



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

Holiday Inn – Historic District, Alexandria, VA

Business Meeting Minutes

Tuesday, 15 May 2012

The meeting began at 8:12am with introductions by the Members of the Task Force. Mrs. Suzanne Crockett-Jones noted the results of the Warrior Games, which had finished the week before. Lt Gen Charles B. Green explained that, in preparation for crafting recommendations, the Task Force would be focusing in four topic areas, with Members assigned to each. These topic areas are: Restoring Wellness and Function (Dr. Turner, Dr. Phillips, and LtCol Keane), Optimizing Ability (Mr. Drach, Mr. Constantine, and MSgt MacKenzie), Restoring Into Society (CAPT Evans, Mrs. Crockett-Jones, and CSM DeJong), and Enabling a Better Future (MG Stone, Ms. Malebranche, and Mr. Rehbein).

Following this, the Task Force reviewed two of the installation visits since February. Mr. David Rehbein started by giving an overview of the trip to Joint Force Headquarters – Iowa, which he attended with LtCol Keane, Ms. Malebranche, and CSM DeJong. They noted issues that had been brought up at the February meeting were very obvious during the visit, such as the effects of the unit demobilizing at Fort McCoy, which did not have a medical treatment facility. They explained how staffing changes late in the process had impacted the amount of Service members moving into a warrior transition unit by a significant margin. There were also issues with extremely high case management ratios, receiving appropriate funding, and the availability of information, especially for VA benefits.

The Task Force was then joined by CDR Michael Varias and other representatives from the Navy at 9:50am to discuss the Task Force's visit to Naval Medical Center – Portsmouth, in particular the Naval Reserve Medical Hold Company, which Ms. Crockett-Jones and CAPT Evans had attended. CAPT Evans noted issues that arose in the focus groups, specifically concerns regarding case management, the current East Coast and West Coast model, and the differences between the designation of Line of Duty and medical hold. Members requested information on incapacitation pay, the cost effectiveness of the current East/West model, and how many of those in the East and West holds are not from those areas. The Members also noted the high divorce rate in the focus group participants, who cited not being able to have their families at the medical hold as a primary concern. The Members took a break at 9:47am.

The Task Force resumed at 10:02am with a briefing by Dr. Clement McDonald, Director of the Lister Hill National Center for Biomedical Communications at the National Library of Medicine. He presented his personal thoughts on electronic medical records, having a 40 year long research interest in the subject. He noted possible issues with creating a large system that was not subdivided into separate regions, citing a number of examples of successful and unsuccessful programs. He explained the best ways in which to structure data, allow forms to be versatile, and possible code issues. Lt Gen Green noted that he would be putting Dr. McDonald in contact with a member of his staff. The Task Force took a break at 11:19am.



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At 11:30am, Ms. Denise Dailey, the Executive Director of the Task Force, explained the agenda of the June meeting to the Members. She noted the similarities to the previous year's July meeting, except that there would only be one preparatory work session, as compared to the numerous ones in July 2011. Lt Gen Green suggested that the times of the preparatory session should be changed and another short session should be included after lunch on the first day. Ms. Dailey then noted that the Members would also need to review their biographies to be included in the annual report. The Task Force broke for lunch at 11:45am.

The Members reconvened at 12:48pm with a briefing by the Air Force, led by Brigadier General Eden Murrie, the Director of Air Force Services. Brig Gen Murrie provided an overview of the programs for the Air Force's wounded, ill, and injured, explaining the continuum of care, non-medical case management, and how different case managers fit into the continuum. She also described the Deployment Availability Working Group (DAWG) to the Members. The members asked how the DAWG is staffed. They also asked questions on the number of Service members on incapacitation pay and the categories of recovering warriors who are assigned a recovery care coordinator (RCC). The Task Force took a break at 1:43pm.

At 2:05pm, the Task Force resumed by reviewing the status of the 2011 Report Recommendations. Ms. Dailey presented the current implementation and progress of the recommendations, along with her impression of their current status. The Members discussed how they viewed the status of the recommendations and decided on how to note their current status. They also decided on which recommendations should be revisited in the FY2012 Annual Report, as they had not been thoroughly addressed or a clarification was necessary. The Members then took a break at 3:15pm.

The Task Force resumed at 3:36pm, discussing the effectiveness documents and topics relating to transition outcomes. This discussion was led by the Enabling a better Future group. The Members discussed how transition is a culture change, much like when a Service member joins the military. They discussed programs such as DAWG, the Marine Corps DISC, and other programs that assist in the transition process. They noted issues with the transition from DoD to VA, especially as to what level the DoD is responsible for preparing Service members for civilian life. There was also discussion on having the VA train DoD leaders to ensure a warm hand-off.

The meeting was closed for the day at 5:12pm by Lt Gen Green.



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The second day of the meeting opened at 8:01am with the public forum section of the meeting. Mr. Michael Parker was the sole participant and discussed the PEB case results of two recovering Service members. At 8:10am, Colonel John Mayer, Commanding Officer of the USMC Wounded Warrior Regiment and his staff were introduced to discuss the Task Force's visit to the Marine Corps Air Ground Combat Center at Twentynine Palms. Members noted that they would like to see a more robust IDES program and more access to VR&E at the site. They did note individual qualities of the site which make it unique and offer challenges for it, such as its remote location. Concerns with medical case management and the command climate were also noted. The Members praised WWR for improvements it had made Service-wide in the past year. The Task Force took a break at 8:48am.

The Task Force resumed at 9:03am, discussing the topic of non-medical case management. Ms. Dailey presented background information to the Task Force to allow them to begin discussing the topic. The Members discussed issues with the amount of information provided to recovering warriors about their recovery or transition plans and the differences between RCCs in the different Services. They also noted the categories that warrant a RCC being assigned to a recovering warrior. The Members took a break at 10:16am and resumed at 10:32am. At this time, the Members discussed DoDI 1300.24.

At 11:05am, the Members began discussing wounded warrior units and programs. The Members began by discussing the availability and knowledge of the comprehensive transition plan and comprehensive recovery plan by recovering warriors. They noted that completion of these items was seen as more important than the information inputted, as failure to complete them was noticed, but concerns inputted were not addressed. The Members suggested that feedback loops be implemented and the possibility of long term transition units that are integrated with the VA. The Task Force broke at 12:00pm for lunch.

The meeting resumed at 1:08pm with the Members discussing medical case management. They noted issues with the number of case managers that provide services to recovering warriors. They suggest that the roles of federal recovery coordinators (FRCs) and RCCs should be reviewed, along with when they are identified in the recovery process. They also noted that some recovering warriors they have encountered are concerned with being transitioned before they have had a full recovery. The Task Force noted that once a Service member is in the IDES process, their focus should be on recovery and transition. The Members took a break at 2:21pm. They resumed at 2:35pm and discussed how TAMP benefits are coordinated.

At 2:47pm, the Members began discussion of services for PTSD and TBI. They noted that many National Guard locations do not have access to routine medical care, but the Army and Marine Corps are working toward bringing access to their units. The Task Force also discussed the differences between PTSD and PTS, along with whether a distinction needs to be made in treatment and what research has been done on the subject. They also discussed possible payment of benefits for recovering warriors experiencing PTS or PTSD and how those benefits could change during the recovery process. The use of combat psychiatry regarding PTS and PTSD was



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discussed. At 3:28pm, the Members moved on to the topic of the Centers of Excellence, but found they had no real issues to discuss.

The Task Force began reviewing the Interagency Program Office (IPO) at 3:32pm. They discussed the current issues with electronic health records systems and limitations of using or not using flash drives. They also noted the possibility of regional data stores and open source applications to facilitate future systems. The Members noted that the Deputy Secretaries should be involved in the JEC, as the Task Force had recommended in FY2011.

The meeting was closed for the day at 3:57pm.



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The third day of the meeting opened at 8:08am. The Members began by reviewing the information resources available to recovering warriors and their families. Ms. Dailey reviewed the legislative mandate for wounded warrior resources. The Members discussed concerns with Military OneSource and the National Resource Directory (NRD), as there are issues with visibility and effectiveness as tools for both products. They noted that there was little knowledge of the NRD by many recovering warriors and family members. They also noted that, while case managers and advocates were aware of these resources, they did not communicate them to family members. The Members took a break at 9:23am.

At 9:51am, the Members moved to the topic of support for family caregivers. They noted that there appeared to be inconsistencies with the interaction between case managers and family members. They suggested that protocols need to be put into place regarding when and how family members are contacted and exactly what information can be shared with them to make certain that the recovering Service members and their families are receiving the correct care. They also noted the distinction between a caregiver and a family member, especially in regard to the benefits and pay provided to caregivers. They noted possible HIPAA issues that should be addressed and those that should not interfere with aid to family members or caregivers. They also discussed the information being provided to family members of reserve components and how it affects the recovering warrior. The Members took a break at 11:23pm.

The Task Force resumed at 11:42am with a discussion of legal support for IDES. They noted that Service members were sometimes unaware that they received legal support through the entire process. They also discussed differences in what is considered to be legal support. The Task Force broke for lunch at 12:00pm.

The Members resumed at 1:06pm with a review of DES and IDES. They began by noting the system for records management at Marine Corps Base Camp Lejeune was a good program that can be viewed as a best practice. The Members were interested in finding out the appeal rate from FY2011 as this was the first year of full IDES implementation, but this information is not yet available. They also noted that reviews of the program come from individuals at varying points in the process and the reviews should be coming from those individuals that have completed IDES. They went on to discuss PEBLO caseload ratios and the amount of time and funds put into the transfer of physical paperwork between the DoD and VA. As with other records discussions, they noted that there will still be an issue of gathering records from the private sector. The Task Force took a break at 2:45pm.

At 3:09pm, the Task Force began a review of vocational training, noting that while TAP is now mandatory, it still needs to be monitored. The Members noted the issue of the lack of access to VR&E resources for numerous Service members they encountered, as this access is very useful. They discussed the differences between the VR&E program and the state vocational rehabilitation programs, including what services each are allowed to provide. They also discussed a current memorandum of understanding between the DoD and VA regarding vocational support.



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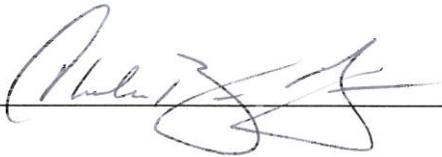
The Members moved to discussing resources for the reserve components at 3:47pm. The Members noted issues they had seen with the use of Title 10 orders at Naval Medical Center – Portsmouth and that they feel the location is in need of more RCC support. They discussed what resources should be available to Category 1, 2, & 3 reserve component members, concluding that a Category 1 patient should become a Category 2 patient after 6 months, as they will now need additional support if their medical issue is that prolonged. They also discussed having Category 1 patients treated by TRICARE with a central case manager. The Task Force also reviewed INCAP pay and noted that Title 10 issues would need to be fixed before INCAP pay benefits are stopped. There was then an extended discussion on how best to have TAMP provided to reserve members, with the Members deciding that the 6 month coverage period should begin when the first appointment is conducted from any member of the recovering warrior's covered family. Finally, the Task Force discussed a change in out-processing for reserve members to avoid losses of equipment and information by home units.

The meeting was closed at 4:52pm by Lt Gen Green. The next meeting of the Task Force will occur in June.

Verified by:

Department of Defense Co-Chair:

Lieutenant General Charles B. Green, M.D.



Date: 13 June 2012

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones



Date: 13 JUN 2012



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Appendix A:

Tuesday, 15 May 2012

Members Present:

- CSM Steven D. DeJong
- Mr. Ronald Drach
- CAPT Constance Evans
- Lt Gen Charles B. Green (DoD Co-Chair)
- Mrs. Suzanne Crockett-Jones (Non-DoD Co-Chair)
- LtCol Sean P. K. Keane
- MSgt Christian MacKenzie
- Ms. Karen Malebranche
- Dr. Steven Phillips
- Mr. David Rehbein

Members Not Present:

- Mr. Justin Constantine
- MG Karl Horst
- MG Richard Stone
- Dr. Russell Turner

Members Arrived Late:

- CAPT Constance Evans (8:47am)

Members Left Early:

- None



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- Dr. Steven Phillips
- Mr. David Rehbein

Members Not Present:

- Mr. Justin Constantine
- MG Karl Horst
- MG Richard Stone
- Dr. Russell Turner

Members Arrived Late:

- None

Members Left Early:

- None



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- MSgt Christian MacKenzie
- Ms. Karen Malebranche
- Dr. Steven Phillips
- Mr. David Rehbein

Members Not Present:

- Mr. Justin Constantine
- Mr. Ronald Drach
- MG Karl Horst
- MG Richard Stone
- Dr. Russell Turner

Members Arrived Late:

- Lt Gen Charles B. Green (9:40am)

Members Left Early:

- None



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Appendix B:

Sign-in Sheet:



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Last Name	First Name	Zip Code	Organization	Email
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Simonsen	Rachel	24502	Liberty University	r.simonsen@liberty.edu



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Last Name	First Name	Zip Code	Organization	Email
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