

VETERANS' DISABILITY BENEFITS COMMISSION

Meeting Minutes

Date: Wednesday, September 13, 2006 to Friday, September 15, 2006

Location: Beacon Hotel Ballroom
1615 Rhode Island Ave
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)

Absent:

Jennifer Sandra Carroll, LCDR, USN (Ret) – September 13, 2006 Only
Dennis Vincent McGinn, VADM, USN (Ret) – September 14, 2006 Only

Staff:

Ray Wilburn, Executive Director
Ed Andersen
Conrad Anderson
Jacqueline Garrick
Kathleen Greve
Steve Riddle
Dietra Shepard
Paul Stepnowsky
Kurt Von Tish
Jim Wear
Don Zeglin

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Topic	Key Points	Supporting Materials
September 13, 2006		
Opening Remarks Chairman Scott	The chairman opened the meeting at 8:30am with welcoming remarks by highlighting the history of the Commission and noting its end date in October 2007. He reported that after review there was no budget to survey the general public on their views on veterans' benefits.	
July 13-14, 2006 Meeting Minutes	Commissioners Bacon moved and Cassiday seconded to adopt the minutes. The motion carried by unanimous vote. Commissioner Grady asked for clarification on VA being unable to mandate VR&E during discussion.	
Opening Statements	Commissioner Livingston commented on the success of the site visit to Georgia, but will report on it at the next meeting.	
IOM Update Rick Erdtmann, MD With Study Directors: Michael McGeary – Medical Evaluations Catherine Bodurow, MSPH - Presumptions David Butler, PhD – PTSD Compensation	IOM reviewed the July-August activities of the Medical Evaluation Committee, which will meet again on Sept 21-22 to discuss DSM and AMA guides, Aggravation, Secondary conditions, and voc rehab. They visited 6 VA Regional Offices and are arranging 2 more. Staff is preparing papers on study topics and packets on the 22 conditions and the strategy for the literature review on functionality, employment and Quality of Life (QOL). The Presumption Committee's 2 nd meeting was held July 27-28, which included presentations by IOM, VA, DOD & VSOs. In August, they developed a draft of the report outline. Their 3 rd meeting will be October 4-5 in San Antonio, TX. Chairman Scott commented that he will attend this session. The PTSD Compensation Committee held a closed meeting August 22-23 to discuss their final report, findings, conclusions and recommendations. The 4 th meeting will be held in November to complete the above cited activities. The timeline for the PTSD Treatment study has been changed and will not be tied to the Compensation study. A new contract is being negotiated with VA and will include pharmacotherapy, psychotherapy, evidence strength, and research gaps. The Chairman called upon Commissioner Grady to provide comments on the IOM Presumption meeting he attended as the Commission representative. Commissioner	IOM Update

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	<p>Grady asked a few questions first regarding the presentation and then highlighted facets of the meeting he attended. These comments included the accuracy of self reports, compensation vs. non compensation seeking behavior, the pattern for PTSD compensation increases, and questioned if PTSD is treatable and curable why then do ratings only increase. He also mentioned the DoD collection of exposure data and VA's process for creating a presumption.</p>	
<p>CNA Briefing Joyce McMahon, PhD Eric Christensen, PhD Ted Jaditz, PhD</p>	<p>Dr. McMahon gave an overview of project data, status of data collection, methodology for analyzing earnings differences, the lump sum and Individual Unemployability (IU). The data collection strategy includes QOL, adequacy of VA comp and the rater/VSO surveys. They have OPM data and requested SSA data. Earnings data will compare current & cumulative earnings. Dr. McMahon presented 2 hypothetical earnings profiles with/without VA comp.</p> <p>Dr. Christensen briefed on the draft lump sum report and explained the concept of Present Discounted Value (PDV). (The amount necessary today to replace a future amount.) A PDV can be used to create a lump sum that is equivalent to an annuity. He provided examples and discussed advantages and concerns. He also reported that there was little to learn from foreign government lump sum programs since their approaches are very different (from USA) and they are less than 2 years old, so there is not a lot of data on their successes. Other key issues were whether it would be elective or mandatory, include combined rating or not, and which disabilities would warrant lump sum, what would happen if a condition worsened, rate computation, rating changes and fiscal impacts.</p> <p>Dr. Christensen also presented preliminary CNA findings on IU. They found that there were similarities between disabled veterans and disabled civilians and Unemployability at the same age distributions. Demographics (aging Vietnam veterans) seem to be responsible for the increase in IU claims. IU is not retirement related, since peak ages for new cases are in their 50's (younger than retirement age.)</p>	<p>CNA Update</p> <p>CNA Lump Sum Report</p>

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	<p>Dr. McMahon concluded by reporting CNA's next steps to finalize the lump sum, earnings and IU analyses. They will begin fielding the veteran/survivor surveys by November should begin the rater survey and in October, and the VSO survey will begin after pending OMB approval is received.</p> <p>Stakeholders and the public will have an opportunity to comment on the lump sum report at the October Commission meeting.</p>	
<p>Assessing Environmental/Occupational Exposures Briefing</p> <p>Lawrence Deyton, MD, Chief, Public Health & Environmental Hazards, VHA</p> <p>Mark Brown, PhD, Environmental Agents Service, VHA</p>	<p>Dr. Deyton explained the traditional approach to direct service connection and the 4 categories of evidence. The alternative approach to those is presumption and he reviewed the laws effecting Agent Orange (AO). The VA contracts with the National Academies of Science to evaluate relevant science, which has epidemiologic categories of statistical association. VA responds to NAS information via its task force (and working groups) on presumption.</p>	<p>VA Presumption of Environmental Exposures</p>
<p>Chemical Exposure Victims</p> <p>Lisa Nagy, MD, Director, Environmental Health Research Foundation</p>	<p>Chairman Scott (impromptu) called upon Dr. Nagy to recount her experiences with environmental health hazards. Dr. Nagy, an environmental health hazard victim herself, described chemical exposure symptoms and sensitivities. She advocated for special hospitals just for these patients since they cannot be around common hospital products and recommended organic foods, bottled water and air filters.</p>	
<p>Bradley Commission Briefing</p> <p>Mr. Ray Wilburn, Executive Director</p>	<p>Mr. Wilburn reviewed the charter and the conclusions and recommendations of the President's Commission on Veterans' Pensions chaired by Omar Bradley from 1955-56. They made 70 recommendations, covering 6 basic factors, using 9 guiding principles. The Bradley Commission recommended lump sums and no duplication of benefits to avoid work disincentive. Rehabilitation to achieve economic parity was a main goal.</p> <p>The Chairman, Commissioners Joeckel, Grady, and McGinn commented on the applicability of this report to their current work.</p>	<p>Bradley Commission Briefing</p>
<p>Site Visit Report</p> <p>Commissioner Don Cassidy</p> <p>Commissioner Dennis McGinn</p>	<p>Commissioner Cassidy reported on his visit to Seattle, WA with Commissioners Jordan & Surratt. They visited the VAMC & RO. He noted being most impressed with the hospital's limb loss, poly-trauma and SCI programs and was very impressed with the state's quality</p>	<p>Seattle & Boston Site Visit Updates</p>

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	<p>assurance project. He also noted that at Ft. Lewis, there was a problem with the Medical Holdover soldiers not getting TAP briefings. They had a very successful town hall meeting with 185 attendees and 31 presenters. There was some criticism of QTC. Commissioner Jordan comments on State's assistance to veterans with an emphasis on the National Guard and PTSD. Commissioner Surratt added that the QTC contract was new in Seattle and that could be why there were problems.</p> <p>Commissioner McGinn summarized his site visit to Boston, MA with Commissioners Carroll and Wynn. He reported that the RO had been leaderless for 2 years and that factor caused poor staff morale and an air of antagonism. There was also dissatisfaction with QTC. He suggested that the VSOs could be better utilized and improved communication was needed all around. The visit included the hospital at Jamaica Plain, the National Center for PTSD, and the Women's Science Division. A Vet Center visit gave the Commissioners the opportunity to meet with a panel of veterans and one wife. Hanscom Air Force Base provided a full day of briefings and is the last bastion of DOD presence in New England, but is not a BDD location. The town hall meeting had 31 attendees from 5 states, and 15 presenters.</p>	
Chairman's Close	The Chairman adjourned the meeting at 4:23 pm.	

September 14, 2006		
Opening Remarks Chairman Scott	The meeting opened at 8:31 am without an opening statement.	
<p>Mental Health Impact of War in Iraq (OIF) & Afghanistan (OEF): Lessons Learned & Strategies (including Battlemind)</p> <p>COL Charles Hoge, MD, Walter Reed Army Institute of Research</p>	<p>Unlike previous research done years after combat exposure, COL Hoge reported that DOD has been more proactive with the current OIF/OEF soldiers and their families. He outlined the current war stresses and challenges & key research questions. DOD has collected mental health data through the Land Combat study, Pre-Deployment Health Assessment and Re-assessment (PDHA/PDHRA), health care utilization data, and validation studies of deployment screening. Common combat experiences include incoming fire (artillery/small arms), ambushes, firing, aid to wounded, & explosions. Significant experiences include knowing or seeing someone injured or killed, unit casualties, handling remains, responsible for death</p>	<p>DoD Mental Health & Battlemind</p>

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	<p>& saving a life. He reported the PDHA results for mental health problems and the correlation between firefights and PTSD. He also reported on attrition rates, co-morbidity with alcoholism and treatment seeking behavior and stigma.</p> <p>Battlemind training is a new program being given to soldiers to teach them risk communication when transitioning from the war zone to home. It has not been formally approved by the US Army and it use is optional. The Marine Corps is developing its own program.</p>	
<p>Issues Papers</p> <p>Mr. James Wear</p> <p>Mr. Steve Riddle</p> <p>Mr. Ray Wilburn</p> <p>Mr. Don Zeglin</p>	<p>Mr. Wear presented the Process and Schedule for research question issue papers to be completed by staff. 9 policy questions will be answered by Jim Wear and Steve Riddle and 6 transition questions will be handled by Jacqueline Garrick and Kathleen Greve. There will be a 5 step process: preliminary draft, initial commissioner review, technical review, public review, tentative approval. The format for the papers will include issue identification, history, data, conclusions & options.</p> <p>Mr. Wear presented the staff draft paper on Line of Duty (LOD). He highlighted previous statements by the GAO, CBO, the VSOs and a panel of wounded soldiers who presented to the Commission in January 2006. He discussed combat vs. non combat and peacetime vs. wartime rates. He also indicated that other countries do not offer a 24/7 LOD definition.</p> <p>The Chairman noted at this point that the slides did not match the conclusions in the paper and asked that there be clarification. Commissioners Surratt moved and Brown seconded that Line of Duty and the payment differential be separated into 2 conclusions and Amended by Grady to include Public Service Officers and for separate options. The Commission voted and the amendment failed. The original motion was voted on and carried unanimously.</p> <p>The staff draft issue paper on Concurrent Receipt (CR) was next presented by Mr. Wear. He outlined the common arguments for and against it. He compared it to other domestic and foreign programs. He reviewed recent legislative changes and offered conclusions and options for the Commission.</p> <p>Chairman Scott again asked for clarification on the conclusions and there was a great deal of discussion regarding CR. Staff was asked to revise</p>	<p>Issue Paper Process</p> <p>Line of Duty</p> <p>Concurrent Receipt</p>

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	<p>the language of the 3 options. Since the session was running over, the Chairman requested that the last issue paper be moved to later in the day for presentation.</p>	
<p>2006 Older Americans Report: Key Indicators of Well-being</p> <p>Kristen Robinson, PhD, Staff Director, Federal Interagency Forum on Aging-Related Statistics, National Center for Health Statistics, CDC</p>	<p>Dr. Robinson summarized the Older American Report 2006 produced by the Federal Interagency Forum on Aging-Related Statistics. The purpose of the forum is to encourage cooperation & collaboration between federal entities to improve aging-related data. The report is comprised of 37 indicators covering demographics, economics, health status, risks, behaviors, & care. Findings show that the aged population is predicted to dramatically increase over the next 50 years. Currently, the majority of older Americans are white, females living alone, high school educated, less likely to live in poverty, income from SSA, working, living longer with more chronic conditions, living independently, increasingly vaccinated and screened, needing dietary improvements, smoking less, while incurring additional Medicare & out-of-pocket expenditures.</p>	<p>Older Americans 2006 Report</p>
<p>Older Veterans Update</p> <p>The Honorable Patrick Dunne, VA Assistant Secretary for Policy, Planning and Preparedness</p>	<p>Assistant Secretary Dunne presented a complimentary presentation on the older veteran population. Unlike the general population, veterans will decrease in numbers with the population having peaked in the 1990's. The median income of veterans is higher than the general public and their unemployment rates are about the same. Non-veterans are much more likely to be uninsured. The majority of veterans (71%) do not get their healthcare from VA. 21% use both. Older veterans' health conditions are generally similar to those of older Americans. The most common VA disability rating is 10% with over 30% of the population so rated. Less than 10% are 100% service connected. The degree of disability runs on par between those younger and older than 65, except for 10% ratings, which is higher among older veterans. In general veterans typically maintain a higher median family income than non-veterans.</p>	<p>Older Veterans</p>
<p>SSDI & Veterans</p> <p>Associate Commissioner Glenn Sklar, Office of Disability Programs, SSA</p> <p>Mr. Peter Monaghan, Senior Advisor, Income Security Programs, SSA</p>	<p>The presenters discussed how the SSA is streamlining and overhauling its entire disability insurance process for its 2.5 million claimants. In the past, it could take up to 1,153 days for a claim to get through all of their appeals processes. Their new mandatory cue time is 60 days for an initial decision. They have a new electronic initiative so that they can now request records from the VA, which has lead to a quicker decision process. They can triage cases as they come in so there is no delay in obvious pay cases. They have also</p>	

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	<p>begun a new trial work period that allows for 9 months of work, as a return to work incentive. Previously, less than 1% left the SSDI rolls for work. They are conducting pilots to address return to work barriers (i.e. offsets, overpayments, "cash cliff").</p>	
<p>Public Comment</p> <p>Ms. Sue Frasier</p> <p>Ms. Agnes Bresnahan</p> <p>Mr. Steve Mathews</p> <p>Mr. Tom Brinson</p> <p>Mr. Steve Robinson</p> <p>Mr. Michael Parker</p> <p>Mr. Nick Przybyla</p> <p>Mr. Bill Perry</p> <p>Mr. Chad Hetman</p> <p>Mr. Garrett Reppenhagen</p> <p>Mr. Joe Hatcher</p> <p>Mr. Michael Blake</p> <p>Mr. Larry Madison</p>	<p>Addressed specific concerns with the C&P process in regard to revision of evidence burdens for presumptive service connection.</p> <p>Discussed chemical exposures at Ft. McClellan.</p> <p>Raised the inequities in impaired organ syndrome & impending legislation on blindness. (A written statement was submitted for the record.)</p> <p>Voiced concerns over benefits' offsets.</p> <p>Commented on LOD.</p> <p>Reported that DoD and VA rate differently.</p> <p>Shared his experiences with homelessness & financial difficulties since returning from Iraq.</p> <p>Favored Concurrent Receipt</p> <p>Concerned about exposure to Depleted Uranium (DU), Larium, and government fraud, waste and abuse while cutting back on VA benefits. Stated that 33% of vets file claims for mental health problems, but only 50% of the VA hospitals have the capacities to treat PTSD and/or substance abuse.</p> <p>Recommended that 100% of the troops be tested for PTSD, DU, Larium, and TBI when returning from deployments.</p> <p>Fears that terrible things are happening to this generation of veterans: substance abuse, suicide while waiting for VA claims. There are adverse symptoms from DU that needs testing.</p> <p>Called for more research on chemical/biological agents used on secret ops so veterans can file & document claims.</p>	

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<p>Mr. Fred Danforth</p> <p>Mr. Steve Mortillo</p> <p>Mr. Tristyn Watson</p>	<p>Expressed concern over the real cost of medical problems from uranium munitions.</p> <p>Worried that vets don't hear about PTSD or VA benefits soon enough and miss 2 year limitation.</p> <p>Observed the need to bridge the gap between soldiers & students. Echoed concerns over DU poisoning & the years it could take for illnesses to show. Wants the banning of all nuclear waste and DU tipped weapons.</p> <p>The Chairman suggested that presenters provide written statements as well if they need more time.</p>	
<p>Chemical Exposures and Disability Presumption (Fort McClellan, Camp Lejeune, Blue Water Navy Issues)</p> <p>Ms. Jacqueline Garrick</p> <p>Mr. Ray Wilburn</p> <p>Mr. Jim Wear</p> <p>Mr. Don Zeglin, JD</p>	<p>(Rescheduled from earlier in the agenda)</p> <p>Ms. Garrick presented on 3 exposure issues relating to presumption that veterans have brought before the Commission. She began with a review of the PCB Exposure at Ft. McClellan, AL from 1935 to 1971. The Monsanto company admittedly dumped toxic chemicals into the waters of Anniston, AL. A lawsuit resulted and a registry developed, but does not include soldiers stationed at the post. Ms. Garrick presented options to the Commission and Commissioners Jordon motioned and Brown seconded that the recommendations include: refer to VA for them to monitor studies regarding presumption; for VA/DOD to create a registry and make contact with veterans and their families who served at Ft. McClellan (as the USMC has done with Lejeune veterans); and to recommend that VA consider a contract with IOM to research PCB exposure. Motion carried by unanimous vote. Commissioner Carroll suggested that VA should consider a lawsuit against the chemical company as well (but not delay veterans' claims.)</p> <p>Next, Ms. Garrick described the TCE/PCE Contamination at Camp Lejeune prior to 1984. It was found that fetuses could be affected by the exposure, but there were no conclusive findings in adults. However, the Marine Corps has established a registry to track Marines and their families and on-going studies are in progress. The recommendation is to defer decision until study results are available. Commissioners Livingston</p>	<p>Chemical Exposures</p>

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	<p>moved and Jordan seconded to accept staff recommendations. Motion carried by unanimous vote.</p> <p>Finally, Ms. Garrick summarized the controversy and legislative history regarding the “Blue Water Navy” and Agent Orange Presumption. The debate has been on the definition of service in the Republic of Vietnam and if that constitutes sailors aboard ships who never set foot in Vietnam. However in a recent court ruling, Haas V. Nicholson, the Court of Appeals declared previous VA regulations denying presumption to these veterans as unfair and invalid and remands the case for consideration of presumption to any veteran who has a Vietnam Service Medal, which includes these sailors. Although VA may appeal this decision, Commissioners Brown motioned and Cassiday seconded that this issue be tabled by the Commission for now. Motion carried by unanimous vote.</p>	
Commission Discussion	None	
Chairman’s Close	The Chairman adjourned the meeting at 5:30pm	
	September 15, 2006	
Opening Remarks	The Chairman opened the meeting at 8:36am by acknowledging POW-MIA Recognition Day.	
Chairman Scott		
VA/DOD Health Information Interoperability	<p>Ms. Kellett began by explaining AHLTA’s current capabilities and implementation at 133 of the 138 DoD facilities and in theater. The heart of AHLTA is the Clinical Data Repository (CDR).</p> <p>Mr. Freeman then gave a synopsis of VA’s old Legacy system, VistA and their modernization efforts to implement HealtheVet as a Health Data Repository.</p> <p>Ms. Kellett went on to explain the path to interoperability as including the Federal Health Information Exchange, (FHIE) the Bidirectional Health Information Exchange (BHIE) and the Clinical Health Data Repository (CHDR). The FHIE allows VA to access Pre Deployment Health Assessments (PDHA) and soon Re-Assessments (PDHRA) on separating service members. The BHIE enables real-time sharing of health records and the CHDR supports two-way sharing of data.</p>	DoD/VA Health IT
Lois Kellett, RN, MBA, Director, Integration & Communications, DoD		
Cliff Freeman, MA, VA/DoD Health Information Technology Sharing Program, VA		

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	<p>The Lab Data Sharing Initiative (LDSI) supports the bidirectional exchange of lab results. Interoperability compliance is being monitored by an interagency council. They cannot share info with the private sector since most doctors still rely on a paper record. DoD will continue to have paper records since careers span decades and will still be transferring paper records to VA.</p>	
<p>Certification & Training of VA Examiners & the Use of Templates</p> <p>Steve Brown, MD, Director, Compensation and Pension Examination Program, VA</p>	<p>Dr. Brown reappeared before the Commission to provide an update of the VA efforts regarding certification and the mandated use of computerized templates that was begun on May 1, 2006. Work groups began developing training modules in June, and web-based training should be available by October. By June, there were 57 templates available for the field, which allow for higher equality exams and quicker turn around time (7-17 days sooner). Prior to mandating the templates, VA is still gather stakeholder input and making refinements. There is an advisory board for template content review and concurrence.</p>	<p>Certification & Templates</p>
<p>Discussion & Closing Comments</p>	<p>Commissioner Brown asked that the language fixes to the Issue Papers be e-mailed to the Commissioners.</p> <p>Commissioner Jordan confirmed that the next meeting will be for 2 days in October (19-20) and will end at noon on Friday in the same hotel and ballroom.</p>	
<p>Chairman's Close</p>	<p>The meeting adjourned at 11:36 am.</p>	

The minutes of the September 13-15, 2006 meeting were unanimously approved by the Commission members in attendance at the October 19, 2006, meeting in Washington, DC.