

U.S. DEPARTMENT OF DEFENSE (DoD)

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

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MEETING

+ + + + +

THURSDAY
JULY 28, 2011

+ + + + +

The Task Force met in Suites A and B of the Commonwealth Ballroom at the Holiday Inn & Suites Alexandria-Historic District, 625 First Street, Alexandria, Virginia, at 8:00 a.m., Lt Gen Charles B. Green, M.D., USAF, DoD Co-Chair, and Suzanne Crockett-Jones, Non-DoD Co-Chair, presiding.

PRESENT

LT GEN CHARLES B. GREEN, M.D., USAF, DoD
Co-Chair

SUZANNE CROCKETT-JONES, Non-DoD Co-Chair

JUSTIN CONSTANTINE, JD

CSM STEVEN D. DEJONG, ARNG

RONALD DRACH

MG KARL R. HORST, Army (via phone)

LTCOL SEAN P.K. KEANE, USMC

MSGT CHRISTIAN MACKENZIE, USAF & SOCOM

STEVEN J. PHILLIPS, M.D.

DAVID REHBEIN, MS

MG RICHARD A. STONE, M.D., USAR

RUSSELL A. TURNER, M.D.

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ALSO PRESENT

DENISE F. DAILEY, PMP, Executive Director,
Designated Federal Official
ANNE E. SOBOTA, Alternate Designated Federal
Official
JOHN BOOTON, PMP, Operations Staff
LAKIA BROCKENBERRY, Operations Staff
PHILIP KARASH, MA, Operations Staff
STEPHEN LU, Operations Staff
HEATHER JANE MOORE, Operations Staff
DEQUETTA TYREE, Operations Staff
JAMES B. WOOD, Operations Staff
ALLEN BEDIAKO, Research Staff
DIANE BOYD, PhD, Research Staff
ASHLEIGH DAVIS, Research Staff
SAMUEL GOLENBOCK, Research Staff
KATHI HANNA, PhD, Research Staff
JESSICA JAGGER, PhD, MSW, Research Staff
SUZANNE LEDERER, PhD, Research Staff
SARA MADDOX, MA, Research Staff
KAREN PULLIAM, MA, Research Staff
KAREN MALEBRANCHE, VA

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

2 8:07 a.m.

3 MS. DAILEY: Ladies, and gentlemen,
4 we are going to talk a little bit about how we
5 are going to handle any changes, real quick.
6 Any changes, edits, some of you have talked to
7 me about changes to bios.

8 Some of you have, and want some
9 changes to other pieces, and portions. So if
10 you have a change that you would like, we will
11 incorporate it.

12 I'm taking all changes, i.e., I need
13 you to put them right here. I would like to do
14 it more in the lane of, I need you to mark up a
15 copy, or I need you to send me an e-mail.

16 So I have a space, right here, that
17 you know, once you start marking it up, I need
18 you to bring it over here, give it to me in a
19 copy that I can keep a permanent record of.

20 These are important changes, they
21 are records, official records of the Task
22 Force. So, you need to, it would be very

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1 helpful if you would just provide them to me in
2 writing.

3 Also, what we are putting out in
4 front of you, right now, is kind of a very
5 quick synopsis of actions that went into, or
6 came out of, the recommendations, and where
7 they went.

8 So if I can get your attention of
9 this document, I would be very appreciative.

10 CO-CHAIR GREEN: Just by way of
11 introductions, welcome to the third day of our
12 business meeting, okay?

13 I do think we have gotten through
14 the voting, so let me add a couple of things to
15 what Denise is driving us to.

16 So we will look at this piece of
17 paper that she's got. The sorting that I asked
18 everyone to do, somewhat individually, I've got
19 them working on a list, that we will put up on
20 screen, so that we can then look at how
21 everybody interpreted it.

22 And see how we want to move things

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1 back and forth. This morning, when we first
2 walked in, Suzanne and I talked, briefly, about
3 what we thought should be overarching, and what
4 fit into the other four categories.

5 And so I just asked them to create
6 slides, so that we could all take a look at
7 them together. And so, Denise, back over to
8 you.

9 MS. DAILEY: This sheet of paper, in
10 front of you, talks about what recommendations
11 did we move into best practices. So the
12 original recommendation 21, about the National
13 Resource Directory, we will capture in the best
14 practices.

15 A lot of the findings, around it,
16 had to do with how, when utilized, it was well
17 received. So it will be captured as practice.

18 In recommendation 21 we talked about keeping
19 it all together.

20 It is going to be moved over, also,
21 into the best practices. But you also had a
22 recommendation kind of crafted around it, so it

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1 is going to be in two places.

2 The SFAC is a recommendation, and we
3 are also going to highlight it as a best
4 practice. And then recommendation 25 will be
5 captured in the best practices.

6 CO-CHAIR GREEN: Any comments?
7 Everybody is in agreement, I think.

8 (No response.)

9 CO-CHAIR GREEN: Okay, so let's go
10 ahead and look at the tabled.

11 MS. DAILEY: What we tabled, but
12 might have -- maybe we even worked it into a
13 recommendation. But a lot of it is information
14 we want to investigate further.

15 So we are adding this to what is
16 called Chapter 3. We owe to Congress, what we
17 are doing next year, along with this report,
18 which has findings, recommendations, best
19 practices.

20 We are, also, supposed to give
21 Congress, for our legislation, our activities
22 for next year. So --

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1 DR. TURNER: Good morning.

2 MG HORST: Hey, how are you? How
3 are you doing this morning?

4 DR. TURNER: Fine. We have already
5 started. This is General Horst, I suppose?

6 MG HORST: Yes, absolutely.

7 DR. TURNER: All right, welcome. We
8 have already started.

9 MG HORST: Okay, thanks.

10 MS. DAILEY: So we are under the add
11 following table recommendations, to content for
12 next year. When we agreed we want to talk a
13 little bit more to the RCCs, and how they are
14 tracking recovering warriors assigned to the
15 line units.

16 We would like to explore this
17 population of recovering warriors, a little bit
18 more.

19 Number six, which was the re-design
20 of the DES, we want to spend more time, next
21 year, looking into the success of the complete
22 roll-out of the IDES.

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1 CO-CHAIR GREEN: I think there is
2 just a more in-depth review of IDES, because it
3 will be completely rolled out, the way I
4 capture it.

5 MS. DAILEY: Okay. And the places
6 we are going we will all have got it
7 implemented. It will be in various stages of
8 execution, so we will be able to spend some
9 time with IDES next year.

10 I think we got a good look at it,
11 this year, and I think our recommendations
12 about the PEBLOs, and their training, and their
13 interaction with it, is solid.

14 The psychological health, for the
15 Reserve component community, and talking and
16 working more with National Guard, and
17 psychological health program, we will include
18 in our agendas for them to come in and brief
19 us.

20 And we had a good look at it at
21 California, and Florida, and we will have more
22 visibility, of it, next year at the Joint

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1 Forces Headquarters that we go to, and see its
2 implementation.

3 We want to evaluate the other
4 services' support to wounded warrior members,
5 and their family assistance centers, whether
6 they be wounded warrior family assistance
7 services, or whether they are family assistance
8 services.

9 How are those family assistance
10 centers taking care of wounded warriors, what
11 are their processes. That will be part of our
12 content for next year.

13 It goes into chapter 3. And then we
14 will need to reach into, probably, the DoD has
15 a State Liaison with the State Governors
16 Association.

17 That is, really, what I'm thinking
18 about, as our way into the states, is our
19 liaison, our official DoD offices liaison with
20 the State Governors.

21 And to put those, try and put the
22 employment issues on the state governors

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1 calendars. We have a liaison office that does
2 that.

3 In addition to what we might be able
4 to do when we are out on our site lines. And
5 then the VA, we were able to incorporate, on
6 this last bullet here, a number of the VA's
7 modifications to our recommendations.

8 But, really, the VA's comments to us
9 highlighted that in your visits, next year, we
10 need to reach out a little bit more, and bring
11 into our site visits, and into our meetings,
12 more VA participation, so that we can include
13 more of their language in our recommendations.

14 This sheet will -- so this is --

15 CO-CHAIR CROCKETT-JONES: I'm sorry,
16 Denise, I think we missed number 11.

17 MS. DAILEY: Number 11? Oh, yes, I
18 apologize. Yes, I skipped from 6 to 14. Yes,
19 number 11 is we are, through our installation
20 visits, going to be reaching out more to our
21 SOCOM wounded warriors, and getting them into
22 our focus groups, and talking to their case

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1 manager.

2 So that has also been a part that
3 will be in chapter 3, for the report to
4 Congress.

5 So this is how it got sorted out.
6 We are going to spend some time, this morning,
7 also on the recommendations that are going to
8 go forward, in Chapter 2, to Congress.

9 This is where a lot of the
10 recommendations that we wanted to work, re-
11 work, advocate for, will be sorted to, and
12 where they are going to rest, right now, and
13 what efforts we are putting into them.

14 Are you all ready, yet, Stephen?
15 Why don't you pull it up for me?

16 CO-CHAIR GREEN: So just for
17 clarity, I didn't receive the electronic last
18 night, so I had the Staff take my sorting, this
19 morning, just so we would have a place to
20 start.

21 So this is not, in any way, binding
22 or what needs to happen. It is just a place,

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1 so that we can move them from place to place,
2 based on what the group feels is the best
3 location for these findings.

4 So if you will scroll down, it
5 should be by pages, I think. So in the chapter
6 2, the question was, what are going to be the
7 overarching recommendations.

8 And the two that we, that Suzanne
9 and I talked about, that we thought were kind
10 of big ticket items, were these two. And then
11 there may be another, or more, that should be
12 moved into this, that we can catch and bring
13 forward.

14 But because we are talking about
15 actually defining recovering warrior, that is
16 kind of at the base of everything we do. And
17 this thing about codifying the WTUs, in terms
18 of when, and where, and why, is also kind of an
19 overarching. Suzanne?

20 CO-CHAIR CROCKETT-JONES: Yes. I
21 think that these cover all -- they are so
22 broad, that they could go into, they affect

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1 every one of the categories.

2 So I think we need to keep these in
3 overarching. And there is, actually, one more
4 that I would like us to think about, being
5 overarching.

6 And that is the establishment of
7 decision points. Is the possible ones, since -
8 -

9 MSGT MACKENZIE: You are talking
10 about recommendation number 5?

11 CO-CHAIR CROCKETT-JONES: Yes.

12 CO-CHAIR GREEN: And number 5 is the
13 other one that I debated putting up here. But
14 right now --

15 CO-CHAIR CROCKETT-JONES: I think we
16 really are sure about these, and would like you
17 guys to consider. But we want to hear, also,
18 if you have any serious reason why these need
19 to go some place else.

20 DR. TURNER: Just so I understand
21 how this is built. The overarchings will be
22 the first ones, that they read?

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1 CO-CHAIR GREEN: Essentially chapter
2 2.

3 DR. TURNER: And just -- so if we
4 put number, again, I think we will get to
5 number 5. So the overarching ones that will
6 be, probably, the ones that we will emphasize
7 the most? Or at least will have the most bite?

8 CO-CHAIR GREEN: I'm not sure that
9 that is true, but it will be something that
10 kind of applies, generally, across the program.
11 That is more of the sense I have.

12 I don't know that any of them are
13 more important than another, they are
14 different. So it is really about whether we
15 think it is going to have overarching, over all
16 four other categories.

17 So let's -- so if there is not
18 objections, to these two being here, to start
19 with, rather than try to go forward and pull
20 them, let's just look at them by the categories
21 and see if there is something we think should
22 be pulled or moved.

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1 So you go to the next page, under
2 Restoring Wellness and Function. So I will let
3 you just take a look.

4 (Pause.)

5 CO-CHAIR GREEN: Can we scroll up
6 just a little bit more? I think there is five
7 total. Maybe six, that is true, there should
8 be six.

9 (Pause.)

10 CO-CHAIR GREEN: All right, go back,
11 up to the top. So we will just take them one
12 by one. So these are Restoring Wellness.

13 So the first one, which was in that
14 chapter, is the rewrite that we put in. And so
15 the second one is kind of the same way, except
16 we combined two.

17 The third one, and, again, if you
18 have any objections, please, just say you think
19 this one belongs somewhere else, and we will
20 take a note.

21 Go down to recommendation 3. So I
22 think 8, 2, 10, and 17, were in this chapter

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1 originally. Number 3 was, I think in this
2 chapter, but in this heading.

3 So number 3 is now one that is, you
4 know, a big deal in terms of the things we are
5 asking for the Reserves, that was in the
6 overarching before.

7 And so, again, do we want it in the
8 Restoring Wellness, or do we want it elsewhere?

9 So scroll up a little bit more, put
10 recommendation 3 on the board.

11 Okay, stop there. So these are ones
12 that have now been put into this category that
13 were, originally, in some other places, I
14 think. Nine was in this, though. So it is
15 just this number 3.

16 DR. PHILLIPS: I agreed with number
17 3.

18 CO-CHAIR GREEN: Okay.

19 DR. PHILLIPS: I think it should be
20 restored in Wellness Issues, more than other
21 issues.

22 CO-CHAIR GREEN: Okay. And nine

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1 was, originally, in this section as well. So
2 keep going down. And go on down to the next
3 one.

4 MR. REHBEIN: Sir, if I may? Go
5 back on 9 for a moment.

6 CO-CHAIR GREEN: Okay.

7 MR. REHBEIN: Nine was originally in
8 that area, but it seems to me that we have
9 transformed nine into almost exclusively
10 talking about cadre staff.

11 And that, to me, fell into the non-
12 medical case management, which we originally
13 defined as being in Restoring Into Society. So
14 either way is fine with me.

15 But I think that, I think if we are
16 going to keep our original group definitions, -
17 -

18 CO-CHAIR GREEN: So I have no
19 objections to that. I see what you are saying
20 because cadre is, really, about keeping them
21 aligned with military culture.

22 So why don't we just copy

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1 recommendation nine, and yes, just copy that
2 one, and we will take it over. And then keep
3 scrolling down. And I think the next page will
4 be this one.

5 So probably right after four, there.
6 Where are you going? Go back up.

7 MS. DAILEY: Are we putting into
8 Restoring Wellness and Function?

9 CO-CHAIR GREEN: Restoring into --
10 I'm sorry, I have the wrong chapter. Go ahead,
11 restoring, I got it, never mind, keep going.

12 MR. REHBEIN: And that was my
13 intention, it was restoring into society.

14 MS. DAILEY: Is it restoring into
15 society, or restoring wellness and function?

16 CO-CHAIR GREEN: It is restoring
17 into society, right? Yes, so scroll back up.

18 CO-CHAIR CROCKETT-JONES: In the
19 reports listing, program and staffing, program
20 staffing was wellness and function.

21 MS. DAILEY: Yes, yes.

22 CO-CHAIR GREEN: But the difference

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1 was we are talking about how to train the
2 people who are cadre members that -- I think
3 what Dave was saying is these are people who
4 are really about getting them back into the
5 military culture.

6 But, I mean, it could really work
7 either way, so --

8 CSM DEJONG: We could almost look at
9 putting that one at -- I mean, we are trying to
10 set policy and program for training, policies
11 for selection. And, I mean, that pretty much
12 falls into almost any category.

13 I'm still looking at three.
14 Because, again, we are looking at setting
15 policy for Reserve care, Reserve component
16 care, equal to active duty care.

17 I don't think it is going to make a
18 difference, and I don't think any section is
19 going to make it even more powerful than either
20 one.

21 CO-CHAIR GREEN: Okay, so the real
22 question, right now -- do we think the cadre

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1 are involved with rehabilitation, or do we
2 think the cadre are more about getting them
3 back into military society?

4 I think that is what you are saying?

5 CSM DEJONG: Yes, that is
6 essentially the decision to be made. And I'm
7 comfortable going either way.

8 CO-CHAIR GREEN: Sure.

9 CSM DEJONG: I just wanted, for
10 consistency's sake, we set definitions, and one
11 of the recommendations we made was on
12 standardization.

13 So for consistency's sake we need to
14 obey our own standards.

15 CO-CHAIR GREEN: We are kind of
16 splitting functions, now, at the WTU, as well
17 will be happening. So that is -- the question
18 is, do we want to split that function, or is it
19 part of the rehabilitated --

20 MSGT MACKENZIE: It still falls in
21 with the home non-medical case management.
22 That is what their key role is. And the non-

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1 medical case management is part of that
2 refitting into society, and that kind of double
3 taps why that should be into restoring to
4 society.

5 CO-CHAIR CROCKETT-JONES: In
6 considering a non-medical case managers it
7 makes sense to put it in the restoring into
8 society, even though we -- we note staffing,
9 and wellness, and function, this is an area
10 where those two categories overlap.

11 So that is fine, restoring into
12 society is fine with me.

13 MS. DAILEY: Just because I have
14 been in this document enough times, I clearly
15 think it should be with the Wounded Warrior
16 program. This is about their training, and
17 their unit effectiveness.

18 CO-CHAIR GREEN: How about scroll up
19 a little bit, I think it is right under
20 recommendation 4, which is in -- I see.

21 So effectiveness of policy and
22 programs. And then go down a little bit more,

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1 to the one just below that. There. So what
2 you are really suggesting is that we,
3 essentially, make this one something -- should
4 it go right under recommendation 19, then?

5 Do you see what I'm asking, for
6 placement? Is that where you would put it?
7 Okay, so put it under 4. That is where I was
8 going to put it originally.

9 This -- okay, and then they can move
10 the titles to the -- so just insert it there,
11 below that 4.

12 Okay, did we capture it all? Is
13 that the right, is that the recommendation? So
14 there is 4. And so it just didn't capture the
15 recommendation number. Yes.

16 MR. REHBEIN: Recommendation number
17 9 is right there, it just looks like it is
18 attached to four. There just needs to be a
19 space right there.

20 CO-CHAIR GREEN: Yes, there we go,
21 all right. So okay. All right, so let's go
22 back up, then, look at the second chapter

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1 again, I'm sorry, the restoring wellness, make
2 sure we have looked at all of those.

3 So the last one would be 13, then,
4 that we haven't talked about? Keep going down.
5 Okay, so timely access, routine PTSD care, I
6 think that belongs in this.

7 Okay, so let's go down and look at
8 the next one, which is restoring into society.

9 Okay. What do you folks think about
10 recommendation 4? Does that belong in this
11 one, on the CTP?

12 I think it says recommendation 4.
13 It is about the CTP, right? And so you would
14 put it into wellness. So is that one in the
15 wrong one?

16 I think it actually is, and the one
17 above that, right?

18 CO-CHAIR CROCKETT-JONES: There are
19 some medical, it is -- isn't the tried out of
20 care the source with the service member, the
21 source for the CTP, CRP, really? It is another
22 one where medical and non-medical are

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1 converging.

2 And so either category is going to
3 be reasonable.

4 DR. PHILLIPS: I don't mean to rock
5 the boat too much but, in looking at this last
6 night, and again this morning, the categories
7 are great.

8 If we did away with some of the sub-
9 bullets, or did away with all the bullets, and
10 I don't know if that would be crooked, and just
11 use the main title, it seems that we could fit
12 these things in a little better.

13 That is what is stalling me, is the
14 sub-bullets.

15 CO-CHAIR GREEN: It is actually, you
16 are talking about the stuff in parentheses,
17 like where it says units in the program?

18 DR. PHILLIPS: Well, I meant with
19 the -- you can't see this, but the four areas,
20 restoring wellness, restoring into society,
21 etcetera, etcetera.

22 Those main titles really hit home as

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1 to the categories. But what confuses me, is
2 when we have the sub-bullets, like under
3 restoring wellness and function, and then we
4 have RW unit program, staffing, we have the
5 details.

6 It was easier for me not to look at
7 those sub-bullets, and then categorize them.
8 And I don't know whether we can do that, but
9 one thought is just eliminate the sub-bullets,
10 because the recommendations stand alone.

11 And, and, because I think if someone
12 looks at restoring into society, well, where
13 are the recommendations specifically related to
14 medical case management?

15 Well, we could go down to those,
16 but, I'm just throwing it out as a suggestion.

17 If we eliminate the sub-bullets from the main
18 categories, it might be easier to categorize.

19 CO-CHAIR CROCKETT-JONES: The sub-
20 bullets were a very good tool for us to divide
21 up the work, and create groups of focus. I'm
22 not sure that they are continuing to help us in

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1 organizing the recommendations into larger
2 categories.

3 I sort of feel the same way. I
4 don't know if we can eliminate them, but I
5 would be comfortable with that.

6 CO-CHAIR GREEN: I had them keep the
7 sub-bullets, as parentheses, because I don't
8 know whether it fits there or not, but that is
9 how they were listed. And so I agree. I think
10 what is going to happen is that the report will
11 have to be rewritten, based on the new
12 recommendations, and findings, as they come
13 together.

14 And the subheadings may or may not
15 make sense. They may divide the report too
16 significantly, now that we are down to 20
17 recommendations. And so I think we can let the
18 writers decide that. So let's not pay any
19 attention to what is in the sub-bullets, and
20 just try to get these aligned.

21 So restoring into society,
22 effectiveness of policies and programs, clearly

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1 under effectiveness of policies and programs,
2 this number 4, and the CTP, is probably
3 appropriately placed.

4 So under units and programs, number
5 9.

6 MSGT MACKENZIE: If we could go back
7 to number 4, real quick? The only thing I look
8 at that is that whole CTP, CRP is a part of
9 that restoring wellness.

10 I mean, you are addressing all of
11 these concerns, and all of these items, and
12 everything else. I mean, this is going along
13 through, in concurrency with that recovery
14 process, from day one, is what we are trying to
15 put that in place as. So --

16 CO-CHAIR GREEN: But I don't think
17 it is the medical treatment plan. It is
18 actually more of a treatment plan that ties in
19 the non-medical and medical, as you try and get
20 them back into society.

21 I was actually moving the same way
22 you were, Mac. And then when I kind of read

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1 through them I said, Suzanne is right, this is
2 really about the non-medical, how do we make
3 certain that everything is on track with
4 processes? So DES, you know, it is not
5 necessarily an overarching, here is the next
6 step in your medical care. Go ahead.

7 CO-CHAIR CROCKETT-JONES: I'm almost
8 wondering if part of the reason we are
9 stumbling on this a little is because this
10 might be an overarching --

11 CO-CHAIR GREEN: Could be, that
12 would be another way to --

13 CO-CHAIR CROCKETT-JONES: This might
14 fit into too many categories to --

15 CSM DEJONG: I looked at it as, this
16 is your treatment plan from start to finish.
17 This is what is going to guide your care, this
18 is what is going to guide whether you are going
19 to evoke rehab, this is going to guide every
20 step of the way.

21 And it is, also, kind of creating
22 standards. When I originally put it in, I put

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1 it under the overarching, the overall
2 effectiveness of DoD recovering policies and
3 programs because this is start to finish with
4 each individual.

5 MSGT MACKENZIE: The only problem
6 with that is, it is only overarching within a
7 couple of services, it is not a service-wide
8 document. It is a DoD-wide document --

9 CO-CHAIR GREEN: But that is one of
10 the question, is should it be? Why don't we
11 take it and put it in the overarching, and then
12 we can go back and look at the overarching, if
13 we end up with too many there. So let's
14 just pull that one out and take it, yes --

15 DR. LEDERER: It also should read
16 comprehensive transition plan, not treatment
17 plan. That was my error from a day or two ago.

18 CO-CHAIR GREEN: So we will just put
19 it in -- put it up above -- that is okay,
20 whatever. You guys can just -- I mean, we will
21 have to decide the order, in terms of the
22 impact, if there is an impact order.

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1 All right, and back to where we
2 were. So I think, let me see if 9 was in this
3 category or not. Is that a movement, or is
4 that where it was?

5 MR. REHBEIN: Nine was the one that
6 I had argued for moving.

7 CO-CHAIR GREEN: Okay. And so going
8 down, 19, 20, 24 and 27 were all in this
9 category to begin with. Right. Any problems
10 with them being here?

11 (No response.)

12 CO-CHAIR GREEN: Okay, keep going
13 down, then, 23 -- hold on. So that one was in
14 there as well, so that one should be good. All
15 right.

16 So now we are in the optimizing
17 ability. Can you make the optimizing ability a
18 new page? Actually, I think -- or make the
19 other one go up onto the other page, you might
20 be better off getting rid of spaces above.

21 Just go up another page. Keep going
22 up, scroll up. No, I'm sorry, scroll back the

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1 other way, towards the top of the document. I
2 know, go to the one previous. Keep going up,
3 I'm trying to get two spaces on this thing.

4 There you go, right there, between
5 the 9, take -- underneath 9 eliminate a couple
6 of lines. I would just like to get them on
7 pages. So go down to the next line. There you
8 go.

9 All right, let's see if that did it.

10 Good. Okay, so optimizing ability. So this
11 is where 5 is right now. And the other
12 question is, should 5 be moved to the
13 overarching?

14 DR. PHILLIPS: I moved it there. I
15 mean, I had it there, for whatever that is
16 worth.

17 DR. TURNER: To me it fits better in
18 overarching.

19 DR. PHILLIPS: That is what I meant,
20 overarching.

21 CO-CHAIR GREEN: Okay, so let's cut
22 that one, and take it up to the front. And if

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1 we can go back to where we were, on the -- I
2 apologize, because this is kind of like making
3 sausage, but I think that we will all be
4 happier with the way they organize the report
5 if it has things where we want them. Okay, so
6 we are still on optimizing ability.

7 Which one, which was the page up.
8 Yes, go down. I think you went right past it,
9 there it is. So, right now, the only two that
10 would be in optimizing ability, is the
11 vocational services recommendation -- well,
12 actually the VR&E, and then the TAP.

13 Okay, and now go down. And then the
14 enabling a better future. And so this is on
15 policies and programs, and so we would have our
16 SOC recommendations, the DCoE recommendations,
17 and the IDES and interoperability.

18 CSM DEJONG: I'm wondering about the
19 Defense Centers of Excellence, if that wouldn't
20 better fit under restoring wellness and
21 function? I can see where it fits into both.

22 CO-CHAIR GREEN: And the argument

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1 being that it is -- that these are treatment
2 centers?

3 CSM DEJONG: Yes, sir.

4 CO-CHAIR GREEN: I think that the
5 question that is hard to define, right now,
6 because of this, is are they treatment centers,
7 or are they research centers. And the answer
8 is they are both. But if we are focused on the
9 treatment then they would make more sense to
10 put it in restoring and wellness.

11 DR. TURNER: I would support that,
12 as well. I think it would fit better in the
13 medical section.

14 CO-CHAIR GREEN: Okay. So can we --

15 CSM DEJONG: I think the end result
16 of the treatment is going to --

17 CO-CHAIR GREEN: I understand, plus
18 the protocols that they develop will optimize
19 wellness.

20 CSM DEJONG: Yes, sir.

21 CO-CHAIR GREEN: So can we cut this
22 one, recommendations 15, 16 and move it to the

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1 optimizing wellness. Should be the second
2 page. And I would probably put it somewhere
3 towards the end, let's see, right before -- why
4 don't we put it right before that one? Yes.

5 And just to keep them together, can
6 you go to the -- up above recommendations 15
7 and 16, and just delete one space? Yes, there
8 you go, let's see if we can get it altogether
9 for -- not that way.

10 Go down so we can see if it carried
11 across the page or not. Scroll down, so that
12 we can see the next page. No. There you go.
13 No, that is not correct. The recommendation 13
14 shouldn't be there. So hit undo on that.

15 Yes, just hit undo a couple of
16 times. All right, now go down to the next
17 page, so that we can see how the page broke.
18 Good, okay. All right, and so I think we have
19 gotten through all the categories. Were there
20 any other discussions? Do we need to look at
21 the last one again?

22 (No response.)

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1 CO-CHAIR GREEN: All right, so let's
2 just look and make certain, go back to the top.

3 MR. CONSTANTINE: Could we look at
4 the last one again, sir? I was wondering if
5 the title fits what is now in there?

6 MR. REHBEIN: You are talking about
7 37, Justin?

8 MR. CONSTANTINE: I think so. Let's
9 wait until she scrolls down.

10 CO-CHAIR GREEN: One more page down,
11 keep going down. There.

12 MR. CONSTANTINE: Because it is
13 called enabling a better future, SOC, IDES and
14 health reference. I thought, when I read
15 enabling a better future I was thinking more of
16 a personal, maybe very similar to optimizing
17 ability. But enabling a better future means
18 having overarching systems in place. And I
19 guess these all do fit there, but I don't know
20 if that is what that means.

21 CO-CHAIR GREEN: Well, I think we
22 put the vocational things in the category ahead

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1 of this, in terms of how to support the
2 warriors. So really this one, really, is about
3 policies and programs, at least the way it has
4 been defined, so far. Who had this group, who
5 was on this group? Wasn't there one of the
6 groups that looked at this?

7 MR. REHBEIN: As far as the phone
8 conference calls? Yes. We were on that,
9 General Stone and I.

10 CO-CHAIR GREEN: So were you looking
11 at it as policies and programs, or were we
12 looking at individual futures? Do you see
13 what Justin is asking?

14 You were looking at it as better
15 future from a policies and programs standpoint.

16 MR. REHBEIN: I believe so. I don't
17 think to establish the things that were
18 enablers, rather than aiming at specific
19 individuals.

20 CO-CHAIR GREEN: Justin, is that
21 answering your question? I mean, I understand
22 where you are going with this. I think that

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1 you are wondering about the last two
2 categories, do we have them labeled properly?

3 Can you go up to the page before
4 this?

5 MR. REHBEIN:

6 MR. CONSTANTINE: I see why the last
7 session goes through them together, I agree
8 with them being lumped together.

9 CO-CHAIR GREEN: Together, but you
10 are wondering about the title. And so the
11 difference is that the title, on the one ahead,
12 which is optimizing ability, so this is all
13 sort of a -- but now aimed towards the
14 individual.

15 So I think that is the difference
16 between the two.

17 MR. CONSTANTINE: We, and I
18 understand that. But someone just opens it up
19 and says, okay, here is the policies and
20 programs, and the next one is policies and
21 programs too, it sounds very similar.

22 And when your first section is

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1 overarching, and similarly this last section is
2 overarching too, to a certain degree, but for
3 policies.

4 And I wonder if, maybe it is too
5 late, but if we can talk about these titles,
6 from the 3rd and 4th group, here, so they are
7 distinct.

8 CO-CHAIR GREEN: We pulled the
9 titles from something, if I remember right. I
10 mean, we put these together, ourselves. There
11 was a basis though, but it didn't include --

12 MS. DAILEY: -- coming straight out
13 of your head, sir.

14 CO-CHAIR GREEN: But it didn't
15 include this effectiveness of policy and
16 programs. All right, forgive me, then, if my
17 wording is not good.

18 MSGT MACKENZIE: It just didn't
19 include, I don't remember it including the
20 words effectiveness of policies and programs.
21 It was just optimizing ability, it was just
22 restoring wellness, it was just --

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1 CO-CHAIR GREEN: So you would like
2 to take effectiveness of policies and programs
3 off of this one, and leave it as optimizing
4 ability?

5 MR. CONSTANTINE: I think that would
6 clear it up, at least for me, yes.

7 MR. REHBEIN: Yes, I think that
8 maybe in all four cases, everything after the
9 colon wasn't there, initially.

10 CO-CHAIR GREEN: Yes, I don't
11 disagree. We don't necessarily need to say
12 effectiveness of policies and programs, on
13 every subheading, I got it.

14 So for the writers, does that make
15 sense to you folks? All right, okay. So just
16 a quick count. So we will just do it from back
17 to front.

18 Go down one page. So we have three
19 recommendations under enabling a better future.

20 And are they in, roughly, a reasonable order,
21 from everybody's perspective?

22 CO-CHAIR CROCKETT-JONES: I actually

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1 would prefer to have the IDES be the first.
2 The IDES recommendation is going to have a more
3 direct effect for recovering service members.

4 And the other two are more big, big
5 plans and long-term changes. So I would kind
6 of like that moved up, because that is a more
7 personal --

8 MR. CONSTANTINE: I agree with that.

9 And I would put the SOC, actually, in third,
10 37, 35, 34. SOC Is always personal and to be
11 able to -- it is very --

12 MR. REHBEIN: I think maybe rather
13 than IDES and say just, for instance, legal
14 support, would be a better term. Because that
15 is only, that recommendation is really only
16 dealing with one part of the IDES process.

17 I think maybe having an IDES
18 descriptor on there is, maybe, a little
19 misleading. It makes it look broader than it
20 is.

21 CO-CHAIR GREEN: Remember, we said
22 all these subheadings are going to need to

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1 change. Okay, so I agree. I think the writers
2 are going to have to kind of change the
3 approach on the subheadings, because it -- yes,
4 it is --

5 MG STONE: Let me make just a
6 process discussion here. I think we voted upon
7 our recommendations. But we also need to see
8 how this all comes together with the findings
9 that support this, make a final chop on
10 headings, see how this all comes together, the
11 quotes that are used, and I would not consider
12 this a final report, until we saw the whole
13 thing, then got together on a conference call,
14 and endorsed it.

15 So my view is there is a second vote
16 that has to be done on this process. Clearly,
17 as you begin to build the findings, and things,
18 underneath it, that support all of this, some
19 headings have to change.

20 It is just -- we have to see how
21 this all comes together. So just from a
22 process standpoint, I'm not interested in

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1 revisiting the recommendations.

2 But I am interested in whether we
3 endorse the fact that this is not a final
4 report, until we see the final report, and then
5 come together on a conference call, discuss it,
6 and then make a final vote.

7 CO-CHAIR GREEN: Yes, I completely
8 agree with --

9 MS. DAILEY: Ladies and gentlemen, I
10 need to have another public meeting, then. I
11 cannot bring you together, as a group, on a
12 conference call, unless I put it in the public
13 form.

14 MG STONE: Then we need to do that.

15 CO-CHAIR GREEN: Yes, let me --
16 okay, before we decide we have to have another
17 meeting, the goal that I have, right now, is
18 not to rewrite the draft report, because that
19 would be making sausage in here.

20 I think that it is important enough
21 that we have these in the order that we want
22 them, so that we can redo the numbering. So my

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1 goal, in this, is to have the headings, and the
2 numbers.

3 So it will be 1 to 20, when we are
4 done. Not that we are going to approve the
5 final report, or the headings. In fact, we
6 could take all the headings off, if that is
7 bothering you.

8 Because all of them, interoperative
9 health records, even SOC, I mean, is it SOC, or
10 is it JEC? So all of the subheadings are kind
11 of meaningless right now.

12 MG STONE: Sir, that is exactly
13 where I'm at. It just doesn't mean anything to
14 me until I start seeing it all come together.
15 And I'm not disagreeing with any heading, I'm
16 not saying it should come out.

17 But it has to come together for me
18 to say does it make sense.

19 CO-CHAIR GREEN: What I'm looking
20 for, before we leave this subject, is to have
21 these numbered 1 to 20, with -- with which
22 section they are going to go into.

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1 Because then I will know, when I
2 review the next iteration of the report, that
3 they have gotten things together, and how the
4 writers now bring the findings into that, I
5 will be watching very closely on findings, and
6 on how the subheadings support the findings,
7 etcetera.

8 But -- and that is the thing that
9 you are talking about wanting to see. So
10 because the recommendations are so important
11 and the writing is going to, basically, support
12 the recommendations, we have to get the
13 recommendations in the right place, in the
14 right order, with the right number.

15 So let -- if we can continue, we are
16 in agreement that there is more to be done, and
17 we are not approving any subheadings, or any
18 text, other than where these recommendations
19 now sit.

20 If that is -- and at the end of this
21 I'm going to ask us to actually -- I think we
22 will take a motion to say, is this the right

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1 order, and the right mix, so that the writers
2 now can do their thing, and then we can look at
3 it and see whether or not we need to do
4 something more.

5 Denise, if that requires another
6 meeting, because we need to look at the report,
7 that is fine, okay? I mean, if that is what we
8 have to do.

9 But right now let's stay with the
10 primary project, which is, let's get these
11 things in order so we all know that we have 1
12 to 20, we know where to expect them, we know
13 what we are looking for.

14 And as they redraft this report, and
15 the findings don't make sense, we can basically
16 say that should have been under finding number
17 19.

18 Because if we don't we are going to
19 have this deal where all are everywhere. So
20 I'm just an organizational nut, okay? I'm not
21 necessarily a grouper, or a splitter.

22 But as we have done these sorting,

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1 you will see that there is a consistency in my
2 methodology here. I'm still trying to get us
3 to sort.

4 So how about this? So take that
5 integrated disability system off of there, just
6 get rid of the subheadings, so that it is not
7 driving us nuts, all right? Just delete that.

8 The same thing with the SOC, get rid
9 of the SOC. You know, the words stand without
10 the subheadings. Same thing in
11 interoperability of health records. Not the
12 35, 38, be careful.

13 Yes. Good, just delete that. All
14 right, now, there was a recommendation that we
15 put the SOC as the last one. Is that where we
16 want this?

17 MSGT MACKENZIE: The 34 goes to the
18 end.

19 CO-CHAIR GREEN: So 34 to the end.

20 So essentially we would expect, that when we
21 see the report, these are going to be -- I
22 mean, we can actually even change the numbers,

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1 there is 20 of them.

2 So this would be 18, 19, and 20,
3 correct? Shall we go ahead and change the
4 numbers?

5 LTCOL KEANE: Before we do that, I'd
6 like to get a copy of that so I could mark it -
7 -

8 CO-CHAIR GREEN: So that we can
9 print it out?

10 LTCOL KEANE: Instead of overwriting
11 this, see this brand new document. I'd like to
12 have a copy of this.

13 CO-CHAIR GREEN: I got it, I
14 understand what you are saying.

15 LTCOL KEANE: With the original
16 numbers.

17 CO-CHAIR GREEN: Okay. Why don't we
18 just save it as? Yes, so put 34 back on there
19 now, and do a save as 2.

20 Now let's go Ahead and just do the
21 numbers. So this would be 18, 19, and 20.

22 (Pause.)

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1 MS. DAILEY: All right, we are
2 changing the numbers, right now.

3 CO-CHAIR GREEN: Okay, so that is
4 20. The one above is 19, and the one above is
5 18.

6 And now, before we get into a lot of
7 trouble, and find out we counted them wrong,
8 let's go to the beginning. Karl, we thank you
9 for the entertainment. He is getting into your
10 office, Mac.

11 MG HORST: I'm wildly enthusiastic
12 about all this.

13 (Laughter.)

14 CO-CHAIR GREEN: We are just glad
15 you are feeling our pain.

16 MG HORST: Actually, I like that it
17 is clear, because I don't see what you are
18 doing, I'm only listening to this.

19 CO-CHAIR GREEN: You can't
20 understand the different key stroke action that
21 is happening? Before you continue to number,
22 let's look at these, and make sure we have them

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1 in the order that we want them to be in.

2 So are we agreed that the definition
3 is number 1? Number 2, the population base
4 standards, and the codification of the WTUs, to
5 try to get the Department to look at that is
6 probably number 2.

7 So number 3 is about the CTP, let's
8 look at the next one. I actually think that
9 the CTP, scroll down, I'm not sure of 5. I'm
10 thinking 5 needs to move up a little bit.

11 I think 5 goes above the one above
12 it, yes.

13 DR. PHILLIPS: Maybe we move those
14 parentheses.

15 CO-CHAIR GREEN: Yes, so right after
16 number 2 we will insert that one. So that one
17 becomes number 3, and we get rid of the -- yes,
18 good.

19 So the next one, then, is number 4.

20 And can you make that paragraph so it is the
21 same font as, or the same size as our other
22 recommendations?

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1 At the end of this, Karl, we will
2 forward this to you, so you can look at it, and
3 we will get copies to everybody else, as well.

4 MG HORST: Okay, sir.

5 MR. CONSTANTINE: If you just hit
6 control A, it will highlight everything, and we
7 can make it all the same at one time.

8 CO-CHAIR GREEN: Yes, so I think you
9 need to go back up. I see -- let's look at
10 that. All right, so we are there. So just
11 make wellness, and the restoring wellness, just
12 go under that, and hit a couple of lines, so we
13 get a page break.

14 Great, thanks. All right, so now,
15 under wellness and functions, what number were
16 we at, we had 4 up there?

17 CSM DEJONG: Do you want to remove
18 the effectiveness?

19 CO-CHAIR GREEN: Okay. Hang on
20 before you renumber all of them. So --

21 MR. CONSTANTINE: And the title is
22 going to stay the same, or are we deleting it -

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CO-CHAIR GREEN: It is just going to say wellness and function. So if that is number 5, so define appropriate transition unit command climate.

Then the next one is enforce the existing policy and guidance. So that is, probably, correct. So that is 6. And the next one says ensure there are sufficient numbers of case managers.

CO-CHAIR CROCKETT-JONES: Can we scroll down a little so I can see if --

CO-CHAIR GREEN: Yes, keep going down.

CO-CHAIR CROCKETT-JONES: -- the rest?

CO-CHAIR GREEN: The Reserve component one, do we want to bring that up?

CO-CHAIR CROCKETT-JONES: So we have medical --

CSM DEJONG: I think it is good where it is at, if we establish all this, we

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1 establish case managers, and then we go into
2 keeping the Reserve components in concurrence
3 with active duty standards.

4 CO-CHAIR CROCKETT-JONES: I was
5 thinking we might flip up the last two, but I'm
6 not, I'm not super concerned about it. So this
7 is good.

8 CO-CHAIR GREEN: I think it flows
9 well.

10 CO-CHAIR CROCKETT-JONES: Yes.

11 CO-CHAIR GREEN: Okay, so can we go
12 ahead and -- so 7 is good, 8 is good, and go on
13 down, there will be one more, which is 9. That
14 is right, two more.

15 MSGT MACKENZIE: Careful on that,
16 because the first line was actually rolled back
17 up into the --

18 CO-CHAIR GREEN: Yes, just take off
19 to the parentheses, that is all you need to
20 take off, just to the parentheses. Delete
21 Defense Centers of Excellence.

22 And delete 15 and 16 up there. This

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1 will be number 10. Suzanne, again, we could
2 move that, if you would like to have that
3 ahead.

4 CO-CHAIR CROCKETT-JONES: No, that
5 is fine.

6 CO-CHAIR GREEN: All right, and so
7 let's go to the next heading. I think that
8 maybe the second one, in terms of defining
9 roles, should probably come before you talk
10 about minimum qualifications.

11 CO-CHAIR CROCKETT-JONES: Yes, I
12 agree. But I want to see if we got --

13 CO-CHAIR GREEN: Keep going down.

14 CO-CHAIR CROCKETT-JONES: Keep going
15 down.

16 MR. CONSTANTINE: I think if we made
17 that one change you recommend, sir, then the
18 rest kind of go in order after that.

19 CO-CHAIR GREEN: Okay, so just move
20 number 19 above number 9. So 19 becomes 11.
21 The next one is 12. The next one 13. The next
22 one 14. Okay, next one 15.

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1 And can you make it so that
2 optimizing abilities is at the head of the next
3 page? What do you think, TAP first, or
4 vocational rehab first, which way do you want
5 to go?

6 MR. CONSTANTINE: I think TAP is one
7 point above that.

8 CO-CHAIR GREEN: So take 32 and put
9 it above.

10 MR. CONSTANTINE: Unless you are
11 going to have one extra --

12 CO-CHAIR CROCKETT-JONES: Yes, I --

13 CO-CHAIR GREEN: Which is good. So
14 I counted wrong, that is all right. There was
15 a little one in there somewhere. So this is
16 17, I think.

17 The next one is 18, and then we have
18 -- so 19, 20, and 21. And why don't you go
19 back and look and make sure? I'm thinking it
20 was the one on the SFAC that I didn't count,
21 because it was listed on the paperwork they
22 gave us as -- yes, it looked like, to me, that

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1 it was a part of the one ahead of it.

2 So, okay. So let's go back up and
3 make sure we have this right. In fact, we will
4 look at the SFAC one, just to make certain that
5 was a recommendation.

6 There, continue to support SFACs,
7 and take subsequent -- that was a separate --
8 okay. That is the one I didn't catch, because
9 of the way it was listed on the paper.

10 All right, okay. So let's let them
11 clean this up, send it to Karl, give us all
12 copies, and we can look at it and decide if
13 that is, indeed, the order we want it to be in.

14 Is that fair? All right. Time for
15 a break. All right, ten minute break, folks.
16 We will be back about 20 after the hour.

17 (Whereupon, the above-entitled matter
18 went off the record at 9:11 a.m. and
19 went back on the record at 9:42
20 a.m.)

21 CO-CHAIR GREEN: So I think that Dr.
22 Stone brings up a very good concept in terms

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1 of, today we are going to be asked to sign,
2 essentially, the document that would then have
3 our signature attached to the final report.

4 And what I'm comfortable with, and I
5 think you are comfortable with, is signing t
6 document, basically saying we agree, fully,
7 with the recommendations, the order, and how
8 the structure of the report will center around
9 these recommendations that we have worked.

10 What I have been trying to do is to
11 figure out how we can work findings. And so a
12 couple of things are going on.

13 The writers are, actually, going to
14 be taking the discussions that have gone on
15 over the last two days and, essentially, put
16 the findings with the recommendations as we
17 have described, and what our discussions have -
18 - how they have gone.

19 So it would be very helpful if we
20 knew there were specific things, in any of the
21 draft report findings, that we felt should not
22 be included in this report, if we would

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1 highlight that, for the writers.

2 So if there is something, in terms
3 of a quote, that is inappropriate, or
4 information that we felt was not supportive, or
5 a specific interpretation of something that was
6 seen, that was not quite accurate.

7 It would be very good if we could
8 give the writers that kind of input on
9 findings, while we are together. Because here
10 is what is going to happen.

11 They are going to be putting this
12 together. Hopefully we will have it in a rough
13 draft, they think, by about the 4th. So about
14 next Wednesday or Thursday.

15 They then would normally send that
16 to their editors, who would do all of the work
17 to make it look a more professional product.

18 And, at some point, we can look at
19 it individually, okay? And it is important
20 that you understand that it is, as you look at
21 it individually, what you are really doing is
22 saying there is nothing in here that I object

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1 to; they have captured what I have intended,
2 under the recommendations.

3 And so, therefore, I'm happy with my
4 signature on the final report. On the other
5 side of that, if you look at it individually,
6 and say I'm uncomfortable with my name being on
7 a report that contains X, whatever that X may
8 be, then the question is, if it is a
9 substantive change to the report, that we have
10 to bring a group together, or have to bring the
11 entire group together, to make that transition,
12 that is what would lead us to having to have
13 another meeting.

14 And so we are a little loose, right
15 now, in terms of whether or not we need to have
16 this. And, of course, Denise is up against the
17 time frame for getting hotels, and doing all of
18 that kind of activity.

19 There is a tentative plan that could
20 bring us together later, or in the mid-month of
21 August, if this is necessary. But in order to
22 do that, they would have to confirm those

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1 things, really, by Monday.

2 And so we won't see the draft final,
3 okay, until after that. So one of the
4 questions to the group is, are we comfortable
5 enough, and I realize when I say the findings,
6 that they do not now align with our 21
7 recommendations.

8 But are we comfortable enough with
9 the material that is in the draft report, that
10 as they realign it, it would really be, when we
11 look at it individually, essentially to
12 identify that you really should have put this
13 finding under that recommendation.

14 And then let the writers look at
15 whether it was an editing problem. And so then
16 the writers would, again, reassimilate it based
17 on individual -- and I don't want -- none of
18 you need to look at this report, and look at --
19 so, Justin, you are off the hook for dashes,
20 and commas, and periods, and capitalization,
21 because that is what their editors will do.

22 So when you look at this it is

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1 really about content. Okay, Denise, have I
2 said anything that is going to get me in
3 trouble yet? I usually do, so --

4 MS. DAILEY: No, sir, you are doing
5 fine.

6 CO-CHAIR GREEN: Okay, thanks. So
7 there are kind of a couple of options, is what
8 I'm trying to finally get to here.

9 One, if we feel that this is really
10 still too much sausage, and we need to come
11 together again, we can tell Denise, she can
12 make the arrangements.

13 And although it puts us on a very
14 tight time line for the final report, we can
15 actually make arrangements for a mid-August,
16 probably a one-day session, I guess, is what we
17 would be talking about.

18 Or if we think that we are close
19 enough, and that there is not the controversial
20 material, then we can basically not set up that
21 mid-August date for a public forum on the final
22 draft.

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1 And we can, essentially, do this
2 individually, as long as it is simple editing,
3 and the writers are, essentially, looking at
4 things where there were mismatches in terms of
5 how one item supported another.

6 Then, individually we send that back
7 to the writers who, at this point, the writers
8 would be looking at this as, yes, missed that,
9 or that type of activity.

10 And I'm not sure which way that you
11 are comfortable. So I don't want to speak for
12 you, I just want you to know the options, so we
13 can say, yes, we have to have another time
14 together.

15 Or we can say we are to a point that
16 -- and there is one other possible mid point,
17 and that would be to go through, and look at
18 the findings, because there is not going to be
19 new material put into the report.

20 In other words, what is in the draft
21 is what is going to be re-aggregated. We can
22 also take some time and look at the findings to

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1 see if there is anything that we don't want to
2 be included in the report.

3 So that as they aggregate we would
4 then not have that problem. Okay, I have
5 talked more than I intended to, but I'm trying
6 to lay things out. Over to you.

7 DR. PHILLIPS: Can I make, perhaps,
8 one other alternative suggestion, if it is
9 legal? If there are issues related to
10 findings, and it needs some work, rather than
11 all of us, perhaps, meeting which might be
12 difficult, could we communicate those issues,
13 perhaps, to the co-chairs, or to your
14 designates, and then proxy, give you our proxy
15 votes, once that is organized?

16 CO-CHAIR GREEN: My understanding,
17 And Denise can clarify, is that anything that
18 is done, that would be substantive to the
19 report, really has to be done in a public
20 forum, to make sure that there is not, you
21 know, somebody who is basically guiding, or in
22 some other way, having undue influence on the

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1 report.

2 DR. PHILLIPS: Well, I meant that if
3 the is something substantive, and we do
4 communicate internally, and perhaps your local,
5 or whoever is local, we could then agree that
6 it would be a public meeting, but we would give
7 you our proxy votes, I don't know.

8 MS. DAILEY: I have a proxy process
9 set up if members could not come to a meeting.
10 However, I have -- so I have quorum
11 requirements. I have to have four of each of
12 the departments, civilian and non-DoD have to
13 be available in some capacity, to vote.

14 So that is proxy over telephone,
15 like MG Horst is. I mean, I have
16 flexibilities, but I have limitations that keep
17 the Task Force in compliance with its Federal
18 Advisory Committee requirements.

19 MG STONE: And could not this be
20 done in the Horst model, where we all get on a
21 telephone call, that is then held in public
22 forum, and communicate in that manner?

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1 MS. DAILEY: I have to give the
2 public access to that. I have to get a 1-800
3 number, I have to put it in the Federal
4 Register Notice, and I have to --

5 MG STONE: Denise, do we have a 1-
6 800 right now, that allow the public to listen
7 in on General Horst?

8 MS. DAILEY: No, we don't. We have
9 a single line to General Horst.

10 MG STONE: Okay, so why not --

11 MS. DAILEY: So I need a line number
12 that could accommodate 20 or 30 people.

13 MG STONE: Why not allow a virtual
14 meeting to occur, or you could do it in a room
15 like this, but yet we have additional lines to
16 dial in, so that the public is informed, just
17 as they are by General Horst's input to this,
18 for those that couldn't attend?

19 Now, let me take a step back from
20 this, before we get into the nuances of that.
21 The findings that were written were a valiant
22 effort to support 38 recommendations, that have

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1 now been rewritten to 21.

2 I see little value in us
3 wordsmithing findings that are just not going
4 to make a lot of sense to the 21 that we
5 finally agreed upon.

6 I would like to see the professional
7 writers write this. I would like to come back,
8 if this is a simple editing process, then
9 certainly that is fine. It doesn't require
10 substantive changes.

11 I just can't tell you if I'm willing
12 to sign this until I see it all come together
13 as a final report. General Green and I are two
14 of the people that have to live with the
15 outcome to this.

16 And, really, for the next year,
17 implement what we want to be a very strong
18 report. And a report that drives the work of
19 the DoD, in an effective manner.

20 So I need to see it all come
21 together in an effective manner. And I'm
22 appreciative of the time frame, but I'm not

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1 willing to put a signature on a document that
2 drives future work, based on a time frame,
3 okay?

4 It is either good work, or it is not
5 good work. So it has to come together. This
6 is exactly why sending a non-voted document
7 out, to our services, has had so much
8 deleterious effect on our outcome.

9 You know, that document went out, I
10 know that is not the subject now, but I have
11 the floor, so you haven't thrown me out yet, or
12 turned off the microphone.

13 We should have had a chance, as a
14 committee, to evaluate the 38 recommendations,
15 get a better product, then send out to the
16 services that product, allow it to re-inform,
17 and then come back for a final vote.

18 I understand the time frames. But
19 what we did was we really relegated the
20 services, and the VA's input, to a much lower
21 level of value, to us, in informing our final
22 decisions, by letting them take a look at a

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1 document that wasn't ready for prime time.

2 That document just -- none of us had
3 even seen the whole document, and I got senior
4 leaders of the Army calling me and saying what
5 are you guys thinking? And I don't even know
6 what is out there.

7 Nor have I even seen some of the
8 recommendations before they went out. So that
9 said, I think that just informs next year's
10 work.

11 I think next year business meetings
12 have to be structured, that before things go
13 out for comment, we have a chance, as a
14 committee, to come in and really debate this in
15 the active, excellent debate that we have had
16 the last three days. So thanks very much.

17 CO-CHAIR CROCKETT-JONES: I have a
18 question, just a second. All of the resources
19 for the findings, all of that material, already
20 exists in the public domain, correct?

21 I mean, that collection of our work,
22 and the collection of work done by the

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1 researchers, is already has public -- does that
2 already have public access?

3 So what we are really talking about
4 is moving information from one -- some
5 documents of our work, to other, to the final
6 product. Or not? I'm just trying to
7 understand.

8 If -- I'm trying to understand why
9 that, why changes and moving those things
10 around requires a full group approval, if we
11 have already, if the basic premise of the
12 recommendations we've already voted on.

13 I mean, we don't have to vote on
14 findings. I wonder why editing of the findings
15 would require --

16 MR. CONSTANTINE: Because language
17 has changed in the recommendations than the way
18 they were originally. We have taken -- say,
19 one recommendation and made it about three
20 sentences.

21 And there is a lot of findings to
22 support all those sentences, where we have

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1 taken two of those sentences out. And until we
2 see exactly what the professionals do, on
3 deciding which findings support that sentence
4 that we kept in there, because they have a
5 different view than we do.

6 It is not as simple as just cutting
7 and pasting.

8 LTCOL KEANE: You asking what you
9 would need to open up to the public to discuss
10 the findings?

11 CO-CHAIR GREEN: Microphone. Push
12 the button in the microphone.

13 CO-CHAIR CROCKETT-JONES: Yes, that
14 is what I'm really asking. Since all this
15 information is already in our paperwork, we are
16 not changing public access to any of this
17 information.

18 And I guess I'm not sure what we
19 would be changing for the public's view, since
20 all this information is already there.

21 MR. CONSTANTINE: I thought you were
22 asking why we would have to come together and

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1 discuss it. I understand your question is
2 directed towards Denise, now, on why we need to
3 do that.

4 LTCOL KEANE: A follow-up, sir, to
5 General Stone's question, for Suzanne and
6 Denise. I know we had services, VA, DCoE had
7 comments.

8 I think the Marine Corps is one of
9 the later ones to provide comments. So I know
10 not all of the Marine Corps' suggestions may
11 have made it into the findings.

12 Have all the others been
13 incorporated, the other recommendations from
14 the Army, the VA, DcoE, have they been
15 incorporated, do they need to be? Yes, ma'am?

16 MSGT MACKENZIE: No, actually, it is
17 -- I think it is nice to know their opinion of
18 our findings, but our findings still stand as
19 the findings of the group, regardless of the
20 services' inputs.

21 LTCOL KEANE: But in most cases, it
22 is a correction, a clarification, is what was

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1 provided.

2 CO-CHAIR GREEN: Yes. But, see, I
3 think that each of us, as we talk, are talking
4 to the things that make us a little
5 uncomfortable.

6 So we are all very comfortable with
7 the recommendations. And then when you get to
8 the findings, because of the input that has now
9 come from VA, and each of the services, there
10 are things that the writers will have to take
11 into account, as they look and decide whether
12 there is significant, whether there is adequate
13 documentation in terms of what they have
14 collected.

15 Or if they are going to accept the
16 Services' input. And so those changes we have
17 now, because they are in findings, are really
18 up to the writers to take what you are talking
19 about, from the Marine Corps for instance, and
20 say, well, this is a clarification.

21 So I will use some for-instances.
22 So if we had put in here that we had moved

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1 86,000 patients in the Air Force, and they send
2 in saying it is actually 92,000 patients, at
3 this point in time, the writers would simply
4 take new data and, essentially, make certain
5 that the report is current and continuous.

6 Then there are other things that are
7 more subjective, okay? So the legal one is a
8 good example from the Marine Corps, and the Air
9 Force's standpoint.

10 So with the discussion that has gone
11 on, in the final recommendation, in terms of
12 the PEBLOs, I think we are very clear on what
13 we want.

14 But in the actual findings, under
15 one that we have actually eliminated, if they
16 combine that, now, into the other, I will use
17 the Air Force one.

18 The Air Force should establish
19 capable provider recovering airmen access to
20 legal support. That sounds fine, you know, and
21 it is not a bad thing. I mean, I'm not really
22 objecting to it.

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1 Except that, just like the Marine
2 Corps, we do. We just do it through the normal
3 base legal office.

4 And so the correction that would
5 come in from the Air Force would be to say, we
6 do this at every legal office, and between ADC
7 and JAG services, essentially that is
8 available.

9 And so how that is actually finally
10 represented in the findings, is going to be of
11 interest. So I will use my example, because
12 you are going to have to answer back the Marine
13 Corps.

14 So I can see the TJAG walking down
15 the hallway to me and saying, don't you know
16 that our legal offices are already providing
17 this?

18 And, of course, the answer is, yes I
19 know, wasn't that your report? Well, yes, I
20 know. And so that is kind of what Rich is
21 referring to.

22 And so these -- this is where the

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1 findings, because the real issue is not one
2 service is, and one service isn't. That the
3 services are doing it differently, and that is
4 why we ended up with a recommendation that
5 said, legal support and PEBLO support are
6 linked, and need to be solved.

7 So you see what is going on. So the
8 hard part is, thanks, Steve, we will see you a
9 little later.

10 So the hard part in this is how do
11 we capture that and make certain that, you
12 know, there is not something that is going to
13 just drive insanity, in terms of how the final
14 report is structured.

15 I don't know the answer. I really
16 don't think that we have, kind of, three
17 solutions. There is one that Rich has
18 suggested that in terms of another technology,
19 it may not be phone, or even VTC, but there is
20 another technology, which is a webinar, which
21 would actually allow us to meet and allow the
22 public to dial in.

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1 Where we could actually have a
2 conversation on this, that is a possibility as
3 well.

4 MS. DAILEY: There are lots of
5 possibilities, ladies and gentlemen. And that
6 I've not done before, and I cannot make a
7 commitment, to you, that I can pull it off in
8 the remaining five weeks.

9 DR. PHILLIPS: Can I ask this,
10 Denise? Since we listed that late, and this is
11 such a critical issue, I think we all agree
12 with General Stone how important this is, to
13 get this final report under our signatures, you
14 know, as perfect as we can.

15 Can we ask for an extension? Can we
16 get two weeks or three weeks?

17 MS. DAILEY: You may not.

18 DR. PHILLIPS: We can't?

19 MS. DAILEY: You may not, ladies and
20 gentlemen?

21 DR. PHILLIPS: Eve though we were
22 stood up late, and --

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1 MS. DAILEY: Not negotiable.

2 MG STONE: Steve, that would just
3 get us into all sort of other issues. And I,
4 although I would agree with you that taking a
5 little bit of extra time to get it right would
6 be better.

7 I guess what I'm saying is that I
8 may look at this, just personally, and say you
9 know, this is really solid, it is okay. There
10 is a word or two that bugs me, but not much.

11 And that we could do some very
12 simple stuff and get all of our signatures on
13 this. I think what may also happen, is two or
14 three of us may come back and say, guys, we
15 just can't get our signature on this, at this
16 point, we have to figure out how to facilitate
17 a meeting.

18 That gives the staff, and Denise, a
19 chance to really look at options
20 electronically, webinar, however we want to do
21 it, over the next week or so, until this final
22 report comes out.

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1 You know, I would let the staff get
2 on with this discussion. Now, there are a
3 couple of things that I think need to be in
4 this discussion.

5 Number one, I think we need to
6 acknowledge that we took the feedback from the
7 VA, and the services, very early in the
8 process. We need to highlight the fact that we
9 don't view that as ideal.

10 That we would have preferred to have
11 them come in later, and that is a goal for next
12 year. I think the second thing is, I think
13 that the tone of the findings should ensure
14 that the controversy remains with the
15 recommendation.

16 And by that I mean, in the findings,
17 we should not sort of throw anything extra in,
18 including reference to a couple of fairly
19 controversial individuals, who have talked to
20 us, and helped inform us.

21 But we shouldn't detract from the
22 recommendation by reference to either quotes,

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1 or opinions, of fairly controversial people.

2 We should say, yes, we talked to
3 them, but if we use those as sort of the basis,
4 it detracts from the recommendation itself.
5 And so as a style point, for our writers, I
6 would like them to make sure, don't add any
7 more controversy into the finding.

8 You know, have the very factual, you
9 know, here is what we found, here is what the
10 survey showed, and here is the data we
11 gathered, boom.

12 Now let's go back to the
13 recommendation, let the controversy remain
14 within the recommendation, rather than within
15 the findings.

16 MS. DAILEY: Okay. Ladies and
17 gentleman, I have to say, based on that level
18 of guidance, there is no way I can do this
19 without another meeting.

20 I have to pull this together, I have
21 to put it in front of you, and I have to let
22 you pull out what you consider controversial,

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1 or what you consider to be adding to the
2 discussion and manner that you don't want
3 reflected.

4 So I will need to bring you back for
5 a full discussion of the findings. I can't
6 make those choices on my staff.

7 DR. PHILLIPS: We have a wonderful
8 hard-working staff, and I would agree, what is
9 the least favorite that we want to do, is what
10 we should do.

11 And that is to come back in the
12 middle of August for another meeting. But
13 unless things are perfect, when we read the
14 final report, I would support that.

15 MR. CONSTANTINE: Well, a lot of us
16 are locals to this area. And I don't
17 understand why, if some people have to call in,
18 that means we have to have a way for the public
19 to call in.

20 The hearing itself would still be
21 open to the public. Some of the members may be
22 remote. But everyone in the back of the room

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1 can hear what is going on.

2 MR. REHBEIN: Yes, that was a point
3 I wanted to make, too. When we are meeting
4 like this, we don't provide the capability for
5 access to those who can't be here.

6 So if we did have a meeting where a
7 number of us participated, as the General did,
8 as long as the public had a central location to
9 come to, to be part of that process, it would
10 seem, to my legally uneducated mind, to meet
11 the restrictions.

12 MS. DAILEY: Yes, I can try. I
13 mean, in that capacity, which we are talking
14 about --

15 MG HORST: Chair Green?

16 CO-CHAIR GREEN: Go ahead.

17 MG HORST: Karl Horst, here.

18 CO-CHAIR GREEN: Yes, go ahead,
19 Karl.

20 MG HORST: Yes, sir. I'm raising my
21 hand, but nobody can see me. So if I'm
22 interrupting, I apologize.

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1 I agree with the discussion that we
2 are going to have to come back together, again,
3 and meet to go to the final draft.

4 With regard to the technology, and
5 how we connect, there are lots of devices out
6 there. And I think we could bring, we could
7 establish the meeting room wherever Denise
8 decides to bring the public in, bring in
9 members of the Task Force, that have the
10 ability to be there.

11 But the technology is really pretty
12 easy, and accessible, to VTC, and to Skype in,
13 to bring members that cannot come all the way
14 to Washington, and still have that virtual
15 interactive discussion and dialogue, just like
16 we are doing right now.

17 It is, really, what is in the realm.

18 And, Denise, if need be I can help you with
19 some of the instructions, and I have some very
20 talented communicators that can help you lay
21 out an infrastructure that is, frankly,
22 infinitely less expensive than bringing

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1 everybody together.

2 So I would just offer that from my
3 perspective here. And I interrupt you, because
4 I have to step out for another meeting. I'm
5 going to drop off for about 20 minutes, and I
6 will come back on.

7 But those are my thoughts from
8 Tampa, over.

9 CO-CHAIR GREEN: Thanks, Karl. So
10 the reason I started with the options, is so
11 that we -- that you would kind of understand
12 the dilemma that is currently in place.

13 So the dilemma really comes down to
14 this. We are all comfortable with the
15 recommendations. I tend to agree with Rich
16 that, basically, the findings should be as
17 factual as possible.

18 Things that we have brought back
19 from our visits, and things that are clearly
20 available to us, from all of the different
21 presentations that have been here.

22 And so if that is the way the final

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1 draft reads, I think that this is going to be a
2 very short get-together, if we have to do it.
3 But there is a lot of stuff that, in terms of
4 the way we have talked, and changed these
5 recommendations, they are going to have to be
6 mixed and matched.

7 So we don't have to vote on
8 findings, I think that that has been made clear
9 to us. But we do need to ensure that the
10 findings actually support our recommendation.

11 And that is what I think we are all
12 just a little bit uncomfortable with, at this
13 point in time. All the rest, you know, as I
14 read through the draft report, I would have
15 already brought out, if I thought that there
16 were things that were objectionable, in terms
17 of what is in the findings.

18 The stuff I brought up about the
19 legal, that is nothing. I mean, it is really
20 moot. And, frankly, it would not -- I mean, if
21 the report went out as it is.

22 But what I don't know is whether

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1 that is going to become the top bullet,
2 underneath the recommendation, and it changes
3 our recommendation, that is what I'm worried
4 about.

5 I don't want to change the focus
6 from this mix of PEBLOs and legal counsel to
7 the Air Force should. And that is where the
8 magic is, in terms of how the findings are
9 written.

10 And so it is, just from looking at
11 all the other previous reports, I think we all
12 understand. If someone looks at our words,
13 which we all understand, but having not been
14 here, now wants to understand it better, and
15 looks at the findings, and the findings are
16 structured in a way that they can detract from
17 what we are really trying to say. And that is
18 what is so hard.

19 So does that mean we have to come
20 back together, is that what I'm hearing from
21 people? And so, Denise, we can help you with
22 your 1 August decision.

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1 MS. DAILEY: Okay. I have a venue
2 laid on, for the 17th and 18th of August. I
3 have to give them a decision by 1 August. So I
4 will call them immediately and say lock in
5 that, lock in that venue.

6 And I don't even know where it is.
7 My Wagner staff knows. So I need you all to
8 whip your calendars out, and we will set up a
9 meeting.

10 I will be late, and have to request
11 a waiver for Federal Register notice. And I
12 can do that today. But I still am too late to
13 make the Federal Register notice the 15 day
14 calendar day notice that the public is required
15 to receive.

16 But DoD allows us to do that, but it
17 just doesn't look good, because -- but that is
18 okay, there are processes.

19 The 15 and 16, John, where did you
20 all put this you lay on, excuse me, for 17 and
21 18 August?

22 PARTICIPANT: This would be at

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1 Crowne Plaza, which is one block down the road,
2 is the sister hotel to this hotel. And I was
3 told this was open.

4 MS. DAILEY: And I will set up a
5 facility. You all can be here, if you can be
6 on the phone, your choice. I will hold the
7 meeting. To be safe, and to accomplish this in
8 two and a half weeks I need, probably, to do it
9 by telephone.

10 MG STONE: Is there any way to slide
11 it a week?

12 CO-CHAIR GREEN: Microphone.

13 MS. DAILEY: Gentlemen, you are
14 sliding into the 20th of August. Expectations
15 that I won't have a copy ready by the third of
16 September becomes almost unrealistic.

17 CO-CHAIR GREEN: Okay, hang on just
18 a minute. So let's make certain. So we are
19 talking about the 17th and 18th. I know where
20 I'm supposed to be, and Rich knows where he is
21 supposed to be.

22 I'm guessing that it is close enough

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1 so that people would have an idea. So who,
2 actually, could attend? Let me just get a
3 sense of it.

4 Ron, would you be able to --

5 MR. DRACH: Both days?

6 CO-CHAIR GREEN: Or a single day,
7 whichever. I mean, I think it is going to take
8 a single day.

9 MR. DRACH: I can do both days,
10 either one.

11 CO-CHAIR GREEN: Okay, Justin?

12 MR. CONSTANTINE: No, sir. I won't
13 be able to.

14 CO-CHAIR GREEN: So you cannot.

15 MSGT MACKENZIE: Sir, I will not be
16 able to attend in person and may, or may not,
17 be able to attend on the phone, based on
18 treatment plan.

19 CO-CHAIR GREEN: Okay.

20 MR. REHBEIN: I believe so, yes.
21 Either day.

22 CO-CHAIR GREEN: I'm trying to get

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1 you your minimum of four, if we can. I know
2 you and I are supposed to be on leave. You
3 can.

4 DR. PHILLIPS: I should be able to.

5 CO-CHAIR GREEN: Okay. And so right
6 now the problem will be whether or not we have
7 the four military representatives.

8 MSGT MACKENZIE: That is correct.

9 DR. PHILLIPS: Denise, since you do
10 have to have an extension from the Federal
11 Register, can we move it up a few days, to the
12 week before?

13 MS. DAILEY: I don't have a venue
14 laid down, I don't know what hotel, I don't
15 know what hotel in this area can accommodate in
16 less than ten days.

17 MR. REHBEIN: Denise, can you tell
18 me what days of the week those two are?

19 MS. DAILEY: I think it is the 3rd.

20 MR. REHBEIN: My calendar is in my
21 phone, and my phone -- yes.

22 MS. DAILEY: So, you know, we are

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1 constrained by venues.

2 CO-CHAIR GREEN: Well, I'm actually
3 thinking that maybe this is one where we
4 actually allow people to dial in. But it is,
5 also, if we have the minimums, we could do
6 proxy for this.

7 So if we get the minimum of four
8 civilians, and four military, we actually have
9 other options, right? So as long as you have
10 the four and four, then the others could be
11 proxied, if we needed to?

12 MS. DAILEY: Yes.

13 MSGT MACKENZIE: I will have to
14 request that, because anything starting 9
15 August, through the end of September, I will
16 not be able to attend.

17 MR. CONSTANTINE: But you have
18 General Horst and Command Sergeant Major DeJong
19 can make it. So only three military, right,
20 sir?

21 MSGT MACKENZIE: We haven't heard
22 from --

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1 CO-CHAIR GREEN: Okay, so you
2 understand. We have a specific logistic
3 problem here, that may or may not be real, in
4 terms of how the findings are, actually,
5 aggregated.

6 And so the real issue, the other
7 question is, again, the staff and the writers
8 will basically take into account all of the
9 input they have gotten on the draft report, to
10 decide if there is something factual that
11 should be changed, in terms of the findings.

12 Yes, I will stop there. Because,
13 you know, some things are being requested, by
14 the Services that, you know, are changes in
15 reality, and that is not going to happen.

16 So the harder part is, you know,
17 whether or not these things get assimilated to
18 where they detract from the finding, or support
19 the finding.

20 And we still will get the report, I
21 won't say the report, but the actual
22 recommendations and findings, we should be able

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1 to get to you some time next week.

2 MS. DAILEY: Next week.

3 CO-CHAIR GREEN: And so,
4 individually we can look at it that way. And
5 then the only problem is that there is just an
6 uncertainty as to whether or not we need to
7 come back together as a group.

8 But the safer plan is to, probably,
9 schedule the meeting, and then let everybody
10 kind of see how we can adjust, and we will work
11 through, making certain that we have the
12 minimums here.

13 So right now it looks like the
14 civilians are not an issue, but our military
15 members may be. All right, Steve DeJong will
16 be back this afternoon, Karl will be back on
17 the phone, and we can see what his schedule is.

18 And then we can kind of work back
19 through this. I know where I'm -- what I'm
20 supposed to be doing. And other than a little
21 family chagrin, I might be able to fly back in,
22 if we needed to do that.

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1 So -- yes. But, anyway, more to
2 come.

3 All right, in front of you are the
4 21 recommendations, to have you take a look at.

5 I won't call for a motion, or a vote, until
6 Karl joins us, again, in 20 minutes here.

7 But I just want everybody to see it,
8 in kind of final form. So take a minute, look
9 it over, and see if there is anything that you
10 are uncomfortable with.

11 CO-CHAIR CROCKETT-JONES: Denise,
12 did General Horst get --

13 CO-CHAIR GREEN: Yes, they were sent
14 to him.

15 (Pause.)

16 CO-CHAIR GREEN: Any comments,
17 corrections, discussion?

18 DR. PHILLIPS: This is probably
19 minor, but there is a disparity of numbers.
20 Some groups have five or six, and as far as
21 recommendations, optimizing ability has two.

22 Do you think that, would anybody

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1 comment on -- it doesn't seem inappropriate to
2 me, but I was just wondering --

3 MSGT MACKENZIE: I find that every
4 year we are going to have this issue, whether
5 it is going to be on disparity of numbers, but
6 as long as our impact is concrete, and
7 appropriate, that is just how we ended up with
8 the findings this year.

9 DR. PHILLIPS: I just wanted to
10 bring it up.

11 CO-CHAIR GREEN: I actually paid
12 some attention to that, when I did the original
13 sort. And I believe that based on what we
14 spent our time with, this year, that the
15 categories that they are into, are appropriate.

16 And so we, probably, will see in
17 future years, for instance, on the optimizing
18 ability, if we look at that further, like with
19 the state program, there will be eight more, as
20 we follow through on that.

21 Even with the VA asking us to look
22 at DD-214, prior to DD-214. So a lot of things

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1 in terms of what we are going to be looking at.

2 We will make it so that those will
3 be more robust in future years. So I think we
4 are okay, Steve.

5 MSGT MACKENZIE: And I think this
6 is, meets the intent. I like the organization.

7 CO-CHAIR GREEN: I don't know, we
8 really don't need to vote. We just need to
9 make sure that everyone is comfortable with it.
10 So we will get Karl's input when he joins us
11 on the phone again.

12 I'm kind of sensing that there is a
13 consensus here, that we have these organized
14 about right, in the right order, and the
15 writers could take this and run with it?

16 (No response.)

17 CO-CHAIR GREEN: Okay. All right,
18 Denise, I have stolen enough of your agenda.
19 What else do you need us to do?

20 MS. DAILEY: Let me get -- let me
21 have a five minute break, sir.

22 CO-CHAIR GREEN: Gladly. We are on

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1 a five minute break. Thanks, everybody.

2 (Whereupon, the above-entitled matter
3 went off the record at 10:21 a.m.
4 and went back on the record at 10:27
5 a.m.)

6 MS. DAILEY: Can I get everyone to
7 turn to what is Tab B, it is the original
8 report. And the page 27, please.

9 So now that we have recommendations,
10 we should spend a little time, ladies and
11 gentlemen, talking about how you would like us
12 to -- where your intent is, to see a response
13 from.

14 Now, I had originally thought that
15 some of these you might like to direct at the
16 Services. At one time the recommendations
17 directed specifically to, like, health affairs.

18 In the end we, it appeared, had
19 reached a consensus. And I just want to
20 confirm it with you, that all these
21 recommendations should kind of start with DoD
22 should.

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1 That you are really looking for a --
2 and we can go through them again, and you can
3 give us a little insight, maybe, on who you
4 think should be answering it, who you think
5 should be answering.

6 Now, we, it is more than likely that
7 this will go into DoD. With Mr. Medley here
8 yesterday, he stated that he thought it would
9 go to the SOC. And that the SOC would kind of
10 drive the train for it being worked by the
11 services.

12 Other options are it would go into
13 WWTCP, Mr. Campbell's office, and they would be
14 tasked with tasking it out to the services, and
15 returning and consolidating it, and submitting
16 it to Congress.

17 But I need you all to kind of keep
18 in mind, our requirement is to turn it into the
19 Department of Defense. Pretty much our
20 requirement ends at that point.

21 What they do with it, and how they
22 do it, other than getting it to Congress, 90

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1 days later, is their responsibility.

2 So do we want to talk a little bit
3 about what we call an action plan, here, where
4 it would be -- we talk about who is doing these
5 actions, the services, health affairs, DoD, or
6 do you want to just leave it with DoD should?

7 MR. CONSTANTINE: Well, some of
8 them, like recommendation 5 is directed at
9 WWTCP and WWR. So it would be hard to just
10 insert DoD should, there.

11 CO-CHAIR CROCKETT-JONES: You are
12 saying that recommendation 8 is directed to the
13 Reserve components?

14 MSGT MACKENZIE: But with the DoD
15 should just be part of the action plan? We
16 actually add a statement in the action plan,
17 versus trying to break it down between the
18 individual entities.

19 CO-CHAIR GREEN: Let me -- so one,
20 we are not going to change the language, okay?
21 The language is done, all right?

22 And so we are not going to be

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1 inserting, there are several of these where you
2 could say DoD should, and there are several
3 where you could say, I will use 6, the Services
4 should enforce existing policy guidance
5 regarding transition unit entrance.

6 I mean, you can put it whichever way
7 you want to. But I feel that we have written
8 these general enough that it would be expected
9 that DoD could syphon off the ones that they
10 are going to handle.

11 And then they could pass the others
12 to the services, if they feel that it is for
13 all of the services. And then they would give
14 them to all the services.

15 I mean, there are several here, like
16 if I was the Air Force, and received something
17 on transition units, since we don't have
18 transition units, I would say not applicable,
19 or you know, or look at the other part of the
20 recommendation, which says Recovering Warrior
21 Services.

22 And then I would be working on that.

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1 So we have not worded these, and I'm not sure
2 that we want to go back and word them any
3 differently.

4 So I guess what, if you are asking
5 us do we want to put, at the end of these, who
6 the OPR and the OCR are, that would be fine.
7 If we actually have a specific OPR that we want
8 to put on these, I think we can insert, at the
9 end.

10 But I don't think we should be
11 saying DoD should, or change anything in the
12 front of the -- in other words, the way they
13 are written, is the way they are written.

14 MS. DAILEY: Good, good. So page 27
15 shows you a matrix in which, so page 27 of Tab
16 B, shows you -- and we don't have to do this,
17 frankly.

18 I could pull this tab, I could pull
19 this right out of our --

20 CO-CHAIR GREEN: Yes, Tab bravo, tab
21 B.

22 MS. DAILEY: So, yes, page 27 of tab

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1 B. Now it is not tab B of the report, I
2 apologize. We are in tab B, it is the report,
3 it has a big blue page. And then we go to page
4 27, and there is a matrix there.

5 CO-CHAIR GREEN: Okay, I'm with the
6 program, sorry.

7 MS. DAILEY: I apologize, sir.

8 MSGT MACKENZIE: And that is what I
9 was referring to, if we were to create an
10 action plan, would it just be a statement with
11 an action plan, or do we want to go with this
12 matrix?

13 I wasn't talking about adding
14 anything to the actual chapter two.

15 MS. DAILEY: So this is a kind of a
16 tool that would allow you to kind of sort it
17 onto those agencies, our look at where should
18 it be going, and who should be answering it.

19 It is just our tool, again, in fact,
20 it is a recommendation in itself, that these
21 are the agencies that we would like to see
22 answers from. These are the agencies that we

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1 think should be addressing this.

2 And we don't even have to do it
3 again. Once it hits DoD, it is their
4 dissemination process, it is their responses,
5 and how they choose to handle it.

6 CO-CHAIR GREEN: I actually think
7 the box is useful. We do have two other that
8 require congressional action. We should
9 highlight those two, because I think there are
10 two, that have to have that.

11 And a lot of them that are DoD, and
12 almost all of them are probably going to be
13 most of the services. So it may not be useful,
14 other than the fact that we highlight the two
15 that require congressional action.

16 MR. CONSTANTINE: And the VA, I
17 think was one.

18 CO-CHAIR GREEN: I'm sorry?

19 MR. CONSTANTINE: I think the one
20 for said DoD or VA, and the VR&E itself as
21 well.

22 CO-CHAIR GREEN: Right. So I think

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1 this box would be very useful, how we expect we
2 will see a lot of dots, just like you are
3 seeing here.

4 MS. DAILEY: Okay, good. So you do
5 want us to use this tool. And with 20
6 recommendations, my time at this time period
7 was to kind of spend an hour doing a little
8 sorting on this.

9 So I would --

10 CO-CHAIR GREEN: Can you actually
11 cut that, and then we could actually fill them
12 in for 1 through 21? I mean, it would be --

13 MS. DAILEY: Yes.

14 CO-CHAIR GREEN: -- easier to just
15 use the existing --

16 MS. DAILEY: Yes, okay, very good.
17 So you want to do this, you want to use this.
18 That is good news.

19 All right, let's try, until we get a
20 document, but we can talk this through. Let's
21 look at recommendation 1, for example, which is
22 the definitions.

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1 MSGT MACKENZIE: It is DoD for one
2 and two.

3 MS. DAILEY: Good, I mean, it might
4 be that simple. Okay, so can we just -- it can
5 be as simple as that, ladies and gentlemen,
6 that we would go through it in that capacity.

7 CO-CHAIR GREEN: Okay, so just one
8 query. Are you sure it is not a DoD VA?
9 Remember this is --

10 MSGT MACKENZIE: Unless that is
11 number 2 and number 3 --

12 MS. DAILEY: And we have VA in
13 there. I'm sure they would be happy to answer
14 the mail. However, we cannot officially task
15 them, we are only referring this to the
16 Department of Defense.

17 However, Congress gave us some
18 capacities to reach across. So with that in
19 mind --

20 CO-CHAIR GREEN: The only reason I
21 bring it up is so is it a DoD solution only, on
22 the definition of Recovering Warrior, or is it

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1 really a SOC?

2 In other words, is it DoD VA? I'm
3 just thinking that if you are going to say that
4 the SOC, or the JEC, which is kind of the
5 senior group that is going to do this, is going
6 to make these kinds of decisions, is it not DoD
7 VA that really should agree?

8 MSGT MACKENZIE: I concur.

9 MR. CONSTANTINE: I agree. I know
10 traditionally with the SOC and JEC one issue
11 is, then, DoD has a little more influence than
12 the VA. And so we are out of the gate, not
13 appointed to the VA, equal say, it could be an
14 issue.

15 Although our recommendations do say
16 DoD.

17 MS. DAILEY: Okay. So we hit on one
18 and two. However, I'm not sure my -- okay. So
19 one and two, for sure, they would be in DoD.
20 Did you agree that you thought that number two
21 would be a VA inclusion?

22 MR. CONSTANTINE: We talked about

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1 number one.

2 MS. DAILEY: One, okay. So number
3 two you think would be a DoD issue?

4 MR. CONSTANTINE: Yes.

5 MS. DAILEY: Okay. And number
6 three?

7 DR. TURNER: DoD VA.

8 CO-CHAIR GREEN: I think we are
9 starting these, if you read the actual
10 recommendations, I think I have created some
11 confusion.

12 So let me backtrack. We say DoD,
13 DoD, and obviously in four DoD. And so number
14 three we said DoD and VA. So I guess what I'm
15 trying to drive at, some of this is, actually,
16 in the text of these recommendations.

17 So right now, just to recap, so
18 number one we are saying DoD; number two we are
19 saying DoD, number three we are saying DoD and
20 VA? Right.

21 And number four we are saying,
22 really, on the CTPs, since that is a DoD, that

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1 is a DoD. Now, on the CTPs, okay, do we want
2 the services to -- clearly the services have
3 play in the CTPs and CRPs, right?

4 MS. DAILEY: Yes, and that is --
5 because of that you have the transition plan,
6 and the recovery plan, one is an Army term, and
7 the other is a DoD term.

8 CO-CHAIR CROCKETT-JONES: Yes, and I
9 think that we should really highlight the
10 services on four, because that last sentence,
11 that ensuring it is a meaningful tool, and it
12 is used, that can only be done at the service
13 level, I mean, at the unit level.

14 So we have to include the services.

15 MS. DAILEY: Okay, so number 4 would
16 be the DoD and services.

17 MR. REHBEIN: I think maybe we need
18 to back up and look at the last sentence on
19 three, too.

20 CO-CHAIR CROCKETT-JONES: Yes, I
21 think four, that will have to include the
22 services in recommendation three as well.

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1 MS. DAILEY: Okay, services in
2 recommendation three and four. Sir, before we
3 leave this page, General Green, the committee
4 had discussed one being a cross-agency
5 recommendation also, DoD and VA, to standardize
6 terminology.

7 CO-CHAIR GREEN: I'm more
8 comfortable with that.

9 MS. DAILEY: Okay. So one is a DoD
10 and VA; two is a DoD; three is a DoD and
11 services.

12 CO-CHAIR CROCKETT-JONES: And VA.

13 MS. DAILEY: And VA. And four is
14 DoD and services.

15 MSGT MACKENZIE: I concur.

16 MS. DAILEY: We are on a roll,
17 ladies and gentlemen. Okay, five?

18 CO-CHAIR CROCKETT-JONES: Army and
19 Marine.

20 MS. DAILEY: This should be -- you
21 would go with the services here. However, it
22 appears to be an Army Marine. Okay. Number

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1 four, or number five?

2 LTCOL KEANE: I would task the Navy
3 to define the transition for Marine Corps, or
4 for the Agency.

5 MS. DAILEY: Say again, sir? I
6 can't hear you.

7 MSGT MACKENZIE: It is supposed to
8 be just Army and Marines on five.

9 LTCOL KEANE: Yes, that is what I
10 would suggest, Army and Marines. We can't task
11 the Air Force to define the appropriate
12 transition unit climate for the Marine Corps.

13 MS. DAILEY: Correct.

14 LTCOL KEANE: I thought I just heard
15 services.

16 CO-CHAIR GREEN: It is Army and
17 Marines.

18 CO-CHAIR CROCKETT-JONES: I think
19 six is DoD, Army and Marines. But I'm not
20 positive on that.

21 MSGT MACKENZIE: I think that it
22 would be, this one in particular, would be

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1 Army, Marines, and Reserve component, because
2 those were the -- if you look at the findings
3 for this recommendation, it would lead in that
4 direction.

5 MS. DAILEY: We are on six now. We
6 have to be clear, I'm not taking these notes,
7 and everyone else is, and they are trustworthy,
8 but I don't have control of this, so we need to
9 be clear.

10 MSGT MACKENZIE: Yes, we are on
11 number six, and with the current construct I
12 think it is Army and Marines. But, also, when
13 you look at the findings of this
14 recommendation, it is directly pointed towards
15 the Reserve component as well.

16 MS. DAILEY: Okay. Army, Marines,
17 Reserve component. I have a puzzled look from
18 Suzanne.

19 DR. LEDERER: Only because of the
20 CBWTUs -- I understand our National Guard, but
21 are they not owned by the Army?

22 MSGT MACKENZIE: You are talking

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1 about the individuals at unit level, not within
2 the CBWTU, on this recommendation. So it
3 becomes a Reserve component issue,
4 specifically, because these folks are not in
5 the CBWTU.

6 MS. DAILEY: Okay, so number 6,
7 Army, Marine Corps, RC.

8 CO-CHAIR CROCKETT-JONES: But that
9 reasoning we should include RC in
10 recommendation 5 as well.

11 CO-CHAIR GREEN: The reason for six
12 including the Reserve component is because you
13 are including unit level that may transfer back
14 into a WWR, whereas in number five, only the
15 two services have the WTC and the WWR.

16 There is no such -- there is not an
17 equivalent in the Reserve component.

18 CO-CHAIR CROCKETT-JONES: Right, the
19 WTC is the -- okay.

20 CO-CHAIR GREEN: Yes. Okay, so six,
21 then, becomes Army, Marine Corps, and Reserve
22 component. Seven?

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1 MSGT MACKENZIE: I would say we are
2 looking DoD, VA, Marine Corps and Army.

3 CO-CHAIR GREEN: CBWTUs are still an
4 active oversight of that so, right. Number
5 eight? I actually think that is probably
6 services.

7 It is probably all services, and RC,
8 because of the TRICARE stuff that is in there,
9 and even some of the adequacy for -- of the
10 local health care.

11 MSGT MACKENZIE: Same thing within
12 the Air Force, the Reserve component, at times,
13 are handled by case managers that are within
14 the active component, or they are activated
15 reservists or guardsmen that are doing that
16 job.

17 So it would definitely be across the
18 services.

19 CO-CHAIR GREEN: Services plus the
20 Reserve component, I think it's a combination
21 effort on that one. Number nine?

22 It is probably DoD, Army and Navy

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1 and Air Force, because of the allocation, okay.

2 The Hearing Center of Excellence and the
3 Extremity is Army, and so --

4 MS. DAILEY: And ladies and
5 gentlemen, I might disagree with that. The
6 services have done everything they can. If we
7 push this down to the services, DoD won't take
8 action on it.

9 CO-CHAIR GREEN: So just make it
10 DoD?

11 MS. DAILEY: Yes.

12 CO-CHAIR GREEN: Okay.

13 MS. DAILEY: According to the
14 briefings received all of these are at DoD
15 level for action. And you assign them to the
16 executive agency for the Defense Centers of
17 Health, the approval of action plans,
18 transition plans, concepts, they have all
19 bubbled up above their services, and need to be
20 acted on at the DoD level.

21 MR. REHBEIN: When we talk about
22 funding, on this one, is that authorization

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1 there, by Congress, and the funding simply
2 needs to be directed to these centers, or does
3 there need to be congressional work?

4 CO-CHAIR GREEN: No, Congress gave
5 funding to the DCoE, and the others it was
6 directed that DHP funds would fund it. So for
7 the hearing, the extremity, the ophthalmology,
8 all of those are supposed to be out of existing
9 funds.

10 MR. REHBEIN: So there is no
11 congressional action needed?

12 CO-CHAIR GREEN: No. Number 10 is,
13 clearly, DoD and VA. But when you are talking
14 PTSD, actual care, I think all the services,
15 and probably the reserve component are in that
16 one.

17 MSGT MACKENZIE: Eleven looks like,
18 definitely, DoD and VA.

19 MS. DAILEY: Number 11.

20 MSGT MACKENZIE: I agree the
21 services as well, because the services are
22 creating specific guidelines for the RCCs.

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1 CO-CHAIR CROCKETT-JONES: Here is my
2 question. What we were trying to achieve is a
3 standard so that the services did not have
4 disparity.

5 Then pushing it down to the services
6 might create new disparity. It seems to me
7 that we want a definition, from above, to all
8 of the services on this one.

9 So I don't know that we want to push
10 this out to all the services. But, you know,
11 I'm ready to hear if I'm missing something.

12 MSGT MACKENZIE: Actually you just
13 jogged my memory, from some of our site visits,
14 that that disparity between services was an
15 issue, which probably is what prompted this
16 recommendation, from the early days, that the
17 carry through need a standard from the DoD.

18 MR. REHBEIN: Well, I think DoD and
19 VA, because weren't we hearing about some
20 controversy as to when the FRC kicks in?

21 CO-CHAIR CROCKETT-JONES: Yes, I
22 think the VA --

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1 MR. REHBEIN: And that is the roles
2 and responsibility as to who is when?

3 CO-CHAIR CROCKETT-JONES: But I
4 don't think we want to go any lower.

5 CO-CHAIR GREEN: Okay, so number 11,
6 then, is DoD and VA. Number 12 is about skill
7 identifiers, and getting the right people into
8 this.

9 So is this -- for transition units.
10 And so it probably is broader than just the
11 transition units, because here you are talking
12 about the WW2 programs, as well, and the ROCC.

13 MSGT MACKENZIE: I believe it is
14 across the services, sir.

15 CO-CHAIR GREEN: All services and
16 reserve component as well?

17 MSGT MACKENZIE: Yes, sir. Because
18 they are going to have to go and get this
19 approved through the personnel side, in order
20 to make this stuff happen, so that it is
21 accepted practice across the services.

22 MS. DAILEY: So number 12 would be?

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1 CO-CHAIR GREEN: All the services
2 and reserve component.

3 MS. DAILEY: All the services and
4 reserve component.

5 MR. REHBEIN: Would that lead us to
6 having five sets of minimum qualifications, all
7 different?

8 MR. CONSTANTINE: And does that mean
9 one service can do it to another, possibly?

10 CO-CHAIR GREEN: Based on organized
11 training and equip, I don't think there is
12 another way to do it, gentlemen. I mean, I
13 understand what you are saying.

14 But I think it has to be at the
15 services level, that they are going to try to
16 create the right personnel mix for caring for
17 their people.

18 MSGT MACKENZIE: And we are telling
19 the services, here, or our recommendation is
20 saying develop this, and you do have to have
21 your unique service components to it.

22 And this may be one of those, we may

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1 be bringing it up again, as we see what the
2 services decided to do. But I think, right
3 now, it has to be services.

4 CO-CHAIR GREEN: For now it goes to
5 services and the reserve component. Okay,
6 number 13? Clearly DoD, for the National
7 Resource Directory, and keeping it all
8 together. So DoD, services and reserve
9 component.

10 MS. DAILEY: So DoD, services, and
11 reserve component?

12 CO-CHAIR GREEN: Right. Number 14.

13 MSGT MACKENZIE: This is, certainly,
14 Congress or DoD, ask DoD to take effect on
15 something that has already been voted on by
16 Congress.

17 CO-CHAIR CROCKETT-JONES: For sure
18 DoD. And empowering family caregivers, we
19 also have to push that down to the services.
20 Establishing the very base itself is DoD.

21 But acting on that, tasking it, and
22 using that, is the services and the reserve

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1 component.

2 DR. PHILLIPS: I said DoD would
3 provide the strategy, and the services would
4 provide the tactical implementation.

5 CO-CHAIR GREEN: And the services
6 are going to have to implement. So I think
7 that we have to include the services on this,
8 there is no other way to empower the panel
9 members, without the services.

10 MS. DAILEY: And VA, also, would
11 like to be included in this, since part of the
12 Omnibus, in syncing it up with caregiver
13 services, pre-DD-214.

14 CO-CHAIR GREEN: Okay. So 14, then,
15 becomes DoD, VA, services, and reserve
16 component. Okay, 15, I think this one is all
17 DoD.

18 MSGT MACKENZIE: I concur.

19 MS. DAILEY: Yes. All DoD on 15.

20 CO-CHAIR GREEN: Sixteen?

21 MSGT MACKENZIE: It would be Army --

22 MS. DAILEY: That is, really, just

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1 an Army.

2 CO-CHAIR GREEN: Well, because it
3 says SFACs, it is really Army.

4 MS. DAILEY: Yes, yes.

5 CO-CHAIR GREEN: Seventeen? It is
6 actually DoD.

7 MSGT MACKENZIE: It says DoD.

8 CO-CHAIR GREEN: I think it said DoD
9 decision --

10 MS. DAILEY: Correct.

11 CO-CHAIR GREEN: Because actually
12 have one service that has already made it
13 mandatory, right?

14 MS. DAILEY: Correct. This is best
15 promulgated in a policy of DoD --

16 MSGT MACKENZIE: Part of this
17 recommendation was the fact that the original
18 agency, talking about this, said we don't
19 really feel it is our need. Well, it is, so it
20 goes with DoD.

21 MS. DAILEY: So 18, congressional
22 action, DoD and services on this one. Everyone

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1 has a piece.

2 CO-CHAIR GREEN: Is reserve
3 component tied into this one as well? I mean,
4 I wouldn't expect much at the unit level on the
5 reserve component.

6 MSGT MACKENZIE: I think so, because
7 they have to modify some of their policies in
8 how they approach this.

9 CO-CHAIR GREEN: Yes, and actually
10 the reserves are entitled to some VA benefits.
11 So, yes, I agree. Okay, 19? I think it is a
12 DoD, right?

13 MSGT MACKENZIE: That is at DoD
14 level.

15 MS. DAILEY: Yes, and as the two
16 personnel people, sitting over here, there is
17 some concern about DoD manpower and staffing
18 model, as most of that is --

19 CO-CHAIR GREEN: So we can include
20 the services on this, so that PEBLO and legal
21 is going to be the services. So DoD and the
22 four services. Twenty is really DoD and VA?

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1 MSGT MACKENZIE: And VA, correct.

2 CO-CHAIR GREEN: And 21 is DoD, VA,
3 and --

4 MSGT MACKENZIE: Congressional.

5 CO-CHAIR GREEN: -- the Congress?

6 MSGT MACKENZIE: Correct.

7 MS. DAILEY: And let me backtrack
8 just a little bit. For the VR&E, did we
9 include the VA? The VR&E recommendations?

10 MSGT MACKENZIE: Number 18, I
11 believe we did.

12 MR. CONSTANTINE: And does the VA
13 have to be part of 17 also, because of DTAP.

14 MS. DAILEY: Yes, 18 should include
15 the VA.

16 MR. CONSTANTINE: No, the 17.

17 MSGT MACKENZIE: Seventeen, that
18 adjustment said 17 should, too.

19 MS. DAILEY: And 17 should too. No,
20 we don't have a DOL, but it is a good thought.

21 It is a good thought. I don't -- do I need to
22 put another block in there to send it over to

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1 DOL?

2 CO-CHAIR GREEN: No, I think we are
3 fine with what it is.

4 MSGT MACKENZIE: Besides, I think
5 DOL wants to provide the services, they are
6 limited by the access by DoD and VA.

7 LTCOL KEANE: Wouldn't that be the
8 same argument for deleting VA from
9 recommendation 19 -- 17? If we are tasking the
10 DoD in the task inventory, how is the VA in
11 that decision?

12 MS. DAILEY: They own the DTAP and
13 the VA benefits briefing, which is one of the
14 five components of TAP.

15 LTCOL KEANE: I'm tracking that, but
16 they are not involved in making it mandatory
17 for service members. Like the Marine Corps,
18 the VA is not involved in that process. The
19 Marine Corps says every Marine will go to TAP.

20 The DoD is tasking services to make
21 it mandatory, not the VA.

22 CO-CHAIR GREEN: Yes, I think they

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1 are looking at, because the DTAP includes five
2 things, that would include VA and the other.
3 But, you are right. The actual decision to
4 make it mandatory is strictly DoD.

5 So I think 17 is, really, a straight
6 up DoD. I think you are right.

7 MSGT MACKENZIE: That makes sense to
8 me.

9 MS. SOBOTA: A clarification on that
10 does that have both VA and DOL resourcing to
11 support that mandatory TAP? Because they are
12 the ones that actually administer the programs,
13 and will need additional counselors to do that.

14 CO-CHAIR GREEN: Right, but the
15 actual decision is a DoD decision, and then
16 they will have to work the resourcing across
17 departments. I understand, it is just that
18 what we are asking for is the decision, and DoD
19 should make the decision.

20 MS. DAILEY: Okay. Any questions
21 from my people making little dots in blocks?
22 We got it? We are sure, we are clear? Okay,

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1 very good.

2 Good job, thank you very much. Okay,
3 tab B, and I still need you in tab B. And we
4 now need to go to the bottom of page 27. I
5 want to take a look at, and bring your eyes to
6 the best practices.

7 That is the page that it starts on.

8 And, as noted this morning, there will be some
9 pieces of the best practices that we pull into,
10 from the recommendations, and that we will be
11 pulling into best practices.

12 But there are three pages, here, of
13 what -- four pages of processes, and good
14 things that went on, out in the field, that we
15 brought to these pages.

16 MR. REHBEIN: I wasn't part of any
17 of the Marine Corps visits, when they talked
18 about those Hope and Care Centers. Can I get a
19 little more definition?

20 Are those similar to the Warrior and
21 Family Operation Center that the Air Force is
22 opening? When he talks about them as extreme

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1 fitness facilities, I guess I'm not sure just
2 what is going to be involved in the Hope and
3 Care centers.

4 MR. CONSTANTINE: All I know about
5 them is that it is on page 48, halfway down.
6 And something I heard a year ago, that there
7 will be a counseling added in LeJeune, where we
8 have -- yes, the next one down, below the
9 regiment, and the battalions.

10 And they are going to be like, kind
11 of like a sports center, for the wounded
12 warriors. And they also have, I believe,
13 counseling centers in there, and other -- one
14 central place where the warriors can go, focus
15 on physical therapy, but also I think there is
16 a mental component as well.

17 Colonel Keane, maybe you know more
18 about that?

19 LTCOL KEANE: I don't know much
20 more. But it is, mostly, like a physical
21 therapy, PT.

22 CO-CHAIR GREEN: Changing subjects,

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1 these are all fairly consistent in terms of
2 observations, and things we saw, until you get
3 to the last one.

4 And the last one is, it was
5 suggested. So I'm not sure that you can say
6 that it is a best practice, or a promising
7 practice, if it is only a suggestion.

8 And so either the way it is written
9 needs to change, or it should be cut out.

10 CO-CHAIR CROCKETT-JONES: I think
11 this might be a way it is written. Because
12 some times they do get assigned recovering
13 warriors that are closer, and by geography.

14 So this was just their --

15 MS. DAILEY: We will take out the
16 ambiguous language.

17 CO-CHAIR CROCKETT-JONES: It is a
18 language issue, it is not a --

19 MS. DAILEY: We will take out the
20 ambiguous language.

21 MR. REHBEIN: This came out of
22 California, and it is something they are

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1 already doing, as well as for those females
2 that are in that CBWTU, they have a female
3 platoon sergeant.

4 CO-CHAIR GREEN: So again, back to
5 active boys, it should be CBWTU personnel
6 assigned Rws to platoon sergeants, based on
7 where they live.

8 And then, you see what I'm saying?
9 It don't give a best practice for a suggestion.

10 So you really need to capture it actively.

11 MS. DAILEY: Okay, we are good. And
12 we did, I did want to point out, and we moved
13 up pretty quick, but on page 27, at the bottom,
14 we really qualified these.

15 I know in the medical industry, in
16 best practice, has a different level of
17 vetting. But these were broad and these were
18 very broadly defined as activities that lend
19 merit to --

20 CO-CHAIR GREEN: Your language, the
21 language is actually good, the way you
22 qualified it, and the language is actually very

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1 nice. So --

2 MS. DAILEY: Good, good.

3 CO-CHAIR GREEN: And on that last
4 one, we were talking about the CBWTU, make
5 certain that you go all the way through the
6 paragraph.

7 Because for instance, the last line,
8 also says CBWTU suggested. And so it should be
9 CBWTU personnel also assigned female PSGs to
10 female RWs.

11 So it should be active voice. We
12 shouldn't give a best practice for a
13 suggestion.

14 So I will ask an opinion of my Army
15 colleagues. But under the Defense Center of
16 Excellence, the ANAM, do we want to highlight
17 the ANAM as a potential best practice? I mean,
18 I'm a little wary of that one, based on what I
19 know.

20 MS. DAILEY: DCoE also submitted
21 feedback about those best practices, and
22 suggested revised language.

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1 CO-CHAIR GREEN: Okay. I mean, the
2 good part about the ANAM is actually having a
3 baseline exam. But in terms of the three
4 producibility, et cetera, it is problematic.

5 So the way this one is worded,
6 really, is not accurate at all. So I would
7 delete the ANAM paragraph, unless somebody has
8 a strong opinion differently.

9 MS. DAILEY: Okay, we are going to
10 pull it.

11 MR. CONSTANTINE: When we have, back
12 up in the PSTD, it says eval clinic at Fort
13 Benning, also identifies the best practice, but
14 we know that, because we have it in this
15 section.

16 So I don't think we should use
17 language that would identify it as a best
18 practice.

19 MS. DAILEY: What is that?

20 MR. REHBEIN: I think you are simply
21 saying to delete that first sentence?

22 MR. CONSTANTINE: Yes, I think we

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1 should delete the first sentence, and the
2 second one can start off saying eval ANAM
3 clinic at Fort Benning.

4 MS. DAILEY: Okay, I get it.

5 CO-CHAIR GREEN: And just a
6 continuing comment. So I'm looking at non-
7 medical case management, and for some reason we
8 kind of keep slipping back into passive voice.

9 So several programs devised staffing
10 models, instead of have devised, the Navy Safe
11 Harbor has established, instead of Navy Safe
12 Harbor established.

13 It is just the tenor of the report
14 changes when you actually say they have done
15 it. And so I would try to stay away from the
16 passive voice as much as possible.

17 MR. CONSTANTINE: It is in the next
18 one as well.

19 CO-CHAIR GREEN: We just don't need
20 the haves and the hases, it is just --

21 LTCOL KEANE: On page 31, underneath
22 support of family caregivers, the third

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1 paragraph down, the common barrier to providing
2 support to military family members, it just
3 needs to be rewritten, to bring out the best
4 practice.

5 CO-CHAIR GREEN: Which one are you
6 reading? I'm sorry.

7 LTCOL KEANE: Common barrier to
8 providing support to military family members,
9 the third full paragraph down on page 31.

10 MR. CONSTANTINE: I don't think
11 there is a best practice in that, anywhere,
12 because they haven't said they instituted a
13 program to do that, they just identify the
14 problem.

15 DR. LEDERER: It is a new policy
16 that they instituted.

17 CO-CHAIR GREEN: Then it needs to be
18 written as an instituted policy to do
19 something, because right now it is just
20 information.

21 MS. DAILEY: Yes, sir.

22 CO-CHAIR CROCKETT-JONES: Yes, I

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1 think the real best practice is that now
2 Marines are required to provide a family member
3 contact.

4 MR. CONSTANTINE: The last one, in
5 that section 2, it could be a lot shorter, if
6 the caregiver, it is talking about via
7 teleconference. And the best practice is to
8 incorporate videoteleconference when
9 appropriate, not to, you know, two or three
10 sentences talking about it.

11 And you might, still within the
12 family caregivers, the -- on page 31, the
13 second full paragraph from the top, is all in
14 passive voice. So you might want to reword
15 that, if you can.

16 LTCOL KEANE: On the same page, page
17 31, underneath legal support, the last bullet,
18 is that a best practice? Best practices are
19 reportedly being established by the National
20 Coordinating Council of Army Medical Command.

21 But, at this time, there is no
22 single source for best practices. Is that a

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1 best practice?

2 DR. LEDERER: That is verbatim.

3 MSGT MACKENZIE: That reportedly
4 exist.

5 MR. REHBEIN: Under vocational
6 services, I rather doubt that that last
7 sentence really should be in there, for what is
8 going on out at Balboa, because it is really
9 expressing a barrier, rather than a best
10 practice.

11 So just take that last sentence out.

12 LTCOL KEANE: On page 32, the
13 Transition Assistance Program, does having that
14 as a best practice kind of suggesting getting
15 TAP 12 months out? Then it works, then it
16 works, okay.

17 MR. REHBEIN: I think it is actually
18 an example of us recognizing a best practice,
19 and formalizing it into a recommendation.

20 MSGT MACKENZIE: Should we perhaps,
21 do we think the -- obviously we must think the
22 fact that the Marine Corps makes this

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1 mandatory, as a best practice.

2 Do we need to do that, or are we
3 covering it under recommendation, or you know?

4 The transition assistance program, you know,
5 mentioning the best -- if we are really
6 supporting the idea that making TAP mandatory,
7 are we, in a sense, also saying that the Marine
8 Corps' efforts, the Marine Corps is already
9 making it mandatory, and is that a best
10 practice?

11 Or do we have any data to support it
12 being a best practice, but we do want everybody
13 to do what the Marines do?

14 MR. CONSTANTINE: I think we have a
15 sense that it says the Marine Corps mandates
16 TAP.

17 LTCOL KEANE: Equal standard is all
18 Marine will receive TAP before they leave.
19 That is a fact. I think what the document is
20 saying, is to add that as an additional best
21 practice underneath the transitional systems
22 program.

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1 CO-CHAIR GREEN: Yes, I'm agreeing.
2 I just saw, it says the -- I would make that
3 the first one, Marine Corps has mandated TAP
4 for all Marines.

5 MR. CONSTANTINE: Except you
6 wouldn't use the passive voice, would you, sir?

7 CO-CHAIR GREEN: Thank you very
8 much. Thank you.

9 (Laughter.)

10 CO-CHAIR GREEN: That is a good dig,
11 you are good. I'm a little wary of the third
12 one, under the disability evaluation system,
13 just because there is not enough information.

14 So at Balboa the Navy MEB physician
15 reviews files for medical accuracy, but reduces
16 board rejections by 25 percent to three
17 percent, inferring that the MEB physicians
18 don't review all boards?

19 I mean, is that a --

20 MSGT MACKENZIE: I concur, it almost
21 sounds like you are writing an EPR bullet for
22 Balboa.

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1 CO-CHAIR GREEN: Yes, I mean, maybe
2 there is more to the story. But, I mean, from
3 what is written, it is kind of that should be
4 normal process.

5 MS. DAILEY: And in fact it is not,
6 sir. They had a couple of places where there
7 was not a consolidating -- there was not a
8 single point of quality control for the MEB
9 packets.

10 Several places, Balboa being one of
11 them, Fort Benning being another one, had
12 instituted a single doc, in Wilford Hall, too,
13 had a single doc that was the quality control
14 point for the MEB packages.

15 And they all reported success, much
16 more success.

17 MG STONE: Yes, I don't think we
18 have enough data on the multiple processes that
19 are part of the MEB system. And, simply, if it
20 was as simple as adding a doctor to review the
21 packet, it is just not that simple.

22 I think that bullet has to come out.

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1 By the same token, above that, the idea of
2 saying we will use Lean 6 Sigma, and we will
3 just fix this program, is silliness. I think
4 that needs to come out.

5 And I'm not sure we need to tell
6 them what Lean 6 Sigma is.

7 CO-CHAIR CROCKETT-JONES: I also
8 want to go back under Tab there is a FRAGO for
9 WTUs, in the Army, to have a mandated TAP for
10 all RWs. Do we want to have that?

11 MSGT MACKENZIE: I don't think we
12 can use that as a best practice, because the
13 problem we identified was getting it too soon,
14 and not being valuable to anyone because, you
15 know, a year and a half down the road --

16 CO-CHAIR CROCKETT-JONES: But it is
17 mandated to Marines. Do you see what I'm
18 saying? We are saying that if they are
19 mandating it, to almost have it, is the best
20 practice among the Marines.

21 The Army WTUs are doing that as
22 well. They have mandated it. We want to --

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1 they go, usually, as soon as they are --

2 MS. DAILEY: Okay, we will add it at
3 the Army, that sounds good. And I have to say
4 I would like to fight for the Fort Benning and
5 the Balboa best practices.

6 There is little enough information
7 but what we did come across, we need to
8 advocate for. Otherwise we have negated our
9 whole year's worth of work here.

10 MG STONE: I don't think so, at all.
11 I think that the disability adjudication
12 system, in the United States military, is
13 broken. And for us to highlight as a best
14 practice, give somebody the idea that you can
15 fix this system, that Congress seems unwilling
16 to take apart, and redo.

17 And so I'm very hesitant to put
18 anything in that says, you know, just make this
19 a little more efficient, and a little better
20 and, somehow, it is going to be good. It is
21 not.

22 It is a broken system that we

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1 haven't tackled, even in our recommendations,
2 and deferred to next year. Now, there is lots
3 of work to try and do this.

4 But the idea that we could somehow
5 get just a little more efficiency in this, and
6 it would be okay, really avoids the concept
7 that this is a broken disability adjudication
8 system that is unfair to our service members.

9 MR. CONSTANTINE: But the best
10 practice is saying, when you say Sigma solves
11 all our problems, it is only talking about the
12 processing times they had down there for the
13 health evaluations.

14 And if the Lean Enterprise system
15 reduces processing time, that is a good thing.

16 CO-CHAIR GREEN: Yes, let me --
17 without jumping as far over as my counterpart,
18 here, has jumped on this, I think that it is
19 reasonable.

20 The one problem I have with saying
21 it is a best practice, is there is no
22 quantification here. So if you are going to say

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1 Fort Benning used Lean to reduce processing
2 times, for mental health evaluations, then it
3 would be nice to show that they reduced it from
4 what to what, or reduced it by 25 percent.

5 In other words, if you are going to
6 say it is a best practice, you should probably
7 include enough information as to, so somebody
8 would know that they actually reduced it by 50
9 percent.

10 So I think that that would be a
11 reasonable thing to say they used Lean. On the
12 one below, if you want to say that at Balboa
13 the Navy established a single quality control
14 point, and was able to reduce the board
15 rejections.

16 The problem with the last one, on
17 the board rejections is that, frankly, everyone
18 should be doing that. And so the fact that
19 nobody is, and you captured at one place, where
20 they had actually looked at the numbers, okay.

21 We can make it a best practice, or a
22 promising practice, that everybody should have

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1 a single quality control point. And I do know
2 that Wilford Hall does the same thing. But I'm
3 not sure I would highlight it as a best
4 practice.

5 I mean, they do it because of the
6 volume of work, and they are trying to avoid
7 rework, which is kind of the same thing with
8 Lean, they are doing it for the volume of work.

9 CO-CHAIR CROCKETT-JONES: I'm going
10 to argue for it though. Because the -- Balboa.
11 The rework costs are W's time. And so they
12 are -- I think that -- I think that this is a
13 best practice, because it has improved their
14 service. They are giving their services.

15 CO-CHAIR GREEN: It is just hard to
16 call it a best practice if you don't know what
17 the normal rejection rate is. So if they had a
18 25 percent rejection rate at that facility,
19 because they weren't doing quality reviews,
20 that is kind of shame on them.

21 Okay, if everybody had a 25 percent
22 rejection rate, and this is the only place they

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1 got it down to three percent, then that is one
2 thing.

3 But when you say that it is a best
4 practice, the problem -- there could be a
5 problem at that site. I mean, how could you
6 have a 25 percent rejection rate?

7 I mean that, in and of itself, is a
8 problem. So I'm not really arguing that they
9 didn't do an improvement. But when you are
10 going to say it is the best practice across the
11 system, does everybody have a 25 percent
12 rejection rate? I hope not.

13 That is a lot of rework, but I don't
14 know. And that is why we have to look at DES
15 more broadly.

16 Now, on the mental health evals, I
17 guess, I have to go back to you, Rich, on Fort
18 Benning. Using Lean to reduce processing times
19 for mental health evals could be significant.

20 But, again, I don't know across the
21 system what the mental health evals, or what
22 the times are. And so it is hard for me to say

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1 whether it is --

2 MG STONE: And, sir, it may have
3 nothing to do with the Lean 6 Sigma process.
4 It may have to do with the fact that we added
5 additional staffing to that site, in order to
6 accomplish additional work, which took down the
7 system.

8 Hence our need to go back and really
9 look at this. I can tell you that across our
10 delivery system, we have tremendous variation
11 on how long it takes to do the mental health
12 evaluation.

13 Secondly, the acuity of the mental
14 health evaluation is different, based on
15 different sites. A behavioral health
16 evaluation done under non-combat deployed
17 soldier, at one site, may be much different
18 than someone who has three or four combat
19 deployments, or has been catastrophically
20 injured, and this has been a behavioral health
21 issue that arose as part of eight, or nine, or
22 ten, other disease processes.

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1 That is what makes this so dangerous
2 to put in and highlight as a best practice, and
3 really takes away from the validity of this.
4 We need to take a thorough look at the entire
5 process and system.

6 I would be happy to share with you
7 some slides, as we go through next year, that
8 we are working with the VA to try and do this,
9 in our monthly conferences, to take away
10 process variation across our delivery systems.

11 But the complexity of this, as you tear it
12 apart, is well beyond these type of statements.

13 CO-CHAIR GREEN: And so back to
14 where we started, okay? So, Denise, I think
15 that simply putting the Marine Corps WWR
16 creation of an IDES pocket guide to educate
17 Marines and families is enough to put under the
18 DES, based on what we have.

19 The other two were kind of
20 stretches. They were nice practices, that we
21 saw had made a difference at locations, but we
22 can't necessarily say that we have enough

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1 experience to call it a best practice. So it
2 was something good, but it is not necessarily,
3 and I can't even go as far as to say it is
4 promising, based on -- okay.

5 MR. CONSTANTINE: I assume we --

6 MR. REHBEIN: I want to go back to
7 TAP for a minute because we were talking about
8 the Marine Corps making TAP mandatory. That is
9 part of it, but the real part of it is that it
10 is within 12 months of separation. That is the
11 best practice. Yes, it is mandatory, but it is
12 mandatory at a time when it is not forgotten.

13 CO-CHAIR GREEN: Did they say within
14 12 months, or did they actually say 12 months
15 prior? How did they --

16 MR. REHBEIN: I was depending on my
17 comrade to the left.

18 MR. DRACH: I may have misunderstood
19 his comment, but if I understood it correctly,
20 TAP, in and of itself, is not a part of the
21 DES. TAP is much bigger than -- okay, I'm
22 sorry.

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1 CO-CHAIR GREEN: We were bouncing,
2 we went from the DES back up to the transition
3 assistance program, sorry.

4 MSGT MACKENZIE: We have a lot of
5 practice in bouncing around, Ron, so you kind
6 of missed out on that yesterday. So it is --

7 CO-CHAIR GREEN: Now, for everybody
8 else in the room, as General Stone and I looked
9 at our problems with some of the disability
10 staff, I don't want to negate, if we saw
11 something that we truly think was a best
12 practice out there, because you folks went to
13 several sites.

14 If you actually looked at whether
15 anybody else had a single point, or whether
16 their rates were less than 25 percent rejection
17 rates. I mean, the problem with the -- I won't
18 even talk to the part that Dr. Stone talked
19 about. Let me talk to the other problem.

20 You may not realize, but under the
21 DES system, at least on the military side, all
22 consults and anything submitted, has to be less

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1 than six months old. And so one of the other
2 things that happens, with the reason that
3 Wilford Hall, for instance, they went to a
4 single site, a lot of the review is solely to
5 see whether or not everything is within six
6 months.

7 Because what goes into the PEB
8 processing and is more than six months old,
9 they reject the case automatically. And so
10 when you start talking about this, you have to
11 understand there are some nuances to the
12 process, that drive us all a little mad.

13 And so, you know, so now think about
14 the DES process, with the way we have gone to a
15 single exam. The VA I think is taking 75 days,
16 is it 60 to 75 -- it is somewhere in there, 60
17 to 75 days to do the single exam.

18 And so, really, that has now cut the
19 time frame to have your consults, they have to
20 be within three months of when you send them to
21 the VA process, which creates a huge amount of
22 rework. Just so that everybody kind of

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1 understands.

2 So we are going to find these kinds
3 of things, when we look in more depth at the
4 DES. We are going to find a lot of things that
5 we may be able to suggest next year. But right
6 now I'm not sure, because the IDES is not in
7 place. That is one of the reasons we tried to
8 push it into next year's discussions. MR.

9 CONSTANTINE: What about the SOC, is that gone?

10 CO-CHAIR CROCKETT-JONES: No, when
11 we worked the language on the recommendation we
12 wanted to include that the SOC was a best
13 practice that met fruition, that did its
14 mission and was a good collaborative effort.

15 We didn't want to lose the valuation
16 on that. That is why we have it as a best
17 practice, even though our recommendation
18 consolidates it.

19 MR. DRACH: Are we, to some degree,
20 contradicting ourselves by saying that the SOC
21 is a best practice, but our recommendation is
22 to transfer it into the JEC?

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1 CO-CHAIR CROCKETT-JONES: No. The -
2 - our purpose was, specifically, to put it as a
3 best practice, as a best practice that
4 completed its mission.

5 We didn't want, in consolidating it
6 with our recommendation, to imply that they
7 hadn't been purposeful and a good idea. We
8 weren't consolidating them because they were
9 bad.

10 CO-CHAIR GREEN: I would go a little
11 different way. The -- by putting the JEC to
12 have this oversight, in essence, you put it
13 into something that has long-term viability,
14 whereas the SOC is transient.

15 LTCOL KEANE: I'm sorry, I still
16 have a problem with having the senior -- and
17 probably just my simple Marine mind. The last
18 sentence, such successes enhance opportunities
19 for future collaborations of a community that
20 we are recommending to disband.

21 I think you captured this by saying
22 the JEC. What if you just change the title?

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1 CO-CHAIR CROCKETT-JONES: No, I
2 think we are saying that having seen that the
3 SOC worked, and finished its job, we now know
4 we can do that again, in the future, if we need
5 to. What we are saying in the recommendation
6 is SOC completed its mission, and now has to be
7 moved.

8 DR. PHILLIPS: Can we reword that?
9 Because we know that, but I don't know if the
10 general public and people reviewing this will
11 understand that.

12 LTCOL KEANE: We haven't captured
13 that it's met its thing, and it was good for
14 the time it existed, in the best practice.

15 CO-CHAIR CROCKETT-JONES: Okay, so
16 maybe we need better language?

17 MSGT MACKENZIE: That will probably
18 be handled, we have been getting further and
19 further away from reviewing the findings. That
20 probably will be clarified in the findings that
21 go with that recommendation, in the report,
22 once we have seen them.

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1 CO-CHAIR CROCKETT-JONES: Yes, we
2 just need, it might mean that this best
3 practice, the findings and the recommendation
4 ought to flow properly. But we might need to
5 have all of that before we can get it right.

6 DR. PHILLIPS: Not to have Justin
7 angry with me, but we can use passive language
8 and, perhaps, thank the SOC for its work.

9
10 MG STONE: I actually think you can
11 just take off the last sentence, and then our
12 recommendation, really, and the findings that
13 support our recommendation, it needs to talk to
14 the fact that this, basically, will align this
15 oversight into a legislated committee, instead
16 of it being transient.

17 If we drop the last sentence, and
18 then the last half of the sentence before that.

19 I think what we want to do is highlight the
20 fact that bringing senior leadership from the
21 two departments together facilitates effective
22 communication and the opportunity to solve

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1 problems. To highlight, somehow, that it has
2 facilitated progress, particularly regarding
3 IDES, I'm not sure where we want to go with
4 that.

5 CO-CHAIR GREEN: General Stone, do
6 you feel strongly about this?

7 MG STONE: I might. But when I sit
8 next to you I always temper my responses, in
9 order to be slightly more acceptable in my
10 responses.

11 CO-CHAIR GREEN: I actually agree
12 with you. I think we could end it with one from
13 department to the other, period. And that way
14 we are giving them credit, but we are not being
15 so specific that people will laugh at our
16 report.

17 I -- we still have enough problems
18 with the IDES that there is work to be done.

19 MR. CONSTANTINE: I agree, as well,
20 but there is no -- it is a weird sentence
21 because there is no verb.

22 CO-CHAIR GREEN: We need a has in

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1 here somewhere. Let's see.

2 DR. PHILLIPS: Mr. Constantine
3 invented Scrabble.

4 CO-CHAIR GREEN: I think we say the
5 SOC regularly convenes senior leadership around
6 issues central to providing seamless transition
7 from one department to the other. So we make
8 it an active statement.

9 MS. DAILEY: We are going to keep
10 the statement there about senior leadership
11 from DoD and VA. We consider that a best
12 practice. And, in our recommendation, we have
13 required that that be the level of leadership
14 to address wounded warrior issues in the JEC.
15 So that piece is the best practice.

16 CO-CHAIR GREEN: Correct. So the
17 best practice will read, I think, the SOC
18 regularly convenes senior leadership from DoD
19 and VA around issues central to providing
20 seamless transition from one department to the
21 other, period.

22 The best practice is, actually, that

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1 they centrally convene senior leadership.
2 Okay. Is there any place else in the report
3 you want to take something out about IDES, Dr.
4 Stone?

5 MG STONE: If I can find it, I will
6 be looking. Thank you for the opportunity,
7 sir.

8 CO-CHAIR GREEN: Do we want to look
9 through the planned activities as well? I
10 mean, actually it is fairly well written, but
11 you can take a glance at it, and give feedback.

12 I know there are some minor changes
13 in terms of the things that they are going to
14 incorporate, based on the tag they gave us
15 today. But take a look at the language.

16 MS. DAILEY: Correct. We can move
17 on to page 33. This is, again, part of the
18 document that would be submitted to Congress.

19 And, as noted this morning with the
20 document we handed out, there would be other
21 incorporations, there would be additional
22 incorporations, areas of emphasis maybe would

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1 even be a better terminology.

2 MG STONE: Just a small point. But
3 under 211, 212 methodology in the second
4 paragraph, we say we will hold monthly
5 meetings. And we are not scheduled that way at
6 this point. We are scheduled --

7 MS. DAILEY: Yes, actually I'm
8 beginning to think that might be a good idea.
9 I just don't have the money.

10 CO-CHAIR GREEN: Why don't we simply
11 change it to bimonthly? I think if we change
12 it to bimonthly, you would be close to what we
13 are actually doing, right?

14 MS. DAILEY: Yes, sir.

15 LTCOL KEANE: Sir, a question in the
16 first line of -- Recovering Warrior Task Force
17 is chartered for four years of operations, from
18 2010 to 2014.

19 I haven't been issued a pistol or
20 anything, I don't know when I'm going to go
21 forward. I don't know if we want to say of
22 operations. Can we just take that out?

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1 It is chartered for four years, from
2 2010 to 2014.

3 CO-CHAIR GREEN: Well, it is
4 actually five years, that is one problem there.

5 And so we ought to make sure that it says
6 five, or four more years of operation. Is that
7 what you were trying to say?

8 LTCOL KEANE: I didn't catch the
9 math, sir. My suggestion was deleting of
10 operations.

11 CO-CHAIR GREEN: I think that is
12 fine. The Recovering Warrior Task Force is
13 chartered for four more years, from 2010 to
14 2014. And, actually, it probably should be
15 2011.

16 It just depends. I mean, this one
17 was the first year our report has come out. So
18 do we need to talk about the past history, or
19 talk about the future?

20 MR. CONSTANTINE: I think we should
21 say the full --

22 CO-CHAIR GREEN: So you think it is

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1 chartered for five years, then. So then it
2 would be chartered for five years, from 2010 to
3 2014, to assess the effectiveness, and that is
4 how it would read.

5 And we will be happy to issue a
6 pistol if you need it for the negotiations.

7 DR. LEDERER: What was the final
8 decision?

9 CO-CHAIR GREEN: Five years, we will
10 be chartered for five years, from 2010 through
11 2014.

12 DR. LEDERER: Thank you.

13 MR. CONSTANTINE: We have a bullet
14 here, and it says we are going to Landstuhl,
15 therefore we are definitely going to go to
16 Kaiserslautern as well. It is on the top of
17 34.

18 And, really, where it describes
19 Landstuhl, it doesn't say that sometimes, if
20 this is even relevant in the report, but
21 sometimes they turn back in theater.

22 DR. TURNER: Landstuhl is

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1 misspelled.

2 MSGT MACKENZIE: These are just
3 ideas. I mean, we don't have to cover
4 everything in here. So to say that we are
5 going to Landstuhl to specifically look at this
6 transient deal really doesn't require us to say
7 anything about Kaiserslautern.

8 DR. LEDERER: So, I'm sorry, were
9 there any changes, other than the typo in
10 Landstuhl, to that bullet?

11 DR. PHILLIPS: No, I don't think so.

12 MSGT MACKENZIE: The only thing is
13 return stateside or theater, or return back to
14 duty. Because there is quite a bit of that,
15 and that is a unique process as well.

16 DR. LEDERER: Thank you.

17 CO-CHAIR GREEN: Honestly, I'm not
18 sure I would even make that change. I
19 understand we are not going there for the
20 people who are being turned back to the
21 theater. Technically we are going there for
22 the people, as we're recovering warriors, they

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1 really have to be en route back. So the way it
2 is worded is probably adequate.

3 MR. REHBEIN: Back up one to the
4 previous page, where we talked about two joint
5 forces headquarters. Should we be consistent,
6 instead of saying Guard and Reserve issues, say
7 Reserve component issues?

8 DR. LEDERER: That will be a global
9 change throughout.

10 CO-CHAIR GREEN: For the writers,
11 I'm assuming, as you change the findings, that
12 clearly is going to change your footnote
13 ordering, et cetera, as well, correct?

14 DR. LEDERER: Yes, sir.

15 CO-CHAIR GREEN: So you guys will do
16 all that work, okay.

17 MSGT MACKENZIE: I have a question,
18 on page 33, and this -- General Green, perhaps
19 you can help me with this.

20 We addressed this, this year, when
21 we went to Lackland Air Force Base, you know,
22 we did talk to the patient squadron, we did

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1 talk to, you know, we did the focus groups
2 there.

3 A very large chunk of what we were
4 missing for information is, actually, at
5 Randolph Air Force Base, right there in the
6 same city.

7 Are we saying, in this visit, that
8 we are going back to Lackland and we are going
9 to make all the resources from Randolph come
10 down to Lackland to talk to us? Or are we
11 looking to go to Randolph and see that
12 personnel, you know, where all this magic is
13 happening, you know, at the FW2 headquarters?

14 MS. DAILEY: Yes, that is a little
15 too specific. We are just going to use the
16 term San Antonio.

17 MSGT MACKENZIE: Okay.

18 MS. DAILEY: Because there are a
19 variety of activities in San Antonio.

20 MSGT MACKENZIE: That is what I was
21 getting at, yes.

22 MS. DAILEY: I don't anticipate

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1 going back to Lackland or even Wilford Hall.
2 And there are places that I didn't get to. So
3 we will generalize that to allow us some
4 flexibility in the San Antonio area.

5 CO-CHAIR GREEN: It is actually even
6 Kelly, which isn't an Air Force base any more,
7 now it is part of Lackland. And so a lot of
8 the things from AFPC have been co-located.

9 There was a comment about the 7,000
10 square feet. So it really, you could almost
11 use the joint base. In fact, that is probably
12 what I would recommend, Denise.

13 Because that is Joint Base San
14 Antonio, now, and it takes in Fort Sam, and
15 Randolph, and Kelly, and Lackland, if you just
16 said Joint Base San Antonio, it would cover all
17 of it.

18 So Joint Base San Antonio to gather
19 information. It would cover all of those
20 things.

21 MS. DAILEY: And I will probably try
22 and generalize this even a little more. I

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1 don't want to be locked in by either the
2 services or Congress by this document.

3 Because, you know, if I have to
4 switch out installation visits, or things like
5 that, I don't want them holding up the report
6 and saying, you said in your report.

7 So I'm going to generalize this all
8 a little bit more. I do think things like
9 Twentynine Palms, I do need to put them on
10 notice that we will be back at Twentynine
11 Palms.

12 So it does give them a little bit of
13 a heads up, but I don't want to be constrained
14 by it. I need to tell Congress what we are
15 doing.

16 CO-CHAIR GREEN: Okay, any other
17 comments regarding the planned activities in
18 11-12?

19 (No response.)

20 CO-CHAIR GREEN: So, Denise?

21 MS. DAILEY: Yes. I do have an open
22 date on 10-11, at the Crowne hotel, right down

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1 the street from here, 10-11 August. I have a
2 venue that we could come to, I just, Suzanne --

3 Though could we, would we be able to
4 produce the draft in that time, a draft this
5 week, send it out to them, and then meet 10-11
6 August?

7 Does that de-conflict it for some of
8 you, or does that increase the conflicts, and
9 the unknown is, I'm not sure I can get the FACA
10 police to allow me to hold one with that little
11 public notice, but I can try.

12 MSGT MACKENZIE: Unfortunately my
13 status still remains the same as being unable
14 to attend.

15 CO-CHAIR GREEN: Is there -- are
16 there others that would not be able to attend
17 on the 10-11?

18 MR. REHBEIN: It would be much more
19 difficult for me.

20 DR. PHILLIPS: It is actually easier
21 for me, because I have another meeting around
22 that date.

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1 CO-CHAIR GREEN: I think that we
2 need to try and give the 15 days notice to the
3 public.

4 MS. DAILEY: I can't make that at
5 all, sir.

6 CO-CHAIR GREEN: You can through the
7 18th, though.

8 MS. DAILEY: No, sir. Even if I go
9 with my original dates of the 18th, I would
10 have to have submitted the Federal Notice last
11 week.

12 CO-CHAIR GREEN: I guess the other
13 question is, so if you can find a venue on the
14 10th or 11th, is there a way to find one that
15 gets you to the 15 days?

16 Or the problem is you run into
17 publishing problems, correct?

18 MS. DAILEY: Yes, much beyond the
19 18th and 19th, if we go beyond the 18th and the
20 19th, I can't guarantee I'm going to be able to
21 publish it, edit it, get it through the editing
22 process.

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1 It is only two weeks. I mean, I can
2 do copies on the Xerox machine in my office,
3 which has been done before. I mean, it is not
4 unusual.

5 CO-CHAIR GREEN: Actually the -- as
6 Suzanne pointed out, I actually think that we
7 are okay with where we are with this. So I
8 feel like the next meeting is going to be
9 relatively minor, in terms of -- we just are
10 uncomfortable, right now, with not having seen
11 how the findings are going to support our
12 recommendations.

13 And so what we are stuck with is
14 this timing crunch. And, from my perspective,
15 we have had very good discussion, here in these
16 last two days.

17 We have a very good set of
18 recommendations, and the main thrust of our
19 review is going to be about ensuring that the
20 recommendations, I'm sorry, that the findings
21 are actually supportive of the recommendations.

22 And so I'm going to ask one further

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1 question. So, Denise, when we did the initial
2 draft, okay, we did that with small groups that
3 looked at this, and basically said this is what
4 is going to go in, before we ever got to the
5 final.

6 So as you send this, individually to
7 us to look at, is it possible to get the same
8 small groups on the telecon, to say yes, the
9 findings actually support what we want.

10 And if that is true, because that
11 was not done in the public forum, then the
12 follow-on question would be back to this group,
13 is that satisfactory in terms of the final
14 review?

15 Knowing that the recommendations
16 will not change. And, basically, this is just
17 aligning the findings to ensure that they are
18 supportive of the recommendations that we have
19 all approved.

20 Can we do this in a small group
21 telecon that basically says yea to this,
22 towards the end of next week? I mean, if we

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1 get -- once we get this out to people, we could
2 hold those small group telecons, and finish
3 this, right?

4 MS. DAILEY: Yes, sir. I can hold
5 small group telecons, and as small groups you
6 can decide if you like your findings and
7 recommendations.

8 For everyone to decide, they like
9 everyone's findings and recommendations.

10 CO-CHAIR GREEN: So let me see if
11 there is an alternative to having another
12 meeting. Because really, as Suzanne points
13 out, the material that is in the report today,
14 is going to be basically aggregated in support
15 of the 21 recommendations.

16 And so the question becomes, can we
17 do the small group vetting of the findings,
18 once they are finished, to basically say they
19 do not detract and, in fact, do support the
20 recommendations that have been made.

21 And once we have that, then they
22 could go final on the report. And so let me

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1 just throw that out for discussion.

2 CO-CHAIR CROCKETT-JONES: I also, I
3 want to point out, we can create our small
4 groups with different, in different ways than
5 our last small groups.

6 If there are areas, you know,
7 sometimes I know I find it difficult to be able
8 to comment on findings to -- you know, on the
9 details of the findings, because I don't know
10 the language, or I'm not familiar with the
11 systems involved.

12 And I don't know if it is -- if
13 there is an issue with wording, or with
14 accuracy, I might miss those things, based on
15 my lack of information.

16 So if we can create the small
17 groups, in a way that people's areas of
18 expertise, and interest, help out to make them
19 effective --

20 CO-CHAIR GREEN: So, from my
21 perspective, as a co-chair, I believe that we
22 want our first report to be, one, on time.

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1 And, two, to be of value in terms of shaping
2 the future work, just as General Stone has
3 said.

4 I also think that the work that we
5 have done, these last couple of days, has
6 gotten us to the recommendations that we are
7 all very comfortable with, going forward.

8 And so the issue becomes, that right
9 now, the thing we are all uncomfortable with,
10 is whether the findings will actually detract
11 or support the recommendations that we have
12 actually put in place.

13 I think the writers have a very good
14 idea, having sat in on the sessions with, not
15 only in the smaller groups, but with the large
16 group, as to what we expect to see, in terms of
17 those findings, but we all want to see them.

18 And so if we don't have to do the
19 group, it would be nice not to have to request
20 a waiver for the FACA and, basically, be able
21 to move forward.

22 And, frankly, you can pick the

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1 group. We could have people work in different
2 groups. If there are areas of particular
3 interest, based on the four categories of
4 recommendations.

5 So, as Suzanne has pointed out, we
6 don't have to go back to the original groups on
7 the telecon. We could say, yes, we trust Dr.
8 Stone to be on the restoring health, the IDES
9 committee, yes.

10 There is no IDES committee, thank
11 God, okay? But you see what I'm saying. And
12 so why don't we go to lunch, because I think we
13 are coming up upon lunch.

14 Let's just think about it, and my
15 gut feel is that we are close enough, now, that
16 we may be able to do this with a small group
17 validation that the finding is supportive of
18 the recommendation, and does not contain
19 derogatory, or sensationalized information, it
20 basically supports the recommendation, and gets
21 us to where we want to go.

22 There may be some specific things we

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1 want the small group to verify. So, for
2 instance, I included a non-sensational. I mean,
3 there may be things that are sensational, that
4 need to be in it.

5 But if there are specific criteria,
6 we want the small group to verify, I think the
7 number one criteria is that the finding is
8 supportive of the recommendation, and does not
9 detract from our intent.

10 And then, beyond that, if there is
11 any other, kind of, rule sets, then we can
12 decide what those are. So that the small group
13 knows that their charter, when they come on the
14 telecon is to go, yea, or nay, it meets these
15 three or four reality checks, and now we go
16 final.

17 With that, how about lunch?

18 MR. REHBEIN: May I clarify one
19 thing for my thinking?

20 CO-CHAIR GREEN: Yes.

21 MR. REHBEIN: We are talking about
22 dividing up into small groups, and each group

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1 considering the report, or the recommendation
2 section, or are we talking about each small
3 group dividing up, and only considering a
4 portion?

5 CO-CHAIR GREEN: Yes, they would
6 only consider the portion, of the four
7 categories that we are using for the
8 recommendations. You would, basically, the
9 small group would look just at that.

10 Trusting that the other small group
11 will look at the other section.

12 DR. TURNER: And so we would
13 actually sign before we leave today?

14 CO-CHAIR GREEN: That is correct.
15 We are signing the recommendations. And so the
16 next aspect of this is to make certain that the
17 findings are supportive of the recommendations.

18 And, again, the ability to be on
19 whichever group you feel is of most interest,
20 or where you have the most expertise, to ensure
21 that the findings, we can work through that, if
22 that is the way to solve this.

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1 One other clarification, each
2 member, individually, can look at the entire
3 report, okay?

4 So it is not that you are not going
5 to be given the entire report, it is just that
6 you would be part of a subgroup that has a
7 specific area of interest.

8 Denise, have I strayed far from your
9 requirements? Okay, I'm good.

10 All right, let's have lunch, we will
11 come back, and we will work through this and
12 decide whether we need the meeting, or if we
13 are going to be able to do this a different
14 way. Thank you.

15 (Whereupon, at 11:59 a.m., the
16 above-entitled matter recessed for lunch and
17 reconvened at 12:59 p.m.)

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1 had a chance to read it. Is there something
2 about the findings that any of you found
3 particularly difficult to accept, as part of
4 the report?

5 If we can get these out on the table
6 now, that would be very helpful.

7 CO-CHAIR GREEN: Let me interrupt.
8 A couple of things. We are sending around a
9 signature page, okay? The signature page is,
10 basically, so that we don't have to round
11 everybody up, again.

12 And so we ask that you sign that.
13 We will not associate it with any final report
14 until we have come to a conclusion here, in
15 terms of the way ahead.

16 A couple of things on where we are,
17 as we get ready to do what Denise has said.
18 Anything that is going to require exclusion of
19 content, or a change in significant wording, to
20 a finding, whether it is coming from your
21 service, or your particular community of
22 interest, as you have now read through the

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1 report, and would need to be discussed by the
2 larger group, in terms of whether it should be
3 excluded, we really need to know that, if we
4 are not going to have a follow-on session.

5 And so the discussion, just before
6 lunch, was to try and look at how we are going
7 to move forward. And I have touched base with
8 several members, individually, to kind of get a
9 sensing.

10 And so I'm going to ask now, in an
11 open forum, to see -- my gut feel is, that
12 based on timing and where we are, that we can
13 do this, and get the final recommendations to
14 match up, I'm sorry, the final findings to
15 match up with the recommendations, through the
16 small group process, without having to bring us
17 back together, again, formally.

18 And so the way forward, that I'm
19 proposing is that, in essence, once the report
20 is in its final draft format, or even the
21 findings and recommendations, if they can get
22 that to us earlier, then they would send that

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1 to us individually.

2 Individually we would look at it,
3 and can provide individual feedback, in terms
4 of things that we feel that were misaligned, or
5 things that should be considered.

6 I would not spend a lot of time,
7 because we are going to send you a rather rough
8 draft, doing grammatical changes, or spelling
9 checks, because all that will be done by the
10 editors.

11 On the other side of that, with the
12 individual review, if you can do that, as soon
13 as you receive it, then any comments you have
14 can then be considered by the small group,
15 because you are now looking at the whole
16 report.

17 The small group, which the small
18 groups in the telecons job will be to ensure
19 that the findings do not detract and actually
20 support, with data hopefully, the
21 recommendation.

22 And so the small groups would then

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1 say, yes, we think that the wording of the
2 finding is satisfactory in support of the
3 recommendation.

4 Each of the small groups would
5 basically, then, be speaking for us. And now
6 the final draft will be put together. And,
7 once again, it would come to you, individually,
8 for you to be aware of what the final draft is
9 going to be, as it gets posted.

10 I mean, it is going to be fairly
11 close, if you receive the final draft that is,
12 also, going to be posted.

13 And so once they send it to us, they
14 will probably post the final draft. But it
15 would have had the scrutiny of your individual
16 review, of what is happening with the findings
17 and recommendations, and the small group
18 verification that the finding is consistent,
19 and does not detract from the recommendation.

20 And, hopefully, is factual, based on
21 good factual background. So with that as kind
22 of the way forward, do I hear any objections to

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1 moving in that direction?

2 MSGT MACKENZIE: No, I have no
3 objections. The only thing I would like to add
4 to that, sir, was in our small group,
5 yesterday, as we looked at four of those
6 recommendations, and the findings associated
7 with it, it wasn't so much that the findings
8 detracted from the recommendations that we
9 looked at.

10 It was that their placement was a
11 little off. But, most importantly, when
12 everybody looks at these findings, with
13 reference to the recommendation, if there isn't
14 findings in place, we found it very helpful to
15 research staff, that we gave them specific
16 areas where we found those findings, so it
17 would help them in finding the correct finding
18 to support that recommendation.

19 So that is just another thing to
20 look at, when you review the report, on your
21 own, to make sure that you assist to expedite
22 that process.

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1 CO-CHAIR GREEN: So with -- is there
2 other discussion, anyone who is concerned with
3 the way forward that has been outlined?

4 (No response.)

5 CO-CHAIR GREEN: So we really have a
6 three step process. First step, they will
7 forward to us each, individually, the
8 recommendations that we have all approved, with
9 the findings, so that we can go through it and
10 see, individually, if we are comfortable.

11 Please, with that, if you are not
12 comfortable with something, it would be great
13 to highlight that, so that in the telecon with
14 the small group, the small group can consider
15 that.

16 And so you are going to have to do
17 this expeditiously, because this stuff is going
18 to have to happen within, probably, the next 10
19 to 12 days, I'm guessing. Denise?

20 MS. DAILEY: Yes, sir. Quite
21 frankly I'm going to need an almost immediate
22 turn around. Silence is going to be consent.

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1 CO-CHAIR GREEN: Right. So --

2 MS. DAILEY: I will attempt you to
3 get your schedules into a working group, in the
4 evenings. But if I fail, and I can't contact
5 you, then I have to move on.

6 MG STONE: Denise, silence is not
7 consent. We will work diligently, we will work
8 quickly. But immediate turnaround, you have a
9 fairly massive document.

10 When do you think you can deliver us
11 the document?

12 MS. DAILEY: Wednesday, sir.

13 MG STONE: Okay.

14 MS. DAILEY: And it is less than 30
15 pages, ladies and gentlemen.

16 MG STONE: And then, so if we can
17 turn it around within 24 to 48 hours, I think
18 that is very reasonable. But I think each of
19 us has to come up on the net and say, you know,
20 we read it and we concur.

21 CO-CHAIR GREEN: Okay. And so --
22 and then basically, it is not just concur. But

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1 you can also say I concur, and would like the
2 small group to consider.

3 Now, then, that means that Denise,
4 I'm going to let her try to schedule these as
5 early as next Friday. So, essentially, you
6 will have about 24 to 48 hours, to get that
7 feedback back.

8 That is, kind of, what we are trying
9 to get people to understand. Because I don't
10 want people trying to staff this with their
11 respective organizations. That will occur
12 after the final report is written.

13 So this is really you, as an
14 individual member of this Task Force, who says
15 yes, I think we have captured it. And if you
16 say I'm worried about this particular aspect, I
17 defer to the small group, the small group then
18 will work it, and then the final draft will be
19 released, whenever it is ready, and we will all
20 also look at the final draft, okay?

21 And so at that point, if you have
22 problems, you probably need to let one of the

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1 co-chairs know. And we will figure out if we
2 have to have a recalcitrant, or an alternative
3 statement in there regarding something.

4 I don't think we are going to see
5 that. From where we are, I think we have a
6 strong consensus in terms of where we are
7 going.

8 But we will work it, if there is
9 something that is truly objectionable, at the
10 end, there may have to be a minority opinion,
11 we will see.

12 All right, Denise, can you work the
13 telecons starting a week from Friday?

14 MS. DAILEY: Yes, sir.

15 CO-CHAIR GREEN: Okay. And so that
16 gives her the opportunity to talk, and we will
17 establish what the small groups will be, and
18 see if we can't help her with bringing this
19 together.

20 So that everybody is kind of
21 expecting that our time to talk will be X, all
22 right?

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1 Do we want to do this randomly, or
2 do we want to do this specifically based on who
3 is on which groups? In other words, we can do
4 a simple numbering system, again, or we can try
5 and break it out by interest areas.

6 If there is somebody, because from
7 my perspective, I can work any of these four
8 different areas. Yes? Go ahead, Justin.

9 MR. CONSTANTINE: I would rather do
10 interest areas, because there is so much that I
11 don't really know much about, I don't think I
12 will be much help on some of them.

13 CO-CHAIR GREEN: Okay. And so if we
14 could, just get something that puts up the four
15 -- not right now, but have somebody just list
16 the four areas optimizing health, restoring
17 health, you know what I'm saying.

18 Get those four areas, and what we
19 will do is we will have people put their names
20 in, and then that will be who we expect to be
21 on the telecon, as you arrange it, for that
22 particular group.

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1 MR. REHBEIN: Sir, we really have
2 five now, since we have those --

3 CO-CHAIR GREEN: The overarching.

4 MR. REHBEIN: -- overarching.

5 CO-CHAIR GREEN: It should be five
6 groups, you are right. So how about just
7 bringing up a Word document? We can actually
8 do this without anybody trying to find
9 something.

10 MSGT MACKENZIE: It is, actually, on
11 the Executive Summary page, you have the groups
12 in order.

13 CO-CHAIR GREEN: Okay, first group
14 will be overarching.

15 MS. DAILEY: So who would like to be
16 on overarching?

17 CO-CHAIR GREEN: Turner and
18 Phillips. Turner, Phillips, and DeJong. Okay.
19 Those are overarching. And somehow you have
20 deleted DeJong.

21 DR. PHILLIPS: Just a quick point.
22 Would someone contact General Horst, because he

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1 may want to be involved.

2 CO-CHAIR GREEN: Yes, I thought he
3 was going to dial back in, but he must have
4 gotten caught. We will actually contact the
5 other members to make certain.

6 Okay, the second one would be
7 restoring wellness and function. Do we have
8 people that want to be on -- that one actually
9 has the most recommendations.

10 DR. PHILLIPS: I will volunteer for
11 that, as well, since I was involved with that
12 from the beginning.

13 CO-CHAIR GREEN: Let's go to the
14 next one, if we don't have anybody jumping at
15 that one. The next one, after restoring
16 wellness, is the restoring into society. So,
17 Suzanne, would you like to be on that one?

18 MSGT MACKENZIE: Sir, I can jump in
19 on that as well.

20 CO-CHAIR GREEN: Okay.

21 MR. CONSTANTINE: Not just because -

22 -

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1 MSGT MACKENZIE: Okay, and so COL
2 Keane. Denise, Justin Constantine was on that
3 as well.

4 CO-CHAIR GREEN: And the final one
5 is enabling a better future.

6 MS. DAILEY: We still have Mr.
7 Rehbein.

8 CO-CHAIR GREEN: Right, and Keane.
9 Denise, you can put me in on wellness and
10 function with Dr. Phillips.

11 CO-CHAIR CROCKETT-JONES: SM DeJong
12 and I will both do wellness with Dr. Phillips.

13 CO-CHAIR GREEN: Okay. Ron, do you
14 have a preference?

15 MR. DRACH: Whatever. I will go --

16 CO-CHAIR GREEN: Just tell us where
17 you would like to be. You can help us round it
18 out here, and get it so that we have a minimum
19 of three on each one.

20 So on the restoring into society
21 might be a good one for you to grab a hold of,
22 just because we only have two people there. And

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1 maybe on the two, restoring and the optimizing.

2 But we still have some others that
3 aren't up there, yet, I think. Rich? Okay.

4 MS. DAILEY: Enabling a better
5 future with LTC Keane and Mr. Rehbein. Yes,
6 I've got Mr. Drach on enabling a better future,
7 with Mr. Rehbein and LTC Keane.

8 MR. DRACH: That is fine with me.

9 MS. DAILEY: Okay.

10 CO-CHAIR GREEN: Do we have military
11 and civilian representation on all of them?

12 MSGT MACKENZIE: Yes, sir, we do.

13 CO-CHAIR GREEN: So we are really
14 fine. So I think, Dr. Stone, it's your choice.

15 We have, all of them now have, except for the
16 Restoring into Society, we only have two on
17 Restoring into Society, it looks like, to me.

18 MR. CONSTANTINE: And optimizing
19 wellness.

20 CO-CHAIR GREEN: But that is only
21 two. Do we need to go the third person for two
22 recommendations?

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1 MSGT MACKENZIE: Restoring into
2 society.

3 CO-CHAIR GREEN: And I would suspect
4 that everyone is going to talk about, pretty
5 much, the entire document.

6 Russ, can I ask, how about joining
7 on the optimizing ability, so that we will have
8 three people on that one, too. Okay, so we
9 will put Turner on there.

10 You are on two is that right?

11 DR. TURNER: Yes, sir.

12 CO-CHAIR GREEN: Yes, and so,
13 Suzanne, you are okay with just the one, you
14 are on two, so you got the ones you want, okay.

15 And Phillips is on two, is that
16 right? Okay. So I purposefully held myself
17 out, okay? Because I think I'm going to end up
18 being a little bit of an arbiter.

19 And so I will let you folks do this,
20 and also I tend to influence the discussions
21 more than I want to influence the discussions.

22 So I will let you folks, basically, ensure

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1 that the findings match up with what we are
2 trying to do with the recommendations.

3 And I will let Denise set up the
4 phone calls. So are we going to be able to work
5 this, have we helped you to where you think
6 this is manageable, within the time lines?

7 MS. DAILEY: Yes, sir. And let me
8 make sure that I got this straight, and I need
9 someone from my staff, to make sure, because I
10 might forget whether I was collecting these
11 names above or below the topic.

12 CSM DeJong, Dr. Turner, and Dr.
13 Phillips, are going to address the overarching
14 topics. For restoring wellness and function,
15 Dr. Phillips, CSM DeJong, and Ms. Crockett-
16 Jones.

17 For restoring into society, it is
18 MSG MacKenzie, Ms. Crockett-Jones, and Dr.
19 Stone, GEN Stone.

20 Optimizing ability is LTC Keane, Mr.
21 Constantine, and Dr. Turner. And enabling a
22 better future is Mr. Rehbein, LTC Keane, and

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1 Mr. Drach.

2 CO-CHAIR GREEN: Okay. And if
3 everybody feels that they have adequate
4 representation, and can defer to these small
5 groups for the final match-up, in support of
6 our recommendations, I think we have a clear
7 way ahead.

8 Okay, it sounds like we are fine
9 with this. And, Denise, if you would, we
10 should offer it to the members who could not be
11 present. So see if Karl wants to join any
12 particular group.

13 MS. DAILEY: Okay, sir.

14 CO-CHAIR GREEN: Okay, so let's --
15 having that, and a clear way ahead now, I think
16 we can then talk to, I'm going to take us to
17 something I think will be easy.

18 And so let's talk to the Executive
19 Summary, which is on page 2. I'm sorry, roman
20 numeral III.

21 The Executive Summary is clearly
22 problematic right now because of the

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1 elimination of subheadings, and not knowing
2 what the subheadings will be.

3 And so let me suggest that right
4 now, unless the subheadings jump out, we can
5 eliminate all of that, and simply have it read,
6 the Recovering Warrior Task Force found many
7 promising practices emerging from every level,
8 serving recovering warriors, from individual
9 staff and installations, to service level, and
10 department level offices.

11 And then skip the next line, because
12 I don't think we need to say, for examples of,
13 please refer to chapter 2, so just delete that.

14 And then the Recovering Warrior Task
15 Force also noted challenges, barriers, and
16 opportunities for improvement of the programs
17 and policies, and formulated recommendations to
18 address them.

19 The recommendations and findings are
20 organized in chapter two of the report. And
21 I'm not sure we need -- we can put in the four
22 categories if it makes it read better, okay?

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1 But I wouldn't go into the subheadings.

2 I would stay with the four major
3 categories. Justin, you and I talked briefly.

4 Does that meet your intent?

5 MR. CONSTANTINE: Yes, sir.

6 CO-CHAIR GREEN: Okay. And then I
7 would delete all of the rest of that paragraph.

8 MR. CONSTANTINE: Do you mean the
9 second paragraph?

10 CO-CHAIR GREEN: That -- well, that
11 first paragraph. So findings are organized in
12 chapter two of the report, and then you can
13 list the four categories but I would not say
14 anything else.

15 And then in the second paragraph,
16 the Recovering Warrior Task Force observed
17 several consistent themes across the
18 challenges, barriers, and opportunities for
19 improvement that are identified.

20 There are disparities across wounded
21 warrior programs and policies, in the
22 headquarters or department vision, and the way

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1 in which those programs and policies are
2 implemented in the field, and experienced by
3 the recovering warriors and their families.

4 Clear, consistent, and accurate
5 information does not reliably reach the
6 recovering warrior about the programs and
7 policies intended, should be past tense, to
8 support him or her.

9 And, also, parity of care across the
10 services, has not been achieved, period.
11 Eliminate the programs and policies, it is
12 redundant.

13 And from language used to services
14 offered comma remove the and, eligibility
15 criteria comma and staffing requirements, the
16 services implement policies and programs
17 differently.

18 And then the next line, some of
19 these differences disadvantage subpopulations
20 of the recovering warrior community period. And
21 there are also, instead of saying T, I would
22 say significant differences in the experience

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1 of active component recovering warriors,
2 reserve component, and those in units.

3 I wouldn't change the rest of it,
4 other than I'm not sure it is key, I think it
5 is just significant. And, frankly, the rest of
6 this, I think, will then flow when they list
7 the recommendations.

8 Simple, straightforward, let them
9 see the recommendations right up front.

10 MR. CONSTANTINE: I would just say,
11 the first sentence in that single paragraph,
12 sir, would say that our Task Force -- right now
13 it says across it -- the challenges, barriers
14 and opportunity for improvement -- well, never
15 mind, I take that back, that is fine.

16 DR. PHILLIPS: Can I make a comment?

17 MR. CONSTANTINE: Because we use
18 that language, already, in our first paragraph,
19 challenges, barriers, and opportunities. So it
20 seemed repetitive to me.

21 CO-CHAIR GREEN: Perhaps we just
22 simply say the Recovering Warrior Task Force

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1 observed several consistent themes for
2 improvement. Again, simplicity in Executive
3 Summary is key.

4 DR. PHILLIPS: I just have one
5 comment, and maybe I'm too picky. I have
6 trouble with the word promise, only because I
7 haven't been there before, so nothing could
8 have been promised to me.

9 And I would suggest maybe we change
10 it to beneficial, good, acceptable, useful. I
11 just have trouble with promise, because nothing
12 was promised.

13 MR. CONSTANTINE: You mean promising
14 practices?

15 DR. PHILLIPS: The RWTF found many
16 promising practices. And I just, the word
17 promise just hits me wrong, because again, it
18 is not my second visit, so I wouldn't promise
19 something the first time around.

20 And it --

21 MR. CONSTANTINE: I think promising
22 is used, I know what you are saying, sir. I

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1 think it is being used as a good start. It
2 shows things are going well.

3 DR. PHILLIPS: I'm suggesting
4 changing the word to something like beneficial,
5 or acceptable, or useful.

6 CO-CHAIR GREEN: Why don't we just
7 say excellent? Why don't we just say that we
8 found many excellent practices emerging from
9 every level.

10 DR. PHILLIPS: That is better.

11 CO-CHAIR GREEN: I mean, we are just
12 looking for a positive word.

13 DR. PHILLIPS: I wasn't promised
14 anything, that is why --

15 CO-CHAIR GREEN: Positive is fine,
16 too.

17 MR. CONSTANTINE: I know this is
18 going to sound ticky tacky to some people here,
19 but we are starting off with abbreviation for
20 the RWTF. And maybe others, when they saw
21 this, say is it you? Okay.

22 CO-CHAIR GREEN: If that is the

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1 first time that it has been used in the report,
2 it will be spelled out, okay?

3 All right, any other comments on the
4 Executive Summary? Trying to keep it
5 relatively straightforward. And we give our
6 writers literary license if, as they put this
7 together, there is something else that should
8 come in.

9 But it should be relatively short
10 and to the point. Okay? All right. To the
11 findings issue -- I'm sorry, go ahead?

12 To the findings issue. I know that
13 everyone has read the draft report, and has
14 gone through this. And I know that we have
15 gone through them together, in small groups,
16 and even some of them in larger groups, as we
17 review them on the screen.

18 The issue is that if there is
19 something that we know now, is going to be
20 controversial, in terms of whether it is
21 included or not included, as Denise was
22 bringing up.

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1 It would be best for us, as a large
2 group, to say yes it is in or no, it is not in.

3 I need COL Keane to be here for the one that I
4 know is controversial right now.

5 And so we will wait until he comes
6 back. But I don't know, because I haven't
7 talked with all of you, regarding what may be
8 controversial to the subgroups, that you may
9 represent, or based on feedback we have gotten
10 from VA, or any of the services, to the draft.

11 If there is something that, you
12 know, needs to be brought up as being
13 controversial and, perhaps, not -- I won't say
14 non-factual, but I will say controversial and
15 not contributing positively to our report.

16 And so is there anything that
17 anybody saw, in the recommendations, that were
18 highly problematic? Rich, I know there were
19 some things that have been discussed with the
20 Army.

21 Is there anything that, for
22 instance, the quotes that you were talking

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1 about this morning, do we want to include a
2 quote from Mr. Koch? Who has an interesting
3 role in terms of --

4 MG STONE: This comes back to my
5 comment of letting the controversy remain
6 within the recommendation. This is a
7 controversial person.

8 I'm not sure that we need to put
9 quotes from that person.

10 MS. DAILEY: The only quotes that
11 are in here, are from our focus groups. So,
12 now, and my focus groups, and they are from the
13 testimony that we had, in the panels, when we
14 were briefed.

15 But there are no quotes from other
16 people.

17 DR. LEDERER: There might be some
18 quotes imbedded in the findings, to make
19 points.

20 MS. DAILEY: Yes, they are quotes
21 from our focus groups.

22 DR. LEDERER: No, no, actually

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1 imbedded within the findings narrative, there
2 may be some.

3 MS. DAILEY: You mean you footnoted
4 a resource in the findings?

5 DR. LEDERER: Or actual quotations.
6 Perhaps that is what GEN Stone is referring
7 to.

8 CO-CHAIR GREEN: I couldn't find
9 any.

10 MS. DAILEY: All of the quotes, in
11 here, are from the meetings, or from our focus
12 groups. Ninety-nine percent of them are from
13 the focus groups.

14 MG STONE: Let me come back to the
15 fact that I think it is very difficult, to
16 wordsmith a document that you all have spent
17 some time in small groups, wordsmithing
18 already, and we don't have the most up to date
19 findings, the changes.

20 Because all of us, as we were
21 working through, we were taking sentences out
22 of recommendations, get into findings, moving

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1 things around.

2 And I think that the basic concept I
3 follow, and I have said it twice already, with
4 this, what I look for in findings, is that it
5 doesn't somehow embellish the recommendation.

6 That it is strictly factual, that
7 the facts are as accurate as possible. that it
8 is truly findings that drove the deliberation
9 and the conclusion of the Task Force in making
10 the recommendation.

11 If the writers stay to that level,
12 we will be just fine.

13 MS. DAILEY: Okay, let me be very --
14 unless you can point out, to me, where we have
15 not stayed to that level, I'm unable to make
16 any changes. You must show me where I have
17 failed in that standard.

18 MG STONE: No one has failed. But
19 we, I mean, we can go back, if you want to take
20 this, at this point and do this, I do think
21 that each of the groups provided to our
22 moderators, in each of the small groups that we

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1 worked in, what -- where we wanted words taken
2 out, and added in.

3 Was that just unique to our group?
4 Or did the rest of you also do that, where you
5 were moving words and lines around, in order to
6 make it more effective?

7 CO-CHAIR GREEN: We did the same, in
8 fact, we rewrote one of our findings, because
9 we combined three different -- we actually
10 rewrote the finding as well.

11 LTCOL KEANE: Our group did not mess
12 with the findings.

13 DR. PHILLIPS: I had just one
14 technical question. And it is related to the
15 original recommendation six, which talks about
16 a complete redesign of the DES.

17 And then there is findings under
18 that. I'm just assuming we are eliminating
19 that whole area?

20 CO-CHAIR GREEN: We are all thinking
21 that that has been eliminated, because we
22 pushed it to the next year. So that would not

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1 be in the report.

2 DR. PHILLIPS: That was just a point
3 of clarification.

4 CO-CHAIR GREEN: My understanding is
5 that there is another quotation that is
6 controversial. Do you want to talk to the
7 Marine input?

8 LTCOL KEANE: Sure, sure.
9 Recommendation 10, the original recommendation
10 10. See, in the Marine Corps we can change
11 what we think people meant to say, in their
12 quotes.

13 But I think the way to quantify, and
14 respond to the Marine Corps' suggestion, let me
15 just read what the Marine Corps provided.

16 On page 10 we concur with the
17 recommendations with the following edit, as
18 indicated in tracked changes. When asked how
19 Marines are assigned to the wounded warrior
20 regiment, for example, the wounded warrior
21 regiment replied that they are assigned by
22 tank -- on a case by case basis.

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1 I believe that is the original
2 quote. But they had it based upon criteria
3 established within the wounded warrior regiment
4 policy, acceptance of wounds, ill and injured
5 personnel through the wounded warrior regiment.

6 I would suggest not including that
7 in the quotes, as the Marine Corps suggested,
8 but in the footnote. Just include that in the
9 footnote. That already exists.

10 CO-CHAIR GREEN: I can't find it.

11 LTCOL KEANE: Page 10, tab B.

12 CO-CHAIR GREEN: That is not what we
13 have.

14 MSGT MACKENZIE: That is in tab
15 bravo, the original report that we received, at
16 the very beginning. On the non-voted draft.

17 CO-CHAIR GREEN: And so, Sean, could
18 you repeat what your suggestion is?

19 LTCOL KEANE: My suggestion is in
20 the footnote, when you say microphone, could
21 you please say it in the microphone?

22 I'm suggesting, sir, to quantify in

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1 the footnote, just saying based upon criteria
2 established in the wounded warrior regiment
3 policy number 6300-1. Not changing it in the
4 finding, but just entering it into the
5 footnote.

6 MR. CONSTANTINE: I think he is, but
7 I could be wrong, but I think that COL Keane
8 just wants to include a footnote because he
9 doesn't want to misrepresent what the regiment
10 said.

11 But the regiment has come back later
12 and said, yes, that is true. It is on case by
13 case basis. However, that is based upon
14 criteria established in our policy.

15 So he wants to make sure that
16 everyone knows that there is a policy, that it
17 is not completely subjective.

18 CO-CHAIR GREEN: And the actual
19 footnote is memorandum. So this is in writing?

20 LTCOL KEANE: I actually -- do you
21 have that?

22 DR. LEDERER: We are happy to make a

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1 footnote to that effect.

2 CO-CHAIR GREEN: So basically
3 footnote 45 reads that Marine Corps wounded
4 warrior regiment, memorandum to the Recovering
5 Warrior Task Force, in response to the March
6 2011 briefings.

7 Memorandum infers, to me, that that
8 is a written document, did we actually receive
9 a written document, stating that it is done on
10 a case by case basis, by the battalion
11 commanders?

12 DR. LEDERER: Yes, sir.

13 LTCOL KEANE: Yes, sir. I provided
14 that to you--

15 CO-CHAIR GREEN: Right, I have the
16 actual order. I mean, I'm trying to figure out
17 where the controversy is. I'm not sure I
18 understand the controversy.

19 CO-CHAIR CROCKETT-JONES: They want
20 it recognized that the case by case basis is --
21 they are saying that there is a policy that
22 supports the case by case decision.

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1 CO-CHAIR GREEN: So, in essence, you
2 want the footnote to also include, what is it
3 called? A wounded warrior regiment order
4 number 6300.1?

5 LTCOL KEANE: Yes, sir.

6 CO-CHAIR GREEN: So you just want
7 this to say, in response to the March 2011
8 briefings, and in accordance with this document
9 that has been provided to us?

10 LTCOL KEANE: That is correct, sir.

11 But I think I also directed everyone to a
12 different version, we have a version control.

13 What I provided Ms. Suzanne was the
14 recommendation 10, which was 2, 7, 10, 8 and
15 10. So the footnote you are referring to, is
16 the wrong footnote, it is footnote 10, which is
17 this one, sir.

18 CO-CHAIR GREEN: I've got it.

19 LTCOL KEANE: Because it is an
20 amalgam of four recommendations.

21 CO-CHAIR GREEN: So the Colonel,
22 this is COL Meyer briefing to the Recovering

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1 Warrior Task Force, that is the footnote?

2 LTCOL KEANE: Footnote 10, sir.

3 CO-CHAIR GREEN: Right. It says COL
4 Meyer, JL briefing to the Recovering Warrior
5 Task Force, that is footnote 10 right now.

6 LTCOL KEANE: I believe that is
7 correct, sir.

8 CO-CHAIR GREEN: And how do you want
9 it amended? Just to reference the actual --

10 LTCOL KEANE: Yes, sir, the title of
11 the order, which is acceptance of ill, wounded,
12 and injured personnel, in the wounded warrior
13 regiment, order 6300.1.

14 CO-CHAIR GREEN: And so, basically,
15 the footnote would be amended to say in
16 accordance with?

17 LTCOL KEANE: Yes, sir. Exactly.
18 What the Marine Corps provided, they put it in
19 quotes. They wanted to amend the quote.

20 MR. CONSTANTINE: I think the Marine
21 Corps is the one -- the Marine Corps says, the
22 Marine Corps is going to want to see that that

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1 assignment is based on criteria, establishing a
2 policy, not just a policy.

3 They want to footnote the fact, or
4 put it in brackets, in the finding, that the
5 case by case basis, is basically one policy and
6 criteria.

7 CO-CHAIR GREEN: So, first of all,
8 it is not quoted in the finding. So,
9 therefore, you are really talking about just
10 adding something to the finding, which is in
11 accordance with whatever the regulation that
12 you have given me here?

13 MR. CONSTANTINE: Yes, sir.

14 CO-CHAIR GREEN: So we are not
15 changing the quote, we are simply putting it
16 in. All right, so now the people who were
17 there, is that problematic?

18 CO-CHAIR CROCKETT-JONES: Well, I
19 guess my question is, if he referenced that
20 policy, when he was with us, then we should put
21 it in right into that same sentence, and
22 include it.

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1 And it would be more accurate. If
2 he did not, it needs to be a different
3 sentence, and we just need to make it clear
4 that, you know, that that policy is -- that the
5 intent for that policy to inform the case by
6 case review.

7 MR. CONSTANTINE: You can change the
8 sentence in the finding, because right now the
9 finding relies on this quote, saying that --
10 you know, you can change it, and say, for
11 instance, the Marines is only on a case by case
12 basis, subject to criteria established in the
13 wounded warrior policy.

14 And have a footnote to that policy.
15 It is just rewording the sentence as it is
16 originally in the finding.

17 LTCOL KEANE: I just don't want to
18 put words in the Lieutenant Colonel's mouth.
19 That is why I thought that covering it in the
20 footnote would be appropriate.

21 And I do agree, Justin, that equally
22 important are the words, based upon criteria

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1 established in the order.

2 DR. LEDERER: The case by case
3 comment was in writing, it was a post-briefing
4 response to questions posed by the members, in
5 a memorandum.

6 MR. CONSTANTINE: And we have also
7 given him a chance to comment, again, post-
8 briefing, which he has now done. So it is
9 accurate to say they provide, by saying that.

10 CO-CHAIR GREEN: I think we are
11 arguing about nuances. And so let me quote to
12 you what is actually in the Marine Regiment
13 order, which is dated October 10.

14 So it actually says, in the
15 Commander's intent, every case will be
16 reviewed, individually, for merit and level of
17 support required.

18 So, in other words, it is, indeed,
19 on case by case basis. And so I don't know, my
20 personal recommendation would be to basically
21 say that the WWR replied that, in accordance
22 with order 6300.1, they are assigned by

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1 battalion commanders on a case by case basis,
2 would actually be a more accurate statement.

3 So the fact that they left it out of
4 the memorandum they sent to us, that it was
5 coming straight out of a reg, because we are
6 not quoting him. I mean, we wouldn't be.

7 Okay, so is that --

8 DR. LEDERER: Yes.

9 CSM DEJONG: Or even easier, you
10 could leave the same sentence in there, that
11 they are assigned by battalion commanders on a
12 case by case basis, in accordance with WWRO.

13 DR. LEDERER: That would preclude
14 the need for an additional citation, correct?

15 CO-CHAIR GREEN: Correct.

16 DR. LEDERER: Okay, done.

17 CO-CHAIR GREEN: So basically we
18 make certain that that line includes,
19 somewhere, whether the way, in accordance with
20 WWRO 6300.1. All right, so that ends this
21 controversy?

22 LTCOL KEANE: Just five more, sir.

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1 CO-CHAIR GREEN: Five more, okay.
2 You see what we are trying to do, because now
3 the group has said this is the way it will be.
4 Is there any objection to that?

5 (No response.)

6 CO-CHAIR GREEN: Are there any
7 others that are of significant concern, back
8 and forth? Because, again, this is our chance.
9 If there is something you really don't want to
10 see on the report, we can all agree that that
11 shouldn't be in the report.

12 But if it is -- otherwise anything
13 that is written, has a chance of making it into
14 the final report. And then the smaller groups
15 will say whether it is supportive of the
16 recommendation, or not.

17 Denise, I know we kind of touched on
18 it briefly, but with all the small responses
19 from the Army, is that going to be the editor
20 that touches that, when they are talking about
21 this is spelled wrong, that was spelled
22 differently, we need to change this acronym.

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1 Are those going to be addressed, or
2 -- okay. All we seek is a relative comfort
3 level. Again, this is not a hard over we have
4 to go this way or that way.

5 I want to be certain that if you
6 have a concern, that it is brought up now,
7 while we can say this should be excluded,
8 before it even gets to the small group.

9 Okay, I'm going to do this
10 individually, because you guys are all looking
11 pretty tired and bored to me. So, Russ,
12 anything else you feel needs to come out?

13 (No response.)

14 CO-CHAIR GREEN: Steve?

15 DR. PHILLIPS: Not yet.

16 CO-CHAIR GREEN: Do you want a
17 little time to look at it?

18 DR. PHILLIPS: No, I think I'm fine.

19 CO-CHAIR GREEN: Okay.

20 DR. PHILLIPS: I just need to see
21 the final version.

22 CO-CHAIR GREEN: Of course, and that

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1 is coming. The way ahead is still the same.

2 CSM DEJONG: I concur.

3 CO-CHAIR GREEN: Ron?

4 MR. DRACH: I concur.

5 CO-CHAIR GREEN: Justin?

6 MR. CONSTANTINE: I'm fine, sir.

7 CO-CHAIR GREEN: Okay. And, Justin,
8 I know that was tough for you, there is a lot
9 of missed commas and, I mean, you know --

10 MR. CONSTANTINE: I'm kind of burnt
11 out on all of them, sir.

12 CO-CHAIR GREEN: We are thinking
13 about hiring you as a professional editor.
14 Okay, Mac?

15 MSGT MACKENZIE: Sir, I concur. The
16 only additional comment I have is making sure
17 they are strong enough. I mean, that is
18 really, my review, I didn't see anything
19 inflammatory.

20 But my concern was that we make
21 sure, as General Stone said, factual and
22 incredibly strong to support that

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1 recommendation to stand out.

2 MR. REHBEIN: I'm fine.

3 LTCOL KEANE: Sir, on the original
4 number 24, recommendation number 24, the Marine
5 Corps provided updated statistics. I'm not
6 sure, the research team has incorporated them
7 in a more recent version.

8 But they had originally had stats
9 for June 2011, they provided stats for July
10 2011.

11 CSM DEJONG: Sir, are you talking
12 about the percentage of Marines and family
13 members that were satisfied?

14 LTCOL KEANE: Yes, the Marine Corps
15 originally found that 55 percent of the Marine
16 family members were satisfied. I'm sorry, I'm
17 misspeaking.

18 That is included. We have already
19 captured that, haven't we? That is already in
20 there.

21 CO-CHAIR GREEN: It is in there.

22 LTCOL KEANE: If I could just have

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1 30 seconds?

2 CO-CHAIR GREEN: Really, that is no
3 problem. We will come back. Okay, go ahead.

4 LTCOL KEANE: On page 7, refer to
5 the -- this is the stat that I was referring
6 to. The following -- I don't have the
7 recommendation, though, so whatever the
8 original recommendation, it is around
9 recommendation 7.

10 CO-CHAIR GREEN: Which happens to be
11 on page 7.

12 LTCOL KEANE: So it looks like it is
13 recommendation 6, the second paragraph
14 underneath units and program. They provided
15 stats for July. What is in our books is June.

16 So you have that, I would suggest to
17 update the stats to be more current, as
18 provided by the Marine Corps.

19 CO-CHAIR GREEN: Okay. It currently
20 says for the Army in June, let's see, May of
21 2011, for the Army, and June 2011 for the
22 Marine Corps, and you want it to be July of

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1 2011?

2 LTCOL KEANE: Yes, sir. July of
3 2011, and then instead of 405 marines in the
4 second line, 771 marines. Instead of using the
5 word detachments, they suggest using units in
6 line three, starting with 86 percent of
7 soldiers, and 94 vis 87 percent of marines in
8 line 6.

9 CO-CHAIR GREEN: And so if I'm
10 understanding the writers right, they are going
11 to take that, and actually put that in, so they
12 will capture that, okay.

13 LTCOL KEANE: Is that correct,
14 ma'am?

15 DR. LEDERER: Absolutely, the units
16 versus detachment. But in terms of, you want
17 us to update the data --

18 CO-CHAIR GREEN: Do you want to stay
19 with the June data in terms of what is going
20 on? Because, I mean, honestly there has to be
21 some time for writing the report. So we could
22 have people submit things to us in August.

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1 So it is really a question of when
2 does it come out. So I think that doing it in
3 June -- is there something that changes? I
4 mean, obviously 700 marines as of July of '11,
5 means that they have had 300 additional added.

6 Is that what is really trying to be
7 captured here?

8 LTCOL KEANE: Yes, sir.

9 CO-CHAIR GREEN: Denise?

10 MS. DAILEY: We will change it. You
11 all need to -- it will be inconsistent. I'm not
12 going to do another data call to update
13 everybody's data.

14 CO-CHAIR GREEN: So basically May
15 for the Army, and June of 2011 for the Marine
16 Corps, it was already more current for the
17 Marine Corps.

18 So I guess I'm not following why we
19 need to make this change.

20 LTCOL KEANE: This was provided to
21 the Marine Corps, and they suggested that the
22 Task Force take this consideration, to provide

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1 the current numbers.

2 CO-CHAIR CROCKETT-JONES: I actually
3 think that our work was done, when we were
4 doing most of our data collecting, and
5 consideration, and forming our recommendations,
6 was before the July statistics.

7 And I think if we are talking about
8 our report, and our work, that the June
9 statistics are the more current thing to have.

10 MR. CONSTANTINE: We asked them for
11 comment, they provided it, and that is what COL
12 Keane is just passing on, to remind you that
13 they --

14 CO-CHAIR CROCKETT-JONES: Sure, I'm
15 just giving my reasoning for why I don't think
16 that this is one that we need to necessarily
17 change.

18 MG STONE: And, unfortunately, with
19 the pace of the war, tomorrow, the numbers will
20 be different again.

21 A question I think we have to
22 grapple with, and we are respectful of the

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1 input from the services, but does it change the
2 recommendation?

3 Does this changing the number change
4 the recommendation? Now, clearly, if we have
5 misperceived the sheer scope of work, you know,
6 the perception that the majority of the work
7 that has been done, has been within the Marine
8 Corps, and the Army, since this has been a
9 ground war.

10 If we have misperceived that, and
11 that this input changes how we might approach
12 that, our recommendations towards the Navy and
13 the Air Force might have been dramatically
14 different.

15 Certainly it is why the Marine
16 Corps, and the Army, have chosen a different
17 model to manage these patients, than has the
18 Navy, and the Air Force.

19 And we are respectful of that. But
20 I don't see how much of this input really
21 changes any of our recommendations, at all.
22 And it should be footnoted.

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1 But, believe me, after this comes
2 out and people way brighter than we are comment
3 on it, they will continue to get more input
4 over the next year, and inform us next year.

5 MSGT MACKENZIE: Plus this
6 information, this additional information, is
7 not a finding, nor recommendation. It is
8 simply a descriptive statement under units and
9 programs based on restoring wellness.

10 DR. LEDERER: This is, also,
11 captured in the response to a data call. This
12 would have to be changed in the back as well.
13 Our sources are in the appendices, so they
14 would be updated, also.

15 DR. PHILLIPS: Could I ask, COL
16 Keane, was this just based on the written
17 response, or were you also asked personally, by
18 your commander, to do this?

19 LTCOL KEANE: No, I had nothing to
20 do with this, I'm just kind of --

21 CO-CHAIR GREEN: Yes, let me suggest
22 that -- I think Suzanne has this right.

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1 Really, our deliberations were, in terms of our
2 visits and data collections, really ended in
3 the May - June time frame.

4 And so I don't think that they need
5 to change this, and so we don't need to go to
6 that level of effort. Otherwise we -- we don't
7 need to do another data call, is what we really
8 are saying.

9 So appreciate the updated
10 information, but I'm not sure it needs to be in
11 this report.

12 LTCOL KEANE: And one last item,
13 sir. I'm not sure if we are going to actually
14 discuss the introduction, but this is another
15 sticking point that the Marine Corps suggested.

16 Introduction, page 1. The second
17 full paragraph, which starts, the military
18 operations in Afghanistan, the last sentence,
19 although ten percent.

20 Is everybody there? The Marine
21 Corps is suggesting the following. About ten
22 percent of the service members assigned to Army

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1 wounded warrior units, and programs, that
2 Congress and DoD have designed many of the
3 programs that benefits all wounded, ill, and
4 injured marines.

5 Their rationale, correctness. The
6 footnote indicates an Army office of the
7 Inspector General's edition.

8 DR. LEDERER: At the time we wrote
9 this, that was all that we statistically had,
10 about the portion of combat injured.
11 Subsequently the Marine Corps and the Army gave
12 us further data, and we can make this more
13 specific now, and will, if you would like that.

14 LTCOL KEANE: Great.

15 CO-CHAIR GREEN: Yes, I think that
16 it would be useful if we have more specific
17 data on this one, to go ahead and use whatever
18 the actual percentage is.

19 DR. LEDERER: Yes, sir.

20 CO-CHAIR GREEN: Okay.

21 DR. LEDERER: It will be different
22 for the Army and for the Marine Corps.

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1 CO-CHAIR GREEN: All right, and I
2 think that is fine. We have two different WTC
3 and WWR, and so by showing both, that is
4 actually just more accurate which, actually,
5 serves us well.

6 Okay, others?

7 LTCOL KEANE: Not from the Marine
8 Corps. And I think we have covered most of the
9 ones from the VA, but nothing at this time from
10 the VA. It looks like they captured all of
11 them. But I haven't gone through it a second
12 time.

13 CO-CHAIR GREEN: Okay. Dr. Stone?

14 MG STONE: I would just ask that
15 they, that particularly the one regarding the
16 lawyers, that we combine with PEBLOs, that we
17 not take too much of the information on the
18 legal side, because it was somewhat blinded to
19 the fact that every legal office in the Air
20 Force, or every family readiness center provide
21 certain types of support.

22 And because we don't mention that

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1 there is broad support, it comes across as the
2 Air Force is providing no support. And so I
3 just would ask that the wording be cautiously
4 used.

5 Not -- it is okay to say the Air
6 Force should provide support, that is not a
7 problem. But you need to be careful linking
8 that to the Air Force, that has four lawyers
9 that do this, that is not true, okay?

10 So it is that kind of linkage of
11 facts that I think we need to be cautious of,
12 as we go through the findings. And so when
13 they combine those two findings, that is the
14 only one I saw that probably had Air Force
15 sensitive question on it.

16 I just think it misrepresents it,
17 just like the Marine Corps, it probably
18 misrepresents them as well.

19 CO-CHAIR GREEN: And with that I
20 think we have gone around. Steve, I had asked
21 if you wanted any more time. Is there anything
22 else you wanted to look at?

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1 DR. PHILLIPS: No, I concur, I'm
2 fine.

3 CO-CHAIR GREEN: Okay. So I think
4 we have a very clear way ahead. We have looked
5 at all the major areas of the report, and so
6 I'm assuming that if we go through the process,
7 just as we have outlined, in terms of your
8 individual review, that should be available
9 Wednesday and, hopefully, Wednesday and
10 Thursday you can look at that.

11 And then the small groups would
12 basically confirm that we have gotten the
13 findings consistent with our recommendations,
14 and then we will then see the draft final
15 report.

16 And then we would attach the
17 signature page with the final report, when it
18 actually comes out. Is that correct? All
19 right, are we good?

20 MR. REHBEIN: Based on my personal
21 schedule, Wednesday would be much preferable
22 than Thursday.

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1 CO-CHAIR GREEN: I agree. They are
2 going to try and get it to us on Wednesday, so
3 that is what has been promised right now, so we
4 have Wednesday night and Thursday to look at
5 it. Close of business Wednesday, we are
6 hearing.

7 All right, so hopefully you will see
8 it close of business Wednesday. Okay, I think
9 another small break, and then we will come back
10 and see what else we need to do just to clean
11 up things before we finish. Thank you.

12 (Whereupon, the above-entitled matter
13 went off the record at 1:57 p.m.
14 and went back on the record at 2:26
15 p.m.)

16 CO-CHAIR GREEN: If we can bring
17 everybody back together? I think we found one
18 other area we wanted to talk about, Suzanne,
19 are we going to bring that one up?

20 CO-CHAIR CROCKETT-JONES: Yes, I
21 think that when GEN Stone was giving us some
22 idea of his areas of concern, we couldn't

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1 locate it, initially.

2 But we have. There are some
3 citations, from an earlier visit study that we
4 might want to not use data from that study. If
5 you want to talk to that? I don't know if you
6 have a specific addition to this information.

7 MG STONE: The specific reference is
8 on page 9, okay? Just underneath the quotation
9 from San Antonio --

10 CO-CHAIR CROCKETT-JONES: It is the
11 comment that is footnoted number 35, and I
12 believe there is a second footnote 41, on the
13 next page.

14 MG STONE: This is, clearly, a very
15 controversial statement, from a document that
16 has had substantial play, previously.

17 And the concern, again, is reaching
18 beyond the recommendation, to an area that we
19 really haven't studied. Yes, we were informed,
20 and we all read that report.

21 But to quote it is, gives it a
22 greater validity than I think that it should

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1 have in our deliberations. And I don't want
2 this portion of the document to detract from
3 the recommendation, based on the fact that it
4 came from a controversial source.

5 CO-CHAIR CROCKETT-JONES: I'd also
6 like to say that while it is on point, it is
7 also not essential to supporting any of our
8 recommendations.

9 MS. DAILEY: Okay, so we are talking
10 about what page of the original report?

11 CO-CHAIR GREEN: This is on page 9.

12 MS. DAILEY: Page 9.

13 CO-CHAIR GREEN: And right
14 underneath San Antonio, it is the WWCTP, it is
15 a previous visit to WWCTP. It says, it starts
16 off with various stakeholders have raised
17 concerns regarding cadre quality.

18 Nothing wrong with that statement.
19 And then the next one is, an earlier site visit
20 study found that cadre, who had been
21 grandfathered into the position, without
22 explaining, felt unprepared to deal with

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1 complex and intensive cases in the WTUs.

2 That is coming from a study that has
3 been significantly challenged, from what I'm
4 hearing. And so -- and then later, on the very
5 next page, that same study is quoted with
6 regards to the Marine Corps.

7 So furthermore, the use of mobilizer
8 service, on which the Marine Corps relies
9 heavily, can be administratively complex, and
10 result on protracted position vacancies, and
11 high position turnover.

12 So that number 41, part of that is
13 coming from verbal at that site. But some
14 piece of it is coming from that same previous
15 WWCTP visit, which was controversial, if I'm
16 understanding where Dr. Stone is coming from.

17 And so the question is, are those
18 comments a must, in terms of what is in this
19 report?

20 MS. DAILEY: Well, that second one
21 is very valid through both the Army and the
22 Marine Corps, as of our visits. Now, we can

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1 reference that second one with a significant
2 amount of on-site current data.

3 CO-CHAIR GREEN: It was in that
4 second one.

5 MS. DAILEY: Yes, that is one of the
6 points I was trying to make. I think that the
7 second thought is well documented by our
8 installation visits.

9 CO-CHAIR GREEN: And wasn't that
10 second one, also, briefed by the WWR commander,
11 as to why they were going to active duty
12 positions?

13 When you look at the footnote, okay?
14 The problem for me is I don't know which part
15 came from which source, the footnote actually
16 has two separate entries.

17 So when you look at footnote number
18 41, the first part, where site level briefings
19 to the RWTF which, obviously, is March or April
20 of this year, and then the second one is the
21 WWCTP, site visit summaries from a Washington,
22 D.C. author.

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1 And it is the second part of that,
2 that is again, back to that same report, that
3 has been somewhat controversial, from what I --
4 okay.

5 Honestly, I think that we are fine
6 with the stuff on the second page, in terms of
7 what we got from our site visit, okay? I'm not
8 certain that this issue, number 35, which is
9 right there below San Antonio, if you simply
10 took that line out, then essentially you have
11 recovering warriors in several Army focus
12 groups expressed concerns about cadre
13 qualifications.

14 And you have the same thing, without
15 having the secondary source. So if you are --
16 if we are sensitive to the secondary source,
17 you know, that is the question.

18 So Dr. Stone is, I think,
19 recommending that we take out that sentence, is
20 that correct?

21 MG STONE: That is correct.

22 CO-CHAIR GREEN: So take a look at

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1 the sentence. The sentence is an earlier site
2 visit study found the cadre, who had been
3 grandfathered into the position, without
4 training, felt unprepared to deal with the
5 complex and intensive cases in the WTUs.

6 MG STONE: So as I speak to removing
7 that sentence, I think in the second paragraph
8 we talk about the fact that the Army has
9 continued to move to a higher level of
10 training.

11 And, in spite of that, there is an
12 IG report that is appropriately referenced that
13 says, well, you need more training. And I
14 think the point is adequately made, without
15 referencing the inflammatory statements of
16 something that has already been responded to.

17 DR. PHILLIPS: I would agree with
18 that, perhaps, for a different reason. Because
19 we have not availed ourselves to the history of
20 the previous reports, by any other group or
21 people.

22 And this, to me, would be an outlier

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1 by referring to a previous report, because we
2 have not done any of that. So whether it is
3 factual or not, I don't know. But just based
4 on the fact that we have not, historically,
5 looked at historical information, I think we
6 should remove it.

7 CO-CHAIR GREEN: Other discussion?

8 MS. DAILEY: Well, let me just clear
9 that statement up. We look at historical
10 information, all the time. We pull in as
11 references many resources that you all haven't
12 been personally briefed on, GAO reports,
13 research, news articles.

14 We make them available to you in our
15 RSS, they are on our links, but there are many
16 sources here, which we use to collaborate your
17 findings, and your recommendations, that you
18 haven't been personally briefed on.

19 CO-CHAIR GREEN: And I agree. Let
20 me modify my comment. Based on an earlier site
21 visit, which we did not review.

22 MS. DAILEY: Okay.

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1 MG STONE: Are you suggesting, then,
2 that the conclusion that we reached is not
3 tenable without that statement being present?

4 MS. DAILEY: No, sir, not at all.
5 That conclusion is tenable with several
6 sources, other than the one that is there, so
7 we will do that.

8 MG STONE: Thank you.

9 MS. DAILEY: I just wanted to make
10 sure that it was on the record that we use many
11 sources, and they are past history sources. I
12 was a little concerned about how Dr. Phillips
13 characterized our research methods. So thank
14 you.

15 DR. TURNER: And just let me be
16 clear about why we are dropping that, is -- we
17 are dropping it because it comes from an
18 unreliable source, or a disreputable source?

19 MG STONE: No, we are dropping it
20 because although it informed us with a sense of
21 history, the Army has already responded to
22 those criticisms by establishing training

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1 programs.

2 And the most recent information that
3 drove our deliberations, related to the Army IG
4 report that said, yes, you have made a lot of
5 progress, but you could go further.

6 And the more effective reference is
7 to family members who questioned the competency
8 of some of the people that were dealing with
9 them. And that is much stronger than
10 referencing an older article that has already
11 been responded to.

12 DR. TURNER: Copy.

13 CO-CHAIR GREEN: Truthfully I'm not
14 certain that it adds anything. So the one is
15 based on current information, and the other one
16 is based on something that was controversial
17 when it came out.

18 And so I'm kind of looking and
19 saying, we are finding the same thing, are we
20 going to say the same thing?

21 DR. TURNER: I would agree there is
22 no value added.

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1 CO-CHAIR GREEN: That is kind of
2 where I am. I'm just not certain that it is
3 value added right now.

4 LTCOL KEANE: Sir, one comment.
5 Underneath the recommendation, the last bullet,
6 under turnover? When I first looked at this I
7 saw the word cadre, and I was thinking Army.

8 But the Marine Corps did provide a
9 comment on recommendation nine to clarify that,
10 since the beginning of this fiscal year, they
11 have issued two and three year current changes
12 of status for their reservists.

13 So that turnover, if that pertains
14 to the Marine Corps, has been addressed in this
15 fiscal year. So instead of getting one year
16 orders, they are getting two and three year
17 orders to the regiment and battalions.

18 CO-CHAIR GREEN: I just, I'm not
19 sure where you are. So --

20 LTCOL KEANE: Recommendation 9, page
21 8. The fourth bullet, it starts with turnover.
22 Develop institutional knowledge and promote

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1 continuity of care, within the unit, by
2 ensuring that reserve cadre can stay in place
3 for at least three years.

4 CO-CHAIR GREEN: Is this on the new
5 recommendations, or the old ones?

6 MR. REHBEIN: No, actually, this is
7 one of the old recommendations and, with due
8 respect, COL Keane, that is not part of one of
9 our recommendations any more.

10 DR. PHILLIPS: We eliminated that, I
11 think.

12 CO-CHAIR GREEN: It has been
13 reworded so the new recommendation is what will
14 carry there. Okay, really, this is an
15 extension of our discussion regarding what is
16 in the findings, that we would rather that the
17 researchers and writers not carry over.

18 And so since we couldn't find the
19 specific reference that Dr. Stone has brought
20 up earlier, we did a word search, and did find
21 the area that was of concern.

22 And so that is the only reason we

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1 bring it back up, all right? This is not a
2 witch hunt, here, this is solely trying to
3 finish off the business just before we took
4 that last break, and finding the one that Dr.
5 Stone had identified as sensitive.

6 DR. PHILLIPS: So we are going to
7 remove that sentence that refers to footnote
8 35, and we are going to modify footnote number
9 41, because I'm more than convinced we have
10 enough evidence of our own to support that.

11 CO-CHAIR GREEN: Correct.

12 DR. PHILLIPS: And I don't think we
13 necessarily need to refer specifically to the
14 Marine Corps, because that is an Army problem,
15 too. That was expressed to us at Fort Benning.

16 CO-CHAIR GREEN: And so the
17 reference to the Marine Corps, and so the use
18 of mobilized reservists, on which the Marine
19 Corps relies heavily, can be administratively
20 complex -- that is a reference to that one
21 visit, though.

22 MR. REHBEIN: Well, that may be a

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1 reference to one visit but it is also an
2 observation that we saw at Fort Benning. So
3 that clause on which the Marine Corps relies
4 heavily, could be removed, without hurting the
5 finding.

6 CSM DEJONG: It is nationwide. I
7 wouldn't remove that.

8 MS. DAILEY: Yes, I'm not sure if
9 that is what we are talking about removing. We
10 are talking about removing the secondary source
11 to that quote. But that quote is valid, it is
12 valid today, even though they have put
13 corrective measures in place.

14 CO-CHAIR GREEN: In regards to what
15 COL Keane said, sir, I had my microphone on,
16 would you use yours?

17 CSM DEJONG: I have turned on the
18 microphone. Just for a further caveat that Mr.
19 Rehbein was -- Fort Knox is actually in a
20 crisis right now, and has been for the last
21 several months, because they pulled, the State
22 of Kentucky had pulled all of their title 10

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1 soldiers, off of title 10, which removed almost
2 two-thirds of the WTU staffing in almost a one
3 month period.

4 And they were scrambling to try to
5 backfill that. So, I mean, that is a personal
6 experience that I'm dealing with, with my
7 soldiers. But I'm sure it is Army-wide.

8 CO-CHAIR GREEN: And all we are
9 trying to do is capture, you know, different
10 examples that can be used to support this. So
11 the evidence is, overwhelming, that this is a
12 problem.

13 And so we have what we need to,
14 basically, support our statement. Are there
15 any other things, in the findings, that we
16 would like not to be utilized by the writing
17 staff?

18 (No response.)

19 CO-CHAIR GREEN: Ladies and
20 gentlemen, I thank you for a rather fatiguing
21 three days, okay? I think that we have
22 actually arrived to the point where all of us

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1 trust, and are satisfied, that the final report
2 will reflect our work over the last few months.

3 And that it leads into great work
4 that we are going to be doing next year. The
5 staff did receive, I believe, your inputs on
6 trips that you would be available for. And
7 they will be trying to put some of that
8 together.

9 So assuming, Denise, that you folks
10 have to deconflict that, you will get that back
11 to us?

12 MS. DAILEY: Yes, yes.

13 CO-CHAIR CROCKETT-JONES: And when
14 we will we hear regarding setting up the --

15 MS. DAILEY: I know you all want
16 this information as soon as possible, but you
17 are going to have to let me prioritize the
18 report ahead of it.

19 CO-CHAIR CROCKETT-JONES:
20 Absolutely.

21 MS. DAILEY: If you can, if you can
22 just block those dates for a little while,

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1 until I get there.

2 CO-CHAIR CROCKETT-JONES: What dates
3 are we blocking now? Starting on Friday, for
4 phone calls? I was talking about our phone
5 calls, conference calls.

6 MS. DAILEY: I won't get a schedule,
7 is everyone okay working over next weekend?
8 Or, I mean, if I'm going to start talking with
9 you on Friday --

10 MSGT MACKENZIE: Bring that up with
11 your unit, I'm sure they won't --

12 MS. DAILEY: I'm not going to be
13 able to get anything out to you. You will get
14 a call from me of when we are meeting Monday
15 night, Monday is the earliest.

16 CO-CHAIR CROCKETT-JONES: Okay.

17 MS. DAILEY: It will be the same,
18 probably the same deal.

19 CO-CHAIR GREEN: Okay. So we are
20 hoping that by close of business Wednesday we
21 will see the findings in support of our
22 recommendations.

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1 You have about 36 hours, 48 hours,
2 maybe a little longer, if you are not going to
3 have the small groups working until Friday.
4 But basically to try and get that in on Friday,
5 or by Friday, so that if there is something
6 that needs to be considered, by the small
7 groups, that will be ready.

8 The small groups, hopefully, will
9 occur if we have done our work, the way I think
10 we have, my guess is those teleconferences will
11 be short.

12 And then that will then give the
13 ability for the writers to finish the report,
14 and get the final draft to us. Hopefully, you
15 are still looking somewhere around the 12th or
16 the 14th?

17 MS. DAILEY: You know, sir, I'm
18 going to have to -- we have to go back and
19 rejigger the schedule.

20 CO-CHAIR GREEN: But, anyway,
21 somewhere in, probably, the next two and a half
22 weeks, we will just say that. And so, on the

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1 final draft, you will receive the final draft,
2 just like this time, where it basically goes
3 out for public review, if I'm understanding how
4 the system works, is that correct?

5 MS. DAILEY: Let me take care of it,
6 sir.

7 CO-CHAIR GREEN: You got it, okay.

8 MS. DAILEY: I need to go back and
9 regroup. I can't get you any further down the
10 road than where you are right now.

11 CO-CHAIR GREEN: All right. And the
12 team will put together the deconflicted travel
13 schedule. So for right now assume that you are
14 going on -- some of you actually put down that
15 you can go to all of them.

16 Don't assume you are going to all of
17 them. But for the three or four that you are
18 really interested in, my guess is that we will
19 probably accommodate your schedules, okay?

20 CO-CHAIR CROCKETT-JONES: And the
21 real important thing on the schedule, you know,
22 is I need you to make the meetings real. I need

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1 you to put you on your schedule, and
2 deconflict them with your board meetings, your
3 vacations, your -- you know, the meetings need
4 to be real.

5 I need everyone here for meetings.
6 So, you know, work schedules, holidays, family,
7 make the meetings the thing that you bounce
8 them against. I know that is asking a lot.
9 This is my life, I know you all have others.

10 CO-CHAIR GREEN: I wish I could make
11 that commitment for my job.

12 MS. DAILEY: I know, I know.

13 CO-CHAIR GREEN: We will do our
14 best. Again, ladies and gentlemen, from my
15 part, thank you. A lot of hard work done here.

16 I think that we basically have a good product
17 right now.

18 MS. DAILEY: Yes, thank you
19 everyone. Very, very well done. This is the
20 tenth report, and you all did a great job, I
21 know, I have been there, done that.

22 CO-CHAIR CROCKETT-JONES: All right,

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1 we will see you at the next meeting, or on the
2 phone, would be even nicer.

3 (Whereupon, at 2:45 p.m., the above-
4 entitled matter was concluded.)

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NEAL R. GROSS

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