

**Veterans Disability Benefits Commission
Meeting Minutes**

Date(s): Thursday, January 19, 2006 and Friday, January 20, 2006

Location: Embassy Suites Hotel, 900 10th Street, NW, Washington, DC

Attendees:

Chairman

James Terry Scott, LTG, USA (Ret.)

Members

- Nick D. Bacon, 1SG, USA (Ret)
- Larry G. Brown, Col., USA (Ret)
- Jennifer Sandra Carroll, LCDR, USN (Ret)
- Donald M. Cassiday, Col., USAF (Ret)
- John Holland Grady
- Charles "Butch" Joeckel, USMC (Ret)
- Ken Jordan, Col., USMC (Ret)
- James Everett Livingston, MG, USMC (Ret)
- William M. Matz, Jr., MG, USA (Ret)
- Dennis Vincent McGinn, VADM, USN (Ret)
- Rick Surratt (former USA)
- Joe Wynn (former USAF)

Topic	Key Points	Supporting Materials
January 19, 2006		
<p>Opening Remarks</p> <p style="padding-left: 40px;">Chairman Scott</p>	<p>The meeting opened at 8:30 a.m. with welcoming remarks and a reiteration of the Commission's objectives.</p> <p>The Chairman noted The President signed the Defense Authorization Act of 2006 which included a provision extending the due date of the Commission's report to the President and the Congress from August 2006 to October 1, 2007. The Chairman noted the work contracted with CNA and IOM will take longer than originally projected because the data collection and analysis will be extremely complex and has to be done over a longer period of time.</p> <p>The Chairman spoke about VA funding the Commission for FY 06 and 07.</p> <p>The Chairman announced the new website for the Commission: http://www.vetscommission.org.</p>	
<p>November 17-18, 2005</p>	<p>On motion by Commissioner Livingston, seconded by</p>	<p>Approved minutes</p>

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Meeting Minutes	Commissioner Jordan, the minutes were unanimously adopted.	
Brief Statements by Commission Members	Statement made by Commissioner Grady for the Commission to develop guiding principles to help carry out the Commission's responsibilities.	Statement by Commissioner Grady
Center for Naval Analyses (CNA) Update Dr. Laurie May Director, Health Care Programs (CNA)	Dr. May provided an update on the status of the CNA project, which she summarized as looking at how the current compensation program is compensating for lost earnings and quality-of-life for disabled veterans and survivors. Dr. May stated their first task was to develop a more detailed work plan to complete the project. CNA will also conduct two initial surveys: a quality-of-life survey of disabled veterans and another quality-of-life survey for survivors. The survey instruments are scheduled to be available for review in draft form on March 9, 2006. Dr. May talked about developing administrative databases. She also stated the Veterans Benefits Administration (VBA) and Defense Manpower Data Center (DMDC) will be providing CNA with extensive data to help with their project. The last area that CNA has started work on is literature search. They are doing a very detailed literature search on a series of questions that they have to draw information from other studies.	CNA Presentation
Institute of Medicine (IOM) Update Dr. Rick Erdtmann Director, Medical Follow-up Agency, Institute of Medicine, National Academies	Dr. Erdtmann provided an update on the status of the IOM project. Dr. Erdtmann said that the project will result in two separate studies. One of the studies will accomplish five of the specific requests that IOM look at the VA Schedule for Rating Disabilities (VASRD). The other study will be directed at the presumptive decision-making process. He introduced some of IOM's senior staff assigned to the project: Mike McGeary, study director for VASRD, Morgan Ford, Mr. McGeary's assistant for the study and Catherine Bodurow, study director for the presumptive study. Dr. Erdtmann noted IOM is also engaged by VA to look at PTSD as a separate project. They are in the process of establishing the committees and hiring some additional research and project assistance staff. He talked about the committee selection process and mentioned that all the committee members are volunteers and they do the work pro bono. He said it helps to guarantee the independence of thought and the independence of findings and recommendations or options that might come out of this work. Dr. Erdtmann reviewed the study process and meeting format. They are allowed to go into closed meetings and deliberate. IOM has a 15 month period to deliver the final report. The Commission Chairman commented on the	IOM Presentation

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	<p>complexity of the IOM task. The Chairman noted the Commission will be asked, based on availability, to attend IOM meetings and that, possibly, the Commission would build some of their meetings around the IOM meetings.</p>	
<p>Plan for Developing Research Papers</p> <p>Mr. Keith Hancock Commission Staff</p>	<p>Mr. Hancock described the proposed process for developing Issue Papers for Research Questions (RQ) that are not being addressed by IOM or CNA. He identified the RQ's and Staff Points-of-Contact (POCs) and reviewed the timeline for completion of all RQs.</p> <p>The Commission decided to have involvement after completion of the preliminary paper, after identification of additional sources, after completion of staff analysis, and after VA/DoD technical review.</p> <p>The Commission also decided that an Executive Summary will be added.</p> <p>Commissioner McGinn commended Keith for his work for the Commission.</p>	<p>Proposed Plan</p>
<p>Panel of Disabled Service Members/Veterans</p> <p>Cpt. David Rozelle Cpt. Marc Giammatteo Cpt. Troy O'Donley Spc. Kevin Pannell, (Ret.), Sgt. Edward Wade, (Ret.) and Mrs. Sarah Wade (spouse),</p> <p>Ms. Jackie Garrick Commission Staff and Moderator</p>	<p>The disabled service member panel consisted of an active duty officer who is the Administrator for the Amputee Care Center at Walter Reed Army Medical Center, and himself an amputee; a soldier who is a bilateral amputee; two officers who were severely wounded with one being a Guardsman and the other a West Point graduate; and a soldier who is an arm amputee and a TBI patient who presented with his wife who acted as his spokesperson. The panel focused on the benefits and services they have been able to access in transitioning from DOD to VA. They discussed the positive benefits of the VA VR&E program, but difficulty they have had in accessing VA health care as active duty service members or as veteran's trying to receive an appropriate level of rehabilitation care since much of VA health care is geriatric care.</p> <p>Other issues raised were regarding military pay and disability compensation gaps, need to readdress problematic MEB decisions, inconsistent and not enough information getting out to the Guard and Reserves, the need for additional training classes at Walter Reed (i.e. basic office skills), better opportunity to discuss employment options or to stay on active duty, too much information too early and not enough long-term follow up, no identifiable lead agent to go to with questions, better TBI outpatient programs, more opportunity for peer support, and more family involvement especially at VA.</p>	

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Public Comment Period	<p>Dr. Fairbanks commented about his concern and interest in the commitment to Native American veterans in keeping the promises made to them. Commented on his observations on health care provided by Indian Health Service and VA.</p> <p>Mr. Jim Doran commented that AMVETS has an MOU with the National Guard Bureau. Also commented on the National Guard or Reserve Unit having control of a member's medical records and about treatment and care at Veterans Healthcare Administration (VHA) facilities.</p> <p>Ms. Carol Scott commented on the delivery of services to Native Americans.</p> <p>Mrs. Pat Sharp commented about the Survivor Benefit Plan (SBP) and Dependency Indemnity Compensation (DIC).</p> <p>Ms. Edith Smith commented on being a caregiver and wife of a disabled retiree. Commented on Medicare and Tricare.</p> <p>Ms. Rose Lee commented on remarried widows being able to retain their military ID cards.</p>	
Chairman's Close	The Chairman adjourned the meeting at 5:49 p.m.	
January 20, 2006		
Opening Remarks Chairman Scott	The meeting opened at 8:30 a.m. with welcoming remarks.	
Board of Veterans Appeals Presentation The Honorable James P. Terry, Chairman, Board of Veterans' Appeals	Mr. Terry, in his presentation to the Commission, gave an overview of the Board's organization, operations, and workload. In the short history he presented, he stated that the Board of Veterans' Appeals was established in 1933. The Board is the first appellate agency to hear appeals that come from a VA regional office or medical center. Veterans and other claimants for VA benefits have the right to appeal decisions made by a VA regional office or medical center. These decisions are made on behalf of the Secretary. In performing this function, staff review the claims file, research the applicable law, and prepare a comprehensive draft decision or remand document that details the relevant law and evidence. All cases are decided in the order in which they are placed on the docket, unless advanced upon petition because of the appellant's age, serious illness, economic crisis, etc. BVA decisions that are appealed	Presentation and written statement

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	by the claimant go to the Court of Appeals for Veterans Claims.	
<p>VA General Counsel, Group VII Presentation</p> <p>Mr. Randy Campbell Assistant General Counsel</p>	<p>Mr. Campbell made a presentation describing the Veterans Court Appellate Litigation Group. This group, within General Counsel, represents the Secretary of Veterans Affairs before the U. S. Court of Appeals for Veterans Claims. He also provided an overview of the organization and workload of this Group, as well as describing the basic organization of VA's General Counsel. Mr. Campbell also advised the Commission that a final Board of Veterans' Appeals decision that does not grant a claimant the benefits desired would be appealed to the U.S. Court of Appeals for Veterans Claims, an independent court, not part of the Department of Veterans Affairs. This court does not hold trials or receive new evidence.</p>	<p>Presentation</p>
<p>Site Visit Plans</p> <p>Mr. James Wear Commission Staff</p>	<p>Mr. Wear presented to the Commission the draft of a plan for the site visits. The Commission decided to visit one city per month during the period February through September 2006. Three commissioners will visit each city using a standardized visit protocol and tour local transition activities. A typical site visit schedule, it was decided, would include a visit to the local regional office, or medical center, or vet center, or military base, and/or available local reserve or National Guard units. Also, the Commissioners would host a Town Hall Meeting where veterans, service members, survivors and the general public could hear about the mission of the Commission and present their issues and concerns to the Commissioners questions about disability compensation and survivor benefits programs.</p> <p>Following discussion, the Site Visits and February meeting were approved.</p>	<p>Site visit plans</p>
<p>Public Comment Period</p>	<p>Ms. Vivianne Wersel commented about the need for defibrillators to be available at all military installations.</p> <p>Dr. Meryl Nass commented on her research on the statistical association between receiving some number of anthrax vaccine doses and subsequent chronic ill health.</p> <p>Major McAvoy commented on his vaccine injury.</p>	
<p>Chairman's Close</p>	<p>The next meeting is scheduled for Thursday, February 16, 2006, in the St. Petersburg Ballroom II, Hilton St. Petersburg Bayfront, 333 First Street South, St. Petersburg, FL 33701</p>	
<p>Adjourned at 2:34 p.m.</p>		

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The minutes of the January 19-20, 2006, meeting of the Commission were unanimously approved by the Commission members in attendance at the February 16, 2006, meeting in St. Petersburg, Florida.