrior Resource Center</b>		
Extremely helpful	13	27%
Very helpful	19	40%
Moderately helpful	12	25%
A little helpful	4	8%
Not at all helpful	0	0%
Total	48	100%
<b>National Resource Directory</b>		
Extremely helpful	2	17%
Very helpful	6	50%
Moderately helpful	2	17%
A little helpful	2	17%
Not at all helpful	0	0%
Total	12	100%
<b>Military OneSource</b>		
Extremely helpful	13	19%
Very helpful	17	24%
Moderately helpful	22	31%
A little helpful	11	16%
Not at all helpful	7	10%
Total	70	100%
<b>Military Hotline</b>		
Extremely helpful	4	31%
Very helpful	4	31%
Moderately helpful	4	31%
A little helpful	1	8%
Not at all helpful	0	0%
Total	13	100%
<b>Military Family Assistance Center</b>		
Extremely helpful	9	23%
Very helpful	12	30%
Moderately helpful	11	28%
A little helpful	8	20%
Not at all helpful	0	0%
Total	40	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

Support During the DES Process (N = 161)		
Variable/Response	N*	Percent**
<b>Have you met with your VA Military Service Coordinator (MSC)?</b>		
Yes	60	37%
No	101	63%
Total	161	100%
<b>How helpful is your VA MSC to you?</b>		
Extremely helpful	11	19%
Very helpful	26	45%
Moderately helpful	16	28%
A little bit helpful	4	7%
Not at all helpful	1	2%
Total	58	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

Vocational Resources (N = 158)		
Variable/Response	N*	Percent**
<b>Please indicate whether you have first-hand experience with any of the following vocational programs:</b>		
<b>Operation Warfighter</b>		
No	143	91%
Yes	6	4%
Not Sure	8	5%
Total	157	100%
<b>REALifelines</b>		
No	149	95%
Yes	2	1%
Not Sure	6	4%
Total	157	100%
<b>AW2 Career Demonstration Program (NOD)</b>		
No	139	90%
Yes	8	5%
Not Sure	8	5%
Total	155	100%
<b>Education and Employment Initiative (E2I, from DoD)</b>		
No	132	84%
Yes	13	8%
Not Sure	11	7%
Total	156	100%
<b>Employment, Education, and Internship (EEI, from Army)</b>		
No	126	80%
Yes	20	13%
Not Sure	12	8%
Total	158	100%
<b>Other vocational training or education program</b>		
No	119	76%
Yes	26	17%
Not Sure	12	8%
Total	157	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>How helpful have these vocational programs been to you?:</b>		
<b>Operational Warfighter</b>		
Extremely helpful	2	50%
Very helpful	1	25%
Moderately helpful	0	0%
A little helpful	1	25%
Not at all helpful	0	0%
Total	4	100%
<b>REALifelines</b>		
Extremely helpful	0	0%
Very helpful	0	0%
Moderately helpful	0	0%
A little helpful	1	100%
Not at all helpful	0	0%
Total	1	100%
<b>AW2 Career Demonstration Program (NOD)</b>		
Extremely helpful	0	0%
Very helpful	3	50%
Moderately helpful	2	33%
A little helpful	1	17%
Not at all helpful	0	0%
Total	6	100%
<b>Education and Employment Initiative (E2I, from DoD)</b>		
Extremely helpful	2	18%
Very helpful	4	36%
Moderately helpful	2	18%
A little helpful	3	27%
Not at all helpful	0	0%
Total	11	100%
<b>Employment, Education, and Internship (EEI, from Army)</b>		
Extremely helpful	4	25%
Very helpful	6	38%
Moderately helpful	3	19%
A little helpful	2	13%
Not at all helpful	1	6%
Total	16	100%
<b>Other vocational training or education program</b>		
Extremely helpful	5	22%
Very helpful	8	35%
Moderately helpful	3	13%
A little helpful	5	22%
Not at all helpful	2	9%
Total	23	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

<b>Experience Across Resources (N = 159)</b>		
<b>Variable/Response</b>	<b>N*</b>	<b>Percent**</b>
<b>Please indicate whether you have first-hand experience with any of the following programs:</b>		
<b>Medical care case management</b>		
No	25	16%
Yes	121	78%
Not Sure	10	6%
Total	156	100%
<b>Non medical case management</b>		
No	103	67%
Yes	32	21%
Not Sure	18	12%
Total	153	100%
<b>Services for traumatic brain injury (TBI)</b>		
No	87	55%
Yes	68	43%
Not Sure	2	1%
Total	157	100%
<b>Services for post traumatic stress disorder (PTSD)</b>		
No	67	43%
Yes	86	55%
Not Sure	3	2%
Total	156	100%
<b>Information resources</b>		
No	84	54%
Yes	57	37%
Not Sure	15	10%
Total	156	100%
<b>Support for family caregivers</b>		
No	127	82%
Yes	19	12%
Not Sure	9	6%
Total	155	100%
<b>Legal support for recovering Service members &amp; families</b>		
No	124	81%
Yes	16	11%
Not Sure	13	9%
Total	153	100%
<b>Vocational training for transition to civilian life</b>		
No	123	79%
Yes	24	16%
Not Sure	8	5%
Total	155	100%
<b>Disability Evaluation System (DES)</b>		
No	86	55%
Yes	51	33%
Not Sure	19	12%
Total	156	100%
<b>Physical Evaluation Board Liaison Officer (PEBLO)</b>		
No	70	44%
Yes	83	52%
Not Sure	6	4%
Total	159	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

Experience Across Resources (N = 159)		
Variable/Response	N*	Percent**
<b>Please indicate whether you have first-hand experience with any of the following programs:</b>		
<b>Disability Transition Assistance Program (DTAP)</b>		
No	86	55%
Yes	55	35%
Not Sure	16	10%
Total	157	100%
<b>How helpful have these programs and services been to you?</b>		
<b>Medical care case management</b>		
Extremely helpful	25	22%
Very helpful	49	42%
Moderately helpful	30	26%
A little helpful	11	10%
Not at all helpful	1	1%
Total	116	100%
<b>Non medical case management</b>		
Extremely helpful	9	29%
Very helpful	11	36%
Moderately helpful	7	23%
A little helpful	2	7%
Not at all helpful	2	7%
Total	31	100%
<b>Services for traumatic brain injury (TBI)</b>		
Extremely helpful	8	12%
Very helpful	24	37%
Moderately helpful	19	29%
A little helpful	8	12%
Not at all helpful	6	9%
Total	65	100%
<b>Services for post traumatic stress disorder (PTSD)</b>		
Extremely helpful	22	27%
Very helpful	21	26%
Moderately helpful	20	24%
A little helpful	15	18%
Not at all helpful	4	5%
Total	82	100%
<b>Information resources</b>		
Extremely helpful	9	16%
Very helpful	16	29%
Moderately helpful	22	39%
A little helpful	7	13%
Not at all helpful	2	4%
Total	56	100%
<b>Support for family caregivers</b>		
Extremely helpful	7	39%
Very helpful	5	28%
Moderately helpful	2	11%
A little helpful	4	22%
Not at all helpful	0	0%
Total	18	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.

Experience Across Resources (N = 159)		
Variable/Response	N*	Percent**
<b>How helpful have these programs and services been to you?</b>		
<b>Legal support for recovering Service members and families</b>		
Extremely helpful	4	27%
Very helpful	5	33%
Moderately helpful	4	27%
A little helpful	2	13%
Not at all helpful	0	0%
Total	15	100%
<b>Vocational training for transition to civilian life</b>		
Extremely helpful	4	18%
Very helpful	5	23%
Moderately helpful	3	14%
A little helpful	8	36%
Not at all helpful	2	9%
Total	22	100%
<b>Disability Evaluation System (DES)</b>		
Extremely helpful	5	10%
Very helpful	8	16%
Moderately helpful	21	43%
A little helpful	6	12%
Not at all helpful	9	18%
Total	49	100%
<b>Physical Evaluation Board Liaison Officer (PEBLO)</b>		
Extremely helpful	13	16%
Very helpful	25	31%
Moderately helpful	18	22%
A little helpful	19	24%
Not at all helpful	6	7%
Total	81	100%
<b>Disability Transition Assistance Program (DTAP)</b>		
Extremely helpful	7	14%
Very helpful	13	26%
Moderately helpful	19	38%
A little helpful	6	12%
Not at all helpful	5	10%
Total	50	100%

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

\*\*\*Survey results with a very small sample size are in gray font.



## **APPENDIX I-2: FAMILY MEMBER MINI-SURVEY RESULTS**



<b>Demographic Profile (N = 50)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Gender of Family Member:</b>	
Male	6
Female	43
Total	49
<b>Family Member relationship to the recovering Service member:</b>	
Parent of recovering Service member	2
Spouse of recovering Service member	46
Other	2
Total	50
<b>With whom Family Member attended the focus group:</b>	
I am attending by myself	25
I am attending with my spouse	22
I am attending with someone else	3
Total	50
<b>Branch of Service:</b>	
Army	25
Navy	4
Air Force	2
Marine Corps	12
Army Reserve	1
Army National Guard	6
Total	50
<b>Service Member Pay Grade:</b>	
E1 – E3	4
E4 – E6	32
E7 – E9	9
WO	0
O1 – O3	2
O4 – O6	1
Total	48
<b>What is your Service member's marital status?</b>	
Married	46
Single, never married	2
Legally separated or filing for divorce	0
Divorced or widowed	2
Total	50
<b>Does your Service member have dependent children living in the home?</b>	
No	11
Yes	38
Total	49

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Care Profile (N = 49)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Where is your Service member in the process of recovery, rehabilitation, and transition?</b>	
Early	6
Middle	9
Returning to Duty	4
In Disability Evaluation System (DES)	27
Total	46
<b>If in DES, steps that have been completed:</b>	
Compensation & pension (C&P)	5
Medical evaluation board	9
Briefing by VA MSC completed	4
Physical Evaluation Board	9
I don't know	12
<b>Number of Service members with each of the following conditions:</b>	
Traumatic Brain Injury	32
Amputation	3
Spinal Cord Injury	9
Burn Injury	2
Vision Loss	2
Psychological Diagnosis	31
Intra-abdominal Injury	0
Orthopedic Injury	21
Chest Injury	1
Hearing Loss	19
Inhalation Injury	4
Medical Diagnosis	17
<b>Total Number of conditions endorsed:</b>	
One	10
Two	11
Three	12
Four	10
Five	3
Six	3
Total	49

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Case Managers (N = 44)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Please indicate whether your Service member is working with each of the following types of case managers:</b>	
<b>Recovery Care Coordinator (RCC)</b>	
No	14
Yes	8
Not Sure	22
Total	44
<b>Federal Recovery Coordinator (FRC)</b>	
No	22
Yes	0
Not Sure	17
Total	39
<b>Army Wounded Warrior Program (AW2) Advocate</b>	
No	15
Yes	17
Not Sure	10
Total	42
<b>Unit chain of command</b>	
No	7
Yes	21
Not Sure	12
Total	40
<b>Air Force Wounded Warrior Program (AFW2) Consultant</b>	
No	31
Yes	1
Not Sure	8
Total	40
<b>SOCOM Care Coalition Liaison</b>	
No	16
Yes	5
Not Sure	20
Total	41
<b>SOCOM Care Coalition Advocate</b>	
No	18
Yes	3
Not Sure	19
Total	40
<b>Case manager within JFHQ Surgeon General's Office</b>	
No	17
Yes	3
Not Sure	21
Total	41
<b>Other case manager</b>	
No	10
Yes	22
Not Sure	11
Total	43

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Please rate how helpful the following are to you:</b>	
<b>Recovery Care Coordinator (RCC)</b>	
Extremely helpful	0
Very helpful	3
Moderately helpful	2
A little helpful	2
Not at all helpful	1
Total	8
<b>Federal Recovery Coordinator (FRC)</b>	
Extremely helpful	0
Very helpful	0
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	0
<b>Army Wounded Warrior Program (AW2) Advocate</b>	
Extremely helpful	6
Very helpful	5
Moderately helpful	4
A little helpful	1
Not at all helpful	1
Total	17
<b>Unit chain of command</b>	
Extremely helpful	3
Very helpful	7
Moderately helpful	4
A little helpful	5
Not at all helpful	1
Total	20
<b>Air Force Wounded Warrior Program (AFW2) Consultant</b>	
Extremely helpful	0
Very helpful	0
Moderately helpful	0
A little helpful	1
Not at all helpful	0
Total	1
<b>SOCOM Care Coalition Liaison</b>	
Extremely helpful	4
Very helpful	1
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	5
<b>SOCOM Care Coalition Advocate</b>	
Extremely helpful	3
Very helpful	0
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	3

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Please rate how helpful the following are to you:</b>	
<b>Case manager within JFHQ Surgeon General's Office</b>	
Extremely helpful	1
Very helpful	0
Moderately helpful	1
A little helpful	1
Not at all helpful	0
Total	3
<b>Other case manager</b>	
Extremely helpful	6
Very helpful	5
Moderately helpful	6
A little helpful	1
Not at all helpful	1
Total	19

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Information Resources (N = 46)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Please indicate whether you have used each of the following information resources:</b>	
<b>Wounded Warrior Resource Center</b>	
No	26
Yes	12
Not Sure	8
Total	46
<b>National Resource Directory</b>	
No	34
Yes	1
Not Sure	10
Total	45
<b>Military OneSource</b>	
No	13
Yes	29
Not Sure	3
Total	45
<b>Military Hotline</b>	
No	39
Yes	1
Not Sure	4
Total	44
<b>Military Family Assistance Center</b>	
No	21
Yes	18
Not Sure	6
Total	45
<b>How helpful have these information resources been to you?</b>	
<b>Wounded Warrior Resource Center</b>	
Extremely helpful	7
Very helpful	2
Moderately helpful	1
A little helpful	1
Not at all helpful	0
Total	11
<b>National Resource Directory</b>	
Extremely helpful	1
Very helpful	0
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	1
<b>Military OneSource</b>	
Extremely helpful	4
Very helpful	9
Moderately helpful	7
A little helpful	4
Not at all helpful	4
Total	28

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>How helpful have these information resources been to you?</b>	
<b>Military Hotline</b>	
Extremely helpful	0
Very helpful	0
Moderately helpful	1
A little helpful	0
Not at all helpful	0
Total	1
<b>Military Family Assistance Center</b>	
Extremely helpful	5
Very helpful	7
Moderately helpful	3
A little helpful	1
Not at all helpful	0
Total	16

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Family Support (N = 46)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Please indicate your overall level of satisfaction or dissatisfaction with the military's support for your family:</b>	
<b>Support getting you to the member's bedside after you were notified</b>	
Very satisfied	6
Satisfied	6
Neither satisfied or dissatisfied	4
Dissatisfied	1
Very dissatisfied	5
Total	22
<b>Support while member undergoes inpatient care</b>	
Very satisfied	7
Satisfied	9
Neither satisfied or dissatisfied	4
Dissatisfied	6
Very dissatisfied	7
Total	33
<b>Support during outpatient care or partial hospitalization</b>	
Very satisfied	8
Satisfied	9
Neither satisfied or dissatisfied	6
Dissatisfied	10
Very dissatisfied	6
Total	39
<b>Support during follow-up care (home, rehabilitation)</b>	
Very satisfied	6
Satisfied	7
Neither satisfied or dissatisfied	5
Dissatisfied	8
Very dissatisfied	6
Total	32

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Family Support (N = 46)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Please indicate your level of satisfaction or dissatisfaction with the military's support of your family in each of the following areas:</b>	
<b>Overall support</b>	
Very satisfied	8
Satisfied	13
Neither satisfied or dissatisfied	9
Dissatisfied	8
Very dissatisfied	8
Total	46
<b>Finances (e.g., advances, reimbursements)</b>	
Very satisfied	6
Satisfied	9
Neither satisfied or dissatisfied	9
Dissatisfied	7
Very dissatisfied	6
Total	37
<b>Logistics (e.g., movement to and between treatment facilities)</b>	
Very satisfied	1
Satisfied	15
Neither satisfied or dissatisfied	6
Dissatisfied	5
Very dissatisfied	3
Total	30
<b>Condition of facilities</b>	
Very satisfied	9
Satisfied	18
Neither satisfied or dissatisfied	11
Dissatisfied	3
Very dissatisfied	2
Total	43
<b>Information/education to help you care for your Service member</b>	
Very satisfied	4
Satisfied	7
Neither satisfied or dissatisfied	16
Dissatisfied	9
Very dissatisfied	8
Total	44
<b>Information/education about available benefits and services</b>	
Very satisfied	3
Satisfied	15
Neither satisfied or dissatisfied	9
Dissatisfied	11
Very dissatisfied	7
Total	45
<b>Emotions (e.g., stress management, coping with depression/grief)</b>	
Very satisfied	4
Satisfied	6
Neither satisfied or dissatisfied	8
Dissatisfied	9
Very dissatisfied	14
Total	41

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Family Support (N = 46)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Please indicate your level of satisfaction or dissatisfaction with the military's support of your family in each of the following areas:</b>	
<b>Assistance/advocacy (e.g., reducing red-tape, case management, respite care)</b>	
Very satisfied	3
Satisfied	8
Neither satisfied or dissatisfied	14
Dissatisfied	5
Very dissatisfied	10
Total	40
<b>Support helping children cope with a Service member's injuries</b>	
Very satisfied	1
Satisfied	2
Neither satisfied or dissatisfied	9
Dissatisfied	5
Very dissatisfied	13
Total	30

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Experience Across Resources (N = 46)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Please indicate whether you have first-hand experience with any of the following programs:</b>	
<b>Medical care case management</b>	
No	18
Yes	18
Not Sure	10
Total	46
<b>Non medical case management</b>	
No	28
Yes	5
Not Sure	13
Total	46
<b>Services for traumatic brain injury (TBI)</b>	
No	29
Yes	13
Not Sure	3
Total	45
<b>Services for post traumatic stress disorder (PTSD)</b>	
No	23
Yes	19
Not Sure	3
Total	45
<b>Information resources</b>	
No	22
Yes	15
Not Sure	8
Total	45
<b>Support for family caregivers</b>	
No	30
Yes	9
Not Sure	6
Total	45

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Experience Across Resources (N = 46)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>Please indicate whether you have first-hand experience with any of the following programs:</b>	
<b>Legal support for recovering Service members and families</b>	
No	30
Yes	6
Not Sure	8
Total	44
<b>Vocational training for transition to civilian life</b>	
No	36
Yes	5
Not Sure	5
Total	46
<b>Disability Evaluation System (DES)</b>	
No	26
Yes	8
Not Sure	10
Total	44
<b>Physical Evaluation Board Liaison Officer (PEBLO)</b>	
No	23
Yes	16
Not Sure	7
Total	46
<b>Disability Transition Assistance Program (DTAP)</b>	
No	25
Yes	5
Not Sure	16
Total	46
<b>How helpful have these resources been to you?</b>	
<b>Medical care case management</b>	
Extremely helpful	4
Very helpful	5
Moderately helpful	6
A little helpful	2
Not at all helpful	1
Total	18
<b>Non medical case management</b>	
Extremely helpful	1
Very helpful	2
Moderately helpful	2
A little helpful	0
Not at all helpful	0
Total	5
<b>Services for traumatic brain injury (TBI)</b>	
Extremely helpful	2
Very helpful	1
Moderately helpful	4
A little helpful	3
Not at all helpful	3
Total	13

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>How helpful have these resources been to you?</b>	
<b>Services for post traumatic stress disorder (PTSD)</b>	
Extremely helpful	1
Very helpful	0
Moderately helpful	7
A little helpful	5
Not at all helpful	5
Total	18
<b>Information resources</b>	
Extremely helpful	1
Very helpful	4
Moderately helpful	4
A little helpful	4
Not at all helpful	1
Total	14
<b>Support for family caregivers</b>	
Extremely helpful	1
Very helpful	1
Moderately helpful	2
A little helpful	2
Not at all helpful	3
Total	9
<b>Legal support for recovering Service members and families</b>	
Extremely helpful	1
Very helpful	0
Moderately helpful	1
A little helpful	2
Not at all helpful	0
Total	4
<b>Vocational training for transition to civilian life</b>	
Extremely helpful	1
Very helpful	1
Moderately helpful	0
A little helpful	2
Not at all helpful	1
Total	5
<b>Disability Evaluation System (DES)</b>	
Extremely helpful	0
Very helpful	3
Moderately helpful	2
A little helpful	1
Not at all helpful	1
Total	7
<b>Physical Evaluation Board Liaison Officer (PEBLO)</b>	
Extremely helpful	2
Very helpful	3
Moderately helpful	2
A little helpful	7
Not at all helpful	2
Total	16

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

<b>Experience Across Resources (N = 18)</b>	
<b>Variable/Response</b>	<b>N*</b>
<b>How helpful have these resources been to you?</b>	
<b>Disability Transition Assistance Program (DTAP)</b>	
Extremely helpful	1
Very helpful	2
Moderately helpful	1
A little helpful	0
Not at all helpful	1
<b>Total</b>	<b>5</b>

\*Not every participant answered each question.

\*\*Percentages are not provided due to small sample size.

**APPENDIX J: DATA CALL RESULTS – POPULATION AND  
STAFFING OF PROGRAMS**



## Recovering Warrior Medical Care Case Management (MCCM) Staffing

Each organization listed below responded to data calls from the RWTF. Additional details provided by those who responded are captured verbatim.

### Air Force Medical Service (As of January 31, 2012)

<b>Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:</b>		<b>3,711</b>	
<b>Percent that are combat injured within that population (if known):</b>		<b>11%</b>	
	Number of MCCMs:		
Status	RNs	MSWs	Total
Uniformed			
AC	2	0	2
Mobilized reservist	0	0	0
Government civilian	17	3	20
Contractor	111	4	115
<b>Total</b>	<b>130</b>	<b>7</b>	<b>137</b>
<b>Current ratio of MCCMs to eligible Recovering Warriors: 1:20<sup>a</sup></b>			

<sup>a</sup> AF RWs are not assigned to transition units. Instead, the majority remain assigned to their base unit and get follow-on care at the base MTF. 50 out of 75 MTFs have less than 20 RWs as a monthly average. MTFs with more than 20 RWs are given a WW funded CM to manage that additional workload. MTFs with less than 20 RWs are cared for by the Baseline CMs. Baseline MCCMs serve RWs and other active duty personnel; WW CMs serve only RWs.

### US Army Warrior Care & Transition Program (As of January 31, 2012)

<b>Number of Wounded, Ill, or Injured Currently Assigned/Attached to Unit or Program:</b>		<b>9,718</b>	
<b>Percent that are combat injured within that population (if known):</b>		<b>18%</b>	
	Number of MCCMs:		
Status	NCMs	LCSWs	Total
Uniformed			
AC	82	5	87
Mobilized reservist	227	0	227
Government civilian	342	182	524
Contractor	11	15	26
<b>Total</b>	<b>662</b>	<b>202<sup>b</sup></b>	<b>864</b>
<b>Current ratio of NCMs to eligible Recovering Warriors: 1:15</b>			
<b>Current ratio of LCSWs to eligible Recovering Warriors: 1:48</b>			

<sup>b</sup> In the Army, Social Workers are not used for Medical Care Case Management roles and instead function as behavioral health providers.

**BUMED Case Management<sup>c</sup>**  
**(As of December 19, 2011)**

<b>Number of Wounded, Ill, or Injured Currently Assigned/Attached to Unit or Program:</b>			<b>3,947</b>
<b>Percent that are combat injured within that population (if known):</b>			<b>47%</b>
	Number of MCCMs:		
Status	RNs	MSWs	Total
Uniformed			
AC	5	1	6
Mobilized reservist	0	0	0
Government civilian	97	5	102
Contractor	81	10	91
<b>Total</b>	<b>183</b>	<b>16</b>	<b>199</b>
<b>Current ratio of MCCMs to eligible Recovering Warriors: 1:20</b>			

<sup>c</sup> The figures were obtained from the bi-weekly SECNAV Report dated 19 December 2011. The report captures the number of Active Duty non-combat, Active Duty ill/injured in combat, and all other beneficiaries receiving case management services. The BUMED case management program serves all populations. Not all wounded service members elect to live in barracks but remain with fellow comrades not eligible to reside in the barracks. Although not all WW units/barracks have an embedded case manager, each is assigned to a case manager.

**Army National Guard Case Management (eCase)**  
**(As of January 31, 2012)**

<b>Number of Wounded, Ill, or Injured Currently Assigned/Attached to Unit or Program:</b>			<b>57,276</b>
<b>Percent that are combat injured within that population (if known):</b>			<b>No tracking mechanism that breaks out combat versus non combat injuries</b>
	Number of MCCMs:		
Status	RNs	MSWs	Total
Uniformed			
AC			
Mobilized reservist			
Government civilian			
Contractor	95	5	100
<b>Total</b>	<b>95</b>	<b>5</b>	<b>100</b>
<b>Current ratio of MCCMs to eligible Recovering Warriors: Unknown; soldiers are case managed in ARNG by the service, VA, WTU and civilian medical agencies.</b>			
	Number of Care Coordinators:		
Status			
Uniformed (68 W)	Unknown how many were filled in state as authorization was given, but filled as needed and required		
Contractor	328		
Total number Care Coordinators			
<b>Current ratio of Care Coordinators to eligible Wounded, Ill, or Injured ARNG Members: --</b>			

## Air National Guard Case Management (Data Provided on March 30, 2012)

Due to unique MCCM staffing circumstances, the Air National Guard did not complete a table. Information provided is summarized below.

### Population

Number of WII ANG Members on Line of Duty Medical Continuation (MEDCON) Orders: 179

1. Number of WII ANG Members in AFW2 Program: 178
2. Percentage combat injured ANG in AFW2: 100% (prerequisite for entry)
3. Number of ANG PTSD cases in AFW2: 123

ANG noted: The similarity of the number on MEDCON (179) and the number in AFW2 (178) is coincidental; these are not the same pools of Airmen.

### Staffing

Although we have full-time officers and/or enlisted members at our 89 Medical Groups and some Geographically Separated Units, none are designated in a position description to work wounded warrior issues. Their skill mix ranges from a few clinicians to medical technicians to administrators. Everyone provides a certain amount of support to the wounded warriors but in 89 different ways.

## Federal Recovery Coordination Program (FRCP) Staffing

### Federal Recovery Coordination Program (As of January 31, 2012)

<b>Number of Wounded, Ill, or Injured Currently Assigned/Attached to Unit or Program:</b>			<b>865 active clients<sup>d</sup></b>
<b>Percent that are combat injured within that population (if known):</b>			<b>55%</b>
Number of Federal Recovery Coordinators: 23 (25 authorized)			
Status	RNs	Licensed SWs	Total
Government civilian	13	10	23
Contractor	0	0	0
<b>Total</b>	<b>13</b>	<b>10</b>	<b>23</b>
<b>Current ratio of FRCs to eligible Recovering Warriors: 1:38</b>			

<sup>d</sup> 476 active duty and 389 veterans AFW2

## Recovering Warrior Non-Medical Care Case Management (NMCM) Staffing

Each organization listed below responded to data calls from the RWTF. Additional details provided by those who responded are captured verbatim.

### Air Force Warrior and Survivor Care (As of January 31, 2012)

<b>Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:</b>							<b>2,054<sup>e</sup></b>
<b>Percent that are combat injured within that population (if known):</b>							<b>67%</b>
		Transition Unit Staff				Other NMCMs	
Status	RCCs	Platoon SGTs	Squad Leaders	Section Leaders	AW2 Advocates	AFW2 NMCMs	Navy Safe Harbor
Uniformed							
AC	0					0	
Mobilized reservist	0					0	
Government civilian	0					15	
Contractor	33 <sup>f</sup>					8	
<b>Total</b>	<b>33<sup>f</sup></b>					<b>23</b>	
<b>Staffing ratio: RCCs to eligible Recovering Warriors: 31:1</b>							
<b>Staffing ratio: AFW2 NMCMs to Recovering Warriors assigned to unit/program: 60:1</b>							

<sup>e</sup> Total number of AFW2 cases (all combat wounded) and RCC cases minus the combat wounded assisted by both programs. Total AFW2 program number is 1384. RCC numbers are 281 combat wounded + 670 non-combat WII = 957.

<sup>f</sup> Two contractors serve as program management and do not impact case load.

### US Army Warrior Care & Transition Program (As of January 31, 2012)

<b>Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:</b>							<b>9,718</b>
<b>Percent that are combat injured within that population (if known):</b>							<b>18%</b>
		Transition Unit Staff				Other NMCMs	
Status	RCCs	Platoon SGTs	Squad Leaders	Section Leaders	AW2 Advocates	AFW2 NMCMs	Navy Safe Harbor
Uniformed							
AC		128	690		0		
Mobilized reservist		171	201		1		
Government civilian		0	0		22		
Contractor		0	0		27		
<b>Total</b>		<b>299</b>	<b>891</b>		<b>50<sup>g</sup></b>		
<b>Staffing ratio: AW2 Advocates to eligible Recovering Warriors: 1:25 (1,262 eligible)</b>							
<b>Staffing ratio: Platoon SGTs to eligible Recovering Warriors: 1:33</b>							
<b>Staffing ratio: Squad Leaders to eligible Recovering Warriors: 1:11</b>							

<sup>g</sup> As of January 31, 2012, there were a total of 197 AW2 Advocates, of which 50 were OPCON (operational control) to a WTU/CBWTU to work with the current WII population eligible for this additional level of case management. The remaining advocates were assigned to work with the COAD/COAR and Veteran populations and did not fall under the oversight of the Regional Medical Commands.

**Marine Corps Wounded Warrior Regiment  
(As of January 31, 2012)**

<b>Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:</b>							<b>794</b>
<b>Percent that are combat injured within that population (if known):</b>							<b>74%</b>
	Transition Unit Staff				Other NCMCs		
Status	RCCs	Platoon SGTs	Squad Leaders	Section Leaders	AW2 Advocates	AFW2 NCMCs	Navy Safe Harbor
Uniformed							
AC				16			
Mobilized reservist				56			
Government civilian							
Contractor	49						
<b>Total</b>	<b>49</b>			<b>72</b>			
<b>Staffing ratio: RCCs to eligible Recovering Warriors: 1:25 (1,247 eligible)</b>							
<b>Staffing ratio: Section Leaders to eligible Recovering Warriors: 1:11</b>							

**Navy Safe Harbor  
(As of February 15, 2012)**

<b>Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:</b>							<b>813</b>
<b>Percent that are combat injured within that population (if known):</b>							<b>30%</b>
	Transition Unit Staff				Other NCMCs		
Status	RCCs	Platoon SGTs	Squad Leaders	Section Leaders	AW2 Advocates	AFW2 NCMCs	Navy Safe Harbor NCMCs (equivalent to RCCs)
Uniformed							
AC							12
Mobilized reservist							2
Government civilian							5
Contractor							2
<b>Total</b>							<b>21</b>
<b>Staffing ratio: Navy Safe Harbor NCMCs to eligible Recovering Warriors: 1:39</b>							



**APPENDIX K: RECOMMENDATIONS  
FOR CONGRESSIONALLY MANDATED TOPICS**



## Recommendations for Congressionally Mandated Topics

Topics Listed in 111 Pub. L. 111-84, 123 Stat 2190, Section 724, subsection c, paragraph 3:	Recommendation	Page
	1	3
	2	5
	4	7
	5	8
a. Case management	6	8
	10	12
	11	13
	12	13
	13	15
	21	26
b. Staffing of units and programs	1	3
	2	5
	6	8
	13	15
	15	18
c. Performance and accountability standards for units and programs	1	3
	3	6
	5	8
	6	8
	10	12
	11	13
	20	24
	23	29
d. Services for TBI and PTSD	7	9
	8	10
	9	11
	12	13
e. Centers of Excellence	8	10
	9	11
f. Interagency Program Office	29	36
g. Wounded warrior information resources	5	8
	19	22
	20	24
h. Support to family caregivers	1	3
	2	5
	3	6
	11	13
	14	16
	15	18
	16	20
	17	21
	18	21
	20	24
	26	32
i. Legal support	34	40

Topics Listed in 111 Pub. L. 111-84, 123 Stat 2190, Section 724, subsection c, paragraph 3:	Recommendation	Page
	1	3
	5	8
j. Vocational training	24	30
	25	31
	26	32
	5	8
	28	35
k. Enhancements to the DES (IDES)	29	36
	30	37
	31	37
	32	38
	5	8
	26	32
l. Support for RWs in the DES	32	38
	33	39
	34	40
	2	5
	16	20
m. Support systems to ease transition from DoD to VA	25	31
	26	32
	30	37
	35	41
	16	20
	17	21
n. Interagency matters affecting transition to civilian life	24	30
	25	31
	26	32
o. SOC/JEC	27	34
	2	5
	4	7
p. Overall coordination between DoD and VA	25	31
	29	36
	35	41
	7	9
	12	13
q. Other matters selected by the RWTF- Reserve Component	21	26
	22	28
	23	29