

VETERANS' DISABILITY BENEFITS COMMISSION

Meeting Minutes

Date: Thursday, July 13, 2006 – Friday, July 14, 2006

Location: Almas Temple – Oasis Room
1315 K Street, NW, Washington, DC

Attendees:

Chairman

James Terry Scott, LTG, USA (Ret.)

Members

Nick D. Bacon, FSG, USA (Ret)
Jennifer Sandra Carroll, LCDR, USN (Ret)
Donald M. Cassidy, COL, USAF (Ret)
John Holland Grady
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)

Absent

Larry G. Brown, COL., USA (Ret)
Charles "Butch" Joeckel, USMC (Ret)

Staff

Ray Wilburn, Executive Director
Deborah Anderson
Jacqueline Garrick
Kathleen Greve
Kimberlie Neal
Steve Riddle
Victor Soto
Paul Stepnowsky
Kurt Von Tish
Jim Wear

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Topic	Key Points	Supporting Materials
	July 13, 2006	
Opening Remarks Chairman Scott	The chairman opened the meeting at 8:32am with welcoming remarks, including concerns over survey privacy issues and a review of the agenda.	
June 21-22, 2006 Meeting Minutes	Commissioners Bacon moved and Carroll seconded motion to adopt the minutes. The motion carried by unanimous vote.	June Commission Meeting Minutes
Opening Statements	None	
CNA Update Joyce McMahon, PhD Eric Christensen, PhD	Dr. McMahon reported that Dr. Laurie May will leave CNA and that Dr McMahon will be the team leader role for the Commission's contract. Dr. McMahon provided an update on the data collection efforts and the agreements with SSA and OPM. CNA is creating a data dictionary for the Commission. They have revised drafts of the rater and VSO surveys. The veteran and survivor surveys have been approved by OMB. She provided a timetable to field the surveys and described how data will be protected.	CNA update
IOM PTSD Diagnosis and Assessment Report Rose Martinez, ScD Roberta Wedge, MS	Dr. Martinez gave the Commission an overview of the PTSD Diagnosis and Assessment Report the PTSD Subcommittee did for VA. She highlighted the report's reliance on the DSM-IV for PTSD diagnostic criteria and its characteristics; its investigation into biomarkers; the use of neuropsych testing and screening instruments; optimal PTSD examination conditions; and stressor identification. The Commissioners had questions regarding the VA's best practice manual, exam & examiner standards, military knowledge, certification and training for examiners. Commissioner Carroll expressed interest in further information on differential diagnosis with dementia.	IOM Update
IOM Update Rick Erdtmann, MD Michael McGeary, ABD – Medical Evaluations Catherine Bodurow, MSPH - Presumptions Roberta Wedge – PTSD Review David Butler, PhD – PTSD Compensation	IOM reviewed the activities of the Medical Evaluation Committee, which met July 7 th in an open meeting and July 8 th for a closed session. The open meeting included presentations from VA as well as experts in disability and quality of life measurement. VSOs expressed their issues with the benefits process. In the closed session they focused on their strategic plan and next steps. The Presumption Committee will be meeting later in July and presented that agenda. They identified a new member, Guy McMichael, JD, who was selected because of his background with Congress, VA, and the military. The Compensation Committee has added MAJ Alfred Rascon, (USAR) a Vietnam MOH recipient with recent service in Iraq and Afghanistan. The Committee met July 6-7 with presentations on VA C&P Best Practices Manual implementation barriers,	IOM PTSD Briefing

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	<p>veteran behavior associated with compensation-seeking, gender issues, PTSD evaluation process, and veterans' obstacles in applying for disability.</p> <p>The Chairman called upon Commissioner Surratt to provide a summary on the IOM meetings he attended as the Commission representative. Commissioner Surratt highlighted some of the more salient issues around exam times and best practices. Commissioner Wynn, who also attended, gave remarks on the usefulness of the information presented at the IOM meetings.</p>	
<p>Military Severely Injured (MSI) Center Heroes to Hometowns (H2H) Project</p> <p>Pam Crespi</p> <p>SGT Frank Delgado, USMC</p> <p>CPT Dennis Skelton, USA</p> <p>David Marsh (American Legion Liaison)</p>	<p>Ms. Crespi first reviewed the mission of the MSI Center and the services it is providing and then described the Heroes to Hometown project. H2H is designed to assist severely injured service members transition to their hometown or to other communities, which are offering job and/or housing opportunities. DOD is entering into agreements with nonprofit organizations to organize homecoming celebrations, housing, adaptations for homes or cars, employment, education, carpools, advocacy, and family and spiritual support.</p> <p>Sgt. Delgado and Cpt. Skelton spoke about their experiences as wounded service members who are now assisting others who have been severely injured in the line of duty.</p> <p>Mr. Marsh explained The American Legion's role in this process as it has funded his liaison position housed at the Center in the Pentagon to assist with community, grass roots development and support.</p>	<p>H2H Briefing</p>
<p>Severely Injured Marines & Sailors (SIMS) Project</p> <p>COL William O'Brien, USMC (RET)</p>	<p>COL O'Brien described a pilot project to consider new policies for severely injured service members. The project has identified 25 of the most severely injured Marines and sailors going through the Disability Evaluation System (DES) process and enrolled them into the project. Under consideration is whether to accelerate their medical/physical board process and transfer them to the Temporary Retired List (TDRL). (They can return to duty.) The project explains financial and other implications for continued active duty versus separation. Through an agreement with the Armed Forces Service Corps, service members are given a spreadsheet showing their potential benefits if they stay on active duty or retire. An interim report will recommend revisions to the DES system.</p>	<p>SIMS Briefing</p>

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<p>Disability & Quality of Life (QOL) Definition Comparisons: America, Britain, Canada, & Australia</p> <p>Jacqueline Garrick Commission Staff</p>	<p>Ms. Garrick compared different definitions of disability and QOL used in the United States from the American's with Disabilities Act (ADA), Social Security, and VA. Additionally, she reviewed how the governments of the United Kingdom, Canada, and Australia apply these concepts to their general population and to veterans specifically. The foreign governments had recently revised their veterans programs and incorporated more QOL considerations. She observed that definitions tend to be program-based, fulfill a specific purpose, target a population, and that need precipitates definition. She enumerated domains for disability and QOL definitions and discussed implications for the USA if we were to revise the VA rating schedule to include QOL and go beyond strictly loss of earnings and employability.</p>	<p>Disability & QOL Comparison Briefing</p>
<p>Public Comment</p> <p>LTC Michael Parker</p>	<p>LTC Parker addressed five issues with Chapter 61 of Title 10 disability law and what he feels are inequities and inconsistent application between the service branches.</p>	
<p>Commission Discussion</p>	<p>Commissioner Grady asked for additional GAO report data on civil servants' plans, an update on the Stolen Valor author, the Social Security Return to Work Incentive Program, & Guiding Principles in the Bradley Report. Other issues discussed were line of duty, an updated spreadsheet on the 31 Research Questions, and to request DOD presenters who can answer questions.</p> <p>Ray Wilburn handed out a staff analysis on the <i>Stolen Valor</i> book by BG Burkett that documented that of the 166 veterans the author alleges to be imposters/exaggerators, only 17 had applied for VA benefits, 12 were service connected, 4 were receiving health care, & 5 got PTSD treatment. However, as veterans, they are entitled to care.</p>	
<p>Chairman's Close</p>	<p>The Chairman adjourned the meeting at 4:30pm.</p>	
<p>July 14, 2006</p>		
<p>Opening Remarks</p> <p>Chairman Scott</p>	<p>The meeting opened at 8:36am with welcoming remarks. The Chairman presented a draft for an August agenda, however, by a unanimous vote, the next meeting was postponed until the month of September.</p>	
<p>VBA Response to GAO Report on IU</p> <p>James Sampsel Department of Veterans Affairs, Veterans Benefits Administration (VBA)</p>	<p>Mr. Sampsel read a statement for VBA that responded to the three GAO recommendations. First, was to <i>Strengthen Eligibility Requirements and Applicable Guidance</i>. In response, VA has prepared a training letter and intends to conduct a study by reviewing selected cases for proper form usage. Second, <i>Strengthening Enforcement Procedures</i> has VBA taking steps to ensure a more timely income verification match. VBA is also looking into the National Directory of New Hires and has established</p>	<p>VBA Response on GAO IU</p>

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	<p>contact with the Federal Office of Child Support Enforcement. Finally, GAO recommended that VA <i>Encourage Rehabilitative Efforts</i>. VA will send motivating letters to IU recipients to encourage their participation in Vocational Rehabilitation & Employment (VR&E). VA does not have authority to mandate VR&E assessments for IU claimants.</p>	
<p>Department of Veterans Affairs (VA) Eligibility Verification Panel</p> <p>Gary Baker Veterans Health Administration (VHA)</p> <p>Linda LoPinto Veterans Benefits Administration (VBA)</p> <p>Charles Flora Readjustment Counseling Services</p>	<p>Mr. Baker described VHA's eligibility verification process. VHA requires military documentation, data matches with BIRLS, VistA, and DOD. The Health Eligibility Center (HEC) does a second level review of eligibility after the medical center. Seamless Transition efforts include VA getting the Post Deployment Health Reassessment information. Special emphasis programs ensure enrollment of other categories of veterans.</p> <p>Ms. LoPinto described the VBA process of validating stressors for PTSD claims. They request DOD records, description of stressful events, and proper forms. To diagnose PTSD, the 3 DSM-IV criteria (re-experiencing, avoidance, & hyperarousal) must be met and then the medical evidence has to be linked to military service. There are 3 types of PTSD claims evaluated: 1. Combat, 2. Personal Assault, 3. Non-combat.</p> <p>Mr. Flora reviewed the different services offered by the Vet Centers and their requirements for eligibility, which is verified through the collection of DD-214 from veterans and VA data matches. Veterans must have certain decorations and other-than-dishonorable discharges. They are also matching OIF/OEF veterans with the Defense Manpower Data Center (DMDC). Stressors are identified by the veteran and are verified through a comprehensive clinical assessment and military history. Vet Centers employ a high number of combat veterans and ensure all are savvy in military history. Vet Centers provide readjustment services (not just PTSD) and refer when necessary to VHA, VBA, and the community.</p>	<p>VHA Eligibility Briefing</p> <p>Vet Center Eligibility</p>
<p>Public Comment</p> <p>Sue Frasier</p> <p>Daryl Puryear, The American Legion</p> <p>Edward Balajewski, DAV Liberty chapter Commander, PA</p> <p>Marilyn Park, AFGE</p>	<p>Ms Frasier commented on the need for a better VA emergency response system in light of the stolen data.</p> <p>Mr. Puryear described the sensitive nature of PTSD and the adjudication of those claims.</p> <p>Mr. Balajewski shared a case example of a disabled WWII veteran who has not been able to get VA assistance.</p> <p>Ms. Park urged the Commission to consider the perspective of VBA employees who are concerned with productivity and timeliness demands and lack of</p>	

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<p>Charles Benjamin Clarke, DAV member, PA</p> <p>Bill Perry, DAV Levittown chapter, PA</p> <p>LTC Michael Parker</p>	<p>training. There are backlogs because of staff shortages.</p> <p>Mr. Clarke is a Vietnam veteran who fought for 30 years to get his VA benefits and feels there is a lot of pain and suffering in the veteran community. Veterans' benefits are an earned entitlement and not welfare.</p> <p>According to Mr. Perry, the IU process doesn't take into account suffering. There should be 3 categories of IU: physical, mental, and PTSD. He also noted that some veterans are so bad or so medicated that they can't understand VA forms or processes. There needs to be dedicated funding and more comprehensive rehabilitation in the future.</p> <p>LTC Parker shared some case examples of other service members going through the DES process.</p>	
<p>Commission Discussion</p>	<p>There was limited discussion regarding possible future agenda items.</p>	
<p>Chairman's Close</p>	<p>The Chairman adjourned the meeting at 12:18pm</p>	

The minutes of the July 13-14, 2006 meeting were unanimously approved with minor edits by the Commission members in attendance at the September 13, 2006, meeting in Washington, DC.