

**Veterans' Disability Benefits Commission  
Meeting Minutes**

**Date: Thursday, March 16 and Friday, March 17, 2006**

**Location: National Airport Holiday Inn  
2650 Jefferson Davis Highway,  
Arlington, VA 22202**

**Attendees:**

**Chairman**

James Terry Scott, LTG, USA (Ret.)

**Members**

Nick D. Bacon, 1SG, USA (Ret)  
Larry G. Brown, Col., USA (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)

**Absent March 16-17:**

Jennifer Sandra Carroll, LCDR, USN (Ret)

**Absent March 17:**

William M. Matz, Jr., MG, USA (Ret)

**Staff**

Ray Wilburn, Executive Director  
Ed Andersen  
Deborah Anderson  
Jacqueline Garrick  
Kathleen Greve  
Steve Riddle  
Jim Wear

<b>Topic</b>	<b>Key Points</b>	<b>Supporting Materials</b>
	<b>March 16, 2006</b>	
<b>Opening Remarks</b> Chairman Scott	The meeting opened at 8:05 a.m. with welcoming remarks and an overview of the agenda for the next 2 days from the Chairman. He asked Commissioners to	

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	provide additional information on their military experience for the website.	
<b>February 15-16, Meeting Minutes</b>	On motion by the Chairman, the minutes were unanimously adopted.	<a href="#">Minutes</a>
<b>Brief Statements by Commission Members</b>	Commissioner Wynn asked for further discussion on agenda items, site visits, IOM meetings and the use of tele/videoconferencing. The chairman agreed to give him time later for discussion.	<a href="#">Commissioner Wynn Statement</a>
<p><b>Summary Tampa/St. Petersburg, FL and San Antonio, TX Site Visits</b></p> <p>FL – Mr. Wilburn, Executive Director</p> <p>TX – Commissioner Matz</p>	<p>Mr. Wilburn gave an overview of the full Commissions activities in FL. He highlighted the visit to the St. Petersburg RO, the VA Medical Centers in Bay Pines and Tampa, the Polytrauma Center in the Tampa VAMC, and MacDill Air Force Base. Also described the Town Hall meeting and the Commission public meeting held in St. Petersburg.</p> <p>Commissioner Matz, the team lead for the site visit to San Antonio, TX, discussed the group’s visit to the Audie Murphy VAMC, VBA’s Benefits Office, the QTC exam center, the Brooke Army Medical Center, the Air Force’s Formal Physical Evaluation Board at Lackland AFB and the Commission’s Town Hall meeting.</p>	<a href="#">FL &amp; TX Presentation</a>
<p><b>Center for Naval Analyses (CNA) update</b></p> <p>Dr. Laurie May, Director, Health Care Programs , accompanied by Dean Gerstein, Lee Gunn, Joyce McMahon, Elizabeth Schaefer</p>	Dr. May provided an update on the status of the CNA project. She reported that they have gotten the DMDC & VBA compensation data. Also, draft versions of the veteran and survivor surveys were nearly completed and will be tested. Dr. May discussed the use of Current Population Survey (CPS) data as a means of collecting information on the earnings of non service connected veterans, especially those who are older, but cannot be matched to SSA data.	<a href="#">CNA Presentation</a>
<p><b>Vocational Rehabilitation &amp; Employment (VR&amp;E)</b></p> <p>Dr. Frederick Steier, Training &amp; Outreach Supervisor, VBA</p>	Dr. Steier gave an overview of the VR&E program and its 5 track goals: reemployment, rapid access to employment, employment through long term services, independent living and self-employment. He discussed the application process and how other programs such as VA disability compensation interact with VR&E. He also explained the VA relationship with DOL VETS.	<a href="#">VR&amp;E Presentation</a>
<p><b>Department of Labor Veterans Employment &amp; Training</b></p> <p>Ronald Drach, Director of Planning &amp; legislative Affairs</p>	Mr. Drach highlighted the role of the DOL VETS program in assisting veterans and disabled veterans in obtaining gainful and appropriate employment. He described the roles of the Disabled Veteran’s Outreach Program (DVOP) and the Local Veterans Employment Representative (LVER). He explained the DOL relationship with the states and with VA VR&E where they have a Memorandum of Understanding (MOU). DOL has a primary responsibility in providing the TAP classes at 173	<a href="#">DOL VETS Presentation</a>

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	DOD installations. It is a 4 part collaboration process that also includes VA. He also described the Realifelines project that works within the Military Severely Injured (MSI) Center.	
<b>IOM Update</b>  Dr. Rick Erdtmann	Dr. Erdtmann updated the Commission on the VA's contract with IOM to study PTSD and the progress on the Commission's contract with IOM. An initial PTSD committee on diagnosis and treatment was organized as a subcommittee of the existing IOM Committee on Gulf War and Health and met in February. A second new committee on PTSD compensation will be created. Separate reports will be issued in June and December, 2006. Additional committees on Medical Evaluation of Veterans for Disability and Presumptive Disability Decision Making Process will be established to work on the Commission's contract. Documents have been collected and a bibliography created. VA data on disability and percentages have also been collected. In March, IOM will move forward with committee formation and data collection.	<a href="#">IOM Presentation</a>  <a href="#">IOM PTSD Presentation</a>
<b>Public Comment Period</b> Betty Moseley Brown, Associate Director, Center for Women Veterans  Ruby Miller, Center for Minority Affairs	Ms. Moseley Brown asked how quality of life would be considered in relation to loss of use or loss of organ and special monthly compensation.  Asked that the IOM PTSD study include consideration of gender and ethnicity.	
<b>Center for Naval Analyses (CNA) update</b>  Dr. Laurie May, Director, Health Care Programs	Dr. May returned to discuss the potential for collecting SSDI data. The Commission discussed if SSDI was within its purview, if so, what would be the purpose of collecting that data, and would it reflect an appropriate level of benefit for veterans regarding loss of earnings capacity and quality of life. Dr. May was asked to provide an estimate of the number of service disabled veterans who also receive SSDI.	
<b>Statement by Commissioner Wynn</b>	Commissioner Wynn expressed his desire that the Commission have additional time to discuss issues during closed meetings and at other times by phone and not to skip an April meeting. He also wanted to know more about Commissioner participation in the upcoming IOM and CNA meetings.	
<b>Chairman's Close</b>	The Chairman adjourned the meeting at 5:22p.m.	

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<b>March 17, 2006</b>		
<p><b>Opening Remarks</b></p> <p>Chairman Scott</p>	<p>The meeting opened at 8:10 a.m. with welcoming remarks. The chairman reported on his earlier phone conversation with Dr. May and that she will need more time to get the numbers being requested and deferred further discussion on SSDI until the May meeting. He then called for comments on the May meeting agenda and several Commissioners provided feedback.</p>	
<p><b>Military Severely Injured (MSI) Center</b></p> <p>CDR David Julian</p>	<p>According to the Commander of the MSI Center, the Center began operations in February 2005 in order to provide severely injured (amputees, blind, burned) service members with financial support, education and employment assistance, VA information, family counseling and other supportive services. The MSI Center, which operates at the OSD level, augments the programs provided by the service branches. Families are assigned a case manager as long as they need it and are helped to connect with VA. They have counselor-advocates in the field. The MSI Center also has a Military Severely Injured Tracking System (MSITS) that all of the services can access. The Center works very closely throughout DoD, VA, DOL and TSA. To date, they have provided assistance to 2,061 service members and families with 13 case managers, 32 counselor advocates, and have developed a network of NGO's. They also have a Heroes to Hometown program and an MOU with the American Legion for community support.</p>	<p><a href="#">MSI Presentation</a></p>
<p><b>Service Branch Injured Support Programs</b></p> <p>Army - COL Mary Carstensen</p> <p>Marines - COL William Lake</p> <p>Navy - Scott Slocomb</p> <p>Air Force - Steven Wagoner</p>	<p><b>Army Wounded Warrior Program (AW2)</b> briefing was provided by COL Mary Carstensen. The basic premise of this program is to ensure that wounded soldiers and their families are given the best possible care, support and assistance. AW2 has a team of case managers who conduct outreach, provide counseling and social services and employment assistance and coordinate with VA and other programs. They have visited other Army posts and have provided services to 908 soldiers thus far. They project to serve 1,500 by the end of FY 2006. They have a 5 year plan to that maps out how they will respond to soldier's need in the long term. They are working with VA Seamless Transition office and tracking Traumatic Service members Group Life Insurance (TSGLI) recipients.</p> <p>COL Bill Lake gave the <b>Marine for Life Injured Support</b> presentation. Their mission is to provide</p>	<p><a href="#">Army</a></p> <p><a href="#">Marines</a></p>

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	<p>basic needs for wounded Marines and Navy personnel injured while attached to a Marine Unit. They offer a single point of contact to coordinate multi-level organizational issues and assist in problem solving, such as with pay, medical boards, discharge and VA transition, web information, and referrals to other organizations and agencies. They have taken over 1,367 calls and 424 Marines have been assisted.</p> <p><b>Safe Harbor</b> is the navy program presented by Scott Slocum. Its mission is to provide personalized support and assistance to severely injured sailors and their families since March 2005. They conduct outreach and visitation, refer to existing resources, partner with Marine 4 Life, encourage active duty retention at the PEB and help others transition to civilian life. They have kept a list of severely injured sailors since 9/11. They have had contact with 165 sailors. They have also contacted those injured from Katrina. They continue their outreach efforts through their website and toll free number.</p> <p>Steven Wagoner (replaced Brenda Liston on the agenda) explained the Air Force's <b>Palace Heart</b> program. Their goal is to help airman recover and stay on active duty if feasible. They counsel airmen on all benefits and provide case management for 5 years. Through their Survivor Assistance program they have Family Liaison Officers (FLO) for grieving families or for those of the wounded. They help with travel orders, entitlements and clothing allowance and presenting purple hearts. The have speakers who go out to leadership meetings and other courses to talk about the needs of the wounded and their families. There are case management teams that provide transition assistance and referrals. They follow these airmen for 5 years. They have assisted 63 airmen.</p>	<p><a href="#">Navy</a></p> <p><a href="#">Air Force</a></p>
<p><b>Panel Discussion</b></p>	<p>The commissioners engaged in an exchange with representatives from different branches of the military services and the MSI Center to better understand the programs and the extent that they cooperate and coordinate with each other.</p>	
<p><b>VHA Polytrauma Centers</b>           Dr. Barbara Singford          Dr. Lucille Beck          Gretchen Stevens</p>	<p>Dr. Singford was the main presenter for the VA Polytrauma Program. She described the challenges VA faces in dealing with the numbers of blast injured patients and the resulting injuries to several body systems (amputations, fractures, TBI, wounds, PTSD, face, neurological, respiratory, and /or</p>	<p><a href="#">Polytrauma presentation</a></p>

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	gastrointestinal.) She outlined how these casualties are moved from the battlefield to support hospitals, MTFs and then to VA. She explained the new paradigm of care and the rehabilitation challenges (i.e. fitting someone with a prosthesis who has a TBI). She described optimal rehabilitative care and how to build on existing expertise within the VA and DoD systems, which included highly specialized teams and their coordination. She also expressed the value of developing a therapeutic alliance with the families and how to best meet their needs. She reviewed the statistics on the numbers of polytrauma cases, how they were injured, where they were treated, and their disposition. She shared the overall plans for Polytrauma Network Sites and Level I & II centers for care. Finally, she briefed on the Quality Enhancement Research Initiative (QUERI) that has been created to study polytrauma issues.	
<b>Public Comment</b>	None	
<b>Chairman's Close</b>	The Chairman adjourned the meeting at 1:50pm	

The minutes of the March 16-17, 2006, meeting were unanimously approved by the Commission members in attendance at the May 18, 2006, meeting in Arlington, VA.