



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

SAN ANTONIO, TEXAS TRIP REPORT
5-8 APRIL 2010

Site Visit Locations

- 1) U.S. Air Force Warrior and Survivor Care Conference (San Antonio, TX)
- 2) United Service Organizations (USO) Board of Directors informal meeting (San Antonio, TX)
- 3) U.S. Army Texas Physical Evaluation Board (PEB) (Fort Sam Houston, San Antonio, TX)

Host Organization Points of Contact

- U.S. Air Force Warrior and Survivor Care Conference
 - (b)(6) Air Force Wounded Warrior Program, Airman, Family, and Community Operations Branch Directorate of Personnel Services
 - (b)(6) Program Manager, Air Force Recovery Care for Wounded, Ill and Injured
- USO Board of Directors: Mr. Kevin Wensing, Vice President
- U.S. Army PEB: COL Martin Tittle, President, Texas PEB

General Overview

- Conducted fact-finding and outreach activities at:
 - USAF Warrior and Survivor Care Conference (San Antonio)**
 - Keynote speech by Deputy Under Secretary of Defense for Wounded Warrior Care and Transition Policy (DUSD (WWCTP))
 - WWCTP Educational display: Transition Assistance Program (TAP); TurboTAP.org; National Resource Directory; outreach programs
 - Presentations describing the current state of care for Wounded Warriors and their Families by Air Force Wounded Warrior Program staff
 - USO Board of Directors (San Antonio)**
 - Informal discussions of USO initiatives in support of Wounded and Transitioning Warriors and their Families
 - US Army PEB, (Fort Sam Houston)**
 - Command brief and tour

EXPANDED EXECUTIVE SUMMARY

- USAF conducted a training conference for non-medical personnel supporting Wounded, Ill or Injured (WII) Airmen and their Families. Take-aways include:
 - Community Readiness Counselors (CRCs) in remote areas requested Recovery Care Coordinator (RCC) support. Air Force is hiring additional RCCs to meet this request as

well as the need to provide RCCs to Air National Guard and Air Force Reserve populations.

- Air Force Wounded Warrior (AFW2) Program leadership is addressing the challenge of reaching Service members separating/retiring with combat-related injuries or illnesses that did not go through a Medical Evaluation Board (MEB). Leadership is training AFW2 providers to recognize conditions and better monitor the separation process.
 - Families of WII Airmen whose injuries were not received down range perceive stigma from other Families, Caregivers and the general public.
 - AFW2 spouse requested information on how to handle trauma and grief be provided to Family members at the Airman's bedside.
 - AFW2 spouse of Airman returned to duty and about to redeploy recommended Air Force design a protocol for spouses on how to deal with re-deployment down range.
 - Airmen whose PTS/TBI makes college unrealistic cannot transfer Post 9/11 GI Bill benefits to dependents if medically discharged because of obligated service requirements.
 - When orders for WII Reservists expire while they are hospitalized, benefits are lost and Family medical care is suspended.
 - During session on social media initiatives and the use of Facebook, a Federal Recovery Coordinator based at Brooke Army Medical Center stated that neither her DOD nor VA computer allows access to Facebook. DOD recently issued policy on access to Facebook through government computers. WWCTP staff will take for action.
 - While Wing Commanders are trained on the Air Force Wounded Warrior Program, there is limited awareness and understanding of the program among squadron commanders and senior enlisted advisors.
 - Care Coordinators need a single, responsive point of contact within the Social Security Administration. Phone calls routinely go un-answered and voice mails are not returned. WWCTP will take for action.
 - There are not enough Psychological Health practitioners in the system. Care coordinators are having trouble getting appointments for evaluations for their AFW2 Airmen.
 - The Air Force Personnel Command assigns each Wounded Warrior a number that enables tracking of promotions, awards, evaluations, and limited duty assignments.
 - Families are the most important relationship/resource for Care coordinators. Understanding the WII Airman's Family dynamics is vital to the recovery process.
 - Individual Mobilized Augmentees (IMAs) and mobilized National Guard and Reservists have unique issues that need to be understood by care providers.
 - Care providers agreed that Air Force PEBLOS would be more successful if they had a better understanding of the Disability Evaluation System process.
- The USO is directing significant resources to initiatives to support Wounded and Transitioning Warriors and their Families, including fund-raising, design, construction and operation of Warrior and Family Care Centers at Military Treatment Facilities.
- The Ft. Sam Houston, TX PEB includes Board activities and Soldiers' Counsel in a single facility, with workflow optimized to bring cases to rapid, fair closure.

USAF Warrior and Survivor Care Conference

- The Air Force's first Warrior and Survivor Care Conference brought together members of the Air Force Wounded Warrior community to exchange information and ideas. Participants included:
 - Recovery Care Coordinators
 - Family Liaison Officers
 - Community Readiness Consultants
 - Wounded Warrior Case Managers
 - a Federal Recovery Care Coordinator

- Presentations addressed a broad range of issues and programs, including:
 - WWCTP initiatives and lessons learned
 - The AFW2 Program
 - Integrating Families into Care
 - The National Intrepid Center of Excellence for PTS and TBI
 - The Air National Guard and AF Reserve Wounded Warrior Programs and Medical Continuation Process
 - The Americans with Disabilities Act
 - The Physical Evaluation Board Process
 - Medical Case Management

- Overviews of the AFW2 program revealed:
 - AFW2 began in 2004 with the mission of ensuring combat-related Wounded were provided care and assistance; initially only Purple Heart recipients were included. AFW2 Program includes: Recovery Care Coordinators (RCCs), Family Liaison Officers (FLOs), and Community Readiness Consultants (CRCs).
 - Identified first Wounded Warriors in June 2005 and established the Palace HART (Helping Airmen Recover Together) program.
 - In Nov 2008 redefined WII to extend beyond Purple Heart recipients. An AFW2 is an Airman who has a combat-related injury or illness, requiring long-term care, which will require an MEB or PEB to determine fitness for duty.
 - In Feb 2009, established Wounded Warrior personnel policies to track WII.
 - Created classification of 9W/92W as a reporting identifier to track promotions and evaluations. Created Limited Assignment Status, an Air Force program under which WII Airmen found unfit for duty by a PEB can continue to serve on active duty with limitations and controls on their assignments.
 - AFW2 Program is part of the AF Warrior and Survivor Care Program and is expected to grow and evolve based on need and policy changes.
 - 683 Airmen are enrolled in AFW2: includes 106 Air National Guard; 91 Reservists
 - 143 in MEB/PEB process
 - 540 retired or separated (79%), the rest (21%) returned to duty
 - 428 (63%) diagnosed with psychological wounds (418 with PTS); 255 (37%) diagnosed with physical wounds (includes TBI)
 - 85% Male; 15% Female

- Current AFW2 program employs 11 case managers and 4 Administrative staff to execute Family readiness programs and military personnel actions. Staff has professional degrees in Nursing and Licensed Clinical Social Work.
- Recovery Care Coordinators: The RCC is the WII Airman's overarching point of contact and has overall responsibility for ensuring all transitions through the continuum of care are successfully completed. The RCC provides service to any WII Airman who needs assistance; develops and oversees the Comprehensive Recovery Plan; collaborates with multi-disciplinary teams.
 - There are currently 18 RCCs with 12 more to be hired by the end of summer. AFW2 leadership is also planning to provide RCCs to their Reserve Components.
- Family Liaison Officers (FLO): The FLO monitors the AFW2 from medevac to their final medical treatment facility. The FLO is the link to the Family and the point of contact for all communication with Families. They develop long-term relationships with Families and act as a filter. Other care providers "fly top cover" and support the FLO.
- Community Readiness Consultants (CRC): The CRCs are based at the Airmen and Family Readiness Center. They provide one-on-one services to AFW2 and Family and are assigned within 48 hours of notification that an Airman is Wounded, Ill or Injured. The CRC is a resource and subject matter expert to the FLO during initial stages of hospitalization and recovery.
 - During rehabilitation, the CRC makes direct contact with the AFW2 Airman and Family to provide assistance in transition, financial management, education and employment opportunities and information and referral. The CRC reviews Return to Duty and Federal/civilian employment options. If the AFW2 separates from the Air Force, the CRC works with the installation closest to the AFW2's new home to ensure Family support services are in place to assist the AFW2 in reintegrating into the community. Scheduling Pre-separation and DTAP counseling, and ensuring the Wounded Airman files for VA disability compensation PRIOR to separation/retirement are part of the responsibilities of the CRC.
- Program Challenges:
 - Wounded Warrior rapid population growth leads to potential for Wounded Warriors slipping through the cracks. Program identified 232 AFW2's in 2009; 76 have been identified this year-to-date.
 - Lack of Air National Guard/Air Force Reserve unit Wounded Warrior support/services.
 - Getting the word out about the AFW2 Program.
 - Personnel separating/retiring with combat-related injuries/illnesses without going through an MEB.
 - Post-deployment unit support/follow-up. Air Force Leadership is encouraging unit commanders and Family members to be vigilant for behavior changes and refer the Airman for assistance.
 - Installation PEBLOs' lack of experience to properly advise AFW2s on DES process.

- Mr. Charles Milam, Director of Air Force Services, Headquarters U.S. Air Force highlighted upcoming changes to AFW2 programs:
 - The Air Force is increasing its focus on Airman and Family resiliency programs.
 - All Airmen (not just Wounded Warriors) returning from down range will complete a 2- to 3-day decompression period. WWCTP was briefed on this concept at Ramstein AB, Germany.
 - Returning Airmen will go through an enduring resilience program that is Family-centered, recognizing that Families are crucial to Service members' long-term Psychological Health, and that Families can face their own forms of Post Traumatic Stress from coping with the trauma of a loved one.
 - Best practices to be incorporated include the Army's success with Wounded Warrior Recreation, and the Dutch military's practice of getting Wounded Warriors back into uniform quickly to preserve their sense of belonging and community.
 - To better understand how this generation of WII Airmen and Families communicate, Air Force leadership is looking at Facebook and other social media options for enhanced communication with Airmen and Families.
 - Discussion following Mr. Milam's presentation revealed the following perceptions among attendees:
 - While Wing Commanders are trained on Wounded Warrior and Transition issues, there is limited awareness and understanding among squadron commanders and senior enlisted advisors. Training at these levels needs to be improved. An initiative is in progress.
 - Policies regarding Families seem well-thought-out on paper, but cannot always be executed to meet the needs of Families. More flexibility is needed.
 - Wounded Warrior transition and employment opportunities could be improved by requiring Air Force supervisors to hire from a database of Disabled Veterans.
 - Practitioners in the field view RCCs as force multipliers and want more of them deployed.
- Mr Noel Koch, DUSD (WWCTP) provided a program overview and opened the floor for questions. Discussion following Mr. Koch's presentation revealed the following concerns and perceptions among attendees:
 - There are not enough Psychological Health practitioners in the system. Care coordinators requested more staff to ensure appointments for their AFW2 Airmen were available.
 - Some Wounded Warriors are adversely impacted by being placed on the Temporary Disability Retirement List (TDRL) because a rating of less than 100% may force them to get by on a portion of their normal pay and benefits and may put the WII Service member at a financial disadvantage.
 - Wounded Warriors whose wounds prevent them from making use of their Post 9/11 GI Bill benefits are unable to transfer benefits to Family members because they are being medically discharged or retired and are therefore unable to fulfill the requirement to serve a specific term following transfer of benefits. WWCTP will take for action.

- Mr. (b)(6) AFW2 Program Manager, addressed the high AFW2 case load. The Air Force Chief of Staff has been receptive to AFW2 requests or additional care coordinators. Discussion following (b)(6) presentation revealed:
 - Many Airmen deploy as Individual Mobilization Augmentees (IMA) and upon return to their units have no connection with the unit with which they fought the war. It would be therapeutic to enable them to reconnect with the unit with which they served down range.
 - Much is done for returning deployed units, but little for the IMAs.
 - Unlike previous wars, 90 to 95 % of OEF/OIF Air Force combat-wounded are not fliers. The majority are enlisted with specialties in Explosive Ordnance Disposal, and Security Forces.
 - AFW2s who have successfully reintegrated into the Air Force or civilian world could provide valuable mentorship. AFW2 is exploring a formal mentor program to include mentorship training. Program management is eager for additional input regarding how to make the program successful.
 - CRCs requested better communication regarding which AFW2 Airmen have RCCs.
 - VA and VSO representatives have unmanageable caseloads. CRCs could be more effective if trained to assist with VA disability claims.
 - Although new programs are coming on line, it is the flaws in existing programs that frequently trip up RCCs. For example:
 - Often when AFW2 Airmen move from one location to another, paperwork gets lost.
 - Social Security Administration online services sometimes do not recognize Social Security Numbers. When RCCs try to reach their Social Security Administration contacts by phone, calls go unanswered and voice mails unreturned.
 - The VA will not talk to a WII Service member without a copy of his or her medical records. Getting records takes 60 days and Warriors are charged for extra copies.

- Panel Discussion:
 - Two AFW2 Airmen and their spouses participated on a panel. One Airman lost both legs down range and wants to continue his Air Force career. The other lost both legs due to complications during gall bladder surgery at an MTF. Both are currently on Active Duty. Take-aways from the panel include;
 - The Air Force RCC assigned to one Airman told the Airman's spouse the RCCs network was her new Family and that she and her Airman would be taken care of from that point on. He was true to his word. Every day when the RCC called to check on the Airman, he also checked on the spouse. This meant a great deal to the spouse.
 - The spouse of the Airman who lost both legs because of complications from what was supposed to be a routine surgery stated that she would have benefited from a counselor, physician or care coordinator taking time to explain her husband's condition. She also recommended that materials and training provided to AFW2 Airmen on dealing with trauma and grief be provided to the spouse as well. In addition, she reported a perceived stigma among other Families of Wounded Warriors, Caregivers and the general public toward WII Airmen whose injuries were not received down range.
 - WII Airman and spouse found interacting with other AFW2 couples provided support and encouragement. The WII Airman suggested a mentorship program where WII Airmen and spouses could assist Airmen and Families who recently entered the AFW2 program.

- (b)(6) a holistic consultant for the National Intrepid Center of Excellence (NICoE) for PTSD and TBI briefed the concept of operations of the NICoE, which will begin accepting patients this fall, and expects to accept patients referred by other facilities in 2011.
 - A Family member is never a visitor, always a partner.
 - Don't separate medical and non-medical case management in psychological health (PH). If a patient has work problems, in may be a medical issue.
 - Priority one is identifying a main care coordinator, which could be the RCC.
 - The goal is not definitive therapy, but education, skills building, and Family strengthening with an end result of transition to self-management.
 - Children's needs must be anticipated (children will be welcome at NICoE)
 - The diet of our young troops and their Families is "terrifying." NICoE won't change that in two weeks. RCCs will have to help. Nutrition and meditation improve outcomes by a significantly higher percentage than surgery and medication.
 - Until the modality of care can be exported to additional institutions, it will be impossible to keep up with demand, but all consults will receive a reply.

- Kevin Wensing, a USO Vice President, gave an impromptu brief regarding the USO's new efforts in support of Wounded Warriors. A shift to supporting Wounded Warriors and their Families is the single largest change in USO operations since the 1940's.
 - Working with Fisher House and Intrepid Fallen Heroes Fund.
 - Building Warrior and Family Care Centers, not to compete with Warrior Transition Units, but to support DoD efforts.
 - USO seeks to develop a holistic approach to assist Warriors in their transitions from battlefield to Landstuhl, to stateside MTFs to their hometowns.

- (b)(6) Licensed Clinical Marriage and Family Therapist, addressed integrating Families into care.
 - Families are the most important relationship the WII Service member has. "Family" must be defined by the Warrior. It is important to engage the Warrior's entire support network, not just the people at center stage. Many members of the network work behind the scenes. To be effective, Caregivers must know who is on the team.
 - Warriors have a biological Family and a military Family. Caregivers must work with both.
 - The Family knows the Warrior best and knows how to get things done. The care provider can only return the Warrior to the highest possible level of functioning by engaging the Family.
 - No professional will have the same access, knowledge and commitment as the Family.
 - Families provide the before and after history, and fill in the gaps on the Warrior's struggles and strengths before and since the injury.
 - Families can be traumatized as well, and may need their own care.
 - Most Families are not knowledgeable about or integrated into the military culture and may need a care provider to be a translator.
 - Families strive for homeostasis. They have fixed roles and covert rules. As Families adjust toward a "new normal," it is important to watch for unhealthy coping skills that may be developing.
 - Family systems define their own values. It is important to respect the culture of the Family.

- Additional points and perceptions raised by conference participants:
 - Air National Guard and Reservists may face issues with employers not willing to rehire them after returning from deployment. Pay can be and often is stopped and seldom is retroactive when the WII is able to return to orders.
 - Orders for WII Reservists are sometimes allowed to expire while they are hospitalized. Benefits accrue based on consecutive service, which is broken by expired orders. Medical benefits for their Families are suspended until 30 days after the orders are reissued.
 - Many Reservists get civilian medical care upon returning from down range and therefore are not made aware of resources for WII Airmen.
 - For Reservists located far from MTFs, the Line of Duty (LOD) determination process is contracted to civilians who may not understand "fit for duty." IMAs may not know the process for LOD determinations.

Warrior and Survivor Care Conference Marketing and Outreach

- Six hundred and fifty pounds of marketing and resource materials were distributed at the USAF Warrior and Survivor Care Conference. Resource materials included literature explaining the Web-based tools sponsored or maintained by WWCTP such as the National Resource Directory (nationalresourcedirectory.gov) and the DoD Transition Assistance Program (TurboTAP.org). WWCTP representatives explained the office's presence on, and value in participation in social networks to conference participants and demonstrated Web-based tools.
- Individualized coaching on the availability of WWCTP program information was provided to nearly 175 of the 250 conference attendees. On the first day of the conference, the majority of exhibit booth visitors declared their unfamiliarity with social networking and expressed no intent of using or joining sites such as Facebook or Twitter. Most were familiar with the National Resource Directory; many had never explored the TurboTAP website. By the end of the second day, over 100 participants had joined the WWCTP Facebook page for the Department of Defense Transition Assistance Program; 45 joined the WWCTP social network for the National Resource Directory.
- One-on-one training sessions were provided to 29 attendees who initially expressed their unfamiliarity with social networking sites and vowed not to have a Facebook account. Upon completion, these personnel established their own social networking accounts; all became involved in the WWCTP DoD Transition Assistance Program page on Facebook.
- Requests for additional copies of handouts and marketing collaterals from several installations have been received and will be processed for immediate shipment.

USO Board of Directors Informal Meeting

- Mr. Kevin Wensing invited WWCTP to attend an informal gathering of the USO Board of Directors at the home of ^{(b)(6)} the architect and philanthropist who designed and funded the Warrior and Family Care Center at Brooke Army Medical Center (BAMC).
- Interaction between the USO Board members and WWCTP opened the doors for future partnerships and collaboration.
- In addition to the Warrior and Family Care Centers at BAMC and Landstuhl, the USO is raising funds and planning two additional centers at Fort Belvoir and the National Naval Medical Center.

U.S. Army Texas Physical Evaluation Board (PEB)

- U.S. Army Physical Evaluation Boards, comprising an 0-6 Board President, a medical doctor, and a personnel management officer, make recommendations to the Physical Disability Agency (PBA) under the Army Human Resources Command. PEBs are located at Fort Sam Houston, Fort Lewis, and Walter Reed Army Medical Center. A mobile PEB is based in Washington, D.C. PEBs are charged with conducting fair, transparent, consistent and timely boards in order to sustain the readiness of the force while caring for Soldiers and Retirees.
- Cases are initially reviewed by an informal board, which bases recommendations on a review of MEB data and the Soldier's medical record. The size of case files has increased dramatically over the past few years, making processing a more time-consuming process. A current case typically consists of stack of papers about 14 inches high, which each member of the informal Board must read before making a recommendation.
- The Soldier may accept or appeal the informal board findings and may request a formal board.
- At a formal board, a Soldier can provide evidence, including testimony, to support his/her case, may appear in person, and be represented by counsel.
 - The Soldier is provided a military lawyer, but may choose civilian counsel at the Soldier's expense, which runs \$5,000 and up. Soldiers usually rely on military counsel.
 - The relationship between the PEB and Soldiers' Counsel is non-adversarial and most closely resembles Alternative Dispute Resolution. Civilian counsel has a financial interest in billable hours, which is contrary to a cooperative process and rapid resolution.
 - The number of formal boards has dropped dramatically under the Disability Evaluation System (DES) Pilot program.
 - Soldiers can non-concur with the formal board's recommendation, but only a very small percentage do (briefers did not have the specific percentage available).
- The PEB makes a recommendation regarding:
 - Fitness for duty based on ability to conform to Army standards and perform the duties of rank and primary MOS.
 - Eligibility for compensation, which considers LOD determination, permanent service aggravation of existing conditions, and length of service.
 - Compensation, based on the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD), which ranges from 0 to 100 percent in increments of 10.
 - Disposition: whether to separate, retire or retain.
- Possible board outcomes are:
 - Fit (returned to duty)
 - Separated with Severance Pay (SWSP)
 - Permanent Disability Retirement (PDR)
 - Temporary Disability Retirement (TDRL)
 - The Army currently has more than 10,000 Soldiers in TDRL, the most ever.
 - Separated Without Benefits (SWOB)
 - Less than 1 %of cases
- 15,000 -16,000 cases came to Army PEBs through MTFs in the past year.
- 70% of the PEB's workload comes from DES Pilot cases coming from BAMC, Weed Army Community Hospital (WACH), Bayne Jones Army Community Hospital (BJACH), Carl R. Darnall Army Medical Center (CRDAMC), and Martin Army Community Hospital (MACH). The other 30 percent come from six MTFs still processing legacy cases.

- The Ft Sam Houston PEB has processed 906 DES Pilot cases.
- Having VA physicians at MTFs has worked extremely well.
- The MEB/PEB process is not yet electronic.
 - An electronic version of the MEB was deployed in October 2009, but stopped due to flaws in the system. It is expected to re-launch this summer.
 - Boards will still require hard copies of health records.
 - The electronic eMEB/ePEB is expected to be faster, prevent the loss of documents, and eliminate some FEDEX costs.
 - The VA doesn't accept the electronic documents or transmit electronic documents back to the PEB.
- The PEB staff agreed that Soldiers facing PEBs would benefit from engaging in the Transition Assistance Program early in the process. The Texas Regional Counsel will use the National Counselor Conference the week of 12 April to promote WWCTP'S message that Soldiers need to start transition preparation as soon as they enter the PEB process. Often when the board reaches a determination, it is too late to complete transition preparation. If the Soldier is retained, he or she is better informed for a future transition.
- The building that houses the Texas PEB opened 23 April 2009, and was designed to optimize work flow and foster cooperation between board members and Soldier's Counsel. One end of the building houses the PEB, the other end has the Soldier's Counsel, with the Formal Board processing room in between. Board members work in an open space to promote collaboration and open discussion.
- The Board President is active duty. Most other board members are Reservists on one year orders. One year extensions are routinely approved.

WWCTP Staff on Visit

Mr. Noel Koch, Deputy Under Secretary of Defense for Wounded Warrior Care and Transition Policy

Ms. Susan Roberts, Principal Deputy for Care Coordination, Office of Wounded Warrior Care and Transition Policy

Mr. David Dubois, Director of Operations and Transition Assistance Program Director, Office of Wounded Warrior Care and Transition Policy, Transition Assistance Program

(b)(6) Military Assistant for Mr. Noel Koch

(b)(6) Communications Consultant