

**Veterans' Disability Benefits Commission
Meeting Minutes**

Date: Friday, August 26, 2005

Attendees:

Chairman

James Terry Scott, LTG, USA (Ret.)

Members

Nick D. Bacon, 1SG, USA (Ret)

Larry G. Brown, Colonel, USA (Ret)

Jennifer Sandra Carroll, LCDR, USN (Ret)

Donald M. Cassidy, Colonel, USAF (Ret)

John Holland Grady

Ken Jordan, Colonel, USMC (Ret)

James Everett Livingston, MG, USMC (Ret)

Dennis Vincent McGinn, VADM, USN (Ret)

Rick Surratt

Joe Wynn

Topic	Key Points	Supporting Materials
Opened at 8:30 a.m.		
Opening Remarks: Chairman Scott	The meeting opened at 8:30 a.m. with welcoming remarks, a reiteration of the Commission's charter, and a brief description of the purpose of the Subcommittees which were formed in June 2005. Chairman Scott emphasized that no decisions have been made by the Subcommittees. Each Subcommittee will provide recommended issues and research questions to the full Commission. At the conclusion of this process, once a decision has been reached on which issues the Commission will address, the Subcommittees will disband. This will likely occur after the September 2005 meeting of the Commission. The Commission may determine that additional Subcommittees are needed in the future to address specific aspects of the work.	
Subcommittee Reports	Each subcommittee chairman provided a report on the activities of the three subcommittees from the previous two days.	
Commissioner McGinn	As part of the Commission's charter to study VA compensation benefits, the Duty/Service-Connection Subcommittee is charged to explore and refine key issues related to the "appropriateness" of the standards for determining whether a disability or death of a veteran should be compensated. On August 25, 2005, the Duty/Service-Connection Subcommittee met during the morning at the Commission Office and discussed the key issues identified so far (these issues are now part of the	

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<p>Commissioner Livingston</p>	<p>consolidated list posted on the website and will be reported at the next Commission meeting in September 2005). Commission members McGinn, Carroll, and Jordan, along with a Commission staff member, were present for the discussion. No decisions or recommendations were made as a result of the discussions. In the afternoon, the Duty/Service-Connection Subcommittee visited Walter Reed Army Medical Center in order to gain a better understanding of issues that may require study by the Commission. It was an honor for the Subcommittee to tour the Physical Therapy and Occupational Therapy wards to witness America's heroes that have sacrificed so much for our country. In addition to the tour of the wards, the Duty/Service-Connection Subcommittee also participated in a discussion with medical professionals regarding Post Traumatic Stress Disorder treatment and evaluation.</p> <p>The Transition/Coordination/Readjustment Subcommittee met on August 25, 2005, at the Commission offices to receive information in four separate briefings on the Transition Assistance Programs (TAP) of the Army, Navy, Marine Corps and the Air Force. The PowerPoint presentations from these briefings are located in the column to the right under the heading Supporting Materials.</p> <p>The Transition/Coordination/Readjustment Subcommittee noted that the Services are doing an outstanding job of providing transition assistance to separating service members, but there has been no change in DoD's budget support for its TAP programs since 1996. In 1996, the budget was \$36 million and that was in a peacetime environment. The large number of Guard and Reserve now on active-duty, the Global War on Terror and the BRAC issues beg the question about the adequacy of funding for these programs.</p> <p>The Transition/Coordination/Readjustment Subcommittee also heard about staffing shortages in VBA's OCONUS outreach which impacts service members who separate abroad. The six key issues related to transition, coordination and readjustment between VA and DoD and internally within each Department were also submitted by the Transition/Coordination/Readjustment Subcommittee chairman for the full Commission to consider.</p>	<p>Army TAP Navy TAP Marine TAP Air Force TAP</p>
<p>Commissioner Grady</p>	<p>The members of the Compensation Subcommittee met on August 24, 2005, with potential Federally</p>	

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	<p>Funded Research and Development Centers (FFRDCs) to receive research capabilities presentations and again on August 25, 2005, with the Institute of Medicine (IOM) of the National Academies of Science for a similar purpose. Thirteen potential research questions were identified for consideration by the full Commission.</p>	
<p>July 22, 2005, Meeting Minutes</p>	<p>On motion by Commissioner Carroll and seconded by Commissioner Grady, the minutes were adopted.</p>	
<p>Panel Discussion</p> <p>Cynthia A. Bascetta Darryl W. Kehrer Mary Ellen McCarthy Guy H. McMichael, II Patrick E. Ryan John Vogel Edward P. Wyatt</p>	<p>A panel of individuals with an extensive background in veterans' issues discussed, debated, and offered their viewpoints on a series of potential issues that the Commission may address.</p> <p>Commission staff identified 13 issues for the panelists to discuss. Of the 13 issues, 7 of them were discussed during the 2-hour session. They are as follows:</p> <ol style="list-style-type: none"> 1. Line of Duty: Should the standard change? 2. Basis for Compensation Payments: Average impairment of earnings capacity. <ul style="list-style-type: none"> • Should reduced quality of life and lost earnings be rated and compensated separately? • Should the individual's military rank, military specialty, pre-service occupation, education, geographic location and skill level be considered as factors? 3. Purpose of Compensation Program. <ul style="list-style-type: none"> • What do you think the purpose of the program is now? • What do you think the purpose should be? 4. Eligibility Standards for Service Connection. <ul style="list-style-type: none"> • Should "age" be a factor in determining eligibility for VA benefits? • For example, for: <ul style="list-style-type: none"> - Individual Unemployability? - Vocational Rehabilitation & Employment? - Compensation? 5. Lump Sum Payments (and the Nature of VA Benefits) DoD currently provides lump sum compensation for disabled service members who are less than 30 percent disabled and have less than 20 years service. <ul style="list-style-type: none"> • Should VA provide lump sum compensation in certain circumstances? • Should lump sum be elective or mandatory? • How should VA balance the concern for "best 	<p>Intro of Panelists</p>

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	<p>interest” and “freedom of choice”?</p> <p>6. Presumptions: To what extent, if any, should policies related to the establishment of presumptive conditions be changed?</p> <p>7. Concurrent Receipt: Should veterans be able to receive both military retirement and VA disability compensation? If yes, at what level of disability?</p> <p>The discussions allowed Commission members to gain a better understanding and fresh insights into some of the potential issues that the Commission will address.</p>		
Public Comment Period	<p>Steve Strobrige Military Officers Association of America</p> <p>Mark Olanoff Retired Enlisted Association</p> <p>Sue Frasier</p>	<p>Service members who are forced by service-caused disabilities to separate with 19 years or less service should be vested for earned retired pay at the same 2.5% per year of service standard that those over 20 currently experience. Recognition of years of service is important factor in determination of retirement/disability payments.</p> <p>Survivor benefit "fix" of \$9 billion over 10 years is "chump change" compared to overall federal budget.</p> <p>The issue of PCB contamination in the areas surrounding Fort McClellan and its effect on vets in the PCB contamination zone and their claims for disability benefits need to be addressed by the Commission.</p>	
VA Presentation on Post-Traumatic Stress Disorder (PTSD)	<p>Throughout modern history, beginning in the late nineteenth century, the symptoms of PTSD have been recognized and described as “hysteria,” “nostalgia,” “soldier’s heart,” and “shell shock.” The <i>Diagnostic</i></p>		

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<p>Robert C. Gresen, Ph.D., Acting Deputy Chief Consultant for Mental Health SHG</p> <p>Mark E. Shelhorse, M.D., Acting Chief Consultant for Mental Health SHG</p> <p>Alfonso R. Batres, Ph.D., MSSW Chief Officer, Readjustment Counseling Service</p> <p>John H. Brown, Jr. Director, Seamless Transition Office</p>	<p><i>and Statistical Manual</i>, first published in 1952, referred to “Stress Response Syndrome. The <i>DSM-III</i> in 1980 first codified PTSD and its symptomatology.</p> <p>In fiscal year 2004, the Vet Centers saw 122,924 veterans, 52,000 of whom received some type of PTSD services; VA medical centers treated 274,285 veterans with a diagnosis of PTSD. VA provides specialized outpatient/inpatient programs, and increased awareness and treatment of concomitant substance abuse, sexual trauma counseling, community outreach and education, and employment assistance.</p> <p>PTSD can be either acute or long-term, with an increased prevalence among active-duty personnel and veterans, especially who have been deployed or who have experienced military sexual trauma. VA noted the pervasive stigma attached to PTSD, and its effect on the numbers reporting their problems and seeking treatment. Some studies show that long after the traumatic event, over one half of individuals with a lifetime prevalence of PTSD continue to meet the diagnostic code. There are currently approximately \$7 million in VA-appropriated funds supporting 25 clinical studies on PTSD/mental health/new treatment teams in primary care, and the stigma of PTSD.</p> <p>The Compensation and Pension Examination process for PTSD symptoms/diagnostic criteria, social impairment, and the impact on occupational functioning and quality of life were discussed. There are national performance measures and a joint VBA-VHA national office that monitors these exams.</p> <p>From the seamless transition perspective, as an example, there are VHA Social Workers and VBA Benefits Counselors on site at the major Military Treatment Facilities across the country to facilitate the transition process for seriously injured and disabled service members.</p>	
<p>DoD Presentation on Post-Traumatic Stress Disorder (PTSD)</p> <p>Colonel Bob Ireland, USAF, MC, CFS Program Director for Mental Health Policy, Office of the Assistant Secretary</p>	<p>The Commission was provided a briefing on how DoD responds to the psychological wounds of war. This included short descriptions of Combat Operational Stress Reaction (COSR), Acute Stress Disorder (ASD) and Post-traumatic Stress Disorder (PTSD). Both COSR and ASR can develop into PTSD.</p> <p>Later in the briefing, DoD’s strategies to minimize PTSD were discussed. The strategies included a multi-dimensional approach starting with assessing</p>	

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of Defense (Health Affairs)	<p>the continuing mental health of all service members, including activated reserves and guard personnel, and their dependents from pre-deployment through “sustainment.” The multi-dimensional approach also includes preventive stress “inoculations” as well as periodic health assessments.</p> <p>Psychotherapy/biological interventions are often difficult because PTSD rarely appears in isolation from an associated disorder/co-morbid element. Military OneSource is mentioned as valuable post-deployment resource for veterans, which provide online educational resources, 24/7 counseling, interactive self-assessments and referral services.</p>	
<p>VA-DoD Discussion</p> <p>Col. Bob Ireland, DoD Dr. Shelhorse, VA Dr. Gresen, VA Charles Flora, VA John Brown Jr., VA Tom Pamperin, VA Kelley Brix, DoD</p>	<p>The need for good storage, access and retrievability of veterans' records is an issue. The advantages of electronic means of storage and retrieval were mentioned. Advances in information technology (IT) will make VA/DoD more responsive/efficient, while ensuring that privacy safeguards are upgraded.</p> <p>It was noted how PTSD can be evaluated differently by different raters; VA is developing procedures to require two signatures, not one, on a VA service-connection rating of PTSD.</p> <p>The possibility of condensing the 117-page "best practices manual" is seen as a way of ensuring more standardization and consistency in mental health treatment and ratings. Also, streamlining the PTSD diagnostic codes is a policy option to be considered.</p>	
Adjourned at 4:07 p.m.		

The minutes of the August 26, 2005 meeting, as submitted, were unanimously approved by the Veterans’ Disability Benefits Commission members at the Commission meeting conducted on September 15, 2005, in Silver Spring, Maryland.