Department of Defense Recovering Warrior Task Force

2013-2014 Annual Report

Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces

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BETHESDA, Md. (April 19, 2011) Explosive Ordnance Disposal Technician 1st Class Todd E. Hammond shows his Purple Heart medal to his two-year-old daughter as his wife looks on. Hammond was presented the medal for wounds received in action while serving in Afghanistan. (U.S. Navy photo by Zona T. Lewis/Released)

Specialists Craig Smith (left) and Filipe Hill block a Navy competitor from the ball during wheelchair-basketball preliminaries at the 2010 Warrior Games in Colorado Springs, CO.

Jeffrey Adams and Canine Companions for Independence (CCI) Service Dog Sharif

Woman in wheelchair on phone: shutterstock_11238490

Wounded young American in hospital bed: istockphoto_12550949

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Executive Summary

SUMMARY

This is the fourth and final Annual Report of the Department of Defense (DoD) Recovering Warrior Task Force (RWTF), which was established at Congress' behest to examine the effectiveness of military Recovering Warrior (henceforth Recovering Warriors, or RWs) policies and programs and to recommend improvements.[1] Congress specified more than a dozen RW matters that RWTF was to study each year; although these matters focused primarily on RW needs and resources prior to signing a Certificate of Release or Discharge from Active Duty form (known as the DD214[2]), Congress also charged RWTF to address RWs' transition to the Department of Veterans Affairs (VA) and civilian status. Drawing upon a comprehensive research plan encompassing a wide variety of data sources and collection methods (see Appendix D, Methodology), RWTF produced a total of 77 recommendations in its first three years of effort. These recommendations can be found in RWTF's Fiscal Year (FY) 2011, FY2012, and FY2013 Annual Reports, which are available at http://rwtf.defense.gov/. The present FY2014 Annual Report makes 10 recommendations, for a total of 87 RWTF recommendations over four years of operation.

Two factors differentiate the tenor and content of this RWTF Annual Report from the three that preceded it: the anticipated sunset of RWTF and the shifting geopolitical landscape. RWTF, a time-limited Federal Advisory Committee (FAC), will sunset November 20, 2014. RWTF is thus mindful that this volume represents a final opportunity to potentially influence the future effectiveness and course of RW care. Secondly, RWTF recognizes that the drawing down of U.S. military operations in Southwest/Central Asia after more than a decade of war poses both risk and opportunity for the enduring RW mission. The decline in combat injuries may jeopardize continued attention and resources for RW matters. At the same time, peacetime affords RW proponents the opportunity—or in RWTF's view, the obligation—to regroup, strategize, formalize, and marshal support for the way forward in RW care and reintegration for current and future generations of RWs.

Chapter 1 presents a short retrospective on what RWTF did and found during its four years of effort, which as noted was DoD-centric by design. This is followed by RWTF's vision for the post-DD214 way ahead, predicated on all it has learned during the past four years about RWs' and Veterans' needs and available services. The centerpiece of Chapter 2 comprises this year's 10 recommendations and the findings that substantiate them. These recommendations are organized under the following four subsections: Integrated Disability Evaluation System, Supporting an Enduring RW Mission, Facilitating RW Recovery and Transition, and Facilitating Access to Health Care.

Integrated Disability Evaluation System

1. The current IDES is fundamentally flawed and DoD should replace it. Emphasis should be placed on return to work as soon as possible after injury, including separation and transition to civilian employment when injuries clearly indicate the Service member cannot be retained in the military. The hallmarks of the new approach should include:
   - Standardization across DoD, i.e., no Service/Component variance in the new process
   - Predictable and transparent processes
   - Compensation for lost future pay or lost employment ability via a structured payment — lump sum or annuity—that cannot be revoked by subsequent recovery
   - Incentivizing work, wellness, education, and retraining opportunities
   - A patient- and family-centered focus on what the patient and family need rather than what the system needs.

Supporting an Enduring RW Mission

2. Publish a Department of Defense Instruction (DoDI) policy for addressing the needs of RW family members and caregivers and identifying baseline services to be delivered by each Service and Component.
3. Establish a uniformed representative from each Service at the Office of Warrior Care Policy (WCP).
4. Realign WCP and re-grade the Deputy Assistant Secretary of Defense for the Office of Warrior Care Policy (DASD WCP) leadership position to increase effectiveness in the interagency environment and to better create policy within DoD.
5. Secure enduring resources for maintaining the capability, infrastructure, and institutional knowledge for supporting RWs that has been developed over the last 10 years.
6. Congress should establish the requirement for interagency policy between DoD and VA on wounded, ill, and injured programs. Additionally, Congress should direct the Joint Executive Committee (JEC) to write such policy(ies).

Facilitating RW Recovery and Transition

7. To optimize the family and significant other contribution to Warriors' recovery, facilitate their participation and socialization throughout the continuum of care, management, and transition. Health Insurance Portability and Accountability Act (HIPAA) rules that potentially constrain family involvement should be mitigated.
8. Pre-DD214, facilitate the transfer of each Service member to VA by automatically registering him/her in a system that populates the VA database with all transitioning Service members.

9. Take affirmative steps to ensure DoD's and the Services' employment programs are meeting expectations. These include:
   - Creating a dashboard reporting RW employment metrics, allowing ongoing monitoring and visibility of how well RWs are doing in the job market.
   - Matching Veteran skill sets to employers' needs.
   - Taking steps to make Veterans advantageous hires.
   - Congress should ensure integration of effort among DoD, VA, and Department of Labor (DOL) employment programs.

Facilitating Access to Health Care

10. Upon Reservists' transfer to a Reserve unit, require health insurance—TRICARE Reserve Select (TRS) or other private health insurance—as a condition of continued employment in the Reserve Component (RC).

In addition to recommendations and associated findings, Chapter 2 features six best practices RWTF encountered in FY2014 and presents charts updating the implementation status of RWTF's FY2011, FY2012, and FY2013 recommendations as of spring 2014. Extensive appendices supply further information regarding RWTF, its methods, and its results.

The President announced May 27, 2014 that fewer than 10,000 troops would remain in Afghanistan by the end of the year[3]; the end of the longest war in American history was drawing to a close. Our military is downsizing.[4, 5] Approximately one million Service members will leave the military and enter civilian life over the next several years[6]—many of them carrying with them the visible and invisible residual effects of more than a decade of unprecedented deployment tempo[7, 8, 9]. This is a population, according to DoD casualty statistics from the theatre of operations for the period 2001 to 2013, whose new posttraumatic stress disorder (PTSD) diagnoses outnumbered major limb amputations by a factor of 76 (118,828 vs. 1,558).[10] At least as ubiquitous among U.S. Service members is traumatic brain injury (TBI), with more than 300,000 new cases diagnosed worldwide over a similar timeframe.[11] As of May 2014, there were 29,642 Service members going through the Integrated Disability Evaluation System (IDES).[12] New Veterans may remain in military-centric and urban areas or disperse, often to small towns and rural areas[13, 14] where medical and allied specialists may be sparse[15].

Overview of Recovering Warrior Task Force's Work

At the behest of Congress, the DoD Recovering Warrior Task Force (RWTF) spent four years examining military policies and programs for the care, management, and transition of Recovering Warriors (RWs) and making recommendations for improvement.[16] Although as a DoD task force our primary focus was on the RW experience prior to signing a Certificate of Release or Discharge from Active Duty form[17] (referred to hereafter as pre-DD214), we were also charged with examining Service members' DoD/VA transition and interagency coordination.[18] To that end, in addition to comprehensive data gathering from DoD entities, RWTF gathered targeted data from VA Central Office and local VA Medical Centers (VAMCs) visited in conjunction with state Joint Force Headquarters (JFHQs). (See next section for further information about RWTF's data collection approaches and the Site Visits appendix of each RWTF Annual Report.) Briefings by proponents from VA Operations Enduring Freedom/Iraqi Freedom/New Dawn (OEF/OIF/OND) Programs, Caregiver Programs, and PTSD/TBI services, and from other VA staff working with transitioning personnel, provided insight into DoD/VA transition issues and informed 22 recommendations[19] over the past four years, including Recommendation 8 in the current report. RWTF remains a staunch advocate for warm and systematic transfers from DoD to VA. At the same time, we are acutely aware that this handoff represents only the beginning of the transitioning Veteran's reintegration journey.[20] The post-DD214 life that looms ahead for new Veterans is fraught with unknowns and challenges, begging the question of how we as a military, a Federal Government, and a nation can best meet their needs. In the remainder of this introductory chapter, RWTF addresses both the pre-DD214 world and the post-DD214 world. We start with a short retrospective on what RWTF did and found during its four years of effort, which as noted was DoD-centric by design. We close with a vision, predicated on all we have learned over the past four years about RWs' and Veterans' needs and available services, for the post-DD214 way ahead.

What RWTF Did and Found Between FY2011 and FY2014

As a Congressionally directed DoD federal advisory committee, RWTF partnered with DoD and the Services in assessing and recommending improvements to military programs and policies for the care, management, and transition of RWs. Through numerous site visits each year, we observed how programs and policies are implemented and perceived at ground level. We formulated recommendations based on a comprehensive data gathering effort that drew upon many different sources and methods including 104 focus groups totaling 795 participants at 38 DoD RW sites; 417 briefings at 70 sites (including DoD RW sites, DoD RW headquarters offices, VAMCs, and VA polytrauma rehabilitation centers[21]); 171 briefings and panels during 21 business meetings; and ongoing review and synthesis of relevant surveys, reports, academic articles, congressional testimony, and other information sources. Our data gathering included previous recommendations of leading commissions (e.g., the President's Commission on Care for America's Returning Wounded Warriors[22] and the Army-sponsored task force led by General Frederick Franks Jr. (Ret.)[23]) and institutions such as RAND[24], the Institute of Medicine[25], and the Center for a New American Security[26], to name a few, allowing RWTF to build upon earlier work rather than duplicating it. We shined a light on areas needing attention at the Congressional, DoD, or Service levels, and occasionally made suggestions to VA, for a total of 77 recommendations during the first three years. In accordance with legislative guidance, we also identified best/promising practices each year.

Monitoring Outstanding Issues after Sunset of RWTF

Since FY2012, each RWTF Annual Report includes a chart tracking the implementation status of the prior year's recommendations, based on DoD's congressionally mandated evaluation and implementation plan. As of spring 2014, the implementation status of the FY2011-FY2013 recommendations as a whole indicated work remains. That is, RWTF deemed 18 of the 77 recommendations complete, but also advised that 55 should continue to be followed, and four should continue to be addressed. The dominant issue areas that RWTF identified as unresolved were IDES (see current Recommendation 1); meeting the needs of RC personnel (see current Recommendation 10); DoD/VA coordination (see current Recommendations 6, 8, and 9); and non-medical case management. Thus, there remain gaps in the system that Congress asked RWTF to examine, about which Congress undoubtedly will continue to hear from constituents. Going forward, in the absence of RWTF oversight following its November 20, 2014 sunset, we encourage Congress to use the implementation status of RWTF's 77 recommendations as a checklist of issues to monitor and address. When Congress requests testimony from the Service Chiefs regarding RW matters, for instance, this information should guide its questioning.

RWTF particularly urges sustained attention on four pernicious problems for which we have made multiple recommendations in previous years. First, the interoperable records debate must end and the long-awaited Electronic Health Record (EHR) implemented. (See FY2011 Recommendation 20 and FY2012 Recommendation 29.) Fully informed medical care, comprehensive Narrative Summaries (NARSUMs) to inform disability adjudication, consistent disability ratings, and truly seamless transfers between DoD and VA medical care hang in the balance. We therefore add our voice to the chorus of voices and the powerful organizations that are fighting to finally make the EHR a reality. Secondly, all Service members, including the sizable proportion receiving their care from the TRICARE network, must have access to the best PTSD treatment possible, which today comprises the evidence-based practices captured in the DoD/VA Clinical Practice Guideline (CPG)

for the Management of Post-Traumatic Stress.[27] (See nine prior recommendations from the past three years.[28]) As TRICARE network behavioral health providers' licensing credentials do not ensure the use of CPGs,[29, 30] this will require a modification in the TRICARE contractors' statements of work. Additionally, DoD might consider undertaking a comparative study of military treatment facility (MTF) and network PTSD treatment outcomes to better understand how using network providers affects quality of PTSD care. This issue is particularly salient for remotely located Service members, many of them Reservists, who lack the option of MTF care. Relatedly, all Service members and Veterans, particularly members of the RC and those located in rural or remote areas,[31, 32, 33] must have adequate access to health care in general. RWTF is aware that, as of summer 2014, the Military Health System (MHS) and the Veterans Health Administration (VHA) were scrutinizing their health care delivery processes, including access issues.[34, 35] RWTF urges DoD and Congress to continue to monitor issues surrounding RW and Veteran access to health care and to consider widening the aperture for Medicare eligibility as a potential solution. Finally, after examining the evolution and performance of the four Defense Centers of Excellence (CoEs)[36] for four years, through headquarters-level briefings and provider input, RWTF continues to find them underutilized. Consistent with prior RWTF recommendations,[37] these potential national treasures must be empowered through appropriate oversight and connectivity to systematically enhance clinical practice across DoD as they were intended to do.

RWTF FY2014 Recommendations

RWTF presents in this fourth and final Annual Report 10 targeted recommendations, many of them strategic in nature. These recommendations focus on sustaining the capacity of DoD and DoD/VA organizations to continue to support the enduring RW mission more than on improving individual policies and programs. We urge institutionalization of lessons learned, preservation of vital resources, organizational empowerment, out-of-the-box thinking about access to health care, and new tacks to tenacious problems. This includes, after three years and 18 prior tactical recommendations related to the current disability evaluation system (DES),[38] challenging DoD to design a new approach from the ground up (Recommendation 1).

Looking to the Future

Although RWTF was chartered to address pre-DD214 RW programs and policies, the reality is that the large majority of wounded, ill and injured (WII) Service members will transition out of uniform and spend the rest of their lives in the post-DD214 world, as will all other new Veterans. RWTF would be remiss not to acknowledge the magnitude of the reintegration challenge and scope of response that will be needed to bring America's heroes—abled and disabled—all the way home.[39]

Transition—A Challenge for New Veterans, Recovering Warriors, and American Society

Veterans of the OEF/OIF/OND era, including those serving and those who have transitioned to civilian life, are a vulnerable population. While estimates of the prevalence of PTSD and TBI in this population vary[40], RAND calculated in 2008 that roughly one-third of personnel previously deployed to the theatre of operations had PTSD, major depression, and/or TBI, based on the responses of 1,965 previously deployed individuals to screening questions asked during a telephone survey[41]. In 2013, there was nine percent joblessness among post 9/11 Veterans, as compared to a nationwide

rate of slightly more than seven percent.[42] Earlier in this conflict, the Government Accountability Office (GAO) found that even Veterans receiving VA Vocational Rehabilitation and Employment (VR&E) services took an average of four years or more to find suitable employment.[43] Veterans are at disproportionate risk of becoming homeless[44] and committing suicide[45, 46, 47]. Rear Admiral Michael S. Baker (Ret.) warned in the journal Military Medicine that the legacy of the Global War on Terror (GWOT) is "homelessness, family disruptions, domestic violence, suicide, criminal acts, substance abuse, and risk taking behaviors."[48] Disability, including co-morbidities[49] and social impacts[50, 51] associated with PTSD and TBI, compounds the challenges that transitioning Service members face.

The end of combat operations in Southwest/Central Asia will most assuredly result in fewer wounded; however, Service members and Veterans will continue to need care and healing from their illnesses and accidents, as well as from earlier wounds. This includes late onset, or simply delayed acknowledgement or disclosure, of PTSD/TBI conditions triggered by earlier combat experiences.[52] In fact, the end of back-to-back deployments—and relief from pressure to stay, or at least appear, deployment ready—may open a floodgate of physical and mental complaints that Service members and Veterans finally feel at liberty to address. Unfortunately, research shows that, among the current generation of Veterans, only about half of those needing treatment for major depression or PTSD seek it.[53] Veterans with permanent physical disabilities, such as prosthesis wearers and assistive technology users, will require equipment servicing and upgrades, and likely also regular medical attention and related non-medical support.[54] The most severely wounded, ill, or injured Veterans, including some with PTSD and/or TBI and others with profound mobility and cognitive impairment, may require assistance throughout their lives.[55, 56] Though very small in number, RWs who choose to return to duty, whether in the same occupational field or a new one, also have ongoing needs that must be addressed.

The 13,873 RWs supported by Army Warrior Transition Units (WTUs), Marine Corps Wounded Warrior Regiment (WWR) detachments, and the Air Force Wounded Warrior (AFW2) and Navy Wounded Warrior-Safe Harbor (NWW-SH) programs as of January 2014[57, 58, 59, 60] comprise only a fraction of the IDES population. In combination with all other transitioning Service members—who as noted carry health risks of their own—and the families that journey with them, this population is so large that some suggest it will significantly strain the economic and social fabric of our society.[61, 62, 63] RDML Baker (Ret.) predicted that it will, "crash into our society's structure like a tsunami."[64]

RWTF's Vision for the Way Ahead

America's cities and communities must prepare for an expanded Veteran footprint, a bolus of Veterans whose needs will frequently differ from those of the other 99 percent of the citizenry that did not serve and 42 percent of whom do not use VA health services.[65] This population will present with more TBI and PTSD[66, 67] and a demand for culturally competent evidence-based treatment that may be lacking in the local private sector[68, 69]. Equally paramount as access to medical care will be access to non-medical supports for both Veterans and their families such as social services, education and employment, other transition support, referrals and warm handoffs within and across sectors, and case management. Communities that are geographically remote from military installations or VA facilities, and those with fewer job opportunities and health care providers, must be prepared for additional challenges from their Veteran constituents.

RWs and Veterans are not the responsibility of just DoD and VA, nor are these Departments equipped to alone address their needs.[70, 71] From former Chairman of the Joint Chiefs Admiral Mullen's Sea of Goodwill[72]; and the White House's Joining Forces[73]; to RAND[74]; the Center for a New American Security's Military, Veterans, and Society Program[75]; and the Institute of Medicine[76]; recognition of the need for private sector participation is coalescing. We see evidence of the private sector's readiness to embrace this population in the thousands upon thousands of organizations registered with the Internal Revenue Service (IRS) as serving Service members, Veterans, RWs, and/or their families,[77] or who advertise online. RWTF is aware that public/private partnerships in support of transitioning Veterans are emerging organically in some areas.[78, 79, 80] However, a formal mechanism to harness benevolent support and private sector resources strategically across the country still eludes us.

In anticipation of post-war contraction of federal resources to care for WII SMs,[81] the Federal Government must take an active role in ushering in an enlightened era of strategic and proactive partnerships among DoD and VA, other federal entities, academia, and the private sector. These partnerships will be particularly crucial for the transitioning Service members with TBI/PTSD, who as noted are at greater risk for co-morbidities and social impacts.

We highlight several marriages of civic, private, and academic sector entities with DoD and VA in the Best Practices section in Chapter 2 of this report. The Military Transition Support Project in San Diego, CA, for example, is a consortium initiated through the Chamber of Commerce to prevent the Veteran homelessness that was rampant among separated Sailors and Marines in San Diego during the Vietnam War Era. The University of South Florida (USF) Veterans Reintegration Steering Committee's extensive partnerships—with the James A. Haley Veterans Hospital, Special Operations Command at MacDill Air Force Base, and many private entities—are the brainchild of a passionate retired U.S. Marine Corps flag officer. Some states already have established military-civilian collaborations—for example, to address the mental health needs of the Veteran/family community.[82] We note that it also may be possible to organize inter-sector partnerships regionally, such as by TRICARE regions, VA Veteran Integrated Service Networks (VISNs), or DoD enhanced Multi-Service Markets (eMSMs).[83] While RWTF applauds all promising examples and ideas for inter-sector partnership, we also recognize that states, cities, and communities work differently and there is no single template.

What is the Federal Government's role in moving the country toward shared responsibility for our Veterans? This is a new mission for DoD and VA.[84] RWTF suggests that the Departments consider a) creating task forces within states and/or major military-impacted areas to facilitate relationships, information-sharing, and coordination among inter-sector stakeholders; b) helping stakeholders navigate the federal bureaucracy and lending expertise and technical assistance on request; and c) facilitating idea-sharing across states and regions. In a more ambitious role, resources permitting, the Departments might provide proactive leadership in the mobilization of impacted areas and the cultivation of their capacity to develop comprehensive inter-sector public/private solutions indigenously. At minimum, DoD should facilitate the involvement of individual benevolent organizations, which too often lack access to the target population they seek to serve,[85, 86, 87, 88] by establishing a centralized DoD point of contact or office that can not only channel these resources to where they can be best utilized, but also vet them.

Conclusion

The infrastructure that DoD put into place to support the needs of the RW community remains a work in progress and is at risk of neglect, to the detriment of not only the current generation of RWs and families, but also those who come after them. During the steady state that follows the end of OEF/OIF/OND, DoD, VA, and the nation must keep faith with our RWs and all transitioning Veterans and families by continuing to enhance, reform, and transform systems of care within both the pre-DD214 and post-DD214 arenas. We must forge a comprehensive, scalable infrastructure grounded in the lessons of the past decade and in the growing awareness of the power and necessity of public/private partnership.

Organization of Remainder of Report

Chapter 2 of this report presents RWTF's 10 final recommendations and corresponding findings. The recommendations are followed by a Best Practices section highlighting six particularly promising practices, or best practice areas, that RWTF encountered during FY2014.[89] These pertain broadly to inter-sector collaboration, vocational services, and RC initiatives. Chapter 2 concludes with charts presenting the status of FY2013, FY2012, and FY2011 recommendations mentioned earlier. Extensive appendices supply further information regarding RWTF, its methods, and its results.

Recommendations and Findings

CHAPTER 2

This chapter comprises three sections. The first section presents the Recovering Warrior Task Force's (RWTF's) 10 recommendations for Fiscal Year (FY) 2014 and the findings that support them. The second section presents six noteworthy best practices RWTF encountered in FY2014, and the third section summarizes the implementation status of RWTF's FY2013, FY2012, and FY2011 recommendations. RWTF's FY2014 recommendations are organized under the following four subsections: Integrated Disability Evaluation System (IDES), Supporting an Enduring Recovering Warrior (RW) Mission, Facilitating RW Recovery and Transition, and Facilitating Access to Health Care. Having made a total of 77 recommendations between FY2011 and FY2013 for improving the areas Congress directed RWTF to examine, many of RWTF's current recommendations look to securing the future of RW support. A number of the findings draw upon results obtained by RWTF across multiple years and reference recommendations made in prior RWTF Annual Reports, which can be found at http://rwtf.defense.gov/.

Integrated Disability Evaluation System

In RWTF's founding legislation (Appendix A), Congress directed it to examine two matters pertaining to the Disability Evaluation System (DES): 1) the effectiveness of measures to improve or enhance the DES and 2) the support provided RWs as they progress through the DES. During its first three years of effort, RWTF's research yielded 18 recommendations aimed at bettering the experience of RWs undergoing disability evaluation, in terms of both process and equitable outcomes.[90] RWTF's recommendation is predicated on four years' worth of data, discussion, reflection, and deliberation regarding the adequacy of the current DES and ancillary supports.

RECOMMENDATION 1

The current IDES is fundamentally flawed and DoD should replace it. Emphasis should be placed on return to work as soon as possible after injury, including separation and transition to civilian employment when injuries clearly indicate the Service member cannot be retained in the military.

The hallmarks of the new approach should include:

- Standardization across DoD, i.e., no Service/Component variance in the new process
- Predictable and transparent processes
- Compensation for lost future pay or lost employment ability via a structured payment—lump sum or annuity—that cannot be revoked by subsequent recovery
- Incentivizing work, wellness, education, and retraining opportunities
- A patient- and family-centered focus on what the patient and family need rather than what the system needs.

Requested Agencies to Respond: Congress, Office of the Deputy Assistant Secretary of Defense for Warrior Care Policy (ODASD(WCP)), VA (optional)

Finding: RWTF joins the call of major committees[91, 92], position papers[93, 94], and RW advocates[95, 96] for the complete overhaul of the military's DES.

A new paradigm for rehabilitation of RWs would create a simple system that is transparent and predictable and that incentivizes optimal functioning and capacity through patient-centered, integrative care. Under this disability approach, DoD would provide every RW the means to achieve a productive, working life, whether it is return to Service or transition to the civilian workforce.[97] Regardless of the circumstances under which an injury or illness was sustained, Service members in both Active and Reserve Components would be provided the resources for recovery, education, and vocational training. Upon recovery from injury or illness, an RW would return to his or her military occupational specialty (MOS), a new MOS, or transition to civilian employment.

The new approach would entail a single payout system that does not incentivize disability and that is modeled after workers' compensation schemes for other high-risk occupations (e.g., miners, firefighters, police). It would recognize lost income based on MOS and would provide for diseases of aging that might compromise long-term survivability. The new approach would have linkage to the GI bill to allow for education and retraining for other employment. Additionally, the new system should address tax incentives for prospective employers. Ultimately, there must be a clear separation from long-term disability, which would begin at some defined period of time after the Service member has sufficient time to attain maximum functionality.

The DES, created in the 1940s, has been continually reworked over the past seven decades. RWTF acknowledges that, beginning with full implementation of IDES in 2011, DoD and the Services have made important strides in RW recovery and transition. Despite many improvements, inadequacies of the system remain, including such complexity as to make navigating the system a lengthy and mystifying ordeal for RWs. Shortcomings in the following four areas, which are described later in these findings, are examples of continuing problems that led to RWTF's recommendation to overhaul the DES:

- Family member involvement in IDES
- Access to, and enrollment in, RW educational and training programs
- RW eligibility for "elective" treatments during IDES
- Legal service for geographically dislocated RWs

It should be noted that, while immediate steps should be taken to address these areas, these steps will not fix the system.

A New Vision for the Military's Disability System

RWTF's concept for a new approach to disability and recovery would include standardization across DoD; involve evidence-based, predictable, and transparent processes; provide compensation for lost future pay or lost employment ability via a structured payment; incentivize

work, wellness, education, and retraining opportunities; and have a patient- and family-centered focus. Each of these hallmarks of RWTF's vision is discussed separately.

Standardization Across DoD and Evidence-based, Predictable, and Transparent Processes

A new disability process for RWs would be non-confrontational, easily understood, and uniformly administered across the Services. Throughout four years of focus groups at installations visited by RWTF, RWs consistently reported dissatisfaction and confusion with the Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) process.[98, 99, 100, 101] Although composite results from the WCP 2013 IDES Customer Satisfaction Survey show 83 percent average IDES satisfaction based on select items from its MEB and PEB surveys,[102] other results are less positive. For example, 35 percent of RWTF's RW mini-survey respondents rated the IDES process as very or extremely helpful[103] and this finding was corroborated by briefers at VA sites who told RWTF that many Veterans who had just completed the transition phase of IDES were dissatisfied with their time in IDES[104]. In WCP's 2013 IDES Customer Satisfaction Surveys, 47 percent of RWs evaluated their time spent in the PEB phase of IDES as somewhat longer or much longer than expected.[105] The Defense Health Agency's (DHA) Survey of Wounded, Ill or Injured Service Members Post-Operational Deployment, which terminated in September 2013, yielded similar findings about the MEB process, ending with this summary: "Most negative comments about MEBs reflect concerns about the process being slow and time consuming, and insufficient or unclear communication; these comments are common not only in the current quarter [Q3 2013], but also in cumulative results."[106] A new disability system that standardizes DES processes across DoD will require a shared, integrated records system among DoD, VA, and possibly the Department of Labor (DOL) (given emphasis on return to work; see Recommendation 9)—one that incorporates the quality assurance processes recently introduced by DoD and implemented by the Services.[107]

We are drowning in information and dying of thirst at the same time because we don't have an integrated network, particularly with the VA. (Commanding General, Army Human Resources Command[108])

The new system must demonstrate the scalability to process current cases in the IDES inventory effectively (29,642 cases as of May 2014[109]) and to accommodate surges associated with injuries and illnesses of new wars.

Compensation for Lost Future Pay or Lost Employment Ability via a Structured Payment

RWs undergoing rehabilitation and recovery of Service-related injuries or illnesses of aging can be compensated for lost future pay or lost employment ability under a system modeled after workers' compensation.

The 1916 Federal Employee's Compensation Act (FECA)[110] , administered by the DOL Office of Workers' Compensation Programs (OWCP), was the first universal workers' compensation program to cover all workplace injuries of federal workers[111]. Although the majority of today's

American workers are covered under state workers compensation systems, FECA provides a better model for a DoD workers' compensation scheme for RWs. First, FECA covers both part-time and fulltime employees. Second, similar to today's IDES, in cases of traumatic injury, federal workers receive full pay (Continuation of Pay[112]) from their workplaces immediately following injury before workers' compensation benefits begin. However, at 45 days, the federal employee's Continuation of Pay standard falls far short of the 295/305 days in IDES, set as targets for RW care, recovery, and transition following injury.[113] Third, at federal expense, and similar to vocational training in IDES, FECA provides vocational rehabilitation services to federal workers for return to work. Benefits under FECA for medical devices, therapies, and medications associated with the treatment of injury or illness are paid in full by the federal government through the Federal Employees' Compensation Fund, which is financed by appropriations from Congress. There is no list of covered conditions, nor is there a list of conditions that are not covered. If unable to return to work, a monthly benefit equal to two-thirds of the employee's pre-disability monthly wage is provided.[114]

In addition to acute injuries, RWs can be afflicted by serious work-related illnesses that emerge years or decades after their Service. Similarly, federal and some non-federal employees working in hazardous federal occupations can experience work-related illnesses stemming from their jobs. Federal firefighters and federal agents in law enforcement including U.S. Customs and Border Protection (CBP) are just a few of the federal occupations covered by FECA for both injury and illnesses stemming from hazardous work. Similarly, civilian employees working outside the United States on U.S. military bases or on federal contracts for national defense are included under FECA's Defense Base Act. Other occupations with special protections under FECA include Department of Energy (DOE) nuclear weapons workers (employees, former employees, and contractors) for occupational exposure to radiation resulting in cancer, silicosis, or beryllium sensitivity, and coal mine workers for treatment of lung diseases related to pneumoconiosis.[115]

The compensation of RWs under this model provides for services to help prevent extended disability and promote highest recovery of vocational and social functioning.

Incentivizing Work, Wellness, Education, and Retraining Opportunities

In 2001, the World Health Organization (WHO) adopted a new approach for conceptualizing disability to bring an emphasis on health, functioning, and activity. A key concept of that framework, known as the International Classification of Functioning, Disability, and Health,[116] is that it differentiates capacity and performance. Capacity is the best one can be expected to do in an area of life; performance is what one actually does. Effective programs in rehabilitation, education, or training are seen as those that narrow the capacity-performance gap,[117] which could be achieved through accommodations such as prosthetic devices and assistive technologies. In fact, the IDES process as it is currently carried out on the "DoD side" resembles this approach: Citing the growing numbers of Operations Enduring Freedom/Iraqi Freedom/New Dawn (OEF/OIF/OND) RWs with amputations who returned to Service[118], Major Daniel M. Gade, USA and an RW, argues DoD already recognizes ability over disability by determinations of fitness for return to duty or "re-assignment to a role better suited to his remaining capacity[119]." As noted, resources for this education or retraining could be provided by DoD through workers'

compensation coverage modeled on FECA and presumably managed by the Defense Finance and Accounting Service (DFAS).

Substantial growth in the United States and in many other countries in the number of individuals applying for and being awarded long-term or permanent disability benefits since 1990 has led to research on workers' ability, rehabilitation, and return to work services[120] which lend some support to a new approach to disability and a reformed model of the U.S. military disability system. In 2002, the largest of these efforts—a six-nation study of the United States, Germany, Denmark, Sweden, Israel, and the Netherlands—attempted to explore interventions, incentives, and disincentives associated with returning civilian beneficiaries to work. One of the most noteworthy findings from the U.S. cases was the poor return-to-work rates associated with a comprehensive disability determination process that lasts several months, as experienced by the Social Security Administration's (SSA) Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs.[121] In a U.S. workers' compensation study of return-to-work outcomes in California, Massachusetts, Pennsylvania, and Texas, the factors that were found to be the best predictors of a rapid and successful return to work for civilians are characteristics associated with most RWs: Younger than 55 years of age, a high school graduate or higher education level, a full-time worker, and having a realistic perception of the initial severity of the injury.[122]

In 2004, SSA implemented several programs to reduce dependency on disability benefits by educating beneficiaries about return-to-work policies. SSA's Ticket to Work and Work Incentives Planning and Assistance (WIPA)[123] are federal programs implemented at the state level through public/private partnerships to reduce dependence on SSI and Title II cash benefits. The WIPA program, in particular, has been recommended for expansion to eligible Veterans.[124]

Under RWTF's military disability overhaul, DoD would assume a much greater role for re-training RWs for a new MOS or for civilian employment. Tax credits offer a way to encourage preferential hiring of transitioning Service members, and several efforts beginning in 2009 had promising starts: As described in the findings of Recommendation 9, the Returning Heroes Tax Credit, Wounded Warrior Tax Credit[125], and Work Opportunity Tax Credit[126] provided hiring incentives for employers. However, each of these efforts has since lapsed and/or expired. Through the National Governors Association (NGA), several states have created programs and proposals to incentivize employers to hire Veterans.[127] At the federal level, several programs and policies under Title 5 continue to encourage federal hiring of Veterans either through advantage in the competitive hiring process or, in some cases, by avoiding the competitive process altogether.[128]

Patient- and Family-Centered, Integrative Care

In a landmark 2001 report, the Institute of Medicine (IOM) identified patient-centeredness as one of six aims for the health care system.[129] Patient-centric care proactively addresses the patients' needs by bringing together medical and health professionals to deliver comprehensive care in a setting that facilitates partnerships between individual patients, the treatment team, and the patient's family members/caregivers.[130] The core concepts of patient-and family-centered care are respect, information sharing, participation, and collaboration. These are key concepts of a new disability system that is evidence based, transparent, and predictable. Lack of information

and lack of visibility of case status during the PEB phase has been a consistent problem in IDES that has hindered the ability of Service members, families, and case managers (Physical Evaluation Board Liaison Officers, or PEBLOs) to plan appropriately.[131]

Selected Issues Supporting the Case to Replace IDES

RWTF selected four examples of recurring issues in IDES as support for the recommendation to replace IDES. Immediate solutions to remedy the problems in these areas will not be sufficient to repair the current IDES.

- Family member involvement in IDES

The uncertainty around the IDES timetable has been a distraction and impediment to RWs at a time when they could be productively seeking or engaging in work, education, and certification programs. RWs participating in FY2013 and FY2014 focus groups stated the uncertain timeline of the recovery and transition process interferes with their ability to seek jobs, as they have no way to know when they will be available to begin work.[132, 133] For family members/caregivers, insufficient information about and during the disability evaluation process is an additional barrier to involvement in rehabilitation and planning throughout IDES.[134] For example, while the newly implemented Soldier's and Commander's IDES Dashboard provides visibility to commanders, providers, and RWs about the RW's progress through IDES, this dashboard is not available to the family member/caregiver. DoD's position is that the military highly encourages participation by family members and caregivers during IDES briefings and appointments, whenever practical,[135] however, RWTF data suggest a different experience. Across five RWTF family member focus group sessions this year, of those who reported regularly accompanying their Service members, either to briefings or to medical and non-medical appointments, half felt welcome and half felt unwelcome or disrespected.[136] Participants in one session recommended there should be increased emphasis on caregiver participation; participants in another session stated attending appointments with their Service members caused controversy.[137]

- Access to, and enrollment in, RW educational and training programs

Across four years of site visit briefings, advocates of vocational programs identified persistent challenges associated with gaining access to information about higher education and training programs for RWs. Program directors noted gaps between available opportunities and RW capabilities[138, 139, 140, 141], and lack of familiarity with educational and vocational resources including Education and Employment Initiative (E2I), Operation Warfighter (OWF), and VA Vocational Rehabilitation and Employment (VR&E)[142, 143, 144, 145]. RWs who participated in RWTF focus groups in both FY2012[146] and FY2013[147] were as likely to say that available vocational opportunities met their needs as not. The situation is exacerbated when vocational rehabilitation (VR) offices are unable to verify that Service members are in the IDES process, impeding Service members' utilization of the program prior to receiving their DD214 and VA Disability Rating determinations.[148] A Department of Defense Instruction (DoDI) and Department of Defense Manual (DoDM) for VR&E counseling for Service members transitioning through IDES is expected to be published in August 2014 in place of current Memorandums of Understanding (MOUs),[149] which may help to resolve some of these concerns.

- RW eligibility for "elective" treatments during IDES

Restrictions on eligibility for treatments DoD considers "elective" during IDES have created a further barrier to smooth transitions for RWs. That is, postponing needed procedures until post-separation interferes with new Veterans' ability to secure employment—either preventing the Veteran from actively searching for a position or from making a strong start with good attendance at a newfound position.

…I need (multiple surgeries) but because I started IDES they said 'no'… (They say) 'Oh, you can do it when you get out.' What am I supposed to do for work then, with a six-month recovery… (Recovering Warrior)

Briefers at one FY2014 Army site suggested several improvements to existing IDES policy to address some of these challenges: The policy for surgery during IDES must be clearly specified and enforced across Services and sites. Additionally, there must be mechanisms in place to notify the Warrior Transition Unit (WTU) Surgeon early in IDES about needed procedures and to educate Service members entering IDES about the types of procedures to which they will and will not be entitled while in IDES.

It should be noted that the extent of this problem is unclear to RWTF. At least one briefer at a Community-Based Warrior Transition Unit (CBWTU) visited in FY2014 described the belief among RWs that they cannot get more surgeries while in IDES as "a common myth."[150] The briefer said that if the goal is, for example, to relieve pain or restore function/ability, then surgery is approved even after the medical retention determination point (MRDP). The briefer added that the care may be provided through TRICARE rather than at the military treatment facility (MTF). This CBWTU's viewpoint highlights the need for clear and consistent policy across the enterprise.

- Legal service for geographically dislocated RWs

Providing legal counsel to RWs residing in remote areas presents challenges in the IDES process. Consulting with IDES counsel early ensures that the MEB packet contains all relevant and accurate information needed for the MEB to make fitness determinations[151] and helps the RW to achieve the IDES outcome he or she desires. Expanded use of telehealth—the delivery of health care through telecommunication using information technology—demonstrates how technology could improve delivery of legal counseling to remotely located RWs. RWTF was told telehealth is being used successfully by both VA and MTF behavioral health practitioners working with Service members/Veterans in remote areas at VA centers.[152] Similar technology could be leveraged to deliver MEB legal services to remotely located RWs.

The New Vision in the Context of Ongoing Initiatives in Military Disability and Benefits Reform

RWTF acknowledges both past and ongoing work in the military disability and compensation reform arena. RWTF's recommendation for the overhaul of the military's disability system differs in some important respects from recommendations of other committees and entities.

For example, while the President's Commission on Care for America's Returning Wounded Warriors[153] and RWTF agree that providing for quality of life and long-term disability of RWs falls under VA, RWTF believes it is the responsibility of DoD as an "employer" of Service members to provide RWs with the educational, vocational, and employment resources necessary to achieve a productive return to work and to do so through a structured payment that compensates for lost future pay or lost employment ability. This is potentially a new paradigm for RW recovery that may not be part of current initiatives for a restructured IDES now in consideration by VA, DoD, and other commissions. Some of these considerations involve potential consolidation of IDES by WCP[154, 155] and changes to disability and retirement benefits deliberated by the Military Compensation and Retirement Modernization Commission[156]. Final reports on these initiatives to Congress are scheduled for August 2014 and February 2015, respectively.

RWTF's vision for recovery, education/vocational training, and employment of RWs is a concept for addressing what currently does not work in the DES. Advancing this concept to a working model and an operational system will require input from disability rehabilitation experts in research, clinical practice, and policy.

Supporting an Enduring RW Mission

While the drawdown of military operations in Iraq and Afghanistan will reduce the number of combat casualties, it will not impact the number of ill or injured. Furthermore, the number of combat casualties will surge when our nation next goes to war. RWTF makes five recommendations aimed at ensuring DoD maintains and grows its capacity to meet the enduring RW mission. The first four recommendations target support for proponents responsible for RW care, management, and transition, such as WCP and the Services' RW units and programs. The fifth recommendation targets broader organizational change that will strengthen the capacity of DoD and VA to effectively care for the RW population.

RECOMMENDATION 2

Publish a DoDI policy for addressing the needs of RW family members and caregivers and identifying baseline services to be delivered by each Service and Component.

Requested Agencies to Respond: ODASD(WCP)

Finding: RWTF differentiates between family members' own needs as they, and perhaps their children, strive to adjust to "a new normal" and family members' needs that are specifically related to their role and responsibilities as caregiver and/or supporter of their RWs' recovery process. (The latter is the focus of Recommendation 7). RWTF believes that both areas of need must be formally addressed through policy. To DoD's credit, existing DoDIs addressing the non-medical[157] and medical[158] management of RWs also recognize family members; however, these DoDIs focus more on their needs as caregivers, do not delineate roles and responsibilities in meeting family member needs, and do not establish baseline support requirements. WCP informed RWTF in January 2014 that it plans to publish specific DoD guidance regarding support for RW families and caregivers.[159] RWTF believes that, by publishing a DoDI on

supporting RW family members/caregivers (hereafter referred to in this report as family caregivers or FCGs[160]), DoD can officially recognize the enduring commitment of WCP and the Services to addressing the needs of this population.

The following paragraphs summarize content that RWTF believes must be included in the pending DoDI, based on intractable problems RWTF has observed over four years of site visits, through 30 focus groups with 173 family member participants, and through other encounters. This content echoes 20 recommendations regarding FCGs and information resources that RWTF made during three prior years of effort.[161] RWTF presents suggestions under the following five subsections: Define the Target Population, Define and Establish Standards for Outreach and Engagement, Specify and Establish Standards for Information Resources, Identify Baseline Services in Specific Domains, and Hold Each Service/Component Accountable.

Define the Target Population

To whom should DoD and the Services be providing RW "family support?" RWs rely on diverse relationships for support during the recovery process—with spouses, other relatives, and people to whom they are not related. All who care for and support RWs may be heavily impacted by the practical and emotional strains of this role and an uncertain future, as RWTF documented in prior RWTF Annual Reports and observed again during RWTF's FY2014 focus groups[162], and as reported by others[163, 164]. FCGs are dealing with stressful circumstances such as culture shock, marital issues, or other family distress. Regardless of whether or how they are related to their RWs, they represent a population in need of targeted services. Yet current official definitions of "eligible family member," such as those in DoDI 1300.24[165] and the DOL's Family Medical Leave Act (FMLA) policy[166], do not include non-married or non-blood-related individuals. This may jeopardize FCGs' eligibility for invitational travel orders (ITOs) or non-medical attendee (NMA) status[167], unpaid time off work[168], and countless other sources of critical tangible and intangible support. In contrast, the policy for Special Compensation for Assistance with Activities of Daily Living (SCAADL) uses a more inclusive definition of "primary caregiver": "an individual who renders to an eligible Service member services to support ADL [Activities of Daily Living] and specific services essential to the safe management of the beneficiary's condition."[169]

To ensure all caregivers and supporters of RWs receive support, consistently across the enterprise, the DoDI should establish an RW-centered approach to determining who is an FCG. This means continuing to deliver family support services to traditional family systems and also providing these services to other individuals whose assistance the RW needs. RWTF considers the proposed RW-centered approach to defining FCG to be consistent in spirit with SCAADL's broad definition of "primary caregiver."

I had surgery. . . I had a friend come to drive me around. I told the doctor I would sign something, (my friend) needs to be involved in everything because I have a horrible memory. Tell her everything. The provider wouldn't tell her. He said, 'She's not your wife, we can't tell her.' If she's going to take care of me, she needs to know. (Recovering Warrior)

I'm not a caregiver per se but in that same regard that means I'm more out of the loop. (Family Member)

Define and Establish Standards for Outreach and Engagement

Because proactive efforts to connect FCGs to resources vary widely across Services and Components, RWTF strongly recommends that the DoDI define and establish standards for outreach and engagement. Several barriers impede successful outreach and engagement toward FCGs, which standards should mitigate. The very definition of outreach varies widely; some RW sites equate mass e-mail to outreach.[170, 171] (See FY2013 Recommendation 20.) RW units and programs often do not specify an individual or position responsible for outreach and engagement with FCGs, which may lead to confusion and frustration on the part of FCGs, potentially inhibiting their participation.[172, 173] Family members participating in RWTF focus groups identified multiple sources of support offered by RWs' units, such as the Non-Medical Case Manager (NMCM), Medical Care Case Manager (MCCM), Recovery Care Coordinator (RCC), Family Readiness Support Assistant (FRSA), and Army Wounded Warrior (AW2) Advocate.[174] (See FY2012 Recommendation 15.) There are unique factors affecting outreach to geographically dislocated FCGs,[175, 176] whose RWs are frequently in the Reserve Component (RC). As RWTF has come to understand, for example, Army WTU cadre frequently do not know their Reservists' FCGs, lack systems for identifying them, and tend to assume erroneously they are receiving support from their home units. Assuming proponents are familiar with their RWs' FCGs, many remain hesitant to engage with FCGs due to misguided concerns with Health Insurance Portability and Accountability Act (HIPAA) restrictions[177, 178, 179, 180, 181], particularly when RWs indicate they do not want their families involved, which RWTF family member focus group participants indicated is not unusual[182, 183]. Rather than sending even the most benign information directly to FCGs, RW sites often default to sending it through the RW, which is an unreliable means of communicating with FCGs.[184] (See FY2012 Recommendation 14.)

The recommended DoDI should provide operational definitions of outreach and engagement to ensure common understanding and consistent practices. RWTF's FY2013 Recommendation 20, which defined outreach as positive contact and two-way communication between the Service and the family member, and called for outreach to 100 percent of FCGs, may help to inform this definition. Frequency of contact also should be part of this operational definition. To streamline and standardize the transmission of information and services to FCGs, the DoDI should instruct the Services to provide each FCG with a single point of contact and specify both the qualifications and tasks associated with this responsibility. This guidance also should address how this single point of contact relates to the Interagency Care Coordination Committee (IC3) Lead Coordinator role[185] and who is responsible for supporting geographically remote FCGs.

It is essential that the DoDI emphasize that HIPAA does not constrain outreach and engagement with FCGs—by clarifying what information is HIPAA protected, explaining that outreach to and engagement with FCGs is not contingent on RW approval, and listing examples of programs and services for FCGs that are independent of HIPAA-protected information, such as FCG counseling, access to information resources, programs for employment/vocational support, resources for RW children, and financial counseling. DoD may want to consult the Marine Corps Wounded Warrior Regiment's (WWR) approach to family engagement, which leverages command emphasis to prevent RWs from unwittingly denying their FCGs access to

needed supports.[186] Finally, the DoDI should institutionalize the participation of Active Component (AC) and RC FCGs at WTU and WWR in-processing briefings, which is far from the norm.[187] (See FY2013 Recommendation 20.) These events impart critical information and introductions that FCGs need to hear first-hand; furthermore, they present an ideal opportunity for the designated single point of contact to meet and engage FCGs face to face as the RW and FCG begin the journey of recovery and transition.

Most of the support I find is through the Facebook group or typing stuff into Google. There's not an actual person to talk to. (Family Member)

A lot of times I don't have information unless I'm in here picking up my husband. (Family Member)

Specify and Establish Standards for Baseline Information Resources

There is a plethora of internet-based, digital, telephonic, print, and brick and mortar information resources[188, 189, 190, 191, 192, 193] available to FCGs from DoD as well as the Services, let alone other entities. Despite the large constellation of available resources, awareness and utilization among FCGs remain inadequate. In RWTF FY2013 and FY2014 mini-surveys, for example, most family member focus group participants reported not having used Military OneSource (MOS); Military OneSource Wounded Warrior Specialty Consultants (MOS WWSC); a Military Family Assistance Center (FAC); the National Resource Directory (NRD); or a Military Hotline.[194, 195] As long as the NRD remains DoD's primary information resource for the RW community.[196] DoD should direct the Services to actively and systematically promote it among FCGs. The DoDI should provide additional guidance regarding information resources in the form of baseline standards for essential information resources that FCGs should be provided or to which they should be directed. RWTF further urges DoD to also develop and address new information resources focused specifically on FCG needs.

Welcome packets can be invaluable, but they must be tailored to constituents' circumstances, and receipt of these resources by FCGs must be confirmed. To ensure parity across Services and Components, DoD should develop baseline content for four target groups—on-site AC FCGs, on-site RC FCGs, remote AC FCGs, and remote RC FCGs—and direct the Services to distribute these tailored welcome packets systematically to newly identified FCGs. Among the welcome packet materials should be FMLA information. The FMLA now provides 26 weeks of unpaid leave to attend to an RW who was injured while on active duty.[197] If this information is not disseminated early, some FCGs may quit their jobs to care for RWs rather than taking their legally allowed leave time. DoD might consider also developing a series of decision-tree pocket cards for inclusion in the welcome packets, which can guide FCGs from all four target groups through steps and options to be taken as issues arise.

The Services do not currently provide DoD-wide standardized training for RW FCGs. DoD should develop and distribute a program of instruction, leveraging the format and content of the VA Caregiver curriculum. This curriculum, developed by Easter Seals, provides in-person classes, a workbook/DVD, and online training.[198] RWTF recommends that participation in the proposed DoD caregiver training be mandatory for caregivers on NMA orders and for FCGs of RWs who are receiving SCAADL, and be strongly encouraged for all other FCGs. Those who complete the

training should receive a certificate. The training should include information about the application process for the VA Caregiver Program and benefits thereof, for those FCGs to whom this information pertains. RWTF believes the proposed training, if widely marketed and taken early, has the potential to go a very long way toward fostering a generation of well informed and well engaged FCGs.

I thought that this place (SFAC) is only for when my husband tells me I can come, then that's when I come. I didn't know it's open to dependents… (Family Member)

I didn't know this (SFAC) was here until today. (Family Member)

Identify Baseline Services in Specific Domains, such as FCG Education and Employment, Transfer to VA, and Emotional Support

In an effort to target specific areas of unmet needs for the FCG population, the DoDI should identify baseline services in specific domains such as family member education/employment, the transfer from DoD to VA care, and emotional support.

The FCG population is often hit hard by the strain of maintaining or finding employment while caring for an RW. A RAND report showed that almost half (47%) of post-9/11 caregivers must make work adjustments due to caregiving.[199] Some FCGs become the family's primary breadwinner—a role for which they may be unprepared.[200] RWTF site briefings nevertheless suggested that vocational and employment services are underutilized by FCGs.[201, 202] The DoDI should establish the requirement to systematically assess FCG vocational/employment needs and to link FCGs with services as appropriate. This guidance should also identify the primary vocational/employment services available to FCGs, including services for both RWs and FCGs and services that specifically target FCGs. To adequately meet this requirement, those charged with carrying it out will require dedicated training.

Only families of post 9/11 combat-injured RWs receiving SCAADL are eligible for VA services, through the VA Caregiver Program.[203] For those eligible, the handoff is neither smooth nor transparent.[204, 205] (See FY2012 Recommendation 16.) The DoDI should instruct NMCMs or designated FCG points of contact to engage the VA Caregiver Program proactively on FCGs' behalf in order to ensure a seamless transfer and avoid discontinuity of support upon RW discharge. It should be noted that, while only a subset of FCGs are themselves eligible for VA services, many FCGs will experience VA services indirectly through their RWs. Thus, the DoDI should also address the importance of empowering FCGs to help their RWs navigate the VA system, possibly through the DoD FCG training curriculum mentioned earlier concerning information resources.

The DoDI must address the delivery of emotional support to FCGs, including children of RWs.[206] RAND found 38 percent of post-9/11 military caregivers have probable major depressive disorder, yet two-thirds of them had not sought mental health care in the past year.[207] RWTF urges that the DoDI promote Military Family Life Consultants (MFLCs) as a resource the Services and Components can capitalize on to meet the emotional needs of FCGs.[208] The U.S. Special Operations Command (USSOCOM) Care Coalition makes good use of this

program at 19 locations, where MFLCs address areas such as marital/relationship issues, communication, family dynamics, and stress.[209] However, it appears that this valuable resource is not as well utilized by the Service-specific RW units and programs.[210] Children may face unique stressors and strains, and FCGs have difficulty locating services for them.[211, 212]

With little ones it's getting support for them to help them ease their minds. It would make our work more manageable, having psychological support for him... (Family Member)

We're still living in a trauma state environment. (My husband has gone through) multiple things, multiple surgeries. Every time surgery hits, treatment hits, what are the side effects? Then we get brought back into a trauma state. …. Now I worry about him and them (the children) teetering on depression. I have (a young child) that is reacting, saying, 'When will this end?' (Family Member)

Hold each Service/Component Accountable

Accountability requires metrics. The DoDI should provide guidance for the gathering and reporting of standard metrics—by Service, Component, and overall—on an established basis. The metrics must be sufficiently comprehensive to assess compliance with requirements and they must be comparable across echelons, Services, and Components. For optimal usefulness, DoD should prioritize metrics that are focused on outputs (e.g., utilization) and outcomes (e.g., satisfaction or behavior).

RWTF is aware that the Services and Components address RW FCG needs differently within their respective organizational structures. For example, WTUs have Family Readiness Support Assistants (FRSAs)[213, 214] and WWR detachments have Family Readiness Officers (FROs)[215]; there are military family assistance centers such as the Army Soldier and Family Assistance Centers (SFACs)[216, 217] that are dedicated to the RW community and Navy Fleet and Family Support Centers[218] and others like it that are more generic; and individual NMCMs, RCCs, MCCMs, and even chaplains may offer varying levels of assistance to FCGs[219]. In the National Guard, there are Family Programs offices within the Joint Forces Headquarters (JFHQ) and Army and Air National Guard units/wings.[220] However, when asked who is expressly responsible for supporting FCGs, too often the response is "everyone"[221, 222] or "no one"[223, 224, 225]. The DoDI should require each Service and Component to identify at Headquarters level and in the field the dedicated office, or at least the dedicated position within a specific office, that is responsible for implementing the requirements of the pending DoDI, including the gathering and reporting of metrics.

There's just so much change (within the unit), and for a lack of a better term, red tape. (Family Member)

RECOMMENDATION 3

Establish a uniformed representative from each Service at WCP.

Requested Agencies to Respond: ODASD(WCP), U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC)

Finding: WCP not only fulfills a vital mission, but also is DoD's steward of institutional knowledge gained over more than a decade of war. However, RWTF is deeply concerned about the longevity of WCP going forward. RWTF recommends DoD take a step toward strengthening the viability of this organization by establishing permanent Service representative positions at WCP. Integrating a Soldier, Airman, Sailor, and Marine into WCP's battle rhythm will promote needed communication, coordination, and alignment between DoD as policy maker and the Services as policy implementers as these entities navigate the way ahead. Furthermore, it will better equip DoD to provide central oversight of the Services' recovering warrior units and programs, as the U.S. General Accountability Office (GAO) recommended in 2012.[226] See also Recommendation 4, which addresses the status of the WCP office within the DoD Personnel and Readiness management structure.

WCP was originally established in November 2008 as the Office of Transition Policy and Care Coordination (TPCC) under the Office of the Under Secretary of Defense (Personnel and Readiness) (USD(P&R)),[227] with the mission to "ensure equitable, consistent, high-quality care coordination and transition support for members of the Armed Forces, including wounded warriors (WW) and their families through appropriate interagency collaboration, responsive policy and effective program oversight[228]." The office was tasked with four lines of action: the DES, care management reform, compensation and benefits, and the Transition Assistance Program (TAP).[229] The name was changed to the Office of Wounded Warrior Care and Transition Policy (WWCTP) in October 2009 when the agency became a permanent organization.[230] In October 2012, the name was again changed to the current Office of Warrior Care Policy (WCP), in conjunction with the realignment to its current location under the Office of the Assistant Secretary of Defense (Health Affairs) (ASD(HA)), and TAP was moved under the Office of Readiness and Force Management.[231] Between WCP's inception in 2008 and 2014, six individuals served at the helm of this organization.[232, 233, 234, 235, 236]

In Annual Reports over the past three years, RWTF has repeatedly challenged WCP to do more.[237] At the same time, RWTF looks to WCP as DoD's "center of excellence," standard-bearer, integrator, and advocate for carrying forward the mission of RW care, management, and transition. Turbulence in the young life of this organization, however—including name changes, realignments, and turnover at the top—portends vulnerability. We urge DoD to commit to strengthening the viability of WCP by facilitating its relationships with the Services through the creation of permanent positions within WCP for uniformed representatives of each of the Services.

During a February 2014 site visit to WCP, briefers told RWTF that it has had uniformed representatives on its premises in the past, but their presence was sporadic.[238] WCP indicated further that it would embrace permanent on-site Service representative positions.[239] While candidates should have tactical/operational experience within Service-specific RW units and

programs, they also must have sufficient rank to shepherd Service-level policy formulation and execution. As the Nation moves to a drawn-down peacetime environment, the needs of RWs will continue and it is important that WCP be sustained. Placing uniformed representatives at WCP is an opportunity for DoD to recognize and support this enduring mission.

RECOMMENDATION 4

Realign WCP and re-grade the Deputy Assistant Secretary of Defense (DASD) WCP leadership position to increase effectiveness in the inter-agency environment and to better create policy within DoD.

Requested Agencies to Respond: Office of the Under Secretary for Personnel and Readiness OUSD(P&R)

Finding: The findings for Recommendation 3 describe the pivotal role of the WCP as a repository of DoD's institutional knowledge and the agency responsible for carrying DoD's RW care, management, and transition mission forward. To best position WCP to fulfill this role, and to empower the WCP DASD to interface effectively with VA counterparts, RWTF recommends realigning this office within P&R and re-grading the DASD position. See also Recommendation 3, which addresses coordination between WCP and the Services.

TPCC was created under the Secretary of Defense (Personnel and Readiness) in November 2008.[240] In October 2009, the WWCTP became a permanent organization.[241] In October 2012, the name was again changed to the current WCP, in conjunction with the realignment to its current location under the Office of Assistant Secretary of Defense (Health Affairs) (OASD(HA)).[242] During the six years between WCP's inception and today— 2008 to 2014—six different individuals led this organization.[243, 244, 245, 246, 247]

Recognizing that the circumstances of WCP's short history portended a precarious future, RWTF recommended in 2012 that Congress enact legislation to establish WCP permanently within the Under Secretary of Defense (USD) for Personnel and Readiness (P&R) portfolio at a level no less than DASD.[248] DoD non-concurred, noting that, as of June 2012, the Office of WCP was aligned under the ASD(HA) within USD(P&R) and the leadership position of the WCP already was at the DASD level.[249] DoD also cautioned that legislation "would restrict the Secretary of Defense's authorities and control of the Department."[250] In 2014, RWTF remains deeply concerned about the permanence and status of WCP within P&R. To enable WCP to achieve its potential, and to give WCP the appropriate voice and weight to create RW policy at the right level, WCP must be placed more prominently within the P&R structure. Specifically, the WCP DASD, whose broad span of responsibility reaches well beyond health matters, must report directly to the USD (P&R) rather than to the ASD (HA), and the WCP DASD position should be re-graded accordingly. RWTF believes that, within the Department, this will give WCP more authority in its interactions with the Services, including greater ability to promote standardization where appropriate. RWTF further believes that it will facilitate DoD/VA coordination and connectivity by providing VA Central Office executives, such as those collaborating with DoD on the design and implementation of IC3, a consistent point of contact and counterpart functioning at a level comparable to their own.

RWTF notes that the signature level of the DoD/VA Memorandum of Agreement (MOA) for IC3[251] is at the USD (P&R) for DoD and the Deputy Secretary for VA, suggesting DoD in essence has already determined that the counterpart to the VA Deputy Secretary for RW matters is the USD (P&R). The current recommendation to realign WCP as DoD's RW policy arm directly under the USD (P&R) is congruent with this structure. It will bestow upon WCP the status necessary not only to work effectively in the interagency environment, but also to provide oversight and consistency within the Department. It also will help to fortify WCP against changes in administration, DoD leadership, and funding priorities.

RECOMMENDATION 5

Secure enduring resources for maintaining the capability, infrastructure, and institutional knowledge for supporting RWs that has been developed over the last 10 years.

Requested Agencies to Respond: OASD(HA), ODASD(WCP), USA, USN, USAF, USMC

Finding: Since the start of the Global War on Terror (GWOT), the United States has devoted increasing resources, and amassed extensive lessons learned, in the care, management, and transition of RWs and their families.[252] RWTF is concerned that this investment will fall victim to shifting budget priorities as military operations in Iraq and Afghanistan draw to a close, Overseas Contingency Operations (OCO) funding dries up, and the nation's interest in RWs wanes.[253, 254] Our nation must take steps to preserve the robust support infrastructure we have built over the last decade so it will continue to be available for the current—and the next—generations of RWs and their families.

At the core of this support infrastructure are the dedicated units and programs that each Service has developed in accordance with DoDI 1300.24, Recovery Coordination Program (RCP)[255] to provide case management and to facilitate RWs' recovery and transition back to duty or civilian status[256].

It is really nice that there is nothing extra for us to do here (in the Patient Squadron), just heal. And I think back to what I was like before I got here. It was bad for me and bad for my family. But they understand my experience here. (Recovering Airman)

I would like to say that in general the whole WTU program is a very good tool for all. Back in the day when they sent us for treatment, you didn't have all this. You stayed home and popped pills and that's it. (Recovering Soldier)

It's a lot more than what guys got when they got back from Vietnam. We're grateful for that. (Recovering Marine)

The Services have shaped these units and programs over time, learning from internal feedback such as Service-level surveys and staff assistance visits, and external feedback such as DoD-level surveys, GAO reports, legislative guidance, and RWTF recommendations. For example, the Army Warrior Care and Transition Program (WCTP) was created in 2007[257], while Army Warrior

Transition Command (WTC), a partnership of Army Medical Command (MEDCOM) and Army Human Resources Command[258] that oversees and implements the WCTP[259], was established two years later[260]. During this time, the WCTP has gone through three iterations of solutions for managing remote care—the Medical Holdover (MHO) system[261, 262], the CBWTU[263], and the Community Care Unit (CCU), which was formally introduced in FY2014[264, 265]. The Marine Corps WWR, which also has been in existence since 2007[266, 267], established a Liaison Officer (LNO) position at Marine Forces Reserve (MARFORRES) in spring 2013[268], funding it out of hide to increase the WWR's capacity to track and support geographically dispersed RWs. (Also see the Best Practices section of this chapter.) Navy Wounded Warrior-Safe Harbor (NWW-SH)—whose mission in 2008 expanded to include non-medical case management and tracking/oversight of seriously wounded, ill, and injured[269]—until 2013 was assigning to each eligible Sailor a single individual to fulfill both the NMCM role and the RCC role[270]. The Air Force Wounded Warrior (AFW2) program, a 2007 rebranding of Air Force PALACE HART (Helping Airmen Recover Together)[271] and a component of Air Force Wounded Warrior and Survivor Care[272], did not begin servicing non-combat injured/ill personnel until November 2012[273]. All four Services have independently seen fit to add a "sustainment" element to facilitate the RW's transition out of uniform[274, 275, 276, 277]—further evidence that these units and programs are dynamic learning organizations.

The support infrastructure for the RW community extends well beyond the Service's dedicated units and programs. The Federal Government has responded to the needs of the RW community by weaving and re-weaving a multi-faceted tapestry of supports provided by DoD, the Services, and VA. WCP, established in 2008[278], defines its mission as ensuring "…recovering wounded, ill, injured, and transitioning members of the Armed Forces receive equitable, consistent, and high-quality support and services..."[279] (See also Recommendations 3 and 4.) Also integral are 258 RCCs[280, 281, 282, 283, 284], who fall under the DoD RCP[285] and, as of FY2013, 24 Federal Recovery Coordinators (FRCs)[286] who are part of the DoD/VA Federal Recovery Coordination Program (FRCP) for the most severely impacted Warriors[287]. Numerous supports now accompany the disability evaluation process—such as approximately 1,500 PEBLOs [288, 289], MEB legal counsel including 91 attorneys and 65 paralegals[290, 291, 292, 293], and VA Liaisons for Healthcare at 19 MTFs[294]. VA OEF/OIF/OND Program offices now exist in all VAMCs to facilitate the successful transfer and acclimation of the current generation of Veterans.[295] Additionally, as of spring 2014, the DoD/VA IC3 was primed to broadly implement the Lead Coordinator role[296] to mitigate gaps in care management across the stages of an RW's recovery and transition[297]. The tapestry encompasses a plethora of internet-based, digital, telephonic, print, and brick-and-mortar information resources[298, 299, 300, 301, 302, 303]; vocational/employment services such as OWF[304] and VR&E[305]; and FCG-focused resources such as DoD's SCAADL[306] and VA's Caregiver Program[307]. It includes initiatives targeting Reservists as well, such as the National Guard's 78 Psychological Health Program Directors distributed across the 54 states and territories[308], and the Army National Guard's Reserve Component Managed Care (RCMC) implemented in 20 states as of Q2 2013[309]. All these elements and more, many of them addressed elsewhere in this report and in previous RWTF reports, together form the support infrastructure our Federal Government has forged over the past decade plus for the RW community.

The Army made a sizable investment in brick-and-mortar SFACs that support WTUs at MTFs in and outside the continental United States (CONUS).[310] Twenty of these facilities were new military construction projects.[311] As of April 2013, there were 32 SFACs[312]; roughly one year later

there were 30[313]. As of February 2014, five CONUS WTUs were slated for closure by the end of FY2014, and with them their SFACs. The Army indicated further closures of WTUs and SFACs are expected through FY2017.[314] As of February 2014, SFACs Army-wide had 264 validated requirements, 208 authorizations, and a 67 percent fill rate.[315] During site visits, RWTF saw evidence of this fill rate first-hand in some SFACs that were clearly short-staffed. RWTF is concerned about how the Army intends to maintain SFAC services and preserve SFAC facilities and subject matter expertise going forward.

The ongoing demand for the described RW resources going forward is unquestionable. WCP and each of the Service-level units and programs have stated their missions will endure.[316, 317, 318, 319, 320] As of January 2014, the units and programs served a combined census of 13,873 RWs.[321, 322, 323, 324] While the number of wounded will decline post-war, the number of ill and injured will not. Furthermore, the units and programs serve only a fraction of the Service members in need of support. As of May 2014, there were 29,642 Service members going through the IDES process.[325] Approximately 250,000 Service members are expected to leave the military each year over the next four to five years,[326] many of whom will have physical or mental conditions requiring support. Regrettably, the demand for these resources will burgeon whenever our nation again goes to war.

Maintaining and preserving this infrastructure and the considerable capabilities and institutional knowledge that undergirds it will require a committed effort. Standards, programs, and processes must be codified in legislation; DoD, Service-level, and VA guidance; and even joint DoD/VA policy (see Recommendation 6); as RWTF has strongly advocated in each Annual Report (including Recommendation 2 of the current report). At the same time, RWTF acknowledges that inroads have been made. Among key DoD policies published since FY2011, when RWTF began its operations, are those for SCAADL (DoDI 1342.12)[327], Access to VA Vocational Rehabilitation and Employment (MOU)[328], Mandatory Transition Assistance (DTM 12-007)[329], Medical Management (DoDI 6025.20)[330], and E2I and OWF (DoDI 1300.25)[331], as well as job training, employment skills training, apprenticeships, and internships (DoDI 1322.29)[332]. The Services published guidance during this period as well. This must continue, with emphasis on institutionalizing the lessons learned from more than a decade of war regarding RW unit and program operations. Equally importantly, DoD must anticipate the waning of available Defense dollars for RW matters and ensure the continued financial viability of the units and programs, WCP, and other key RW resources through the Program Objective Memorandum (POM) process.

RECOMMENDATION 6

Congress should establish the requirement for interagency policy between DoD and VA on wounded, ill, and injured programs. Additionally, Congress should direct the Joint Executive Committee (JEC) to write such policy(ies).

Requested Agencies to Respond: Congress, VA/DoD JEC

Finding: RWTF believes that the care, management, and transition of RWs managed by DoD and VA requires lasting interagency policy for joint activities and initiatives. The requirement for interagency policies versus the MOU process currently being used must be established by a

higher authority than the agencies themselves. Interagency policy can be achieved through Presidential Decision Directives, federal statutory laws, or Congressional directives under appropriations (e.g., in the NDAA).

RWTF believes that DoD and VA would benefit from the creation of interagency policies—rather than MOUs, as is their current practice—specifically in the following areas:

- IC3: RWTF believes the creation of interagency policy would solidify and sustain IC3 and empower Lead Coordinators as this role is fully implemented across all MTFs.
- SCAADL and VA Caregiver Program: RWTF has been made aware of disparities between these two programs in eligibility; definitions of family members and definitions of activities of daily living; application forms; and caregiver training. RWTF believes that these two programs could be made more uniform through the creation of interagency policy, which would ease the transition of RW families from DoD to VA.
- Centers of Excellence: RWTF sees benefit to the creation of interagency policy regarding how CoEs collaborate, how often they convene formally, and how they disseminate their products.
- Employment Programs: As emphasized in Recommendation 9, RWTF presumes that interagency policy would facilitate the integration of effort among DoD, VA, and DOL employment programs.

According to its charter, the JEC "serves as the primary VA/DoD coordination body for overseeing and supporting joint activities, initiatives, and wounded, ill, and injured issues. The JEC institutionalizes VA and DoD sharing and collaboration to ensure the efficient use of services and resources for the delivery of health care and other authorized benefits to Service members and Veterans."[333] The JEC "identifies, approves and implements changes in policies procedures and practices that promote mutually beneficial coordination or sharing of services and resources between the two Departments."[334] There are limitations, however, in what the JEC has the authority to do. Established under 38 U.S.C. Section 320, the JEC is required to submit an annual report to Congress that includes recommendations for joint coordination and sharing efforts. The JEC also must submit a strategic plan to the Secretaries of each Department.[335] While its strategic plan is submitted to the two Department Secretaries, there is neither additional oversight nor a requirement for collaboration or interagency policy between the two Departments. As it stands, the JEC can identify, approve, and implement policy, but it cannot develop policy by itself. To that end, the JEC has historically relied on MOUs and MOAs to facilitate the coordination of its efforts. RWTF believes that the current MOU and MOA systems are inadequate for several reasons. First, these agreements can be terminated at either party's behest with little notice. Second, MOUs and MOAs are typically local in nature and therefore prevent standardization across Services and Departments. Third, the process to create such agreements is often time-consuming and tedious. Interagency policy between DoD and VA would facilitate the permanence and predictability these issues deserve. Interagency policy would also establish common and consistent language and terms between the Departments. It also should be noted that, as described in FY2012 Recommendation 27, RWTF continues to believe that the JEC should be staffed with appropriate leadership to recommend policies that span the two Departments.

Within the Federal Government, there have been myriad examples of successful interagency policy. For instance, the IRS-SSA-CMS Data Match was a law enacted by Congress (Section 6202 of the Omnibus Budget Reconciliation Act of 1989) to provide the Centers for Medicare & Medicaid Services (CMS) with better information about Medicare beneficiaries' group health plan (GHP) coverage[336]. The law requires the Internal Revenue Service (IRS), SSA, and CMS to share information that each agency has about whether Medicare beneficiaries or their spouses are working. Since its creation, the Data Match project has saved the Medicare Trust funds more than $3.5 billion. In addition, the Information Sharing and Access Interagency Policy Committee was established by the White House in 2009 and subsumed the role of a predecessor body, the Information Sharing Council, which was established by Executive Order 13356: Strengthening the Sharing of Terrorism Information to Protect Americans in 2004[337]. This committee is comprised of the Department of Homeland Security (DHS), the Department of Justice (DOJ), FBI, the National Counterterrorism Center (NCTC), the National Archives and Records Administration (NARA), and the Office of the Director of National Intelligence (ODNI). Furthermore, the Interagency Security Committee (ISC), established on October 19, 1995 by President Clinton's Executive Order 12977, was created to address continuing government-wide security for federal facilities. The ISC's membership is comprised of chief security officers and other senior executives from 53 federal agencies and departments. The Interagency Security Committee sets standards and best practices for federal security professionals to implement at their nonmilitary federal facilities; like other interagency efforts that are not bound by law, the enforcement of these standards is up to each individual agency.[338] The Federal Interagency Committee on Emergency Medical Services (FICEMS) was established in 2005 by Congress to ensure coordination among federal agencies involved with State, local, tribal, and regional emergency medical services and 9-1-1 systems.[339] This Committee's strategic plan is developed through a collaborative process and funded by three different federal departments.

RWTF believes that the establishment of interagency policy between DoD and VA by the higher authorities will provide a lasting foundation for the continuity of care, management, and transition of RWs that is lacking in current MOAs, DoDIs, and VA directives.

Facilitating RW Recovery and Transition

In this section, RWTF hones in on several aspects of how DoD supports the RW community. Three recommendations address, respectively, empowering FCGs to optimally support RWs, facilitating the transfer of Service members from DoD to VA, and taking steps to ensure available vocational/employment services meet expectations.

RECOMMENDATION 7

To optimize the family and significant other contribution to Warriors' recovery, facilitate their participation and socialization throughout the continuum of care, management, and transition. HIPAA rules that potentially constrain family involvement should be mitigated.

Requested Agencies to Respond: ODASD(WCP)

Finding: RWTF believes that FCGs[340] are an important part of the RW recovery process, "recovery multipliers" who enhance RWs' recovery and healing. FCGs fill a number of roles during the recovery and rehabilitation process, such as medical aide, chauffeur, spokesperson, personal manager, counselor, advocate, etc.[341, 342, 343] DoD must equip FCGs with the information and support needed to fulfill these roles and to support their RWs optimally. This may include RW medical/mental health information as appropriate and legally permissible. It is important to note that the focus of this recommendation is on the FCG's role as caregiver. RWTF recognizes that RW FCGs also have their own needs related to adjusting to the changes in their lives, which are addressed in Recommendation 2 of this report.

RWTF believes that FCG involvement, including two-way communication with providers, is particularly essential in assessment and treatment for PTSD and/or TBI. RWs with these diagnoses may be unable (due to memory deficiencies[344], for example) or unwilling to report their symptoms accurately to their providers.[345, 346] By relying only on the self-report of RWs, providers may miss critical aspects of the patient's conditions. The FCG perspective can give the provider supplementary data, enabling a better treatment plan. Additionally, absent contact with an FCG, providers lack a channel for informing them of potential risk factors present for their RWs, diminishing FCGs' ability to support their RWs fully. This can have potentially devastating consequences, including suicide.[347] RWTF also notes there is evidence suggesting that inclusion of FCGs in treatment is associated with improved patient outcomes.[348, 349, 350, 351]

With my husband, we met with the psychologist. (My husband) said 'Talk to my wife. She knows how I react.' (The psychologist) asks me all these questions. (My husband) said, 'She is the better one to tell you.' (Family Member)

For me, I would make husband and wife do the appointments at therapy, education, support, all the junk, together because my husband can tell (the therapist) one thing and I can tell the therapist another. (Family Member)

HIPAA is often identified as a barrier that prevents medical and non-medical providers from readily communicating with patients' FCGs.[352, 353, 354, 355, 356] RWTF strongly believes that, for communicating with RW FCGs about *their personal needs*, HIPAA is irrelevant. (See FY2012 Recommendation 14 and Recommendation 2 of the current report.) Conversely, for communicating with RW FCGs about their *at-risk RWs' needs*, HIPAA is an unintended obstacle that must be mitigated. A solution must be found to enable providers to share medical and/or mental health information with designated FCGs when necessary for the well-being of the patient. RWTF proposes the introduction of an opt-out default system allowing providers to communicate with designated FCGs when deemed clinically advisable. The opportunity for Service members to opt-out and/or update the name of the designated FCG could be integrated into personnel processing at key career junctures such as pre-deployment, annually, changes of station, and transition out of the military. If the Service member does not sign this opt-out form, a provider who is concerned about the RW's well-being or mental health is permitted to contact the designated FCG.

To mitigate unintended HIPAA constraints further, FCGs of deploying Service members and of Service members already diagnosed with PTSD or TBI must be better educated, or socialized,

about HIPAA. (See Recommendation 2.) Specifically, it must be clear to FCGs that, even if HIPAA restricts the flow of information from provider to FCG without a specific authorization or the proposed opt-out system, FCGs may still share information—such as concerns about the RWs' well-being or symptoms—with their RWs' medical providers, as this is not limited by HIPAA.

More generally, despite the importance and value to RWs of FCG involvement in the recovery process, too often it has been difficult for the DoD to empower FCGs and to provide them the tools they need to actively support their RWs' recovery. Often the FCG is not recognized as a part of the RW's recovery team (RT) despite the requirement in DoDI 1300.24[357] to do so; the RW's NMCM does not proactively reach out to the FCG; nor does the FCG receive needed information about resources, processes, or how to cope with the RW's condition[358, 359, 360, 361]. Recent Congressional testimony from both Military and Veteran Service Organizations (MSOs and VSOs) highlight this ongoing need by encouraging increased inclusion of FCGs in the recovery process, advocating for increased awareness and education for FCGs in identifying signs of stress[362] and arguing that RW FCGs are a part of the rehabilitation and RT who need to be included and educated about medical care and treatment[363]. RWTF has drawn DoD's attention to these shortfalls in each prior Annual Report through a total of 13 recommendations.[364] For example, at the conclusion of RWTF's first year of effort, RWTF urged DoD to empower FCGs with the resources they need to fulfill their roles in the successful recovery of RWs (FY2011 Recommendation 14.) In the FY2012 report, RWTF recommended that the Services seek every opportunity to unify FCGs and RWs (FY2012 Recommendation 18), in part due to the impact of on-site family support on the RW's recovery process, which has been found to be associated with improved recovery[365, 366], reduced medication use[367], and return to work[368].

RWTF has been gratified to observe modest signs of progress in RW FCG support over its four years of operation. DoDI 1300.2, Recovery Care Program[369], and DoDI 6025.20, Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas[370] both acknowledge that families require assistance/support as part of the recovery process. DoDI 1341.12: Special Compensation for Assistance with Activities of Daily Living was published in 2011 and revised in 2012[371] to clarify language regarding eligibility[372]. VA launched caregiver training classes and caregiver stipend payments in 2011.[373] RWTF was pleased to see that WCP published a caregiver resource directory in 2013.[374] RWTF also celebrated as a best practice in its FY2012 report the Marine Corps practice of involving the FCG early in the process with the help of the WWR Recovery Coordination Program (RCP) family contact authorization form and procedure.[375] However, RWTF believes that much work remains to be done in the area of empowering FCGs to actively participate in, and support, their RWs' recovery and transition process. This work must include systematically socializing FCGs to the content areas and milieus they will need to master and to navigate on their RWs' behalf throughout the continuum of care. Examples include the hospital (during the acute phase of care and with each change in facility); the military environment and culture (for those who may be relatively new to it, such as parents, new spouses, or reserve spouses); FCG rights and benefits; HIPAA constraints; the RT; the RW's condition, care needs, prognosis, and treatment plan (including updates as warranted); the concept of the "new normal;" military and non-military resources available for the RW and the FCG (both initially and as circumstances and locations change); the continuum of care including

transition to VA; Service-specific units and programs, IDES, and so forth. (Recommendation 2 addresses some of these areas.)

RECOMMENDATION 8

Pre-DD214, facilitate the transfer of each SM to VA by automatically registering him/her in a system that populates the VA database with all transitioning Service members.

Requested Agencies to Respond: OUSD(P&R), ODASD(WCP) or Defense Manpower Data Center (DMDC), and VA (optional)

Finding: RWTF believes that the transfer from DoD to VA systems is foundational to successful transition to civilian life. About 55 percent of OEF/OIF/OND Veterans utilize VA services[376], but this handoff is not yet institutionalized in a way that meets the needs of transitioning Service members, and particularly transitioning RWs (and eligible families[377]). It appears existing systems designed to facilitate successful transfer, such as the VA Liaison for Healthcare and the VA OEF/OIF/OND Program within each VAMC are not widely used.[378] DoDIs addressing the non-medical[379] and medical[380] management of RWs do not detail how RTs should work together with the OEF/OIF/OND case manager or other forms of collaboration to optimize the transfer process. Congressional testimony echoes the need for additional efforts to realize the goal of "seamless transition"[381] and advocates for improvements in accountability between DoD and VA to better support transitioning RWs and FCGs[382].

Numerous gaps exist in the transfer process from DoD to VA that can prevent Service members from establishing care at VA or accessing resources/benefits for which they are eligible.[383, 384] Service members and FCGs[385] lack information about VA resources and benefits prior to coming to VA. Service members are often overwhelmed by information at discharge, misinformed or not informed about particular benefits, and/or confused about the difference between VHA and VBA.[386, 387, 388] Distance from facilities and the belief that VA focuses on the needs of older, chronically ill patients can also reduce OEF/OIF/OND Veterans' comfort level in pursuing services at VA.[389]

In RWTF focus groups, participants were more likely to express lack of confidence than confidence about how their transition to VA would work out.[390] Those lacking confidence explained they had a previous bad experience with VA, the process had not been explained well, or they feared their information or records would not be transferred correctly.[391]

I think I'm a little worried, just because it's overwhelming, and it's a little painful to get set up over there. It's so big you don't know where to start. (Recovering Warrior)

I have some concerns. But I don't know if it's just, again—when changing from one to another, there's always the possibility of getting lost in the shuffle. (Recovering Warrior)

Inconsistent handoffs are particularly concerning among RWs with behavioral health concerns, as continuity of care is essential to their well-being, yet potential barriers can prevent them from connecting to a new mental health provider. For example, Service members experiencing PTSD

and/or TBI symptoms, who are also prone to co-morbid disorders[392], may have difficulty remembering important information about their care and/or advocating for themselves[393, 394, 395]. They may not be provided sufficient quantities of psychotropic medication by DoD to last until their first appointments at VA, and they may discover unexpected differences in VA and DoD formularies.[396, 397] Stigma that seeking behavioral health care is a sign of weakness can present another barrier to continuity of care[398], as can inadequate access to mental health services[399]. Circumstances such as these heighten the importance of the warm handoff for this sub-population.

RWTF has had an abiding interest since FY2011 in the successful transfer to VA for RWs and all Service members, and has made many recommendations over the past three years related to improving the transition process[400] and the coordination between DoD and VA [401]. For example, in FY2012, RWTF recommended that DoD widely market VA services and benefits to DoD leadership and encourage Service members to register in the VA e-benefits program (Recommendation 35). In FY2013, in order to facilitate the referral of National Guard Veterans and other eligible members of the National Guard, RWTF recommended that the NGB direct each state JFHQ to establish formal strategic relationships with the Veterans Integrated Service Network (VISN), the VAMCs and the local VA OEF/OIF/OND Program offices in their areas (Recommendation 8). RWTF continues to stand by both these recommendations. In addition, RWTF now proposes automatic registration with VA to simplify the DoD-VA handoff process and to facilitate further the transition to VA care for Service members who desire it.

An IT solution should be developed to provide an automatic registration process in the VA system for 100 percent of transitioning Service members. This system should pull data from existing DoD administrative databases, thus reducing the burden on Service members. While RWTF recognizes the notion of automatic registration may be constrained by concerns about the transfer of personally identifiable information (PII) from DoD to VA systems, we are also aware of two instances in which this or something similar is occurring today. At the Captain James A. Lovell Federal Health Care Center, a unique joint DoD/VA facility in North Chicago, recruits from the Navy's Great Lakes Recruiting Command are automatically entered into VistA, the VA's electronic health care information system. At Headquarters level, DMDC provides VA quarterly rosters of separating Service members for benefits determination purposes.[402] These examples of inter-departmental data sharing provide precedent and encouragement for the recommended IT solution for automatic registration of transitioning Service members with VA.

RWTF acknowledges steps taken to improve the transition process for Service members. The current Transition GPS (formerly TAP) curriculum provides six hours of orientation to VA benefits and processes—including health care and benefits registration.[403] RWTF is heartened by plans to launch the progressive Military Life Cycle concept within DoD, with VA support, which will institute career-long mindfulness of an eventual transition out of DoD.[404, 405, 406] Over time, this concept should contribute to a culture change in how Service members view VA and a greater permeability in the boundaries between the two institutions. In addition, the VA's Office of Public and Intergovernmental Affairs (OPIA) established the National Veterans' Outreach Office[407] to lead and coordinate outreach programs to increase Veteran awareness of VA health care, benefits, and services available to them and their FCGs[408]. RWTF believes that, together with these steps, the recommended automatic registration of transitioning Service members in

the VA system will go a long way toward institutionalizing the successful transfer to VA health care for those Service members who want and/or need it.

RECOMMENDATION 9

Take affirmative steps to ensure DoD's and the Services' employment programs are meeting expectations. These include:

- Creating a dashboard reporting RW employment metrics, allowing ongoing monitoring and visibility of how well RWs are doing in the job market
- Matching Veteran skill sets to employers' needs
- Taking steps to make Veterans advantageous hires
- Congress should ensure integration of effort among DoD, VA, and DOL employment programs.

Requested Agencies to Respond: Congress, OUSD(P&R), ODASD(WCP), Transition to Veterans Program Office (TVPO)

Finding: According to the U.S. Bureau of Labor Statistics (BLS), in 2013, nine percent of all Gulf-War II era Veterans, and 21 percent of 18- to 24-year-old Gulf-War II era Veterans, were unemployed.[409] Given estimates that more than a million additional Service members are expected to transition to civilian life in the next four or five years,[410] it is critical to prepare these Veterans for successful employment. RWTF outlines the following affirmative steps to optimize the impact of vocational/employment (V/E) programs on employment outcomes.

Create a Dashboard Reporting RW Employment Metrics

Based on data collected from four years of business meeting briefings, site briefings, RW mini-surveys, and RW focus groups, RWTF is concerned that DoD and Service-level V/E programs are not meeting expectations for the successful transition of RWs to the civilian workforce. To monitor the effectiveness of both DoD and Service-level V/E programs, RWTF strongly encourages DoD and the Services to create a dashboard that integrates metrics from all programs and provides visibility of how well RWs are performing in the job market. Should current DoD and/or Service level metrics prove to be insufficiently outcome focused or lacking in comparability across the Services, which is likely, enhanced metrics must be established.

Administered by WCP, E2I and OWF are DoD's RW V/E programs. In an FY2014 briefing to RWTF, WCP staff shared E2I and OWF program metrics, which include participation ("percent of Service members who are eligible for (E2I and OWF) and who are referred to the programs by their Services"), career readiness ("percent of all recipients of OWF services who are career-ready when they complete their OWF internship" and "percent of all recipients of E2I services who are career ready/prepared when referred to DOL American Job Centers") and acceptance into a job or internship ("percent of eligible Service members participating in (E2I and OWF) programs, who are accepted into employment opportunities or internships").[411]

RWTF believes these metrics do not go far enough. WCP must evaluate placement and stability outcomes, meaning how well RWs are doing in the job market, in order to know whether

programs are effective. RWTF notes metrics for E2I outcomes ("percent of eligible Service members participating in (E2I) programs who are accepted into employment opportunities), but believes WCP should also collect outcome data concerning OWF, as the ultimate goal of this internship program is to make RWs more employable.

In addition to DoD-level programs, the Services' RW units and programs have V/E programs. RWTF was disappointed to learn that only AFW2 tracks program outcomes, such as whether RWs are employed, and if so, the sector in which they are employed (Active Duty, Civilian, Federal, or Self-Employed).[412, 413] NWW-SH conducts interviews with a sample of RWs to ensure they have received appropriate support and reaches out through its call center to transitioned Veterans to ensure information has been distributed, but did not explicitly state it tracks outcomes.[414] WWR administers satisfaction surveys and is considering adding post-separation contact concerning employment outcomes.[415, 416] WTC collects participation data but acknowledged it lacks post-transition feedback mechanisms necessary to track outcomes.[417, 418] RWTF believes that inconsistent monitoring of V/E program outcomes by the Services' compromises effective, equitable V/E program delivery across the enterprise.

RWTF data indicate that V/E program delivery is failing to meet RW needs in many instances. In installation visit briefings conducted over four years, proponents of vocational programs identified persistent challenges to RWTF: limitations on the kinds of opportunities RWs could pursue (such as federal vs. private sector); limited opportunities due to location/geographic distance; insufficient staffing; and mismatch between available opportunities and RW capabilities.[419, 420, 421, 422] RWs who participated in RWTF focus groups in both FY2012[423] and FY2013[424] were as likely to say that available vocational opportunities met their needs as not, underscoring that even the opportunities that were available to them were insufficient. While participants in the majority of FY2014 RW focus groups indicated vocational opportunities met their needs, a sizable minority stated vocational opportunities did not.[425] Additionally, members of an RW panel convened during a recent RWTF business meeting described significant difficulties finding jobs.[426]

I'm scared -- I'm not going to lie. I don't have a degree and I'm scared to death to get out, just because I don't know what's going to happen. (Recovering Warrior)

Specifically concerning E2I and OWF, while WCP admittedly described the programs as relatively immature,[427] RWTF found low utilization of both programs. From FY2012 through FY2014, only 10 percent of RW mini-survey respondents indicated having first-hand experience with OWF, and only 13 percent indicated having first-hand experience with E2I.[428, 429, 430] Additionally, in FY2014, USA[431], USAF[432], USN[433], and USMC[434] reported seven percent, two percent, 63 percent, and nine percent, respectively, of their RW units and program members were participating in E2I and 12 percent, seven percent, 23 percent, and three percent, respectively, were participating in OWF.

I don't know how to get into that (OWF). Nothing has come out in some time. (Recovering Warrior)

They (internships) are available, but they are hard to get into. They make it hard. (Recovering Warrior)

RWTF notes that the process for gathering employment metrics from Veterans to populate the proposed dashboard could mirror the process for gathering medical information from cancer patients to update a tumor registry. RWTF further notes that the dashboard must also integrate metrics from other V/E programs used by RWs, which DoD must first identify, such as private sector job training, employment skills training, apprenticeships, and internships (JTEST-AI) as outlined in DoDI 1322.29 published January 2014.[435]

Match Veteran Skill Sets to Employers' Needs

Many transitioning Service members have difficulty translating their military experience into civilian terms or they require civilian credentials despite their military experience.[436] While a wide variety of initiatives has been put into place to address this, many are new and unproven. It is the belief of RWTF and several VSOs[437, 438, 439] that the current policies and programs in this arena are inadequate. Existing programs must be expanded and work must continue on new and fledgling initiatives.

RWTF is familiar with existing matching programs operated by DoD, DOL, and the Health Resources and Services Administration (HRSA). DoD's Hero 2 Hired (H2H) program helps RC job seekers translate military skills to civilian occupations[440, 441] and DOL's online resource, "My Next Move for Veterans," allows Veterans to enter their MOS and discover civilian occupations for which they are well qualified.[442] Participants in RW focus groups have made positive comments about both H2H[443, 444] and "My Next Move[445]." Furthermore, the Jobs for Veterans Act of 2002 (P.L. 107-288) specifies that Veterans will receive priority of service in all DOL-funded training programs for which they are qualified.[446] Also within the Federal Government, HRSA has pledged to open up career paths and expand opportunities for medics to become physician assistants.[447] RWTF believes these programs should be continued and expanded.

RWTF is also familiar with promising pilot programs and other new initiatives originating from such sources as the White House, DoD, and an inter-departmental collaboration. The Military Credentialing and Licensing Task Force was created by President Obama to develop partnerships between the military and manufacturing credentialing agencies to enable up to 126,000 Service members to gain industry-recognized, nationally-portable certifications for high-demand manufacturing jobs.[448, 449, 450] This Task Force recently completed its pilot phase, which resulted in numerous key findings. As of this writing, no action had yet been taken.[451] Additionally, as part of Joining Forces, First Lady Michelle Obama issued a call to all U.S. governors to enact legislative or executive action to help troops get the credentials they need by the end of 2015.[452, 453]

DoD efforts in the area of licensing and credentialing include, enhancement of mechanisms to correlate MOS skills and training with civilian requirement defined in the 2014 NDAA[454], a parallel Pilot Program on Civilian Credentialing for Military Occupational Specialties[455, 456, 457], as well as recent increased emphasis by the Services that Service members earn the civilian credentials that correspond to their military duties[458]. Also within DoD, USSOCOM Care

Coalition has recently begun using a web-based tool called SOF X-Roads, which uses language algorithms far more sophisticated than key word searches to match RW interests with potential job opportunities.[459, 460] USSOCOM intends in time to make the tool available to the Services, but has not yet done so. At Joint Base Lewis-McChord (JBLM), the Pre-Apprenticeship and Career Skills Programs began in January 2013 and DoD is currently in the process of expanding the Programs to other installations. (For further information regarding the USSOCOM and JBLM initiatives, see the Best Practices section of this chapter.)

Finally, Transition GPS, the redesign of TAP, implemented through an inter-departmental collaboration[461], includes a MOS Crosswalk intended to help transitioning Service members understand how their skills align with potential civilian careers and determine if they should pursue available additional education or training[462, 463]. However, as full implementation of Transition GPS was slated for June 2014, the impact of the MOS Crosswalk is not yet known.

RWTF is encouraged by the potential of all these Veteran skill-matching pilots and initiatives. They should be continued and expanded with the level of leadership oversight and the sense of urgency that is commensurate with the magnitude of the Veteran unemployment problem.

Take Steps to Make Veterans Advantageous Hires

Several recent federal efforts have been undertaken to incentivize hiring of Gulf War II era Veterans. However, as of July 2014, these efforts had lapsed and/or expired. Under the American Recovery and Reinvestment Act of 2009 (ARRA), employers who hired certain unemployed Veterans were deemed eligible for a tax credit; unfortunately, this credit expired at the end of 2010.[464] The American Jobs Act, signed into law in November of 2011, included the Returning Heroes Tax Credit and the Wounded Warrior Tax Credit, both intended to incentivize businesses to hire unemployed Veterans.[465] Both tax credits expired on December 31, 2013. Additionally, the Work Opportunity Tax Credit (WOTC) for Employers provided tax credit for employers who hired qualified Veterans.[466] Despite encouraging results that linked the program to increased employment among disabled Veterans, increases in annual wage income[467], and savings of more than $1 billion for employers[468], authorization for the WOTC expired on December 31, 2013[469].

With the expiration of the aforementioned tax credits, there are few federal incentives to hire Veterans. Federal agencies are obligated to do business with Veteran-owned small businesses and service-disabled Veteran-owned small businesses, but many fail to meet this requirement.[470] There are several programs and policies that provide a preference for Veteran hiring in the Federal Government; these can either give Veterans an advantage in the competitive hiring process, or in some cases allow them to avoid the competitive process altogether.[471] Executive Order 13518, signed by President Obama in 2009, established a Council on Veterans Employment that included 24 federal agencies and required each agency to develop an agency-specific plan and designate an office or official for promoting employment opportunities for Veterans within the agency.[472] Additionally, there are U.S. Small Business Administration (SBA) programs that assist Veterans with developing and managing small businesses, financing small businesses, and acquiring federal contracts.[473] Finally, through the NGA, several States have created programs and proposals to incentivize employers to hire Veterans.[474] RWTF believes

these current incentives are insufficient to the task of lowering Veteran unemployment. More can and must be done to make Veterans advantageous hires.

Congress Should Ensure Integration of Effort among DoD, VA, and DOL Employment Programs

VA and DOL also play a role in Veteran employment. RWTF's major concern is the three Departments' efforts in this arena are insufficiently collaborative. RWTF calls on Congress to direct greater integration, which should decrease redundancy and costs across the Departments during a time of shrinking resources and should improve satisfaction and employment outcomes for RWs. Equally importantly, coordinated data collection and data sharing would enable the Federal Government to systematically track the short-term and long-term outcomes associated with all three Departments' Veteran employment efforts.

Data gathered by RWTF over the last four years support the need for change in how VA and DOL support this population. RWTF collected data on VA VR&E in briefings, RW mini-surveys, and RW focus groups; collected data on DOL's Recovery and Employment Assistance Lifelines (REALifelines) in RW mini-surveys and RW focus groups; and is familiar with other DOL V/E programs including Veterans Employment and Training Service (VETS), Local Veterans' Employment Representatives (LVERS), Disabled Veterans' Outreach Program Specialists (DVOPS), and the Veteran Gold Card. RWs who participated in focus groups in both FY2012[475] and FY2013[476] were as likely to say that available vocational opportunities met their needs as not, underscoring that even the opportunities that were available to them, including through VA and DOL V/E programs, were insufficient. Mirroring the low familiarity with DoD's E2I and OWF, RW mini-survey respondents also have little first-hand experience with VR&E and REALifelines. Across three years of data collection (FY2011, FY2013, and FY2014) only 21 percent of respondents indicated having first-hand experience with VR&E[477, 478, 479] despite the fact that all RWs who enter IDES are supposed to be referred to a VA Vocational Rehabilitation Counselor (VRC)[480]. Over four years of data collection (FY2011 through FY2014), only two percent of respondents indicated having first-hand experience with REALifelines.[481, 482, 483, 484] The RWTF data point to clear RW underutilization of these VA and DOL resources.

The new Transition GPS, described in the prior section, may serve as a useful model for integration of effort. Transition GPS is an inter-departmental program among DoD, VA, DOL, the Department of Education (ED), DHS, SBA, and the Office of Personnel Management (OPM).[485] An MOU between these Departments and Offices integrates their efforts related to Transition GPS, firstly through clearly stated objectives such as "The parties will support and advance the ongoing implementation, assessment, and enhancement of the TAP," and "In order to reduce redundancy, better serve special populations, and improve coordination, the parties will collaborate and coordinate with other agencies that have special programs and initiatives for wounded, ill, and injured Service members" and secondly through detailing Joint Responsibilities versus the specific responsibilities of each department or office. RWTF believes it is the responsibility of Congress to foster more department-level collaboration between DoD, VA, and DOL in order to drive further improvements in Veteran employment outcomes.

Facilitating Access to Health Care

Congress did not expressly charge RWTF with examining access to health care, apart from services for posttraumatic stress disorder/traumatic brain injury (PTSD/TBI). However, RWTF has grown increasingly aware of systemic AC/RC disparities in this arena that, in turn, impact both the opportunity of RWs to recover and transition and the readiness of the Reserve force. Recommendation 10 proposes a solution for these disparities.

RECOMMENDATION 10

Upon Reservists' transfer to a Reserve unit, require health insurance—TRICARE Reserve Select (TRS) or other private health insurance—as a condition of continued employment in the RC.

Requested Agencies to Respond: Office of the Assistant Secretary of Defense, Reserve Affairs (OASD(RA))

Finding: Health insurance from any source, such as a civilian employer, spouse, or parent, or TRS, would meet this requirement. RWTF recommends that Reservists be required to have dental insurance, from any source, as well.[486] Upon transfer to a Reserve unit after completion of initial active duty training (IADT), individuals who do not have civilian health and/or dental insurance should be required to purchase TRS, which DoD partially subsidizes, and/or TRICARE Dental Program as a condition of continued employment in the RC. Additionally, should a drilling RC member with civilian insurance happen to lose that insurance, he or she should be required to repurchase civilian health and/or dental insurance, or purchase TRS and/or TRICARE Dental as a condition of continued employment in the RC. While the net cost/benefit of this recommendation is not yet clear, RWTF feels this is the right thing to do, particularly given the RC's operation tempo since 9/11 and its anticipated residual effects. RWTF views the recommended requirement for health insurance as comparable in some ways to the DoD Family Care Plan. Since 1992, DoD policy requires all single and dual-military Service members to make contingency plans for the care of their dependent family members, to be implemented in the event of deployment.[487] Additionally, this requirement for health insurance mirrors the goals of the Affordable Care Act (ACA).[488] State health insurance exchanges provide an additional means for Reservists to acquire health and/or dental insurance as a condition of their continued employment.[489]

RC members are expected to maintain their fitness and mission readiness whether active or inactive. An integral part of readiness is maintaining basic health, including regular doctor and dentist visits. The presence of health insurance allows and encourages RC members to get these regular check-ups. Additionally, health insurance ensures access to care if/when Reservists become ill or injured in a civilian capacity. While it is not DoD's responsibility to provide care for the non-service connected injuries of RC members, because these conditions have readiness implications[490], it is in DoD's interest that such RC members receive care.

Both location and age can influence Reservists' use of health care. One reason that RC RWs have difficulty addressing their non-service connected injuries, which RWTF learned over the course of 21 RC site visits over the past four years[491, 492, 493, 494], and as reinforced by

Congressional testimony[495, 496, 497, 498, 499], is that the rural/remote areas to which some RC RWs return[500, 501] have fewer health care options. Health insurance maximizes the ability of RC RWs to seek care in any area of the country. Additionally, RWTF is aware that younger personnel, in particular those living alone for the first time and/or without dependents, frequently do not anticipate the need for health insurance and may resist purchasing it. A WWR briefer noted that young RC Marines often choose not to purchase TRS, to their detriment.[502] Making health insurance a condition of their continued employment in the RC maximizes the ability of young RC RWs to access health care when they need it and to maintain their readiness.

RWTF recognizes this recommendation not only calls for a paradigm shift, but also has cost implications. TRS currently is only offered to eligible members of the Selected Reserve (and their families).[503] It is possible eligibility for TRS will need to be extended to the other components of the Ready Reserve.[504] Costs to DoD could go up as more Reservists enroll in TRS. At the same time, costs to DoD could go down if more Reservists with service-connected conditions use private insurance and fewer are retained on active duty. Additionally, civilian health insurance plans will be impacted. Should the cost to civilian health insurance plans rise significantly, DoD may need to consider subsidizing the plans for RC RWs, as suggested by The Military Coalition in April 2014 testimony to Congress.[505] As the first step toward implementing this recommendation, RWTF urges DoD to conduct a business case analysis (BCA) of how requiring some form of health insurance will impact DoD, RC RWs, and the civilian sector.

Best Practices

This section highlights six promising practices RWTF encountered during FY2014.[506] The first, Public-Private Partnership Models, elaborates on four comprehensive inter-sector partnerships, including several mentioned in Chapter 1. The second practice, the National Ability Center, is an example of a successful partnership of a single private entity with a CBWTU. This is followed by three encouraging vocational/employment initiatives, including USSOCOM, Care Coalition SOF X-Roads, Joint Base Lewis-McChord's Pre-Apprenticeship and Career Skills Programs, and Veterans Administration Pacific Islands Health Care System (VAPIHCS)/WTU Internship Pilot. The sixth practice comprises a set of WWR initiatives aimed at tracking and supporting RC RWs.

Public-Private Partnership Models

RWTF believes the federal sector is neither equipped nor solely responsible for supporting America's transitioning heroes. As military operations in Iraq and Afghanistan draw to a close, federal resources for taking care of RWs are expected to contract,[507, 508] which may challenge the military's capacity to care for this deserving population. What is more, transitioning RWs make up only a small fraction of the larger exodus of transitioning personnel who will be taking off the uniform and entering civilian life over the next several years[509, 510, 511, 512, 513], yet a reliable system for facilitating Service members' successful transfer from DoD to VA, and navigation of the initial military-to-civilian transition, continues to elude the Departments[514]. In addition, transition is just the beginning of the new Veteran's journey, yet no DoD or VA office is charged with the mission of supporting the longer-term challenge of Veteran reintegration.[515] Perhaps in part to fill this void, at least for RWs, each of the Services has allocated some resources to post-DD214 contact/outreach.[516, 517, 518, 519] At the same time, within the private sector, there is a groundswell of

interest and activity in supporting Service members, Veterans, and their families.[520] RWTF's vision for the way ahead in caring for transitioning Service members and Veterans, public-private partnerships, is driven by this scenario.

No government entity adequately stewards the transition from military service, none is concerned with the long-term prospect of Veteran reintegration with civilian society, and none provides consistent guidance to the thousands of nongovernmental entities that inevitably shoulder the attendant public health and social welfare burdens. (Nancy Berglass and Margaret C. Harrell, Center for a New American Security[521])

The level of DoD involvement needed to empower public-private partnerships on behalf of transitioning Veterans is an open question; RWTF believes DoD could provide invaluable leadership through outreach to prospective partners, coordinating and synchronizing efforts, facilitating access, and sharing technical expertise. Following are several public-private partnership models that RWTF learned about during FY2014. RWTF was impressed by their vision and approach, which demonstrated strong synergy with DoD and VA. Other common characteristics of these organizations included their proximity to areas having a high density of Veterans and a solid understanding about how to support transitioning RWs. In many cases, these partnering organizations provided unique services that complemented those of DoD and VA.

- **Military Transition Support Project (MTSP), San Diego, CA.** The MTSP is a successful collaboration among San Diego's military, government agencies, elected officials, nonprofits, businesses, and philanthropic institutions.[522] Its mission is to develop a comprehensive plan to better coordinate community resources for Veterans and to connect Service members to those resources as early in the transition process as possible. An integral component of MTSP's community plan is a web-based portal that will aggregate employment, education, and vetted social service information, as well as highly trained Veteran navigators to provide personal assistance to those needing additional support. The MTSP Veteran Wellness Model, which guides the mission, includes education and jobs, basic needs, mental and physical health, and social and personal connections as its foundation. The MTSP is funded primarily by Blue Shield of California Foundation, with additional support from WebMD Health Foundation, and Rancho Santa Fe Foundation. One of the Project's key goals is to share the process with other communities by documenting its framework and plan development.
- **The University of South Florida (USF) Veterans Reintegration Steering Committee.** USF's Veterans Reintegration Steering Committee is focused on the adjustment and integration of Veterans back into their communities.[523] The Committee is composed of individuals employed by the university, including deans and administrators, professors of such disciplines as neurosurgery, psychology, and engineering, and leaders of the Student Veterans Association; and individuals employed by university partners, such as VA doctors, USSOCOM Care Coalition administrators, and private sector executives. Housed within USF, it is proximate to both MacDill Air Force Base, home of U.S. Central Command (USCENTCOM) and USSOCOM Care Coalition, and the James A. Haley VA Hospital. The Committee collaborates closely with both USSOCOM (e.g., through programs that provide assistance to Service members transitioning into the university, and a job training program for student Veterans) and VA (through collaborative research on Veteran rehabilitation), as well as with numerous private

entities (e.g., a mentoring program for student Veterans with Jacobs Technologies, and job training and employment programs with Tampa Bay Technology Forum, Edward Jones, Mortenson Engineering and Vistra Communications), formalizing these partnerships through extensive MOUs.[524] Part of the Committee's work is the development of the USF Rehabilitation Research Project, whose goal is "to foster research collaborations, identify funding opportunities, build the research infrastructure, and conduct state-of-the-art research aimed at the rehabilitation of Veterans and their adjustment and reintegration into civilian life."[525] USF's planned Center for Rehabilitation Science, Engineering, and Medicine will enhance this work by serving as a collaborative entity to coordinate and improve knowledge intended to better the lives of RWs. This facility will be located next to USF's health colleges as well as the James A. Haley VA Hospital. Furthermore, it will be affiliated with the Bay Pines VA Hospital in St. Petersburg, FL.[526] USF is uniquely located as a nexus of RW/Veteran support, with about 25 percent of Florida's Veterans living in counties served by USF.[527]

- **Augusta Warrior Project (AWP) in Augusta, GA.** The mission of AWP is to improve the quality of life for warriors and their families in the central Savannah River area.[528] Through intensive outreach, AWP provides navigational services to link RWs to local services that meet their needs. AWP recognizes the challenges associated with the inherently complicated system facing newly transitioning RWs, and therefore provides tools to teach RWs about available local services and ensure their access. According to AWP, the most difficult barrier is linking RWs with benevolent organizations that are willing and able to assist them in their transition. Since February of 2012, AWP has assisted hundreds of RWs in their communities by linking them with permanent housing, college or training programs, employment, and VA. AWP has also collaborated with the Wounded Warrior Project (WWP) to replicate the AWP model in 10 communities throughout the United States.
- **San Antonio Military Health System (SAMHS) and San Antonio Military Medical Center (SAMMC) eMSM (enhanced Multi-Service Market)**. In 2013, MHS selected SAMHS as one of six enhanced Multi-Service Markets in the United States. Comprised of nine MTFs serving 240,000 beneficiaries with approximately 12,000 staff, SAMHS has forged extensive community partnerships to achieve its goal of leveraging civilian and federal resources to support military and Veteran patients as well as taxpayers.[529] Current SAMHS partnerships include federal (VA, the Centers for Disease Control & Prevention (CDC), the National Institutes of Health (NIH)); state and local government (South Texas Regional Advisory Council, San Antonio Mayor's Council on Fitness, Greater San Antonio Chamber of Commerce Health and Bioscience Committee); academic; (University of Michigan, University of Texas Health Science Center), and non-profit (Henry M. Jackson Foundation, BioMed San Antonio, Geneva Foundation, Southwest Research Institute) collaborations.[530] SAMHS meets monthly with VA to review opportunities for partnerships and to discuss resource sharing such as training and equipment and ways to reduce duplicative services.[531] Such partnerships enable SAMHS to provide quality, cost-effective health care by directing workload and workforce among San Antonio military treatment facilities. As an integrated health system, the SAMHS continues to optimize the direct care system while strengthening the collaboration with VA and other community partners across the San Antonio metropolitan area.

National Ability Center

The private non-profit, National Ability Center (NAC) in Park City, Utah is an example of a private organization that has formed an innovative partnership with an RW unit, CBWTU Utah. CBWTU

Utah "provides remote command and control, medical case management, and administrative services for 200 soldiers in 15 states."[532] The CBWTU Utah and NAC partnership provides the opportunity for RWs to connect, learn about available resources, and participate in activities to enhance their resilience and fitness [533] through wide-ranging sports and wellness activities, education, and training. RWTF believes that public-private partnerships for comprehensive health and wellness are a best practice for all military units serving RWs.

Under the CBWTU Utah/NAC partnership, RWs attend CBWTU musters at NAC. The Army provides orders for travel, meals, and lodging for CBWTU Utah members to attend the weeklong muster at NAC, while NAC provides facilities; staff for transition training and adaptive reconditioning activities (e.g., archery, snowboarding, rope courses)[534]; resilience training and wellness (e.g., Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program, equine-facilitated learning, yoga, and nutrition)[535]; and program coordination for Heroes for Hire and E2I[536]. As of December 2013, NAC had hosted 35 musters, which otherwise would be cumbersome for the CBWTU to coordinate and less attractive and rewarding for the participants.[537]

NAC partners with other military entities as well. Established in 1985 with the mission to serve "individuals of all abilities by building self-esteem, confidence and lifetime skills through sport, recreation, and educational programs",[538] NAC has provided service to the military and Veteran community since its inception, and has grown its military programs significantly in recent years. In 2013, almost 50 military groups and more than 900 U.S. Service-related individuals participated in NAC activities, including a CBWTU-Utah muster with the U.S. Paralympics organization.[539]

I have been deployed in Iraq twice – in 2004/2005 and 2010/2011. After everything I have been through, the National Ability Center has been one of the more positive points in my healing and recovery process. Keep an open mind, don't be afraid or ashamed to ask for help, and don't wait any longer to start the rest of your life. (Recovering Warrior)

They come here and find other spouses and family members going through the same thing they are. A lot of Soldiers aren't asking the questions they should, but gosh darn it their significant other will. (Gail Loveland, Executive Director for the NAC [2011])

USSOCOM Care Coalition SOF X-Roads

The USSOCOM Care Coalition SOF X-Roads is a web-based tool that uses analytics to align transitioning RWs with relevant job opportunities.[540, 541] Both USSOCOM and RWTF are aware of the challenges that all RWs—not just special operators—face when transitioning from the military to civilian employment. RWs are often uncertain about their career paths after separation or which civilian jobs match their military skills and experience.[542, 543, 544, 545]

I was recommended Not Fit for Duty. Transitioning is hard. You have to accept your limits, and get past what you could once do. Now I guess I have to decide what I want to be when I grow up (laughs). (Recovering Warrior)

Despite DoD and Service-provided vocational assistance programs, some RWs have difficulty finding meaningful jobs[546, 547], or finding jobs at all[548]. Additionally, there are a great many open job opportunities in the private sector, which many RWs reasonably find overwhelming to search through.[549, 550]

USSOCOM Care Coalition combats these challenges by encouraging their RWs to seek employment that will fulfill their need for "purpose and relevance."[551, 552] Care Coalition advocates first assist RWs to define what kind of work holds "purpose and relevance" for them. Advocates and RWs then enter this definition into the SOF X-Roads database, which uses language algorithms to match RW interests with potential opportunities. More sophisticated than key word searches, the SOF X-Roads' engine combs through millions of job listings, identifies relevant possibilities, and describes with accuracy and fidelity how closely different opportunities align with RW interests. SOF X-Road's algorithms are able to produce job matches missed by traditional job search engines such as Monster or USAJobs. With further development of the tool, employers will be able to load job opportunities directly. As of January 2014, SOF X-Roads was only available to members of the USSOCOM community.[553] However, USSOCOM Care Coalition believes the tool would have utility for all RWs and intended for it to be made available to others in the future. The system is designed to refine its algorithms over time, and will become "smarter" as more people use it. USSOCOM Care Coalition briefers further noted that the DOL, VA, and Office of the Secretary of Defense (OSD) have been involved in the development of SOF X-Roads, and the American International Group (AIG) as well as the WWP have seen demonstrations of SOF X-Roads and expressed enthusiasm about its potential. RWTF supports the expanded use of SOF X-Roads.

JBLM Pre-Apprenticeship and Career Skills Programs

On January 24, 2014, DoD published DoDI 1322.29: JTEST-AI for Eligible Service Members authorizing expanded vocational opportunities beyond the federal sector.[554] The Pre-apprenticeship and Career Skills Programs pilot at JBLM has successfully implemented the authority granted by this DoD Instruction, addressing a longstanding unmet need.

Over the last three years (FY2012 through FY2014), RWTF has consistently heard that vocational opportunities limited to the federal sector—through vocational assistance programs such as OWF—are insufficient. Very few of the hundreds of RWs with whom RWTF spoke indicated having first-hand experience with these resources.[555, 556, 557] For example, across the three years, only 10 percent of respondents (45/463) indicated having first-hand experience with OWF.[558] In RWTF focus groups in both FY2012[559] and FY2013[560], RWs were as likely to say that available vocational opportunities met their needs as not, underscoring that even the opportunities that were available to them were inadequate. Most recently, participants in the majority of RWTF's FY2014 RW focus groups indicated vocational opportunities met their needs, although a sizable minority disagreed.[561] Site briefings to RWTF during each year have further corroborated that federal sector vocational support was too limited.[562, 563, 564] To address these unmet needs, RWTF recommended in both FY2012 and FY2013 that DoD publish policy empowering the Services to expand non-federal vocational opportunities.

The David L. Stone Education Center at JBLM has implemented DoDI 1322.29 through a pilot called the Pre-apprenticeship and Career Skills Programs.[565] The Programs include apprenticeship for RWs in four areas:

- Welding
- Heating, ventilation, air conditioning and refrigeration
- Software and IT systems
- Painting and allied trades.[566, 567, 568]

Apprenticeships in construction, electric, and trucking are also available for Veterans.[569] In each area, JBLM partners with a private sector union or corporation, such as United Association pipefitters union, Microsoft, and the International Union of Painters and Allied Trades. The goal of the Programs is to provide accelerated training in high-demand career fields that are known to align with transitioning Service member skills and interests. To be eligible, Service members must have completed at least 180 continuous days on active duty, and must be expected to be discharged or released from active duty within 180 days of starting a Program.[570] Participation is competitive, but pre-apprenticeship training is paid entirely by the private sector entity and is free to the selected transitioning Service member.[571] Upon successful completion of a Pre-apprenticeship Program, Service members are guaranteed direct entry into careers or formal apprenticeship training following their transition from active duty. Additionally, participating Service members can also earn college credit toward an Associate's Degree during training courses. Pre-apprenticeship Program sessions run for 18 weeks, allowing for 2 or 3 sessions a year in each of the four areas.[572] From its beginning in January of 2013 through May of 2014, the Programs have graduated 114 Service members, with more currently enrolled scheduled to graduate, and more classes scheduled to begin, through the end of 2014. The JBLM Pre-apprenticeship and Career Skills Programs have been expanded to Fort Carson, CO and Fort Hood, TX, with plans to continue expansion to other military installations.[573]

Given estimates that more than a million military Service members are expected to transition to civilian life in the next four or five years,[574] the publication of DoDI 1322.29 was critical. The next critical step is its implementation across DoD. RWTF lauds the achievements to date by the JBLM pilot Programs and enthusiastically supports further expansion of the JBLM model.

VAPIHCS / WTU Internship Pilot

The VAPIHCS/WTU Internship Pilot is an initiative of the Hawaii VAMC to help RWs transition to civilian employment within VA.[575] Launched February 2014 as a nine-month pilot modeled after a similar program at the VAMC in Louisville, KY, this pilot aims not only to help RWs acquire vocational skills but also to help VA identify quality job candidates. RWTF was introduced to this initiative during a site visit to VAPIHCS only days after it was officially launched, precluding performance metrics; nevertheless, RWTF is impressed by the concept and the collaborative effort between VA and its Army partner, Warrior Transition Battalion (WTB) Hawaii.

Twenty-seven internship positions were initially identified across a wide variety of VA services such as engineering (7 positions), mental health (3 positions), primary care (2 positions), utilization management (2 positions), human resources (2 positions), homeless program (2 positions), and others. As of February 2014, 13 WTU Soldiers had been identified and referred for placement. VA and the WTB coordinate closely on candidate selection and choice of placement, taking into consideration the Soldier's medical status and military skills. Specific skill sets are not required for placement; rather, the focus of these internships is on exposure to civilian occupations and the civilian work environment. To promote the transition from a military to a civilian mindset, interns wear civilian clothing. As active-duty Soldiers, they are not paid.

VAPIHCS briefers expressed the expectation that, based on the Louisville VA's experience, interns will be fairly well qualified by the conclusion of the program and, in many cases, the VA services with which they are interning will be eager to hire them. Additionally, VA can appoint them non-competitively.[576] Should the intern not plan to stay in the local area upon separation from the military, the internship still offers a valuable learning and networking opportunity; additionally, VA can provide a letter of endorsement for employment at a mainland VA.

Post-pilot, this VAPIHCS initiative may be expanded to encompass VA internship opportunities beyond the VAMC, e.g., at Oahu Community-based Outpatient Clinics and on other Pacific Islands served by VAPIHCS. Additionally, eligibility may be extended to recovering Airmen, Sailors, and Marines. VAPIHCS briefers indicated they have not yet engaged OWF, DoD's federal internship program, but will do so once they evaluate and refine the pilot, and demonstrate its potential.

Marine Corps Wounded Warrior Regiment Initiatives to Track and Support RC RWs

The WWR is the Marine Corps' "centralized point for coordination and care of Marine wounded, ill, and injured, regardless of component."[577] To best track and support Reserve RWs spread across more than 170 sites in 48 states and territories,[578] the WWR has established several key initiatives, including the Reserve Medical Entitlements Determination (RMED) cell at WWR Headquarters in Quantico, VA, and two dedicated full-time positions at MARFORRES Headquarters in New Orleans, LA.

The **RMED** cell at Quantico "oversees all cases of WII Reservists who require medical care or referral into the disability evaluation system for service-incurred ailments."[579] This includes Reservists who are extended on active duty and placed in the Medical Hold (MEDHOLD) Program (and possibly joined to or supported by the WWR) as well as those who return to civilian life and address their medical needs through Line of Duty (LOD) benefits. RMED is staffed with Reservists, which provides the WWR invaluable familiarity and expertise regarding Reserve issues. The RMED Senior Medical Officer conducts medical case management from a records review standpoint. An RMED Nurse Case Manager (NCM) on the RMED staff ensures the rare LOD Marine who returns to the community but needs conventional medical case management receives it through an MTF. RMED also screens every case for the need for an RCC. RMED briefers believe they have full visibility of all Marine Reservists in MEDHOLD or with LOD status, or potentially needing it, thanks to a monthly updating process and daily contact with MARFORRES. RMED tracks Marine Reservists until they are returned to full duty or referred to IDES and receive their final PEB results.

The **WWR LNO to MARFORRES**[580] was established spring 2013 in response to growing WWR awareness of the challenges associated with supporting geographically dispersed recovering Marines. These Marines are typically attached to MARFORRES units and outside WWR command and control, and the MARFORRES units to which they are assigned lack the requisite subject matter expertise in WII policies and programs necessary to support them properly. Over the last several years, RWTF has documented such challenges—across DoD—including RC organizations' lack of ambient knowledge about available non-medical resources for RWs.[581, 582, 583]

The LNO provides "liaison between the Commanding Officer, WWR, and the MARFORRES staff in matters related to the care and support of WII Marines and their families assigned to MARFORRES units through tracking and maintaining accountability in order to ensure

proper/continuous care is coordinated; and provide education to provide subject expertise to MARFORRES units."[584] In this capacity, the LNO is able to keep the WWR apprised of issues impacting the care of WII Marines assigned to Reserve units. At the same time, the LNO serves as the major conduit through which critical information is pushed to Reserve commands. The LNO assists these Reserve commands in understanding their administrative and support responsibilities to WII Marines, including proper procedures for LOD and MEDHOLD benefits, as well as limited duty and medical board processes. Additionally, the LNO informs Reserve units of WWR resources—many of which are accessible to geographically dispersed personnel outside the WWR detachments. The LNO's reach into Reserve commands is extended through the instruction the LNO provides at MARFORRES training conferences for Inspectors & Instructors (I&I), Administrators at MARFORRES sites, Corpsmen and Limited Duty Coordinators (LDCs) assigned to MARFORRES sites, and FROs. Through the LNO, MARFORRES and WWR collaborate daily. The LNO position is currently funded through FY2015.[585]

The **Force LDC** at MARFORRES trains and assists the LDCs located at each MARFORRES site and oversees their LOD caseloads,[586] raising the level of consistency and quality control in the management of these cases. Unit-level LDCs are responsible for identifying and tracking all personnel within the command undergoing processing through IDES; ensuring those not in a full duty status in excess of 60 days are placed on Temporary Limited Duty (TLD) and have proper medical documentation; ensuring proper administrative action is taken on personnel on light duty, TLD, Permanent Limited Duty (PLD), and undergoing IDES; monitoring the status of Marines on the Convenience of the Government MEDHOLD; monitoring the status of Marines sent home awaiting final disposition by the PEB; and monitoring and tracking LODs.[587] The Force LDC was to deliver the first annual MARFORRES LDC Course in April 2014.[588]

Other U.S. Marine Corps Reserve elements further aid in tracking and supporting WII Reservists. For example, I&I stations responsible for specific geographic regions can deal with administrative issues and will work with the WWR as well as District Injured Support Coordinators (DISCs) as necessary.[589] In addition, since 2010, Marine Corps Individual Reserve Support Activity (MCIRSA) conducts huge, quarterly Individual Ready Reserve (IRR) mega-musters that include medical screening, VA enrollment, and job fairs.[590] These regional events enable MCIRSA to reach out to the entire Marine Corps IRR over the course of one year. They provide an invaluable opportunity for MARFORRES to identify Service-connected medical issues and start LODs for at-risk Reserve Marines who are "off contract." The RMED cell and the full-time LNO and Force LDC positions, in combination with these more generic USMCR capabilities, provide the WWR a layered, robust system for managing Reserve RWs that RWTF believes is a best practice.

Status of FY2013, FY2012, and FY2011 Recommendations

RWTF's founding legislation directed DoD to submit a report to Congress each year in response to RWTF's annual recommendations.[591] This report includes both an evaluation and an implementation plan for each RWTF recommendation. DoD and the Services also briefed this information to RWTF each year.[592] Exhibits 1 through 3 present RWTF's assessment of the implementation status of each Year 1, Year 2, and Year 3 recommendation, based on reports and briefings from DoD and the Services.

Exhibit 1: FY2013 RWTF Recommendations, DoD Responses, and Status

FY2013 Recommendation	Summary of DoD Response	Status
1. Develop a DoDI to empower CoE and Oversight Board and direct Services to translate CoE discoveries into practice.	DoDI not needed. Oversight Board will task CoRs to develop plans by late 2014 to promulgate CPGs.	Continue to follow.
2. Develop and implement measures of effectiveness for clinical case managers.	DoDI 6025.20 published.	Met.
3. Implement policy standardizing the provision of evidence-based PTSD psychotherapies.	DoD is conducting pilot to evaluate delivery of EBPs.	Continue to follow.
4. Ensure TBI treatments meet needs of RWs and standardize, document, and track efficacy	Reviewing inferential assessment of Service TBI programs.	Continue to follow.
5. Issue guidance for Services to ensure AD orders for RC RWs.	DoD preparing issuance of publication.	Continue to follow.
6. Recommend VA and DoD, in concert with Congress, review inconsistencies with laws governing IDES.	DoD is preparing a DoDM to ensure consistent interpretation and application for AC and RC SMs.	Continue to follow.
7. DoD must standardize LOD policy and implement an electronic LOD processing system.	OASD(RA) is leading development of electronic DD Form for LOD determination.	Continue to follow.
8. NGB directs each JFHQ to establish formal strategic relationships with the VISN, VAMCs and the local VA OEF/OIF/OND Offices in their areas.	Relationships have been established and efforts are being made to ensure they remain strong.	Continue to follow.
9. NGB should conduct a zero-based review of the staffing requirements for states/territories for DPHs.	ARNG conducted review of staffing and is currently staffed at 100% fill.	Met.
10. DoD must establish policy to ensure the accuracy, timeliness, accessibility, and relevancy of information sources.	DoD will inventory and assess online sources and call centers. DoD will continue to explore avenues to market the NRD.	Continue to follow.
11. WCP should work with VA to grant VTA access to more providers and locations supporting RWs in IDES.	DoD's IDES Dashboard provides status as well as average timeliness to estimate when a SM will complete each phase and stage.	Continue to address.
12. Congress should eliminate the TDRL.	DoD will conduct a business case analysis of the TDRL program.	Continue to follow.
13. MEB processes must be standardized across Services and measures of effectiveness established.	DoD is preparing a DoDM to ensure consistent interpretation and application for AC and RC SMs.	Continue to follow.
14. WCP should invite all RWs to complete each phase of IDES survey.	Concurs.	Met.
15. Ensure implementation of JFTR and JTR for family members of RWs is consistent across Services.	Current policies provide clear guidance. DoD does not believe additional policy is warranted.	Continue to follow.
16. Optimize the implementation of the SCAADL benefit.	DoD will analyze changes to compensation and evaluate an electronic tool for SCAADL.	Continue to address.
17. USAF liaisons at WRNMMC and LRMC must have minimum tour length of 24 months.	Non-Concurs.	
18. Resource locations that have difficulty recruiting civilian behavioral health staff with primarily uniformed providers.	Non-Concurs.	
19. Establish protocol for RC non-medical information.	AC and RC RWs receive identical case management within their Services.	Continue to follow.
20. Should be 100% outreach for family members to attend in-processing and IDES orientation.	DoD encourages family participation. It should not be imposed by the Service.	Continue to follow (see FY2014 Rec 2).

FY2013 Recommendation	Summary of DoD Response	Status
21. Publish timely guidance to standardize care to RWs.	Still being addressed.	Continue to follow.

Exhibit 2: FY2012 RWTF Recommendations, DoD Responses, and Status

FY2012 Recommendation	Summary of DoD Response	Status
1. Publish RW policy/program guidance.	All publications completed.	Met (however see FY2013 Rec 21).
2. Standardize case management and care coordination roles.	Being addressed by the Interagency Care Coordination Committee.	Continue to follow (see FY2011 Rec 2 and FY2013 Rec 21).
3. Draft RW Bill of Rights or content of Commander Intent Letter.	Warrior Care Policy office requirement.	Continue to follow (see FY2011 Rec 5).
4. Co-locate/integrate DoD and VA rehabilitation capacity.	DoD continues to work with VA through cooperative scheduling of resources.	Continue to follow.
5. Establish WCP within OUSD(P&R) portfolio.	Non-concur.	Continue to follow.
6. Provide needed resources on station for 29 Palms.	BUMED believes MCAGCC is appropriately staffed.	Continue to follow.
7. Extend Transition Assistance Management Program (TAMP) to one year post deployment.	Transitional Care for Service-Related Conditions (TCSRC) provides RC Service members care for late-rising diagnosis.	Continue to follow.
8. Ensure training for evidence-based PTSD treatment/identification.	Training implemented.	Met (however see FY2013 Rec 21).
9. Audit records for completed evidence-based PTSD treatment.	Procedures are in place to audit AD records in Direct Care system.	Continue to follow.
10. Adopt a common comprehensive recovery/transition plan format.	Being addressed by the Interagency Care Coordination Committee.	Continue to follow (see FY2013 Rec 21).
11. Provide more access to and input into CRP for RWs and families.	Being addressed by the Interagency Care Coordination Committee.	Continue to follow.
12. Redefine WII Category 2.	Non-concurs.	Continue to follow.
13. Send non-RCC RW proponents to joint DoD RCC training.	DoD's intent is to train all WWP support staff that fulfills a RCC, NMCM, or Advocate role.	Continue to follow.
14. Support to family members/caregivers unconstrained by HIPAA.	Services provide various support resources.	Continue to follow.
15. Designate principal point of contact for family/caregiver.	Being addressed by the Interagency Care Coordination Committee.	Continue to follow.
16. Educate family members/caregivers about VA/other resources.	Services taking steps to ensure benefits upon separation information is known.	Continue to follow (see FY2013 Rec 10, 16, 20).
17. Provide PEBLO briefing for Exceptional Family Member Program (EFMP) families.	All Services ensure EFMP enrollees are referred to a TRICARE Benefits Counselor.	Met.
18. Unify families/caregiver with RW.	DoD covers family/caregiver travel to be with RW during recovery.	Continue to follow (see FY2013 Rec 15).
19. Rename NRD and market the new portal.	Non-concurs.	Continue to follow (see FY2013 Rec 10).

FY2012 Recommendation	Summary of DoD Response	Status
20. Resource base family support centers and specify relationships with RW programs.	Services agree on importance of family support centers and commit to resources.	Continue to follow.
21. Centralize case management for RC RWs on Title 10.	DoD verifies compliance of RC RWs on Title 10 and receiving LOD care.	Continue to follow.
22. Establish policies for issue of Title 10 orders and use of Incapacitation (INCAP) pay.	New issuance of policy will give Services authority to retain RC RWs on AD orders.	Continue to follow (see FY2013 Rec 21).
23. Include RC unit in out-processing for RWs leaving Title 10.	USA identified actions to complete warm handoff from WTU/CBWTU to RC unit.	Met.
24. Publish interim guidance for NDAA 2012 Section 551.	New policy to be published.	Continue to follow (see FY2013 Rec 21).
25. Expand DoD/VA MOU on RW access to VR&E counseling.	MOU still being coordinated.	Continue to address (see FY2011 Rec 18 and FY2013 Rec 21).
26. Update DoDD and DoDI on TAP.	Concurs.	Continue to address (see FY2013 Rec 21).
27. Establish DoD and VA Deputy Secretaries as Co-Chairs of JEC.	Non-concurs.	Continue to address.
28. Evaluate processes to limit IDES population.	WCP monitors Return to Duty (RTD) rates for inappropriate IDES referrals.	Met.
29. Create electronic record for individual IDES information.	Pending pilot outcomes.	Continue to follow.
30. Utilize WCP survey to improve IDES program.	WCP revised survey upon guidance from Congress, GAO, DMDC.	Continue to address (see FY2013 Rec 14).
31. Exclude terminal leave from calculation of IDES timelines.	Non-concurs.	
32. Consider replacing Service Formal Physical Evaluation Board (FPEB) with a joint FPEB.	Still being studied.	Continue to follow.
33. Develop staffing models/ensure adequate PEBLO staffing.	Still being studied.	Continue to follow.
34. Provide legal outreach to RWs.	Training standards will formalize instruction requirements to availability of legal advice.	Continue to follow (see FY2013 Rec 11).
35. Market VA services and benefits to DoD leadership at all levels.	Ensure SMs are aware of VA benefits through NRD, RCC training, LES.	Continue to follow.

Exhibit 3: FY2011 RWTF Recommendations, DoD Responses, and Status

FY2011 Recommendation	Summary of DoD Response	Status
1. Define “Recovering Warrior.”	DoD will review current terms.	Continue to follow (see FY2012 Rec 2, 12).
2. Specify population-based standards and criteria.	Army Medical Command is participating in DoD/VA workgroups to develop guidelines. CTP being revised.	Continue to follow (see FY2012 Rec 2).
3. Develop standardized, data-driven protocols for condition-specific recovery care.	Army Medical Command is participating in DoD/VA workgroups to develop guidelines. CTP being revised.	Continue to follow

FY2011 Recommendation	Summary of DoD Response	Status
4. Create standards, and provide oversight and guidance, for the CRP and CTP.	USMC WWR took multiple steps to improve. USA WTC changed CTP on 12.1.11.	Continue to follow (see FY2012 Rec 10, 11).
5. WTC and WWR must define appropriate transition unit command climate and disseminate corresponding standards for achieving it.	WWR ensures the appropriate climate. WTC notes command and control for the for WTU/CBWTUs is in Army Medical Command.	Met (however see FY2012 Rec 3).
6. Enforce the existing policy guidance regarding transition unit entrance criteria.	WWR works to maintain awareness. Army fragmentary orders (FRAGOs) provide specific guidance.	Met (however see FY2012 Rec 12).
7. Ensure that there are sufficient numbers of medical care case managers available at WTUs, WWRs, and CBWTUs.	DoDI 1300.25 published.	Met.
8. Shape strategic solutions that address the unique needs of RC RWs.	There is only one standard. Working on restructuring the Remote Care program.	Continue to follow (see FY2012 Rec 21, 22, 23).
9. Provide the needed support for the Defense Centers of Excellence (CoEs) to enable full operational capability.	CoE Advisory Board established. DCoE PH & TBI realigned. EACE funded.	Met.
10. Ensure timely access to routine PTSD care across the continuum of Service.	Took multiple steps to ensure timely access.	Continue to follow (see FY2012 Rec 7, 8, 9).
11. Standardize and define the roles/responsibilities of care coordinators, VA personnel, and NMCMs.	DoDI 1300.24 provides eligibility criteria. Fragmentary Order (FRAGO) 3 & Headquarters Department of Army (HQDA) Executive Order (EXORD) 118-07 provide guidance.	Continue to follow (see FY2012 Rec 2).
12. Develop minimum qualifications, ongoing training, and skill identifiers specializing in recovery and transition for transition unit personnel.	USMC Section Leaders are a mix of RC & AC; moving toward only AC. WTC working to enhance training.	Continue to follow.
13. As part of the intake process, and on a regular and recurring basis, review available resources for support, to include the NRD and Keeping It All Together, with the RW and the family caregiver.	WTC recognized the need to better educate Service members and families on transition. These are reflected in the 12.1.11 CTP guidance & policy.	Met (however see FY2012 Rec 19).
14. Empower family caregivers with the resources they need to fulfill their roles in the successful recovery of RWs.	WTC recognized the need to better educate SMs and families; reflected in the 12.1.11 CTP guidance & policy.	Continue to follow (see FY2012 Rec 14, 15, 16, 17, 18).
15. The DoD should expedite policy to provide special compensation for SMs with catastrophic injuries or illnesses requiring assistance in everyday living, as directed by Section 603 of the NDAA 2010.	DoD issued policy for Special Compensation for Assistance with Activities of Daily Living on 8.31.11. Eligible WII started receiving payments 9.15.11.	Met.
16. Continue to support the SFACs and take steps to increase utilization.	WTC working to educate and inform about SFACs.	Continue to follow (see FY2012 Rec 20).
17. Make TAP attendance mandatory for RWs within the 12 months prior to separation.	Section 221 of the Vow to Hire Heroes Act, Public Law 112-56, signed 11.21.11, contained a mandatory TAP provision.	Met (however see FY2012 Rec 26).
18. Ensure that the VA VR&E Program is available and accessible to RWs before their separation from the Services.	MOU signed 2.1.12 to implement at earliest opportunity. Process will be expanded further in FY2012.	Continue to follow (see FY2012 Rec 25).
19. Develop a uniform DoD manpower and staffing model for PEBLOs and legal support.	Army reviewing staffing needs in the DES. USAF increased staff.	Met (however see FY2012 Rec 33 & 34).

FY2011 Recommendation	Summary of DoD Response	Status
20. Pending the implementation of a common electronic health record (EHR), find interim solutions to grant access to EHR for disability assessment.	Working on multiple electronic health records systems with VA.	Continue to follow.
21. Consolidate the SOC functions into the JEC. The JEC will be co-chaired by the Deputy Secretaries of DoD and VA.	The SOC has become the WIIC of the JEC.	Continue to follow (see FY2012 Rec 27).

This is the fourth and final Annual Report of the congressionally mandated RWTF. RWTF is greatly indebted to the thousands of stakeholders who helped RWTF accomplish its mandate by sharing extensive objective and subjective data over four years on myriad matters related to the care, management, and transition of RWs and RW families. These entities included Headquarters and field elements of DoD, VA, DOL, and the military Services and Components, as well as private organizations. RWTF is especially grateful to the nearly 1,000 RWs and RW FCGs who participated in RWTF focus groups and panels. Our nation will forever be grateful to them and to all transitioning Veterans for choosing to serve.

Notes

[1] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §724 (2010).

[2] The Certificate of Release or Discharge from Active Duty form is known as the DD214. Service members who have not signed a DD214 are considered "pre-DD214" and Veterans who have signed the form are considered "post-DD214."

[3] FoxNews.com. (May 27, 2014). Obama announces plans to keep 9,800 U.S. troops in Afghanistan after 2014. Retrieved June 3, 2014, from http://www.foxnews.com/politics/2014/05/27/obama-plans-to-keep-800-us-troops-in-afghanistan-after-2014-official-says/.

[4] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §401 (2014).

[5] Simeone, N. (February 24, 2014). Hagel outlines budget reducing troop strength, force structure. Retrieved June 9, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121703.

[6] Government Accountability Office. (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.

[7] LTG Chiarelli, P. (n.d.). Army health promotion/risk reduction/suicide prevention report 2010. Retrieved June 3, 2014, from http://csf2.army.mil/downloads/HP-RR-SPReport2010.pdf.

[8] Tanelian, T., Karney, B.R., Chandra, A., Meadows, S.O., and the Deployment Life Study Team (2014). The deployment life study: Methodological overview and baseline sample description. Prepared for the U.S. Army and the Office of the Secretary of Defense. Retrieved June 3, 2014, from http://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR209/RAND_RR209.pdf.

[9] United States Army. (2012). Army 2020: Generating health & discipline in the force ahead of the strategic reset. Washington, DC: Department of Defense.

[10] Fischer, H. (February 19, 2014). A guide to U.S. military casualty statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom. Congressional Research Service. Retrieved May 10, 2014, from http://www.fas.org/sgp/crs/natsec/RS22452.pdf. See source for definitions of "new PTSD diagnosis" and "major limb amputations."

[11] Defense and Veterans Brain Injury Center. (n.d.). DoD worldwide numbers for TBI non-combat and combat injuries. Retrieved June 9, 2014, from http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi. These figures are for 2000 through Q1 2014.

[12] Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.

[13] Site briefings to the RWTF, November 2012-March 2013.

[14] National Center for Veterans Analysis and Statistics, Department of Veterans Affairs (July 2012). Characteristics of rural Veterans 2010: Data from the American Community Survey. Retrieved June 9, 2014, from http://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2010_FINAL.pdf.

[15] Institute of Medicine. (2006). Increasing workforce capacity for quality improvement. In Improving the quality of health care for mental and substance use conditions (pp. 286-324). Washington, DC: The National Academies Press.

[16] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §724 (2010).

[17] The Certificate of Release or Discharge from Active Duty form is known as the DD214. Service members who have not signed a DD214 are considered "pre-DD214" and Veterans who have signed the form are considered "post-DD214."

[18] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §724 (2010).

[19] RWTF FY2011 Recommendations 1, 3, 7, 10, 11, 14, 17, 18, 20, and 21; FY2012 Recommendations 2, 4, 16, 25, 26, 29, 30, and 35; FY2013 Recommendations 8, 11, and 21; and FY2014 Recommendation 8.

[20] Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[21] RWTF visited two VA polytrauma rehabilitation centers, which serve active duty Service members as well as Veterans.

[22] President's Commission on Care for America's Returning Wounded Warriors. (July 2007). Serve, support, simplify. Washington, DC: Author.

[23] GEN Franks (Ret.), F. (April 29, 2009). I will never leave a fallen comrade. Washington, DC: United States Army.

[24] Tanelian, T. and Jaycox, L.H. (Eds.) (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND Corporation. Retrieved June 9, 2014, from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.

[25] Institute of Medicine. (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of Veterans, service members, and their families. Washington, DC: The National Academies Press.

[26] Center for a New American Security. (2010). America's duty: The imperative of a new approach to warrior and veteran care. Washington, DC: Author.

[27] VA/DoD. (October 2010). Clinical practice guideline for the management of post-traumatic stress (version 2.0). Retrieved December 30, 2013, from http://www.healthquality.va.gov/ptsd/cpg_PTSD-FULL-201011612.pdf.

[28] RWTF FY2011 Recommendation 10; FY2012 Recommendations 7, 8, 9, and 12; and FY2013 Recommendations 3, 7, 8, and 9.

[29] DeLeon-Dingman, C., Chief, Case Management/Special Needs, Defense Health Agency, TRICARE Regional Office-South, personal communication with the RWTF, February 22, 2014.

[30] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[31] RWTF RW focus group results, November 2012-March 2013.

[32] RWTF RW focus group results, November 2013-February 2014.

[33] Site briefings to the RWTF, November 2013-February 2014.

[34]LaFraniere, S. and Lehren, A.W. (June 28, 2014). In military care, a pattern of errors but not scrutiny. The New York Times. Retrieved July 16, 2014, from http://www.nytimes.com/2014/06/29/us/in-military-care-a-pattern-of-errors-but-not-scrutiny.html?_r=0.

[35] VA. (July 3, 2014). Veterans Health Administration: VHA access audit. Retrieved July 16, 2014, from www.va.gov/health/access-audit.asp.

[36] Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), Hearing Center of Excellence (HCE), Vision Center of Excellence (VCE), and Extremity Trauma and Amputation Center of Excellence (EACE).

[37] RWTF FY2011 Recommendation 9 and FY2013 Recommendation 1.

[38] RWTF FY2011 Recommendations 3, 19, and 20; FY2012 Recommendations 5, 26, 28, 29, 30, 31, 32, 33, and 34; and FY2013 Recommendations 6, 11, 12, 13, 14, and 21.

[39] Attributed to BG Loree Sutton (Ret.) in Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans, and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[40] COL Ritchie (Ret.), E.C. Briefing to the RWTF. Assessment of ongoing efforts in the treatment of PTSD. December 4, 2012.

[41] Tanelian, T. and Jaycox, L.H. (Eds.) (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND Corporation. Retrieved June 9, 2014, from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.

[42] Bureau of Labor Statistics. (March 20, 2014). Employment situation of Veterans summary. Retrieved April 11, 2014, from http://www.bls.gov/news.release/vet.nr0.htm.

[43] Government Accountability Office. (January 2014). VA Vocational Rehabilitation and Employment: Further performance and workload management improvements are needed. Washington, DC: Author. GAO-14-61.

[44] Metraux, S. (2013). Research Brief: Homelessness and risk factors for homelessness among Veterans from the era of the Afghanistan (OEF) and Iraq (OIF/OND) conflicts. Philadelphia, PA: National Center on Homelessness Among Veterans. Retrieved June 16, 2014, from http://www.endveteranhomelessness.org/sites/default/files/research/Metraux%20OEF-OIF%20research%20brief.pdf.

[45] News21.com. (n.d.). Tracking veteran suicides. Retrieved April 11, 2014, from http://backhome.news21.com/interactive/suicide-interactive/.

[46] Bagalman, E. (January 10, 2013). Suicide prevention efforts of the Veterans Health Administration. Congressional Research Service. Retrieved June 16, 2014, from http://www.fas.org/sgp/crs/misc/R42340.pdf.

[47] Kuehn, B.M. (2009). Soldier suicide rates continue to rise. Journal of the American Medical Association, 301(11), 1111-1113.

[48] RDML Baker (Ret.), M.S. (April 2014). Casualties of the Global War on Terror and their future impact on health care and society: A looming public health crisis. Military Medicine, 179(4), 348-355; p. 352.

[49] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. (5th ed.). Arlington, VA: American Psychiatric Publishing.

[50] Tanelian, T. and Jaycox, L.H. (Eds.) (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND Corporation. Retrieved June 9, 2014, from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.

[51] RDML Baker (Ret.), M.S. (April 2014). Casualties of the Global War on Terror and their future impact on health care and society: A looming public health crisis. Military Medicine, 179(4), 348-355.

[52] Ibid.

[53] Tanelian, T. and Jaycox, L.H. (Eds.) (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND Corporation. Retrieved June 9, 2014, from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.

[54] RDML Baker (Ret.), M.S. (April 2014). Casualties of the Global War on Terror and their future impact on health care and society: A looming public health crisis, Military Medicine, 179(4), 348-355.

[55] Beck, L., and Chandler, D. Briefing to the RWTF. VA polytrauma system of care. October 29, 2013.

[56] Legislative presentations of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of American, Non Commissioned Officers Association, Paralyzed Veterans of American, and Wounded Warrior Project: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (12 March 2014). (Testimony from Bill Lawson, National President, Paralyzed Veterans of America).

[57] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014. Census as of January 2014 was 7,003.

[58] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014. Census as of January 2014 was 1,246.

[59] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014. Census as of January 2014 was 1,035.

[60] Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014. Census as of January 2014, including Marines both joined to and supported by WWR, was 4,589.

[61] Tanelian, T. and Jaycox, L.H. (Eds.) (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND Corporation. Retrieved June 9, 2014, from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.

[62] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[63] RDML Baker (Ret.), M.S. (April 2014). Casualties of the Global War on Terror and their future impact on health care and society: A looming public health crisis. Military Medicine, 179(4), 348-355.

[64] Ibid., p. 352.

[65] Epidemiology Program, Post-Deployment Health Group, Office of Public Health, Veterans Health Administration, Department of Veterans Affairs. (2014). Analysis of VA health care utilization among Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans, from Q1 FY 2002 through Q1 FY 2014. Washington, DC: Author. Retrieved June 10, 2014, from http://www.publichealth.va.gov/docs/epidemiology/health care-utilization-report-fy2014-qtr1.pdf. As of end of Q1 FY2014, 1,027,801 of 1,759,433 OEF/OIF/OND Veterans, or approximately 58%, had obtained VA health care since FY2002.

[66] The Institute of Medicine reported PTSD prevalence rates among OEF and OIF Service members ranging from 13% to 20% (COL Ritchie (Ret.), E.C. Briefing to the RWTF. Assessment of Ongoing Efforts in the Treatment of PTSD. December 4, 2012), whereas the National Institute of Mental Health reported a PTSD prevalence rate of 3.5% for the U.S. population (National Institute of Mental Health. (n.d.). Post-traumatic stress disorder among adults. Retrieved June 10, 2014, from http://www.nimh.nih.gov/statistics/1AD_PTSD_ADULT.shtml).

[67] The Brain Trauma Foundation reported TBI prevalence rates among OIF Service members ranging from 10% and 20% (Brain Trauma Foundation. (n.d.). Military and TBI. Retrieved June 16, 2014, from https://www.braintrauma.org/tbi-faqs/military-tbi/), compared to 2% for the U.S. population (Brain Trauma Foundation. (n.d.). TBI statistics. Retrieved June 16, 2014, from https://www.braintrauma.org/tbi-faqs/tbi-statistics/).

[68] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[69] Site briefings to the RWTF, November 2012-March 2013.

[70] Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[71] RDML Baker (Ret.), M.S. (April 2014). Casualties of the Global War on Terror and their future impact on health care and society: A looming public health crisis. Military Medicine, 179(4), 348-355.

[72] MAJ Copeland, J.W., and COL Sutherland, D.W. (n.d.). Sea of goodwill: Matching the donor to the need. (White paper.) Office of the Chairman of the Joint Chiefs of Staff, Warrior and Family Support. Retrieved June 9, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/SOGW_donor_to_need.pdf.

[73] Joining Forces. (n.d.). About Joining Forces. Retrieved June 9, 2014, from http://www.whitehouse.gov/joiningforces/about.

[74] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[75] Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[76] Institute of Medicine. (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of Veterans, service members, and their families. Washington, DC: The National Academies Press.

[77] Urban Institute. (n.d.). National Center for Charitable Statistics: IRS Activity Codes. Retrieved June 9, 2014, from http://nccs.urban.org/classification/irsactivity.cfm?031.

[78] Lorraine, J. Panel presentation to the RWTF. Augusta Warrior Project. January 28, 2014.

[79] LtGen Steele (Ret.), M. Briefing to the RWTF. USF Veterans reintegration and resilience initiative. January 8, 2014.

[80] San Diego Grantmakers. (n.d.). Military Transition Support Project. Retrieved April 5, 2014, from http://www.sdgrantmakers.org/AboutUs/WhoWeAreWhatWeDo/MilitaryFamilySupportWorkingGroup/MilitaryTransitionSupportProject.aspx.

[81] American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.

[82] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[83] According to Burnam, et al. (2009), the regional Veteran/family needs assessment data necessary to inform strategic planning by inter-sector partners is lacking.

[84] Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans, and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[85] Ibid.

[86] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.

[87] Falke, K. Panel presentation to the RWTF. Boulder Crest. January 28, 2014.

[88] Lorraine, J. Panel presentation to the RWTF. Augusta Warrior Project. January 28, 2014.

[89] RWTF was directed by Congress to identity best practices. Inclusion in this report as a Best Practice should not be considered an endorsement by RWTF.

[90] RWTF FY2011 Recommendations 3, 19, and 20; FY2012 Recommendations 5, 26, 28, 29, 30, 31, 32, 33, and 34; and FY2013 Recommendations 6, 11, 12, 13, 14, and 21.

[91] President's Commission on Care for America's Returning Wounded Warriors. (July 2007). Serve, support, simplify. Washington, DC: Author.

[92] GEN Franks (Ret.), F. (April 29, 2009). I will never leave a fallen comrade. Washington, DC: United States Army.

[93] Center for a New American Security. (2010). America's duty: The imperative of a new approach to warrior and veteran care. Washington, DC: Author.

[94] Reed, T.J. (2009). Parallel lines never meet: Why the military disability retirement and Veterans Affairs department claim adjudication systems are a failure. Widener Law Journal, Vol. 19, Widener Law School Legal Studies Research Paper No. 10-07.

[95] LTC Parker (Ret.), M., Wounded Warrior Advocate, personal communication with the RWTF, April 17, 2013.

[96] Gade, D.M. (2013). A better way to help Veterans. National Affairs, Summer 2013(16), 53-69.

[97] Ibid.

[98] RWTF Service member focus group results. March/April 2011.

[99] RWTF RW focus group results, October 2011-March 2012.

[100] RWTF RW focus group results, November 2012-March 2013.

[101] RWTF RW focus group results, November 2013-February 2014.

[102] Stevens, B., Office of Warrior Care Policy, personal communication with the RWTF, May 5, 2014. IDES Customer Satisfaction Survey, FY 2013 Q3 and Q4 results.

[103] RWTF RW mini-survey results, November 2013-February 2014.

[104] Site briefings to the RWTF, November 2013-February 2014.

[105] Stevens, B., Office of Warrior Care Policy, personal communication with the RWTF, May 5, 2014. IDES Customer Satisfaction Survey, FY 2013 Q3 and Q4 results.

[106] Defense Health Agency, Defense Health Cost Assessment and Program Evaluation, Office of the Assistant Secretary of Defense for Health Affairs, Office of the Secretary of Defense, Department of Defense. (February 25, 2014.) Evaluation of the TRICARE program access, cost, and quality: Fiscal Year 2014 Report to Congress. Washington, DC: Department of Defense.

[107] Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.

[108] MG Mustion, R.P., Commanding General, Army Human Resources Command, personal communication with the RWTF, December 5, 2014.

[109] Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.

[110] The Federal Employee Compensation Act (FECA) is authorized in statute at 5 USC Sections 8101, 20 CFR Sections 10.00-10.826. FECA is covered by the public disability offset provisions of Section 224 of the Social Security Act (42 USC Section 424a). Retrieved July 23, 2014, from http://www.dol.gov/compliance/laws/comp-feca.htm.

[111] Szymendera, S. (June 4, 2013). The Federal Employees' Compensation Act (FECA): Workers' compensation for federal employees. Congressional Research Service. Retrieved June 24, 2014, from http://fas.org/sgp/crs/misc/R42107.pdf.

[112] Ibid. Continuation of Pay is defined in the regulations at 20 C.F.R. Section 10(ee) as "a condition of the body caused by a specific event or incident or series of events or incidents, within a single workday or shift."

[113] Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.

[114] Nordlund, W.J. (1991). The Federal Employees' Compensation Act. Monthly Labor Review, 114, 3-14.

[115] Szymendera, S. (June 4, 2013). The Federal Employees' Compensation Act (FECA): Workers' compensation for federal employees. Congressional Research Service. Retrieved June 24, 2014, from http://fas.org/sgp/crs/misc/R42107.pdf.

[116] Resnik, L., & Allen, S. (2007). Using International Classification of Functioning, Disability, and Health to understand challenges in community reintegration of injured Veterans. Journal of Rehabilitation Research and Development, 44(7), 991-1006.

[117] Gade, D.M. (2013). A better way to help Veterans. National Affairs, Summer 2013(16), 53-69.

[118] Belisle, J.G., Wenke, J.C., and Krueger, C.A. (2013). Return-to-duty rates among U.S. military combat-related amputees in the global war on terror: job description matters. Journal of Trauma and Acute Care Surgery, 75(2), 279-286.

[119] Gade, D.M. (2013). A better way to help Veterans. National Affairs, Summer 2013(16), 53-69.

[120] Office of Disability Employment Policy, Office of the Secretary of Labor, Department of Labor. (2012). Return-to-Work toolkit for employees & employers. Retrieved March 15, 2013, from http://www.dol.gov/odep/return-to-work/.

[121] Wheeler, P.M., Kearney, J.R., and Harrison, C.A. (2002). The U.S. Study of Work Incapacity and Reintegration. Social Security Bulletin, 64(1), 32-44.

[122] Fox, S., Borba, P., and Liu, T. (May 2005). Return-to-work outcomes of injured workers: Evidence from California, Massachusetts, Pennsylvania, and Texas. Cambridge, MA: Workers Compensation Research Institute. WC-05-15.

[123] Kregel, J. (2012). Work incentives planning and assistance program: Current program results document the program's ability to improve employment outcomes, reduce dependence on benefits, and generate cost savings for SSA. Journal of Vocational Rehabilitation, 36(1), 3-12.

[124] Kregel, J. (2009). Work incentives planning and assistance: Assisting beneficiaries to obtain employment and reduce dependence on SSA benefits. Journal of Vocational Rehabilitation, 31(1), 1-9.

[125] Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.

[126] Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.

[127] National Governors Association. (2012). Summary of Veterans' initiatives in the states. Retrieved July 23, 2014, from http://www.nga.org/files/live/sites/NGA/files/pdf/2013/1305NGAReportStateVeteransPrograms.pdf .

[128] Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.

[129] Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academy Press.

[130] Christensen, E.W., Dorrance, K.A., Ramchandani, S., et al. (2013). Impact of a patient-centered medical home on access, quality, and cost. Military Medicine, 178(2), 135-141.

[131] RWTF RW focus group results, November 2013-February 2014.

[132] RWTF RW focus group results, November 2012-March 2013.

[133] RWTF RW focus group results, November 2013-February 2014.

[134] Site briefings to the RWTF, November 2012-March 2013.

[135] Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.

[136] RWTF family member focus group results, October 2013-February 2014.

[137] Ibid.

[138] Site-level briefings to the RWTF. March/April 2011.

[139] Site briefings to the RWTF, October 2011-March 2012.

[140] Site briefings to the RWTF, November 2012-March 2013.

[141] Site briefings to the RWTF, November 2013-February 2014.

[142] RWTF Service member mini-survey results. March/April 2011.

[143] RWTF RW mini-survey results, October 2011-March 2012.

[144] RWTF RW mini-survey results, November 2012-March 2013.

[145] RWTF RW mini-survey results, November 2013-February 2014.

[146] RWTF RW focus group results, October 2011-March 2012.

[147] RWTF RW focus group results, November 2012-March 2013.

[148] Site briefings to the RWTF, November 2012-March 2013.

[149] Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.

[150] Site briefings to the RWTF, November 2013-February 2014.

[151] Site briefings to the RWTF, November 2012-March 2013.

[152] Site briefings to the RWTF, November 2013-February 2014.

[153] President's Commission on Care for America's Returning Wounded Warriors. (July 2007). Serve, support, simplify. Washington, DC: Author.

[154] Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 18, 2013). Report to the Congressional

Committees: Consolidation of the Disability Evaluation System. Washington, DC: Department of Defense.

[155] Military personnel overview: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (25 March 2014). (Testimony from Jessica L. Wright, Acting Under Secretary of Defense for Personnel and Readiness).

[156] Department of Defense. (March 2014). Concepts for modernizing military retirement. Recommendations to the Military Compensation and Retirement Modernization Commission. Washington, DC: Author.

[157] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.

[158] DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

[159] Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.

[160] "FCGs" is used here to denote "family members and/or caregivers." RWTF emphasizes that not all family members are caregivers, not all caregivers are family members, and the DoDI must be inclusive of all of these individuals. See Recommendation 2 section entitled Define the Target Population.

[161] RWTF FY2011 Recommendations 13, 14, 15, and 16; FY2012 Recommendations 1, 2, 3, 5, 11, 14, 15, 16, 17, 18, 19, and 20; and FY2013 Recommendations 10, 15, 16, and 20.

[162] RWTF family member focus group results, November 2013-February 2014.

[163] Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.

[164] Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.

[165] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program. Retrieved May 27, 2014, from: http://www.dtic.mil/whs/directives/corres/pdf/130024p.pdf. As stated in DoDI 1300.24, eligible family member is "an RSM's spouse, child (including stepchildren, adopted children, and illegitimate children), parent or person in loco parentis, or sibling on invitational travel orders or serving as a non-medical attendee while caring for the RSM for more than 45 days during a 1-year period."

[166] Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/. The OPM allows unpaid time off work under the Family Medical Leave Act for spouses and children, but not unmarried partners or other individuals who may be considered family by the RW.

[167] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program. Retrieved May 27, 2014, from http://www.dtic.mil/whs/directives/corres/pdf/130024p.pdf.

[168] Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/.

[169] DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living, p. 12.

[170] Site briefings to the RWTF, November 2012-March 2013.

[171] Site briefings to the RWTF, October 2011-March 2012.

[172] Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report comments: National Military Family Association. Alexandria, VA: Author.

[173] RWTF family member focus group results, October 2011-March 2012.

[174] RWTF family member focus group results, November 2013-February 2014.

[175] Site Briefings to the RWTF, October 2011-March 2012.

[176] Booth, B. and Lederer, S. (2012). Supporting military families in an era of continuous deployments. In J.H. Laurence and M.D. Matthews (Eds.), The Oxford handbook of military psychology (pp. 365-380). New York: Oxford University Press.

[177] Site briefings to the RWTF, October 2011-March 2012.

[178] COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.

[179] Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors Survey (2011): Key findings, follow-up, and next steps. February 26, 2013.

[180] CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy response to RWTF FY12 Recommendations. February 27, 2013.

[181] Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.

[182] RWTF family member focus group results, November 2012-March 2013.

[183] RWTF family member focus group results, November 2013-February 2014.

[184] RWTF family member focus group results, October 2011-March 2012.

[185] Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.

[186] United States Marine Corps. (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.

[187] Site briefings to the RWTF, November 2013-February 2014.

[188] Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.

[189] Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.

[190] Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.

[191] Military OneSource (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.

[192] United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.

[193] VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.

[194] RWTF family member mini-survey results, November 2012-March 2013.

[195] RWTF family member mini-survey results, November 2013-February 2014.

[196] Morris, J. Briefing to the RWTF. Office of Warrior Care Policy National Resource Directory. January 29, 2014.

[197] WorkplaceFairness.org. (June 1, 2014). Your rights: Family/Medical Leave. Retrieved June 14, 2014, from http://www.workplacefairness.org/familyleave.

[198] Easterseals.com. (n.d.). Veterans caregiver training. Retrieved May 8, 2014, from http://www.easterseals.com/our-programs/military-veterans/veterans-caregiver-training.html.

[199] Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.

[200] Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.

[201] Site briefings to the RWTF, November 2012-March 2013.

[202] Site briefings to the RWTF, November 2013-February 2014.

[203] VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 2, 2014, from http://www.caregiver.va.gov/support/support_benefits.asp.

[204] RWTF transition outcomes briefing/panel results, October 2011-March 2012.

[205] Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).

[206] Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.

[207] Ibid.

[208] MHN Government Services. (n.d.). Military & Family Life Counseling (MFLC) program. Retrieved June 14, 2014, from https://www.mhngs.com/app/programsandservices/mflc_program.content.

[209] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.

[210] Site briefings to the RWTF, November 2013-February 2014.

[211] RWTF family member focus group results, November 2013-February 2014.

[212] MAJ Smith, R.C., COL Chun, R.S., Michael, R.L., et al. (February 2013). Operation BRAVE Families: A preventative approach to lessening the impact of war on military families through preclinical engagement. Military Medicine, 178(2), 174-179.

[213] RWTF family member focus group results, November 2013-February 2014.

[214] RWTF family member focus group results, November 2012-March 2013.

[215] Site briefings to the RWTF, November 2012-March 2013.

[216] RWTF family member focus group results, November 2013-February 2014.

[217] RWTF family member focus group results, November 2012-March 2013.

[218] Site briefings to the RWTF, November 2012-March 2013.

[219] RWTF family member focus group results, November 2013-February 2014.

[220] National Guard Bureau (n.d.). National Guard family program: About us. Retrieved June 16, 2014, from https://www.jointservicessupport.org/FP/About.aspx .

[221] Col DeMarco, N. and Col Poindexter, T. Briefing to the RWTF. Air Force response to RWTF FY12 Recommendations. February 26, 2013.

[222] CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy response to RWTF FY12 Recommendations. February 27, 2013.

[223] Site briefings to the RWTF, November 2013-February 2014.

[224] Site briefings to the RWTF, October 2011-March 2012.

[225] RWTF family member focus group results, October 2011-March 2012.

[226] Government Accountability Office (November 2012). Recovering Service members and Veterans: Sustained leadership attention and systematic oversight needed to resolve persistent problems affecting care and benefits. Washington, DC: Author. GAO-13-5.

[227] Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.

[228] Ibid.

[229] Ibid.

[230] Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.

[231] Ibid.

[232] Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.

[233] Baldor, L.C. (April 26, 2010). Top Wounded Warrior official: I was forced out. Retrieved May 26, 2014, from http://www.armytimes.com/article/20100426/NEWS/4260310/Top-Wounded-Warrior-official-forced-out.

[234] Jowers, K. (March 8, 2013). DoD's Warrior Care Policy director resigns. Retrieved May 26, 2014, from http://www.armytimes.com/article/20130308/BENEFITS06/303080313/DoD-s-Warrior-Care-Policy-director-resigns.

[235] Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.

[236] COL Dailey (Ret.), D., Executive Director, RWTF, personal communication with the RWTF, May 22, 2014.

[237] RWTF FY2012 Recommendation 10 and 20; FY2013 Recommendations 15 and 16.

[238] Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.

[239] Ibid.

[240] Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.

[241] Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.

[242] Ibid.

[243] Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.

[244] Baldor, L.C. (April 26, 2010). Top Wounded Warrior official: I was forced out. Retrieved May 26, 2014, from http://www.armytimes.com/article/20100426/NEWS/4260310/Top-Wounded-Warrior-official-forced-out.

[245] Jowers, K. (March 8, 2013). DoD's Warrior Care Policy director resigns. Retrieved May 26, 2014, from http://www.armytimes.com/article/20130308/BENEFITS06/303080313/DoD-s-Warrior-Care-Policy-director-resigns.

[246] Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.

[247] COL Dailey (Ret.), D., Executive Director, RWTF, personal communication with the RWTF, May 22, 2014.

[248] RWTF FY2012 Recommendation 5.

[249]Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Implementation of the Fiscal Year 2012 report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[250] Ibid., p.4.

[251] COL Malebranche (Ret.), K., RWTF Member and Executive Director for Interagency Health Affairs, Veterans Health Administration, personal communication with the RWTF, July 8, 2014.

[252] The RWTF refers here to achievements other than the game-changing advances in battlefield medicine, trauma care, and rehabilitation.

[253] Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.

[254] American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.

[255] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.

[256] Service wounded warrior units and programs websites:

- United States Army Warrior Transition Command: http://www.wtc.army.mil/
- United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org/
- United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil/
- United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil/

[257] United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.

[258] United States Army. (March 30, 2009). U.S. Army Warrior Transition Command. Retrieved June 4, 2014, from http://www.army.mil/standto/archive/2009/03/30/.

[259] United States Army. (May 29, 2014). U.S. Army Warrior Transition Command (WTC). Retrieved June 2, 2014, from http://www.wtc.army.mil/wtc/aboutUs.html.

[260] Leipold, J.D. (May 12, 2009). Warrior Transition Command stands up at Pentagon. Retrieved June 2, 2014, from http://www.army.mil/article/20970/Warrior_Transition_Command_stands_up_at_Pentagon/.

[261] United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.

[262] Staff Writer. (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.

[263] United States Army. (May 29, 2014). Warrior Transition Unit (WTU) and Community-Based Warrior Transition Unit (CBWTU) locations. Retrieved June 3, 2014, from http://www.wtc.army.mil/wtc/locations.html.

[264] United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.

[265] COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition Program. April 16, 2014.

[266] Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.

[267] United States Marine Corps. (n.d.). What you need to know about the Wounded Warrior Regiment. Retrieved June 2, 2014, from http://www.woundedwarriorregiment.org/wwr/assets/File/FactSheets/WWR_Overview_Slick_Sheet.pdf.

[268] Site briefings to the RWTF, November 2013-February 2014.

[269] Navy Safe Harbor briefing to the RWTF. March 31, 2011.

[270] The transition from combined NMCM/RCC roles to separate NMCM/RCC roles is illustrated in NWW-SH's responses to RWTF's FY2013 and FY2014 non-medical case management staffing data calls, which can be found in RWTF's FY2013 and FY2014 reports (Appendix J in each report).

[271] Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.

[272] Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.

[273] Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.

[274] Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.

[275] CAPT Breining, B., Director, Navy Wounded Warrior-Safe Harbor, personal communication with the RWTF, May 5, 2014.

[276] Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.

[277] COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.

[278] Campbell, J.R. WWCTP Briefing to the RWTF. May 18, 2011. WCP was originally called the Office of Wounded Warrior Care & Transition Policy (WWCTP).

[279] Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (n.d.). Office of Warrior Care Policy mission. Retrieved June 2, 2014, from http://prhome.defense.gov/HA/WCP/Mission.

[280] Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.

[281] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.

[282] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.

[283] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.

[284] Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.

[285] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.

[286] Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination Program. January 15, 2013.

[287] VA. (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved June 3, 2014, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2.

[288] Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.

[289] Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Integrated Disability Evaluation System. January 29, 2014.

[290] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.

[291] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.

[292] Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.

[293] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014. Note: The USAF does not have any dedicated IDES legal support for MEBs. However, each Airman, upon meeting with

his or her PEBLO for the first time, receives a memorandum from the Office of Airmen's Counsel indicating the services that are available (legal advice and information at any DES stage), in addition to contact information

[294] VA. (December 2, 2013). Returning Service members (OEF/OIF/OND): VA Liaison contacts. Retrieved June 3, 2014, from http://www.oefoif.va.gov/VA_Liasion.asp.

[295] VA. (May 16, 2014). Returning Service members (OEF/OIF/OND): Care management teams. Retrieved June 3, 2014, from http://www.oefoif.va.gov/caremanagement.asp.

[296] Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.

[297] Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.

[298] Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.

[299] Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.

[300] Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.

[301] Military OneSource. (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.

[302] United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.

[303] VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.

[304] DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).

[305] Department of Veterans Affairs. (March 31, 2014). M28R, Vocational Rehabilitation and Employment Service Manual: Part III, Section B, Chapter 1. Retrieved June 1, 2014 from http://www.benefits.va.gov/WARMS/M28R.asp.

[306] DoD. (August 24, 2011, Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.

[307] VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.

[308] COL Faris, J.K., Deputy Surgeon Army National Guard, and Holdeman, R., Deputy Division Chief Personnel, personal communication with the RWTF, April 11, 2013.

[309] COL Faris, J.K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on Medical initiatives to build overall personnel readiness. October 29, 2013.

[310] O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.

[311] Ibid.

[312] Ibid.

[313] Briefing submitted to the RWTF. Army Warrior Care and Transition Program back-up slides. February 24, 2014.

[314] Ibid.

[315] Ibid.

[316] Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.

[317] COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition Program. April 16, 2014.

[318] CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.

[319] Larry, H.L., Col. Poindexter, T, and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.

[320] Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.

[321] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014. Census as of January 2014 was 7,003.

[322] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014. Census as of January 2014 was 1,246.

[323] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014. Census as of January 2014 was 1,035.

[324] Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014. Census as of January 2014, including Marines both joined to and supported by WWR, was 4,589.

[325] Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author

[326] Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.

[327] DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.

[328] Department of Veterans Affairs. (March 31, 2014). M28R, Vocational Rehabilitation and Employment Service Manual: Part III, Section B, Chapter 1. Retrieved June 1, 2014, from http://www.benefits.va.gov/WARMS/M28R.asp.

[329] DoD (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.

[330] DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

[331] DoD (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).

[332] DoD (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.

[333] COL Malebranche (Ret.), K., RWTF Member and Executive Director for Interagency Health Affairs, Veterans Health Administration, personal communication with the RWTF, May 14, 2014. Department of Veterans Affairs/ Department of Defense Joint Executive Committee Charter, p1.

[334] Ibid.

[335] 38 USC. §320(a)(1) (2003). This legislation established the interagency Department of Veterans Affairs-Department of Defense Joint Executive Committee.

[336] Centers for Medicare & Medicaid Services. (January 30, 2014). IRS-SSA-CMS-Data match. Retrieved May 20, 2014, from http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/EmployerServices/IRS-SSA-CMS-Data-Match.html.

[337] Information Sharing Environment. (n.d.). ISE governance. Retrieved May 15, 2014, from https://www.ise.gov/ise-governance.

[338] Department of Homeland Security. (n.d.). Interagency Security Committee. Retrieved May 21, 2014, from www.dhs.gov/interagency-security-committee.

[339] National Highway Traffic Safety Administration Office of Emergency Medical Services. (April 7, 2014). FICEMS releases collaborative action plan to further support EMS nationwide. Retrieved May 29, 2014, from http://www.ems.gov/ficems/plan.htm.

[340] "FCGs" is used here to denote "family members and/or caregivers." RWTF emphasizes that not all family members are caregivers, not all caregivers are family members. See Recommendation 2 section entitled Define the Target Population.

[341] Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.

[342] Horan, P. CounterPoint presentation to the RWTF. Personal experiences of the spouse of a Recovering Warrior. May 19, 2011.

[343] President's Commission on Care for America's Returning Wounded Warriors. (July 2007). Serve, support, simplify. Washington, DC: Author.

[344] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

[345] Defense and Veterans Brain Injury Center. (2014). TBI basics. Retrieved June 10, 2014, from http://dvbic.dcoe.mil/about-traumatic-brain-injury/article/tbi-basics.

[346] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[347]Access to mental health care and traumatic brain injury services: Addressing the challenges and barriers for Veterans: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (24 April 2014) (Testimony from John Davison, Father of a Wounded Warrior).

[348] Monson, C.M., Fredman, S. J., Macdonald, A., et al. (2012). Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial. Journal of the American Medical Association, 308(7), 700-709. This study was conducted with controlled trials of both heterosexual and same-sex couples (N=40 couples/80 participants) in which one partner met the criteria for PTSD diagnosis, couples were randomly assigned to participate or be placed on the waitlist, and PTSD symptom severity was significantly improved for participants in the cognitive behavioral therapy condition compared to waitlisted participants with effects held in a three-month follow-up, which the authors argued suggests the importance of family support in the PTSD adjustment process.

[349] Monson, C.M., Macdonald, A., and Brown-Bowers, A. (2012). Couple/family therapy for posttraumatic stress disorder: Review to facilitate interpretation of VA/DoD Clinical Practice Guideline. Journal of Rehabilitation Research & Development, 49(5), 717-28. Retrieved May 4, 2014 from http://dx.doi.org/10.1682/JRRD.2011.09.0166. This study proposed that although it has previously been argued that family therapy shows "insufficient" evidence that the intervention is effective, an additional review of several studies indicated improvements in PTSD symptoms and intimate relationship functioning with the use of cognitive-behavioral couple interventions.

[350] Monson, C.M., Schnurr, P. P., Stevens, S.P., et al. (August 2004). Cognitive-behavioral couple's treatment for posttraumatic stress disorder: Initial findings. Journal of Traumatic Stress, 17(4), 341-344. Retrieved May 4, 2014, from http://onlinelibrary.wiley.com/doi/10.1023/B:JOTS.0000038483.69570.5b/abstract. In this pilot study of Cognitive-Behavioral Couple's Treatment (CBCT), evidence was found that significant improvements were made in depression and anxiety symptoms with fewer improvements in PTSD symptoms reported by Veterans.

[351] Bolkan, C.R., Bonner, L.M., Campbell, D.G, et al. (2013). Family involvement, medication adherence, and depression outcomes among patients in Veterans Affairs primary care. Psychiatric Services, 64(5), 472-478. This study utilized a longitudinal phone survey of 761 VA primary care patients with probable major depression (mean age=60) to assess the effects of family and social support on medication adherence and depression outcomes. Results demonstrated that medication adherence and symptom severity were both associated with satisfaction with clinicians' attempts to involve families in care. However, family involvement or social support alone were not associated with the outcome variables.

[352] Site briefings to the RWTF, October 2011-March 2012.

[353] COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.

[354] Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors Survey (2011): Key findings, follow-up, and next steps. February 26, 2013.

[355] CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy response to RWTF FY2012 Recommendations. February 27, 2013.

[356] Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.

[357] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.

[358] RWTF family member focus group results. March/April 2011.

[359] RWTF family member focus group results, October 2011-March 2012.

[360] RWTF family member focus group results, November 2012-March 2013.

[361] RWTF family member focus group results, November 2013-February 2014.

[362] Legislative presentation of the Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (5 March 2014) (Testimony from William A. Thien, Commander-in-Chief, Veterans of Foreign Wars).

[363] Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Col Michael F. Hayden (Ret), USAF, Director, Government Relations, Military Officers Association of America (MOAA).

[364] RWTF FY2011 Recommendations 13, 14, 15, and 16; FY2012 Recommendations 14, 15, 16, 17, 18, and 20; and FY2013 Recommendations 15, 16, and 20.

[365] Bradway, J.K., Malone, J.M., Racy, J., et al. (1984). Psychological adaptation to amputation: An overview. Orthotics and Prosthetics, 38(3), 46-50. This study found that the integration of family into the support team is important to recovery post-amputation.

[366] Kulk, J.A. and Mahler, H.I. (1989). Social support and recovery from surgery. Health Psychology, 82(2), 221-238. DOI: 10.1037/0278-6133.8.2.221. This study found that spousal support in the hospital is associated with lower pain medication usage and faster recovery post-surgery.

[367] Ibid.

[368] MacKenzie, E.J., Siegel, J.H., Shapiro, S., et al. (1988). Functional recovery and medical costs of trauma: An analysis by type and severity of injury. Trauma, 28(3), 281-297. This study found that the presence of supportive family or friends is associated with return to work in trauma patients.

[369] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.

[370] DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

[371] DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.

[372] Office of Warrior Care Policy, personal communication with the RWTF, July 3, 2014.

[373] VA Staff Writer. (November 5, 2012). The best ways for Vet caregivers to stay strong. Retrieved December 7, 2012, from http://www.va.gov/health/NewsFeatures/20121105a.asp.

[374] Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (2013). Caregiver resource directory. Retrieved May 27, 2014, from http://warriorcare.dodlive.mil/files/2013/08/Caregiver-DirectoryPrinter-Friendly-8-5-x-11.pdf.

[375] United States Marine Corps. (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form. If Marines do not provide contact information authorizing family/caregiver support from the RCC, they will be counseled by leadership about the resources/benefits they will give up and must sign a form acknowledging that they have been informed of the importance and that they do not wish for their family member to benefit. Support will be provided until this form is signed.

[376] Beck, L., and Chandler, D. Briefing to the RWTF. VA polytrauma system of care. October 29, 2013.

[377] VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 8, 2014 from http://www.caregiver.va.gov/support/support_benefits.asp. Only family members of RWs who are combat-injured are eligible for the VA Caregiver Program, so family members of injured and ill Service members are not able to receive this training/support.

[378] RWTF transition outcomes briefing/panel results, October 2011-March 2012.

[379] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery Coordination Program.

[380] DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

[381] Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs , 113th Cong. (6 March 2014) (Prepared statement from LTG Guy C. Swan (Ret), USA, Association of the United States Army).

[382] Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Rick Jones, Legislative Director, National Association for Uniformed Services).

[383] Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[384] Clubb, T. and Peterson, A. Briefing to the RWTF. WWR Recovery Care Coordinator program. October 31, 2013.

[385] "FCGs" is used here to denote "family members and/or caregivers." RWTF emphasizes that not all family members are caregivers, not all caregivers are family members, and the DoDI must be inclusive of all of these individuals. See Recommendation 2 section entitled Define the Target Population.

[386] Site briefings to the RWTF, November 2013-February 2014.

[387] Fogarty, K. Briefing to the RWTF. Tampa polytrauma rehabilitation center. January 7, 2014.

[388] Hanson, J. Panel presentation to the RWTF. USO. January 28, 2014.

[389] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009) Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[390] RWTF RW focus group results, November 2013-February 2014.

[391] Ibid.

[392] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. (5th ed.). Arlington, VA: American Psychiatric Publishing.

[393] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[394] Defense and Veterans Brain Injury Center. (2014). TBI basics. Retrieved June 10, 2014, from http://dvbic.dcoe.mil/about-traumatic-brain-injury/article/tbi-basics.

[395] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. (5th ed.). Arlington, VA: American Psychiatric Publishing.

[396] Site briefings to the RWTF, November 2013-February 2014.

[397] RWTF transition outcomes briefing/panel results, October 2011-March 2012.

[398] Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009) Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.

[399] Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Prepared statement from Anthony A. Wallis, Legislative Director/Director of Government Affairs, Association of the United States Navy).

[400] RWTF FY2011 Recommendations 3, 17, and 18; FY2012 Recommendations 2, 16, 25, 26, 30, 35; and FY2013 Recommendation 21.

[401] RWTF FY2011 Recommendations 1, 3, 7, 10, 11, 14, 20, and 21; FY2012 Recommendations 2, 4, 25, 29, and 35; and FY2013 Recommendations 8, 11, and 21.

[402] Epidemiology Program, Post-Deployment Health Group, Office of Public Health, Veterans Health Administration, Department of Veterans Affairs. (2014). Analysis of VA health care utilization among Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans, from Q1 FY 2002 through Q1 FY 2014. Washington, DC: Author. Retrieved June 10, 2014, from http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2014-qtr1.pdf.

[403] DoD, VA, DOL, ED, DHS, SBA, and OPM (January 31, 2014). Memorandum of Understanding among the DoD, VA, DOL, ED, DHS, SBA, and OPM regarding the Transition Assistance Program for separating Service members.

[404] Kelly, S. Briefing to the RWTF. Transition Assistance Program redesign. April 3, 2013.

[405] DoD. (n.d.). Transition Assistance Program 101. Retrieved May 19, 2014, from http://prhome.defense.gov/Portals/52/Documents/RFM/TVPO/files/TVPO%20101%20(FINAL).pdf.

[406] DoD, VA, DOL, ED, DHS, SBA, and OPM (January 31, 2014). Memorandum of Understanding among the DoD, VA, DOL, ED, DHS, SBA, and OPM regarding the Transition Assistance Program for separating Service members.

[407] Call to action: VA outreach and community partnerships: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (24 April 2013) (Prepared statement of Hon. Richard Burr, Ranking Member, U.S. Senator from North Carolina).

[408] Curtin, J. (January 29, 2014). National Veterans outreach: Update to VA showcase. Retrieved May 11, 2014, from http://www.va.gov/P3/docs/VA_Services_Showcase_Outreach.pdf.

[409] Bureau of Labor Statistics. (March 24, 2014). Employment situation of Veterans summary. Retrieved May 27, 2014, from http://www.bls.gov/news.release/vet.toc.htm. BLS defines Gulf War

era II as post 2001-present. This population is the same as the OEF/OIF/OND population referenced elsewhere in the report.

[410] Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.

[411] Lerner, J. and Anderson, D. Briefing to the RWTF. Office of Warrior Care Policy vocational programs. January 30, 2014.

[412] Briefing submitted to the RWTF. Air Force back-up slides. February 26, 2013.

[413] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.

[414] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.

[415] Briefing submitted to the RWTF. Marine Corps back-up slides. February 26, 2013.

[416] Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.

[417] Briefing submitted to the RWTF. Army back-up slides. February 26, 2013.

[418] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.

[419] Site-level briefings to the RWTF. March/April 2011.

[420] Site briefings to the RWTF, October 2011-March 2012.

[421] Site briefings to the RWTF, November 2012-March 2013.

[422] Site briefings to the RWTF, November 2013-February 2014.

[423] RWTF RW focus group results, October 2011-March 2012.

[424] RWTF RW focus group results, November 2012-March 2013.

[425] RWTF RW focus group results, November 2013-February 2014.

[426] Ibid.

[427] Lerner, J. and Anderson, D. Briefing to the RWTF. Office of Warrior Care Policy vocational programs. January 30, 2014.

[428] RWTF RW mini-survey results, October 2011-March 2012.

[429] RWTF RW mini-survey results, November 2012-March 2013.

[430] RWTF RW mini-survey results, November 2013-February 2014.

[431] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.

[432] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.

[433] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.

[434] Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.

[435] DoD (January 24, 2014). DoD Instruction 1322.29: job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.

[436] A review of the effectiveness of VA's Vocational Rehabilitation and Employment Program: Hearing before the Subcommittee on Economic Opportunity, House Committee on Veterans'

Affairs, 113th Cong. (27 February 2014). (Testimony from Daniel Bertoni, Director Education, Workforce and Income Security Veterans.)

[437] U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (13 March 2014) (Submission for the record of the American Legion).

[438] Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Prepared statement from Anthony A. Wallis, Legislative Director/Director Of Government Affairs, Association of the United States Navy).

[439] Legislative hearing on HR 2942, HR 3056, HR 3614, HR 4031, HR 4037, HR 4038, HR 4147, HR 4150, and HR 4151: Hearing before the Subcommittee on Economic Opportunity, House Committee on Veterans' Affairs, 113th Cong. (25 March 2014).

[440] Joining Forces. (n.d.). Joining Forces resources: Hero to hired. Retrieved July 11, 2014, from http://www.whitehouse.gov/joiningforces/resources.

[441] Miles, D. (December 4, 2013). Jobs program connects reserve, guardsmen to employers. Retrieved February 14, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123372941.

[442] Joining Forces. (n.d.). Joining Forces resources: My next move for Veterans. Retrieved July 11, 2014, from http://www.whitehouse.gov/joiningforces/resources.

[443] RWTF RW focus group results, November 2012-March 2013.

[444] RWTF RW mini-survey results, November 2013-February 2014.

[445] RWTF RW focus group results, November 2012-March 2013.

[446] Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.

[447] Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.

[448] DiGiovanni, F.C. Briefing to the RWTF. Job training, employment skills training, apprenticeships and internships. April 3, 2013.

[449] DiGiovanni, F.C. Briefing to the RWTF. DoD Instruction 1322.29: Job training, employment skills training, apprenticeships and internships. January 28, 2014.

[450] McDonough, D. and Sperling, G. (April 5, 2013). Incentivizing employers to hire veterans through permanent tax credits. Retrieved July 11, 2014, from http://www.whitehouse.gov/blog/2013/04/05/incentivizing-employers-hire-veterans-through-permanent-tax-credits.

[451] DiGiovanni, F.C. Briefing to the RWTF. DoD Instruction 1322.29: Job training, employment skills training, apprenticeships and internships. January 28, 2014.

[452] Pellerin, C. (February 10, 2014). First Lady: 100 companies to hire 100,000 vets over 5 years. Retrieved April 4, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121636.

[453] McDonough, D. and Sperling, G. (April 5, 2013). Incentivizing employers to hire veterans through permanent tax credits. Retrieved July 11, 2014, from http://www.whitehouse.gov/blog/2013/04/05/incentivizing-employers-hire-veterans-through-permanent-tax-credits.

[454] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §542 (2014).

[455] Department of Defense. (2013). Pilot program: Civilian credentialing for military occupational specialties. Volume 1–Cross-cutting findings and recommendations. Washington, DC: Author.

[456] DiGiovanni, F.C. Briefing to the RWTF. Job training, employment skills training, apprenticeships and internships. April 3, 2013.

[457] DiGiovanni, F.C. Briefing to the RWTF. DoD Instruction 1322.29: Job training, employment skills training, apprenticeships and internships. January 28, 2014.

[458] To continue to receive testimony on the active, guard, reserve, and civilian personnel programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Subcommittee on Personnel, Senate Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from VADM William F. Moran, USN, Chief of Naval Personnel/Deputy Chief of Naval Operations For Manpower, Personnel, Training, And Education (N-1) United States Navy).

[459] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. October 28, 2013.

[460] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.

[461] DoD, VA, DOL, ED, DHS, SBA, and OPM (January 31, 2014). Memorandum of Understanding among the DoD, VA, DOL, ED, DHS, SBA, and OPM regarding the Transition Assistance Program for separating Service members.

[462] Ibid.

[463] Shabazz, J.E. (January 8, 2014). Virtual TAP curriculum available for separating service members. Retrieved February 27, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123376013.

[464] Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.

[465] Ibid.

[466] Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.

[467] Heaton, P. (2012). The effects of hiring tax credits on employment of disabled Veterans. Retrieved July 14, 2014, from http://www.rand.org/pubs/occasional_papers/OP366.html.

[468] Spewak, D. (December 30, 2013). 55 tax breaks to expire, including for Veteran hiring. Retrieved July 14, 2014, from http://www.wgrz.com/story/news/2013/12/30/veteran-hiring-tax-break/4257917/.

[469] Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.

[470] Legislative presentation of Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans Affairs, 113th Cong. (5 March 2014). (Testimony from William A. Thien, Commander-in-Chief, Veterans of Foreign Wars).

[471] Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.

[472] Ibid.

[473] Ibid.

[474] National Governors Association. (2012). Summary of Veterans' initiatives in the states. Retrieved July 23, 2014, from http://www.nga.org/files/live/sites/NGA/files/pdf/2013/1305NGAReportStateVeteransPrograms.pdf.

[475] RWTF RW focus group results, October 2011-March 2012.

[476] RWTF RW focus group results, November 2012-March 2013.

[477] RWTF Service member mini-survey results. March/April 2011.

[478] RWTF RW mini-survey results, November 2012-March 2013.

[479] RWTF RW mini-survey results, November 2013-February 2014.

[480] Department of Veterans Affairs. (March 31, 2014). M28R, Vocational Rehabilitation and Employment Service Manual: Part III, Section B, Chapter 1. Retrieved June 1, 2014 from http://www.benefits.va.gov/WARMS/M28R.asp.

[481] RWTF Service member mini-survey results. March/April 2011.

[482] RWTF RW mini-survey results, October 2011-March 2012.

[483] RWTF RW mini-survey results, November 2012-March 2013.

[484] RWTF RW mini-survey results, November 2013-February 2014.

[485] DoD, VA, DOL, ED, DHS, SBA, and OPM (January 31, 2014). Memorandum of Understanding among the DoD, VA, DOL, ED, DHS, SBA, and OPM regarding the Transition Assistance Program for separating Service members.

[486] RWTF is aware that RC readiness can be impacted by insufficient dental care.

[487] DoD. (July 13, 1992; Rev. May 7, 2010). DoD Instruction 1342.19: Family care plans.

[488] Patient Protection and Affordable Care Act, 42 USC §18001(2010).

[489] Merlis, M. (August 2012). The future of health care for military personnel and Veterans. Washington, DC; Academy Health. Retrieved May 22, 2014, from www.academyhealth.org/files/publications/AH_RIBriefMilVetsFinal.pdf.

[490] Brokaw, M. Briefing to the RWTF. WWR Reserve Medical Entitlements Determination (RMED). October 30, 2013.

[491] Site-level briefings to the RWTF. March/April 2011.

[492] Site briefings to the RWTF, October 2011-March 2012.

[493] Site briefings to the RWTF, November 2012-March 2013.

[494] Site briefings to the RWTF, November 2013-February 2014.

[495] Legislative presentations of multiple VSOs: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from MG Gus Hargett, President, National Guard Association of the United States).

[496] U.S. Department of Veterans Affairs budget request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (13 March 2014) (Prepared statement from the American Legion).

[497] Legislative presentation of the Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (5 March 2014) (Testimony from John E. Hamilton, Commander-In-Chief, Veterans of Foreign Wars).

[498] Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from Clyde Marsh, President, National Association of State Directors of Veterans Affairs).

[499] Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Col Michael F. Hayden, USAF (Ret), Director, Government Relations, Military Officers Association of America (MOAA).

[500] Site briefings to the RWTF, November 2012-March 2013.

[501] National Center for Veterans Analysis and Statistics (July 2012). Characteristics of rural Veterans 2010: Data from the American Community Survey. Retrieved June 9, 2014, from http://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2010_FINAL.pdf.

[502] Brokaw, M. Briefing to the RWTF. Reserve Medical Entitlements Determination (RMED).

[503] Defense Health Agency. (n.d.). TRICARE Reserve Select. Retrieved May 21, 2014, from http://www.tricare.mil/Welcome/Plans/TRS.aspx.

[504] Kapp, L., and Torreon, B.S. (June 13, 2014). Reserve Component personnel issues: Questions and answers. Congressional Research Service. Retrieved June 23, 2014, from http://www.fas.org/sgp/crs/natsec/RL30802.pdf. The Ready Reserve is comprised of the Selected Reserve, the Individual Ready Reserve, and the Inactive National Guard.

[505] Military personnel, compensation, and health care matters: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (26 March 2014) (Testimony from The Military Coalition).

[506] RWTF was directed by Congress to identity best practices. Inclusion in this report as a Best Practice should not be considered an endorsement by RWTF.

[507] Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.

[508] American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.

[509] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014. Census as of January 2014 was 7,003.

[510] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014. Census as of January 2014 was 1,246.

[511] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014. Census as of January 2014 was 1,035.

[512] Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014. Census as of January 2014, including Marines both joined to and supported by WWR, was 4,589.

[513] Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.

[514] See Recommendation 8 findings.

[515] Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[516] Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.

[517] CAPT Breining, B. Director, Navy Wounded Warrior-Safe Harbor, personal communication with the RWTF, May 5, 2014.

[518] Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.

[519] COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.

[520] Berglass, N. and Harrell, M.C. (April 2012). Well after service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.

[521] Ibid.

[522] San Diego Grantmakers (n.d.). Military Transition Support Program. Retrieved May 5 2014, from http://www.sdgrantmakers.org/AboutUs/WhoWeAreWhatWeDo/MilitaryFamilySupportWorkingGroup/MilitaryTransitionSupportProject.aspx.

[523] University of South Florida. (2014). Veterans reintegration and resilience. Retrieved June 8, 2014, from http://www.research.usf.edu/vri/.

[524] LtGen Steele (Ret.), M. Briefing to the RWTF. USF Veterans reintegration and resilience initiative. January 8, 2014.

[525] University of South Florida. (2014). Veterans reintegration and resilience. Retrieved June 8, 2014, from http://www.research.usf.edu/vri/.

[526] Ibid.

[527] Ibid.

[528] Lorraine, J. Panel presentation to the RWTF. Augusta Warrior Project. January 28, 2014.

[529] San Antonio Military Health System. (2014). Organizational overview. Retrieved June 19, 2014, from http://www.health.mil/About-MHS/Organizational-Overview/San-Antonio-Military-Health-System.

[530] Ibid.

[531] MG Keenan, J.O. Briefing to the RWTF. San Antonio Military Health System organizational overview. December 9, 2013.

[532] United States Army. (2011). CBWTU-Utah musters for recreation and resources. Retrieved June 8, 2014, from http://www.army.mil/article/58502/CBWTU_Utah_musters_for_recreation_and_resources/.

[533] National Ability Center (2012). Our story. Retrieved June 6, 2014, from http://www.discovernac.org/about/our-story/.

[534] National Ability Center. (2013). Military program partnership highlights. Retrieved June 6, 2014, from http://www.discovernac.org/wp-content/uploads/2013/05/Military-One-Sheet-December-2013.pdf.

[535] Ibid.

[536] Site Briefings to the RWTF, November 2013-February 2014.

[537] Ibid.

[538]National Ability Center. (2013). Military program partnership highlights. Retrieved June 6, 2014, from http://www.discovernac.org/wp-content/uploads/2013/05/Military-One-Sheet-December-2013.pdf.

[539] National Ability Center. (2010). The National Ability Center and U.S. Paralympics to host muster for Community Based Warrior Transition Unit (CBWTU). Retrieved June 9, 2014, from http://discovernac.org/files/20101213-CBWTU-PR.pdf.

[540] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. October 28, 2013.

[541] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.

[542] Site briefings to the RWTF, October 2011-March 2012.

[543] Site briefings to the RWTF, November 2012-March 2013.

[544] Site briefings to the RWTF, November 2013-February 2014.

[545] RWTF RW focus group results, November 2012-March 2013.

[546] Ibid.

[547] Jaffe, G. (April 2, 2014). Wanted: Heroes. Trying to piece together the puzzle of veterans' unemployment proves difficult. Retrieved April 2, 2014, from http://www.washingtonpost.com/sf/national/2014/04/02/wanted-heroes/?hpid=z5.

[548] RWTF RW focus group results, November 2012-March 2013.

[549] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. October 28, 2013.

[550] Jaffe, G. (April 2, 2014). Wanted: Heroes. Trying to piece together the puzzle of veterans' unemployment proves difficult. Retrieved April 2, 2014, from http://www.washingtonpost.com/sf/national/2014/04/02/wanted-heroes/?hpid=z5.

[551] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. October 28, 2013.

[552] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.

[553] Ibid.

[554] DoD. (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.

[555] RWTF RW mini-survey results, October 2011-March 2012.

[556] RWTF RW mini-survey results, November 2012-March 2013.

[557] RWTF RW mini-survey results, November 2013-February 2014.

[558] Ibid.

[559] RWTF RW focus group results, October 2011-March 2012.

[560] RWTF RW focus group results, November 2012-March 2013.

[561] RWTF RW focus group results, November 2013-February 2014.

[562] Site briefings to the RWTF, October 2011-March 2012.

[563] Site briefings to the RWTF, November 2012-March 2013.

[564] Site briefings to the RWTF, November 2013-February 2014.

[565] Moorash, A.J., Chief Advising Branch, Directorate of Human Resources, Armed Forces Continuing Education System, Joint Base Lewis-McChord, personal communication with the RWTF, May 6, 2014.

[566] Ibid.

[567] Staff Writer. (January 24, 2013). The UA expands its VIP program to include Joint Base Lewis-McChord. Retrieved April 4, 2014, from http://www.uavip.org/news/ua-expands-its-vip-program-include-joint-base-lewis-mcchord.

[568] What can the Federal Government learn from the private sector's successful approach to hiring Veterans?: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (28 January 2014) (Testimony from Sean Kelley, Senior Staffing Director, Cloud and Enterprise Group & Military Recruiting, Microsoft Corporation).

[569] Moorash, A.J., Chief Advising Branch, Directorate of Human Resources, Armed Forces Continuing Education System, Joint Base Lewis-McChord, personal communication with the RWTF, May 6, 2014.

[570] DoD (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.

[571] Moorash, A.J., Chief Advising Branch, Directorate of Human Resources, Armed Forces Continuing Education System, Joint Base Lewis-McChord, personal communication with the RWTF, May 6, 2014.

[572] Moorash, A.J., Chief Advising Branch, Directorate of Human Resources, Armed Forces Continuing Education System, Joint Base Lewis-McChord, personal communication with the RWTF, May 14, 2014.

[573] Moorash, A.J., Chief Advising Branch, Directorate of Human Resources, Armed Forces Continuing Education System, Joint Base Lewis-McChord, personal communication with the RWTF, May 6, 2014.

[574] Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.

[575] Site briefings to the RWTF, November 2013-February 2014.

[576] See, for example, http://www.fedshirevets.gov/job/shav/index.aspx.

[577] Site briefings to the RWTF, November 2013-February 2014. Marine Forces Reserve overview. February 4, 2014. (slide 17)

[578] Ibid. (slides 3 and 5)

[579] Brokaw, M. Briefing to the RWTF. WWR Reserve Medical Entitlements Determination (RMED). October 30, 2013. (slide 16)

[580] Site briefings to the RWTF, November 2013-February 2014.

[581] Department of Defense Recovering Warrior Task Force (September 2, 2011). 2010-2011 Annual Report. Washington, DC: Author.

[582] Department of Defense Recovering Warrior Task Force (August 31, 2012). 2011-2012 Annual Report. Washington, DC: Author.

[583] Department of Defense Recovering Warrior Task Force (September 3, 2013). 2012-2013 Annual Report. Washington, DC: Author. See, for example, Recommendation 19.

[584] Site briefings to the RWTF, November 2013-February 2014. WWR MARFORRES Liaison Officer, February 4, 2014. (slide 3)

[585] LtCol Wong, T., RWTF Member and WWR MARFORRES Liaison Officer, personal communication with the RWTF, May 13, 2014.

[586] Site briefings to the RWTF, November 2013-February 2014.

[587] Ibid.

[588] Ibid.

[589] Ibid.

[590] Ibid.

[591] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §724 (2010).

[592] See, for example, FY2014 briefings:

- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition Program. April 16, 2014.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Larry, H.L., Col Poindexter, T., and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.

ANNEX 1: MEMBER BIOGRAPHIES

Vice Admiral Matthew L. Nathan, MD
United States Navy

VADM Matthew L. Nathan, MD, is the 37th Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery (BUMED).

VADM Nathan received his Bachelor of Science from Georgia Institute of Technology and his Doctor of Medicine degree from The Medical College of Georgia in 1981. He completed Internal Medicine specialty training in 1984 at the University of South Florida before serving as the Internal Medicine Department Head at Naval Hospital Guantanamo Bay, Cuba. In 1985, VADM Nathan transferred to Naval Hospital in Groton, CT, as leader of the Medical Mobilization Amphibious Surgical Support Team. In 1987, VADM Nathan transferred to Naval Medical Center San Diego as Head, Division of Internal Medicine with additional duty to the Marine Corps, 1st Marine Division.

In 1990, VADM Nathan served as a Department Head of Naval Hospital in Beaufort, SC, before reporting to Naval Clinics Command in London, UK, where he participated in military-to-military engagements with post-Soviet Eastern European countries. In 1995, he was assigned as Specialist Assignment Officer at the Bureau of Naval Personnel, providing guidance to more than 1,500 U.S. Navy Medical Corps officers. In 1998, he accepted a seat at the Joint Industrial College of the Armed Forces in Washington, DC, graduating in 1999 with a master's degree in "Resourcing the National Strategy". VADM Nathan went on to serve as the Fleet Surgeon, Forward Deployed Naval Forces, Commander, U.S. 7th Fleet, aboard the flagship USS BLUE RIDGE (LCC 19), out of Yokosuka, Japan. In 2001, he transferred as Deputy Commander, Navy Medical Center in Portsmouth, VA.

In 2004, VADM Nathan assumed command of Naval Hospital Pensacola with additional oversight of 12 clinics in four states where he oversaw Navy medical relief efforts following Hurricanes Ivan, Dennis, and Katrina. Despite all facilities receiving crippling blows, his command still garnered the TRICARE/DoD award for "highest patient satisfaction in a medium sized facility." In June 2006, he transferred as the Fleet Surgeon to the Commander, U.S. Fleet Forces Command, instrumental in organizing the Fleet Health Domain integration with the Fleet Readiness Enterprise while providing medical global force management. In 2007, VADM Nathan was assigned as Commander, Naval Medical Center Portsmouth and Navy Medicine Region East, with command of more than 18,000 personnel and an operating budget exceeding $1.2 billion.

VADM Nathan also served as Commander, Walter Reed National Military Medical Center and Navy Medicine, National Capital Area, where he was the Navy component commander to the largest military medical integration and construction project in DoD history.

VADM Nathan is board certified and holds Fellow status in the American College of Physicians and the American College of Healthcare Executives. He also holds an appointment as Clinical Professor of Medicine at the Uniform Services University of the Health Sciences. He is a recipient of the American Hospital Association "Excellence in Leadership" award for the Federal Sector.

VADM Nathan's personal awards include the Distinguished Service Medal (1); Legion of Merit (5); Meritorious Service Medal (2); Navy Commendation Medal, and Navy Achievement Medal (2).

Mrs. Suzanne Crockett-Jones

Mrs. Suzanne Crockett-Jones is the wife of Major William Jones (a wounded Veteran, retired as of July 2012), and mother of three children. In 2003, while on an unaccompanied tour in Korea, her husband's brigade of the 2nd Division was sent directly to combat operations in Operation Iraqi Freedom. In Iraq, he was severely injured in an ambush not far from Fallujah. During his recovery, her main occupation became in-home nursing care because his wounds restricted him to bed rest for weeks, and subsequently confined him to a wheelchair for several months.

Although he rejoined his unit as it redeployed to Fort Carson in the fall of 2005 with the intention of returning to company command, his physical recovery had not progressed well enough to allow that. He has been challenged since then to recover from PTSD and physical injuries. Mrs. Crockett-Jones is well versed on his experiences, and also holds her own perspective on this journey. She has 20 years of experience in customer satisfaction and as a volunteer. Her broad skills in communicating with diverse cultures and age groups has provided her with expertise in solving problems, making independent decisions, and adapting quickly to new systems.

Command Sergeant Major Steven D. DeJong
United States Army National Guard

CSM Steven D. DeJong is a member of the Indiana National Guard and currently assigned as the CSM of the 2/152 Reconnaissance and Surveillance Squadron located in Columbus, IN. On September 9, 2004, he was severely wounded in action during a firefight in south central Afghanistan and was medically evacuated to the United States for recovery. He recovered from his injuries and returned to Afghanistan in early November that same year.

CSM DeJong was born in Hobart, Indiana in 1975; he joined the Indiana Army National Guard in 1993. His first assignment was as a Stinger Missile gunner with the 1/138th Air Defense Artillery Battalion. He then was assigned by request to the 151st Long Range Surveillance Detachment (LRS-D). During his 13 years assigned to the 151 LRS-D, he attended a wide variety of courses including Ranger, Long Range Surveillance Leadership, Pathfinder, and basic Airborne, and was later the honor graduate of his Jumpmaster class. While assigned to the 151 LRS-D, he was assigned as an assistant recon team leader and later as a recon team leader. In 2004, the LRS-D was deployed to Afghanistan, attached to the 76th Infantry Brigade out of Indianapolis, IN. During this deployment, he was assigned as an Embedded Tactical Trainer (ETT) to the Afghanistan National Army, in which he and his Afghan company of Soldiers performed combat operations with the 25th Infantry Division and 3rd Special Forces Group.

Upon his return to theatre, (then) Sergeant First Class (SFC) DeJong was assigned to the 38th Infantry Division G3 Operations, where he was the assistant operations NCO. He was promoted to First Sergeant (1SG) and assigned to C Company, 1/151st Infantry Battalion as the company 1SG. He and his company deployed in 2007 in support of OIF 07-09, performing convoy security operations in northern Iraq. After returning from Iraq, CSM DeJong was assigned as the 1SG of Headquarters, Headquarters Troop 2/152 Reconnaissance and Surveillance Squadron.

In 2010, CSM DeJong was promoted to Sergeant Major and was assigned to his current assignment as the CSM of 2/152nd Reconnaissance and Surveillance Squadron. He is a graduate of the United States Army Sergeant Major Academy and is pursuing a Bachelor of Fire Science and Administration degree. He is a certified firefighter/paramedic in a south suburb of Chicago. CSM DeJong is the recipient of numerous military awards.

Mr. Ronald Drach

A Vietnam Veteran, Mr. Ronald Drach medically retired from the U.S. Army in 1967 following the amputation of his right leg as a result of combat action. He currently serves on the Board of Directors and is immediate past president of the Wounded Warrior Project (WWP), a non-profit organization whose mission is to "honor and empower wounded warriors."

Mr. Drach was employed by the Department of Labor's (DOL) Veterans' Employment and Training Service (VETS) from April 2002 until his retirement in September 2010. As Director of Government and Legislative Affairs, he was responsible for working with Congressional staff, the Department's Office of the Solicitor, and others within DOL on all Veteran's legislative employment issues that affect DOL, VA, and DoD. Mr. Drach also helped to develop and support the America's Heroes at Work project, a DOL initiative that addresses the employment needs of Veterans with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). He served on the Governance Board of the National Resource Directory, a collaborative effort between DoD, VA, and DOL, which provides access to services and resources at the national, state, and local levels that support recovery, rehabilitation, and community reintegration.

For 28 years, Mr. Drach worked with the Disabled American Veterans (DAV), 23 of these years as the DAV's National Employment Director. In this capacity, he was responsible for developing and carrying out DAV's policies and initiatives (including legislative) relating to employment, vocational rehabilitation, homelessness among Veterans, disability issues, and other socio-economic issues that affect Veterans. While with DAV, his accomplishments included developing DAV's successful outreach efforts to assist Vietnam Veterans experiencing PTSD, homeless Veteran initiatives, the Transition Assistance Program to review military medical records for transitioning service members, and a program to provide representation to disabled Veterans for disability benefits administered by the Social Security Administration (SSA). Mr. Drach is the recipient of numerous military and other awards for his work with disabled Veterans.

Technical Sergeant Alex J. Eudy
United States Air Force and Special Operations Command

TSgt Alex J. Eudy is the Air Force Special Operations Command (AFSOC) Care Coalition Liaison at Walter Reed National Military Medical Center. His role is to provide Special Operations Forces (SOF) members of all service components with oversight and advocacy through the medical system from initial point of injury, return to duty, or separation from the armed forces. On January 23, 2009, TSgt Eudy was injured in an IED blast that shattered both of his ankles in Afghanistan. Upon return to the United States, he had multiple extensive surgeries and completed more than 8 months of intensive rehabilitation leading to a successful recovery.

TSgt Eudy joined the military right after high school and left for USAF Basic Training in August 2004. An honor graduate of basic training, he then completed the 30-week USAF Weather Forecasting Initial Skills Course at Keesler AFB, Mississippi. His first assignment was Sembach, Germany at the 21st Operational Weather Squadron, where he supported operations for the United States European Command (USEUCOM), the North Atlantic Treaty Organization (NATO), the President of the United States (POTUS), and the National Aeronautics and Space Administration's (NASA) space mission abort landing sites. His main role was to provide resource protection and weather forecasting for military assets throughout the European Theatre. While assigned to Sembach, (then) Airman First Class (A1C) Eudy was promoted to Senior Airman (SrA) below the zone and was selected as an Airman of the Year nominee for the United Air Forces in Europe (USAFE).

In the summer of 2007, TSgt Eudy completed the U.S. Army Basic Static Line Airborne Course at Fort Benning, GA, followed by the USAF water survival course, helicopter dunker course, and SERE courses (Survival, Evasion, Resistance, and Escape) at Fairchild AFB, Washington. During the fall of 2007, he completed the 10-week Combat Weather Observer Course at Keesler AFB, MS.

In March 2008, (then) SrA Eudy was assigned to the 10th Combat Weather Squadron at Hurlburt Field, FL. He attended six months of AFSOC's Special Tactics Advance Skills Training. This training was originally reserved for Combat Controllers and Pararescueman, but SrA Eudy was one of the first two Special Operations Weather Technicians selected for immersion in this rigorous training, which prepares Battlefield Airmen to become SOF operators. Upon completion of training, he joined a pre-deployment train-up and deployed with the 23rd Special Tactics Squadron in the fall of 2008, where he sustained combat-related injuries while working for a Marine Special Operations Team.

After months of recovery, TSgt Eudy returned to Hurlburt Field in July of 2009 to provide administrative and operations support to AFSOC's Special Tactics Units. He was then asked to speak at many military and civic events on special operations and wounded warrior service and recovery.

In March 2010, TSgt Eudy was selected by the AFSOC Command Chief to work as the command's sole liaison for the Special Operations Command Care Coalition. He attended the DoD Recovery Care Coordinator course, numerous non-medical case management courses, and then provided advocacy for SOF members throughout multiple CONUS/OCONUS care facilities. In 2012, TSgt Eudy defied the odds and re-deployed to Afghanistan for six months to manage in-theatre U.S. and Coalition Forces SOF warrior care. He considers his current role an honor and is proud to continue to serve the SOF community. TSgt Eudy is the recipient of numerous military awards.

Lieutenant Colonel Sean P. K. Keane
United States Marine Corps Reserve

LtCol Sean P. K. Keane has served as a United States Marine Corps Reserve Officer since August 1, 2013. Prior to this assignment, LtCol Keane served in an active duty role as the United States Marine Corps Liaison to the Department of Veterans Affairs (VA) in Washington, DC.

LtCol Keane graduated from the University of Massachusetts with a degree in Sports Medicine in 1990. He was commissioned a Second Lieutenant in January 1991 aboard the USS CONSTITUTION at the Old Boston Navy Yard. Upon completion of The Basic School, he attended the Adjutant's course at Camp Johnson, NC, and reported to 1st Radio Battalion at Kaneohe Bay, HI, for duty as the Battalion Adjutant. He was promoted to First Lieutenant in January 1993 and transferred to 3d Battalion, 3d Marines in June 1994, where he served as the Battalion Adjutant and Personnel Officer. In June 1995, he was promoted to Captain. He served with Marine Aviation Support Squadron - 6 and attended the Air Support Control Officers' Course in 29 Palms, CA, and became a Direct Air Support Control Officer.

LtCol Keane was the last Marine Corps Officer assigned to NAS South Weymouth while serving as OIC Marine Site Support Element (Rear) during the Base Realignment and Closure of 1996. LtCol Keane also served in Marine Wing Support Squadron - 474 Det B as the Personnel Officer for the detachment. In December 1999, LtCol Keane transferred to 1st Battalion, 25th Marines to serve as the Battalion Adjutant and Personnel Officer. He was promoted to Major in August 2000 where he served as the Adjutant to the Deputy Commandant for Plans, Policies, and Operations Department, HQMC. In April 2004, he transferred to the Intelligence Department, HQMC, Signals Intelligence (SIGINT) Branch, as the assistant Branch Head. In November 2004, he was assigned as the Branch Head for the SIGINT Branch. In September 2005, he was reassigned to the National Security Agency as the Marine Cryptologic Support Battalion's Cryptologic Augmentee Program Manager.

LtCol Keane was promoted to his present rank in September 2006 at the Marine Corps War Memorial in Arlington, VA. In 2007, he served as the CJ-1 Director for the Personnel Services Division at CSTC-Afghanistan, at Camp Eggers, Kabul, Afghanistan. In September 2008, LtCol Keane was selected by HQMC to serve on the Chairman of the Joint Chiefs of Staff, Plans and Policy Directorate, J-5 and served as the Chief of the J-5, Director's Action Group. While at the Joint Staff, he was directly responsible for the building of both the Chairman's and Vice Chairman's foreign engagement plans.

Colonel Karen T. Malebranche, RN, MSN, CNS
United States Army, Retired
U.S. Department of Veterans Affairs

COL Karen T. Malebranche (Ret.), RN, MSN, CNS, is the Executive Director for Interagency Health Affairs in the Veterans Health Administration at the Department of Veterans Affairs (VA). In this capacity, she is responsible for VHA/DoD collaboration, sharing agreements, Operations Enduring Freedom/Operation Iraqi Freedom/New Dawn (OEF/OIF/OND) outreach, and numerous coordination activities with other national and international agencies on Veteran issues and policy and services guidance. From September 2007 to January 2009, she was the Executive Director for the OEF/OIF Office and served on the Secretary of Veterans Affairs Task Force on the Returning Global War on Terror Heroes. Prior to this, she was the Program Coordinator for Clinical and Case Management in the Office of Seamless Transition and the Chief of the State Home Per Diem Grant Program in the Office of Geriatrics and Extended Care.

COL Malebranche (Ret.) received her civilian undergraduate degree from the University of Portland and her graduate degree from Vanderbilt University in Nashville, TN. She served 31 years in the U.S. Army as an active duty soldier, nurse, senior health systems analyst, program manager, and in various clinical and administrative roles. COL Malebranche (Ret.) is a graduate of the Army Command and General Staff College.

She came to VA after her last active duty assignment in the Office of the Secretary of Defense for Health Affairs (OSD(HA)), where she was the Director of the Programs and Benefits Directorate at the TRICARE Management Activity. Previous assignments include Chief, Coordinated Care/TRICARE Division, U.S. Army Medical Command, and Ft. Sam Houston/Office of the Surgeon General; Chief Nurse, Joint Task Force (JTF) Bravo, Honduras; Ft. Campbell; Ft. Rucker; Ft. Ord; Ft. Gordon; Hawaii; and Korea. She has presented at numerous conferences on managed care, resource management, case/care management, and TRICARE. She served as the Chairperson-elect at the National Association of State Veteran Homes (NASVH) and as consultant on the Board of the Armed Forces Veterans Homes Foundation. She currently is on the Advisory Board for the first Federal Healthcare facility for the James A. Lovell Federal Health Care Center in North Chicago, co-chairs the care and collaboration workgroup for the VA Women Veteran Task Force, and co-chairs the governance and policy tiger team on the DoD/VA Wounded Warrior Care and Coordination Task Force. COL Malebranche (Ret.) has worked on numerous VA/DoD initiatives that have greatly enhanced services for Service members, Veterans, and their families.

COL Malebranche (Ret.) has received numerous military and civilian awards for her service as a soldier and an advanced practice nurse.

Major General Richard P. Mustion
United States Army

MG Richard P. Mustion is the Commander of the U.S. Army Human Resources Command located in Fort Knox, KY. A native of Waynesville, MO, MG Mustion was commissioned in the Adjutant General's Corps through the Reserve Officer Training Program (ROTC) at Central Missouri State University in Warrensburg, MO, in May 1981.

MG Mustion has served in command and staff positions in the continental United States, Germany, Korea, and Iraq with the 1st Infantry Division (Mechanized), 2nd Armored Division (Forward), 2nd Armored Division, 4th Infantry Division, III U.S. Corps, 2nd U.S. Army, Eighth U.S. Army, U.S. Army Training and Doctrine Command, U.S. Army Human Resources Command, Department of the Army, Office of the Secretary of Defense (OSD), and the Multi-National Force-Iraq.

His key assignments include command of Company D, 498th Support Battalion, the 1st Personnel Services Company, the 502nd Personnel Services Battalion, and the 8th Personnel Command; Deputy G1/AG, 2nd Armored Division (Forward) and 1st Infantry Division; Army Chief of Staff, G1/AG, 4th Infantry Division; Reserve Component Advisor, 2nd Army; Combat Service Support and Force Integration Officer, Force XXI Experimental Force Coordination Cell; Recorder, DA Secretariat for Officer Selection Boards; Personnel Policy Staff Officer, and Director, Army G-1 Strategic Initiatives Group; Adjutant General for U.S. Forces Korea and Eighth U.S. Army; Military Assistant to the Under Secretary of Defense for Personnel and Readiness (USD(P&R)); C1, Director of Personnel, Multi-National Forces-Iraq; Commandant of the Adjutant General School, Chief of the Adjutant General Corps, and Chief, Army Bands; Commanding General, U.S. Army Soldier Support Institute; 64th Adjutant General of the U.S. Army; and he last served as the Director of Military Personnel Management, Deputy Chief of Staff, G-1. MG Mustion assumed command of the U.S. Army Human Resources Command on August 10, 2012.

MG Mustion is a graduate of the Adjutant General's Corps Officer Basic and Advance courses, Combined Arms Staff Services School, Command and General Staff College, and the Army War College. He holds Master of Arts in Public Administration and Master of National Strategic Studies degrees. MG Mustion is the recipient of numerous military awards.

Lieutenant Colonel Steven J. Phillips, MD
United States Army Reserve, Retired
U.S. Department of Health and Human Services

LTC Steven J. Phillips (Ret.), MD, is the Director, Specialized Information Services, and Associate Director, National Library of Medicine (NLM), National Institutes of Health (NIH), Department of Health & Human Services (DHHS). Dr. Phillips was on active duty from 1968-70. He served in Vietnam with the 101st Airborne, the 27th Surgical Hospital, and then at the Walter Reed Army Institute of Research. In 1970, he returned to Vietnam with a research team to study the effects of altitude on the wounded being flown from Vietnam to the Philippines and Japan. He remained a reserve officer until his retirement as a Lieutenant Colonel in 1993. He is a life member of the 101st Airborne Association and an invited Associate Life Member of the UDT/SEAL Association. Dr. Phillips is on the Board of the Vietnam Wall Memorial Reception Center.

On February 1, 2007, Dr. Phillips returned to the National Library of Medicine (NLM), National Institutes of Health (NIH), as an Associated Director to lead the NLM in establishing a Disaster Information Management Research Center. The Center, which he directs and which is located in the NLM Division of Specialized Information Services, is devoted to disaster informatics, and is the first of its kind in the world. Dr. Phillips is a graduate of Hobart College and Tufts Medical School and is board certified both in general and thoracic surgery.

In 1967, Dr. Phillips was on the team that implanted the first intra-aortic balloon pump in a human, and performed the first heart transplant in the United States. In 1974, he co-founded the Iowa Heart Center, which has grown to approximately 60 physicians, all specializing in cardiovascular disease. Dr. Phillips pioneered techniques for emergency coronary bypass surgery for evolving heart attacks, implanted the first artificial heart in Iowa, performed the first heart transplant in central Iowa, and invented the technology for percutaneous cardiopulmonary bypass.

In 1997, Dr. Phillips was interviewed by the White House search committee for the position of Commissioner of the Food and Drug Administration (FDA), and in 1998, he testified before the Full Committee on Commerce as a witness on the Implementation of the Food and Drug Administration Modernization Act of 1997. Dr. Phillips has received numerous military, scientific, and humanitarian awards. He serves and has served on numerous corporate and medical society boards and as president of national and international medical societies. He has approximately 125 peer-reviewed medical publications and has been granted six patents.

David K. Rehbein, MS

Mr. David K. Rehbein has served a dual career, with his professional life being spent in the research field specializing in solid-state physics and materials science and his personal life heavily involved in Veterans service and issues through The American Legion. Mr. Rehbein is a U.S. Army Veteran with service in Germany from 1970-71 with separation at the rank of Sergeant, E-5.

Mr. Rehbein's 36 years of volunteer work in The American Legion resulted in his election to spend a year of service as the National Commander of the 2.7 million-member organization. His leadership roles in that organization include service on the National Board of Directors and chairmanship duties on three major commissions including Veterans Affairs and Legislation and several special high-level committees.

In Iowa, Mr. Rehbein received gubernatorial appointments to two terms on the Iowa Commission of Veterans Affairs overseeing the VA and the 650-resident Iowa Veterans Home. He holds Bachelor of Science in Physics and Master of Science in Metallurgy degrees from Iowa State University and spent 30 years as a research scientist at the Ames Laboratory, Department of Energy (DOE). He is the author of 75 published scientific papers and one patent. His career included work on many unique problems including aging aircraft, nuclear waste storage, space shuttle fuel tanks, high strength bonds for aircraft turbine blades, and robotic inspection. Mr. Rehbein brings a unique blend of knowledge of Veterans and military health issues and a set of problem-solving and evaluation skills developed through years in a scientific research environment.

Captain Robert A. Sanders, LPD
United States Navy

CAPT Robert A. Sanders currently serves as the Director of the Defense Institute of International Legal Studies, Newport, RI.

CAPT Sanders earned his Doctor of Law and Policy and Bachelor of Science in Electrical Engineering degrees from Northeastern University. His additional scholarship includes a Juris Doctorate degree, Columbus School of Law, Catholic University of America; a Master of Laws (Military International and Operational Law Specialty) degree from the U.S. Army JAG School; a Master of Science in Strategic Intelligence degree from National Defense Intelligence College; a Master of Arts in National Security and Strategic Studies degree from the U.S. Naval War College; and a Master of Science in International Relations degree from Troy State University. He completed a 2010 Fellowship at MIT's Seminar XXI Program for Foreign Politics, International Relations and National Interest, and was the Navy's 2009 NAACP Roy Wilkins Meritorious Service Award recipient. He also earned a United States Marine Corps' Martial Arts Program Green Belt.

CAPT Sanders entered the Navy through RTC, Great Lakes, and served as a USNR Intelligence Specialist assigned to Washington, DC. After commissioning as a Judge Advocate, Sanders served at Naval Legal Service Office Detachment in Sigonella, Italy; NAS Jacksonville, FL; and Commander, Submarine Group 10 (COMSUBGRU TEN), Kings Bay, GA. During 1998, Captain Sanders completed a research internship with the Defense Equal Opportunity Management Institute (DEOMI); the result was "Black Seminoles," DEOMI Heritage Series Pamphlet 99-3. He completed his Master of Law (LLM) degree at the U.S. Army JAG School, and then reported as a Legislative Counsel, Navy Office of Legislative Affairs where he served as the Acting Senate Director, Assistant SECDEF (Legislative Affairs), and as the Litigation, Team Leader and the Branch Head for Information Litigation, Office of the Judge Advocate General (OJAG), General Litigation Division. He was assigned as Assistant SJA (Investigations) USCENTCOM in 2003, and then as a Team Leader in the Navy Appellate Defense Division. He deployed to Afghanistan in 2004 as the Afghan National Army JAG Mentor and Special Staff Deputy Director, OMC Afghanistan. From 2005-2007, Captain Sanders served as Executive Officer and ultimately served his first tour as Commanding Officer of Navy Legal Service Office North Central. He then served as Deputy Assistant Judge Advocate General (DAJAG) (MILPERS) from 2007-2009. He returned to Navy Legal Service Office North Central (NLSO NC) for his second tour as CO in the summer of 2009. CAPT Sanders became the 10th Director of Defense Institute of International Legal Studies in June 2011.

CAPT Sanders' military awards include the Legion of Merit, Defense Meritorious Service Medal, Navy-Marine Corps' Meritorious Service Medal, Joint Service Commendation Medal, Afghan Service Campaign Medal, Southwest Asia Service Medal, Military Outstanding Volunteer Service Medal, Kuwait Liberation Medal, and the Expert Pistol Medal. He was elected to the Schenectady County School's Hall of Fame in 2010.

Major General Richard A. Stone, MD
United States Army Reserve, Retired

MG Richard A. Stone (Ret.), MD, retired from the U.S. Army Reserves on December 1, 2013. He currently works for Booz Allen Hamilton.

Before his retirement, MG Stone (Ret.) served as the U.S. Army Deputy Surgeon General. Prior to this selection, he served as the Deputy Surgeon General for Mobilization, Readiness, and Reserve Affairs from March 2009 to June 2011. From October 2005 to March 2009, he served simultaneously as the Commanding General, Medical Readiness and Training Command in San Antonio, TX, and as Deputy Commander for Administration for the 3rd Medical Command in Forest Park, GA. He also serves as the chairman of the Army Reserve Force Policy Committee.

MG Stone (Ret.) is a graduate of Western Michigan University, where he earned a Bachelor of Science in Biology degree in 1973. He graduated from the Wayne State University Medical School and earned his degree in Medicine in 1977. He completed his internship in internal medicine and residency in Dermatology at Wayne State University in Detroit, MI, from 1977-1981, and is certified by the American Board of Dermatology. His military education includes completion of the AMEDD Officer Basic and Advanced Courses, Command and General Staff College, and the U.S. Army War College.

MG Stone (Ret.) was directly commissioned in the Medical Corps in 1991 and has held assignments in the Army Reserve as a dermatologist, 323d General Hospital, 1991-1994; Commander, Hospital Unit Surgical, 323d General Hospital, 1994-1997; Commander, 948th Forward Surgical Team, 1997-2001; and Commander, 452d Combat Support Hospital 2001-2005. While serving as the 452d Combat Support Hospital Commander, MG Stone deployed to Bagram Airfield, Afghanistan, and subsequently was selected to serve as Commander, Task Force 44 Medical (Forward) in 2003-2004, a multinational medical task force of more than 1,000 medical service members from four nations. During this time, he simultaneously served as the Task Force 180 Command Surgeon. MG Stone is the recipient of numerous military awards.

Lieutenant Colonel Theodore L. Wong
United States Marine Corps

LtCol Theodore L. Wong currently serves as the Wounded Warrior Regiment Liaison Officer (LNO) to Marine Forces Reserve (MFR) in New Orleans, LA, to provide an on-site contact of the Wounded Warrior Regiment for the MFR Leadership and their Major Supported Commands in matters related to the care and support of wounded, ill, and injured Marines, Sailors, and their families that are assigned to MFR units.

Prior to this assignment, he was the Officer In Charge, Detachment 29 Palms, Wounded Warrior Battalion-West with an area of responsibility that covered Veterans Administration Hospitals, Military Treatment Facilities, and specialty care facilities as far north as Seattle, east to Salt Lake City, and south to Phoenix.

From 1998-2010, LtCol Wong held several key billets within the 23rd Marine Regiment in San Bruno, CA, and was activated for his third mobilization in May 2005-February 2006 to become a Military Transition Team Advisor to the 2nd Battalion, 3rd Brigade Iraqi Army that conducted combat operations in Mosul and Habbaniyah, Iraq.

From 1984-1998, he held several leadership billets while assigned to the HAWK Missile Battalion in Hayward, CA. He was the Distinguished Graduate as an officer and enlisted Marine in his primary military occupational specialty (MOS). As a subject matter expert in his field, he was inducted in the Honorable Order of St. Barbara for training his active duty counterparts in system upgrades to defend against the SCUD threat identified during Desert Shield/Desert Storm.

In 2007, the Marine Corps Times selected LtCol Wong as the Marine of the Year; he also was honored for his community service as an Above and Beyond Honoree by the Northern California Institute of Research and Education for his work with Veterans suffering from posttraumatic stress. His personal awards include the Navy Marine Corps Commendation Medal (2), Joint Service Achievement Medal (2), Navy Marine Corps Achievement Medal (2) and Combat Action Ribbon.

ANNEX 2: ACRONYM LISTING

Acronyms Used in Report

Acronym	Meaning of Acronym
AC	Active Component
ACA	Affordable Care Act
AD	Active Duty
ADL	Activities of Daily Living
AF	Air Force
AFW2	Air Force Wounded Warrior
AIG	American International Group
ARNG	Army National Guard
ARRA	American Recovery and Reinvestment Act of 2009
ASD(HA)	Assistant Secretary of Defense for Health Affairs
AW2	Army Wounded Warrior
AWP	Augusta Warrior Project
BG	Brigadier General
BLS	Bureau of Labor Statistics
BUMED	Navy Bureau of Medicine and Surgery
CAPT	Captain
CBP	U.S. Customs and Border Protection
CBWTU	Community-Based Warrior Transition Unit
CCU	Community Care Unit
CDC	Centers for Disease Control & Prevention
CDR	Commander
CFR	Code of Federal Regulations
COL, Col, Col.	Colonel
CMS	Centers for Medicare & Medicaid Services
CNS	Clinical Nurse Specialist
CONUS	continental United States
CPG	Clinical Practice Guideline
CRP	Comprehensive Recovery Plan
CCU	Community Care Unit
CSM	Command Sergeant Major
CTP	Comprehensive Transition Plan
DBA	Defense Base Act of 1942
DCoE	Defense Centers of Excellence
DcoE PH & TBI	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DCMWC	Division of Coal Mine Workers Compensation
DCS	direct care system

Acronym	Meaning of Acronym
DD214	Certificate of Release or Discharge from Active Duty form
DEEOIC	Division of Energy Employees Occupational Illness Compensation
DES	Disability Evaluation System
DFAS	Defense Finance and Accounting System
DHA	Defense Health Agency
DHHS	U.S. Department of Health and Human Services
DHS	U.S. Department of Homeland Security
DISCs	District Injured Support Coordinators
DLHWC	Division of Longshore and Harbor Workers' Compensation
DMDC	Defense Manpower Data Center
DoD	U.S. Department of Defense
DoDD	DoD Directive
DoDI	DoD Instruction
DOE	U.S. Department of Energy
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
DPH	Director of Psychological Health
D-RAS	Disability Rating Activity Site
DTM	Directive-Type Memorandum
DVOPS	Disabled Veterans' Outreach Program Specialists
E2I	Education and Employment Initiative
EACE	Extremity Injury and Amputation Center of Excellence
EBP	evidence-based psychotherapy
ED	U.S. Department of Education
EFMP	Exceptional Family Member Program
EHR	Electronic Health Record
eMSMs	Enhanced Multi-Service Markets
ET	exposure-based therapy
FAC	Family Assistance Center, Federal Advisory Committee
FBI	Federal Bureau of Investigation
FECA	Federal Employees' Compensation Act
FCG	Family Caregiver
FICEMS	The Federal Interagency Committee on Emergency Medical Services
FMLA	Family Medical Leave Act
FPEB	Formal Physical Evaluation Board
FRAGO	Fragmentary Order
FRC	Federal Recovery Coordinator
FRCP	Federal Recovery Coordination Program
FRO	Family Readiness Officer
FRSA	Family Readiness Support Assistant

Acronym	Meaning of Acronym
FY	Fiscal Year
GAF	Global Assessment of Functioning
GAO	Government Accountability Office
GEN	General
GHP	group health plan
GWOT	Global War on Terror
H2H	Hero 2 Hired
HART	Helping Airmen Recover Together
HCE	Hearing Center of Excellence
HIPAA	Health Insurance Portability and Accountability Act
HQDA	Headquarters Department of Army
HRSA	Health Resources and Services Administration
IADT	initial active duty training
I&I	Inspectors & Instructors
IC3	DOD-VA Interagency Care Coordination Committee
ICF	ICF International
IDES	Integrated Disability Evaluation System
IDPR	Integrated Disability Evaluation System Performance Report
INCAP	Incapacitation Pay
IOM	Institute of Medicine
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
ITO	Invitational Travel Orders
JBLM	Joint Base Lewis-McChord
JD	Juris Doctor
JEC	Joint Executive Committee
JFHQ	Joint Forces Headquarters
JFTR	Joint Federal Travel Regulation
JTEST-AI	Job Training and Employment Skills Training, Apprenticeships and Internships
JTR	Joint Travel Regulation
LC	Lead Coordinator program, lead coordinator
LDC	Limited Duty Coordinator
LNO	Liaison Officer
LOD	Line of Duty
LRMC	Landstuhl Regional Medical Center
LT	Lieutenant
LtCol, Lt Col, LTC	Lieutenant Colonel
LtGen	Lieutenant General
LVERS	Local Veterans' Employment Representatives
MAJ, Maj	Major

Acronym	Meaning of Acronym
MARFORRES	Marine Forces Reserve
MBA	Master of Business Administration
MCCM	Medical Care Case Manager
MCAGCC	Marine Corps Air Ground Combat Center at Twentynine Palms
MCIRSA	Marine Corps Individual Reserve Support Activity
MD	Medical Doctor
MEB	Medical Evaluation Board
MEDCOM	Medical Command
MEDHOLD	Medical Hold
MFLC	Military Family Life Consultants, Military & Family Life Counseling
MG	Major General
MHO	Medical Holdover
MOA	memorandum of agreement
MOS	military occupational specialty, Military OneSource
MOU	memorandum of understanding
MRDP	Medical Retention Determination Point
MSN	Master of Science in Nursing
MSO	Military Service Organization
MTF	Military Treatment Facility
MTSP	Military Transition Support Project
N9	Fleet and Family Support
NAC	National Ability Center
NARA	National Archives and Records Administration
NARSUM	Narrative Summary
NCMs	Nurse Case Managers
NCTC	National Counterterrorism Center
NDAA	National Defense Authorization Act
NGA	National Governors Association
NGB	National Guard Bureau
NIH	National Institutes of Health
NMA	Non-Medical Attendant
NMCM	Non-Medical Case Manager
No.	Number
MPH	Master of Public Health
NRD	National Resource Directory
NWW-SH	Navy Wounded Warrior-Safe Harbor
OAC	Office of Airmen's Counsel
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
OASD(RA)	Office of the Assistant Secretary of Defense for Reserve Affairs
OCO	Overseas Contingency Operations

Acronym	Meaning of Acronym
ODASD(WCP)	Deputy Assistant Secretary of Defense for Warrior Care
ODNI	Office of the Director of National Intelligence
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
OPIA	Office of Public and Intergovernmental Affairs
OPM	Office of Personnel Management
OSD	Office of the Secretary of Defense
OUSD(P&R)	Office of the Under Secretary of Defense for Personnel and Readiness
OWCP	DOL's Office of Workers' Compensation Programs
OWF	Operation Warfighter
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
PhD	Doctor of Philosophy
PII	personally identifiable information
PLD	Permanent Limited Duty
POM	Program Objective Memorandum
PTSD	Posttraumatic Stress Disorder
Pub. L.	Public Law
Q	Fiscal Year Quarter
RA	Reserve Affairs
RC	Reserve Component
RCC	Recovery Care Coordinator
RCMC	Reserve Component Managed Care
RCP	Recovery Coordination Program
RDML	Rear Admiral
Ret.	Retired
RMED	Reserve Medical Entitlements Determination
RN	registered nurse
RSM	recovering Service member
RT	recovery team
RTD	Return to Duty
RWs	Recovering Warriors
RWTF	Recovering Warrior Task Force
SAMMC	San Antonio Military Medical Center
SAMHS	San Antonio Military Health System
SBA	Small Business Administration
SCAADL	Special Compensation for Assistance with Activities of Daily Living
SFAC	Solider and Family Assistance Center
SGT	Sergeant

Acronym	Meaning of Acronym
SOC	Senior Oversight Committee
SOCOM	Special Operations Command
SOF	Special Operations Forces
SSA	Social Security Admininstration
SSDI	Social Security Disability Insurance
SSI	Social Security Income
TAP	Transition Assistance Program
TAMP	Transitional Assistance Medical Program
TBI	Traumatic Brain Injury
TCSRC	Transitional Care for Service-Related Conditions
TDRL	Temporary Disabled/Retired List
TLD	Temporary Limited Duty
TPCC	Office of Transition Policy and Care Coordination
TRS	TRICARE Reserve Select
TSgt	Technical Sergeant
TVPO	Transition to Veterans Program Office
USA	United States Army
USAF	United States Air Force
USAR	United States Army Reserve
USC	United States Code
USCENTCOM	United States Central Command
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USMC	United States Marine Corps
USMCR	United States Marine Corps Reserve
USF	University of South Florida
USN	United States Navy
USSOCOM	United States Special Operations Command
USSS	U.S. Secret Service
VA	Department of Veterans Affairs
VADM	Vice Admiral
VAMC	Veteran Affairs Medical Center
VAPIHCS	Veterans Administration Pacific Islands Health Care System
VBA	Veterans Benefits Administration
VCE	Vision Center of Excellence
V/E	Vocational/Employment
VETS	Veterans Employment and Training Service
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture
VR&E	Vocational Rehabilitation and Employment

Acronym	Meaning of Acronym
VRC	Vocational Rehabilitation Counselor
VSO	Veterans Service Organization
VTA	Veterans Tracking Application
WCP	Office of Warrior Care Policy
WHO	World Health Organization
WII	Wounded, Ill, and Injured
WIPA	Work Incentives Planning and Assistance
WOTC	Work Opportunity Tax Credit for Employers
WRNMMC	Walter Reed National Military Medical Center
WTB	Warrior Transition Battalion
WTC	Warrior Transition Command
WTU	Warrior Transition Unit
WW	Wounded Warrior
WCTP	Warrior Care and Transition Program
WWCTP	Wounded Warrior Care and Transition Policy
WWR	Wounded Warrior Regiment
WWRC	Wounded Warrior Resource Center
WWSC	Wounded Warrior Specialty Consultants

APPENDIX A: LEGISLATION

111 P.L. 84, *; 123 Stat. 2190;
2009 Enacted H.R. 2647

[*724] Sec. 724. Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces.

(a) Establishment.--

(1) In general.-- The Secretary of Defense shall establish within the Department of Defense a task force to be known as the "Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces" (in this section referred to as the "Task Force").

(2) Purpose.-- The purpose of the Task Force shall be to assess the effectiveness of the policies and programs developed and implemented by the Department of Defense, and by each of the military departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces, and to make recommendations for the continuous improvement of such policies and programs.

(3) Relation to senior oversight committee.-- The Secretary shall ensure that the Task Force is independent of the Senior Oversight Committee (as defined in section 726(c) of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4509)).

(b) Composition.--

(1) Members.-- The Task Force shall consist of not more than 14 members, appointed by the Secretary of Defense from among the individuals as described in paragraph (2).

(2) Covered individuals.-- The individuals appointed to the Task Force shall include the following:

(A) At least one member of each of the regular components of the Army, the Navy, the Air Force, and the Marine Corps.

(B) One member of the National Guard.

(C) One member of a reserve component of the Armed Forces other than National Guard.

(D) A number of persons from outside the Department of Defense equal to the total number of personnel from within the Department of Defense (whether members of the Armed Forces or civilian personnel) who are appointed to the Task Force.

(E) Persons who have experience in--

(i) medical care and coordination for wounded, ill, and injured members of the Armed Forces;

(ii) medical case management;

(iii) non-medical case management;

(iv) the disability evaluation process for members of the Armed Forces;

(v) veterans benefits;

(vi) treatment of traumatic brain injury and post-traumatic stress disorder;

(vii) family support;

(viii) medical research;

(ix) vocational rehabilitation; or

(x) disability benefits.

(F) At least one family member of a wounded, ill, or injured member of the Armed Forces or veteran who has experience working with wounded, ill, and injured members of the Armed Forces or their families.

(3) Individuals appointed from within department of defense.-- At least one of the individuals appointed to the Task Force from within the Department of Defense shall be the surgeon general of an Armed Force.

(4) Individuals appointed from outside department of defense.-- The individuals appointed to the Task Force from outside the Department of Defense--

(A) with the concurrence of the Secretary of Veterans Affairs, shall include an officer or employee of the Department of Veterans Affairs; and

(B) may include individuals from other departments or agencies of the Federal Government, from State and local agencies, or from the private sector.

(5) Deadline for appointments.-- All original appointments to the Task Force shall be made not later than 120 days after the date of the enactment of this Act.

(6) Co-chairs.-- There shall be two co-chairs of the Task Force. One of the co-chairs shall be designated by the Secretary of Defense at the time of appointment from among the individuals appointed to the Task Force from within the Department of Defense. The other co-chair shall be selected from among the individuals appointed from outside the Department of Defense by those individuals.

(c) Annual Report.--

(1) In general.-- Not later than 12 months after the date on which all members of the Task Force have been appointed, and each year thereafter for the life of the Task Force, the Task Force shall submit to the Secretary of Defense a report on the activities of the Task Force and the activities of the Department of Defense and the military departments to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces. The report shall include the following:

(A) The findings and conclusions of the Task Force as a result of its assessment of the effectiveness of the policies and programs developed and implemented by the Department of Defense, and by each of the military departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

(B) A description of best practices and various ways in which the Department of Defense and the military departments could more effectively address matters relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces, including members of the regular components, and members of the reserve components, and support for their families.

(C) A plan for the activities of the Task Force in the year following the year covered by the report.

(D) Such recommendations for other legislative or administrative action as the Task Force considers appropriate for measures to improve the policies and programs described in subparagraph (A).

(2) Methodology.-- For purposes of the reports, the Task Force--

(A) shall conduct site visits and interviews as the Task Force considers appropriate;

(B) may consider the findings and recommendations of previous reviews and evaluations of the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces; and

(C) may use such other means for directly obtaining information relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces as the Task Force considers appropriate.

(3) Matters to be reviewed and assessed.-- For purposes of the reports, the Task Force shall review and assess the following:

(A) Case management, including the numbers and types of medical and non-medical case managers (including Federal Recovery Coordinators, Recovery Care Coordinators, National Guard or Reserve case managers, and other case managers) assigned to recovering wounded, ill, and injured members of the Armed Forces, the training provided such case managers, and the effectiveness of such case managers in providing care and support to recovering wounded, ill, and injured members of the Armed Forces.

(B) Staffing of Army Warrior Transition Units, Marine Corps Wounded Warrior Regiments, Navy and Air Force Medical Hold or Medical Holdover Units, and other service-related programs or units for recovering wounded, ill, and injured members of the Armed Forces, including the use of applicable hiring authorities to ensure the proper staffing of such programs and units.

(C) The establishment and effectiveness of performance and accountability standards for warrior transition units and programs.

(D) The availability of services for traumatic brain injury and post traumatic stress disorder.

(E) The establishment and effectiveness of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and the centers of excellence for military eye injuries, hearing loss and auditory system injuries, and traumatic extremity injuries and amputations.

(F) The effectiveness of the Interagency Program Office in achieving fully interoperable electronic health records by September 30, 2009, in accordance with section 1635 of the Wounded Warrior Act (title XVI of Public Law 110-181; 122 Stat. 460; 10 U.S.C. 1071 note).

(G) The effectiveness of wounded warrior information resources, including the Wounded Warrior Resource Center, the National Resource Directory, Military OneSource, Family Assistance Centers, and Service hotlines, in providing meaningful information for recovering wounded, ill, and injured members of the Armed Forces.

(H) The support available to family caregivers of recovering wounded, ill, and injured members of the Armed Forces.

(I) The legal support available to recovering wounded, ill, and injured members of the Armed Forces and their families.

(J) The availability of vocational training for recovering wounded, ill, and injured members of the Armed Forces seeking to transition to civilian life.

(K) The effectiveness of any measures under pilot programs to improve or enhance the military disability evaluation system.

(L) The support and assistance provided to recovering wounded, ill, and injured members of the Armed Forces as they progress through the military disability evaluation system.

(M) The support systems in place to ease the transition of recovering wounded, ill, and injured members of the Armed Forces from the Department of Defense to the Department of Veterans Affairs.

(N) Interagency matters affecting recovering wounded, ill, and injured members of the Armed Forces in their transition to civilian life.

(O) The effectiveness of the Senior Oversight Committee in facilitating and overseeing collaboration between the Department of Defense and the Department of Veterans Affairs on matters relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

(P) Overall coordination between the Department of Defense and the Department of Veterans Affairs on the matters specified in this paragraph.

(Q) Such other matters as the Task Force considers appropriate in connection with the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

(4) Transmittal.-- Not later than 90 days after receipt of a report required by paragraph (1), the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives the report and the Secretary's evaluation of the report.

(d) Plan Required.-- Not later than six months after the receipt of a report under subsection (c), the Secretary of Defense shall, in consultation with the Secretaries of the military departments, submit to the Committees on Armed Services of the Senate and the House of Representatives a plan to implement the recommendations of the Task Force included in the report.

(e) Administrative Matters.--

(1) Compensation.-- Each member of the Task Force who is a member of the Armed Forces or a civilian officer or employee of the United States shall serve on the Task Force without compensation (other than compensation to which entitled as a member of the Armed Forces or an officer or employee of the United States, as the case may be). Other members of the Task Force shall be appointed in accordance with, and subject to, the provisions of section 3161 of title 5, United States Code.

(2) Oversight.-- The Under Secretary of Defense for Personnel and Readiness shall oversee the Task Force. The Washington Headquarters Services of the Department of Defense shall provide the Task Force with personnel, facilities, and other administrative support as necessary for the performance of the duties of the Task Force.

(3) Visits to military facilities.-- Any visit by the Task Force to a military installation or facility shall be undertaken through the Deputy Under Secretary of Defense for Personnel and Readiness, in coordination with the Secretaries of the military departments.

(f) Termination.--The Task Force shall terminate on the date that is five years after the date of the enactment of this Act.

APPENDIX B: CHARTER

Charter
Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces

1. Committee's Official Designation: The Committee shall be known as the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (hereafter referred to as "the Task Force").

2. Authority: The Secretary of Defense, under the provisions of section 724 of Public Law 111-84, the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix 2), and 41 CFR § 102-3.50(a), established the Task Force.

   Pursuant to section 724(a)(3), the Secretary of Defense shall ensure that the Task Force's work is independent of the Senior Oversight Committee, as defined by section 726(c) of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4509).

3. Objectives and Scope of Activities: The Task Force shall: (a) assess the effectiveness of the policies and programs developed and implemented by the Department of Defense, and by each of the Military Departments to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces; and (b) make recommendations for the continuous improvements of such policies and programs.

4. Description of Duties: The Task Force, pursuant to section 724(c) of Public Law 111-84, shall no later than 12 months after the date on which all Task Force members have been appointed, and each year thereafter for the life of the Task Force, shall submit a report to the Secretary of Defense.

   The Task Force shall submit to the Secretary of Defense a report on the activities of the Task Force, and on the activities of the Department of Defense, to include the Military Departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces. As a minimum, the Task Force's report shall include the following:

   a. The Task Force's findings and conclusions as a result of its assessment of the effectiveness of developed and implemented DoD policies and programs, to include those by the Military Departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.
   b. A description of best practices and various ways in which the Department of Defense, to include the Military Departments, could more effectively address matters relating to the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces, including members of the Regular and Reserve Components and support for their families.
   c. A plan listing and describing the Task Force's activities for the upcoming year.
   d. Such recommendations for other legislative or administrative action that the Task Force considers appropriate for measures to improve DoD-wide policies and programs that assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces.

The Task Force, for the purposes of its reports, shall fully comply with sections 724(c)(2) and (3) of Public Law 111-84 in all matters dealing with the report's: (a) methodology; and (b) matters to be reviewed and assessed.

No later than 90 days after receiving the Task Force's report, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives the report and the Secretary's evaluation of the report.

No later than six months after receiving the Task Force's report, the Secretary of Defense, in consultation with the Secretaries of the Military Departments, shall submit to the Committees on Armed Services of the Senate and the House of Representatives a plan to implement the recommendations of the Task Force's annual report.

5. Agency or Official to Whom the Committee Reports: Pursuant to section 724(c) of Public Law 111-84, the Task Force reports its independent findings, advice, and recommendations to the Secretary of Defense.

6. Support: The Department of Defense, through the Office of the Under Secretary of Defense for Personnel and Readiness and the Office of the Director of Administration and Management, shall provide support as deemed necessary for the performance of the Task Force's functions, and shall ensure compliance with the requirements of the Federal Advisory Committee Act.

   Upon request by the Task Force's co-chairs and in consultation with the Deputy Under Secretary of Defense for Personnel and Readiness, any department or agency of the Federal Government, to include DoD Federally Funded Research and Development Centers, may provide information that the Task Force considers necessary to carry out its duties.

   Any Task Force visit to a military installation or facility shall be undertaken through the Deputy Under Secretary of Defense for Personnel and Readiness, in consultation with the appropriate the Secretary of the Military Departments.

7. Estimated Annual Operating Costs and Staff Years: It is estimated that the annual operating costs, to include travel and contract support, is approximately $5,000,000.00. The estimated annual DoD personnel costs are 25.0 full-time equivalents (FTE).

8. Designated Federal Officer: The Designated Federal Officer, pursuant to DoD policy, shall be a full-time or permanent part-time DoD employee, and shall be appointed in accordance with established DoD policies and procedures.

   In addition, the Designated Federal Officer is required to be in attendance at all Task Force and subcommittee meetings; however, in the absence of the Designated Federal Officer, the Alternate Designated Federal Officer shall attend the meeting.

9. Estimated Number and Frequency of Meetings: The Task Force shall meet at the call of the Task Force's Designated Federal Officer, in consultation with the co-chairs. The estimated number of Panel meetings is five (5) per year.

10. Duration: The need for this advisory function, unless extended by Act of Congress, is for five years; however this Charter is subject to renewal every two years.

11. Termination: Unless otherwise extended by Act of Congress, the Task Force, pursuant to section 724(f) of Public Law 111-84, terminates no later than October 27, 2014.

12. Membership and Designation: The Task Force, pursuant to section 724(b) of Public Law 111-84, shall be comprised of not more than 14 members appointed by the Secretary of Defense.

    Pursuant to 724(b)(2) of Public Law 111-84, the Secretary of Defense shall appoint:

    a. At least one member of each of the Regular Components of the Army, the Navy, the Air Force, and the Marine Corps;
    b. One member of the National Guard;
    c. One member of a Reserve Component of the Armed Forces other than the National Guard;
    d. At least one family member of a wounded, ill, or injured member of the Armed Forces or veteran who has experience working with wounded, ill, and injured members of the Armed Forces or their families; and
    e. A number of persons from outside the Department of Defense equal to the total number of personnel from within the Department of Defense (whether members of the Armed Forces or civilian personnel) who are appointed to the Task Force.

    Sections 724(b)(2) through (4) of Public Law 111-84, further stipulate the following Task Force appointment requirements:

    a. At least one individual appointed to the Task Force from within the Department of Defense shall be the Surgeon General of an Armed Force.
    b. The individuals appointed to the Task Force from outside the Department of Defense –
        i. With the concurrence of the Secretary of Veterans Affairs, shall include an officer or employee of the Department of Veterans Affairs; and
        ii. May include individuals from other departments or agencies of the Federal Government, from State and local agencies, or from the private sector.
    c. Persons appointed to the Task Force shall have experience in –
        i. Medical care and coordination for wounded, ill, and injured members of the Armed Forces;
        ii. Medical case management;
        iii. Non-medical case management;
        iv. The disability evaluation process for members of the Armed Forces;
        v. Veterans benefits;
        vi. Treatment of traumatic brain injury and posttraumatic stress disorder;
        vii. Family support;
        viii. Medical research;
        ix. Vocational rehabilitation; or
        x. Disability benefits.

    There shall be two co-chairs of the Task Force. One of the co-chairs shall be designated by the Secretary of Defense at the time of appointment from among the individuals appointed to the Task Force from within the Department of Defense. The other co-chair shall be selected from among the individuals appointed from outside the Department of Defense by those individuals.

Pursuant to sections 724(e)(1) of Public Law 111-84, Task Force members who are members of the Armed Forces or a civilian officer or employee of the United States shall serve on the Task Force without compensation (other than compensation to which entitled as a member of the Armed Forces or an officer or employee of the United States, as the case may be).

Other Task Force members shall be appointed in accordance with, and subject to, the provisions of 5 U.S.C. § 3161 and shall be compensated. These individuals shall serve as special government employees, and they shall not be considered full-time or permanent part-time officers or employees of the Federal Government for the purpose of determining the applicability of the Federal Advisory Committee Act of 1972.

All Task Force members shall be appointed for the duration of the Task Force. In the event of a vacancy on the Task Force the individual appointed to fill that vacancy shall be appointed by the same officer (or the officer's successor) who made the appointment to the seat when the Task Force was first established.

All Task Force members shall receive travel and per diem for official Task Force travel.

13. Subcommittees: With DoD approval, the Task Force is authorized to establish subcommittees, as necessary and consistent with its mission. These subcommittees or working groups shall operate under the provisions of the Federal Advisory Committee Act of 1972, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b), and other governing Federal regulations.

    Such subcommittees or workgroups shall not work independently of the chartered Task Force, and shall report all their recommendations and advice to the Task Force for full deliberation and discussion. Subcommittees or workgroups have no authority to make decisions on behalf of the chartered Task Force; nor can they report directly to the Department of Defense or any Federal officers or employees who are not Task Force members.

    Subcommittee members, who are not Task Force members, shall be appointed in the same manner as Task Force members.

14. Recordkeeping: The records of the Task Force and its subcommittees shall be handled according to section 2, General Record Schedule 26 and governing Department of Defense policies and procedures. These records shall be available for public inspection and copying, subject to the Freedom of Information Act of 1966 (5 U.S.C. § 552, as amended).

15. Filing Date: 18 November 2010

APPENDIX C: REFERENCE HANDBOOK

DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

Reference Handbook of Key Topics and Terms

Updated January 2014

Including updates from NDAA 2014

Recovering Warrior Task Force
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This Reference Handbook was prepared for Members of the Recovering Warrior Task Force (RWTF) as a primer on specific matters Congress charged the RWTF to address. Consisting of 14 separate information papers and an acronym glossary, the Handbook intends to provide a baseline familiarity across a wide array of initiatives undertaken on behalf of Recovering Warriors (RWs). The Handbook also intends to promote RWTF Members' fluency with terms and acronyms associated with these initiatives. (For purposes of this Handbook, the term "Recovering Warrior" is synonymous with "wounded warrior"; "recovering wounded, ill, and injured Service member"; "recovering Service member (RSM)"; and "wounded, ill, and injured (WII) Service member.")

As directed by Section 724 of the 2010 National Defense Authorization Act (NDAA), the RWTF will assess the effectiveness of the policies and programs developed and implemented by the Office of the Secretary of Defense (OSD) and each of the military departments (hereafter referred to collectively in this Handbook as "the Department") to assist and support the care, management, and transition of RWs of the Military Forces, and to make recommendations for the continuous improvement of corresponding policies and programs. The RWTF provides an invaluable service to the Department and, as an independent body of advisors, was formed to evaluate, provide expert advice, and give recommendations on the policies and programs within the Department that affect RWs. The RWTF's objective is to provide a report with legislative and administrative recommendations to the Department at the end of each year of its four-year duration.

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Reference Handbook of Key Topics and Terms
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**Pub. L. 111-84, 123 Stat. 2190, §724 Subsection c (Annual Report), paragraph 3 (Matters to be Reviewed and Assessed, subparagraphs A-Q). (The information paper on topic 3O: Senior Oversight Committee has been removed following consolidation of the Senior Oversight Committee into the Joint Executive Committee (topic 3P). No information paper was prepared on topic 3N: Interagency Matters Affecting Transition to Civilian Life).*

Topic: Non-medical case management (performed by recovery care coordinators or federal recovery coordinators and non-medical case managers) (see also information papers on *medical care case management* and *wounded warrior units and programs*)

Background:

Case management is "a process intended to assist returning Service members with management of their care from initial injury through recovery" and "is especially important for returning Service members who must often visit numerous therapists, providers, and specialists."[1] Congress prioritized case management for Recovering Warriors (RWs) through the creation of the Recovery Coordination Program (RCP); the Department of Defense (DoD) published DoD Instruction (DoDI) 1300.24 with RCP implementation guidance in 2009.[2, 3]

According to DoDI 1300.24, the RCP includes (1) a Comprehensive Recovery Plan (CRP) developed and implemented for each RW, encompassing medical/non-medical needs and short-/long-term goals, to include transition to the Department of Veterans Affairs (VA) or civilian care, and medical separation or retirement or return to duty; (2) a Recovery Care Coordinator (RCC) with "primary responsibility for development of the CRP" and oversight and coordination of identified medical and non-medical services and resources throughout the continuum of care; and (3) a recovery team (RT) of multidisciplinary medical/non-medical providers collaborating with the RCC to develop the CRP, deliver or facilitate services, and provide resources. The RT includes a non-medical case manager (NMCM) working closely with the RW and family to ensure they "get needed non-medical support" and assistance in "resolving non-medical issues."[4]

DoD policy recognizes three care categories (CATs) to identify an RW:

- CAT I: an RW labeled with a mild injury or illness, likely to return to duty in less than 180 days
- CAT II: an RW labeled with a serious injury or illness, unlikely to return to duty in less than 180 days
- CAT III: an RW labeled with a severe/catastrophic injury or illness, likely to be medically separated from the military[5]

At a minimum, DoD policy requires RCCs be assigned to an RW whose medical condition(s) is expected to last at least 180 days (CAT II or CAT III).[6] In addition, Federal Recovery Coordinators (FRCs) are made available to an RW likely to separate from service due to his or her medical condition(s) (CAT III).[7]

RCCs are hired and trained jointly by DoD and the Services' wounded warrior programs. As of January 2013, the Services reported a total of 168 RCCs (53 Army[8], 51 Marine Corps[9], 41 Air Force[10], and 23 Navy[11]). DoD guidance requires the Services' wounded warrior programs to assign RCCs and NMCMs caseloads of 40 RWs or fewer, based on condition acuity and complexity of non-medical needs. Waivers are required for exceptions,[12] and DoD training for RCCs is provided by the Office of Warrior Care Policy (WCP).

The Services' wounded warrior programs differ in their use of—and nomenclature for—RCCs and NMCMs. In the Army Warrior Transition Units (WTUs), more severely impaired RWs are assigned an Army Wounded Warrior (AW2) Advocate[13] (the 53 AW2 Advocates have an actual caseload of 1:27). The RW's triad of care within the WTU (primary care manager, medical care case manager, and the squad leader or platoon sergeant) functions as the RCC unless or until an AW2 Advocate is assigned, with squad leaders having an actual caseload of 1:10 and platoon sergeants having an actual caseload of 1:38.[14] Army Warrior Transition Command (WTC) has all AW2 Advocates attend DoD RCC training.[15] The Marine Corps uses RCCs (51, actual caseload 1:20) and Wounded Warrior Battalion (WWBn) section leaders as the primary NMCMs (actual caseload 1:10).[16] The Navy uses 23 RCCs, referred to as Navy Wounded Warrior-Safe Harbor non-medical care managers (actual caseload 1:12). The Air Force uses 41 RCCs (actual caseload 1:25), as well as 27 Air Force Wounded Warrior (AFW2) NMCMs (actual caseload 1:38).[17] Special Operations Command (USSOCOM) Care Coalition staff also fill RCC and non-medical case management roles[18] and some attend DoD RCC training[19].

In October 2013, DoD reported more than 500 personnel had attended DoD's joint quarterly RCC training course, including RCCs, Army AW2 Advocates, Air Force AFW2 NMCMs, Navy Wounded Warrior-Safe Harbor non-medical care managers, and section leaders.[20]

Topic: Medical care case management (see also information paper on *non-medical case management*)

Background:

Medical care case management, also known as clinical case management, is "a collaborative process…that assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes."[21] Medical care case management is one component of a broader field known as medical management, which also includes disease management and utilization management.[22]

Section 1611 of the 2008 NDAA, "Comprehensive Policy on Improvements to Care, Management, and Transition of Recovering Service Members," provides guidance on medical care case management with the Recovering Warrior (RW) population.[23] In this legislation, Congress specified the duties of the medical care case manager (MCCM), which include (1) assisting the Service member or family member/designee to understand medical status during care, recovery, and transition; (2) assisting the Service member in receiving prescribed medical treatment during care, recovery, and transition; and (3) conducting periodic reviews of the Service member's medical status with the Service member or, with a manager's approval, a designated family member, if the Service member cannot participate.[24]

Congress prescribed other aspects of implementing the MCCM role, as well. It mandated uniform standards for the training and skills of MCCMs—and others who work with RWs—to detect and report signs of posttraumatic stress disorder (PTSD), suicidal or homicidal thoughts, and other behavioral health concerns. It tasked DoD and VA to develop policies for MCCMs on caseloads and training requirements, as well as rank and occupation specifications for supervisors of MCCMs. In addition, it specified MCCMs must be fully trained before assuming the duties of the job, and DoD and VA must provide the necessary resources to operate a medical care case management program.[25]

According to 2009 DoD Instruction (DoDI) 1300.24, "Recovery Coordination Program (RCP)," which promulgates the non-medical case management guidance contained in Section 1611, the MCCM works as part of the recovery team (RT) with the RW, the RW's commander, a Recovery Care Coordinator (RCC) or Federal Recovery Coordinator (FRC), and a nonmedical case manager (NMCM).[26] This DoD policy also requires MCCMs to communicate directly with the accepting physician or facility as an RW transitions to Veteran status.[27]

To promulgate the medical case management guidance in Section 1611, DoD initially published Directive-Type Memorandum (DTM) 08-033, DoD Health Affairs' "Interim Guidance for Clinical Case Management for the Wounded, Ill, and Injured Service Member in the Military Health System (MHS),"[28] which in 2013 it replaced with DoDI 6025.20, "Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas."[29]

DoDI 6025.20 "establishes policy, assigns responsibilities, and prescribes uniform guidelines, procedures, and standards for the implementation of clinical case management in the MHS, for

TRICARE beneficiaries including care of the wounded, ill, and injured (WII)."[30] For example, the DoDI identifies criteria for being assigned an MCCM: high-risk, multiple, complex conditions or diagnoses; catastrophic, extraordinary conditions; need for extensive coordination of resources and services; and complex psychosocial or environmental factors. It specifies MCCMs, or clinical case managers, must be at minimum licensed registered nurses (RNs) or licensed social workers, and it recommends they obtain national case management certification. It lists the training MCCMs are required to complete, which focuses on using a patient-centered approach, common combat-related injuries, and transition care coordination. It details clinical case management processes for improving care, such as tracking measurable patient and program outcomes, facilitating seamless transitions across health care systems and venues, and deploying comprehensive performance measures. While it calls for the reporting of acuity and/or case-mix, it does not provide caseload guidance.

DoDI 6025.20 applies to all TRICARE beneficiaries, including but not limited to the RW population.

Topic: Wounded warrior units and programs (see also information paper on *non-medical case management*)

Background:

The wounded warrior units and programs are the vehicles through which the Services execute the Recovery Coordination Program (RCP) and manage the transition of Recovering Warriors (RWs), as directed by the 2008 NDAA and DoD Instruction (DoDI) 1300.24.[31]

Section 738 of the 2013 NDAA required the Secretary of Defense (SecDef) to establish policy for uniform measurement of effectiveness of the Army, Marine Corps, Navy, Air Force, and Special Operations Command (USSOCOM) programs for RWs in transition.[32] SecDef is to collect metrics on each of the programs and report to Congress annually until 2018. Congress specifically requested the reports address access to medical and rehabilitation services, effectiveness of vocational and employment services, differences in outcomes, numbers of providers, and numbers of Service members in need of providers' services.

Army. The Army Warrior Transition Command (WTC) oversees two programs: the Warrior Transition Unit (WTU) and the Army Wounded Warrior (AW2) program. WTUs are brigade-, battalion-, or company-level units to which RWs are assigned while healing and preparing to transition back to duty or to civilian status. WTUs are located at major medical treatment facilities (MTFs) and provide "critical support to Regular Army Soldiers who are expected to require six months or more of rehabilitation care and complex medical management in an inpatient or outpatient status and to Reserve Component Soldiers who are in need of definitive healthcare based on medical conditions identified, incurred or aggravated while in an Active Duty (AD) status."[33]

As of January 2013, approximately 10,000 Soldiers[34] were assigned to 38 WTUs, including nine Community-Based WTUs (CBWTUs) for Reservists requiring only outpatient care[35]. Among the WTU population were 1,377 Soldiers with severe disabilities who were participating in the AW2 program[36], which assigns RWs and their families an AW2 Advocate to assist with needs related to career and education, benefits, transition, information, and more[37, 38].

Marine Corps. The Marine Corps Wounded Warrior Regiment (WWR) provides non-medical case management throughout the recovery period to post-9/11 wounded, ill, and injured (WII) Marines and Sailors assigned to or directly supporting Marine Corps units. WWR supports Active Component (AC) and Reserve Component (RC) Marines, including those who have separated or retired.[39] The WWR comprises battalions at Camp Lejeune (WWBn-East) and at Camp Pendleton (WWBn-West), which have detachments at 12 principal MTFs and four VA Polytrauma Rehabilitation Centers (PRCs). There are 15 to 20 RWs assigned to each detachment.[40] The Marine Corps program emphasizes outreach and reintegration through resources such as the Battalion Contact Centers, the Sergeant Merlin German Wounded Warrior Call Center (WWCC), District Injured Support Coordinators (DISCs) located in defined Veterans Integrated Service Network (VISN) regions[41], and the Marine for Life (M4L)

program[42]. As of January 2013, 759 WII Marines and Sailors were joined to the WWR.[43] An additional 3,140 Marines were supported by, but not joined to, the WWR.[44]

Navy. The Navy Wounded Warrior-Safe Harbor (NWW-SH) program provides non-medical case management for severely injured—and high-risk, non-severely injured—WII Sailors, Coast Guardsmen, and their families.[45] Wounded Warrior-Safe Harbor is available to those with injuries, whether combat related or due to a shipboard or liberty accident, and to those with serious physical or psychological illnesses; enrollees remain assigned to their parent unit.[46] The Wounded Warrior-Safe Harbor Operations Department consists of (1) non-medical case managers (NMCMs) geographically dispersed at major MTFs and VA Polytrauma hospitals and (2) a Strategic Support Department of subject-matter experts who assist the NMCMs.[47, 48] As of February 2013, 270 Sailors were enrolled in the Wounded Warrior-Safe Harbor program (excluding those retired or on the Temporary Disability Retirement List (TDRL)).[49] Wounded Warrior-Safe Harbor partners with volunteer mentors in the community to offer the Anchor Program for Reserve and separating/retiring Service members during their transition to civilian life, which extends RWs' contact with Wounded Warrior-Safe Harbor.[50] The Navy Medical Hold (MEDHOLD) program allows Reservists to stay on Medical Continuation (MEDCON) Orders and receive medical treatment beyond the expiration of their Service orders.[51] In 2012, the Navy realigned the Wounded Warrior-Safe Harbor program under Fleet and Family Support (N9) within Commander, Navy Installations Command (CNIC).[52]

Air Force. The Air Force Wounded Warrior and Survivor Care program comprises three branches: Warrior Care Support, the Air Force Wounded Warrior (AFW2) program, and the Recovery Care Coordination (RCC) program.[53] The AFW2 program, once only for Airmen with a combat-related injury or illness necessitating long-term care that would require a disability evaluation[54], now serves all WII Airmen. AFW2 leverages existing resources, such as the Wounded Warrior and Survivor Care program and installation Airman and Family Readiness Centers (A&FRCs), to provide services including expanded transition assistance, extended case management, follow-up, and advocacy[55]. WII Airmen and their families also are assigned a Family Liaison Officer to facilitate the logistics of medical treatment away from home.[56, 57] As of February 2013, 1,035 AD Airmen were enrolled in the AFW2 program.[58] In 2012, the Air Force consolidated all RW, casualty, mortuary, Airman and Family, Integrated Disability Evaluation System (IDES), and MEDCON functions under the command of the Air Force Personnel Center (AFPC), in San Antonio, TX.[59]

Special Operations Command (USSOCOM). The USSOCOM Care Coalition provides mentorship, advocacy, non-medical case management, and support through return to duty or transition to civilian life.[60] The Care Coalition's Fiscal Year (FY) 2013 population consisted of 973 Special Operators, of whom 967 were currently serving.[61, 62] Care Coalition partners with governmental and non-governmental agencies to optimize RWs' access to services—particularly cutting-edge care—and works closely with unit leadership to facilitate swift return of Special Operations Forces (SOF) members to duty, as appropriate, and improve SOF readiness.[63]

Topic: Services for posttraumatic stress disorder and traumatic brain injury

Background:

Posttraumatic stress disorder (PTSD) is "a psychological condition that affects those who have experienced a traumatizing or life-threatening event such as combat, natural disasters, serious accidents, or violent personal assaults."[64] The prevalence rates of PTSD among Service members and Veterans vary widely. The Institute of Medicine's (IOM) Committee on the Assessment of Ongoing Efforts in the Treatment of Posttraumatic Stress Disorder estimated the prevalence of PTSD among Service members to be between 13 and 20 percent.[65] The average prevalence rate among infantry, post-deployment, is approximately 15 percent.[66] Between 2000 and December 2012, there were 131,341 new diagnoses of PTSD among deployed and non-deployed Service members.[67]

DoD defines traumatic brain injury (TBI) as the "traumatically induced structural injury or physiological disruption of brain function as a result of external force to the head."[68] According to the Defense and Veterans Brain Injury Center (DVBIC), between 2000 and the second quarter of 2013, there were more than 280,734 diagnosed cases of TBI at all severity levels across the Services, most not related to deployment.[69] PTSD and TBI frequently co-occur and affect moods, thoughts, and behavior, "yet these wounds often go unrecognized and unacknowledged."[70] Mild TBI (mTBI), or concussion, is particularly difficult to diagnose because symptoms are not typically obvious.

DoD's National Intrepid Center of Excellence (NICoE), which opened June 2010 on the Walter Reed National Military Medical Center (WRNMMC) campus, in Bethesda, MD, offers cutting-edge diagnosis, treatment, rehabilitation, and follow-up for Recovering Warriors (RWs) with complex interactions of psychological health conditions and mild TBI.[71] With the help of the Intrepid Fallen Heroes Fund, nine NICoE satellites, known as Intrepid Spirit Centers, are being built at military bases and medical centers around the country.[72] These NICoE satellites will provide eligible Service members local access to NICoE's cutting-edge care and resources. The first of these NICoE satellites opened at Fort Belvoir, VA, and Camp Lejeune, NC, during summer 2013.[73, 74]

Several provisions of the 2013 NDAA addressed psychological health and TBI. Section 706 authorized the Secretary of Defense (SecDef) to conduct a pilot to improve research, treatment, education, and outreach on mental health and substance abuse.[75] Section 724 instructed SecDef and the Secretary of the VA to enter into a memorandum of understanding (MOU) to allow Service members returning from combat operations to participate in VA peer support counseling programs.[76] Section 725 instructed SecDef to "provide for the translation of research on the diagnosis and treatment of mental health conditions into policy on medical practices," and it required a July 2013 report to Congress on translation of research to practice.[77] Section 726 of NDAA 2013 tasked VA with developing and implementing measures to assess the timeliness, quality, capacity, availability, and provision of evidence-based treatments and patient satisfaction with VA mental health care.[78] This section also required VA to develop staffing guidelines for

providers of mental health care and to contract the National Academy of Sciences to study VA mental health care. Section 739 required SecDef to submit a plan to improve coordination and integration of DoD programs for psychological health and TBI to Congress by July 2013.[79] The report was to include identification of gaps in services, identification of unnecessary redundancies, a plan to mitigate the identified gaps and redundancies, and identification of the DoD official responsible for leading the plan.

Congress continued to address psychological health and TBI care in its 2014 NDAA—specifically, through provisions related to telemedicine, TBI management, and support for clinical research in Sections 702, 704, and 723. Section 702 required SecDef to submit to the congressional defense committees, within 270 days of the enactment of NDAA 2014, a report on the use of telemedicine to improve the diagnosis and treatment of PTSD, TBIs, and mental health conditions.[80] Section 723 required SecDef to report to the congressional defense committees, not later than 180 days after enactment of NDAA 2014, on the process for identifying, referring, and treating potential TBI among Service members who served in Operations Enduring Freedom (OEF) or Iraqi Freedom (OIF) prior to the June 2010 implementation of Directive-Type Memorandum (DTM) 09-033[81], the landmark policy guidance for managing concussion/mild TBI in the deployed setting[82], which has since been replaced by DoD Instruction 6490.11[83]. This legislation should help to close a service gap for pre-2010 combat Veterans whose blast injuries may have gone unrecognized and/or untreated. Section 704 authorizes SecDef to initiate a pilot program establishing a process for randomized placebo-controlled clinical trials of investigational TBI or PTSD treatments Service members may be receiving outside military treatment facilities (MTFs).[84] Each fiscal year (FY), SecDef is to submit a report to the congressional defense committees on the implementation and results of the investigational treatment trials in the preceding year.[85] The authority for this pilot program expires December 31, 2018.[86]

Prevention and early intervention of posttraumatic stress disorder (PTSD). A wide variety of DoD- and Service-level resources and initiatives exist to facilitate PTSD prevention and early intervention. DoD offers free, confidential counseling through Military OneSource[87] and the Military Family Life Counselor (MFLC) program[88]. The Army has begun to embed behavioral health teams within its Brigade Combat Teams.[89] The Marine Corps and Navy Reserves have established Psychological Health Outreach Program (PHOP) teams that provide access to psychological health services to increase resilience and facilitate recovery.[90, 91] Cognitive behavioral therapy (CBT), combat exposure-based therapies (ET), and psychological first aid are treatment methodologies found to be effective for early intervention and prevention of PTSD.[92] There is a push across DoD toward providing early intervention and care for PTSD in integrated mental health and primary care settings.[93, 94, 95] The Army's Comprehensive Fitness Program (CFP) is a historically unique, prevention-focused approach to addressing PTSD and other responses to trauma and adversity.[96] Based both on the Army's standard strategy for dealing with high-risk scenarios—which is to assess risk, mitigate at unit level, and mitigate at individual level—and on research in positive psychology, CFP is an Army-wide program in which all Soldiers participate.[97] Sister Services have initiated their own resilience programs, including the

Navy's and Marine Corps' Combat Operation Stress Control and the Air Force's Comprehensive Airman Fitness.[98]

Screening for PTSD. In accordance with legislation and DoD policy, Service members are required to receive medical examinations including mental health assessments before deployment, as deployment concludes, and during post-deployment.[99, 100, 101] Section 703 of NDAA 2013 extended the period for mandatory post-deployment person-to-person mental health assessments from between 180 days and 12 months post-deployment to between 180 days and 18 months post-deployment.[102] Additionally, in its plan for implementing the FY2012 recommendations of the Recovering Warrior Task Force (RWTF), DoD indicated draft DoDI 6490.ss, "Integration of Behavioral Health Personnel Services into Patient-Centered Medical Home Primary Care and Other Primary Care Service Settings," would require primary care managers (PCMs) to screen for PTSD at least annually.[103]

Treatment of PTSD. It is estimated only 23 to 40 percent of Service members and Veterans in need of mental health services receive care.[104] Service members can access PTSD treatment and information through several mental health services, including the National Center for Posttraumatic Stress Disorder (NCPTSD), NICoE, and Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury, as well as local DoD and VA programs. NCPTSD's mission is to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and other stress-related disorders.[105] Treatment options for PTSD include psychotherapy, medication, and/or complementary and alternative approaches such as acupuncture, yoga, and herbal/dietary supplements.

In 2010, VA and DoD updated the 2004 VA/DoD "Clinical Practice Guideline for the Management of Post-Traumatic Stress."[106, 107] The guideline identifies evidence-based psychotherapy (EBP) and pharmacological practices for the treatment of PTSD and protocols for selecting and implementing them on a patient-specific basis. The PTSD psychotherapies with the strongest evidence of effectiveness are ETs such as prolonged exposure therapy (PE); cognitive-based therapies (CT) such as cognitive processing therapy (CPT); stress inoculation training (SIT); and eye movement desensitization and reprocessing (EMDR).[108] In October 2013, DoD reported the Center for Deployment Psychology (CDP) had trained more than 2,600 DoD providers in EBP since 2011.[109] For pharmacological treatments, the evidence is strongest for selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs).[110]

Screening and treatment of traumatic brain injury (TBI). Section 722 of NDAA 2011 required SecDef to develop and implement a comprehensive policy on consistent neurological cognitive assessments of Service members before and after deployment no later than January 31, 2011.[111] TBI screening occurs in-theatre, at Landstuhl Regional Medical Center (LRMC), during post-deployment health assessment (PDHA) and reassessment (PDHRA), and in VA medical centers.[112]

The Military Acute Concussion Evaluation (MACE) tool helps to systematize the diagnosis of TBI.[113] DoD TBI treatment programs are established throughout the continental United States (CONUS) and overseas.[114] Evidence-based treatment protocols are tailored to treatment location (e.g., in-theatre, CONUS), acuity of condition (e.g., acute, sub-acute, chronic), and severity of condition (e.g., mild, moderate, severe, penetrating).[115, 116] DoDI 6490.11, "DoD Policy Guidance for Management of Mild TBI/Concussion in the Deployed Setting," signed September 18, 2012, establishes mandatory protocols for exposure, medical evaluation, rest requirements, and resumption of activities following a potentially concussive event.[117] The DoD/VA clinical practice guidelines offer treatment protocols to be used beyond the deployed setting and the acute phase of a TBI.[118]

A comprehensive brain injury rehabilitation program might include visual, vestibular, vocational, physical, and cognitive rehabilitation; specialty services; and psychological counseling.[119] The focus of cognitive rehabilitation is on specific cognitive deficits and the effects of these deficits on social, communication, behavioral, and vocational/academic performance.[120]

Section 724 of NDAA 2012 required SecDef to report on how to identify, refer, and treat OEF/OIF Service members who served before the 50-meter-from-explosion criterion was established.[121] Additionally, it required SecDef to report on the effectiveness of several newer policies, including managing concussion and mTBI in deployed settings, identifying and treating blast injuries (including the 50-meter criterion), and operational effectiveness in-theatre.

Topic: Centers of Excellence for Psychological Health and Traumatic Brain Injury, for Vision, for Hearing, and for Traumatic Extremity Injuries and Amputation

Background:

The Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury was established in November 2007 under DoD's Military Health System (MHS).[122] DCoE serves as the principal integrator and authority on psychological health (PH) and traumatic brain injury (TBI) knowledge and standards for the DoD.[123] DCoE currently oversees three component centers: the Defense and Veterans Brain Injury Center (DVBIC), the Deployment Health Clinical Center (DHCC), and the National Center for Telehealth and Technology (T2).[124] As of November 2013, the DCoE director was Captain Richard F. Stoltz, USN.[125] DoD Directive (DoDD) 6000.17E named the Army as the DCoE's executive agent.[126]

Established by congressional mandate, DCoE compiles and coordinates the work of scientific researchers, clinicians, and other health professionals—from DoD, VA, and other federal agencies, academic institutions, state and local agencies, and the nonprofit and private sectors—to expand the state of knowledge about PH and TBI.[127] DCoE endeavors to drive the translation of research to practice in the areas of PH, TBI, and suicide prevention and to ensure best practices and quality standards are continuously and consistently implemented throughout the continuum of care, regardless of a Service member's branch, component, or location.[128]

Among its many activities, DCoE and its component centers develop and train providers in new techniques and technologies in psychological health and TBI treatment; sponsor and conduct research studies on posttraumatic stress disorder (PTSD), TBI, and promising treatments; create and disseminate guidelines to military and civilian practitioners; develop outreach programs for military and Veteran communities and the public; and establish mechanisms to coordinate local, state, and federal resources to eliminate gaps in care for patients in transition between DoD and VA.[129]

Section 716 of the 2011 NDAA mandated several actions relevant to DCoE.[130] Specifically, it required the Secretary of Defense (SecDef) to develop and implement training on the use of pharmaceuticals in rehabilitation programs for seriously ill or injured Service members. NDAA 2011 also specified training shall be provided to several groups, including patients in or transitioning to a Recovering Warrior unit, with special accommodations in the trainings for patients with cognitive disabilities; non-medical case managers (NMCMs); military leaders; and family members. In addition, NDAA 2011 required SecDef to review DoD policies and procedures regarding the use of pharmaceuticals in rehabilitation programs for seriously ill or injured Service members.

In addition to the DCoE, Congress directed the establishment of three other centers: (1) the Vision Center of Excellence (VCE), mandated by NDAA 2008[131]; (2) the Hearing Center of Excellence (HCE), mandated by NDAA 2009; and (3) the Extremity Trauma and Amputation Center of Excellence (EACE), also mandated by NDAA 2009[132]. Like DCoE, these Centers of

Excellence share a common purpose of addressing blast injuries, described as the signature wounds of the wars in Afghanistan and Iraq.[133] All four Centers of Excellence currently receive guidance and direction from the Military Health System (MHS) Center of Excellence Oversight Board.[134]

Vision Center of Excellence (VCE). The mission of the VCE is to "lead and advocate for programs and initiatives to improve vision health, optimize readiness, and enhance quality of life for Service members and Veterans."[135] The concept of operations was approved January 10, 2012.[136] The VCE began with two locations—clinical headquarters at Walter Reed National Military Medical Center (WRNMMC), in Bethesda, MD, and administrative offices in Crystal City, VA.[137] As of January 2013, it had expanded to Madigan Army Medical Center, in Tacoma, WA, with plans to also expand to San Antonio Military Medical Center, TX.[138] The VCE made it a priority to coordinate and collaborate with other Centers of Excellence—including the HCE, DCoE, and the National Intrepid Center of Excellence (NICoE)—on the Joint Theatre Trauma Registry (JTTR) and VA Eye Injury Data Store.[139] As of November 2013, the interim executive director of the VCE was Dr. Mary Lawrence, a VA employee and former VCE deputy executive director.[140] The executive agent for the VCE is the Army.[141]

Hearing Center of Excellence (HCE). The HCE is headquartered at Joint Base San Antonio, TX, and headed by Executive Director (and former interim director) Lieutenant Colonel Mark D. Packer, M.D., USAF.[142] It began initial operating capability in May 2011 by drafting its concept of operations, and as of January 2013, was on track for full operating capability by December 2013.[143] The HCE is organized in five directorates: Prevention & Surveillance; Clinical Care, Rehabilitation & Restoration; Research; Global Outreach; and Informatics.[144] As of December 2011, five directorate chiefs were appointed, with plans for a staff of 37 to be hired incrementally over five years. HCE "hub" support personnel were partnering with the VCE to develop a registry able to capture clinical audiogram data, and the HCE continued to implement a communications/prevention campaign, prioritize ongoing research, and produce clinical practice guidelines.[145] The executive agent for the HCE is the Air Force.[146]

Extremity Trauma and Amputation Center of Excellence (EACE). The twofold mission of the EACE is to "serve as the Departments of Defense and Veterans Affairs lead element focused on the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations" and to "implement a comprehensive strategy and plan to conduct clinically relevant research, foster collaboration, and build partnerships across the multidisciplinary international, federal, and academic networks to optimize the quality of life of Service Members and Veterans."[147] The concept of operations and decision to headquarter the EACE in San Antonio, TX, was approved by the Centers of Excellence Oversight Board in January 2012.[148] The EACE is organized in four divisions: Research & Surveillance, Clinical Care, Clinical Informatics & Technology, and Global Outreach. The Research & Surveillance Division includes three advanced rehabilitation centers located, respectively, in San Antonio, TX; Bethesda, MD; and San Diego, CA.[149] As of January 2013, initial operating capability of 50-percent manning had not yet been attained.[150] As of November 2013, the EACE was directed by Mr. John Shero. The executive agent for the EACE is the Army.[151]

Topic: Interagency Program Office

Background:

The Interagency Program Office (IPO) was established by Congress in Section 1635 of the 2008 NDAA.[152] Congress mandated DoD and VA to work together to:

- Increase the speed of health information exchange
- Develop capabilities to share health information in a usable way (interoperability) by September 30, 2009
- Establish the IPO as the office accountable for developing and implementing the health information sharing capabilities for DoD and VA

The IPO was formed by DoD and VA on April 17, 2008, and chartered by January 2009.[153] At that time, the permanent staffing structure included seven government service (GS) civilian positions from DoD and seven GS positions from VA, led by a DoD director and a VA deputy director, both Senior Executive Service (SES) positions.[154] In April 2009, at the direction of the Senior Oversight Committee (SOC), the IPO charter was changed to include coordinating and overseeing the development of the Virtual Lifetime Electronic Record (VLER), which provides Veterans, Service members, families, caregivers, and service providers a single source of information for health and benefits in a way that is secure and authorized by the Service member or Veteran.[155, 156]

Since 2008, the IPO has received substantial scrutiny from Congress and the Government Accountability Office (GAO), which has issued a number of reports on the interoperability of DoD and VA health information systems and the IPO.[157, 158, 159, 160, 161] NDAA 2011 required the Secretary of Defense (SecDef) to assess and report on existing health information technology systems and future plans for legacy systems and new electronic health record initiatives, including IPO's role.[162]

Although significant data sharing existed between DoD and VA for years, the Departments had been taking separate paths to replace their existing legacy electronic health record (EHR) systems: DoD's AHLTA (Armed Forces Health Longitudinal Technology Application) and VA's VistA (Veterans Health Information Systems and Technology Architecture).[163] In March 2011, the Department Secretaries committed to jointly developing and implementing the next generation of EHR capabilities. The IPO organized teams comprising clinicians from both Departments to define individual EHR (iEHR) capabilities and processes and was communicating with private health care providers pioneering the exchange of information through VLER. In October 2011, the Department Deputy Secretaries signed a new IPO charter giving more authority to the joint program office and making the IPO the single point of accountability for the iEHR.[164]

The iEHR promised to enable DoD and VA to align resources and investments with business needs and programs to implement a common EHR platform. This single system would enable

sharing of health care information to allow both Departments to track medical care from the time individuals join the military until they become Veterans and through the rest of their lives.[165]

In February 2013, however, DoD and VA announced their plan to move away from creating a single shared EHR and to instead build upon existing technology by integrating current DoD and VA health care data systems.[166] The change, which they said would lead to faster and less expensive implementation, involved using already available core applications and adding modules and applications as needed, rather than building a system from scratch.[167]

Many legislators expressed disappointment regarding the scaling back of the iEHR plans, which DoD and VA had been working toward for a number of years.[168, 169, 170, 171, 172, 173, 174] U.S. House Veterans Affairs Committee members questioned why DoD had not adopted VA's core technology, VistA. Although DoD indicated it would consider using VistA, it anticipated implementation challenges and wanted to explore commercial options.[175]

As of February 2013, the plan was to allow physicians at seven VA Polytrauma facilities (San Antonio, TX; Minneapolis, MN; Palo Alto, CA; Tampa, FL; Richmond, VA; Anchorage, AK; and Joint Base Elmendorf-Richardson, AK) and two DoD facilities (Walter Reed National Military Medical Center (WRNMMC) and San Antonio Military Medical Center) to view clinical information across a common interface by July 2013.[176] By the end of 2013, VA and DoD were to be able to exchange real-time health care data, and the graphical user interface to display the data was to be upgraded.[177] By May 2013, patients were to be able to download their medical records from any computer.[178]

The IPO indicated in February 2012 that while it aggressively pursues the goal of integrating DoD and VA health care data systems, other initiatives of the IPO would continue uninterrupted. This included the demonstration project at the North Chicago DoD/VA medical facility—an interagency collaboration leveraging interoperable legacy electronic DoD and VA health records that "speak to one another."[179] Section 1098 of NDAA 2011 required ongoing review of the North Chicago pilot by the Comptroller General in July 2011, 2013, and 2015.[180]

Section 713 of NDAA 2014 is a comprehensive piece of IPO legislation that recognizes the Departments' failure to date to "implement a solution that allows for seamless electronic sharing of medical health care data."[181] This legislation established numerous requirements to accelerate goal accomplishment and to increase accountability. The legislation directed SecDef and the VA Secretary to ensure the EHR systems of their Departments are interoperable and to deploy modernized EHR software no later than December 31, 2016.[182] The Secretaries were to brief the appropriate congressional committees no later than January 31, 2014, on their plan for the "oversight and execution of the interoperable electronic health record with an integrated display of data, or a single electronic health record."[183] The legislation further called for the Secretaries to submit to the appropriate congressional committees (1) a detailed financial summary on a quarterly basis and (2) written notification prior to obligating more than $5 million on any task order or contract in support of EHR system modernization.[184]

The legislation also required each Secretary to identify a senior official responsible "for modernizing the electronic health record software of the respective Department" and stipulates that these officials' performance evaluations should include metrics related to the execution of this role.[185] In addition, the legislation called for the Secretaries to jointly establish an executive committee to comprise three members from each Department, including a co-chair, a member of the technical community, and a member of the clinical community. This committee is required to submit to the appropriate congressional committees a quarterly report of its activities, with the initial report due June 1, 2014. Congress also in this section called for an independent annual review, by the Defense Science Board (DSB), of progress toward goal accomplishment.[186] Finally, the legislation expedited the completion of the implementation of the Healthcare Artifact and Image Management Solution (HAIMS) program, which is considered prerequisite to the integrated EHR[187], by stipulating a completion deadline of not later than 180 days after the enactment of NDAA 2014[188].

Topic: Wounded warrior information resources

Background:

National Resource Directory (http://www.nationalresourcedirectory.gov or http://www.NRD.gov). The National Resource Directory (NRD)—a joint venture of DoD, the Department of Labor (DOL), and VA—is an online partnership "connecting Wounded Warriors, Service Members, Veterans, their families and caregivers with those who support them."[189] The directory provides access to national, state, and local governmental and non-governmental services and resources for recovery, rehabilitation, and reintegration.[190] Major topic areas include benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, transportation and travel, volunteer opportunities, and other services and resources.[191] The NRD webpage includes a link to the Veterans Job Bank, an online tool that allows Veterans to search for jobs by their military skills and zip code.[192] The NRD webpage also provides the phone number to access Military OneSource (MOS), through which Recovering Warriors (RWs) and their family members can access Wounded Warrior Specialty Consultations.[193] The DoD Office of Warrior Care Policy reported to the Recovering Warrior Task Force (RWTF) the NRD receives approximately 100,000 visits per month;[194] it is unclear how many unique RWs/families these visits represent.

Military OneSource (MOS) Wounded Warrior Specialty Consultations (800-342-9647 or wwrc@militaryonesource.mil). This initiative provides "immediate assistance to RWs and their families with issues related to health care, facilities, or benefits."[195] It is staffed 24/7 by RW specialty consultants who are master's-level professionals with specialties in the social sciences.[196] Specialty consultants work with the Services' wounded warrior programs and VA to make referrals to help address callers' needs.[197] Individuals can learn about this resource through MOS staff, briefings, or webinars.[198] Within 24 hours of each call, a consultant must reach out to the Services and/or VA; within 96 hours, the Services and/or VA must release a plan of action.[199] MOS Wounded Warrior Specialty Consultations processed 2,938 calls received by MOS in Fiscal Year (FY) 2012.[200]

Military OneSource (http://www.militaryonesource.mil or 800-342-9647). MOS is an all-purpose portal for Active (AC) and Reserve Component (RC) Service members, spouses, families, and service providers, through which DoD's Office of Military Community and Family Policy (MCFP) disseminates information to the military community.[201] MOS is staffed 24/7 by master's-level professionals.[202] The MOS Wounded Warrior webpage provides a link to the NRD.[203] According to MCFP, there were 347,065 total services received by Service members and 305,523 total services received by family members during FY2012 (i.e., received in-person counseling, assistance by phone or email, or online registration; note these numbers do not represent the total number of unique visitors).[204] The "Keeping It All Together" binder from MOS consolidates information across a range of websites, hotlines, and programs[205, 206] and is available online.[207] It is a valuable tool for family members[208], filling an identified need for a "one-stop" information resource[209, 210].

Soldier and Family Assistance Centers (SFACs). The Army established SFACs at all medical treatment facilities (MTFs) with Warrior Transition Units (WTUs) to facilitate family and Soldier access to information and resources.[211] Army SFACs offer a wide variety of services, including information and referral; human resources/military benefits; education counseling; financial counseling/Army Emergency Relief; social services; outreach services; transition support; child, youth, and school services; and computer rooms.[212, 213] As of April 2013, the Army had 29 SFACs within the continental United States (CONUS) and three in Europe, all in close proximity to a WTU.[214] Nineteen of these locations recently completed construction; construction was ongoing in Schofield Barracks, HI.[215] As of April 2013, SFACs Army-wide had 206 recognized positions, but employed only 135.[216] According to DoD, a FY2013 manpower review validated current and projected SFAC staffing levels.[217] Sister Services and Army RC sites provide information to RWs and their families but do not have dedicated site-level facilities for them.[218]

Service hotlines. Three Service-specific hotlines operate 24/7:

- **Army Wounded Soldier and Family Hotline (800-984-8523)** is designed to allow Soldiers and their families to seek information and share concerns about medical care.[219]

- **Marine Corps Sergeant Merlin German Wounded Warrior Call Center (877-487-6299)** is for recovering Marines, their families, and eligible Sailors; it is also used for outreach.[220]

- **Navy Wounded Warrior Call Center (855-628-9997)** was established by Navy Wounded Warrior-Safe Harbor in October 2012.[221]

The Air Force wounded warrior website (http://www.woundedwarrior.af.mil) provides key links and telephone numbers[222]; however, Air Force Wounded Warrior and Survivor Care does not operate a hotline for RWs[223].

Topic: Support for family caregivers

Background:

The financial burden experienced by families and other caregivers is well documented.[224, 225, 226, 227] Several pieces of legislation have been written to address this burden and to support caregivers as they, in turn, support their Recovering Warriors (RWs).

Special compensation for members of the uniformed Services with catastrophic injuries or illnesses requiring assistance in everyday living. Catastrophic injury or illness is "a permanent, severely disabling injury, disorder, or illness that the Secretary [of the military Service]… determines compromises the ability of the afflicted person to carry out the activities of daily living to such a degree that the person requires personal or mechanical assistance to leave home or bed, or constant supervision to avoid physical harm to self or others."[228] Section 603 of the 2010 NDAA[229] amends federal law[230] to authorize monthly compensation to RWs to pay for aid and attendance care without which they would require hospitalization, nursing home care, or other residential institutional care. Eligibility expires on the earliest of the following dates: after a 90-day period following the date of separation or retirement; when a Service member dies or is determined to no longer be afflicted with the catastrophic injury or illness; or when the Service member begins receiving comparable veteran's compensation under Title 38.[231] Section 634 of NDAA 2011 changed the basis for determining the amount of special compensation paid to Service members: from the VA's Veterans Administration Schedule for Rating Disabilities (VASRD) to personal caregiver stipends established under Title 38 United States Code (USC) Section 1720G.[232]

On August 31, 2011, this law was promulgated through the publication of DoD Instruction (DoDI) 1341.12, "Special Compensation for Assistance with Activities of Daily Living (SCAADL)." SCAADL pays Service members for the time and assistance their caregivers provide them at home.[233] To be eligible for this stipend, a Service member must have a catastrophic illness or injury incurred in the line of duty and must be certified by a licensed physician as (1) requiring assistance from another person in order to perform activities of daily living and (2) requiring some form of institutional care if such assistance was not available.[234] As of November 2012, the Army had received 694 applications, and 531 individuals were receiving the stipend[235]; the Air Force had received 40 applications, and 25 individuals were receiving the stipend[236]; the Navy had received 57 applications, and 51 individuals were receiving the stipend[237]; and the Marine Corps had received 246 applications, and 225 individuals were receiving the stipend[238]. DoDI 1341.12 was updated May 24, 2012, to remove the requirement that the Service member be homebound.[239]

Expanded authority for family member travel. Section 632 of NDAA 2010 expanded the authorized coverage for families of a seriously ill or injured Service member who was hospitalized to include roundtrip travel and per diem once every 60 days, and extended the benefit to individuals chosen by the Service member other than family members.[240] Eligible

Service members may be hospitalized due to combat injury or other serious illness or injury.[241] This requirement is implemented in the current Joint Federal Travel Regulation (JFTR).[242]

Authorized travel and transportation allowances for non-medical attendants for very seriously and seriously wounded, ill, or injured Service members. A qualified non-medical attendant (NMA) is defined as a person whose presence, in the judgment of the attending physician or surgeon and commander or head of the military medical facility, "may contribute to the health and welfare of the [Service] member" while hospitalized for treatment of the wound, illness, or injury or during continuing outpatient treatment.[243] Section 633 of NDAA 2010 amended federal law by authorizing roundtrip transportation for NMAs between their home and the location at which the member is receiving treatment, as well as additional transportation while accompanying the member for further treatment.[244] NMAs are also authorized a per diem or reimbursement for actual and necessary travel expenses.[245] This requirement is implemented in the current JFTR.[246] Eligible family members may also receive Invitational Travel Orders (ITOs) independent of their NMA status.[247]

Respite care for seriously ill or injured Active Duty (AD) Service members. Respite care is "short-term care for a patient" to "provide rest and change for the primary caregivers who have been caring for the patient at home," to include assisting the Service member with activities of daily living (e.g., dressing, feeding, hygiene).[248] Respite care for seriously ill or injured AD members is currently available through DoD.[249] Respite care is available if the Service member's care includes more than two "interventions in an eight-hour period."[250] Respite care is limited to eight hours per day, five days per week, and must be provided by a TRICARE-authorized home health agency.[251] Federal law authorizing respite care for TRICARE Extended Care Health Option (ECHO) participants—family members of Service members—was amended to allow this benefit for Service members.[252]

VA support for caregivers of Recovering Warriors (RWs). On May 5, 2010, the President signed the Caregivers and Veterans Omnibus Health Services Act of 2010.[253] The law expanded VA support for family caregivers of AD (i.e., still serving) RWs.[254] Sections 101 through 104 provided for a program of comprehensive assistance, including (1) instruction, preparation, and training in providing personal care services; (2) ongoing technical support; (3) counseling; (4) lodging and subsistence; (5) mental health services; (6) respite care of not less than 30 days annually, including 24 hours per day; (7) medical care; and (8) a monthly stipend.[255] The VA launched this comprehensive caregiver program in May 2011 and began the first caregiving training in June 2011.[256]

The total amount of the stipend is calculated based on the Veteran's condition, the amount of care the Veteran requires, and where the Veteran lives.[257] Under the program of comprehensive assistance, caregivers must complete caregiver training, developed by Easter Seals in collaboration with VA.[258] VA reported that as of January 10, 2012—little more than six months following the launching of the caregiver program—4,575 applications had been filed, with 2,671 approved, 692 disapproved, 449 withdrawn, and 763 still in process.[259]

Inclusion in pre-separation counseling. Section 529 of NDAA 2012 authorizes the inclusion of a spouse in portions of pre-separation counseling and added more content areas to that counseling.[260] Pre-separation counseling is required for transitioning Service members (see also information paper on the *Transition Assistance Program*).[261]

Topic: Legal support

Background:

Directive-Type Memorandum (DTM) 11-015, "Integrated Disability Evaluation System (IDES)," issued guidance for providing legal support during the IDES process.[262] Each Service branch is required to provide uniformed or civilian legal counsel at no cost to the Service member.[263] In addition, each Service branch was required to establish procedures to inform Service members—upon referral to the IDES—of available government legal counsel and the alternative options of retaining private counsel at their own expense or using the services of a representative of a service organization recognized by VA.[264]

The Services historically assign attorneys to Physical Evaluation Board (PEB) locations, where they offer legal counsel and representation to Service members undergoing formal PEB (FPEB) hearings. As of February 2013, the Army had 24 Soldiers' Counsel—mostly mobilized Reservists on one-year tours—assigned to support three PEB sites in the continental United States (CONUS) and to provide legal support for overseas FPEBs via video teleconference.[265] The Navy provides legal support for the FPEB process at the Navy Yard, in Washington, DC, which is the sole PEB site for Sailors and Marines.[266] The Air Force provides legal support for the FPEB process at Lackland Air Force Base (AFB), TX, which is the sole PEB site for Airmen.[267] Apart from their consistent support for FPEB hearings, the Services vary in their legal support to wounded, ill, and injured (WII) Service members in the Disability Evaluation System (DES), including the legal resources the Services have allocated and where these resources are housed organizationally. In addition, the Services vary in how early in the process they seek to engage Service members.

Army. In 2008, the Army initiated the Soldiers' Medical Evaluation Board (MEB) Counsel (SMEBC) program to introduce legal support earlier in the disability evaluation process.[268] SMEBC teams also assist severely injured Soldiers receiving care at VA polytrauma centers.[269] In late 2011, the Army authorized the hiring of additional SMEBC attorney/paralegal teams, in order to increase the total number of SMEBC teams Army-wide.[270] As of November 2012, the Army had more than 40 SMEBC teams—mostly permanent civilian employees—at Army locations worldwide.[271]

The SMEBC teams are available to educate and advise WII Soldiers one-on-one before and during the MEB process and to help them formulate—and optimize the likelihood of attaining—their goals.[272] SMEBC teams also prepare MEB appeals, requests for impartial provider reviews, requests for reconsideration, requests for formal hearings, and requests for rating reconsiderations.[273] In addition, SMEBC teams conduct regular outreach briefings at Warrior Transition Units (WTUs), Soldier and Family Assistance Centers (SFACs), MEB in-processing briefings, and town hall meetings, and they coordinate with PEB Liaison Officers (PEBLOs).[274] WII Soldiers should be referred to the servicing SMEBC office for an informational briefing on the DES and their rights in the process within 14 days of initiation of the MEB process.[275]

Navy. The Navy designed a program specifically to address the legal needs of WII Sailors and Marines.[276] As of February 2012, the Navy DES Outreach Attorney Program was staffed with 12 civilian attorneys, including a program manager, who provide legal counsel to Sailors and Marines as they navigate the DES process.[277] The program expanded its outreach campaign in 2012 to ensure those Sailors and Marines pending review by the PEB are made aware of, and have access to, Navy DES Outreach Attorney Program services at the earliest opportunity, including the limited duty and referral phases.[278] The early use of Outreach Attorney services helps ensure the most complete and accurate medical information is submitted to the PEB, assisting in expediting Sailors and Marines through the DES process.[279] The program also seeks to bridge the transition between the informal (IPEB) and formal (FPEB) phases of the DES process, allowing for an efficient overall evolution that instills confidence in Service members and their families.[280] Navy DES outreach attorneys are located at the major medical treatment facilities (MTFs) that process Navy and Marine Corps DES cases.[281] As of November 2012, the Navy reported a total of 19 Navy IPEB disability attorneys, including six Marine Corps assets, were assigned to provide legal advice and assistance to Service members at Navy MTFs.[282]

Marine Corps. The Marine Corps provides legal counsel to assist and advise Marines and Sailors as soon as they are referred to the MEB.[283] As of January 2012, the Marine Corps had mobilized six Reserve judge advocates within the Wounded Warrior Regiment and Judge Advocate Division, who provide legal support on the East and West Coasts, as well as at Quantico, VA, and Bethesda, MD.[284] The program manager, one of the six mobilized Reservists, is located at Marine Corps Headquarters.[285] In addition, two Reserve judge advocates were mobilized to provide legal support for the FPEB process at the Navy Yard, in Washington, DC.[286] The Judge Advocate Division was evaluating future use of Active Duty (AD) judge advocates.[287] As of November 2012, the Marine Corps' IPEB counsel staffing continued to consist of six Reserve judge advocates.[288]

Air Force. The Air Force provides disability evaluation legal support through the Office of Airmen's Counsel (OAC), at Lackland AFB, TX.[289] Formerly under the Air Force Personnel Center (AFPC), this program was moved to the Air Force Trial Defense Division in April 2011 to best serve the interests of WII Airmen.[290]

In August 2011, the Air Force began supplementing its staffing with Reserve support of three attorneys and two paralegals.[291] In December 2011, the Air Force had six attorneys and three paralegals providing Airmen legal support after the IPEB decision, and on a space available basis, during the IPEB and MEB stages.[292] As of January 2012, the Air Force had increased OAC staffing to 11 attorneys and nine paralegals.[293] The expanded staff enables OAC to provide legal support at the MEB, IPEB, FPEB, and appellate stages of the DES conduct outreach briefings and to provide educational support to affiliated service providers, such as PEBLOs, Military Service Coordinators (MSCs), and Transition Assistance Program (TAP) and family support personnel.[294]

Topic: Vocational services

Background:

DoD and the Services collaborate with VA and the Department of Labor (DOL) to provide job training, counseling, referral, placement, and other assistance for Recovering Warriors (RWs) and Veterans.

The VA Vocational Rehabilitation and Employment (VR&E) program. The VR&E program can include free tuition at any institution of higher learning or vocational training where the Veteran is accepted, academic counseling, special tutoring if needed, dental care, job referrals, job placement, and other benefits.[295] VR&E is available to Veterans with a combined disability rating of 20 percent or more and to some Service members awaiting discharge.[296, 297] Access to VR&E for eligible Service members awaiting discharge, originally mandated by NDAA 2011, is directed by the VOW (Veterans Opportunity to Work) to Hire Heroes Act of 2011, which extended a previous sunset provision until December 31, 2014.[298] Since Fiscal Year (FY) 2012, VR&E counselors are being co-located at all Integrated Disability Evaluation System (IDES) sites; at these sites, Service members referred to the Physical Evaluation Board (PEB) are mandated to meet with a VR&E counselor for information and evaluation and to begin VR&E services where appropriate.[299, 300] DoD indicated in October 2013 the DoD Instruction (DoDI) on VR&E counseling for Service members awaiting discharge, which is being written with VA, was to be published in February 2014.[301]

DoD Operation Warfighter (OWF) program. OWF is a non-paid federal internship program for RWs that strives to place RWs in work experiences that support recuperation.[302] DoDI 1300.25, issued on March 25, 2013, provides guidance for the program, which provides RWs an opportunity to build their resumes, explore federal employment, develop job skills, and gain valuable federal government work experience.[303, 304] While there is no promise of permanent employment with a federal agency upon completion of the OWF assignment, the program helps federal agencies experience the talent and skills of transitioning Service members. Many employers participating in the OWF program hire transitioning Service members.

Additional initiatives. Vocational services are often addressed in the annual NDAAs.[305] Many of these provisions target the needs of all Service members rather than RWs specifically. For example, Section 551 of NDAA 2012 allows the Secretaries of the Services to offer job skills training programs, including internships/apprenticeships, for Service members preparing to transition to civilian employment and civilian life.[306] For RWs, this means internship/apprenticeship opportunities beyond the federal sector. The office responsible for promulgating this law into DoD policy is Training Readiness and Strategy (TR&S), within the Office of the Deputy Assistant Secretary of Defense for Personnel and Readiness. In April 2013, the Office of Training Readiness and Strategy indicated to the Recovering Warrior Task Force (RWTF) this policy, DoDI 1322.bb, "Implementation Guidance for Job Training and Employment Skills Training (JTEST) Authority for Eligible Service Members," was forthcoming.[307] Pending publication of DoDI 1322.bb, the Services are not offering non-federal

internships/apprenticeships.[308, 309, 310, 311] The exception is Special Operations Command (USSOCOM), which received authorization from the Secretary of Defense (SecDef), through the Office of Training Readiness and Strategy, on June 29, 2012.[312]

NDAA 2014, Section 542, was intended to improve not only the information available to Service members at every stage of their military training concerning correlation of their military occupational specialties (MOS) with civilian certifications and licenses, but also the equivalent information available to civilian accrediting organizations and related entities.[313] Such enhanced mechanisms should help Service members prepare for and find civilian employment that appropriately leverages their military training.

Topic: Disability Evaluation System

Background:

Under the Legacy Disability Evaluation System (LDES), Service members are separately evaluated by DoD to determine fitness for duty and compensation for injury or disease incurred in the line of duty that inhibits a Service member's ability to perform the duties of her or his office, grade, rank, or rating.[314, 315] In LDES, VA evaluates the Service member separately to determine VA benefits, factoring in "all disabilities incurred or aggravated during military service."[316, 317, 318] This difference in what was considered in DoD and VA evaluations accounted for differences in ratings transitioning Service members received from DoD and VA.[319, 320]

Pilots for the military's Integrated Disability Evaluation System (IDES) began in November 2007 at three military installations.[321] The pilots were intended to provide a singular evaluation—using VA protocols and ratings—in lieu of the separate DoD and VA evaluations. Specifically, the goal was to increase consistency in ratings for Service members and Veterans, protect appellate procedures, ensure direct handoff from DoD case managers to VA case managers when a Service member transitions, and reduce the time from Disability Evaluation System (DES) referral to receipt of VA benefits.[322] Full DoD-wide implementation of IDES was achieved by the end of September 2011.[323] In December 2011, DoD published the first comprehensive Directive-Type Memorandum (DTM): 11-015, "Integrated Disability Evaluation System."[324] This was the first comprehensive policy document on the DES since DoD Directive (DoDD) 1332.18, "Separation or Retirement for Physical Disability," in 1996.[325] DTM 11-015 was reauthorized May 3, 2012, with an expiration date of January 1, 2013.[326]

The IDES features a single set of disability medical examinations for both determining fitness and ability to return to duty and determining disability. Evaluation of a Service member's fitness for duty by DoD runs concurrently with VA determination of a disability rating, and this led to a streamlined process that reduces the time it takes for Recovering Warriors (RWs) to receive benefits.[327] While the Physical Evaluation Board Liaison Officer (PEBLO) is assigned to assist the Service member through the process in both LDES and IDES, the assistance of a Military Service Coordinator (MSC) is a new support available in IDES. [328] Legal support related to DES is also available (see also information paper on *legal support*).

The IDES monthly report tracks IDES performance based on data from the VA Veterans Tracking Application (VTA) IDES module and customer satisfaction surveys administered by the Defense Manpower Data Center (DMDC). The IDES customer satisfaction survey was suspended for budgetary reasons in December 2011.[329] It was reinstated in July 2013, and the Recovering Warriors Task Force (RWTF) was informed in October 2013 results for the Fiscal Year (FY) 2013 Quarter 4 (Q4) would be published in November 2013.[330] As of August 2013, there were 32,628 Service members enrolled in the IDES.[331] The average number of days to completion of the IDES process for the Active Component (AC) was 398, as compared with the goal of 295; the average number of days for the Reserve Component (RC) was 401, as compared with the goal of 305 and the average of 378 one year prior.[332, 333]

Congress has written numerous pieces of legislation aimed at optimizing the IDES process and expanding or protecting the rights of Service members who are leaving the military with medical conditions. Several sections of NDAA 2011 addressed disability benefits and the disability process, including Sections 533, 534, 631, 632, and 633. Section 533 introduced a modification of the Physical Evaluation Board (PEB) process, expanding the rights of Service members by broadening the criteria for those eligible to request a review of their retirement or separation without pay for physical disability (this eligibility was formerly restricted to officers).[334] Section 534 prohibited a Service branch from authorizing an involuntary administrative separation of a Service member due to that member's unsuitability for deployment or worldwide assignment, when the unsuitability is on the basis of a medical condition already assessed by a PEB.[335] NDAA 2012 introduced additional provisions regarding disability evaluations. Section 527 prohibited Services from denying reenlistment of a Service member based on the same medical conditions for which she or he was found fit for duty by a PEB.[336] Section 596 required the Secretary of Defense (SecDef) to report on the feasibility and advisability of an expedited disability determination process for RWs with certain specific diseases or conditions.[337] According to the Office of Warrior Care Policy (WCP), an expedited DES process is available for the most severely wounded, ill, or injured, but very few RWs take advantage of it.[338] Section 518 of NDAA 2013 expanded authority to conduct pre-separation medical exams for posttraumatic stress disorder (PTSD) to licensed clinical social workers and psychiatric advanced practice registered nurses (APRNs).[339] Section 524 instructed SecDef to standardize, assess, and monitor the Services' quality assurance programs for Medical Evaluation Boards (MEBs), PEBs, and PEBLOs to ensure accuracy, consistency, and regular monitoring.[340]

NDAA 2014, Section 574, addressed the military departments' use since January 2007 of the authority to separate Service members due to "unfitness for duty because of a mental condition not amounting to disability, including separation on the basis of a personality disorder or adjustment disorder."[341] Specifically, the legislation required the Comptroller General to evaluate the military departments' compliance with regulatory requirements in separating members on the basis of personality or adjustment disorder and the impact of such separation on their access to disability-related pay and compensation.[342] The Comptroller General's report is due to the Senate and House Armed Services Committees not later than one year after the enactment of NDAA 2014.[343] NDAA 2014, Section 526, called upon DoD, in consultation with VA, to review the progress the Departments are making to transition the IDES to an integrated and readily accessible electronic format Service members can use to learn their status during each stage of the process.[344] The legislation specifically required an assessment of the feasibility of improving in-transit visibility of pending cases, including cases at the VA's Disability Rating Activity Site (D-RAS)[345], which the RWTF found many Service members and providers refer to as a "black hole[346]."

Topic: Support systems to ease transition from DoD to the Department of Veterans Affairs: Transition Assistance Program

Background:

Section 502 of the 1991 NDAA, as codified in 10 USC Sections 1141-1143 and 1144-1150, authorized comprehensive transition assistance benefits and services for military personnel and their spouses separating or retiring from the Military Forces, within the last 180 days of service and beginning no fewer than 90 days prior to separation.[347, 348, 349] The Transition Assistance Program (TAP) is a mutual responsibility of DoD; the Department of Labor (DOL); VA; and the Department of Homeland Security (DHS), representing the Coast Guard.[350, 351]

The VOW (Veterans Opportunity to Work) to Hire Heroes Act, enacted November 21, 2011, made TAP mandatory for all eligible Service members, exempting only those the Secretaries of DoD and DHS, in consultation with DOL and VA, determined would not benefit because they "are unlikely to face major readjustment, health care, employment, or other challenges associated with the transition to civilian life" and those whose specialized skills are needed to support a deploying unit.[352]

Directive-Type Memorandum (DTM) 12-007, "Implementation of Mandatory Transition Assistance Program Participation for Eligible Service Members," issued on November 21, 2012, implements the redesigned TAP in accordance with Section 221 of the VOW to Hire Heroes Act of 2011.[353] TAP consists of mandatory pre-separation counseling and the newly created Transition Goals, Plans, Success (GPS) program. [354] The redesign of TAP was led by an interagency team with representatives from DoD, DHS, DOL, VA, and the Department of Education (ED), with the Office of Personnel and Management (OPM) and the Small Business Administration (SBA).[355] Transition GPS consists of a core curriculum, tracks (additional curriculum components designed to prepare Service members to transition into education, technical training, or entrepreneurship), and a mandatory capstone.[356] The DOL employment workshop and VA benefits briefing that were part of the legacy TAP are now mandatory components of the Transition GPS core curriculum, although the DTM does allow some exemptions to participation in the DOL workshop.[357] Other components of the core curriculum (transition overview, military occupation code crosswalk, resilient transitions, financial planning, and individual transition plan review) are not mandatory.[358] Full implementation of Transition GPS and the capstone at all military installations was expected to be complete by the end of 2013.[359]

The scope of Transition GPS encompasses all Active Component (AC) separations and retirements and all Reserve Component (RC) deactivations.[360] DTM 12-007 indicates eligible Service members may begin the transition process up to 12 months prior to separation and 24 months prior to retirement.[361] The DTM further specifies pre-separation counseling should begin "as soon as possible during the 12-month period before separation," and the capstone should be completed no later than 90 days before separation.[362] Prior to release from Active Duty (AD),

demobilizing RC Service members are encouraged to "begin pre-separation counseling as soon as possible within their remaining period of service."[363]

For those without easy access to an installation's Transition Assistance office, DoD established a TAP web portal (http://www.TurboTAP.org) that provided a set of resources.[364] Following the rollout of Transition GPS, the TurboTAP site was scheduled to re-launch with a new name and web address in March 2014.[365]

Topic: Overall coordination between DoD and the Department of Veterans Affairs: DoD-VA Interagency Care Coordination Committee (IC3) of the Joint Executive Committee

Background:

The DoD-VA Interagency Care Coordination Committee (IC3) evolved from several generations of interdepartmental initiatives targeting the health and well-being of transitioning Service members—the Joint Executive Committee (JEC); the Senior Oversight Committee (SOC) for the Wounded, Ill, and Injured (WII); and the JEC Wounded, Ill, and Injured Committee (WIIC). The IC3 was established to address the complex care coordination of seriously or catastrophically ill or injured Service members and Veterans along the continuum of care.[366] Going forward, the IC3's work may have a pervasive impact on care coordination for Recovering Warriors (RWs), including both severe and less severe cases.

As early as 2002, Congress recognized the need for health care collaboration between DoD and VA. To foster such collaboration, Congress established the JEC, which "provides senior leadership for collaboration and resource sharing between VA and DoD."[367] The JEC laid a foundation of interagency collaboration, which was furthered by the creation by Congress of the SOC as part of the 2008 NDAA.[368] In early 2012, and consistent with the 2011 recommendation by the Recovering Warrior Task Force (RWTF), the SOC was folded into the JEC, becoming the Wounded, Ill, and Injured Committee (WIIC).[369]

In May 2012, VA Secretary Eric Shinseki and DoD Secretary Leon Panetta established the VA/DoD Warrior Care and Coordination Task Force to improve case management and coordination of RW care services by synchronizing efforts across providers and agencies supporting RW transitions.[370] Four primary strategies were identified to accomplish this objective: (1) a formal DoD-VA governance structure for the support of wounded, ill, and injured (WII) Service members and their families; (2) an integrated interagency community of practice, with common metrics for determining successful care; (3) an Interagency Comprehensive Plan (ICP) providing visibility to RWs, families, and providers on the status of care management; and (4) designated Lead Coordinators (LCs) who follow each Service member's care management across the stages of recovery from military service to civilian life.[371]

As of April 2013, the VA/DoD Warrior Care and Coordination Task Force's progress in executing these strategies included (1) a draft policy that provides interagency guidance on common practices, definitions, and responsibilities for RW care; (2) development of an LC Checklist and a phased process to build a dynamic, information system and data repository (i.e., an electronic ICP); and (3) a feasibility assessment of LCs through a pilot program at Walter Reed National Military Medical Center (WRNMMC) and VA medical centers in the National Capital Region (NCR).[372]

The IC3, an outgrowth of the VA/DoD Warrior Care and Coordination Task Force, was established for "governance under the Joint Executive Committee (JEC) to implement, maintain,

and oversee the provision of interagency complex care coordination of seriously or catastrophically ill or injured Service members or Veterans."[373] In addition to its work developing the LC role and LC Checklist, IC3 also developed an ICP Checklist. The ICP checklist contains 634 activities organized under eight domains: Finances (142), Daily Living (120), Military (98), Health (88), Family (65), Legal (54), Career (45), and Spirituality (22).[374] The categories and definitions associated with each domain are organized according to the sequence of care: pre-admission, post-admission, acute and rehabilitative care, pre-discharge, post-discharge, and recurrent care.[375] The ICP tracks the status of each activity as it relates to the recovery, rehabilitation, and reintegration goals of each Service member or Veteran.[376]

The IC3 LCs are selected based on several factors, the most significant of which are the location (military treatment facility (MTF), VA, or civilian facility) and predominant needs of the RW or Veteran.[377] The LC Checklist is a component of the ICP and details specific LC tasks, responsibilities, and documentation procedures.[378] This checklist contains 91 items listed under the eight ICP domains, and it is organized according to the progression of the Service member or Veteran through the recovery process: from assignment of the initial LC through treatment or rehabilitation of the Service member or Veteran and, if applicable, transfer via warm handoff to a new LC. The LC Checklist tracks relevant items under each domain, including date, status, and responsible party for the action.

In DoD's implementation plan for the RWTF's Fiscal Year (FY) 2012 recommendations, the Department indicated the formal coordination of the draft interagency guidance was expected to be complete by November 30, 2013, and the rollout of the single, electronic ICP was targeted for May 2015.[379]

NDAA 2014 included a provision that might further help to facilitate the coordination of health care across the Departments. Section 525 required that DoD provide to VA within 90 days the military service records of each Service member who is discharged or released from the Military Forces after January 1, 2014.[380] The legislation specifically called for VA to make these records electronically accessible and available to the Veterans Benefits Administration (VBA) as soon as possible[381]; however, because military service records include health records, the Veterans Health Administration (VHA) might also benefit, particularly until interoperable DoD/VA electronic health records (EHRs) are a reality.

Topic: Other matters: Resources for Reserve Component

Background:

In Fiscal Year (FY) 2012, the Reserve Components (RCs) of each DoD Service branch—Army Reserve (USAR), Air Force Reserve, Navy Reserve, Marine Corps Reserve, Army National Guard (ARNG), and Air National Guard (ANG)— totaled nearly 1.1 million Service members.[382] Members of the Ready Reserve comprised approximately 30 percent of the military force.[383] As of April 2013, more than 50 percent of the end strength of the USAR, Air Force Reserve, Navy Reserve, ARNG, and ANG had deployment experience.[384] As of September 2013, more than 9,500 of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND) U.S. military wounded-in-action casualties were Reservists.[385] The military Services are required to "ensure their Recovery Coordination Programs (RCPs) are extended to include Recovering Warriors (RWs) in their RCs and incorporate all program services, to include identifying RWs, assigning RWs to Recovery Care Coordinators (RCCs), and preparing recovery plans."[386] The Services' wounded warrior programs do not differentiate between Active Component (AC) members and activated Reservists (see also information paper on *wounded warrior units and programs*).[387]

That said, once deactivated, Reservists with conditions incurred in the line of duty may have difficulty accessing the health care and case management to which they are entitled.[388, 389, 390] In October 2013, DoD indicated the consolidation of two pre-existing DoD policies would help to address this problem: DoD Instruction (DoDI) 1241.2, "Reserve Component Incapacitation System Management" (May 30, 2001) and DoD Directive (DoDD) 1241.01, "Reserve Component Medical Care and Incapacitation Pay for Line of Duty Conditions" (February 28, 2004; certified current as of April 23, 2007). The consolidated guidance was to be published by December 2013.[391] Additionally, NDAA 2014 offered a potential new mental health resource for deactivated Reservists: Section 703 gave the Secretary of Defense (SecDef) the option of extending Transitional Assistance Management Program (TAMP) coverage, used by many deactivated Reservists, for an additional 180 days for mental health care provided through telemedicine.[392] This authority expires December 31, 2018. If the Secretary chooses to use this authority, a report must be submitted within one year to the congressional defense committees.[393]

Certain resources are unique to the RC as a whole and to specific components:

Army Community-Based Warrior Transition Units (CBWTUs). CBWTUs allow qualified ARNG and USAR Reservists to recover in their home communities. As of February 2013, 53 percent of the 9,977 Soldiers assigned to Warrior Transition Units (WTUs) or CBWTUs were ARNG or USAR Soldiers, and 21 percent of the 9,977 were managed by a CBWTU.[394]

Army Reserve (USAR) Recovery Care Coordinators (RCCs). As of February 2012, 19 RCCs, trained by DoD, were located in high-density areas throughout the USAR. The USAR RCC program does not support ARNG Soldiers.[395, 396] In addition to dedicated RCCs, as of May 2013, the Army Reserve Warrior Transition Liaison program had placed 18 liaison officers at

locations throughout the country, including at 12 WTUs and at each of the Reserve's Regional Support Commands (RSCs).[397]

National Guard Bureau (NGB) Transition Assistance Advisor (TAA) program. NGB TAAs serve all redeploying or separating RC members, injured or not. TAAs are in each of the 50 states and four territories, co-located with the state Adjutants General and working with VA sectors and the CBWTUs.[398] TAAs assist RC members and families with reintegration into the unit or transition to civilian life by establishing one-on-one contact and educating them on federal, state, local, and community benefits and entitlements. TAAs partner extensively with entities such as the Joint Family Support Assistance Program (JFSAP), Employer Support of the Guard and Reserve (ESGR), the NGB's Psychological Health program (PH), Yellow Ribbon Reintegration Program (YRRP), CBWTUs, job assistance programs, veterans service organizations (VSOs), and others.[399] As of December 2012, there were 65 contracted TAAs and a handful working as state employees or in Active Duty for Operational Support (ADOS) status. TAAs carry caseloads of approximately 1:64 for RWs and 1:6,020 for all separating/returning Service members.[400] While TAAs serve all RC members, and even some AC members, ARNG members comprise their largest clientele.[401]

Army National Guard (ARNG). The ARNG took several steps to address gaps in RC medical care and the management of Soldiers who are not medically ready for deployment. One such step was creating a process for Soldiers with low-risk/low-acuity conditions who are injured or become ill during mobilization or training to return to Active Duty (AD) on short-term orders to resolve those duty-related limiting conditions.[402] The Reserve Component Managed Care (RCMC), initially a pilot and now implemented more broadly,[403] puts eligible Soldiers on AD orders for up to 179 days. Soldiers participating in this program are managed through the Medical Management Processing System (MMPS).[404] MMPS systematically monitors, manages, and facilitates authorized medical care for Soldiers who are medically non-available for deployment, focusing on facilitating a final disposition of their medical condition. MMPS uses many of the full-time medical staff the ARNG brought on board since September 2001 to assist in building and maintaining medical readiness. Overseen by the Deputy State Surgeon, the staff who support the MMPS include case managers, care coordinators, and medical readiness non-commissioned officers (NCOs). DoD indicated in October 2013 the USAR was pursuing a comparable program for managing low-risk/low-acuity line-of-duty Soldiers.[405]

Another RC initiative is the RC Soldier Medical Support Center (SMSC). Established in Pinellas Park, FL, in January 2011 and staffed by USAR and ARNG Soldiers, it was conceived as a short-term solution to facilitate the screening of the backlog of Army RC Medical Evaluation Board (MEB) packets, and as a gateway for RC Integrated Disability Evaluation System (IDES) medical processing support.[406] The RC SMSC screens RC MEB packets for accuracy/completeness, validates and submits RC MEB packets to Medical Command, and provides administrative/medical subject-matter expertise regarding IDES RC medical processing.[407] Having successfully eliminated the backlog as of November 2012, the SMSC was directed in March 2013 to close down and transition responsibility for the SMSC mission back to the NGB and the Army Reserve no later than October 1, 2014.[408]

As of August 2013, the average number of days to completion of the IDES process for the RC, across all branches, was 401, as compared with the goal of 305 and the average of 378 one year prior.[409, 410] Section 526 of NDAA 2014 called upon DoD, in consultation with VA, to review the backlog of RC IDES packets and to devise measures to resolve it. A report was due to the House and Senate Armed Services and Veterans Affairs Committees not later than 180 days after the enactment of NDAA 2014.[411]

Marine Corps Reserve. The Marine Corps Reserve established its Psychological Health Outreach Program (PHOP) in 2009 to provide activated Reserve Marine forces access to appropriate psychological health (PH) care services, to increase resilience, and to facilitate recovery. Much like the Navy PHOP, six teams of five licensed clinicians work around the country (California, Georgia, Louisiana, Massachusetts, Missouri, and Washington). They provide Marines and family members initial screenings, referrals, and telephone/email follow-up services to ensure clients have received needed information and services, whether through military, VA, or civilian community resources. In addition, PHOP provides psycho-educational briefs and consultation to command, and it interfaces with civilian resources to ensure they have the background necessary to effectively serve the Marine Corps population.[412]

Navy Reserve. The Navy describes Medical Hold (MEDHOLD) as "a short-term medical treatment program for Reserve Component Sailors with the sole purpose of addressing medical conditions incurred or aggravated after completion of continuous active duty orders for more than 30 days."[413] The Navy operates two MEDHOLD units: Navy Region Mid-Atlantic Reserve Component Command (RCC) MEDHOLD East, in Norfolk, VA[414], and the Navy Region Southwest RCC MEDHOLD West, in Balboa, CA[415]. While MEDHOLD East and West both indicate they provide case management[416, 417], the Navy reported in February 2013 only approximately one in five MEDHOLD Sailors were receiving non-medical case manager (NMCM) support through the dedicated Navy Wounded Warrior-Safe Harbor (NWW-SH) program[418].

The Navy Reserve established a PHOP in 2008 aimed at maintaining psychological health and promoting resilience and recovery of Reserve Service members and their families.[419] PHOP staff, including clinically licensed outreach coordinators and outreach support team members, are co-located with RCC staff in five regions—Mid-Atlantic, Midwest, Northwest, Southeast, and Southwest. They conduct a thorough behavioral health screening to holistically assess an individual's psychological, physical, and social functioning and family well-being. Based on this screening, PHOP staff link individuals with appropriate military or community-based providers and provide follow-up. PHOP also conducts outreach calls with recently demobilized Sailors and provides psycho-educational briefings on a variety of topics of interest to the Navy Bureau of Medicine and Surgery (BUMED).[420]

Yellow Ribbon Reintegration Program (YRRP). The 2008 NDAA called for the establishment of the YRRP to provide information, services, referral, and proactive outreach programs to RC members and families throughout the deployment cycle.[421] DoDI 1342.28, "DoD Yellow Ribbon Reintegration Program (YRRP)," provides comprehensive guidance regarding YRRP policy,

responsibilities, and implementation, replacing earlier departmental guidance.[422] For reintegration purposes, the YRRP is organized on a 30/60/90-day post-deployment model.[423] Official health screening in the form of the post-deployment health reassessment (PDHRA) is to be incorporated into 90-day YRRP activities (see also information paper on *services for posttraumatic stress disorder and traumatic brain injury*).[424]

References

References for non-medical case management:

[1] Government Accountability Office. (September 26, 2007). DoD and VA: Preliminary observations on efforts to improve health care and disability evaluations for returning service members. Washington, DC: Author. GAO 07-1256T.

[2] National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).

[3] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

[4] Ibid.

[5] Ibid.

[6] Ibid.

[7] DoD. (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.

[8] Briefing submitted to the RWTF. Army Back-up Slides. February 26, 2013.

[9] Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.

[10] Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.

[11] Briefing submitted to the RWTF. Navy Back-up Slides. February 27, 2013.

[12] Mencl, P., Roberts, S., and Stevens, B. (June 10, 2010). Wounded warrior care and transition policy programs overview. Presentation to DoD Inspector General Office.

[13] Army Warrior Transition Command. (n.d.). Army Wounded Warrior program (AW2) – Eligibility and enrollment. Retrieved November 25, 2013, from http://wtc.army.mil/aw2/index.html.

[14] BG Bishop, D., LTC Brusher, E., Coffey, R., COL Jones, J., LTC Baker, J., Tuddenham, M., LTC Dudek, D., and Adams, N. Briefing to the RWTF. Army response to RWTF fiscal year 2012 recommendations. February 26, 2013.

[15] Ibid.

[16] Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.

[17] Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.

[18] LTC Deary, K. Briefing to the RWTF. Special Operations Command Care Coalition. May 19, 2011.

[19] Johnson, F. (February 13, 2013). DoD training helps care coordinators 'put the pieces together.' Retrieved March 6, 2013, from: http://warriorcare.dodlive.mil/2013/02/13/dod-training-helps-care-coordinators-put-the-pieces-together/.

[20] Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

References for medical care case management:

[21] TRICARE Management Activity. (2009). Medical management guide (version 3.0), p. 1. Retrieved November 18, 2013, from http://www.tricare.mil/tma/ocmo/download/MMG_v3_2009.pdf.

[22] Ibid.

[23] National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).

[24] Ibid.

[25] Ibid.

[26] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

[27] Ibid.

[28] DoD. (August 26, 2009). Directive-Type Memorandum 08-033: Interim guidance for clinical case management for the wounded, ill, and injured Service member in the Military Health System.

[29] DoD. (April 9, 2013). DoD instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

[30] Ibid, p. 1.

References for wounded warrior units and programs:

[31] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

[32] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §738 (2013).

[33] Army Warrior Transition Command. (December 1, 2011). MEDCOM Policy Memo 11-098: Comprehensive Transition Plan Policy and CTP-Guidance (CTP-G), p. 47.

[34] Briefing submitted to the RWTF. Army Back-up Slides. February 26, 2013.

[35] Army Warrior Transition Command. (n.d.). WTU locations. Retrieved November 25, 2013, from http://wtc.army.mil/about_us/wtu_locations.html.

[36] Briefing submitted to the RWTF. Army Back-up Slides. February 26, 2013.

[37] Army Warrior Transition Command briefing to the RWTF. February 22, 2011.

[38] DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.

[39] Ibid.

[40] Ibid.

[41] Wounded Warrior Regiment Iowa District Injured Support Coordinators. Prepared briefing for the RWTF. District Injured Support Coordinators. n.d. (29 DISCs located across 22 VISNs)

[42] Col Mayer, J.L. Marine Corps Wounded Warrior Regiment briefing to the RWTF. March 30, 2011.

[43] Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.

[44] Ibid.

[45] DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.

[46] Ibid.

[47] CAPT Carter, B. Navy Safe Harbor briefing to the RWTF, March 31, 2011.

[48] CAPT Carter, B., and Paganelli, V.M. Navy Safe Harbor and BUMED briefing to the RWTF. February 22, 2012.

[49] Briefing submitted to the RWTF. Navy Back-up Slides. February 27, 2013.

[50] Pennington, D. Briefing to the RWTF. Navy Wounded Warrior-Safe Harbor: Transition support. December 7, 2012.

[51] Department of Navy, Bureau of Medicine and Surgery (July 28, 2008). NAVMED Policy 08-019: Medical oversight of reserve component medical hold personnel.

[52] NAVADMIN 323/12: Navy Safe Harbor program realignment. October 31, 2012.

[53] Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.

[54] Lt Col Black, S. Briefing to the RWTF. Air Force Wounded Warrior program: Non-medical care management and support. December 6, 2011.

[55] Lt Col Wyatt, M.C. Air Force Warrior and Survivor Care briefing to the RWTF. February 21, 2012.

[56] MSgt Eichman, T. Briefing to the RWTF. Role of family liaison officer. December 9, 2011.

[57] DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.

[58] Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.

[59] Brig Gen Murrie, E.J. and Col Zeh, G.R. Briefing to the RWTF. Air Force Wounded Warrior program. May 15, 2012.

[60] Special Operations Command briefing to the RWTF, May 19, 2011.

[61] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior program. October 28, 2013.

[62] Infelise, C. Briefing to the RWTF. SOCOM Care Coalition. January 11, 2012 (slide 12).

[63] DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.

References for services for posttraumatic stress disorder and traumatic brain injury:

[64] VA. (n.d.). Polytrauma system of care definitions. Retrieved October 25, 2010, from http://www.polytrauma.va.gov/definitions.asp#ptsd, para. 13.

[65] Institute of Medicine. (2012). Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment. Washington, DC: The National Academies Press.

[66] Hoge, C. Panel presentation to the RWTF: Evidence-based treatment modalities for PTSD in the Army. February 23, 2012.

[67] Fischer, H. (February 5, 2013). U.S. military casualty statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom (Congressional Research Service Report for Congress). Retrieved September 30, 2013, from https://www.fas.org/sgp/crs/natsec/RS22452.pdf.

[68] DoD. (September 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf.

[69] Defense and Veterans Brain Injury Center. (n.d.). DoD worldwide numbers for TBI. Retrieved September 30, 2013, from http://www.dvbic.org/dod-worldwide-numbers-tbi.

[70] Tanielian, T., and Jaycox, L.H. (Eds.). (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND. Retrieved November 4, 2010, from http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf.

[71] National Intrepid Center of Excellence. (n.d.). NICoE information page. Retrieved October 26, 2013, from http://www.nicoe.capmed.mil/SitePages/Home.aspx.

[72] Intrepid Fallen Heroes Fund. (n.d.). IFHF dedicates first NICoE satellite center, Intrepid Spirit, at Fort Belvoir, VA. Retrieved September 30, 2013, from

http://www.fallenheroesfund.org/News/Articles/IFHF-Dedicates-First-NICoE-Satellite-Center,-Intre.aspx.

[73] Ibid.

[74] Wright, M. (October 2, 2013). Opening of new trauma center celebrated at Camp Lejeune. Retrieved October 26, 2013, from http://www.wnct.com/story/23589763/camp-lejeune-dedicates-center-for-treatment-of-ptsd-tbi.

[75] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §706 (2013).

[76] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §724 (2013).

[77] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §725 (2013).

[78] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §726 (2013).

[79] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §739 (2013).

[80] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §702 (2013).

[81] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §723 (2013).

[82] DoD. (November 7, 2011). Directive-Type Memorandum 09-033: Policy guidance for management of concussion/mild traumatic brain injury in the deployed setting.

[83] DoD. (September 18, 2012). DoD Instruction 6490.11: DoD policy guidance for management of mild traumatic brain injury/concussion in the deployed setting.

[84] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §704 (2013).

[85] Ibid.

[86] Ibid.

[87] Military OneSource (May 9, 2013). Counseling options for Service members and their families. Retrieved November 24, 2013, from http://www.militaryonesource.mil/non-medical-counseling?content_id=268934

[88]Military OneSource. (n.d.). MFLC: Military and Family Life Counselor program. Retrieved November 24, 2013, from http://www.militaryonesource.mil/12038/MOS/Booklets/MFLC_Program_Brochure.pdf.

[89] MCXE-BH. (October 2011). Evans Army Community Hospital embedded behavioral health teams (information paper). Fort Carson, CO: Author.

[90] Wells, T. Site briefing to the RWTF. Marine Forces Reserve Psychological Health Outreach Program. November 15, 2011.

[91] Navy Reserve Psychological Health Outreach Program. (n.d.). About. Retrieved December 23, 2011, from http://www.navyreserve.navy.mil/Pages/PHOP.aspx.

[92] Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (n.d.). PTSD: Treatment options. Retrieved October 28, 2010, from http://www.dcoe.health.mil/ForHealthPros/PTSDTreatmentOptions.aspx.

[93] Site briefings to the RWTF. October 2011-March 2012.

[94] Institute of Medicine. (2012). Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment. Washington, DC: The National Academies Press.

[95] CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

[96] Cornum, R., Matthews, M.D., and Seligman, M.E.P. (2011). Comprehensive soldier fitness: Building resilience in a challenging institutional context. American Psychologist, 66(1), 4-9.

[97] Ibid.

[98] Kime, P. (July 2, 2012). Psychologists question Army resilience program. Retrieved November 20, 2013, from http://www.marinecorpstimes.com/article/20120702/NEWS/207020323/.

[99] Deployment Health Clinical Center. (November 3, 2010). Enhanced post-deployment health assessment process (DoD Form 2796). Retrieved November 4, 2011, from http://www.pdhealth.mil/dcs/DD_form_2796.asp.

[100] DoD. (April 19, 2007). Force health protection and readiness policy and programs: The post-deployment health reassessment. Retrieved October 25, 2010, from http://fhp.osd.mil/pdhrainfo/. [Note: In accordance with DoD Instruction (DoDI) 6490.03, "Deployment Health," all re-deploying Service members must participate in a post-deployment health assessment (PDHA) and a post-deployment health reassessment (PDHRA), both of which include screening for posttraumatic stress disorder (PTSD).]

[101] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §712 (2011). [Note: Section 712 advances DoD's ability to detect and treat psychological changes in deployed personnel by mandating pre-deployment medical examinations, post-deployment medical examinations that include the assessment of mental health, and post-deployment health reassessments.]

[102] Theohary, C.A., Kapp, L., Burrelli, D.F., and Jansen, D.J. (January 16, 2013). FY2013 National Defense Authorization Act: Selected military personnel policy issues (Congressional Research Service Report for Congress). Retrieved September 30, 2013, from https://www.fas.org/sgp/crs/natsec/R42651.pdf.

[103] Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[104] COL Ritchie (Ret.), E.C. Briefing to the RWTF. Assessment of ongoing efforts in the treatment of PTSD. December 4, 2012.

[105] National Center for Posttraumatic Stress Disorder. (n.d.). Mission and overview. Retrieved February 12, 2012, from http://www.ptsd.va.gov/about/mission/mission-and-overview.asp.

[106] VA/DoD. (January 2004). Clinical practice guideline for the management of post-traumatic stress (version 1.0). Retrieved December 30, 2013, from http://www.healthquality.va.gov/ptsd/ptsd_full.pdf.

[107] VA/DoD. (October 2010). Clinical practice guideline for the management of post-traumatic stress (version 2.0). Retrieved December 30, 2013, from http://www.healthquality.va.gov/ptsd/cpg_PTSD-FULL-201011612.pdf.

[108] Ibid.

[109] Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[110] VA/DoD. (October 2010). Clinical practice guideline for the management of post-traumatic stress (version 2.0). Retrieved December 30, 2013, from http://www.healthquality.va.gov/ptsd/cpg_PTSD-FULL-201011612.pdf.

[111] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §722 (2011).

[112] DoD. (September 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf.

[113] Defense and Veterans Brain Injury Center. (n.d.). Concussion/mTBI screening. Retrieved January 9, 2012, from http://www.dvbic.org/Providers/TBI-Screening.aspx.

[114] DoD. (September 2009). Traumatic brain injury care in the DoD. Retrieved October 25, 2010, from http://www.dcoe.health.mil/Content/Navigation/Documents/Traumatic%20Brain%20Injury%20Care%20in%20the%20Department%20of%20Defense.pdf.

[115] Ibid.

[116] DoD. (June 21, 2010). Directive-Type Memorandum 11-033: Policy guidance for management of concussive/mild traumatic brain injury in the deployed setting.

[117] DoD. (September 18, 2012). DoD Instruction 6490.11: Management of mild TBI/concussion in the deployed setting.

[118] DoD/VA. (April 2009). Clinical practice guidelines: Management of concussion/mild traumatic brain injury. Retrieved November 20, 2013, from http://www.healthquality.va.gov/mtbi/concussion_mtbi_full_1_0.pdf.

[119] Vanderploeg, R.D., CDR Handrigan, M.T., and Pramuka, M. Panel presentation to the RWTF. Cognitive rehabilitation therapy and TBI. May 19, 2011.

[120] Ibid.

[121] National Defense Authorization Act of 2012, Pub. L. No. 112-81, §724 (2011).

References for Defense Centers of Excellence:

[122] CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

[123] CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. January 15, 2013.

[124] Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (n.d.). About DCoE. Retrieved February 24, 2012, from http://www.dcoe.health.mil/WhatWeDo.aspx.

[125] Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (n.d.). Who we are. Retrieved October 26, 2013, from http://www.dcoe.mil/About_DCoE/Leadership.aspx.

[126] DoD. (January 2, 2013). DoD Directive 600.17E: Executive agent for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

[127] CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

[128] Ibid.

[129] Ibid.

[130] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §716 (2011).

[131] National Defense Authorization Act of 2008, Pub. L., No. 110-181, §1611 (2008).

[132] National Defense Authorization Act of 2009, Pub. L. No. 110-417, §721 and §722. (2009).

[133] Statement to the Subcommittee on Military personnel of the House Committee on Armed Services, 111th Cong. (April 13, 2010). (Prepared statement of LTG Eric B. Schoomaker, Army Surgeon General).

[134] CAPT Hammer, P.S. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. February 23, 2012.

[135] COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013, p. 4.

[136] COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013.

[137] COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. May, 18 2011.

[138] COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013.

[139] Ibid.

[140] Vision Center of Excellence. (n.d.). VCE leadership bios. Retrieved November 20, 2013, from http://vce.health.mil/about/DrMLawrence.aspx.

[141] COL Gagliano, D.A., and Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence. January 14, 2013.

[142] Lt Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. January 14, 2013.

[143] Ibid.

[144] Hearing Center of Excellence. (n.d.). Mission and overview. Retrieved October 10, 2012, from http://hearing.health.mil/AboutUs/Mission.aspx.

[145] Lt Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. December 9, 2012.

[146] Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. December 9, 2013.

[147] Randolph, B.J. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. January 14, 2013, p. 5.

[148] LTC Pendergrass, T. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. February 22, 2012.

[149] Randolph, B.J. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence. January 14, 2013.

[150] Ibid.

[151] Ibid.

References for Interagency Program Office:

[152] National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1635, 122 Stat. 3, 460-63 (2008).

[153] Government Accountability Office. (January 2010). Electronic health records. Washington, DC: Author. GAO 10-332.

[154] VA/DoD Joint Executive Council. (2009). JEC annual report, fiscal year 2009. Washington, DC: Authors.

[155] DoD and VA. (n.d.). New Interagency Program Office off to a successful start. Good News, 2(3), 2.

[156] Cool, R., Project Manager, DoD/VA Interagency Program Office. Personal communication with the RWTF. February 28, 2012.

[157] Government Accountability Office. (July 2008). Electronic health records. Washington, DC: Author. GAO 08-954.

[158] Government Accountability Office. (January 2009). Electronic health records. Washington, DC: Author. GAO 09-268.

[159] Government Accountability Office. (July 2009). Electronic health records. Washington, DC: Author. GAO 09-775.

[160] Government Accountability Office. (January 2010). Electronic health records. Washington, DC: Author. GAO 10-332.

[161] Government Accountability Office. (February 2011). Electronic health records. Washington, DC: Author. GAO 11-265.

[162] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §1098 (2011).

[163] Wennergren, D.M. Briefing to the RWTF. Interagency Program Office. February 23, 2012.

[164] Cool, R. Project Manager, DoD/VA Interagency Program Office. Personal communication with the RWTF. February 28, 2012.

[165] Ibid.

[166] Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT.

[167] To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in Review of the Defense Authorization Request for Fiscal Year 2014 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April 17, 2013) (Testimony from Jonathan A Woodson, Assistant Secretary of Defense for Health Affairs, Director, TRICARE Management Activity, Department of Defense).

[168] Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT.

[169] Vogel, S. (February 8, 2013). Retreat by VA and DoD on electronic health records criticized. Retrieved February 14, 2013, from http://www.washingtonpost.com/blogs/federal-eye/wp/2013/02/08/retreat-by-va-and-dod-on-electronic-health-records-criticized/.

[170] Garamone, J. (February 14, 2013). DOD, VA to speed integration of health records. Retrieved February 14, 2013, from http://www.woundedwarrior.af.mil/news/story.asp?id=123336370.

[171] Shane, L. III. (February 7, 2013). Effort to integrate DOD, VA medical records draws criticism. Retrieved February 14, 2013, from http://www.stripes.com/effort-to-integrate-dod-va-medical-records-draws-criticism-1.206961.

[172] Legislative presentation of AMVETS, Air Force Sergeants Association, Paralyzed Veterans of America, Jewish War Veterans, Gold Star Wives, Fleet Reserve Association, Vietnam Veterans of America, and the National Association of State Directors of Veterans Affairs: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (March 6, 2013). (Testimony from Mark A. Kilgore, National President, Fleet Reserve Association).

[173] Legislative presentation of Military Officers Association of America, Retired Enlisted Association, Non Commissioned Officers Association, Blinded Veterans Association, Military Order of the Purple Heart, Wounded Warrior Project, Iraq and Afghanistan Veterans of America, American Ex-Prisoners of War: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (February 28, 2013). (Testimony from SgtMaj (Ret.) H. Gene Overstreet, President, Non Commissioned Officers Association).

[174] Legislative presentation of AMVETS, Air Force Sergeants Association, Paralyzed Veterans of America, Jewish War Veterans, Gold Star Wives, Fleet Reserve Association, Vietnam Veterans of America, and the National Association of State Directors of Veterans Affairs: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (March 6, 2013). (Submission for the Record of LTG (Ret.) Guy C. Swan, Vice President, Association of the United States Army).

[175] Moore, J. (February 27, 2013). House committee worried DoD, VA 'moving the goal posts' on e-health records. Retrieved March, 14, 2013, from http://www.federalnewsradio.com/538/3235513/House-committee-worried-DoD-VA-moving-the-goal-posts-on-e-health-records.

[176] Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT.

[177] Garamone, J. (February 14, 2013). DOD, VA to speed integration of health records. Retrieved February 14, 2013, from http://www.woundedwarrior.af.mil/news/story.asp?id=123336370.

[178] Kime, P. (February 7, 2013). VA, DoD pull back on electronic health records. Retrieved February, 14, 2013, from http://www.federaltimes.com/article/20130207/IT03/302070004/VA-DoD-pull-back-electronic-health-records?odyssey=tab%7Ctopnews%7Ctext%7CIT.

[179] Wennergren, D.M. Briefing to the RWTF. Interagency Program Office. February 23, 2012.

[180] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §1098 (2011).

[181] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013), p. 123.

[182] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).

[183] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013), p. 126.

[184] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).

[185] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013), p. 126.

[186] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).

[187] DoD. (n.d.). Health Artifact and Image Management Solution factsheet. Author. (Available at http://dhcs.health.mil/docs/factsheets/20120720-Fact%20Sheet-HAIMS.pdf)

[188] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §713 (2013).

References for wounded warrior information resources:

[189] National Resource Directory. (2012). Homepage. Retrieved October 13, 2013, from http://www.nationalresourcedirectory.org.

[190] Ibid.

[191] Ibid.

[192] Ibid.

[193] Ibid.

[194] Seymour, D. Briefing to the RWTF. DoD response to the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces. April 3, 2013.

[195] Military OneSource. (2013). Specialty consultations tab. Retrieved October 15, 2013, from http://www.militaryonesource.mil/footer?content_id=268391.

[196] Milam, C.E., and Clouse, N. Briefing to the RWTF. Office of the Secretary of Defense, Military Community and Family Policy (MCFP). February 22, 2012.

[197] Ibid.

[198] Ibid.

[199] Ibid.

[200] Clouse, N. Office of the Secretary of Defense, Military Community and Family Policy, personal communication with the RWTF, January 23, 2013.

[201] Military OneSource. (2012). About us. Retrieved January 9, 2012, from http://www.militaryonesource.com.

[202] Milam, C.E.. and Clouse, N. Briefing to the RWTF. Office of the Secretary of Defense, Military Community and Family Policy (MCFP). February 22, 2012.

[203] Military OneSource. (2012). Wounded warrior tab. Retrieved January 9, 2012, from http://www.militaryonesource.com.

[204] Clouse, N. Office of the Secretary of Defense, Military Community and Family Policy, personal communication with the RWTF, January 23, 2013.

[205] Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.

[206] Site briefings to the RWTF. March/April 2011.

[207] Keeping it all together. (2012). Retrieved October 13, 2013, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.

[208] Site briefings to the RWTF. March/April 2011.

[209] Defense Advisory Committee on Women in the Services. (2009). Report: Support for families of wounded warriors. Retrieved June 8, 2011, from http://dacowits.defense.gov/annual_reports/DACOWITS%2009%20Final%20Report.pdf.

[210] Site briefings to the RWTF. March/April 2011.

[211] Army Family and Morale, Welfare and Recreation Command (Family Programs, Wounded & Fallen Division). Briefing to the RWTF. Soldier & Family Assistance Center. February 22, 2011.

[212] Ibid.

[213] Site briefings to the RWTF. March/April 2011.

[214] O'Leary, C. D. SFAC Program Manager, personal communication with the RWTF, April 23, 2013.

[215] Ibid.

[216] Ibid.

[217] Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[218] Site briefings to the RWTF. March/April 2011.

[219] Wounded Soldier and Family Hotline. (2012). U.S. Army Medical Department. Retrieved February 7, 2012, from http://www.armymedicine.army.mil/wsfh/index.html.

[220] Sergeant Merlin German Wounded Warrior Call Center. (2012). U.S Marine Corps Wounded Warrior Regiment. Retrieved February 7, 2012, from http://www.woundedwarriorregiment.org/callcenter/callcenter.cfm.

[221] CAPT Hall, S. Briefing to the RWTF. Navy Wounded Warrior-Safe Harbor. December 6, 2012.

[222] Air Force Wounded Warrior. (2012). U.S. Air Force. Retrieved February 7, 2012, from http://www.woundedwarrior.af.mil/.

[223] Ibid.

References for support for family caregivers:

[224] Christensen, E., Hill, C., Netzer, P., Farr, D., Schaefer, E., and McMahon, J. (April 2009). Economic impact on caregivers of the severely wounded, ill, and injured. Alexandria, VA: Center for Naval Analysis.

[225] Defense Advisory Committee on Women in the Services. (October 17, 2008). Support for families of wounded warriors: Summary of DACOWITS focus groups. Fairfax, VA: ICF International.

[226] Defense Advisory Committee on Women in the Services. (March 23, 2010). 2009 annual report. Fairfax, VA: ICF International.

[227] Tanielian, T., Ramchand, R., Fisher, M.P, Sims, C.S., Harris, R., and Harrell, M.C. (2013). Military caregivers: Cornerstones of support for our nation's wounded, ill, and injured veterans. Retrieved April 1, 2013, from http://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR244/RAND_RR244.pdf.

[228] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §439 (2009), p. 161, g 1-2.

[229] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §603 (2011).

[230] 10 U.S.C. §1074, 1079, TRICARE Extended Care Health Option Program.

[231] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §439 (2009).

[232] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §634 (2011).

[233] Campbell, J.R., and Burdette, P.A. Briefing to the RWTF. Office of Wounded Warrior Care and Transition Policy status update. October 5, 2011.

[234] Ibid.

[235] Lock, L. and Perry, L.A. Panel presentation to the RWTF. Army Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.

[236] MSgt Noel, C. Panel presentation to the RWTF. Air Force Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.

[237] CDR Shapiro, D. and Weatherford, L.B. Panel presentation to the RWTF. Navy Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.

[238] Williamson, P. Panel presentation to the RWTF. Marine Corps Special Compensation for Assistance with Activities of Daily Living. December 5, 2012.

[239] DoD. (August 24, 2011, incorporating change 1, May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.

[240] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §632 (2009).

[241] Ibid.

[242] DoD. (October 1, 2013). Joint federal travel regulations, volume 1, change 322. Retrieved October 13, 2013, from http://www.defensetravel.dod.mil/Docs/perdiem/JFTR(Ch1-10).pdf.

[243] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §633 (2009), para. b2.

[244] National Defense Authorization Act of 2010, Pub. L. No. 111-84, §633 (2009).

[245] Ibid.

[246] DoD. (October 1, 2013). Joint federal travel regulations, volume 1, change 322. Retrieved October 13, 2013, from http://www.defensetravel.dod.mil/Docs/perdiem/JFTR(Ch1-10).pdf.

[247] TSgt Eudy, A., and Virostko, R. Special Operations Command Care Coalition, Walter Reed National Military Medical Center, personal communication with the RWTF, April 14, 2013.

[248] TRICARE. (March 22, 2013). Health benefits for injured service members. Retrieved October 13, 2013, from http://www.tricare.mil/LifeEvents/InjuredonAD/HealthBenefits.aspx?p=1, para. 3.

[249] Office of the Under Secretary of Defense for Personnel & Readiness. (August 1, 2008). Memorandum: Provision of respite care for the benefit of seriously ill or injured active duty members.

[250] TRICARE. (March 22, 2013). Health benefits for injured service members. Retrieved October 13, 2013, from http://www.tricare.mil/LifeEvents/InjuredonAD/HealthBenefits.aspx?p=1 541484568?puri=%2Fhome%2FLifeEvents%2FSpecialNeeds%2FRespiteCare, para. 4.

[251] TRICARE. (March 22, 2013). Health benefits for injured service members. Retrieved October 13, 2013, from http://www.tricare.mil/LifeEvents/InjuredonAD/HealthBenefits.aspx?p=1 541484568?puri=%2Fhome%2FLifeEvents%2FSpecialNeeds%2FRespiteCare, para. 5.

[252] 10 U.S.C. §1074, 1079, TRICARE ECHO program.

[253] Caregivers and Veterans Omnibus Health Services Act of 2010, Pub. L. No. 111-163, 124 Stat 1130, §101-104 (2010).

[254] Ibid.

[255] Ibid.

[256] VA. (June 14, 2011). VA and Easter Seals open first round of caregiver training. Retrieved January 18, 2012, from http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2118.

[257] Ibid.

[258] Ibid.

[259] Medve, J., Executive Director, Office of the VA/DoD Collaboration, Office of Policy and Planning. Personal communication with the RWTF. January 13, 2012.

[260] National Defense Authorization Act of 2012, Pub. L. No. 112-81, §529 (2011).

[261] DoD. (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel.

Additional references for support for family caregivers:

1. DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.

2. U.S. Army Office of the Inspector General. (September 22, 2010). Inspection of the warrior care and transition program. Washington, DC: Author.

References for legal support:

[262] DoD. (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System (IDES).

[263] Ibid.

[264] Ibid.

[265] Fiore, U.L., Director, Soldier & Family Legal Services, Office of The Judge Advocate General, U.S. Army, Personal communication with the RWTF, January 30, 2012.

[266] Hostetter, M., Head Legal Assistance, Judge Advocate Division, Marine Corps Headquarters. Personal communication with the RWTF. February 27, 2012.

[267] Deam, S.R. USAF Special Counsel, Office of the Judge Advocate General. Personal communication with the RWTF. January 26, 2012.

[268] The Judge Advocate General Corps, U.S. Army. (n.d.). Legal services during the MEB/PEB processes. Retrieved October 25, 2012, from https://www.jagcnet.army.mil/8525740300753073/0/56C016A9D039C927852573F000552C3B?opendocument&noly=1.

[269] Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of the Judge Advocate General, U.S. Army. Personal communication with the RWTF. January 30, 2012.

[270] Ibid.

[271] Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of the Judge Advocate General, U.S. Army. Personal communication with the RWTF. November 27, 2012.

[272]Fiore, U.L. Jr., Director, Soldier and Family Legal Services, Office of The Judge Advocate General, U.S. Army, personal communication with the RWTF, January 30, 2012.

[273] Ibid.

[274] Ibid.

[275] Ibid.

[276] Morrisroe, K., Navy Disability Evaluation System Outreach Attorney Program Manager, Office of the Judge Advocate General, U.S. Navy. Personal communication with the RWTF. February 6, 2012.

[277] Ibid.

[278] Ibid.

[279] Ibid.

[280] Ibid.

[281] Ibid.

[282] Morrisroe, K., Grissom, D., and Moores, L. Briefing to the RWTF. Navy Disability Attorney Program. November 13, 2012.

[283] Hostetter, M., Head Legal Assistance, Judge Advocate Division, Marine Corps Headquarters. Personal communication with the RWTF. February 27, 2012.

[284] Ibid.

[285] Ibid.

[286] Ibid.

[287] Ibid.

[288] Maj Collins, W.J., Jr. Briefing to the RWTF. USMC DES Counsel Brief. November 13, 2012.

[289] Deam, S.R. USAF Special Counsel, Office of the Judge Advocate General. Personal communication with the RWTF. January 26, 2012.

[290] Ibid.

[291] Ibid.

[292] Ibid.

[293] Ibid.

[294] Ibid.

References for vocational services:

[295] Congressional Research Service. (2008). Veterans benefits: The Vocational Rehabilitation and Employment program (CRS Report). Washington, DC: Author.

[296] DoD. (October 2011). Wounded, ill, and injured (WII) compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.

[297] VA. (October 29, 2011). Vocational Rehabilitation and Employment homepage. Retrieved February 1, 2012, from http://www.vba.va.gov/bln/vre/index.htm. [Note: The VA Vocational Rehabilitation and Employment (VR&E) website indicates Service members expecting an honorable discharge and with a memorandum rating of 20% or more from the VA can apply for VR&E.]

[298] VOW to Hire Heroes Act of 2011, Pub. L. No. 112-56, §231 (2011).

[299] Cocker, M. Briefing to the RWTF. VA Vocational Rehabilitation and Employment service. October 4, 2011.

[300] Devlin, M. Briefing to the RWTF. Veteran Affairs VR&E service. January 15, 2013.

[301] Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[302] DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF).

[303] Ibid.

[304] Warrior Care Blog. (n.d.). Operation Warfighter. Retrieved October 17, 2012, from http://warriorcare.dodlive.mil/wounded-warrior-resources/operation-warfighter/.

[305] [Note: Section 2805 of NDAA 2011 instructed the Secretary of Defense (SecDef) to establish a program to allow Veterans to work on military construction projects. NDAA 2012 contained three provisions related to vocational services for RWs. Section 558 of NDAA 2012 required the SecDef to conduct a pilot program assessing feasibility and advisability of permitting Service members to obtain civilian credentialing or licensing for skills required in a military occupational specialty (MOS). Congress included a statement in its NDAA report encouraging the SecDef to include commercial driver's licenses (CDL) as one of the civilian credentials/licenses to be included in the pilot.]

[306] National Defense Authorization Act of 2012, Pub. L. No. 112-81, §551 (2011).

[307] DiGiovanni, F.C. Briefing to the RWTF. Job training, employment skills training, apprenticeships, and internships. April 3, 2013.

[308] Mason, S.R. Office of Warrior Care Policy, personal communication with the RWTF, March 7, 2013.

[309] COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional Questions for Army WTC. February 26, 2013.

[310] Briefing submitted to the RWTF. Air Force Back-up Slides. February 26, 2013.

[311] Briefing submitted to the RWTF. Marine Corps Back-up Slides. February 27, 2013.

[312] McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior program. October 28, 2013.

[313] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §542 (2013).

References for Disability Evaluation System:

[314] DoD. (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.

[315] DCoE Real Warriors. (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from http://www.realwarriors.net/active/disability/disability.php.

[316] Office of Wounded Warrior Care & Transition Policy (October 15, 2010). Integrated Disability Evaluation System (IDES) overview. Alexandria, VA: Author.

[317] DoD. (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from http://www.pdhealth.mil/hss/des.asp.

[318] DoD. (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.

[319] Government Accountability Office. (September 2007). DoD and VA. Washington, DC: Author. GAO 07-1256T.

[320] Marcum, C.Y., Emmerichs, R.M., McCombs, J.S., & Thie, H.J. (2002). Methods and actions for improving performance of the Department of Defense Disability Evaluation System. Santa Monica, CA: RAND.

[321] National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1612 and 1644, 122 Stat. 3 (2008).

[322] Office of Wounded Warrior Care and Transition Policy. (October 15, 2010). IDES. Alexandria, VA: Author.

[323] Air Force Wounded Warrior. (November 28, 2011). IDES program reduces disability benefits waiting period after separation. Retrieved December 1, 2011, from http://www.woundedwarrior.af.mil/news/story.asp?id=123281086.

[324] DoD. (December 11, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.

[325] DoD. (November 4, 1996). DoD Directive 1332.18: Separation or retirement for physical disability.

[326] DoD. (December 11, 2011, Incorporating Change 1, May 3, 2012). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System.

[327] Walton, B. (March 17, 2011). Integrated Disability Evaluation System helps separating Soldiers. Retrieved March 18, 2011, from http://www.army.mil/article/53420/integrated-disability-evaluation-system-helps-separating-soldiers/.

[328] DoD. (n.d.). Disability Evaluation System. Retrieved October 20, 2010, from http://www.pdhealth.mil/hss/des.asp.

[329] Bruner, A.E., Warrior Care Policy. Personal Communication with the RWTF, March 8, 2013.

[330] Bruner, A.E. and Sepehr, M., Warrior Care Policy. Personal Communication with the RWTF, October 23, 2013.

[331] Office of Warrior Care Policy. (September 22, 2013). Final IDES performance report for August 2013. Alexandria, VA: Author.

[332] Ibid. [Note: The medical examination stage is meeting the 45-day goal, with an average processing time of 37 days. As of the September Integrated Disability Evaluation System Performance Report (IDPR), the goal of the Medical Evaluation Board (MEB) stage of 35 days was close to being met, at 36 days.]

[333] Office of Warrior Care Policy. (November 25, 2012). Final IDES performance report for October 2012. Alexandria, VA: Author.

[334] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §533 (2011).

[335] National Defense Authorization Act of 2011, Pub. L. No. 111-383, §534 (2011).

[336] National Defense Authorization Act of 2012 Pub. L. No. 112-81, §527 (2011).

[337] National Defense Authorization Act of 2012 Pub. L. No. 112-81, §596 (2011).

[338] Burdette, P.A., Carrington, R.S., Stevens, B., and Sobota, A.E., Wounded Warrior Care and Transition Policy Office, personal communication with the RWTF, March 29, 2012.

[339] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §518 (2012).

[340] National Defense Authorization Act of 2013, Pub. L. No. 112-239, §524 (2013).

[341] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §574 (2013), p. 101-102.

[342] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §574 (2013).

[343] Ibid.

[344] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §526 (2013).

[345] Ibid.

[346] Department of Defense Recovering Warrior Task Force. (September 3, 2013). 2012-2013 Annual Report. Washington, DC: Author.

References for support systems to ease transition from DoD to VA (Transition Assistance Program):

[347] National Defense Authorization Act of 1991, Pub. L. No. 101-510 (1991), Military Transition Assistance Programs.

[348] 10 USC, Chapter 58, Benefits and services for members being separated or recently separated (2010).

[349] DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.

[350] DoD. (December 9, 1993). DoD Directive 1332.35: Transition assistance for military personnel.

[351] DoD. (February 14, 1994). DoD Instruction 1332.36: Pre-separation counseling for military personnel.

[352] VOW (Veterans Opportunity to Work) to Hire Heroes Act of 2011, Pub. L. No. 112-56, §221, para. c2. (2011).

[353] DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members. [Note: Participation in mandatory components of the Transition Assistance Program (TAP) can only be waived by the Secretary of Defense or Secretary of Homeland Security or for those who meet exemption criteria specified in the DTM.]

[354] Ibid.

[355] Kelly, S. (2012). Briefing submitted to RWTF. Transition Assistance Program re-design.

[356] DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.

[357] Ibid. [Note: Among those exempted from the Department of Labor (DOL) workshop are Recovering Warriors (RWs) participating in the Education and Employment Initiative (E2I) or a similar vocational service through which the RW will secure employment, education, or training after separation.]

[358] Ibid. [Note: According to the DTM, Attachment 2, Section 1b, "completion of these subcomponents is determined based on the Service member's ability to attain career readiness standards."]

[359] Transition to Veterans Program Office. (2013). Transition Assistance Program brochure. Retrieved October 24, 2013, from http://prhome.defense.gov/Portals/52/Documents/RFM/TVPO/files/TVPO%20101%20(FINAL).pdf.

[360] DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.

[361] Ibid. Attachment 2, Section 3a.

[362] Ibid. Attachment 2, Section 3b.

[363] Ibid. Attachment 2, Section 3c.

[364] DoD, DOL, and VA Transition Assistance Program. (2012). TurboTAP homepage. Retrieved February 10, 2012, from http://www.turbotap.org/register.tpp.

[365] Defense Manpower Data Center. (n.d.) TurboTAP homepage. Retrieved August 26, 2013, from http://www.turbotap.org/.

References for overall coordination between DoD and VA (Interagency Care Coordination Committee):

[366] DoD and VA. (n.d). DoD-VA Instruction (Draft): Interagency complex care coordination policy for Service members and veterans.

[367] VA/DoD Joint Executive Council. (2009). Annual report, fiscal year 2009. Washington, DC: Author.

[368] National Defense Authorization Act of 2008, Pub. L., No. 110-181, §1611 (2008).

[369] Campbell, J., and Medve, J. (n.d.). SOC-JEC consolidation plan decision brief. Washington, DC: Office of Wounded Warrior Care and Transition Policy and Office of VA-DoD Collaboration.

[370] Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.

[371] Ibid.

[372] Ibid.

[373] DoD and VA. (n.d). DoD-VA Instruction (Draft): Interagency complex care coordination policy for Service members and veterans.

[374] DoD-VA Interagency Care Coordination Committee. (January 10, 2013). Master comprehensive plan document. Washington, DC: Author.

[375] Ibid.

[376] Ibid .

[377] Interagency Care Coordination Committee. (n.d.) DoD-VA care coordination process. Washington, DC: Author.

[378] Interagency Care Coordination Committee. (December 31, 2012). DoD/VA lead coordinator checklist (version 1.0). Washington, DC: Author

[379] Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[380] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §525 (2013).

[381] Ibid.

References for other matters: Reserve Component:

[382] Defense Manpower Data Center. (2012). Profile of the military community. Washington, DC: Author.

[383] Ibid.

[384] Defense Manpower Data Center. (June 7, 2013). April 2013 Contingency Tracking System: Current military strength and number of OEF/OIF/OND deployments by Service/component.

[385] Defense Casualty Analysis System. (September 25, 2013). U.S. military casualties – GWOT casualty summary by service component. Retrieved September 25, 2013 from https://www.dmdc.osd.mil/dcas/pages/report_sum_comp.xhtml.

[386] DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program, p. 9.

[387] Site briefings to the RWTF. March 2011-April 2011.

[388] Department of Defense Recovering Warrior Task Force, (September 2, 2011). 2010-2011 annual report. Washington, DC: Author.

[389] Department of Defense Recovering Warrior Task Force. (August 31, 2012). 2011-2012 annual report. Washington, DC: Author.

[390] Department of Defense Recovering Warrior Task Force. (September 3, 2013). 2012-2013 annual report. Washington, DC: Author.

[391] Acting Under Secretary of Defense for Personnel and Readiness. (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[392] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §703 (2013).

[393] Ibid.

[394] Army Warrior Care and Transition Policy response to the RWTF data call. February 26, 2013.

[395] CALIBRE. (May 24, 2010). Wounded, ill, and injured recovery care coordinator non-medical case manager study—Interim report. Washington, DC: Office of Wounded Warrior Care and Transition Policy.

[396] Burdette, P. Briefing to the RWTF. Wounded Warrior Care and Transition Policy. February 21, 2012.

[397] Tan, M. (May 15, 2013). Reserve liaisons help with WTUs. Retrieved November 24, 2013, from http://www.armytimes.com/article/20130515/NEWS/305150004/Reserve-liaisons-help-WTUs.

[398] Conner, M. Briefing to the RWTF. Transition Assistance Advisor program. December 4, 2012.

[399] Ibid.

[400] Ibid.

[401] Conner, M., Chief of Warrior Support, National Guard Bureau. Personal communication with the RWTF. February 27, 2012.

[402] COL Faris, J. K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. December 4, 2012.

[403] COL Faris, J.K. Deputy Surgeon Army National Guard, and Holdeman, R. Deputy Division Chief Personnel, personal communication with the RWTF, April 15, 2013.

[404] COL Faris, J.K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. December 4, 2012.

[405] Acting Under Secretary of Defense for Personnel and Readiness (October 4, 2013). Transmittal to Congress of DoD implementation of the fiscal year 2012 report of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

[406] COL Faris, J.K., Deputy Surgeon, ARNG. Personal communications with the RWTF. January 12, 2012.

[407] COL Knowlton, K.E. Briefing to the RWTF. U.S. Physical Disability Agency (USAPDA) & Reserve Components Soldier Medical Support Center (RC SMSC). December 4, 2012.

[408] COL Knowlton, K., and COL McAtee, S. Briefing to the RWTF. Reserve Components Soldier Medical Support Center (RC SMSC). January 7, 2014.

[409] Office of Warrior Care Policy. (September 22, 2013). Final IDES performance report for August 2013. Alexandria, VA: Author. [Note: The medical examination stage is meeting the 45-day goal, with an average processing time of 37 days. As of the September IDPR, the goal for the Medical Evaluation Board (MEB) stage of 35 days was close to being met, at 36 days.]

[410] Office of Warrior Care Policy (November 25, 2012). Final IDES performance report for October 2012. Alexandria, VA: Author.

[411] National Defense Authorization Act of 2014, Pub. L. No. 113-66, §526 (2013).

[412] Wells, T. Briefing to the RWTF. Marine Forces Reserve Psychological Health Outreach Program. November 15, 2011.

[413] NAVADMIN 124/11: Reserve Component medical hold screening and assignment. (n.d.). Retrieved February 10, 2012, from http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2011/NAV11124.txt.

[414] CDR Alexander, M., and Costello-Shea, M. Briefing to the RWTF. Navy Medical Hold Department East. February 2012.

[415] Site briefings to the RWTF, November 2012-March 2013.

[416] CDR Alexander, M., and Costello-Shea, M. Briefing to the RWTF. Navy Medical Hold Department East. February 2012.

[417] Site briefings to the RWTF, November 2012-March 2013.

[418] Briefing submitted to the RWTF. Navy Back-up Slides. February 27, 2013.

[419] Navy Reserve. (n.d.). Psychological Health Outreach Program. Retrieved January 12, 2012, from http://www.navyreserve.navy.mil/PHOP%20Documents/PHOP%20Poster.pdf.

[420] Navy Reserve. (n.d.). Psychological Health Outreach Program. Retrieved December 23, 2011, from http://www.navyreserve.navy.mil/Pages/PHOP.aspx.

[421] National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008).

[422] DoD. (March 30, 2011). DoD Instruction 1342.28: DoD Yellow Ribbon Reintegration Program.

[423] Ibid.

[424] Ibid.

Appendix

Acronym Glossary

A&FRC	Airman and Family Readiness Center
AC	Active Component
AD	Active Duty
ADOS	Active Duty for Operational Support
AFB	Air Force Base
AFPC	Air Force Personnel Center
AFW2	Air Force Wounded Warrior program
AHLTA	Armed Forces Health Longitudinal Technology Application
ANG	Air National Guard
APRN	advanced practice registered nurse
ARNG	Army National Guard
AW2	Army Wounded Warrior program
BUMED	Navy Bureau of Medicine and Surgery
CAT	care category
CBT	cognitive behavioral therapy
CBWTU	Community-Based Warrior Transition Unit
CDP	Center for Deployment Psychology
CFP	Comprehensive Fitness Program
CNIC	Commander, Navy Installations Command
CONUS	continental United States
CPT	cognitive processing therapy
CRP	Comprehensive Recovery Plan
CT	cognitive-based therapy
DCoE	Defense Centers of Excellence
DCS	direct care system
DES	Disability Evaluation System
DHCC	Deployment Health Clinical Center
DHS	U.S. Department of Homeland Security
DISC	District Injured Support Coordinator
DMDC	Defense Manpower Data Center
DoD	U.S. Department of Defense
DoDI	Department of Defense Instruction
DOL	U.S. Department of Labor
D-RAS	Disability Rating Activity Site

DSB	Defense Science Board
DTM	Directive-Type Memorandum
DVBIC	Defense and Veterans Brain Injury Center
E2I	Education and Employment Initiative
EACE	Extremity Trauma and Amputation Center of Excellence
EBP	evidence-based psychotherapy
ECHO	Extended Care Health Option
ED	U.S. Department of Education
EHR	electronic health record
EMDR	eye movement desensitization and reprocessing
ESGR	Employer Support of the Guard and Reserve
ET	exposure-based therapy
FPEB	formal Physical Evaluation Board
FRC	federal recovery coordinator
FY	Fiscal Year
GAO	Government Accountability Office
GPS	Goals Plans Success
GS	government service
HAIMS	Healthcare Artifact and Image Management Solution
HCE	Hearing Center of Excellence
IC3	DoD-VA Interagency Care Coordination Committee
ICP	Interagency Comprehensive Plan
IDES	Integrated Disability Evaluation System
IDPR	Integrated Disability Evaluation System Performance Report
iEHR	individual electronic health record
IOM	Institute of Medicine
IPEB	informal Physical Evaluation Board
IPO	Interagency Program Office
ITO	Invitational Travel Order
JEC	Joint Executive Committee
JFSAP	Joint Family Support Assistance Program
JFTR	Joint Federal Travel Regulation
JTEST	Job Training and Employment Skills Training
JTTR	Joint Theatre Trauma Registry
LC	Lead Coordinator program, lead coordinator
LDES	Legacy Disability Evaluation System
LRMC	Landstuhl Regional Medical Center

M4L	Marine for Life program
MACE	Military Acute Concussion Evaluation
MCCM	medical care case manager
MCFP	Military Community and Family Policy
MEB	Medical Evaluation Board
MEDCON	Medical Continuation
MEDHOLD	Medical Hold program
MFLC	Military Family Life Counselor program
MHS	Military Health System
MM	medical management
MMPS	Medical Management Processing System
MOS	military occupational specialty, Military OneSource
MOU	memorandum of understanding
MSC	military service coordinator
mTBI	mild traumatic brain injury
MTF	medical treatment facility
N9	Fleet and Family Support
NCO	non-commissioned officer
NCPTSD	National Center for Posttraumatic Stress Disorder
NCR	National Capital Region
NDAA	National Defense Authorization Act
NGB	National Guard Bureau
NICoE	National Intrepid Center of Excellence
NMA	non-medical attendant
NMCM	non-medical case manager
NRD	National Resource Directory
OAC	Office of Airmen's Counsel
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
OPM	Office of Personnel and Management
OSD	Office of the Secretary of Defense
OWF	Operation Warfighter program
PCM	primary care manager
PDHA	post-deployment health assessment
PDHRA	post-deployment health reassessment
PE	prolonged exposure therapy

PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board liaison officer
PH	psychological health, Psychological Health program
PHOP	Psychological Health Outreach Program
PRC	Polytrauma Rehabilitation Center
PTSD	posttraumatic stress disorder
Q	Fiscal Year Quarter
RC	Reserve Component
RCC	Recovery Care Coordinator, Recovery Care Coordination, Reserve Component Command
RCMC	Reserve Component Managed Care
RCP	Recovery Coordination Program
RN	registered nurse
RSC	Regional Support Command
RSM	recovering Service member
RT	recovery team
RW	Recovering Warrior
RWTF	Recovering Warrior Task Force
SBA	Small Business Administration
SCAADL	Special Compensation for Assistance with Activities of Daily Living
SecDef	Secretary of Defense
SES	Senior Executive Service
SFAC	Soldier and Family Assistance Center
SIT	stress inoculation training
SMEBC	Soldiers' Medical Evaluation Board Counsel program
SMSC	Soldier Medical Support Center
SNRI	serotonin norepinephrine reuptake inhibitor
SOC	Senior Oversight Committee
SOF	Special Operations Forces
SSRI	selective serotonin reuptake inhibitors
T2	National Center for Telehealth and Technology
TAA	Transition Assistance Advisor program, transition assistance advisor
TAMP	Transitional Assistance Management Program
TAP	Transition Assistance Program
TBI	traumatic brain injury
TDRL	Temporary Disability Retirement List
TR&S	Training Readiness and Strategy

USAF	United States Air Force
USAR	Army Reserve
USC	United States Code
USMC	Marine Corps
USN	United States Navy
USSOCOM	U.S. Special Operations Command
VA	U.S. Department of Veterans Affairs
VASRD	Veterans Administration Schedule for Rating Disabilities
VBA	Veterans Benefits Administration
VCE	Vision Center of Excellence
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record
VOW	Veterans Opportunity to Work
VR&E	Vocational Rehabilitation and Employment program
VSO	veterans service organizations
VTA	Veterans Tracking Application
WCP	Office of Warrior Care Policy
WII	Wounded, Ill, and Injured
WIIC	Wounded, Ill, and Injured Committee
WRNMMC	Walter Reed National Military Medical Center
WTC	Warrior Transition Command
WTU	Warrior Transition Unit
WWBn	Wounded Warrior Battalion
WWBn-East	Wounded Warrior Battalion-East (Camp Lejeune)
WWBn-West	Wounded Warrior Battalion-West (Camp Pendleton)
WWCC	Wounded Warrior Call Center
WWR	Wounded Warrior Regiment
YRRP	Yellow Ribbon Reintegration Program

APPENDIX D: METHODOLOGY

RWTF 2013/2014 Methodology

This appendix provides an overview of RWTF's research methodology during its fourth year of operations. The overview is organized in five parts:

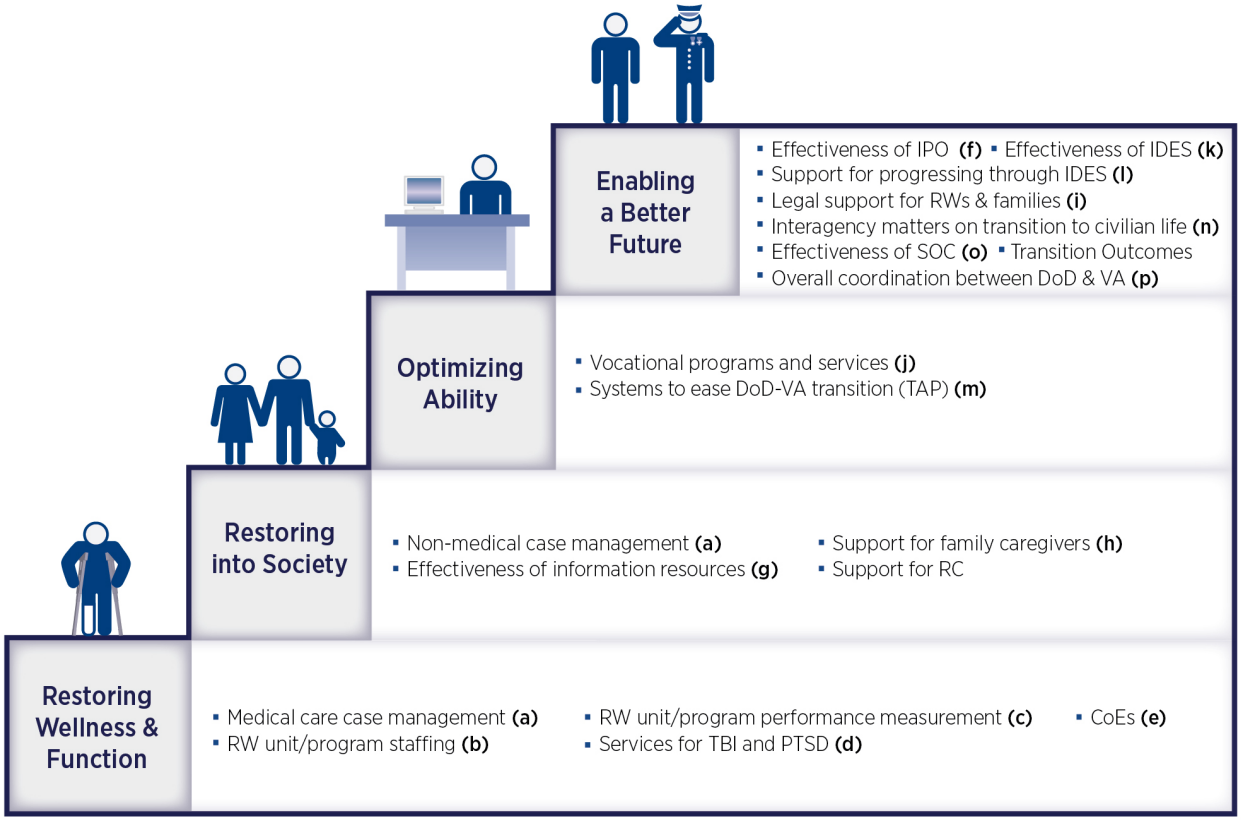
- Research topics
- Approach
- Focus groups
- Transition outcomes
- Strategy for assessing effectiveness.

Additional detail regarding aspects of RWTF's methodology is contained in separate appendices and referenced below.

Research Topics

Congress specified more than a dozen diverse matters that RWTF is to review and assess each year. Historically, RWTF has conceptualized these topics into four domains reflecting a holistic, progressive, and Recovering Warrior-centered approach for recovery, rehabilitation, and reintegration: Restoring Wellness & Function, Restoring into Society, Optimizing Ability, and Enabling a Better Future. These domains and topics are depicted graphically in Exhibit 1.

Exhibit 1: Topics Organized by Domain



The letters "a" through "p" in the exhibit reference the specific matters Congress directed RWTF to examine each year.[1] The legislation also invited RWTF to identify any additional topics meriting comparable scrutiny.[2] Accordingly, the exhibit includes two additional topics—Support for Reserve Component (RC) and Transition Outcomes. In Year 4, RWTF's examination of Transition Outcomes included consideration of the way ahead in Recovering Warrior (RW) care.

Approach

RWTF engaged in a broad range of data collection activities between November 2013 and April 2014 to inform its fourth and final annual assessment and recommendations. These activities were guided by an adapted version of the comprehensive data collection framework that structured the first three years of effort. The RWTF's FY2014 approach mirrored that of the previous three years. The main sources from which RWTF gathered information were Headquarters-level proponents, site-level proponents, RWs and family members, and pre-existing information sources such as reports, other literature and documents, and administrative or survey databases. The main methods RWTF used to gather information from these sources included briefing presentations and panel discussions during bimonthly RWTF business meetings; briefing presentations and focus groups during site visits; and analysis of existing databases, reports, or literature. Exhibit 2 identifies the types of methods used to gather various categories of information.

Exhibit 2: Information-Gathering Methods by Information Source

Source of Information	Methods of Gathering Information	Example
Headquarters-level program proponents	▸ Briefings during business meetings ▸ Panel discussions during business meetings	DoD and Service-level RW programs
Site-level program proponents	▸ Briefings during site visits	RW program/unit leadership and cadre
RWs and family members	▸ Focus groups	RW assigned to RW units or line units, and RWs at JFHQs; spouses and/or parents of RWs at WTUs and CBWTU, and WWR battalions/detachments
Existing reports, literature, and documents	▸ Search and review	GAO reports, peer-reviewed literature, news articles
Administrative or survey databases	▸ Data calls	Personnel rosters, survey results

Highlights of the RWTF's 2013/2014 data collection activities are summarized below:

- Six business meetings
- Forty-two Headquarters-level (or other national-level) briefings involving 63 personnel.
- Eight Headquarters-level (or other national-level) panel discussions involving 17 personnel. This included one panel of nine transitioning RWs.
- Ten site visits to a total of 22 different organizations.
- Eighty site-level briefings[3] involving more than 100 site-level personnel.
- Nineteen site-level focus groups involving 141 participants (including 13 RW sessions and six family member sessions).
- Review of more than 200 reports, articles, congressional testimony, and policy documents.

Additionally, public testimony was provided during each of RWTF's six business meetings, for a total of 13 oral and written presentations. A more detailed accounting of the RWTF's data collection activities is provided in Appendices E and F, including the business meeting and site visit schedules; a crosswalk of sources by topic is provided in Appendix G. Further detail regarding the RWTF's focus groups follows.

Focus Groups

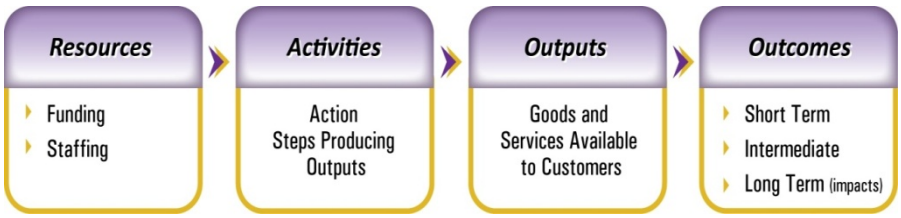
On-site focus groups form a centerpiece of RWTF's data collection activities, capturing a real-time customer perspective. Each year, RWTF's focus group methodology and instruments are reviewed and approved in advance by the ICF International Institutional Review Board. During FY2014, RWTF conducted a total of 19 focus groups at eight Army, Air Force, Navy, Marine Corps, joint, and National Guard sites. These focus groups included 13 sessions with RWs and six sessions with family members.

Focus group participants also completed anonymous mini-surveys, which gathered both demographic and substantive information. The mini-surveys were completed by 116 RWs, of whom 90 percent were male. A majority (64%) were Active Component (AC) and Reserve Component (RC) Army Soldiers. The large majority were E4-E6 (70%). Almost two-thirds (59%) indicated that they have more than one condition. The most prevalent of these conditions was an orthopedic injury (48%), followed by psychological diagnosis (42%) and medical diagnosis (42%). Forty-five family members completed mini-surveys, including 30 family members of Soldiers and 13 family members of Marines, AC in most cases. A majority of the family members were spouses (n=35). See Appendix I for further detail regarding the characteristics of the mini-survey respondents.

Strategy for Assessing Effectiveness

"Effectiveness" may be defined as the extent to which a policy or program accomplishes its stated goals and objectives or meets the needs it was established to address. Assessing effectiveness tells what positive difference a policy or program makes. It is not a straightforward task, however, and there are myriad ways to approach it—some more formal and rigorous than others. RWTF's approach to assessing effectiveness is a practical one that takes into account the maturity of existing RW programs and policies as well as the metrics that these initiatives are currently gathering. The RWTF approach capitalizes on the logic model—a tool that helps program developers and evaluators explicate how the elements of a program are supposed to work together to achieve intended outcomes. This model is particularly useful for illustrating the range of opportunities and various types of metrics—in addition to outcomes—that can contribute to an assessment of effectiveness. A pared-down sample logic model is presented in Exhibit 3.

Exhibit 3: Basic Logic Model



Although outcome data provide the strongest evidence of an initiative's effectiveness, younger initiatives are more likely to be gathering resource data, activity data, and/or output data. Accordingly, the RWTF sought and used the best available metrics to inform its assessments of program and policy effectiveness.

Notes

[1] NDAA 2010, Pub. L. No. 111-84, §724 (2010).

[2] Ibid.

[3] Although most briefings were presented directly to the RWTF Members, some briefing content was imparted less formally, and other briefings and related collateral were provided to the Members as take-away materials.

APPENDIX E: BUSINESS MEETINGS AND PRESENTATIONS/PANELS

Business Meetings and Presentations/Panels

Dates	Presentations/Panels
October 28-19, 2013	**Presentations** ▸ Traumatic Injury Protection under Servicemembers' Group Life Insurance (CDR K. Martin, K. Hoffman, and S. Wurtz) ▸ USSOCOM Care Coalition Wounded Warrior Program (K. McDonnell) ▸ VA Polytrauma System of Care (L. Beck and D. Chandler) ▸ 2013 Global Recommendations (D. Dailey) ▸ Physical Disability Board of Review (PDBR) (J. Davis) ▸ Update from Army National Guard on Medical Initiatives to Build Overall Personnel Readiness (COL J. Faris and R. Holdeman) ▸ USAPDA Update to the Recovering Warrior Task Force (COL C. Johnson) **Panel: IDES Lawyer Panel** ▸ Army (L. Dorotheo) ▸ Marine Corps (Maj W. Collins) ▸ Navy (K. Morrisroe and E. Moores) ▸ Air Force (R. Becker)
December 9-10, 2013	**Presentations** ▸ San Antonio Military Health System Organizational Overview (MG J. Keenan) ▸ DoD/VA Sharing Agreements (A. Barberena) ▸ Extremity Trauma and Amputation Center of Excellence (EACE) (J. Shero and B. Randolph) ▸ Hearing Center of Excellence (HCE) (Col M. Packer) ▸ Warrior Navigation & Assistance Program (C. Deleo-Dingman) ▸ AF ARC Case Management Division (Col T. Matschek) ▸ AF PEB Performance (C. Ishee) ▸ Brooke Army Medical Center (BAMC) Warrior Transition Battalion Command Overview (LTC E. Edwards) ▸ Polytrauma System of Care, South Texas Veterans Health Care System (E. Halmai) ▸ 59 MDW Patient Squadron (Maj J. DaLomba) **Panel: Recovering Warriors in Service or Veterans**
January 27-28, 2014	**Presentations** ▸ Vision Center of Excellence Updated to Recovering Warrior Task Force (RWTF) (M. Lawrence) ▸ National Intrepid Center of Excellence (NICoE) Brief to the Recovering Warrior Task Force (J. Kelly, CAPT S. Kass, and T. DeGraba) ▸ Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (CAPT R. Stoltz and A. Cernich) ▸ The Veteran Metrics Initiative (C. Gilman) ▸ Recommendations of Major Committees (D. Dailey) ▸ Clinical Case Management Services (G. Quisenberry and D. Lovelace) ▸ Wounded Warrior Project Technical Training Academy (R. Willis) ▸ Interagency Program Office (IPO) Review (C. Miller and CAPT S. Sears) ▸ DoD Instruction 1322.29: Job Training, Employment Skills Training, Apprenticeships, and Internships (DiGiovanni, F.C.) ▸ Warrior Care Support (WCS) Program (B. Barnette and E. Yeager) ▸ Warrior Advocate Program: United Healthcare Military & Veterans (P. Reilly and S. Erickson) **Panel: Nonprofits Supporting RWs** ▸ USO Warrior and Family Care (J. Hanson) ▸ Boulder Crest Retreat (K. Falke) ▸ Augusta Warrior Project (J. Lorraine)

Dates	Presentations/Panels
April 16-17, 2014	**Presentations** ▸ Army Warrior Care and Transition Program (COL C. Johnson, COL F. Frazier, COL R. Powell, LTC J. Yeaw, L. Lock, and T. Webb) ▸ Army Warrior Care and Transition Program: WTU/MEB Survey Program (C. Spinner) ▸ Office of Warrior Care Policy Presentation for Recovering Warrior Task Force (N. Weaver and B. Stevens) ▸ Office of the Assistant Secretary of Defense for Reserve Affairs, Manpower, and Personnel: Recovering Warrior Task Force Briefing (Col M. Soper) ▸ Interagency Care Coordination Committee (IC3) Update (M. Devlin and J. Smith) ▸ Review of Way Forward (D. Dailey) ▸ Department of the Navy Report to the Recovering Warrior Task Force (CAPT B. Breining, CDR F.A. Green-McRae, R.C. Powers, and M. Larson) ▸ Air Force Wounded Warrior Program (H.L. Larry, Col T. Poindexter, and T. Townes) ▸ Marine Corps Wounded Warrior Regiment Response to 2013 RWTF Recommendations (Col W. Buhl and P. Williamson) ▸ Marine Corps Wounded Warrior Regiment Survey Program (A. Peterson) ▸ Army back-up slides (Briefing submitted to the RWTF) ▸ Navy back-up slides (Briefing submitted to the RWTF) ▸ Air Force back-up slides (Briefing submitted to the RWTF) ▸ Marine Corps back-up slides (Briefing submitted to the RWTF)
May 12-13, 2014	**Task Force Recommendation Development**
July 8-9, 2014	**Report Finalization and Voting**

APPENDIX F: SITE VISITS

Site Visits

Dates	Installation/ Location/Service	Presentations
October 30-31, 2013	Wounded Warrior Regiment Headquarters (Marine Corps)	▸ Wounded Warrior Regiment Leadership (Col Buhl) ▸ Reserve Medical Entitlements Determination (RMED) (Mr. Brokaw) ▸ Marine Corps Disability Evaluation System Counsel Program (Maj Collins) ▸ Medical Section (LCDR Flagg and Ms. Paxton) ▸ Sergeant Merlin German Wounded Warrior Call Center (Maj Murphy and Mr. Rodriguez) ▸ Recovery Care Coordinator Program (Mr. Clubb and Ms. Peterson) ▸ Transition Support Program (Maj Bilski) ▸ District Injured Support Coordinator (DISC) Program (Mr. Jones)
November 4-5, 2013	CBWTU Utah (Army RC) and VA	▸ Transition Unit Leadership (MAJ Christianson, CPT Norgaard, 1SG Collier, LTC Mohn, and MAJ Moore) ▸ Unit Platoon Sergeants ▸ Medical Case Management ▸ Vocational, Employment, and Transition Assistance Services ▸ IDES ▸ VA Salt Lake City Health Care System (Mr. Young)
November 6-7, 2013	JFHQ Utah (Army and Air Guard)	▸ Briefing from State ARNG Leadership ▸ State Family Readiness Program Manager ▸ Director of Psychological Health-ARNG ▸ Lead TAA ▸ State ANG Leadership ▸ Director of Psychological Health-ANG
December 5-6, 2013	Fort Hood (Army)	▸ Transition Unit Leadership (COL Kolessar) ▸ Unit Squad Leaders (SSG Boswell, SSG Alfaro, SSG Rudd, and SSG Johnson) ▸ Medical Case Management (LTC Wilder) ▸ IDES (LTC Trammel) ▸ Legal Support in IDEA (Mrs. Webster and Ms. Kuk) ▸ Caregiver Support & Information Resources (Mrs. Morrisy) ▸ TBI Services (Mr. Musick) ▸ PTSD Services (LCDR Sharrieff) ▸ Vocational & Employment Services (Mr. Turner)
December 11-12, 2013	San Antonio Military Medical Center (Air Force, Marine Corps, Navy) and VA Polytrauma Rehabilitation Center	▸ SAMMC WWR Detachment Leadership (LtCol Riley) ▸ Navy Wounded Warrior-Safe Harbor (LT Simonds) ▸ Naval Health Clinic Corpus Christi San Antonio Detachmant (LT Teel) ▸ Primary Care Manager (Dr. Stone) ▸ San Antonio VA Polytrauma Rehabilitation Center
January 7-8, 2014	Tampa Polytrauma Rehabilitation Center and James A. Haley Veterans Hospital/Army RC SMSC/ USSOCOM Care Coalition/USF	▸ Tampa Polytrauma Rehabilitation Center Leadership (Ms. Fogarty) ▸ James A. Haley Veteran's Hospital Leadership (Dr. Cutolo) ▸ Army Reserve Components Soldier Medical Support Center (COL Knowlton and COL McAtee) ▸ USSOCOM Care Coalition Wounded Warrior Program (Mr. McDonnell) ▸ USF Veterans Reintegration and Resilience Initiative (LtGen Steele (Ret).)

Dates	Installation/ Location/Service	Presentations
January 14-15, 2014	CBWTU Illinois (Army RC)	▸ Transition Unit Leadership (LTC Blake and 1SG Myers) ▸ Platoon Sergeants (SGT Lopez and SGT Hanneman) ▸ Medical Case Management (LTC Cruse and MAJ David) ▸ Vocational & Employment Services ▸ IDES (MAJ Parris)
January 29-30, 2014	Office of Warrior Care Policy	▸ WCP Leadership (Ms. Weaver) ▸ Budget (Mr. Stratton) ▸ Recovery Care Program (Ms. Mason) ▸ IDES (Mr. Stevens) ▸ The National Resource Directory (Mr. Morris) ▸ Vocational Programs (E2I and OWF) (Mr. Lerner and Ms. Anderson) ▸ Family Programs (Ms. Mason and Mr. Stevens) ▸ Temporary Disability Retirement List (Mr. Stevens)
February 4-5, 2014	Marine Forces Reserve (MARFORRES) Headquarters and 4th Marine Air Wing Reserve Unit	▸ MARFORRES Leadership ▸ Wounded Warrior Regiment Liaison Officer to Marine Forces Reserve (LtCol Wong) ▸ MARFORRES Family Programs (Mr. Mace) ▸ MARFORRES Behavioral Health (CDR Meeno) ▸ 4th Marine Air Wing Reserve Unit (LtCol Bell)
February 9, 2014	624th Air Reserve Regional Support Group, Joint Base Pearl Harbor-Hickam	▸ 624th Air Reserve Regional Support Group Leadership (Col Mendoza and Maj Schroeder)
February 10-11, 2014	Schofield Barracks (Army)	▸ Transition Unit Leadership (LTC Peterson and CSM Balatico) ▸ Squad Leaders (SSG Jackson, SSG Alirad, SSG Ali, SSG Israel, SSG Tasha, SSG Hernandez, and SSG Leefatt) ▸ Medical Care Case Management ▸ Legal Support in IDES (Mr. German) ▸ PTSD Services for WII Soldiers ▸ Vocational & Employment Services ▸ Caregiver Support/FRSA
February 11-12, 2014	Marine Corps Base Hawaii, Kaneohe Bay	▸ WWR Hawaii Detachment Leadership (LtCol Hudson and MGySgt Carrillo) ▸ Section Leader (SSG Koehn) ▸ Recovery Care Coordinator (Ms. Canalas) ▸ Medical Care Case Management (Ms. Powell) ▸ PTSD Services for WII Marines (LCDR Whitehead, LCDR Kleyensteuber, and LT Gott) ▸ Unit Transition Coordinator (Sgt Bautista)
February 13, 2014	Joint Base Pearl Harbor-Hickam (Navy and Air Force)	▸ Navy Wounded Warrior-Safe Harbor Navy Region Hawaii ▸ Air Force Care Recovery Care Coordinator (Mrs. Hearn) ▸ Navy IDES (LT Deguzmanm, HMC Hill, Ms. Quintana, and Ms. Eustaguio)
February 13, 2014	Tripler Army Medical Center (Army, Navy, Marines)	▸ TAMC IDES (LTC Miller) ▸ Legal Support in IDES (Mr. German) ▸ TBI Programs and Services for WII Soldiers and Marines (Dr. Miyahira and Dr. Johnson) ▸ PTSD Services for WII Soldiers, Marines, and Sailors (COL Uithol) ▸ Hawaii eMSM Discussion (LtCol Morrison)

Dates	Installation/ Location/Service	Presentations
February 14, 2014	Matsunaga VA Medical Center (co-located at Tripler Army Medical Center)	▸ Veterans Affairs Pacific Islands Healthcare System

APPENDIX G: INFORMATION SOURCES BY TOPIC

Information Sources by Topic

MCCM References (DoD)

- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- Baldor, L.C. (April 26, 2010). Top Wounded Warrior official: I was forced out. Retrieved May 26, 2014, from http://www.armytimes.com/article/20100426/NEWS/4260310/Top-Wounded-Warrior-official-forced-out.
- Beck, L., and Chandler, D. Briefing to the RWTF. VA polytrauma system of care. October 29, 2013.
- Berman, M. and The Washington Post National Staff. (March 31, 2014). Iraq and Afghanistan: The physical and mental toll, by the numbers. Retrieved April 1, 2014, from http://www.washingtonpost.com/news/post-nation/wp/2014/03/31/iraq-and-afghanistan-the-physical-and-mental-toll-by-the-numbers/.
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- Booth, B. and Lederer, S. (2012). Supporting Military Families in an Era of Continuous Deployments. In J.H. Laurence and M.D. Matthews (Eds.), The Oxford Handbook of Military Psychology (pp. 365-380). New York: Oxford University Press.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- CAPT Breining, B., Director, Navy Wounded Warrior-Safe Harbor, personal communication with the RWTF, May 5, 2014.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Army Warrior Care and Transition Program back-up slides. February 24, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Brokaw, M. Briefing to the RWTF. WWR Reserve Medical Entitlements Determination (RMED). October 30, 2013.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.
- Campbell, J.R. WWCTP Briefing to the RWTF. May 18, 2011.
- Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.
- Clubb, T., and Peterson, A. Briefing to the RWTF. WWR Recovery Care Coordinator program. October 31, 2013.
- COL Dailey (Ret.), D., Executive Director, RWTF, personal communication with the RWTF, May 22, 2014.
- Defense Human Resources Activity, Department of Defense. (n.d.). Computer/Electronic accommodations Program: Annual stakeholders report fiscal year 2013. Retrieved May 8, 2014, from http://www.cap.mil/Documents/CAP_FY13_AnnualReport_20140116_V6.pdf.
- Col DeMarco, N. and Col Poindexter, T. Briefing to the RWTF. Air Force response to RWTF FY2012 Recommendations. February 26, 2013.

- Department of Defense Recovering Warrior Task Force. (September 2, 2011). 2010-2011 Annual Report. Washington, DC: Author.
- Department of Defense Recovering Warrior Task Force. (August 31, 2012). 2011-2012 Annual Report. Washington, DC: Author.
- Department of Defense Recovering Warrior Task Force. (September 3, 2013). 2012-2013 Annual Report. Washington, DC: Author.
- Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.
- DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living, p. 12.
- DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.
- DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).
- DoD. (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.
- DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.
- DoD. (August 26, 2009, Rev. July 25, 2012). Directive-Type Memorandum 08-033: Interim guidance for clinical case management for the Wounded, Ill, and Injured Service member in the Military Health System.
- DoD and VA. (February 1, 2012). Memorandum of Understanding between DoD and VA: Providing VR&E services at the earliest opportunity to Active Duty Service members.
- Easterseals.com. (n.d.).Veterans caregiver training. Retrieved May 8, 2014, from http://www.easterseals.com/our-programs/military-veterans/veterans-caregiver-training.html.
- Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- Extension.org. (January 9, 2014.) Matching Wounded Warriors with assistive technology. Retrieved May 8, 2014, from http://www.extension.org/pages/70238/matching-wounded-warriors-with-assistive-technology#.U2vIi_ldVDA.
- COL Faris, J.K., Deputy Surgeon Army National Guard, and Holdeman, R., Deputy Division Chief Personnel, personal communication with the RWTF, April 11, 2013.
- COL Faris, J.K. and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. October 29, 2013.
- Fischer, H. (February 19, 2014). A guide to U.S. military casualty statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom. Congressional Research Service. Retrieved May 10, 2014, from http://www.fas.org/sgp/crs/natsec/RS22452.pdf.
- Government Accountability Office. (November 2012). Recovering Service members and Veterans: Sustained leadership attention and systematic oversight needed to resolve persistent problems affecting care and benefits. Washington, DC: Author. GAO-13-5.
- Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.
- Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy response to RWTF FY12 Recommendations.
  February 27, 2013.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition Program. April 16, 2014.

- COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.
- Jowers, K. (March 8, 2013). DoD's Warrior Care Policy director resigns. Retrieved May 26, 2014, from http://www.armytimes.com/article/20130308/BENEFITS06/303080313/DoD-s-Warrior-Care-Policy-director-resigns.
- Larry, H.L., Col. Poindexter, T, and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.
- Leipold, J.D. (May 12, 2009). Warrior Transition Command stands up at Pentagon. Retrieved June 2, 2014, from http://www.army.mil/article/20970/Warrior_Transition_Command_stands_up_at_Pentagon/.
- COL Malebranche (Ret.), K., RWTF Member and Executive Director for Interagency Health Affairs, Veterans Health Administration, personal communication with the RWTF, July 8, 2014.
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.
- Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition wounded warrior program. January 8, 2014.
- MHN Government Services. (n.d.). Military & Family Life Counseling (MFLC) program. Retrieved June 14, 2014, from https://www.mhngs.com/app/programsandservices/mflc_program.content.
- Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.
- Military OneSource. (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.
- Morris, J. Briefing to the RWTF. Office of Warrior Care Policy National Resource Directory. January 29, 2014.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter.
- National Guard Bureau. (n.d.). National Guard Family Program: About us. Retrieved June 16, 2014, from https://www.jointservicessupport.org/FP/About.aspx.
- Navy Safe Harbor briefing to the RWTF. March 31, 2011.
- National Defense Authorization Act of 2010, Pub. L. No. 111-84, §724 (2010).
- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Implementation of the Fiscal Year 2012 Report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).
- Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior Care Policy, personal communication with the RWTF, July 15, 2014.
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.

- Pellerin, C. (March 12, 2014). Assistive technology program helps disabled people advance. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121820.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- Quisenberry, G. and Lovelace, D. Briefing to the RWTF. Clinical case management services. January 28, 2014.
- Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.
- Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.
- RWTF family member focus group results, October 2011-March 2012.
- RWTF family member focus group results, November 2013-February 2014.
- RWTF RW focus group results, November 2013-February 2014.
- RWTF FY2012 Recommendations 10 and 20; FY2013 Recommendations 15 and 16.
- RWTF RW mini-survey results, November 2013-February 2014.
- RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- Service wounded warrior units and programs websites:
  - United States Army Warrior Transition Command: http://www.wtc.army.mil
  - United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org
  - United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil
  - United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil
- Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors Survey (2011): Key findings, follow-up, and next steps. February 26, 2013.
- Site Briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013.
- Site briefings to the RWTF, November 2013-February 2014.
- Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Integrated Disability Evaluation System. January 29, 2014.
- MAJ Smith, R.C., COL Chun, R.S., Michael, R.L., and LTC Schneider, B.J. (February 2013). Operation BRAVE Families: A preventative approach to lessening the impact of war on military families through preclinical engagement. Military Medicine, 178(2), 174-179.
- Col. Soper, M. Briefing to the RWTF. Office of the Assistant Secretary of Defense for Reserve Affairs Manpower and Personnel response to FY2013 recommendations. April 16, 2014.
- Spinner, C. Briefing to the RWTF. Army Warrior Care and Transition program: WTU/MEB survey program. April 16, 2014.
- Staff Writer (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.
- United States Army. (May 29, 2014). U.S. Army Warrior Transition Command (WTC). Retrieved June 2, 2014, from http://www.wtc.army.mil/wtc/aboutus.html.
- United States Army. (March 30, 2009). U.S. Army Warrior Transition Command. Retrieved June 4, 2014, from http://www.army.mil/standto/archive/2009/03/30/.
- United States Army. (May 29, 2014). Warrior Transition Unit (WTU) and Community-Based Warrior Transition Unit (CBWTU) locations. Retrieved June 3, 2014, from http://www.wtc.army.mil/wtc/locations.html.
- United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.

- United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.
- United States Marine Corps (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.
- United States Marine Corps. (n.d.). What you need to know about the Wounded Warrior Regiment. Retrieved June 2, 2014, from http://www.woundedwarriorregiment.org/wwr/assets/File/FactSheets/WWR_Overview_Slick_Sheet.pdf.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.
- VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.
- VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.
- VA. (December 2, 2013). Returning Service members (OEF/OIF/OND): VA Liaison contacts. Retrieved June 3, 2014, from http://www.oefoif.va.gov/VA_Liasion.asp.
- Department of Veterans Affairs. (March 31, 2014). M28R, Vocational Rehabilitation and Employment Service Manual: Part III, Section B, Chapter 1. Retrieved June 1, 2014 from http://www.benefits.va.gov/WARMS/M28R.asp.
- VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 2, 2014, from http://www.caregiver.va.gov/support/support_benefits.asp.
- VA. (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved June 3, 2014, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2.
- Washington Post/Kaiser Family Foundation. (n.d.). After the wars - Post-Kaiser survey of Afghanistan and Iraq war veterans. Retrieved April 3, 2014, from http://www.washingtonpost.com/page/2010-2019/WashingtonPost/2014/03/30/National-Politics/Polling/release_305.xml.
- Washington Post/Kaiser Family Foundation. (n.d.). Post-9/11 veterans suffer large physical and mental toll, survey finds. Retrieved April 1, 2014, from http://www.washingtonpost.com/wp-srv/special/national/vet-poll/.
- Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (n.d.). Office of Warrior Care Policy mission. Retrieved June 2, 2014, from http://prhome.defense.gov/HA/WCP/Mission.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.
- Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination Program. January 15, 2013.
- LtCol Wong, T., RWTF Member and WWR MARFORRES Liaison Officer, personal communication with the RWTF, May 13, 2014.
- WorkplaceFairness.org. (June 1, 2014). Your rights: Family/Medical Leave. Retrieved June 14, 2014, from http://www.workplacefairness.org/familyleave.
- Zoroya, G. (March 7, 2014). Report: Fighting prescription drug abuse among wounded troops uneven. Retrieved April 1, 2014, from http://www.stripes.com/news/us/report-fightin-prescription-drug-abuse-among-wounded-troops-uneven-12717142utm.source=feedburner&utm_medium=feed.

NMCM/Units & Programs References

- Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.
- Amdur, D., Batres, A., Belisle, J., et al. (2011). VA integrated post-combat care: A systemic approach to caring for returning combat veterans. Social Work in Health Care, 50, 564-575. DOI: 10.1080/00981389.2011.554275.

- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- Army Warrior Transition Command briefing to the RWTF. February 22, 2011.
- Baldor, L.C. (April 26, 2010). Top Wounded Warrior official: I was forced out. Retrieved May 26, 2014, from http://www.armytimes.com/article/20100426/NEWS/4260310/Top-Wounded-Warrior-official-forced-out.
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- BG Bishop, D. (2014). Army Warrior Care and Transition program brief to the Recovering Warrior Task Force. Briefing submitted to RWTF.
- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Wounded Warrior & Survivor Care. February 20, 2013.
- Booth, B., and Lederer, S. (2012). Supporting military families in an era of continuous deployments. In J.H. Laurence, and M.D. Matthews (Eds.), The Oxford handbook of military psychology (pp. 365-380). New York: Oxford University Press.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- Brokaw, M. Briefing to the RWTF. Reserve Medical Entitlements Determination (RMED). October 30, 2013.
- Col Buhl, W. Briefing to the RWTF. WWR leadership. October 30, 2013.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.
- Bureau of Labor Statistics. (March 24, 2014). Employment situation of veterans summary. Retrieved May 27, 2014, from http://www.bls.gov/news.release/vet.toc.htm.
- Campbell, J.R. WWCTP Briefing to the RWTF. May 18, 2011.
- Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.
- Clubb, T. and Peterson, A. Briefing to the RWTF. Recovery Care Coordinator Program. October 31, 2013.
- Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report comments: National Military Family Association. Alexandria, VA: Author.
- Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.
- Maj Collins Jr., W.J. Briefing to the RWTF. Judge Advocate General Office (Legal Assistance / IDES Attorney). October 30, 2013.
- COL Dailey (Ret.), D., Executive Director, RWTF, personal communication with the RWTF, May 22, 2014.
- Col DeMarco, N. and Col Poindexter, T. Briefing to the RWTF. Air Force response to RWTF FY2012 Recommendations. February 26, 2013.
- Department of Defense Recovering Warrior Task Force (September 2, 2011). 2010-2011 Annual Report. Washington, DC: Author.
- Department of Defense Recovering Warrior Task Force (August 31, 2012). 2011-2012 Annual Report. Washington, DC: Author.

- Department of Defense Recovering Warrior Task Force (September 3, 2013). 2012-2013 Annual Report. Washington, DC: Author.
- DiGiovanni, F.C. Briefing to the RWTF. Job training, employment skills training, apprenticeships and internships. April 3, 2013.
- DiGiovanni, F.C. Briefing to the RWTF. DoD Instruction 1322.29: Job training, employment skills training, apprenticeships and internships. January 28, 2014.
- DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.
- DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).
- DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living, p. 12.
- DoD. (January 24, 2014). DoD Instruction 1322.29: job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.
- Department of Defense. (2013). Pilot program: Civilian credentialing for military occupational specialties. Volume 1–Cross-cutting findings and recommendations. Washington, DC: Author. .
- DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.
- DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.
- DoD and VA. (February 1, 2012). Memorandum of Understanding between DoD and VA: Providing VR&E services at the earliest opportunity to Active Duty Service members.
- DoD, VA, DOL, ED, DHS, SBA, and OPM (January 31, 2014). Memorandum of Understanding among the DoD, VA, DOL, ED, DHS, SBA, and OPM regarding the Transition Assistance Program for separating Service members.
- Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.
- Easterseals.com. (n.d.).Veterans caregiver training. Retrieved May 8, 2014, from http://www.easterseals.com/our-programs/military-veterans/veterans-caregiver-training.html.
- Ehrig, R., MSG Alderete, SSG Burgess, D., SSG Flores, SSG Smith, M., COL Howell, SSG Lage, M., Nelson, T., and SFC Taylor. Panel presentation to the RWTF. Recovering Warriors in Service or Veterans.
  December 10, 2013.
- Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- COL Faris, J.K. and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on Medical Initiatives to build overall personnel readiness. October 29, 2013.
- The Federal Recovery Coordination Program: From concept to reality: Hearing before the Subcommittee on Health, House Committee on Veterans' Affairs, 112th Cong. (May 13, 2011) (Prepared statement of Karen Guice, Executive Director, Federal Recovery Coordination Program, US Department of Veterans Affairs).
- LCDR Flagg, S.Y. and Paxton, D. Briefing to the RWTF. WWR medical section. October 30, 2013.
- Government Accountability Office. (March 2011). DoD and VA health care: Federal recovery coordination program continues to expand but faces significant challenges. Washington, DC: Author; p. 1-2. GAO-11-250,
- Government Accountability Office (November 2012). Recovering Service members and Veterans: Sustained leadership attention and systematic oversight needed to resolve persistent problems affecting care and benefits. Washington, DC: Author. GAO-13-5.

- Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.
- Gould, J. (January 9, 2014). Shrinking population triggers warrior care overhaul. Retrieved March 13, 2014, from http://www.armytimes.com/apps/pbcs.dll/article?AID=2014301090018.
- Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.
- CAPT Hall, S. Briefing to the RWTF. Navy Wounded Warrior - Safe Harbor. December 6, 2012.
- Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy response to RWTF FY12 Recommendations.
  February 27, 2013.
- Heaton, P. (2012) The effects of hiring tax credits on employment of disabled Veterans. Retrieved July 14, 2014, from http://www.rand.org/pubs/occasional_papers/OP366.html.
- Jaffe, G. (April 2, 2014). Wanted: Heroes. Trying to piece together the puzzle of veterans' unemployment proves difficult. Retrieved April 2, 2014, from http://www.washingtonpost.com/sf/national/2014/04/02/wanted-heroes/?hpid=z5.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition Program. April 16, 2014.
- Joining Forces. (n.d.). Joining Forces resources: Hero to Hired. Retrieved July 11, 2014, from http://www.whitehouse.gov/joiningforces/resources.
- Joining Forces. (n.d.). Joining Forces resources: My next move for Veterans. Retrieved July 11, 2014, from http://www.whitehouse.gov/joiningforces/resources.
- COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.
- Jowers, K. (March 8, 2013). DoD's Warrior Care Policy director resigns. Retrieved May 26, 2014, from http://www.armytimes.com/article/20130308/BENEFITS06/303080313/DoD-s-Warrior-Care-Policy-director-resigns.
- Larry, H.L., Col. Poindexter, T., and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Legislative hearing on HR 2942, HR 3056, HR 3614, HR 4031, HR 4037, HR 4038, HR 4147, HR 4150, and HR 4151: Hearing before the Subcommittee on Economic Opportunity, House Committee on Veterans' Affairs, 113th Cong. (25 March 2014).
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Prepared statement from Anthony A. Wallis, Legislative Director/Director of Government Affairs, Association of the United States Navy).
- Legislative presentation of Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans Affairs, 113th Cong. (5 March 2014). (Testimony from William A. Thien, Commander-in-Chief, Veterans of Foreign Wars.)
- Leipold, J.D. (January 10, 2014). Warrior Transition Command restructures as numbers fall. Retrieved March 13, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121460.
- Lerner, J. and Anderson, D. Briefing to the RWTF. Office of Warrior Care Policy vocational programs. January 30, 2014.
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.
- Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.

- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. October 28, 2013.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.
- McDonough, D. and Sperling, G. (April 5, 2013). Incentivizing employers to hire veterans through permanent tax credits. Retrieved July 11, 2014, from http://www.whitehouse.gov/blog/2013/04/05/incentivizing-employers-hire-veterans-through-permanent-tax-credits.
- MHN Government Services. (n.d.). Military & Family Life Counseling (MFLC) program. Retrieved June 14, 2014, from https://www.mhngs.com/app/programsandservices/mflc_program.content.
- Miles, D. (December 4, 2013). Jobs program connects reserve, guardsmen to employers. Retrieved February 14, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123372941.
- Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.
- Military OneSource (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.
- Montgomery, G. (June 6, 2012). Fort Hood Warrior Transition Brigade's $62 million campus opens. Retrieved December 31, 2012, from http://www.dvidshub.net/news/89538/fort-hood-warrior-transition-brigades-62-million-campus-opens.
- Morris, J. Briefing to the RWTF. Office of Warrior Care Policy National Resource Directory. January 29, 2014.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.
- National Governors Association. (2012). Summary of Veterans' initiatives in the states. Retrieved July 23, 2014, from http://www.nga.org/files/live/sites/NGA/files/pdf/2013/1305NGAReportStateVeteransPrograms.pdf.
- National Guard Bureau. (n.d.). National Guard family program: About us. Retrieved June 16, 2014, from https://www.jointservicessupport.org/FP/About.aspx.
- Navy Safe Harbor briefing to the RWTF, March 31, 2011.
- National Defense Authorization Act of 2008, Pub. L. No. 110-181, §1611 (2008)
- National Defense Authorization Act of 2010, Pub. L. No. 111-84, §724 (2010).
- National Defense Authorization Act of 2013, Pub. L. No. 112-239, §738 (2013).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §542 (2014).
- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Implementation of the Fiscal Year 2012 Report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).
- Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/.
- Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (n.d.). Office of Warrior Care Policy mission. Retrieved June 2, 2014, from http://prhome.defense.gov/HA/WCP/Mission.
- Office of Warrior Care Policy, personal communication with the RWTF, July 15, 2014.

- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.
- Pellerin, C. (February 10, 2014). First Lady: 100 companies to hire 100,000 vets over 5 years. Retrieved April 4, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121636.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.
- A review of the effectiveness of VA's Vocational Rehabilitation and Employment Program: Hearing before the Subcommittee on Economic Opportunity, House Committee on Veterans' Affairs, 113th Cong. (27 February 2014). (Testimony from Daniel Bertoni, Director Education, Workforce and Income SecurityVeterans.) .
- Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.
- RWTF family member focus group results, October 2011-March 2012.
- RWTF family member focus group results, November 2013-February 2014.
- RWTF family member mini-survey results, November 2012-March 2013.
- RWTF family member mini-survey results, November 2013-February 2014.
- RWTF RW focus group results, October 2011-March 2012.
- RWTF RW focus group results, November 2012-March 2013.
- RWTF RW focus group results, November 2013-February 2014.
- RWTF RW mini-survey results, November 2012-March 2013.
- RWTF RW mini-survey results, November 2013-February 2014.
- RWTF Service member mini-survey results. March/April 2011.
- RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- Seck, H.P. (January 18, 2014). No end in sight for Marines' Wounded Warrior Regiment as war winds down. Retrieved March 13, 2014, from http://www.marinecorpstimes.com/article/20140118/NEWS/301180003.
- Service wounded warrior units and programs websites:
  - United States Army Warrior Transition Command: http://www.wtc.army.mil
  - United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org
  - United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil
  - United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil
- Shabazz, J.E. (January 8, 2014). Virtual TAP curriculum available for separating Service members. Retrieved February 27, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123376013.
- Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors survey (2011): Key findings, follow-up, and ext steps. February 26, 2013.
- Site-level briefings to the RWTF. March/April 2011.
- Site briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013.
- Site briefings to the RWTF, November 2013-February 2014.
- MAJ Smith, R.C., COL Chun, R.S., Michael, R.L., and LTC Schneider, B.J. (February 2013). Operation BRAVE Families: A preventative approach to lessening the impact of war on military families through preclinical engagement. Military Medicine, 178(2), 174-179.
- Spewak, D. (December 30, 2013). 55 tax breaks to expire, including for Veteran hiring. Retrieved July 14, 2014, from http://www.wgrz.com/story/news/2013/12/30/veteran-hiring-tax-break/4257917/.

- Staff Writer (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.
- To continue to receive testimony on the active, guard, reserve, and civilian personnel programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Subcommittee on Personnel, Senate Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from VADM William F. Moran, USN, Chief of Naval Personnel/Deputy Chief of Naval Operations For Manpower, Personnel, Training, And Education (N-1) United States Navy).
- United States Air Force. (October 1, 2001; Rev. June 21, 2012). AF Instruction 34-1101: Air Force Warrior and Survivor Care.
- United States Army. (January 15, 2014 (expires January 15, 2016)). WCTP Policy Memo 14-001: Warrior Transition Unit (WTUC)/Community-Based Warrior Transition Unit (CBWTU) cadre assignments.
- United States Army. (May 29, 2014). Warrior Transition Unit (WTU) and Community-Based Warrior Transition Unit (CBWTU) locations. Retrieved June 3, 2014, from http://www.wtc.army.mil/wtc/locations.html.
- United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.
- USA. (September 20, 2011). ALARACT 358/2011: Award of Additional Skill Identifier (ASI) Y9 (WTU and CBWTU PSGs and SLs) to Qualified Soldiers.
- United States Army. (June 2007). HQDA EXORD 118-07: Healing Warriors. DTG 021000Q, FRAGOs 1-4.
- United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.
- USSOCOM. (n.d.). Care Coalition website. Retrieved March 31, 2014, from: http://www.socom.mil/Care%20Coalition/Advocacy.aspx.
- USSOCOM. (October 1, 2012). USSOCOM Regulation 11-5: United States Special Operations Command Transition initiatives.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.
- United States Marine Corps. (January 19, 2012). WWRO 1754.6A: WWR Family Support Program.
- United States Marine Corps. (February 2011). WWRO 3000.1: WWR RCC SOP.
- United States Marine Corps. (July 27, 2011). WWRO 6300.1A: Administrative procedures for acceptance of wounded,ill, injured, or hospitalized personnel to the WWR.
- United States Marine Corps. (November 1, 2007). MCO 6320.2E: Administration and processing of injured/ill/hospitalized Marines.
- United States Navy. (October 2012). NAVADMIN 323/12: Navy Safe Harbor Program realignment.
- United States Navy. (May 27, 2010). SECNAV Instruction 1740.5: DON RCP.
- U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (13 March 2014) (Submission for the record of the American Legion).
- VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.
- VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.
- VA. (May 16, 2014). Returning Service members (OEF/OIF/OND): Care management teams. Retrieved June 3, 2014, from http://www.oefoif.va.gov/caremanagement.asp.
- VA. (December 2, 2013). Returning Service members (OEF/OIF/OND): VA Liaison contacts. Retrieved June 3, 2014, from http://www.oefoif.va.gov/VA_Liasion.asp.

- Department of Veterans Affairs. (March 31, 2014). M28R, Vocational Rehabilitation and Employment Service Manual: Part III, Section B, Chapter 1. Retrieved June 1, 2014 from http://www.benefits.va.gov/WARMS/M28R.asp.
- VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 2, 2014, from http://www.caregiver.va.gov/support/support_benefits.asp.
- VA. (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved February 6, 2012, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2 (p. 7).
- Vergum, D. (December 31, 2013). Special duty assignment pay changes for some. Retrieved March 13, 2014, from http://www.military.com/special-operations/2013/12/31/special-duty-assignment-pay-changes-for-some.html.
- Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.
- Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination Program. January 15, 2013.
- LtCol Wong, T., RWTF Member and WWR MARFORRES Liaison Officer, personal communication with the RWTF, May 13, 2014.
- WorkplaceFairness.org. (June 1, 2014). Your rights: Family/Medical Leave. Retrieved June 14, 2014, from http://www.workplacefairness.org/familyleave.

TBI References

- American Forces Press Service Staff Writer. (June 14, 2013). DOD establishes tissue bank to study brain injuries. Retrieved April 20, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120291.
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Col Michael F. Hayden (Ret), USAF, Director, Government Relations, Military Officers Association of America (MOAA).
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- Brokaw, M. Briefing to the RWTF. Reserve Medical Entitlements Determination (RMED). October 30, 2013.
- Crown, E. (August 15, 2013). National plan supports Veterans' mental health, brain injury care. Retrieved April 20, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120631.
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (January 2014). Progressive return to activity following acute concussion/mTBI: Guidance for the rehabilitation provider in deployed and non-deployed settings. Retrieved March 25, 2014, from http://dvbic.dcoe.mil/sites/default/files/2013_PRA_Rehab_CR_FINAL.pdf.
- Defense Health Agency. (n.d.). Health plan costs. Retrieved July 11, 2014, from http://www.tricare.mil/Costs/HealthPlanCosts.aspx.
- Defense Health Agency. (n.d.). TRICARE Reserve Select. Retrieved May 21, 2014, from http://www.tricare.mil/Welcome/Plans/TRS.aspx.
- Defense and Veterans Brain Injury Center. (n.d.). DoD worldwide numbers for TBI non-combat and combat injuries. Retrieved June 9, 2014, from http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi.
- DoD. (July 13, 1992; Rev. May 7, 2010). DoD Instruction 1342.19: Family care plans.
- DoD. (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation.
- DoD. (September 18, 2012). DoDI 6490.11: Policy guidance for management of mild traumatic brain injury/concussion in the deployed setting.
- Halmai, E. Briefing to the RWTF. Polytrauma system of care, South Texas Veterans health care system. December 10, 2013.

- Institute of Medicine. (2006). Increasing workforce capacity for quality improvement. In Improving the quality of health care for mental and substance use conditions (pp. 286-324). Washington, DC: The National Academies Press.
- Kapp, L. and Torreon, B.S. (June 13, 2014). Reserve Component personnel issues: Questions and answers. Congressional Research Service. Retrieved June 23, 2014, from http://www.fas.org/sgp/crs/natsec/RL30802.pdf.
- CAPT Kass, S., Kelly, J., and DeGraba, T. Briefing to the RWTF. National Intrepid Center of Excellence update. January 27, 2014.
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from Clyde Marsh, President, National Association of State Directors of Veterans Affairs).
- Legislative presentations of multiple VSOs: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from MG Gus Hargett, President, National Guard Association of the United States).
- Legislative presentation of the Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (5 March 2014) (Testimony from John E. Hamilton, Commander-In-Chief, Veterans of Foreign Wars).
- Merlis, M. (August 2012). The future of health care for military personnel and veterans. Washington, DC; Academy Health. Retrieved May 22, 2014, from www.academyhealth.org/files/publications/AH_RIBriefMilVetsFinal.pdf.
- Military personnel, compensation, and health care matters: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (26 March 2014) (Testimony from The Military Coalition).
- National Center for Veterans Analysis and Statistics (July 2012). Characteristics of rural Veterans 2010: Data from the American Community Survey. Retrieved June 9, 2014, from http://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2010_FINAL.pdf.
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §704 (2014).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §723 (2014).
- Notyce, C. (July 25, 2013). DCoE releases clinical guidance on neuroimaging for mTBI. Retrieved April 20, 2014, from http://www.dcoe.mil/MediaCenter/News/details/13-07-25/DCoE_Releases_Clinical_Guidance_on_Neuroimaging_for_Mild_TBI.aspx.
- Patient Protection and Affordable Care Act, 42 USC §18001 (2010)
- RWTF family member focus group results, November 2013-February 2014.
- RWTF family member mini-survey results, November 2013-February 2014.
- RWTF RW mini-survey results, November 2013-February 2014.
- RWTF RW focus group results, November 2013-February 2014.
- Site briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013.
- Site briefings to the RWTF, November 2013-February 2014.
- Site-level briefings to the RWTF. March/April 2011.
- CAPT Stoltz, R., and Cernich, A. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury update. January 27, 2014.
- U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (13 March 2014) (Submission for the record of the American Legion).

PTSD References

- Access to mental health care and traumatic brain injury services: Addressing the challenges and barriers for Veterans: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (24 April 2014) (Testimony from John Davison, Father of a Wounded Warrior.)
- Air Force Times Staff Writer. (September 13, 2013). New survey: 3 of 4 post-9/11 Vets have PTSD, anxiety. Retrieved April 20, 2014, from http://www.airforcetimes.com/apps/pbcs.dll/article?AID=2013309130033.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Col Michael F. Hayden (Ret), USAF, Director, Government Relations, Military Officers Association of America (MOAA).
- Bolkan, C.R., Bonner, L.M., Campbell, D.G, et al. (2013). Family involvement, medication adherence, and depression outcomes among patients in Veterans Affairs primary care. Psychiatric Services, 64(5), 472-478.
- Bradway, J.K., Malone, J.M., Racy, J., et al. (1984). Psychological adaptation to amputation: An overview. Orthotics and Prosthetics, 38(3), 46-50.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014
- Brokaw, M. Briefing to the RWTF. Reserve Medical Entitlements Determination (RMED). October 30, 2013.
- Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009) Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.
- Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.
- Defense Health Agency. (n.d.). Health plan costs. Retrieved July 11, 2014, from http://www.tricare.mil/Costs/HealthPlanCosts.aspx.
- Defense Health Agency. (n.d.). TRICARE Reserve Select. Retrieved May 21, 2014, from http://www.tricare.mil/Welcome/Plans/TRS.aspx.
- Defense and Veterans Brain Injury Center. (2014). TBI basics. Retrieved June 10, 2014, from http://dvbic.dcoe.mil/about-traumatic-brain-injury/article/tbi-basics.
- DoD. (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation.
- DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.
- DoD. (July 13, 1992; Rev. May 7, 2010). DoD Instruction 1342.19: Family care plans.
- DoD. (February 27, 2012). DoD Instruction 6490.09: DoD directors of psychological health.
- DoD. (February 26, 2013). DoD Instruction 6490.12: Mental health assessments for Service members deployed in connection with a contingency operation.
- DoD. (March 4, 2013). DoD Instruction 6490.04: Mental health evaluations of members of the Military Services.
- DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

- Farmer, C.M., Scharf, D.M., and Weinick, R.M. (January 2014). Improving programs that address psychological health and traumatic brain injury. Document RB-9674-OSD. Retrieved April 12, 2014, from http://www.rand.org/pubs/research_briefs/RB9674.html.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy Response to RWTF FY12 Recommendations. February 27, 2013.
- Horan, P. CounterPoint presentation to the RWTF. Personal experiences of the spouse of a Recovering Warrior. May 19, 2011.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition program. April 16, 2014.
- COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.
- Kulk, J.A., and Mahler, H.I. (1989). Social support and recovery from surgery. Health Psychology, 82(2), 221-238. DOI: 10.1037/0278-6133.8.2.221.
- Larry, H.L., Col. Poindexter, T., and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from Clyde Marsh, President, National Association of State Directors of Veterans Affairs).
- Legislative presentations of multiple VSOs: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from MG Gus Hargett, President, National Guard Association of the United States).
- Legislative presentation of Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans Affairs, 113th Cong. (5 March 2014). (Testimony from William A. Thien, Commander-in-Chief, Veterans of Foreign Wars).
- MacKenzie, E.J., Siegel, J.H., Shapiro, S., et al. (1988). Functional recovery and medical costs of trauma: An analysis by type and severity of injury. Trauma, 28(3), 281-297.
- Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.
- Merlis, M. (August 2012). The future of health care for military personnel and veterans. Washington, DC; Academy Health. Retrieved May 22, 2014, from www.academyhealth.org/files/publications/AH_RIBriefMilVetsFinal.pdf.
- Military personnel, compensation, and health care matters: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (26 March 2014) (Testimony from The Military Coalition).
- Monson, C.M., Fredman, S. J., Macdonald, A., et al. (2012). Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial. Journal of the American Medical Association, 308(7), 700-709.
- Monson, C.M., Macdonald, A., and Brown-Bowers, A. (2012). Couple/family therapy for posttraumatic stress disorder: Review to facilitate interpretation of VA/DoD Clinical Practice Guideline. Journal of Rehabilitation Research & Development, 49(5), 717-28.
- Monson, C.M., Schnurr, P. P., Stevens, S.P., et al. (August 2004). Cognitive-behavioral couple's treatment for posttraumatic stress disorder: Initial findings. Journal of Traumatic Stress, 17(4), 341-344. Retrieved May 4, 2014, from http://onlinelibrary.wiley.com/doi/10.1023/B:JOTS.0000038483.69570.5b/abstract.
- National Center for Veterans Analysis and Statistics (July 2012). Characteristics of rural Veterans 2010: Data from the American Community Survey. Retrieved June 9, 2014, from http://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2010_FINAL.pdf.
- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Transmittal to Congress of implementation of the

Fiscal Year 2012 report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).

- Office of Warrior Care Policy, personal communication with the RWTF, July 3, 2014.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (2013). Caregiver resource directory. Retrieved May 27, 2014, from http://warriorcare.dodlive.mil/files/2013/08/Caregiver-Directory-Printer-Friendly-8-5-x-11.pdf.
- Patient Protection and Affordable Care Act, 42 USC §18001 (2010).
- President's Commission on Care for America's Returning Wounded Warriors. (July 2007). Serve, support, simplify. Washington, DC: Author.
- RWTF family member focus group results. March/April 2011.
- RWTF family member focus group results, October 2011-March 2012.
- RWTF family member focus group results, November 2012-March 2013.
- RWTF family member focus group results, November 2013-February 2014.
- RWTF RW focus group results, November 2013-February 2014.
- RWTF family member mini-survey results, November 2013-February 2014.
- RWTF RW mini-survey results, November 2013-February 2014.
- Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors Survey (2011): Key findings, follow-up, and next steps. February 26, 2013.
- Site Briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013.
- Site briefings to the RWTF, November 2013-February 2014.
- Site-level briefings to the RWTF. March/April 2011.
- CAPT Stoltz, R. and Cernich, A. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury update. January 27, 2014.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.
- U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (13 March 2014) (Submission for the record of the American Legion).
- VA Staff Writer. (November 5, 2012). The best ways for Vet caregivers to stay strong. Retrieved December 7, 2012, from http://www.va.gov/health/NewsFeatures/20121105a.asp.
- VA/DoD. (October 2010). Clinical practice guideline for the management of post-traumatic stress (version 2.0). Retrieved December 30, 2013, from http://www.healthquality.va.gov/ptsd/cpg_PTSD-FULL-201011612.pdf.

Centers of Excellence References

- Department of Defense Recovering Warrior Task Force (September 2, 2011). 2010-2011 annual report. Washington, DC: Author. Recommendation 9.
- DoD. (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation.
- Government Accountability Office (January 25, 2012). Coordinating authority needed for psychological health and traumatic brain injury activities. Washington, DC: Author. GAO-12-154.
- Hutchens, L. (March 26, 2014). DVBIC amps up TBI awareness with new initiative. Retrieved April 14, 2014, from http://www.dcoe.mil/MediaCenter/News/details/14-03-26/DVBIC_Amps_Up_TBI_Awareness_with_New_Initiative.aspx.
- Military Health Service, Assistant Secretary of Defense for Health Affairs, Office of the Undersecretary of Defense for Personnel and Readiness, Secretary of Defense, Department of Defense. (n.d.). Inside the Military Health System: Overview. Retrieved June16, 2014, from https://mhs.health.mil/DHA/DHA_Overview.cshtml.

- CAPT Kass, S., Kelly, J., and DeGraba, T. Briefing to the RWTF. National Intrepid Center of Excellence update. January 27, 2014.
- Kime, P. (January 20, 2014). New Defense Health Agency takes on support functions formerly run by Services. Retrieved May 20, 2014, from http://www.airforcetimes.com/article/20140120/BENEFITS06/301200027.
- Lawrence, M.G. Briefing to the RWTF. Vision Center of Excellence update. January 27, 2014.
- Legislative presentation of the Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (5 March 2014) (Testimony from John E. Hamilton, Commander-In-Chief, Veterans of Foreign Wars).
- Lockette, W. Briefing to the RWTF. Military Health System (MHS) Centers of Excellence (CoE) Oversight Board. April 2, 2013.
- Moon, D. (August 30, 2013). TBI global synapse sparks connections, collaboration. Retrieved April 20, 2014, from http://www.dcoe.mil/MediaCenter/News/details/13-08-30/TBI_Global_Synapse_Sparks_Connections_Collaboration.aspx.
- Moon, D. (March 6, 2014). DCoE Webinar addresses how to return to activity safely after a TBI. Retrieved April 14, 2014, from http://www.dcoe.mil/MediaCenter/News/details/14-03-06/DCoE_Webinar_Addresses_How_to_Return_to_Activity_Safely_After_a_TBI.aspx.
- Moon, D. (March 20, 2014). DCoE examines mTBI and post-deployment health concerns. Retrieved April 14, 2014, from http://www.dcoe.mil/MediaCenter/News/details/14-03-20/DCoE_Webinar_Examines_Mild_TBI_and_Post-deployment_Health_Concerns.aspx.
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §722 (2014).
- Notyce, C. (July 25, 2013). DCoE releases clinical guidance on neuroimaging for mTBI. Retrieved April 20, 2014, from http://www.dcoe.mil/MediaCenter/News/details/13-07-25/DCoE_Releases_Clinical_Guidance_on_Neuroimaging_for_Mild_TBI.aspx.
- Col Packer, M. Briefing to the RWTF. Hearing Center of Excellence. December 9,2013.
- Roulo, C. (August 9, 2013). Website teaches coping skills to military community. American Forces Press Service. Retrieved April 20, 2014 from http://www.woundedwarrior.af.mil/news/story.asp?id=123359273.
- Shero, J.C., and Randolph, B.J. Briefing to the RWTF. Extremity Trauma and Amputation Center of Excellence update. December 9, 2013.
- Site briefings to the RWTF, November 2013-February 2014.
- CAPT Stoltz, R., and Cernich, A. Briefing to the RWTF. Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury update. January 27, 2014.

Information Resources References

- Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.
- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- Baldor, L.C. (April 26, 2010). Top Wounded Warrior official: I was forced out. Retrieved May 26, 2014, from http://www.armytimes.com/article/20100426/NEWS/4260310/Top-Wounded-Warrior-official-forced-out.
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- Booth, B. and Lederer, S. (2012). Supporting Military Families in an Era of Continuous Deployments. In J.H. Laurence and M.D. Matthews (Eds.), The Oxford Handbook of Military Psychology (pp. 365-380). New York: Oxford University Press.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.

- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- CAPT Breining, B., Director, Navy Wounded Warrior-Safe Harbor, personal communication with the RWTF, May 5, 2014.
- Col Buhl, W. Briefing to the RWTF. WWR leadership. October 30, 2013.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.
- Campbell, J.R. Briefing to the RWTF. WWCTP. May 18, 2011.
- Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.
- Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report Comments: National Military Family Association. Alexandria, VA: Author.
- COL Dailey (Ret.), D., Executive Director, RWTF, personal communication with the RWTF, May 22, 2014.
- Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury. (2011). Children of military Service members resource guide. Retrieved March 24, 2013, from http://www.dcoe.health.mil/Content/Navigation/Documents/DCoE%20Children%20of%20Military%20Service%20Members%20Resource%20Guide.pdf.
- Col DeMarco, N. and Col Poindexter, T. Briefing to the RWTF. Air Force response to RWTF FY2012 Recommendations. February 26, 2013.
- Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.
- DoD. (October 2011). Wounded, ill, and injured compensation and benefits handbook. Retrieved January 17, 2012, from http://warriorcare.dodlive.mil/files/2011/11/2011-DoD-Compensation-and-Benefits-Handbook1.pdf.
- DoD. (March 2, 2012). New mobile apps available to provide compensation and benefits information for wounded warriors. Retrieved December 7, 2012, from http://warriorcare.dodlive.mil/2012/03/02/new-mobile-apps-available-to-provide-compensation-and-benefits-information-for-wounded-warriors/.
- DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living, p. 12.
- DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).
- DoD. (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.
- DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.
- DoD. (July 2012). DoD Instruction 1342.22: Military family readiness.
- DoD and VA. (February 1, 2012). Memorandum of Understanding between DoD and VA: Providing VR&E services at the earliest opportunity to Active Duty Service members.
- Easterseals.com. (n.d.).Veterans caregiver training. Retrieved May 8, 2014, from http://www.easterseals.com/our-programs/military-veterans/veterans-caregiver-training.html.
- Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- COL Faris, J.K., Deputy Surgeon Army National Guard, and Holdeman, R., Deputy Division Chief Personnel, personal communication with the RWTF, April 11, 2013.
- Government Accountability Office (November 2012). Recovering Service members and Veterans: Sustained leadership attention and systematic oversight needed to resolve persistent problems affecting care and benefits. Washington, DC: Author. GAO-13-5.

- Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.
- Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.
- Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy Response to RWTF FY12 Recommendations. February 27, 2013.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition Program. April 16, 2014.
- COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.
- Jowers, K. (March 8, 2013). DoD's Warrior Care Policy director resigns. Retrieved May 26, 2014, from http://www.armytimes.com/article/20130308/BENEFITS06/303080313/DoD-s-Warrior-Care-Policy-director-resigns.
- Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.
- Leipold, J.D. (May 12, 2009). Warrior Transition Command stands up at Pentagon. Retrieved June 2, 2014, from http://www.army.mil/article/20970/Warrior_Transition_Command_stands_up_at_Pentagon/.
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.
- Col Mayer, J.L. and Williamson, P.D. Marine Corps Wounded Warrior Regiment briefing to the RWTF. February 23, 2012.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. October 28, 2013.
- MHN Government Services. (n.d.). Military & Family Life Counseling (MFLC) program. Retrieved June 14, 2014, from https://www.mhngs.com/app/programsandservices/mflc_program.content.
- Military OneSource Staff Writer. (January 3, 2013). A new book for military families has just been released. Retrieved February 11, 2013, from http://militaryoneclick.com/a-new-and-unique-book-has-just-been-released-that-supports-military-families-who-are-facing-changes-due-to-the-injury-of-someone-they-love/.
- Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.
- Military OneSource (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.
- Morris, J. Briefing to the RWTF. Office of Warrior Care Policy National Resource Directory. January 29, 2014.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.
- National Guard Bureau. (n.d.). National Guard family program: About us. Retrieved June 16, 2014, from https://www.jointservicessupport.org/FP/About.aspx.
- Navy Safe Harbor briefing to the RWTF. March 31, 2011.
- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Implementation of the Fiscal Year 2012 Report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF). October 4, 2013.
- Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/.

- Office of Warrior Care Policy, personal communication with the RWTF, July 15, 2014.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.
- Pennsylvania State University. (n.d.). Clearinghouse for military family readiness. Retrieved January 6, 2014, from http://www.militaryfamilies.psu.edu/.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- PRWEB. (March 7, 2013). Military Officers Association of America receives innovation grant from Dole Foundation's Caring for Military Families. Retrieved April 11, 2013, from http://www.prweb.com/releases/2013/3/prweb10508844.htm.
- Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.
- Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.
- RWTF family member focus group results, October 2011-March 2012.
- RWTF family member focus group results, November 2012-March 2013.
- RWTF family member focus group results, November 2013-February 2014.
- RWTF family member mini-survey results, November 2012-March 2013.
- RWTF family member mini-survey results, November 2013-February 2014.
- RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- Service wounded warrior units and programs websites:
  - United States Army Warrior Transition Command: http://www.wtc.army.mil/
  - United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org/
  - United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil/
  - United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil/
- Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors Survey (2011): Key findings, follow-up, and next steps. February 26, 2013.
- Site briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013.
- Site briefings to the RWTF, November 2013-February 2014.
- MAJ Smith, R.C., COL Chun, R.S., Michael, R.L., and LTC Schneider, B.J. (February 2013). Operation BRAVE Families: A preventative approach to lessening the impact of war on military families through preclinical engagement. Military Medicine, 178(2), 174-179.
- Staff Writer (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.
- Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Integrated Disability Evaluation System. January 29, 2014.
- United States Air Force. (October 1, 2001; Rev. June 21, 2012). AF Instruction 34-1101: Air Force Warrior and Survivor Care.

- United States Army. (January 29, 2014) Warrior Transition Command launches website providing direct access to information for wounded and ill Soldiers. Retrieved January 30, 2014, from http://www.army.mil/standto/archive_2014-01-29.
- United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.
- United States Army. (March 30, 2009). U.S. Army Warrior Transition Command. Retrieved June 4, 2014, from http://www.army.mil/standto/archive/2009/03/30/.
- United States Army. (May 29, 2014). U.S. Army Warrior Transition Command (WTC). Retrieved June 2, 2014, from http://www.wtc.army.mil/wtc/aboutUs.html.
- United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.
- United States Marine Corps. (n.d.). What you need to know about the Wounded Warrior Regiment. Retrieved June 2, 2014, from http://www.woundedwarriorregiment.org/wwr/assets/File/FactSheets/WWR_Overview_Slick_Sheet.pdf.
- United States Marine Corps (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.
- VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.
- VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.
- VA (December 2, 2013). Returning Service members (OEF/OIF/OND): VA Liaison contacts. Retrieved June 3, 2014, from http://www.oefoif.va.gov/VA_Liasion.asp.
- VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 2, 2014, from http://www.caregiver.va.gov/support/support_benefits.asp.
- VA. (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved June 3, 2014, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2.
- VA/DoD. (2011). Va/DoD JEC annual report, fiscal year 2011. Retrieved February 11, 2013, from https://www.va.gov/OP3/docs/StrategicPlanning/va_DoD_AR_JSP_2011.pdf.
- Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (n.d.). Office of Warrior Care Policy mission. Retrieved June 2, 2014, from http://prhome.defense.gov/HA/WCP/Mission.
- Warrior Transition Command, United States Army. (2011). Caregivers' guide to the Comprehensive Transition Plan. Retrieved February 15, 2012, from http://wtc.army.mil/ctpfamilylearningmodule/wrap_menupage.htm.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.
- Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination Program. January 15, 2013.
- Capt Wolf, J. (March 14, 2012). Marine Wounded Warrior Regiment app assists wounded warriors, caregivers. Retrieved December 9, 2012, from http://warriorcare.dodlive.mil/2012/03/14/marine-wounded-warrior-regiment-app-assists-wounded-warriors-caregivers/.
- Capt Wolf, J. (November 7, 2011). Wounded Warrior Regiment celebrates Warrior Care Month. Retrieved January 19, 2012, from http://www.woundedwarriorregiment.org/news/news_story_11_08_2011.cfm.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.
- WorkplaceFairness.org. (June 1, 2014). Your rights: Family/Medical Leave. Retrieved June 14, 2014, from http://www.workplacefairness.org/familyleave.

Support for Family Caregivers References

- Access to mental health care and traumatic brain injury services: Addressing the challenges and barriers for Veterans: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (24 April 2014) (Testimony from John Davison, Father of a Wounded Warrior).
- Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.
- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over Budget Instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Baldor, L.C. (April 26, 2010). Top Wounded Warrior official: I was forced out. Retrieved May 26, 2014, from http://www.armytimes.com/article/20100426/NEWS/4260310/Top-Wounded-Warrior-official-forced-out.
- Beardslee, W.R., Klosinski, L.E., Saltzman, W., et al. (2013). Dissemination of family-centered prevention for military and Veteran families: Adaptations and adoption within community and military systems of care. Clinical Child & Family Psychology Review, 16(4), 394-409.
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- Belisle, J.G., Wenke, J.C., and Krueger, C.A. (2013). Return-to-duty rates among U.S. military combat-related amputees in the global war on terror: job description matters. Journal of Trauma and Acute Care Surgery, 75(2), 279-286.
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Col Michael F. Hayden (Ret), USAF, Director, Government Relations, Military Officers Association of America (MOAA).
- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- Block, G. (2014). Army spouse to advocate for military caretakers through foundation fellowship. Retrieved April 29, 2014, from http://www.stripes.com/news/veterans/army-spouse-to-advocate-for-military-caretakers-through-foundation-fellowship-1.272296?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+starsandstripes%2F.general+%28Stars+and+Stripes%29.
- Bolkan, C.R., Bonner, L.M., Campbell, D.G, et al. (2013). Family involvement, medication adherence, and depression outcomes among patients in Veterans Affairs primary care. Psychiatric Services, 64(5), 472-478
- Booth, B. and Lederer, S. (2012). Supporting military families in an era of continuous deployments. In J.H. Laurence and M.D. Matthews (Eds.), The Oxford handbook of military psychology (pp. 365-380). New York: Oxford University Press.
- Bradway, J.K., Malone, J.M., Racy, J., et al. (1984). Psychological adaptation to amputation: An overview. Orthotics and Prosthetics, 38(3), 46-50.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Army Warrior Care and Transition Program back-up slides. February 24, 2014.
- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.

- Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental Health Care for Iraq and Afghanistan War Veterans. Health Affairs, 28(3), 771-782.
- Campbell, J.R. WWCTP Briefing to the RWTF. May 18, 2011.
- Center for a New American Security. (2010). America's duty: The imperative of a new approach to warrior and veteran care. Washington, DC: Author.
- Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.
- Christensen, E.W., Dorrance, K.A., Ramchandani, S., et al. (2013). Impact of a patient-centered medical home on access, quality, and cost. Military Medicine, 178(2), 135-141.
- Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report Comments: National Military Family Association. Alexandria, VA: Author.
- Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.
- Defense and Veterans Brain Injury Center. (2014). TBI basics. Retrieved June 10, 2014 from http://dvbic.dcoe.mil/about-traumatic-brain-injury/article/tbi-basics.
- COL Dailey (Ret.), D., Executive Director, RWTF, personal communication with the RWTF, May 22, 2014.
- Col DeMarco, N., and Col Poindexter, T. Briefing to the RWTF. Air Force response to RWTF FY12 Recommendations. February 26, 2013.
- Defense Health Agency, Defense Health Cost Assessment and Program Evaluation, Office of the Assistant Secretary of Defense for Health Affairs, Office of the Secretary of Defense, Department of Defense. (February 25, 2014.) Evaluation of the TRICARE program access, cost, and quality: Fiscal Year 2014 Report to Congress. Washington, DC: Author.
- Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.
- DoD (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.
- DoD (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.
- DoD (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation.
- DoD (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.
- DoD (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).
- DoD (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.
- DoD and VA. (February 1, 2012). Memorandum of Understanding between DoD and VA: Providing VR&E services at the earliest opportunity to Active Duty Service members.
- Businesswire.com. (December 11, 2013). The Elizabeth Dole Foundation and Wounded Warrior Project team up to study the challenges of military and Veteran caregivers. Retrieved from http://www.businesswire.com/news/home/20131211005789/en/Elizabeth-Dole-Foundation-Wounded-Warrior-Project-Team?socialcrm.
- Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- Falke, K. Panel presentation to the RWTF. Boulder Crest. January 28, 2014.

- COL Faris, J.K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. October 29, 2013.
- COL Faris, J.K., Deputy Surgeon Army National Guard, and Holdeman, R., Deputy Division Chief Personnel, personal communication with the RWTF, April 11, 2013.
- The Federal Employee Compensation Act (FECA) is authorized in statute at 5 USC Sections 8101, 20 CFR Sections 10.00-10.826. FECA is covered by the public disability offset provisions of Section 224 of the Social Security Act (42 USC Section 424a).
- The Fiscal Year 2015 Budget for Veterans' Programs. (March 12, 2014). Testimony from Eric K. Shinseki, Secretary, Department of Veterans Affairs.
- Fox, S., Borba, P., and Liu, T. (May 2005). Return-to-work outcomes of injured workers: Evidence from California, Massachusetts, Pennsylvania, and Texas. Cambridge, MA: Workers Compensation Research Institute. WC-05-15.
- GEN Franks (Ret.), F. (April 29, 2009). I will never leave a fallen comrade. Washington, DC: United States Army.
- Gade, D.M. (2013). A better way to help Veterans. National Affairs, Summer 2013(16), 53-69.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy Response to RWTF FY12 Recommendations. February 27, 2013.
- Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academy Press.
- Government Accountability Office (November 2012). Recovering Service members and Veterans: Sustained leadership attention and systematic oversight needed to resolve persistent problems affecting care and benefits. Washington, DC: Author. GAO-13-5.
- Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.
- Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.
- Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy Response to RWTF FY12 Recommendations. February 27, 2013.
- Hanson, J. Panel presentation to the RWTF. USO. January 28, 2014.
- Horan, P. CounterPoint presentation to the RWTF. Personal experiences of the spouse of a Recovering Warrior. May 19, 2011.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition Program. April 16, 2014.
- COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.
- Jowers, K. (March 6, 2014). DoD plans no cuts to spouse tuition program, official says. Retrieved April 29, 2014, at http://www.airforcetimes.com/article/20140306/NEWS/303060026.
- Kregel, J. (2012). Work incentives planning and assistance program: Current program results document the program's ability to improve employment outcomes, reduce dependence on benefits, and generate cost savings for SSA. Journal of Vocational Rehabilitation, 36(1), 3-12.
- Kregel, J. (2009). Work incentives planning and assistance: Assisting beneficiaries to obtain employment and reduce dependence on SSA benefits. Journal of Vocational Rehabilitation, 31(1), 1-9.
- Kulk, J.A., and Mahler, H.I. (1989). Social support and recovery from surgery. Health Psychology, 82(2), 221-238. DOI: 10.1037/0278-6133.8.2.221.
- Larry, H.L., Col. Poindexter, T, and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.

- Legislative presentation of Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans Affairs, 113th Cong. (5 March 2014). (Testimony from William A. Thien, Commander-in-Chief, Veterans of Foreign Wars).
- Leipold, J.D. (May 12, 2009). Warrior Transition Command stands up at Pentagon. Retrieved June 2, 2014, from http://www.army.mil/article/20970/Warrior_Transition_Command_stands_up_at_Pentagon/.
- MacKenzie, E.J., Siegel, J.H., Shapiro, S., et al. (1988). Functional recovery and medical costs of trauma: An analysis by type and severity of injury. Trauma, 28(3), 281-297.
- CDR Martin, K., Hoffman, K, and Wurtz, S. Briefing to the RWTF. Traumatic injury protection under Servicemembers' Group Life Insurance. October 28, 2013.
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.
- Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.
- MHN Government Services. (n.d.). Military & Family Life Counseling (MFLC) program. Retrieved June 14, 2014, from https://www.mhngs.com/app/programsandservices/mflc_program.content.
- Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.
- Military OneSource (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.
- Military OneSource. (2013). Spouse caregiver hiring preferences for Federal employment. Retrieved from http://www.militaryonesource.mil/seco?content_id=270514.
- Monson, C.M., Fredman, S. J., Macdonald, A., et al. (2012). Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial. Journal of the American Medical Association, 308(7), 700-709.
- Monson, C.M., Macdonald, A., and Brown-Bowers, A. (2012). Couple/family therapy for posttraumatic stress disorder: Review to facilitate interpretation of VA/DoD Clinical Practice Guideline. Journal of Rehabilitation Research & Development, 49(5), 717-28.
- Monson, C.M., Schnurr, P. P., Stevens, S.P., et al. (August 2004). Cognitive-behavioral couple's treatment for posttraumatic stress disorder: Initial findings. Journal of Traumatic Stress, 17(4), 341-344. Retrieved May 4, 2014, from http://onlinelibrary.wiley.com/doi/10.1023/B:JOTS.0000038483.69570.5b/abstract.
- Morris, J. Briefing to the RWTF. Office of Warrior Care Policy National Resource Directory. January 29, 2014.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.
- MG Mustion, R.P., Commanding General, Army Human Resources Command, personal communication with the RWTF, December 5, 2014.
- National Governors Association. (2012). Summary of Veterans' initiatives in the states. Retrieved July 23, 2014, from http://www.nga.org/files/live/sites/NGA/files/pdf/2013/1305NGAReportStateVeteransPrograms.pdf.
- National Guard Bureau. (n.d.). National Guard family program: About us. Retrieved June 16, 2014, from https://www.jointservicessupport.org/FP/About.aspx.
- Navy Safe Harbor briefing to the RWTF. March 31, 2011.
- Nichols, T. (January 26, 2014). Mental health support online for military spouses. Retrieved March 3, 2014, from http://www.utsandiego.com/news/2014/jan/26/mental-health-support-online-for-military-spouses/.
- Nordlund, W.J. (1991). The Federal Employees' Compensation Act. Monthly Labor Review, 114, 3-14.

- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Implementation of the Fiscal Year 2012 Report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF). October 4, 2013.
- Office of Disability Employment Policy, Office of the Secretary of Labor, Department of Labor. (2012). Return-to-Work toolkit for employees & employers. Retrieved March 15, 2013, from http://www.dol.gov/odep/return-to-work/.
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (n.d.). Office of Warrior Care Policy mission. Retrieved June 2, 2014, from http://prhome.defense.gov/HA/WCP/Mission.
- LTC Parker (Ret.), M., Wounded Warrior Advocate, personal communication with the RWTF, April 17, 2013.
- Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.
- Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/.
- Office of Warrior Care Policy, personal communication with the RWTF, July 15, 2014.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (2013). Caregiver resource directory. Retrieved May 27, 2014, from http://warriorcare.dodlive.mil/files/2013/08/Caregiver-Directory-Printer-Friendly-8-5-x-11.pdf.
- O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- President's Commission on Care for America's Returning Wounded Warriors (July 2007). Serve, support, simplify. Washington, DC: Author.
- Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.
- Reed, T.J. (2009). Parallel lines never meet: Why the Military disability retirement and Veterans Affairs department claim adjudication systems are a failure. Widener Law Journal, Vol. 19, Widener Law School Legal Studies Research Paper No. 10-07.
- Resnik, L., & Allen, S. (2007). Using International Classification of Functioning, Disability, and Health to understand challenges in community reintegration of injured Veterans. Journal of Rehabilitation Research and Development, 44(7), 991-1006.
- Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.
- Rutgers Press Release. (November 22, 2013). Rutgers University-based military support program expands. Retrieved December 3, 2013, from http://www.defense.gov/news/newsarticle.aspx?id=121214.
- RWTF family member focus group results, March/April 2011.
- RWTF family member focus group results, October 2011-March 2012.
- RWTF family member focus group results, November 2012-March 2013.
- RWTF family member focus group results, November 2013-February 2014.

- RWTF Service member focus group results. March/April 2011.
- RWTF RW focus group results, October 2011-March 2012.
- RWTF RW focus group results, November 2012-March 2013.
- RWTF RW focus group results, November 2013-February 2014.
- RWTF RW mini-survey results, October 2011-March 2012.
- RWTF RW mini-survey results, November 2012-March 2013.
- RWTF RW mini-survey results, November 2013-February 2014.
- RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- Service wounded warrior units and programs websites:
  - United States Army Warrior Transition Command: http://www.wtc.army.mil
  - United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org
  - United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil
  - United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil
- Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors Survey (2011): Key findings, follow-up, and next steps. February 26, 2013.
- Site briefings to the RWTF, March-April 2011.
- Site briefings to the RWTF, October 2012-April 2013.
- Site briefings to the RWTF, November 2013-February 2014.
- MAJ Smith, R.C., COL Chun, R.S., Michael, R.L., and LTC Schneider, B.J. (February 2013). Operation BRAVE Families: A preventative approach to lessening the impact of war on military families through preclinical engagement. Military Medicine, 178(2), 174-179.
- Staff Writer (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.
- Steele, J. (January 24, 2014). Job nobody applies for – Military caregiver. Retrieved February 18, 2014, from http://www.utsandiego.com/news/2014/Jan/24/caregivers-emplowering-caregivers-pendleton/?#article-copy.
- Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Integrated Disability Evaluation System. January 29, 2014.
- Szymendera, S. (June 4, 2013). The Federal Employees' Compensation Act (FECA): Workers' compensation for federal employees. Congressional Research Service. Retrieved June 24, 2014, from http://fas.org/sgp/crs/misc/R42107.pdf.
- United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.
- United States Army. (May 29, 2014). U.S. Army Warrior Transition Command (WTC). Retrieved June 2, 2014, from http://www.wtc.army.mil/wtc/aboutUs.html.
- United States Army. (May 29, 2014). Warrior Transition Unit (WTU) and Community-Based Warrior Transition Unit (CBWTU) locations. Retrieved June 3, 2014, from http://www.wtc.army.mil/wtc/locations.html.
- United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.
- United States Marine Corps (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.
- United States Marine Corps. (n.d.). What you need to know about the Wounded Warrior Regiment. Retrieved June 2, 2014, from http://www.woundedwarriorregiment.org/wwr/assets/File/FactSheets/WWR_Overview_Slick_Sheet.pdf.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.

- VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.
- VA. (May 16, 2014). Returning Service members (OEF/OIF/OND): Care management teams. Retrieved June 3, 2014, from http://www.oefoif.va.gov/caremanagement.asp.
- VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.
- VA. (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved June 3, 2014, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2.
- VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 2, 2014, from http://www.caregiver.va.gov/support/support_benefits.asp.
- VA Staff Writer. (November 5, 2012). The best ways for Vet caregivers to stay strong. Retrieved December 7, 2012, from http://www.va.gov/health/NewsFeatures/20121105a.asp.
- Warrior Care Policy IDES Satisfaction Surveys, October 2013-March 2014.
- Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.
- Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.
- Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination Program. January 15, 2013.
- Wheeler, P.M., Kearney, J.R., and Harrison, C.A. (2002). The U.S. study of work incapacity and reintegration. Social Security Bulletin, 64(1), 32-44.
- WorkplaceFairness.org. (June 1, 2014). Your rights: Family/Medical Leave. Retrieved June 14, 2014, from http://www.workplacefairness.org/familyleave.

Reserve Component References

- Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.
- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Rick Jones, Legislative Director, National Association for Uniformed Services).
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Col Michael F. Hayden (Ret), USAF, Director, Government Relations, Military Officers Association of America (MOAA).
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- Booth, B. and Lederer, S. (2012). Supporting military families in an era of continuous deployments. In J.H. Laurence and M.D. Matthews (Eds.), The Oxford handbook of military psychology (pp. 365-380). New York: Oxford University Press.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Army Warrior Care and Transition Program back-up slides. February 24, 2014.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.

- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Brokaw, M. Briefing to the RWTF. Reserve Medical Entitlements Determination (RMED). October 30, 2013.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.
- Campbell, J.R. WWCTP Briefing to the RWTF. May 18, 2011.
- Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.
- Defense Casualty Analysis System, Defense Manpower Data Center. (April 14, 2014). U.S. military casualties: GWOT casualty summary by Service component. Retrieved April 14, 2014, from https://www.dmdc.osd.mil/dcas/pages/report_sum_comp.xhtml.
- Defense Health Agency. (n.d.). Health plan costs. Retrieved July 11, 2014, from http://www.tricare.mil/Costs/HealthPlanCosts.aspx.
- Defense Health Agency. (n.d.). TRICARE Reserve Select. Retrieved May 21, 2014, from http://www.tricare.mil/Welcome/Plans/TRS.aspx.
- Defense Health Program: Hearing Before the United States Senate Committee on Appropriations, Subcommittee on Defense, 113th Cong. (April 9, 2014) (Testimony from Lieutenant General Horoho, Surgeon General, United States Army).
- Defense Health Program: Hearing Before the United States Senate Committee on Appropriations, Subcommittee on Defense, 113th Cong. (April 9, 2014) (Testimony from Vice Admiral Matthew L. Nathan, Surgeon General, United States Navy).
- Defense Manpower Data Center (2012). Profile of the military community. Washington, DC: Author.
- Defense Manpower Data Center (October 2012). Contingency tracking system deployment file. Washington, DC: Author.
- DoD. (July 13, 1992; Rev. May 7, 2010) Department of Defense Instruction 1342.19. Family care plans.
- Col DeMarco, N., and Col Poindexter, T. Briefing to the RWTF. Air Force response to RWTF FY2012 Recommendations. February 26, 2013.
- Department of Defense Recovering Warrior Task Force (September 2, 2011). 2010-2011 Annual Report. Washington, DC: Author.
- Department of Defense Recovering Warrior Task Force (August 31, 2012). 2011-2012 Annual Report. Washington, DC: Author.
- Department of Defense Recovering Warrior Task Force (September 3, 2013). 2012-2013 Annual Report. Washington, DC: Author.
- Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.
- DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).
- DoD. (August 24, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.
- DoD. (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.
- DoD. (December 19, 2011). Directive-Type Memorandum 11-015: Integrated Disability Evaluation System (IDES).
- DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.
- DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.

- DoD. (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation.
- DoD and VA. (February 1, 2012). Memorandum of Understanding between DoD and VA: Providing VR&E services at the earliest opportunity to Active Duty Service members.
- Easterseals.com. (n.d.).Veterans caregiver training. Retrieved May 8, 2014, from http://www.easterseals.com/our-programs/military-veterans/veterans-caregiver-training.html.
- COL Faris, J.K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. October 29, 2013.
- COL Faris, J.K., Deputy Surgeon Army National Guard, and Holdeman, R., Deputy Division Chief Personnel, personal communication with the RWTF, April 11, 2013.
- The Fiscal Year 2015 Budget for Veterans' Programs: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (March 12, 2014) (Statement by the Honorable Eric K. Shinseki, Secretary, Department of Veterans Affairs).
- Gildea, D. (September 19, 2013). Team works to heal, help injured ARC Airmen. Retrieved February 12, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123363679.
- Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.
- Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.
- Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy response to RWTF FY12 Recommendations.
  February 27, 2013.
- Ishee, C. Briefing to the RWTF. Air Force PEB Performance. December 10, 2013.
- Lt. Col. Wolfe, J. (July 23, 2013). Army Reserve Soldiers have many resources to help build resiliency. Retrieved February 12, 2014, from http://www.army.mil/article/107864/Army_Reserve_Soldiers_have_many_resources_to___/.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition program. April 16, 2014.
- Joint House and Senate Veterans' Affairs Committees to receive Legislative Presentation of The American Legion, 113th Cong. (March 26, 2014) (Witness Testimony of Daniel M. Dellinger, National Commander of the American Legion).
- COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.
- COL Knowlton, K.,and COL McAtee, S. Briefing to the RWTF. Reserve Components Soldier Medical Support Center. January 7, 2014.
- Larry, H.L., Col. Poindexter, T., and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.
- Leipold, J.D. (May 12, 2009). Warrior Transition Command stands up at Pentagon. Retrieved June 2, 2014, from http://www.army.mil/article/20970/Warrior_Transition_Command_stands_up_at_Pentagon/.
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Prepared statement from Anthony A. Wallis, Legislative Director/Director of Government Affairs, Association of the United States Navy).
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted

Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs , 113th Cong. (6 March 2014) (Prepared statement from LTG Guy C. Swan (Ret), USA, Association of the United States Army).

- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from Clyde Marsh, President, National Association of State Directors of Veterans Affairs).
- Legislative presentation of Military Officers Association of America, Retired Enlisted Association, Non Commissioned Officers Association, Blinded Veterans Association, Military Order of the Purple Heart, Wounded Warrior Project, Iraq and Afghanistan Veterans of America, American Ex-Prisoners of War: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (February 28, 2013) (Testimony from Bob Norton, Deputy Director of Government Relations, Military Officers Association of America).
- Legislative presentations of multiple VSOs: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Testimony from MG Gus Hargett, President, National Guard Association of the United States).
- Legislative presentation of the Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (5 March 2014) (Testimony from John E. Hamilton, Commander-In-Chief, Veterans of Foreign Wars).
- Legislative presentation of Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans Affairs, 113th Cong. (5 March 2014). (Testimony from William A. Thien, Commander-in-Chief, Veterans of Foreign Wars).
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.
- Col Matschek, T. Briefing to the RWTF. AF ARC Case Management Division. December 10, 2013.
- Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.
- Mehta, A. (January 21, 2014). Commission: Move manpower into Reserve, Guard components. Retrieved April 4, 2014, from http://www.airforcetimes.com/article/20140131/NEWS05/301310002
- Merlis, M. (August 2012). The future of health care for military personnel and veterans. Washington, DC; Academy Health. Retrieved May 22, 2014, from www.academyhealth.org/files/publications/AH_RIBriefMilVetsFinal.pdf.
- MHN Government Services. (n.d.). Military & Family Life Counseling (MFLC) program. Retrieved June 14, 2014, from https://www.mhngs.com/app/programsandservices/mflc_program.content.
- Miles, D. (December 2, 2013). Reserve Components' Yellow Ribbon Program remains vital. Retrieved February 11, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121261.
- Miles, D. (December 4, 2013). Jobs program connects reserve, guardsmen to employers. Retrieved February 11, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123372941.
- Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.
- Military OneSource (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.
- Military personnel, compensation, and health care matters: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (26 March 2014) (Testimony from The Military Coalition).
- Military personnel overview: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (25 March 2014). (Testimony from Jessica L. Wright, Acting Under Secretary of Defense for Personnel and Readiness).

- Morris, J. Briefing to the RWTF. Office of Warrior Care Policy National Resource Directory. January 29, 2014.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.
- National Center for Veterans Analysis and Statistics (July 2012). Characteristics of rural Veterans 2010: Data from the American Community Survey. Retrieved June 9, 2014, from http://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2010_FINAL.pdf.
- National Defense Authorization Act of 2010, Pub. L. No. 111-84, §724 (2010).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §401 (2014).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §511 (2014).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §526 (2014).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §702 (2014).
- National Guard Bureau (n.d.). National Guard family program: About us. Retrieved June 16, 2014, from https://www.jointservicessupport.org/FP/About.aspx.
- Navy Safe Harbor briefing to the RWTF. March 31, 2011.
- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Transmittal to Congress of implementation of the Fiscal Year 2012 report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).
- Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (n.d.). Office of Warrior Care Policy mission. Retrieved June 2, 2014, from http://prhome.defense.gov/HA/WCP/Mission.
- Office of Warrior Care Policy (March 9, 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.
- Patient Protection and Affordable Care Act, 42 USC §18001 (2010)
- Peterson, A. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment survey program. April 17, 2014.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.
- RWTF family member focus group results, October 2011-March 2012.
- RWTF family member focus group results, November 2012-March 2013.
- RWTF family member focus group results, November 2013-February 2014.
- RWTF family member mini-survey results, November 2012-March 2013.
- RWTF family member mini-survey results, November 2013-February 2014.

- RWTF RW focus group results, November 2013-February 2014.
- RWTF RW mini-survey results, November 2013-February 2014.
- Sbranti, J.N. (February 21, 2014). Work for Warriors program offers employment help to Calif. reservists. Retrieved April 4, 2014, from http://www.stripes.com/news/us/work-for-warriors-program-offers-employment-help-to-calif-reservists-1.269146?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+starsandstripes%2Fgeneral+%28Stars+and+Stripes%29.
- Seck, H.H. (February 1, 2014). Distance education would give reservists training, resources and mentorship - all through their laptops. Retrieved April 4, 2014, from http://www.marinecorpstimes.com/article/20140201/NEWS02/302010005.
- Service wounded warrior units and programs websites:
  - United States Army Warrior Transition Command: http://www.wtc.army.mil
  - United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org
  - United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil
  - United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil
- Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors Survey (2011): Key findings, follow-up, and next steps. February 26, 2013.
- Site Briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013
- Site briefings to the RWTF, November 2013-February 2014.
- Site-level briefings to the RWTF. March/April 2011.
- MAJ Smith, R.C., COL Chun, R.S., Michael, R.L., and LTC Schneider, B.J. (February 2013). Operation BRAVE Families: A preventative approach to lessening the impact of war on military families through preclinical engagement. Military Medicine, 178(2), 174-179.
- Col. Soper, M. Briefing to the RWTF. Office of the Assistant Secretary of Defense for Reserve Affairs Manpower and Personnel response to FY2013 recommendations. April 16, 2014.
- Spinner, C. Briefing to the RWTF. Army Warrior Care and Transition program: WTU/MEB survey program. April 16, 2014.
- Staff Writer. (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.
- Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Integrated Disability Evaluation System. January 29, 2014.
- Tan, M. (November 22, 2013). More transition options as Reserve looks to bolster force with prior-service, separating active Soldiers. Retrieved December 5, 2013, from http://www.armytimes.com/article/20131122/NEWS02/311180043.
- Tilghman, A. (November 19, 2013). Guard chief: Bigger Reserve components not feasible. Retrieved December 5, 2013, from http://www.airforcetimes.com/article/20131119/NEWS02/311190022.
- To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (March 26, 2014) (Testimony from Mrs. Kathleen B. Moakler, Government Relations Director, National Military Family Association).
- To Continue to Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April, 9 2014) (Testimony from Lieutenant General Howard B. Bromberg, USA, Deputy Chief Of Staff (G-1) United States Army).
- To Continue to Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th

Cong. (April, 9 2014) (Testimony from VADM William F. Moran, USN, Chief of Naval Personnel/Deputy Chief of Naval Operations For Manpower, Personnel, Training, And Education (N-1) United States Navy).

- To Continue to Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April, 9 2014) (Testimony from Master Chief Petty Officer of the Navy Michael D. Stevens, United States Navy).
- To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (March 26, 2014) (Testimony from Mrs. Kathleen B. Moakler, Government Relations Director, National Military Family Association).
- To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (March 26, 2014) (Testimony from Captain Marshall Hanson, USNR (Ret.), Director, Legislative and Military Policy, Reserve Officers Association).
- To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (March 26, 2014) (Testimony from Mr. John R. Davis, Director, Legislative Programs, Fleet Reserve Association).
- United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.
- United States Army. (May 29, 2014). U.S. Army Warrior Transition Command (WTC). Retrieved June 2, 2014, from http://www.wtc.army.mil/wtc/aboutUs.html.
- United States Army. (May 29, 2014). Warrior Transition Unit (WTU) and Community-Based Warrior Transition Unit (CBWTU) locations. Retrieved June 3, 2014, from http://www.wtc.army.mil/wtc/locations.html.
- United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.
- United States Marine Corps. (n.d.). Reserve Marine support questionnaire. Wounded Warrior Regiment.
- United States Marine Corps. (n.d.). What you need to know about the Wounded Warrior Regiment. Retrieved June 2, 2014, from http://www.woundedwarriorregiment.org/wwr/assets/File/FactSheets/WWR_Overview_Slick_Sheet.pdf.
- United States Marine Corps (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.
- VA Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (March 13, 2014) (Testimony from The Honorable Eric K. Shinseki, Secretary, U.S. Department of Veterans Affairs).
- U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (13 March 2014) (Submission for the record of the American Legion).
- VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.
- VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.
- VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 2, 2014, from http://www.caregiver.va.gov/support/support_benefits.asp.
- VA (December 2, 2013). Returning Service members (OEF/OIF/OND): VA Liaison contacts. Retrieved June 3, 2014, from http://www.oefoif.va.gov/VA_Liasion.asp.

- VA. (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination program. Retrieved June 3, 2014, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2.
- Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.
- Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.
- Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination Program. January 15, 2013.
- Werber, L., Schaefer, A.G., Osilla, K.C., Wilke, E., Wong, A., Breslau, J., and Kitchens, K.E. (2013). Support for the 21st century reserve force: Insights on facilitating successful reintegration for citizen warriors and their families. Washington, DC: RAND Corporation.
- Lt. Col. Wolfe, J. (July 23, 2013). Army Reserve Soldiers have many resources to help build resiliency. Retrieved February 12, 2014, from http://www.army.mil/article/107864/Army_Reserve_Soldiers_have_many_resources_to___/.
- LtCol Wong, T., RWTF Member and WWR MARFORRES Liaison Officer, personal communication with the RWTF, May 13, 2014.
- WorkplaceFairness.org. (June 1, 2014). Your rights: Family/Medical Leave. Retrieved June 14, 2014, from http://www.workplacefairness.org/familyleave.

Vocational Services/TAP References

- Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.
- Altman, G. (June 14, 2013). Free media training program for vets starting in Connecticut. Retrieved February 18, 2014, from http://www.airforcetimes.com/apps/pbcs.dll/article?AID=2013306140032.
- Altman, G. (January 10, 2014). Unemployment rate for vets dropped in December. Retrieved February 14, 2014, from http://www.airforcetimes.com/article/20140110/JOBS/301100008.
- Altman, G. (February 5, 2014). VA launches new online college comparison tool. Retrieved April 4, 2014, from http://www.airforcetimes.com/article/20140205/EDU03/302050017.
- American Forces Press Service Staff Writer. (November 22, 2013). Program wants 5,000 vets in wireless tech jobs by 2015. Retrieved December 5, 2013, from http://www.woundedwarrior.af.mil/news/story.asp?id=123371891.
- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- Baker, S. (August 13, 2013). 8 keys to success: Supporting Veterans, military, and military families on campus. Retrieved February 14, 2014, from http://www.whitehouse.gov/blog/2013/08/13/8-keys-success-supporting-veterans-military-and-military-families-campus.
- Baldor, L.C. (April 26, 2010). Top Wounded Warrior official: I was forced out. Retrieved May 26, 2014, from http://www.armytimes.com/article/20100426/NEWS/4260310/Top-Wounded-Warrior-official-forced-out.
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Rick Jones, Legislative Director, National Association for Uniformed Services). Beneficiary and Advocacy Overview of the FY15 President's Budget, 113th Cong. (April 9, 2014) (Support Documents: Veterans of Foreign Wars (VFW)).
- Berman, M. and The Washington Post National Staff. (March 31, 2014). Iraq and Afghanistan:The physical and mental toll, by the numbers. Retrieved April 1, 2014, from http://www.washingtonpost.com/news/post-nation/wp/2014/03/31/iraq-and-afghanistan-the-physical-and-mental-toll-by-the-numbers/.
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- Maj Bilski, D. Briefing to the RWTF. WWR Transition Support program. October 31, 2013.

- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Booth, B. and Lederer, S. (2012). Supporting military families in an era of continuous deployments. In J.H. Laurence and M.D. Matthews (Eds.), The Oxford handbook of military psychology (pp. 365-380). New York: Oxford University Press.
- Briefing submitted to the RWTF. Army back-up slides. February 26, 2013.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Army Warrior Care and Transition Program back-up slides. February 24, 2014.
- Briefing submitted to the RWTF. Air Force back-up slides. February 26, 2013.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Marine Corps back-up slides. February 26, 2013.
- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.
- Bureau of Labor Statistics. (March 24, 2014). Employment situation of veterans summary. Retrieved May 27, 2014, from http://www.bls.gov/news.release/vet.toc.htm.
- Campbell, J.R. WWCTP Briefing to the RWTF. May 18, 2011.
- Chandrasekaran, R. (March 29, 2014). A legacy of pain and pride. Retrieved April 4, 2014, from http://www.washingtonpost.com/sf/national/2014/03/29/a-legacy-of-pride-and-pain/.
- Cohoon, B. (n.d.). Recovering Warrior Task Force Draft Report Comments: National Military Family Association. Alexandria, VA: Author.
- Christiansen, E.W. and Clinton, Y.C. (April 5, 2012). Demographics and burden on caregivers of seriously wounded, ill, and injured Service members. Journal of Disability Policy Studies, 23(4), 235-244. Retrieved June 10, 2014, from http://dps.sagepub.com/content/23/4/235.
- Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.
- Crenshaw, W. (December 8, 2013). Military notebook: Veterans licensure law implemented. Retrieved February 14, 2014, from http://www.macon.com/2013/12/08/2820603/military-notebook-veterans-licensure.html.
- Cronk, T.M. (November 22, 2013). Back-to-school guide aids veterans with brain injuries. Retrieved December 5, 2013, from http://www.woundedwarrior.af.mil/news/story.asp?id=123371896.
- Cronk, T.M. (March 12, 2014). 'Transition GPS' helps troops re-enter civilian world. Retrieved April 4, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121816.
- Cronk, T.M. (March 27, 2014). 'Boots to Business' helps troops become entrepreneurs. Retrieved April 4, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123405155.
- COL Dailey (Ret.), D., Executive Director, RWTF, personal communication with the RWTF, May 22, 2014.
- Defense Business Board, Department of Defense. (2013). Employing our veterans part II: Service member transition. Recommendations to enhance the Transition Goals Plans Success (GPS) program with the primary goal to reduce member's civilian transition time to employment. Report FY13-01. Washington, DC: Author.
- Col DeMarco, N., and Col Poindexter, T. Briefing to the RWTF. Air Force response to RWTF FY12 Recommendations. February 26, 2013.
- Department of Defense Recovering Warrior Task Force (August 31, 2012). 2011-2012 annual report. Washington, DC: Author.

- Department of Defense Recovering Warrior Task Force (September 3, 2013). 2012-2013 annual report. Washington, DC: Author.
- Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.
- DiGiovanni, F.C. Briefing to the RWTF. Job Training, Employment Skills Training, Apprenticeships and Internships. April 3, 2013.
- DiGiovanni, F.C. Briefing to the RWTF. DoD Instruction 1322.29: Job training, employment skills training, apprenticeships and internships. January 28, 2014.
- DoD. (n.d.). Transition Assistance Program 101. Retrieved May 19, 2014, from http://prhome.defense.gov/Portals/52/Documents/RFM/TVPO/files/TVPO%20101%20(FINAL).pdf.
- DoD. (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.
- DoD. (August 24, 2011; Rev. May 24, 2012) . DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Living.
- DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.
- DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).
- DoD. (November 21, 2012). Directive-Type Memorandum 12-007:Implementation of mandatory Transition Assistance Program participation for eligible Service members.
- DoD. (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation.
- Department of Defense. (2013). Pilot program: Civilian credentialing for military occupational specialties. Volume 1–Cross-cutting findings and recommendations. Washington, DC: Author.
- DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD, VA, DOL, ED, DHS, SBA, and OPM. (January 31, 2014). Memorandum of Understanding among the DoD, VA, DOL, ED, DHS, SBA, and OPM regarding the Transition Assistance Program for separating Service members.
- Easterseals.com. (n.d.).Veterans caregiver training. Retrieved May 8, 2014, from http://www.easterseals.com/our-programs/military-veterans/veterans-caregiver-training.html.
- Examining the lifetime costs of supporting the newest generation of Veterans: Hearing before the Senate Committee on Veterans' Affairs, 112th Cong. (July 27, 2011) (Prepared statement of Crystal Nicely, Caregiver and Spouse of OEF Veteran).
- Falke, K. Panel presentation to the RWTF. Boulder Crest. January 28, 2014.
- COL Faris, J.K., Deputy Surgeon Army National Guard, and Holdeman, R., Deputy Division Chief Personnel, personal communication with the RWTF, April 11, 2013.
- COL Faris, J.K., and Holdeman, R. Briefing to the RWTF. Update from Army National Guard on medical initiatives to build overall personnel readiness. October 29, 2013.
- Feds Hire Vets. Special hiring authorities for veterans. Retrieved July 21, 2014, from http://www.fedshirevets.gov/job/shav/index.aspx.
- Franklin, M., Hintze, W., Hornbostel, M., et al. (July 23, 2013). 2013 Wounded Warrior Project Survey. Rockville, MD: Westat.
- Freking, K. (January 5, 2014). Wounded veterans work to put away child predators. Retrieved February 14, 2014, from http://www.marinecorpstimes.com/article/20140105/NEWS/301050008.
- Garamone, J. (March 20, 2014). Veterans unemployment rate dropped in 2013. Retrieved April 4, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121873.
- Government Accountability Office (November 2012). Recovering Service members and Veterans: Sustained leadership attention and systematic oversight needed to resolve persistent problems affecting care and benefits. Washington, DC: Author. GAO-13-5.
- Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.

- Government Accountability Office. (January 2014). VA Vocational Rehabilitation and Employment: Further performance and workload management improvements are needed. Washington, DC: Author. GAO-14-61.
- Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.
- Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.
- CAPT Hall, S., CAPT Evans, C., Powers, R., and CDR Webster, D.E. Briefing to the RWTF. Navy Wounded Warrior, Safe Harbor (N95) – Department of the Navy Response to RWTF FY12 Recommendations. February 27, 2013.
- Hanson, J. Panel presentation to the RWTF. USO. January 28, 2014.
- Harvill, A. (May 17, 2013). Pentagon official reviews Langley Transition Assistance Program. Retrieved April 4, 2014, from http://www.acc.af.mil/news/story.asp?storyID=123348700.
- Hearing before the House Committee on Veterans' Affairs, 113th Cong. (January 28, 2014) (Testimony from Ms. Maureen E. Casey, Managing Director, Military and Veterans Affairs, JP Morgan Chase & Co.).
- Hearing before the House Committee on Veterans' Affairs, 113th Cong. (January 28, 2014) (Testimony from Mr. Jim Amos, Chairman Tasti D-Lite and Planet Smoothie, On Behalf of the International Franchise Association).
- Hearing before the House Committee on Veterans' Affairs, 113th Cong. (January 28, 2014) (Testimony from Mr. Ross Cohen, Senior Director, Hiring our Heroes, U.S. Chamber of Commerce Foundation).
- Heaton, P. (2012) The effects of hiring tax credits on employment of disabled Veterans. Retrieved July 14, 2014, from http://www.rand.org/pubs/occasional_papers/OP366.html.
- Hickey, A. (January 11, 2014). City internship program to benefit Wounded Warriors. Retrieved February 14, 2014, from http://www.stripes.com/news/us/city-internship-program-to-benefit-wounded-warriors-1.261618?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+starsandstripes%2Fgeneral+%28Stars+and+Stripes%29.
- Jaffe, G. (April 2, 2014). Wanted: Heroes. Trying to piece together the puzzle of veterans' unemployment proves difficult. Retrieved April 2, 2014, from http://www.washingtonpost.com/sf/national/2014/04/02/wanted-heroes/?hpid=z5.
- Joining Forces. (n.d.). Joining Forces resources: Hero to Hired. Retrieved July 11, 2014, from http://www.whitehouse.gov/joiningforces/resources.
- Joint House and Senate Veterans' Affairs Committees to receive Legislative Presentation of The American Legion, 113th Cong. (March 26, 2014) (Witness Testimony of Daniel M. Dellinger, National Commander of the American Legion).
- COL Jones, J., LTC Brusher, E., and Adams, N. Briefing to the RWTF. Additional questions for Army WTC. February 26, 2013.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition program. April 16, 2014.
- Jowers, K. (September 24, 2013). Female vets benefit from entrepreneur program. Retrieved February 18, 2014, from http://www.airforcetimes.com/apps/pbcs.dll/article?AID=2013309240014.
- Kelly, S. Briefing to the RWTF. Transition Assistance Program redesign. April 3, 2013.
- Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.
- Larry, H.L., Col. Poindexter, T., and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Legislative presentations of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of American, Non Commissioned Officers Association, Paralyzed Veterans of American, and Wounded Warrior Project: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (12 March 2014). (Testimony from Bill Lawson, National President, Paralyzed Veterans of America).
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted

Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs , 113th Cong. (6 March 2014) (Prepared statement from LTG Guy C. Swan (Ret), USA, Association of the United States Army).

- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Prepared statement from Anthony A. Wallis, Legislative Director/Director of Government Affairs, Association of the United States Navy).
- Legislative Presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (March 6, 2014) (Witness Testimony of Dr. Robert E. Pickard, Colonel, USA (Ret), National Commander, Jewish War Veterans of the USA).
- Legislative hearing on HR 2942, HR 3056, HR 3614, HR 4031, HR 4037, HR 4038, HR 4147, HR 4150, and HR 4151: Hearing before the Subcommittee on Economic Opportunity, House Committee on Veterans' Affairs, 113th Cong. (25 March 2014) (
- Legislative presentation of Wounded Warrior Project: Joint hearing before the US Senate and House Committees on Veterans Affairs, 113th Cong. (Testimony from Anthony K. Odierno, Wounded Warrior Project).
- Legislative Presentation of the Disabled American Veterans: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (February 25, 2014) (Witness Testimony of Mr. Joseph Johnston, National Commander, Disabled American Veterans).
- Legislative presentation of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of America, Non Commissioned Officers Association, Paralyzed Veterans of America, and Wounded Warrior Project: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (March 12, 2014) (Statement by Mr. Paul Rieckhoff, Founder And CEO, Iraq and Afghanistan Veterans of America).
- Legislative presentation of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of America, Non Commissioned Officers Association, Paralyzed Veterans of America, and Wounded Warrior Project: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (March 12, 2014) (Statement by Mr. Virgil P. Courneya, National President, Fleet Reserve Association).
- Legislative presentation of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of America, Non Commissioned Officers Association, Paralyzed Veterans of America, and Wounded Warrior Project: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (March 12, 2014) (Statement by John R. McCauslin CMSgt, USAF (Ret.), Chief Executive Officer, Air Force Sergeants Association).
- Legislative presentation of Veterans of Foreign Wars: Joint hearing before the House and Senate Committees on Veterans Affairs, 113th Cong. (5 March 2014). (Testimony from William A. Thien, Commander-in-Chief, Veterans of Foreign Wars).
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (6 March 2014) (Prepared statement from Anthony A. Wallis, Legislative Director/Director of Government Affairs, Association of the United States Navy).
- Leipold, J.D. (May 12, 2009). Warrior Transition Command stands up at Pentagon. Retrieved June 2, 2014, from http://www.army.mil/article/20970/Warrior_Transition_Command_stands_up_at_Pentagon/.
- Lerner, J. and Anderson, D. Briefing to the RWTF. Office of Warrior Care Policy vocational programs. January 30, 2014.
- Lorraine, J. Panel presentation to the RWTF. Augusta Warrior Project. January 28, 2014.
- Lyle, A. (June 12, 2013). Official explains Tuition Assistance quality assurance program. Retrieved February 12, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120267.

- Marshall, T.C. (October 9, 2013). New virtual curriculum assists separating troops. Retrieved February 27, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120922.
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- Mason, S. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy family programs. January 30, 2014.
- Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. October 28, 2013.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.
- McDonough, D. and Sperling, G. (April 5, 2013). Incentivizing employers to hire veterans through permanent tax credits. Retrieved July 11, 2014, from http://www.whitehouse.gov/blog/2013/04/05/incentivizing-employers-hire-veterans-through-permanent-tax-credits.
- MHN Government Services. (n.d.). Military & Family Life Counseling (MFLC) program. Retrieved June 14, 2014, from https://www.mhngs.com/app/programsandservices/mflc_program.content.
- Miles, D. (December 4, 2013). Jobs program connects reserve, guardsmen to employers. Retrieved February 14, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123372941.
- Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.
- Military OneSource (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.
- Military Personnel Overview: Hearing before the House Armed Services Committee, Subcommittee on Military Personnel, 113th Cong. (March 25, 2014) (Testimony from Lt Gen Samuel D. Cox, Deputy Chief of Staff Manpower, Personnel, and Services United States Air Force).
- Military personnel overview: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (25 March 2014). (Testimony from Jessica L. Wright, Acting Under Secretary of Defense for Personnel and Readiness).
- Moorash, A.J., Chief Advising Branch, Directorate of Human Resources, Armed Forces Continuing Education System, Joint Base Lewis-McChord, personal communication with the RWTF, May 6, 2014.
- Moorash, A.J., Chief Advising Branch, Directorate of Human Resources, Armed Forces Continuing Education System, Joint Base Lewis-McChord, personal communication with the RWTF, May 14, 2014.
- Col Morales, R. (August 1, 2013). Orion International brings hiring event to Sailors at Naval Station Mayport. Retrieved February 18, 2014, from http://www.whitehouse.gov/blog/2013/08/01/orion-international-brings-hiring-event-sailors-naval-station-mayport.
- Morris, J. Briefing to the RWTF. Office of Warrior Care Policy National Resource Directory. January 29, 2014.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.
- National Ability Center (2012). Our story. Retrieved June 6, 2014 from: http://www.discovernac.org/about/our-story/.
- National Ability Center. (2013). Military program partnership highlights. Retrieved June 6, 2014, from http://www.discovernac.org/wp-content/uploads/2013/05/Military-One-Sheet-December-2013.pdf.
- National Ability Center. (2010). The National Ability Center and U.S. Paralympics to host muster for Community-Based Warrior Transition Unit (CBWTU). Retrieved June 9, 2014, from http://discovernac.org/files/20101213-CBWTU-PR.pdf.
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §521 (2014).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §542 (2014).
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §543 (2014).

- National Governors Association. (2012). Summary of Veterans' initiatives in the states. Retrieved July 23, 2014, from http://www.nga.org/files/live/sites/NGA/files/pdf/2013/1305NGAReportStateVeteransPrograms.pdf.
- National Guard Bureau (n.d.). National Guard family program: About us. Retrieved June 16, 2014, from https://www.jointservicessupport.org/FP/About.aspx.
- Navy Safe Harbor briefing to the RWTF. March 31, 2011.
- Obama, M. and Biden, J. (April 30, 2013). Businesses must hire more vets. Retrieved February 18, 2014, from http://www.whitehouse.gov/blog/2013/04/30/businesses-must-hire-more-vets.
- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Transmittal to Congress of implementation of the Fiscal Year 2012 report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF).
- Office of the Acting Under Secretary of Defense for Personnel and Readiness, Office of the Secretary of Defense, Department of Defense. (October 4, 2013). Implementation of the Fiscal Year 2012 Report of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (RWTF). October 4, 2013.
- Office of Personnel Management. (n.d.). Pay and leave: Leave administration. Retrieved May 27, 2014, from http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/.
- Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.
- Office of Warrior Care Policy, personal communication with the RWTF, July 15, 2014.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.
- Parrish, K. (August 29, 2013). VA announces big expansion of 'VetSuccess on Campus'. Retrieved February 14, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120692.
- Pellerin, C. (February 10, 2014). First Lady: 100 companies to hire 100,000 vets over 5 years. Retrieved April 4, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121636.
- Peterson, A. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment survey program. April 17, 2014.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- Pounds, M.H. (February 1, 2014). Program gives veterans tools for civilian job hunting. Retrieved April 4, 2014, from http://www.stripes.com/news/veterans/program-gives-veterans-tools-for-civilian-job-hunting-1.265134.
- Ramchand, R., Tanielian, T., Fisher, M.P., et al. (2014). Hidden heroes: America's military caregivers. Santa Monica, CA: RAND Corporation.
- To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (March 26, 2014) (Testimony from Mrs. Kathleen B. Moakler, Government Relations Director, National Military Family Association).
- A review of the effectiveness of VA's Vocational Rehabilitation and Employment Program: Hearing before the Subcommittee on Economic Opportunity, House Committee on Veterans' Affairs, 113th Cong. (27 February 2014). (Testimony from Daniel Bertoni, Director Education, Workforce and Income SecurityVeterans.)

- A Review of the Effectiveness of VA's Vocational Rehabilitation and Employment Program: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (February 27, 2014) (Testimony from Ms. Heather Ansley, Esq., MSW, Vice President of Veterans Policy, VetsFirst).
- A Review of the Effectiveness of VA's Vocational Rehabilitation and Employment Program: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (February 27, 2014) (Testimony from Mr. Jack Kammerer, Director, Vocational Rehabilitation and Employment Service, Veterans Benefits Administration, U.S. Department of Veterans Affairs).
- A Review of the Effectiveness of VA's Vocational Rehabilitation and Employment Program: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (February 27, 2014) (Submission For The Record of Paralyzed Veterans of America).
- A Review of the Effectiveness of VA's Vocational Rehabilitation and Employment Program: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (February 27, 2014) (Submission For The Record of Wounded Warrior Project).
- Reyes, J.D. (January 14, 2014). Transition program navigates military to civilian move. Retrieved February 27, 2014, from http://www.schriever.af.mil/news/story.asp?id=123376697.
- Roberts, S. (April 15, 2009). Office of Transition Policy and Care Coordination briefing to the Defense Advisory Committee on Women in the Services.
- RWTF family member focus group results, October 2011-March 2012.
- RWTF family member focus group results, November 2012-March 2013.
- RWTF family member focus group results, November 2013-February 2014.
- RWTF RW focus group results, October 2011-March 2012.
- RWTF RW focus group results, November 2012-March 2013.
- RWTF RW focus group results, November 2013-February 2014.
- RWTF family member mini-survey results, November 2012-March 2013.
- RWTF family member mini-survey results, November 2013-February 2014.
- RWTF RW mini-survey results, October 2011-March 2012.
- RWTF RW mini-survey results, November 2012-March 2013.
- RWTF RW mini-survey results, November 2013-February 2014.
- RWTF transition outcomes briefing/panel results, October 2011-March 2012.
- Service wounded warrior units and programs websites:
  - United States Army Warrior Transition Command: http://www.wtc.army.mil
  - United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org
  - United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil
  - United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil
- Shabazz, J.E. (January 8, 2014). Virtual TAP curriculum available for separating Service members. Retrieved February 27, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123376013.
- Sims, C. and Vaughan, C. Briefing to the RWTF. USAF Wounded Warriors survey (2011): Key findings, follow-up, and next steps. February 26, 2013
- Site briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013
- Site briefings to the RWTF, November 2013-February 2014.
- Site-level briefings to the RWTF. March/April 2011.
- MAJ Smith, R.C., COL Chun, R.S., Michael, R.L., and LTC Schneider, B.J. (February 2013). Operation BRAVE Families: A preventative approach to lessening the impact of war on military families through preclinical engagement. Military Medicine, 178(2), 174-179.
- Spewak, D. (December 30, 2013). 55 tax breaks to expire, including for Veteran hiring. Retrieved July 14, 2014, from http://www.wgrz.com/story/news/2013/12/30/veteran-hiring-tax-break/4257917/.

- Staff Writer (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.
- Staff Writer. (January 24, 2013). The UA expands its VIP program to include Joint Base Lewis-McChord. Retrieved April 4, 2014, from http://www.uavip.org/news/ua-expands-its-vip-program-include-joint-base-lewis-mcchord.
- LtGen Steele (Ret.), M. Briefing to the RWTF. USF Veterans reintegration and resilience initiative. January 8, 2014.
- Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Integrated Disability Evaluation System. January 29, 2014.
- Tice, J. (January 23, 2014). Ready to get out? Army ramps up transition help. Retrieved February 27, 2014, from http://www.armytimes.com/article/20140123/CAREERS/301230018/Ready-get-out-Army-ramps-up-transition-help.
- Tilghman, A. (March 18, 2014). DoD to add controls to security clearance process. Retrieved April 4, 2014, from http://www.airforcetimes.com/article/20140318/NEWS05/303180052.
- To Continue to Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April, 9 2014) (Testimony from Sergeant Major of the Marine Corps Michael P. Barrett, United States Marine Corps).
- To Continue to Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April, 9 2014) (Testimony from VADM William F. Moran, USN, Chief of Naval Personnel/Deputy Chief of Naval Operations For Manpower, Personnel, Training, And Education (N-1) United States Navy).
- To Continue to Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April, 9 2014) (Testimony from Lieutenant General Robert E Milstead Jr., USMC, Deputy Commandant, Manpower And Reserve Affairs United States Marine Corps).
- Trutko, J., O'Brien, C., Barnow, B., et al. (June 2013). Formative evaluation of the Veterans' Employment and Training Service's Transition Assistance Program (TAP) employment workshop: Findings from observational visits; analysis of customer satisfaction survey; and options for future evaluation of TAP: Final report. Washington, DC: Department of Labor.
- Twamley, E.W, Baker, D.G., Norman, S.B., et al. (2013). Veterans Health Administration vocational services for Operation Iraqi Freedom/Operation Enduring Freedom Veterans with mental health conditions. Journal of Rehabilitation Research & Development, 50(5), 663-670.
- United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.
- United States Army. (March 30, 2009). U.S. Army Warrior Transition Command. Retrieved June 4, 2014, from http://www.army.mil/standto/archive/2009/03/30/.
- United States Army. (May 29, 2014). Warrior Transition Unit (WTU) and Community-Based Warrior Transition Unit (CBWTU) locations. Retrieved June 3, 2014, from http://www.wtc.army.mil/wtc/locations.html.
- United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.
- United States Army. (2011). CBWTU-Utah musters for recreation and resources. Retrieved June 8, 2014, from http://www.army.mil/article/58502/CBWTU_Utah_musters_for_recreation_and_resources/.
- United States Marine Corps (n.d.). Wounded Warrior Regiment Order 3100.1A: Recovery Coordination Program support authorization and opt-out form.

- United States Marine Corps. (n.d.). What you need to know about the Wounded Warrior Regiment. Retrieved June 2, 2014, from http://www.woundedwarriorregiment.org/wwr/assets/File/FactSheets/WWR_Overview_Slick_Sheet.pdf.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.
- Department of Veterans Affairs Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (13 March 2014) (Submission for the record of the American Legion).
- VA Budget Request for Fiscal Year 2015: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (March 13, 2014) (Statement of Paul R. Varela, Disabled American Veterans Assistant National Legislative Director).
- VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.
- VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.
- VA (December 2, 2013). Returning Service members (OEF/OIF/OND): VA Liaison contacts. Retrieved June 3, 2014, from http://www.oefoif.va.gov/VA_Liasion.asp.
- Department of Veterans Affairs. (March 31, 2014). M28R, Vocational Rehabilitation and Employment Service Manual: Part III, Section B, Chapter 1. Retrieved June 1, 2014 from http://www.benefits.va.gov/WARMS/M28R.asp.
- VA.(March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved June 3, 2014, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2.
- VA. (December 2, 2013). Services for family caregivers of Post-9/11 Veterans. Retrieved June 2, 2014, from http://www.caregiver.va.gov/support/support_benefits.asp.
- Washington Post/Kaiser Family Foundation. (August 1 to December 15, 2013). Survey of Iraq and Afghanistan active duty soldiers and Veterans. Retrieved April 4, 2014, from http://www.washingtonpost.com/page/2010-2019/WashingtonPost/2014/03/30/National-Politics/Polling/release_305.xml.
- Washington Post/Kaiser Family Foundation. (n.d.). Post-9/11 Veterans suffer large physical and mental toll, survey finds. Retrieved April 1, 2014, from http://www.washingtonpost.com/wp-srv/special/national/vet-poll/.
- Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.
- Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.
- Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination Program. January 15, 2013.
- What can the Federal Government learn from the private sector's successful approach to hiring veterans?: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (28 January 2014) (Testimony from Sean Kelley, Senior Staffing Director, Cloud and Enterprise Group & Military Recruiting, Microsoft Corporation).
- Willis, R. Briefing to the RWTF. Transition Training Academy. January 28, 2014.
- WorkplaceFairness.org. (June 1, 2014). Your rights: Family/Medical Leave. Retrieved June 14, 2014, from http://www.workplacefairness.org/familyleave.
- Zoroya, G. (January 30, 2014). Corporate jobs initiative meets 100,000 vet hiring goal. Retrieved February 14, 2014, from http://www.airforcetimes.com/article/20140130/JOBS/301300005.

IPO References

- Beck, L., and Chandler, D. Briefing to the RWTF. VA polytrauma system of care. October 29, 2013.
- Brino, A. (2014). Congress demands VA, DoD EHR interoperability progress. Retrieved February 17, 2014, from http://www.govhealthit.com/news/congress-demands-va-dod-interoperability-progress.

- Centers for Medicare & Medicaid Services. (January 30, 2014). IRS-SSA-CMS-Data match. Retrieved May 20, 2014, from http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/EmployerServices/IRS-SSA-CMS-Data-Match.html.
- Cronk, T.M. (February 6, 2014). DOD electronic health records help VA disability claims. Retrieved April 1, 2014, from http://www.defense.gov/news/newsarticleaspx?id=121617.
- Cronk, T.M. (February 6, 2014). Technology helps VA disability claim decisions, official says. Retrieved April 1, 2014, from http://www.defense.gov/news/newsarticleaspx?id=121622.
- Department of Homeland Security. (n.d.). Interagency Security Committee. Retrieved May 21, 2014, from www.dhs.gov/interagency-security-committee.
- Garamone, J. (January 30, 2014). DOD seeks best ideas for electronic health records. Retrieved February 17, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121571.
- Information Sharing Environment. (n.d.). ISE governance. Retrieved May 15, 2014, from https://www.ise.gov/ise-governance.
- SFC Marshall, Jr., T.C. (November 14, 2013) DOD seeks value, quality in modernizing health records system. Retrieved December 23, 2013 from www.defense.gov/news/newsarticle.aspx?ID=121130.
- Maze, R. (June 18, 2013). Panel passes 10-point plan on vet claims. Retrieved February 17, 2014 from http://www.airforcetimes.com/apps/pbcs.dll/article?AID=2013306180023.
- Melvin, V.C. (February 27, 2014). VA and DOD need to support cost and schedule claims, develop interoperability plans, and improve collaboration. Retrieved April 1, 2014, from http://www.gao.gov/products/GAO-14-302?source=ra.
- Miller, C. and CAPT Sears, S. Briefing to the RWTF. Recovering Warrior Task Force Interagency Program Office (IPO) review. January 28, 2014.
- National Highway Traffic Safety Administration Office of Emergency Medical Services. (April 7, 2014). FICEMS releases collaborative action plan to further support EMS nationwide. Retrieved May 29, 2014, from http://www.ems.gov/ficems/plan.htm.
- Site briefings to the RWTF, November 2013-February 2014.

Legal Support References

- Becker, R. Panel presentation to the RWTF. Office of Soldiers' Counsel (Air Force). October 28, 2013.
- Belisle, J.G., Wenke, J.C., and Krueger, C.A. (2013). Return-to-duty rates among U.S. military combat-related amputees in the global war on terror: job description matters. Journal of Trauma and Acute Care Surgery, 75(2), 279-286.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Brokaw, M. Briefing to the RWTF. Reserve Medical Entitlements Determination (RMED). October 30, 2013.
- Center for a New American Security. (2010). America's duty: The imperative of a new approach to warrior and veteran care. Washington, DC: Author.
- Christensen, E.W., Dorrance, K.A., Ramchandani, S., et al. (2013). Impact of a patient-centered medical home on access, quality, and cost. Military Medicine, 178(2), 135-141.
- Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.
- Defense Health Agency, Defense Health Cost Assessment and Program Evaluation, Office of the Assistant Secretary of Defense for Health Affairs, Office of the Secretary of Defense, Department of Defense. (February 25, 2014.) Evaluation of the TRICARE program access, cost, and quality: Fiscal Year 2014 Report to Congress. Washington, DC: Author.
- Dorotheo, L.D. Panel presentation to the RWTF. Office of Soldiers' Counsel (Army). October 28, 2013.

- The Federal Employee Compensation Act (FECA) is authorized in statute at 5 USC Sections 8101, 20 CFR Sections 10.00-10.826. FECA is covered by the public disability offset provisions of Section 224 of the Social Security Act (42 USC Section 424a).
- Fox, S., Borba, P., and Liu, T. (May 2005). Return-to-work outcomes of injured workers: Evidence from California, Massachusetts, Pennsylvania, and Texas. Cambridge, MA: Workers Compensation Research Institute. WC-05-15.
- GEN Franks (Ret.), F. (April 29, 2009). I will never leave a fallen comrade. Washington, DC: United States Army.
- Gade, D.M. (2013). A better way to help Veterans. National Affairs, Summer 2013(16), 53-69.
- Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academy Press.
- COL Johnson, C. Briefing to the RWTF. USAPDA update. October 29, 2013.
- COL Knowlton, K. and COL McAtee, S. Briefing to the RWTF. Reserve Components Soldier Medical Support Center. January 7, 2014.
- Kregel, J. (2009). Work incentives planning and assistance: Assisting beneficiaries to obtain employment and reduce dependence on SSA benefits. Journal of Vocational Rehabilitation, 31(1), 1-9.
- Kregel, J. (2012). Work incentives planning and assistance program: Current program results document the program's ability to improve employment outcomes, reduce dependence on benefits, and generate cost savings for SSA. Journal of Vocational Rehabilitation, 36(1), 3-12.
- Morrisroe, K., Moores, L., and Maj Collins Jr., W.J. Panel presentation to the RWTF. Navy Disability Attorney program Legal Assistance Division (OJAG Code 16) & Marine Corps Disability Counsel program.
  October 28, 2013.
- MG Mustion, R.P., Commanding General, Army Human Resources Command, personal communication with the RWTF, December 5, 2014.
- National Governors Association. (2012). Summary of Veterans' initiatives in the states. Retrieved July 23, 2014, from http://www.nga.org/files/live/sites/NGA/files/pdf/2013/1305NGAReportStateVeteransPrograms.pdf.
- Nordlund, W.J. (1991). The Federal Employees' Compensation Act. Monthly Labor Review, 114, 3-14.
- Office of Disability Employment Policy, Office of the Secretary of Labor, Department of Labor. (2012). Return-to-Work toolkit for employees & employers. Retrieved March 15, 2013, from http://www.dol.gov/odep/return-to-work/.
- Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (May 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.
- LTC Parker (Ret.), M., Wounded Warrior Advocate, personal communication with the RWTF, April 17, 2013.
- President's Commission on Care for America's Returning Wounded Warriors (July 2007). Serve, support, simplify. Washington, DC: Author.
- Reed, T.J. (2009). Parallel lines never meet: Why the Military disability retirement and Veterans Affairs department claim adjudication systems are a failure. Widener Law Journal, Vol. 19, Widener Law School Legal Studies Research Paper No. 10-07.
- Resnik, L., & Allen, S. (2007). Using International Classification of Functioning, Disability, and Health to understand challenges in community reintegration of injured Veterans. Journal of Rehabilitation Research and Development, 44(7), 991-10062001.
- RWTF family member mini-survey results, November 2013-February 2014.
- RWTF family member focus group results, October 2013-February 2014.
- RWTF RW focus group results, November 2013-February 2014.

- RWTF Service member mini-survey results. March/April 2011.
- RWTF RW mini-survey results, October 2011-March 2012.
- RWTF RW mini-survey results, November 2012-March 2013.
- RWTF RW mini-survey results, November 2013-February 2014.
- Site-level briefings to the RWTF. March/April 2011.
- Site briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013
- Site briefings to the RWTF. November 2013-February 2014.
- Spinner, C. Briefing to the RWTF. Army Warrior Care and Transition program: WTU/MEB survey program. April 16, 2014.
- Szymendera, S. (June 4, 2013). The Federal Employees' Compensation Act (FECA): Workers' compensation for federal employees. Congressional Research Service. Retrieved June 24, 2014, from http://fas.org/sgp/crs/misc/R42107.pdf.
- Townes, T.P., Air Force Warrior and Survivor Care, personal communication with the RWTF, May 1, 2013.
- Warrior Care Policy IDES Satisfaction Surveys, October 2013-March 2014.
- Wheeler, P.M., Kearney, J.R., and Harrison, C.A. (2002). The U.S. Study of Work Incapacity and Reintegration. Social Security Bulletin, 64(1), 32-44.
- Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.

IDES References

- Air Force Warrior and Survivor Care briefing to the RWTF. February 23, 2011.
- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- Army Human Resources Command (AHRC-D). (October 28, 2013). Information paper on Individual Disability Evaluation System (IDES) dashboard.Washington, DC: Author.
- Bannick, R., Warrior Care Policy, personal communication with the RWTF, January 8, 2014.
- Bannick, R.R. Briefing to the RWTF. TRICARE Management activity telephone survey of ill or injured Service members post-operational deployment. April 3, 2013.
- Belisle, J.G., Wenke, J.C., and Krueger, C.A. (2013). Return-to-duty rates among U.S. military combat-related amputees in the global war on terror: job description matters. Journal of Trauma and Acute Care Surgery, 75(2), 279-286.
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 18, 2014.
- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.
- Col Buhl, W. Briefing to the RWTF. WWR leadership. October 30, 2013.
- Campbell, J.R. WWCTP Briefing to the RWTF. May 18, 2011.

- Center for a New American Security. (2010). America's duty: The imperative of a new approach to warrior and veteran care. Washington, DC: Author.
- Chandrasekaran, R. (March 29, 2014). A legacy of pain and pride. Retrieved April 1, 2014, from http://www.washingtonpost.com/sf/national/2014/03/29/a-legacy-of-pride-and-pain/.
- Christensen, E.W., Dorrance, K.A., Ramchandani, S., et al. (2013). Impact of a patient-centered medical home on access, quality, and cost. Military Medicine, 178(2), 135-141.
- Collins, B., Dilger, R.J., Dortch, C., et al. (February 20, 2014). Employment for Veterans: Trends and programs. Congressional Research Service. Retrieved July 11, 2014, from http://fas.org/sgp/crs/misc/R42790.pdf.
- Davis, K. (December 14, 2013). 250 airmen eligible for disability re-evals. Retrieved January 31, 2014, from http://www.airforcetimes.com/article/20131214/BENEFITS04/312140004.
- Devlin, M. and Smith, J. Briefing to the RWTF. Interagency Care Coordination Committee (IC3) update. April 16, 2014.
- DoD. (March 2014). Concepts for modernizing military retirement. Recommendations to the Military Compensation and Retirement Modernization Commission. Washington, DC: Author.
- DoD. (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation.
- DoD. (November 14, 1996; Rev. April 10, 2013). DoD Instruction 1332.38: Physical Disability Evaluation.
- DoD. (December 1, 2009). DoD Instruction 1300.24: Recovery coordination program.
- DoD. (March 25, 2013). DoD Instruction 1300.25: Guidance for the Education and Employment Initiative (E2I) and Operation Warfighter (OWF).
- DoD. (January 24, 2014). DoD Instruction 1322.29: Job training, employment skills training, apprenticeships, and internships (JTEST-AI) for eligible Service members.
- DoD. (August 31, 2011; Rev. May 24, 2012). DoD Instruction 1341.12: Special Compensation for Assistance with Activities of Daily Lving.
- DoD. (November 21, 2012). Directive-Type Memorandum 12-007: Implementation of mandatory Transition Assistance Program participation for eligible Service members.
- DoD. (April 9, 2013; Rev. October 2, 2013). DoD Instruction 6025.20: Medical management (MM) programs in the direct care system (DCS) and remote areas.
- DoD and VA. (February 1, 2012). Memorandum of Understanding between DoD and VA: Providing VR&E services at the earliest opportunity to Active Duty Service members.
- Defense Health Agency, Defense Health Cost Assessment and Program Evaluation, Office of the Assistant Secretary of Defense for Health Affairs, Office of the Secretary of Defense, Department of Defense. (February 25, 2014.) Evaluation of the TRICARE program access, cost, and quality: Fiscal Year 2014 Report to Congress. Washington, DC: Author.
- COL Faris, J.K., Deputy Surgeon Army National Guard, and Holdeman, R., Deputy Division Chief Personnel, personal communication with the RWTF, April 11, 2013.
- The Federal Employee Compensation Act (FECA) is authorized in statute at 5 USC Sections 8101, 20 CFR Sections 10.00-10.826. FECA is covered by the public disability offset provisions of Section 224 of the Social Security Act (42 USC Section 424a).
- Fox, S., Borba, P., and Liu, T. (May 2005). Return-to-work outcomes of injured workers: Evidence from California, Massachusetts, Pennsylvania, and Texas. Cambridge, MA: Workers Compensation Research Institute. WC-05-15.
- GEN Franks (Ret.), F. (April 29, 2009). I will never leave a fallen comrade. Washington, DC: United States Army.
- Gade, D.M. (2013). A better way to help Veterans. National Affairs, Summer 2013(16), 53-69.
- Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.
- Government Accounting Office. (April 2009). Military disability retirement: Closer monitoring would improve the temporary retirement process. Washington, DC: Author. GAO-09-289.

- Grill, E.M. (May 10, 2014). Care beyond duty – The Air Force Wounded Warrior program. Retrieved June 2, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123301582.
- Guice, K., and Riojas, J.D. Briefing to the RWTF. VA-DoD warrior care coordination. April 2, 2013.
- Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academy Press
- Ishee, C. Briefing to the RWTF. Air Force PEB Performance. December 10, 2013.
- COL Johnson, C. Briefing to the RWTF. USAPDA update to the Recovering Warrior Task Force. October 29, 2013.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition program. April 16, 2014.
- Kregel, J. (2009). Work incentives planning and assistance: Assisting beneficiaries to obtain employment and reduce dependence on SSA benefits. Journal of Vocational Rehabilitation, 31(1), 1-9.
- Kregel, J. (2012). Work incentives planning and assistance program: Current program results document the program's ability to improve employment outcomes, reduce dependence on benefits, and generate cost savings for SSA. Journal of Vocational Rehabilitation, 36(1), 3-12.
- Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.
- Larry, H.L., Col. Poindexter, T., and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Leipold, J.D. (May 12, 2009). Warrior Transition Command stands up at Pentagon. Retrieved June 2, 2014, from http://www.army.mil/article/20970/Warrior_Transition_Command_stands_up_at_Pentagon/.
- LoGrande, M.F. Briefing to the RWTF. Physical Disability Board of Review. December 5, 2012.
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- Col Mayer, J.L. Briefing to the RWTF. U.S. Marine Corps Wounded Warrior Regiment. March 30, 2011.
- Military OneSource. (2014). Wounded warrior frequently asked questions. Retrieved June 5, 2014, from http://www.militaryonesource.mil/wounded-warrior?content_id=273668.
- Military OneSource (n.d.). Keeping it all together. Retrieved June 5, 2014, from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/KeepingItAllTogether_May2012.pdf.
- Military personnel overview: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (25 March 2014). (Testimony from Jessica L. Wright, Acting Under Secretary of Defense for Personnel and Readiness.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter.
- MG Mustion, R.P., Commanding General, Army Human Resources Command, personal communication with the RWTF, December 5, 2014.
- National Governors Association. (2012). Summary of Veterans' initiatives in the states. Retrieved July 23, 2014, from http://www.nga.org/files/live/sites/NGA/files/pdf/2013/1305NGAReportStateVeteransPrograms.pdf.
- Navy Safe Harbor briefing to the RWTF. March 31, 2011.
- Nordlund, W.J. (1991). The Federal Employees' Compensation Act, Monthly Labor Review, 114, 3-14.
- Office of Disability Employment Policy, Office of the Secretary of Labor, Department of Labor. (2012). Return-to-Work toolkit for employees & employers. Retrieved March 15, 2013, from http://www.dol.gov/odep/return-to-work/.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (n.d.). Office of Warrior Care Policy mission. Retrieved June 2, 2014, from http://prhome.defense.gov/HA/WCP/Mission.
- Office of Warrior Care Policy, Office of the Under Secretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense (February 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington, DC: Author.

- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 2014). Integrated Disability Evaluation System (IDES) Performance Report (IDPR). Washington DC: Author.
- Office of Warrior Care Policy, Office of the Undersecretary for Personnel and Readiness, Office of the Secretary for Defense, Department of Defense. (April 18, 2013). Report to the Congressional Committees: Consolidation of the Disability Evaluation System. Washington, DC: Author.
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.s.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- Office of the Press Secretary, White House. (November 21, 2011). Fact sheet: Returning heroes and Wounded Warrior tax credits. Retrieved July 14, 2014, from http://www.whitehouse.gov/the-press-office/2011/11/21/fact-sheet-returning-heroes-and-wounded-warrior-tax-credits.
- O'Leary, C.D., SFAC Program Manager, personal communication with the RWTF, April 23, 2013.
- LTC Parker (Ret.), M., Wounded Warrior Advocate, personal communication with the RWTF, April 17, 2013.
- LTC Parker (Ret.), M. Briefing to the RWTF. October 29, 2013.
- Peterson, A. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment survey program. April 17, 2014.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- President's Commission on Care for America's Returning Wounded Warriors (July 2007). Serve, support, simplify. Washington, DC: Author.
- Reed, T.J. (2009). Parallel lines never meet: Why the Military disability retirement and Veterans Affairs department claim adjudication systems are a failure. Widener Law Journal, Vol. 19, Widener Law School Legal Studies Research Paper No. 10-07.
- Resnik, L., & Allen, S. (2007). Using International Classification of Functioning, Disability, and Health to understand challenges in community reintegration of injured Veterans. Journal of Rehabilitation Research and Development, 44(7), 991-1006.
- RWTF family member mini-survey results, November 2013-February 2014.
- RWTF family member focus group results, October 2013-February 2014.
- RWTF RW focus group results, November 2013-February 2014.
- RWTF Service member mini-survey results. March/April 2011.
- RWTF RW mini-survey results, October 2011-March 2012.
- RWTF RW mini-survey results, November 2012-March 2013.
- RWTF RW mini-survey results, November 2013-February 2014.
- Service wounded warrior units and programs websites:
  - United States Army Warrior Transition Command: http://www.wtc.army.mil
  - United States Marine Corps Wounded Warrior Regiment: http://www.woundedwarriorregiment.org
  - United States Navy Wounded Warrior-Safe Harbor: http://safeharbor.navylive.dodlive.mil
  - United States Air Force Wounded Warrior: http://www.woundedwarrior.af.mil
- Site-level briefings to the RWTF. March/April 2011.
- Site briefings to the RWTF, October 2011-March 2012.
- Site briefings to the RWTF, November 2012-March 2013
- Site briefings to the RWTF. November 2013-February 2014.
- Seymour, D. Briefing to the RWTF. DoD response to the Department of Defense Task Force on the Care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces. April 3, 2013.
- Site briefings to the RWTF, November 2013-February 2014.

- Spinner, C. Briefing to the RWTF. Army Warrior Care and Transition program: WTU/MEB survey program. April 16, 2014.
- Staff Writer (February 2009). Improving care for wounded warriors: Warrior Care and Transition Program. Retrieved June 3, 2014, from http://www.ausa.org/publications/ilw/ilw_pubs/defensereports/Documents/DR09-1.pdf.
- Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Integrated Disability Evaluation System. January 29, 2014.
- Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy Temporary Disability Retirement List. January 30, 2014.
- Stevens, B., Office of Warrior Care Policy, personal communication with the RWTF, May 5, 2014. IDES Customer Satisfaction Survey, FY 2013 Q3 and Q4 results.
- Szymendera, S. (June 4, 2013). The Federal Employees' Compensation Act (FECA): Workers' compensation for federal employees. Congressional Research Service. Retrieved June 24, 2014, from http://fas.org/sgp/crs/misc/R42107.pdf.
- To Continue to Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (April, 9 2014). Testimony from Lieutenant General Howard B. Bromberg, USA, Deputy Chief Of Staff (G-1) United States Army).
- LTC Trammel, E. (January 16, 2014). Information Paper: MRDP Transition Cell (MTC).
- United States Army. (August 2013). IDES Guidebook: An overview of the Integrated Disability Evaluation System. Washington, DC: Author.
- United States Army. (May 29, 2014). WTC force structure. Retrieved June 2, 2014, from http://www.wtc.army.mil/announcements/wtu_force_structure.html.
- United States Army. (March 30, 2009). U.S. Army Warrior Transition Command. Retrieved June 4, 2014, from http://www.army.mil/standto/archive/2009/03/30/.
- United States Army. (May 29, 2014). U.S. Army Warrior Transition Command (WTC). Retrieved June 2, 2014, from http://www.wtc.army.mil/wtc/aboutUs.html.
- United States Army. (May 29, 2014). Warrior Transition Unit (WTU) and Community-Based Warrior Transition Unit (CBWTU) locations. Retrieved June 3, 2014, from http://www.wtc.army.mil/wtc/locations.html.
- United States Army. (March 1, 2006). Medical Holdover (MHO) Soldier's handbook. Retrieved June 3, 2014, from http://www.pdhealth.mil/dcs/downloads/mho_soldier_handbook_update6mar06_05_03_06.pdf.
- United States Marine Corps. (n.d.). What you need to know about the Wounded Warrior Regiment. Retrieved June 2, 2014, from http://www.woundedwarriorregiment.org/wwr/assets/File/FactSheets/WWR_Overview_Slick_Sheet.pdf.
- United States Marine Corps. (n.d.). Wounded Warrior Regiment App 2.0 now available. Retrieved June 5, 2014, from http://www.woundedwarriorregiment.org/WWR/assets/File/WWR_App.pdf.
- VA. (n.d.). The program of comprehensive assistance for family caregivers. Retrieved June 5, 2014, from http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf.
- VA. (2014). National Resource Directory website home page. Retrieved June 5, 2014, from https://www.ebenefits.va.gov/ebenefits/nrd.
- VA. (December 2, 2013). Returning Service members (OEF/OIF/OND): VA Liaison contacts. Retrieved June 3, 2014, from http://www.oefoif.va.gov/VA_Liasion.asp.
- VA. (March 23, 2011). VA Handbook 0802: Federal Recovery Coordination Program. Retrieved June 3, 2014, from http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=537&FType=2.
- Lt Col Villacis, J. Briefing to the RWTF. Air Force PEB Performance. December 10, 2013.
- Voegtle, T., Warrior Care Policy, personal communication with the RWTF, January 8, 2014.
- Voegtle, T., Warrior Care Policy, personal communication with the RWTF, January 23, 2014.
- Warrior Care Policy IDES Satisfaction Surveys, October 2013-March 2014.

- Washington Post/Kaiser Family Foundation. (n.d.). Post-9/11 Veterans suffer large physical and mental toll, survey finds. Retrieved April 1, 2014, from http://www.washingtonpost.com/wp-srv/special/national/vet-poll[E1]/.
- Watson, C. and Tuddenham, C. Briefing to the RWTF. Soldier & Family Assistance Centers. February 22, 2011.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership. January 29, 2014.
- Weaver, N. and Stevens, B. Briefing to the RWTF. Office of Warrior Care Policy response to FY2013 recommendations. April 16, 2014.
- Weese, C.A. Briefing to the RWTF. Federal Recovery Coordination program. January 15, 2013.
- Wheeler, P.M., Kearney, J.R., and Harrison, C.A. (2002). The U.S. Study of Work Incapacity and Reintegration. Social Security Bulletin, 64(1), 32-44.

SOC/JEC/IC3 References

- COL Malebranche (Ret.) K., RWTF Member and Executive Director for Interagency Health Affairs, Veterans Health Administration, personal communication with the RWTF, May 14, 2014. Department of Veterans Affairs/ Department of Defense Joint Executive Committee Charter, p1.
- 38 USC. §320(a)(1) (2003). This legislation established the interagency Department of Veterans Affairs-Department of Defense Joint Executive Committee.

Transition Outcomes References

- Access to mental health care and traumatic brain injury services: Addressing the challenges and barriers for Veterans: Hearing before the House Committee on Veterans' Affairs, 113th Cong. (24 April 2014) (Testimony from John Davison, Father of a Wounded Warrior).
- Air Force Wounded Warrior Staff Writer. (November 7, 2013). VA meets president's mental health executive order hiring goal. Retrieved March 15, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123369949.
- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- Anderson, E. (August 23, 2013). AW2 Veteran explains importance of resources in civilian workforce. Retrieved March 15, 2014, from http://wtc.armylive.dodlive.mil/2013/08/aw2-veteran-explains-importance-of-resources-in-civilian-workforce-3/.
- Ayers, C, and Arch, J. (January 5, 2013). VA-academic partnerships: Challenges and rewards for new VA mental health investigators. Community Mental Health Journal, 49, 709-713. DOI: 10.1007/s10597-012-9575-1.
- RDML Baker (Ret.), M.S. (April 2014). Casualties of the Global War on Terror and their future impact on health care and society: A looming public health crisis, Military Medicine, 179(4), 348-355.
- Barberena, A. Briefing to the RWTF. DoD/VA sharing agreements. December 9, 2013.
- Beck, L., and Chandler, D. Briefing to the RWTF. VA polytrauma system of care. October 29, 2013.
- Berglass, N., and Harrell, M.C. (April 2012). Well after Service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans, and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.
- Washington Post/Kaiser Family Foundation. (n.d.). Post-9/11 veterans suffer large physical and mental toll, survey finds. Retrieved April 1, 2014, from http://www.washingtonpost.com/wp-srv/special/national/vet-poll/.
- Lt Col Black, S. Briefing to the RWTF. Air Force Personnel Center: Warrior & Survivor Care. February 20, 2013.
- Maj Bilski, D. Briefing to the RWTF. WWR Transition Support program. October 31, 2013.

- CAPT Breining, B., CDR Green-McRae, F.A., Powers, R.C., and Larson, M. Briefing to the RWTF. Department of the Navy. April 17, 2014.
- Col Buhl, W. Briefing to the RWTF. WWR leadership. October 30, 2013.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
- Brunt, C. (March 28, 2014). Plan envisions Veterans Center for New Mexico. Retrieved April 10, 2014, from http://www.stripes.com/news/veterans/plan-envisions-veterans-center-for-new-mexico-1.275100?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+starsandstripes%2Fgeneral+%28Stars+and+Stripes%29.
- Col Buhl, W. Briefing to the RWTF. WWR leadership. October 30, 2013.
- Col Buhl, W. and Williamson, P. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment. April 17, 2014.
- Center for a New American Security. (2010). America's duty: The imperative of a new approach to warrior and veteran care. Washington, DC: Author.
- Chandrasekaran, R. (March 29, 2014). A legacy of pain and pride. Retrieved April 1, 2014, from http://www.washingtonpost.com/sf/national/2014/03/29/a-legacy-of-pride-and-pain/.
- Clubb, T. and Peterson, A. Briefing to the RWTF. WWR Recovery Care Coordinator program. October 31, 2013.
- Crown, E. (August 15, 2013). National plan supports Veterans' mental health, brain injury care. American Forces Press Service. Retrieved March 15, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120631.
- COL Dailey (Ret.), D. Presentation to the RWTF. Recommendations of major committees. January 27, 2014.
- MAJ DaLomba, J. Briefing to the RWTF. 59 MDW Patient Squadron. December 10, 2013.
- Defense Business Board, Department of Defense. (2013). Employing our veterans part II: Service member transition. Recommendations to enhance the Transition Goals Plans Success (GPS) program with the primary goal to reduce member's civilian transition time to employment. Report FY13-01. Washington, DC: Author.
- DeLeon-Dingman, C. (September 10, 2013). TRICAREbriefing. Presentation at the Joint Forces Warrior Care Summit.
- DeLeon-Dingman, C. Briefing to the RWTF. Warrior Navigation & Assistance Program. December 9, 2013.
- DoD. (November 20, 2013). Summary of Recovering Warrior Task Force recommendations, with DoD's evaluation .
- Ehrig, R., MSG Alderete, SSG Burgess, D., SSG Flores, SSG Smith, M., COL Howell, SSG, Lage, M., Nelson, T., SFC Taylor. Panel presentation to the RWTF. Recovering Warriors in Service or Veterans. December 10, 2013.
- Falke, K. Panel presentation to the RWTF. Boulder Crest. January 28, 2014.
- LCDR Flagg, S.Y. and Paxton, D. Briefing to the RWTF. WWR medical section. October 30, 2013.
- Fogarty, K. Briefing to the RWTF. Tampa Polytrauma rehabilitation center. January 7, 2014.
- GEN Franks (Ret.), F. (April 29, 2009). I will never leave a fallen comrade. Washington, DC: United States Army.
- Garcia, H., Finley, E., Ketchum, N., et al. (March 2014). A survey of perceived barriers and attitudes toward mental health care among OEF/OIF Veterans at VA outpatient mental health clinics. Military Medicine, 179(3), 273-278.
- Gilman, C. Briefing to the RWTF. The Veteran Metrics Initiative. January 27, 2014.
- Government Accountability Office (January 15, 2014). Testimony before the Subcommittee on Oversight and Investigations, Committee on Veterans' Affairs, House of Representatives: VA Surgical Implants, Shortcomings in Implant Purchasing and Tracking. Washington, DC: Author. GAO-13-5.
- Government Accountability Office (February 26, 2014). Testimony before the Subcommittee on Military Personnel, Committee on Armed Services, House of Representatives: Military Health System: Sustained

Senior Leadership Needed to Fully Develop Plans for Achieving Cost Savings. Statement of Brenda S. Farrell, Director, Defense Capabilities and Management. Washington, DC: Author. GAO-14-396T.

- Halmai, E. Briefing to the RWTF. Polytrauma system of care, South Texas Veterans health care system. December 10, 2013.
- Hanson, J. Panel presentation to the RWTF. USO. January 28, 2014.
- Harper, J. (February 19, 2014). Former President George W. Bush outlines plans to help younger veterans. Retrieved April 10, 2014, from http://www.stripes.com/news/former-president-george-w-bush-outlines-plans-to-help-younger-vets-1.268716.
- Institute of Medicine. (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of Veterans, Service members, and their families. Washington, DC: The National Academies Press.
- COL Johnson, C., COL Frazier, F., COL Faris, J., COL Powell, R., LTC Yeaw, J., Lock, L., and Webb, T. Briefing to the RWTF. Army Warrior Care and Transition program. April 16, 2014.
- Jones, T. Briefing to the RWTF. WWR District Injured Support Coordinator (DISC) program. October 31, 2013.
- Jowers, K. (March 25, 2014). Bill would remove cap on traumatic injury payments. Retrieved April 10, 2014, from http://www.airforcetimes.com/article/20140325/BENEFITS06/303250056.
- MG Keenan, J.O. Briefing to the RWTF. San Antonio Military Health System organizational overview. December 9, 2013.
- Kime, P. (January 22, 2014). Senate bill would restore COLA reduction for military retirees. Retrieved March 15, 2014, from http://www.airforcetimes.com/article/20140122/NEWS05/301220017.
- Kime, P. (January 20, 2014). New Defense Health Agency takes on support functions formerly run by Services. Retrieved March 15, 2014, from http://www.airforcetimes.com/article/20140120/BENEFITS06/301200027.
- Kime, P. (March 18, 2014). U.S.-based TRICARE Service Centers will close April 1. Retrieved April 10, 2014, from http://www.militarytimes.com/article/20140318/NEWS/303180053/U-S-based-Tricare-Service-Centers-will-close-April-1.
- Kracen, A., Mastnak, J., Loaiza, K., et al. (January 2013). Group therapy among OEF/OIF Veterans: Treatment barriers and preferences. Retrieved May 3, 2014, from http://www.deploymentpsych.org/sites/default/files/blog/130117_CDP_Research_Update.pdf
- Larry, H.L., Col. Poindexter, T., and Townes, T. Briefing to the RWTF. Air Force Wounded Warrior Program. April 17, 2014.
- Lorraine, J. Panel presentation to the RWTF. Augusta Warrior Project. January 28, 2014.
- Lyle, A. (June 11, 2013). Program aids mental health care for transitioning troops. Retrieved March 15, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120258.
- Mason, S. Briefing to the RWTF. Office of Warrior Care Policy Recovery Care Program. January 29, 2014.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.
- Miles, D. (November 22, 2013). Trauma surgeon urges continued investment in combat care. Retrieved March 15, 2014, from http://www.woundedwarrior.af.mil/news/story.asp?id=123371901.
- Maj Murphy, J. and Rodriquez, A. Briefing to the RWTF. Sergeant Merlin German Wounded Warrior Call Center. October 30, 2013. See http://www.woundedwarriorregiment.org/index.cfm/programsresources/callcenter/.
- National Defense Authorization Act of 2014, Pub. L. No. 113-66, §[525, 652, 702, 711, 722, 724, 1421] (2013).
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- Parker, M. (December 13, 2013). DoD submits Military Health System reform plan to Congress. Retrieved March 15, 2014, from http://www.health.mil/Reference-Center/Articles/2013/12/13/DOD-Submits-Military-Health-System-Reform-Plan-to-Congress.

- Pellerin, C. (June 3, 2013). Obama: Nation pours resources into mental health care for Vets. Retrieved March 15, 2014, from http://www.defense.gov/News/NewsArticle.aspx?ID=120198.
- Pellerin, C. (March 12, 2014). Assistive technology program helps disabled people advance. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121820.
- Peterson, A. Briefing to the RWTF. Marine Corps Wounded Warrior Regiment survey program. April 17, 2014.
- Ray, L. (September 10, 2013). South Texas Veterans Health Care System briefing. Presentation at the Joint Forces Warrior Care Summit.
- Roulo, C. (February 17, 2014). DoD works with NBA to improve troops' transition assistance. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121676
- RWTF family member focus group results, November 2013-February 2014.
- RWTF RW focus group results, November 2013-February 2014.
- San Diego Grantmakers. (n.d.). Military Transition Support Project. Retrieved April 5, 2014, from http://www.sdgrantmakers.org/AboutUs/WhoWeAreWhatWeDo/MilitaryFamilySupportWorkingGroup/MilitaryTransitionSupportProject.aspx.
- San Diego Grantmakers. (n.d.). Military Transition Support Project. Retrieved April 5, 2014, from http://www.sdgrantmakers.org/AboutUs/WhoWeAreWhatWeDo/MilitaryFamilySupportWorkingGroup/MilitaryTransitionSupportProject.aspxf.
- Seck, H.P. (January 18, 2014). No end in sight for Marines' Wounded Warrior Regiment as war winds down. Retrieved March 13, 2014, from http://www.marinecorpstimes.com/article/20140118/NEWS/301180003.
- Site briefings to the RWTF, November 2013-February 2014.
- LtGen Steele (Ret.), M. Briefing to the RWTF. USF Veterans reintegration and resilience initiative. January 8, 2014.
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Rick Jones, Legislative Director, National Association for Uniformed Services).
- Beneficiary and advocacy overview of the FY15 President's budget: Hearing before the Subcommittee on Military Personnel, House Armed Services Committee, 113th Cong. (9 April 2014) (Testimony from Col Michael F. Hayden (Ret), USAF, Director, Government Relations, Military Officers Association of America (MOAA).
- Status of Implementation of the Requirements of the VOW Act and the Recommendations of the Presidential Veteran Employment Initiative Task Force for the DoD Transition Assistance Program – Goals, Plans, and Success (GPS): To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before House Committee on Veterans' Affairs, Joint House and Senate Veterans' Affairs Committee to receive Legislative Presentations of Multiple VSOs, 113th Cong. (March 6, 2014)(Witness Testimony of Mr. Mark A. Kilgore, National President, Fleet Reserve Association).
- Status of Implementation of the Requirements of the VOW Act and the Recommendations of the Presidential Veteran Employment Initiative Task Force for the DoD Transition Assistance Program – Goals, Plans, and Success (GPS): To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before House Committee on Veterans' Affairs, Joint House and Senate Veterans' Affairs Committee Legislative Hearing on HR 183, HR 2527, HR 2661, HR 2974, HR 3508, HR 3180, HR 3387, HR 3831, HR 4198, and Draft legislation to authorize major medical facility projects for the Department of Veterans Affairs for fiscal year 2014 and for other purposes, 113th Cong. (March 27, 2014)(Testimony of The Honorable Michael Grimm, U.S. House of Representatives, 11th District, New York) (Testimony of The Honorable Dina Titus, U.S. House of Representatives, 1st District, Nevada) (Testimony of The Honorable Jackie Walorski, U.S. House of Representatives, 2nd District, Indiana) (Testimony of The Honorable Sean Duffy, U.S. House of Representatives, 7th District, Wisconsin) (Testimony of The Honorable Marcy Kaptur) Testimony of The Honorable Kyrsten Sinema, U.S. House of Representatives, 9th District, Arizona) (Testimony of The Honorable David P. Roe, U.S. House of Representatives, 1st District, Tennessee) (Testimony of The Honorable Jeff Denham, U.S. House of Representatives, 10th District, California) (Testimony of Joy J. Ilem, Deputy National Legislative Director,

Disabled American Veterans) (Testimony of Alethea Predeoux, Associate Director of Health Analysis, Paralyzed Veterans of America) (Testimony of Aleksandr Morosky, Senior Legislative Associate, National Legislative Service, Veterans of Foreign Wars) (Testimony of Madhulka Agarwal M.D., M.P.H., Deputy Under Secretary for Health for Policy and Services, Veterans Health Administration, U.S. Department of Veterans Affairs) (Accompanied by Philip Matkovsky, Assistant Deputy Under Secretary for Health for Operations and Management, Veterans Health Administration, U.S. Department of Veterans Affairs) (Accompanied by Renée L. Szybala, Acting Assistant General Counsel, U.S. Department of Veterans Affairs) (Submissions for the Record of The Honorable Kevin McCarthy, U.S. House of Representatives, 23rd District, California) (Submissions for the Record of American Academy of Otolaryngology – Head and Neck Surgery) (Submissions for the Record of Department of Veterans Affairs Office of the Inspector General) (Submissions for the Record of International Hearing Society) (Submissions for the Record of Iraq and Afghanistan Veterans of America) (Submissions for the Record of National Association of State Veterans Homes) (Submissions for the Record of Servicewomen's Action Network) (Submissions for the Record of The American Speech-Language-Hearing Association) (Submissions for the Record of Warrior Canine Connection) (Submissions for the Record of Wounded Warrior Project) (Submissions for the Record of VetsFirst) http://veterans.house.gov/hearing/%E2%80%9Clegislative-hearing-on-hr-183-hr-2527-hr-2661-hr-2974-hr-3508-hr-3180-hr-3387-hr-3831-hr.

- Status of Implementation of the Requirements of the VOW Act and the Recommendations of the Presidential Veteran Employment Initiative Task Force for the DoD Transition Assistance Program – Goals, Plans, and Success (GPS): To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before House Committee on Veterans' Affairs, Joint House and Senate Veterans' Affairs Committee to receive Legislative Presentations of Access to Mental Health Care and Traumatic Brain Injury Services: Addressing the Challenges and Barriers for Veterans, 113th Cong. (April 24, 2014)(Witness Testimony of Ms. Ariana Del Negro, Co-Founder, Veterans Leadership Assistance). http://veterans.house.gov/hearing/access-to-mental-health-care-and-traumatic-brain-injury-services-
- Legislative presentations of the AMVETS, Blinded Veterans Association, Jewish War Veterans, Military Officers Association of America, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, The Retired Enlisted Association, Vietnam Veterans of America: Joint hearing before the House and Senate Committees on Veterans' Affairs , 113th Cong. (6 March 2014) (Prepared statement from LTG Guy C. Swan (Ret), USA, Association of the United States Army.
- Status of Implementation of the Requirements of the VOW Act and the Recommendations of the Presidential Veteran Employment Initiative Task Force for the DoD Transition Assistance Program – Goals, Plans, and Success (GPS): To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before House Committee on Veterans' Affairs, Joint House and Senate Veterans' Affairs Committee to receive Legislative Presentations of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of American, Non Commissioned Officers Association, Paralyzed Veterans of American, and Wounded Warrior Project, 113th Cong. (March 12, 2014). (Testimony of Mr. Virgil P. Courneya, National President, Fleet Reserve Association).
- Legislative presentations of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of American, Non Commissioned Officers Association, Paralyzed Veterans of American, and Wounded Warrior Project: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (12 March 2014). (Testimony from Bill Lawson, National President, Paralyzed Veterans of America).
- Status of Implementation of the Requirements of the VOW Act and the Recommendations of the Presidential Veteran Employment Initiative Task Force for the DoD Transition Assistance Program – Goals, Plans, and Success (GPS): To Receive Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before House Committee on Veterans' Affairs, Joint House and Senate Veterans' Affairs Committee to receive Legislative Presentations of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of American, Non Commissioned Officers Association, Paralyzed Veterans of American, and Wounded Warrior Project, 113th Cong. (March 12, 2014). (Testimony of John R. McCauslin CMSgt, USAF (Ret.), Chief Executive Officer, Air Force Sergeants Association).

- Stratton, A. Briefing to the RWTF. Office of Warrior Care Policy budget briefing. January 29, 2014.
- Testimony on the Active, Guard, Reserve, and Civilian Personnel Programs in review of the Defense Authorization Request for Fiscal Year 2015 and the Future Years Defense Program: Hearing before the Senate Armed Services Committee, Subcommittee on Personnel, 113th Cong. (March 26, 2014)(Testimony from Mrs. Kathleen B. Moakler, Government Relations Director, National Military Family Association). http://www.armed-services.senate.gov/imo/media/doc/Moakler_03-26-14.pdf
- Tilghman, A. (January 8, 2014). Hagel: COLA cuts won't impact disabled vets. Retrieved March 15, 2014, from http://www.airforcetimes.com/article/20140108/NEWS05/301080035.
- VA (July 3, 2014). Veterans Health Administration: VHA access audit. Retrieved July 16, 2014, from www.va.gov/health/access-audit.asp.
- Washington Post/Kaiser Family Foundation. (n.d.). Post-9/11 veterans suffer large physical and mental toll, survey finds. Retrieved April 1, 2014, from http://www.washingtonpost.com/wp-srv/special/national/vet-poll/.
- Washington Post/Kaiser Family Foundation. (n.d.). After the wars - Post-Kaiser survey of Afghanistan and Iraq war veterans. Retrieved April 3, 2014, from http://www.washingtonpost.com/page/2010-2019/WashingtonPost/2014/03/30/National-Politics/Polling/release_305.xml.
- Weaver, N. Briefing to the RWTF. Office of Warrior Care Policy leadership briefing. January 29, 2014.
- Woodson, J. (January 30, 2014). Building on military medicine's past to create a better future. Retrieved April 10, 2014, from http://www.health.mil/Reference-Center/Articles/2014/01/30/Building-on-Military-Medicines-Past-to-Create-a-Better-Future.
- Zumwalt, J. (December 10, 2013). Material prepared for the RWTF.

Looking to the Future References

- American Forces Press Service Staff Writer. (March 7, 2014). Pentagon official expresses concerns over budget instability. Retrieved April 10, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121796.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Bagalman, E. (January 10, 2013). Suicide prevention efforts of the Veterans Health Administration. Congressional Research Service. Retrieved June 16, 2014, from http://www.fas.org/sgp/crs/misc/R42340.pdf.
- RDML Baker (Ret.), M.S. (April 2014). Casualties of the Global War on Terror and their future impact on health care and society: A looming public health crisis, Military Medicine, 179(4), 348-355.
- Beck, L. and Chandler, D. Briefing to the RWTF. VA polytrauma system of care. October 29, 2013.
- Berglass, N., and Harrell, M.C. (April 2012). Well after Service: Veteran reintegration and American communities. (A product of the Joining Forces project of the Military, Veterans, and Society Program at the Center for a New American Security.) Retrieved October 1, 2013, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf.
- COL Berry, P.A., U.S. Army Manpower & Reserve Affairs, Military Personnel, personal communication with the RWTF, May 20, 2014.
- Brain Trauma Foundation. (n.d.). Military and TBI. Retrieved June 16, 2014, from https://www.braintrauma.org/tbi-faqs/military-tbi/).
- Brain Trauma Foundation. (n.d.). TBI statistics. Retrieved June 16, 2014, from https://www.braintrauma.org/tbi-faqs/tbi-statistics/.
- CAPT Breining, B., Director, Navy Wounded Warrior-Safe Harbor, personal communication with the RWTF, May 5, 2014.
- Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
- Briefing submitted to the RWTF. Marine Corps back-up slides. April 17, 2014.
- Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.

- Bureau of Labor Statistics. (March 20, 2014). Employment situation of Veterans summary. Retrieved April 11, 2014, from http://www.bls.gov/news.release/vet.nr0.htm.
- Burnam, M.A., Meredith, L.S., Tanielian, T., et al. (May/June 2009). Mental health care for Iraq and Afghanistan war Veterans. Health Affairs, 28(3), 771-782.
- Call to action: VA outreach and community partnerships: Hearing before the Senate Committee on Veterans' Affairs, 113th Cong. (24 April 2013) (Prepared statement of Hon. Richard Burr, Ranking Member, U.S. Senator from North Carolina).
- LTG Chiarelli, P. (n.d.). Army health promotion/risk reduction/suicide prevention report 2010. Retrieved June 3, 2014, from http://csf2.army.mil/downloads/HP-RR-SPReport2010.pdf.
- Curtin, J. (January 29, 2014). National Veterans outreach: Update to VA showcase. Retrieved May 11, 2014, from http://www.va.gov/P3/docs/VA_Services_Showcase_Outreach.pdf.
- Epidemiology Program, Post-Deployment Health Group, Office of Public Health, Veterans Health Administration, Department of Veterans Affairs. (2014). Analysis of VA health care utilization among Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans, from Q1 FY 2002 through Q1 FY 2014. Washington, DC: Author.
- Falke, K. Panel presentation to the RWTF. Boulder Crest. January 28, 2014.
- FoxNews.com. (May 27, 2014). Obama announces plans to keep 9,800 U.S. troops in Afghanistan after 2014. Retrieved June 3, 2014, from http://www.foxnews.com/politics/2014/05/27/obama-plans-to-keep-800-us-troops-in-afghanistan-after-2014-official-says/.
- Government Accountability Office. (January 2014). VA Vocational Rehabilitation and Employment: Further performance and workload management improvements are needed. Washington, DC: Author. GAO-14-61.
- Government Accountability Office (March 2014). Transitioning Veterans: Improved oversight needed to enhance implementation of Transition Assistance Program. Washington, DC: Author. GAO-14-144.
- Institute of Medicine. (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of Veterans, Service members, and their families. Washington, DC: The National Academies Press.
- MG Keenan, J.O. Briefing to the RWTF. San Antonio Military Health System organizational overview. December 9, 2013.
- Kuehn, B.M. (2009). Soldier suicide rates continue to rise. Journal of the American Medical Association, 301(11), 1111-1113.
- LaFraniere, S. and Lehren, A.W. (June 28, 2014). In military care, a pattern of errors but not scrutiny. The New York Times. Retrieved July 16, 2014, from http://www.nytimes.com/2014/06/29/us/in-military-care-a-pattern-of-errors-but-not-scrutiny.html?_r=0.
- Larry, H., Deputy Director of Services, USAF DCS Manpower, Personnel, and Services, personal communication with the RWTF, May 7, 2014.
- Legislative presentations of the Air Force Sergeants Association, American Ex-Prisoners of War, Fleet Reserve Association, Gold Star Wives, Iraq and Afghanistan Veterans of American, Non Commissioned Officers Association, Paralyzed Veterans of American, and Wounded Warrior Project: Joint hearing before the House and Senate Committees on Veterans' Affairs, 113th Cong. (12 March 2014). (Testimony from Bill Lawson, National President, Paralyzed Veterans of America).
- Lorraine, J. Panel presentation to the RWTF. Augusta Warrior Project. January 28, 2014.
- McDonnell, K. Briefing to the RWTF. USSOCOM Care Coalition Wounded Warrior Program. January 8, 2014.
- Metraux, S. (2013). Research brief: Homelessness and risk factors for homelessness among Veterans from the era of the Afghanistan (OEF) and Iraq (OIF/OND) conflicts. Philadelphia, PA: National Center on Homelessness Among Veterans. Retrieved June 16, 2014, from http://www.endveteranhomelessness.org/sites/default/files/research/Metraux%20OEF-OIF%20research%20brief.pdf.
- National Ability Center (2012). Our story. Retrieved June 6, 2014, from: http://www.discovernac.org/about/our-story/.

- National Ability Center. (2013). Military program partnership highlights. Retrieved June 6, 2014, from http://www.discovernac.org/wp-content/uploads/2013/05/Military-One-Sheet-December-2013.pdf.
- National Ability Center. (2010). The National Ability Center and U.S. Paralympics to host muster for Community-Based Warrior Transition Unit (CBWTU). Retrieved June 9, 2014, from http://discovernac.org/files/20101213-CBWTU-PR.pdf.
- National Institute of Mental Health. (n.d.). Post-traumatic stress disorder among adults. Retrieved June 10, 2014, from http://www.nimh.nih.gov/statistics/1AD_PTSD_ADULT.shtml.
- News21.com. (n.d.). Tracking veteran suicides. Retrieved April 11, 2014, from http://backhome.news21.com/interactive/suicide-interactive/.
- Office of Warrior and Family Support, Office of the Chairman, Joint Chiefs of Staff. (n.d.). A white paper: Expanding public-private partnerships. Retrieved March 15, 2014, from http://www.jcs.mil/Portals/36/Documents/WarriorFamilySupport/Public_Private_Partnerships_Final.pdf.
- Peterson, A., FITT Program Manager, USMC Wounded Warrior Regiment, personal communication with the RWTF, April 24, 2014.
- COL Ritchie (Ret.), E.C. Briefing to the RWTF. Assessment of ongoing efforts in the treatment of PTSD. December 4, 2012.
- San Antonio Military Health System. (2014). Organizational overview. Retrieved June 19, 2014, from http://www.health.mil/About-MHS/Organizational-Overview/San-Antonio-Military-Health-System.
- San Diego Grantmakers. (n.d.). Military Transition Support Project. Retrieved April 5, 2014, from http://www.sdgrantmakers.org/AboutUs/WhoWeAreWhatWeDo/MilitaryFamilySupportWorkingGroup/MilitaryTransitionSupportProject.aspx.
- Simeone, N. (February 24, 2014). Hagel outlines budget reducing troop strength, force structure. Retrieved June 9, 2014, from http://www.defense.gov/news/newsarticle.aspx?id=121703.
- LtGen Steele (Ret.), M. Briefing to the RWTF. USF Veterans reintegration and resilience initiative. January 8, 2014.
- Tanelian, T., and Jaycox, L.H. (Eds.) (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Arlington, VA: RAND Corporation. Retrieved June 9, 2014, from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf.
- Tanelian, T., Karney, B.R., Chandra, A., Meadows, S.O., and the Deployment Life Study Team (2014). The deployment life study: Methodological overview and baseline sample description. Prepared for the U.S. Army and the Office of the Secretary of Defense. Retrieved June 3, 2014, from http://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR209/RAND_RR209.pdf.
- United States Army. (2012). Army 2020: Generating health & discipline in the force ahead of the strategic reset. Washington, DC: Department of Defense.
- United States Army. (2011). CBWTU-Utah musters for recreation and resources. Retrieved June 8, 2014, from http://www.army.mil/article/58502/CBWTU_Utah_musters_for_recreation_and_resources/.
- University of South Florida. (2014). Veterans reintegration and resilience. Retrieved June 8, 2014, from http://www.research.usf.edu/vri/.
- Urban Institute. (n.d.). National Center for Charitable Statistics: IRS Activity Codes. Retrieved June 9, 2014, from http://nccs.urban.org/classification/irsactivity.cfm?031.
- VA. (July 3, 2014). Veterans Health Administration: VHA access audit. Retrieved July 16, 2014, from www.va.gov/health/access-audit.asp.

APPENDIX H-1: RECOVERING WARRIOR FOCUS GROUP PROTOCOL

RWTF, YEAR 4
RECOVERING WARRIOR FOCUS GROUP PROTOCOL

SESSION INFORMATION

Location:
Date:
Time:
Facilitator:
Recorder:
# of Participants present for entire session:
# of Participants excused/reasons:

FOCUS GROUP KICK-OFF: KEY POINTS TO COVER

(As participants start to arrive, scribe distributes name tents and markers, forms and pens)

- **Welcome attendees**
  - Thank you for taking the time to join our discussion today.
  - I am ___ (insert name) and I am a member of the DoD Recovering Warrior Task Force (RWTF), and this is ___ (introd partner), also a member of this Task Force.
  - Our scribe, ___, is part of the RWTF research staff.

- **Introduce RWTF and its purpose**
  - The 2010 National Defense Authorization Act directs the Recovering Warrior Task Force (RWTF) to assess the effectiveness of the policies and programs developed and implemented by the DoD and the military departments, and to make recommendations for improvements.
  - The RWTF is comprised of 14 members including seven DoD and seven non-DoD members.
  - The RWTF is chartered for four years and generates an Annual Report at the end of each year of effort. We are now in our fourth year.

- **Describe how focus group session will work**
  - This session is intended for Recovering Warriors (RWs).
  - We have scripted questions formulated to address specific topics.
  - The session will last approximately 90 minutes, and we will not take a formal break. (Restrooms are located xxxxxx)
  - Before we begin our voluntary discussion, please complete the short questionnaire provided to you. The questionnaire is used to gather some basic background information. The questionnaire is voluntary and should be completed anonymously—no names please. If you need assistance filling it out, please let us know so one of us can offer our assistance.
  - Try not to mention individuals by name in your comments to protect their confidentiality.
  - Each of us has a role to play here.
    - I serve as an impartial data gatherer and discussion regulator.
    - Our scribe serves as recorder—note s/he is taking no names and we are not audio- or videotaping the session.
    - You serve as subject matter experts.

    - My other colleagues are here to observe.
- **Emphasize that participation is voluntary**
  - Your participation in this session is voluntary.
  - While we would like to hear from everyone, feel free to answer as many or as few questions as you prefer.
  - If you would prefer to excuse yourself from the focus group at this time, or at any point after we get started, you are free to do so. If you do leave, you are welcome to return.
  - Also, let us know if you would prefer to talk with a Task Force member one-on-one.

- **Address confidentiality**
  - We treat the information you share as confidential. That means we will protect your confidentiality to the extent allowable by law. We will not reveal the names of study participants and no information will be reported that can identify you or your family.
  - Your name will never be linked to your answers or to any comments you make during the discussion. Your answers to our questions will not affect your promotions, rights, or benefits.
  - However, there are some behaviors that we are required to report. If we learn that you are being hurt or planning on hurting yourself or others, or others are being hurt or planning on hurting themselves or others, the law requires that we share this information with someone who can help and to the appropriate authority.
  - Also, because this is a group meeting, it is important that each of you keep any information you hear today in the strictest of confidence and not discuss it with anyone outside of this group.
  - Please be aware, however, that we cannot guarantee that other participants will honor this expectation. If this concerns you, you should limit your participation.
  - In front of you is an informed consent form for you to read and sign. If you have any questions or need assistance with the form, please let us know so one of us can offer our assistance.

- **Ask scribe to collect the informed consent forms and mini-surveys**
  Scribe will collect both the informed consent forms and the surveys after participants have completed them.
  - Informed consent form is to be read and signed.
  - Short mini-survey is to be completed anonymously.

- **Explain ground rules**
  - Speak one at a time so that your statement can be heard by all.
  - There are no right or wrong answers.
  - We want to hear the good and the bad.
  - We respect and value differences of opinion.
  - Please avoid sidebar conversations.
  - Please note that we use the terms recovering Service member; recovering warrior; and wounded, ill, or injured Service member interchangeably.

RWTF, YEAR 4
RECOVERING WARRIOR FOCUS GROUP PROTOCOL

WARM-UP/INTRODUCTIONS

To begin, I'd like to go around the room and ask each of you to introduce yourselves and to share some brief background. Specifically please tell us:

1. Your AC/RC status (not for CBWTU or MEDHOLD)
2. When you became wounded, ill, or injured
3. Are you married or single?
4. Do you live on or off the installation? (not for CBWTU or MEDHOLD)
5. Are you a part of [*fill in Army WTB or CBWTU, Navy Safe Harbor, Marine WWR, or Air Force WW Program*]
6. CBWTU only: What is your place of duty (i.e., where do you spend your day?)

DISCUSSION QUESTIONS

We are here to learn about your experiences and perspectives regarding the policies and programs that have been established to support the care, management, and transition of recovering Service members and their families. We are particularly interested in hearing how effectively these resources meet your needs.

We will be talking about a number of topics. These topics include: medical case management, non-medical case management, the disability evaluation process, services for traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and vocational and employment services.

I. Medical Care Case Management

INTRO: Medical care case management is sometimes called clinical case management. The medical care case manager is typically a registered nurse (RN). (***Moderator****: Army refers to the medical/clinical case manager as a Nurse Case Manager.*)

a. What kinds of support does your medical case manager provide you?
b. To what extent does s/he meet your needs?
c. How comfortable are you that your medical case manager adequately understands your condition and can help you navigate medical care as needed?
d. Do you feel that your medical case manager is adequately trained to meet your needs?

II. Non-Medical Case Management

INTRO: We are interested in the non-medical case management you are receiving. Non-medical case management refers to coordination and advocacy efforts to ensure RWs receive needed support and assistance in resolving issues such as finances, family support, transition planning, etc.

Moderator*: Many NMCM questions below are Service-branch specific.*

Army focus groups:

a. What kinds of support does your **Squad Leader** provide you?
b. To what extent does your **Squad Leader** meet your needs?
c. How comfortable does your **Squad Leader** seem with psychological health issues?

Navy focus groups:

a. What kinds of support does your **Safe Harbor NMCM** provide you?
b. To what extent does your **Safe Harbor NMCM** meet your needs?
c. How comfortable does your **Safe Harbor NMCM** seem with psychological health issues?

Marine Corps and Air Force focus groups:

a. What kinds of support does your **RCC** provide you?
b. To what extent does your **RCC** meet your needs?
c. How comfortable does your **RCC** seem with psychological health issues?

Marine Corps focus groups only:

a. What kinds of support does your **Section Leader** provide you?
b. To what extent does your **Section Leader** meet your needs?
c. How comfortable does your **Section Leader** seem with psychological health issues?

Only Army and Marine Corps focus groups: Others in your *transition unit chain of command* may also provide non-medical case management.

a. Who within the transition unit chain of command provides you non-medical case management?
b. What kinds of non-medical support does s/he provide you?
c. To what extent does this non-medical support meet your needs?
d. How comfortable do these members of your transition unit chain of command seem with psychological health issues?

All focus groups (all Service branches). Your *line or operational unit chain of command* may also provide non-medical case management.

a. Who within the line or operational unit chain of command provides you non-medical case management?
b. What kinds of non-medical support does s/he provide you?
c. To what extent does this non-medical support meet your needs?

d. How comfortable do these members of your operational unit chain of command seem with psychological health issues?

All focus groups (RC RWs at AC locations and at CBWTU).

a. Who from the RC is reaching out and offering support to you as an RC RW? (Wait for top-of-mind response, if any, then offer example of state Family Programs office.)
b. To what extent do they meet your needs?
c. How often are musters? When did you last attend a muster?

All focus groups (all Service branches):

INTRO: Let's take a moment to focus specifically on the Comprehensive Recovery Plan/ Comprehensive Transition Plan.

a. Do you have a CRP/CTP? (**show of hands**) (Army personnel may be more familiar with AWCTS)
b. Who is helping you through the CRP/CTP process? (This may include a medical case manager, non-medical care case manager, recovery care coordinator, or another individual.)
c. In what ways does the CRP/CTP assist in your recovery process?
d. In what ways does the CRP/CTP fall short in assisting your recovery process?

III. Services for PTSD

INTRO: Many combat veterans experience posttraumatic stress disorder (PTSD). Some Service members experience PTS symptoms that could become more severe if untreated.

Moderator*: No show of hands necessary; participants' personal experience with PTSD/TBI is captured in mini-survey.*

a. What treatment options are available for PTSD at this location? (Rephrase question if participants respond by stating they do not have PTSD: If you thought you needed help with PTS symptoms, would you know where to go? Where and why?)
b. To what extent do available treatment options meet the needs of Service members diagnosed with PTSD?

IV. Services for TBI

INTRO: Many combat veterans also experience traumatic brain injuries (TBI).

a. What treatment options are available for TBI at this location? (Rephrase question if participants respond by stating they do not have TBI: If you thought you needed help with TBI symptoms, would you know where to go? Where and why?)
b. To what extent do available treatment options meet the needs of Service members diagnosed with TBI?

V. Disability Evaluation System (DES)

INTRO: We'd like to hear about the experiences of those of you in the Disability Evaluation System (DES).

***Moderator**: To get a sense for the group, ask for a **show of hands** as to who checked "in DES" on the mini-survey.*

a. Do you have a PEBLO? (**show of hands)**
   i. To what extent does PEBLO support meet your needs as you progress through DES?
b. Do you have a military service coordinator (MSC) from the VA? (**show of hands)**
   i. To what extent does MSC support meet your needs as you progress through DES?
c. Do you have support from any other source as you go through the DES process?
   i. To what extent does this support meet your needs as you progress through this DES?
d. For those of who have completed the MEB:
   i. Were all of your medical conditions covered, even those that might not make you unfit?
   ii. What is your understanding of the purpose of the Non-Medical Assessment (NMA) (also known as the Commander's Statement)?
   iii. Who wrote your NMA and how well equipped do you feel he or she was to do so?
e. For all in DES: What needs do you have that are not being met as you navigate DES?

VI. Legal Support

INTRO: Military personnel, including recovering Service members and others, have access to legal assistance services. We are interested in the *additional* legal support that is available to you as you prepare to transition either to civilian status or back to duty.

a. Have you been briefed on the legal supports available to you during the MEB phase of IDES (**show of hands**)?
b. What legal support has been provided to you during the MEB phase of IDES? (e.g., meeting with lawyer, paralegal, Veterans Service Organization (VSO) representative, etc.)
c. To what extent has it met your needs?

VII. Vocational Support

INTRO: For RWs who are transitioning out of uniform, we are interested in the resources available to help you continue your education or find employment.

a. Who is planning on continuing their education upon transitioning out of the military? (**show of hands**)
    i. How well prepared are you to enter college?
b. Who has used Operation Warfighter (OWF)? (**show of hands)**.
    i. To what extent has this program met your needs as you transition out of uniform?
c. Who has used the Education and Employment Initiative (E2I)? (**show of hands)**
    i. To what extent has this program met your needs as you transition out of uniform?
d. Who has used VA Vocational Rehabilitation and Employment (VA VR&E, also known as Voc Rehab)? (**show of hands)**
    i. To what extent has this program met your needs as you transition out of uniform?
e. Who has used the new TransitionGPS program? (**show of hands)** (If participants are unfamiliar with TransitionGPS: Who has attended TAP? (ACAP for Army personnel))
    i. To what extent has this program met your needs as you transition out of uniform?
f. What other employment preparation, job readiness, or internship programs have you used (including programs offered by non-profits)?
    i. To what extent have any of these programs met your needs as you transition out of uniform?
g. If you are not participating in these or other vocational or employment services, why not?

Wrap Up

INTRO: As we draw to a close, we have some final questions.

a. We have discussed programs and personnel that are available to support your recovery and transition. What support has been the most helpful to you? Please consider supports that have already been mentioned today as well as other kinds of support that have not been mentioned.
b. What needs do you have that are not being met, if any?
c. For those of you in the process of transitioning to civilian life, how confident are you about how the transition from DoD to VA will work?
d. If you were "king/queen for a day" and in charge of all RW programs and policies, what would your first action be?
e. (If time permits) What else would you like to tell us?

This concludes our discussion. Please remember not to repeat what you heard in this room. Thank you for taking the time to share your opinions and experiences with us. Your thoughts are invaluable to our efforts to inform the Secretary of Defense and Congress on these matters. Once again, thank you very much, and our sincere best wishes for your continued recovery.

APPENDIX H-2: FAMILY MEMBER FOCUS GROUP PROTOCOL

RWTF, YEAR 4
FAMILY MEMBER FOCUS GROUP PROTOCOL

SESSION INFORMATION

Location:
Date:
Time:
Facilitator:
Recorder:
# of Participants present for entire session:
# of Participants excused/reasons:

FOCUS GROUP KICK-OFF: KEY POINTS TO COVER

(As participants start to arrive, scribe distributes name tents and markers, forms and pens)

- **Welcome attendees**
  - Thank you for taking the time to join our discussion today.
  - I am ___ (insert name) and I am a member of the DoD Recovering Warrior Task Force (RWTF), and this is ___ (introduce partner), also a member of this Task Force.
  - Our scribe, ___, is part of the RWTF research staff.

- **Introduce RWTF and its purpose**
  - The 2010 National Defense Authorization Act directs the Recovering Warrior Task Force (RWTF) to assess the effectiveness of the policies and programs developed and implemented by the DoD and the military departments, and to make recommendations for improvements.
  - The RWTF is comprised of 14 members including seven DoD members and seven non-DoD members. The RWTF is chartered for four years and generates an Annual Report at the end of each year of effort. This is our fourth year.

- **Describe how focus group session will work**
  - This session is intended for participants who are family members of Recovering Warriors (RWs).
  - We have scripted questions formulated to address specific topics.
  - The session will last approximately 90 minutes, and we will not take a formal break. (Restrooms are located xxxxxx)
  - Before we begin our voluntary discussion, please complete the short questionnaire provided to you. The questionnaire is used to gather some basic background information. The questionnaire is voluntary and should be completed anonymously—no names please. If you need assistance filling it out, please let us know so one of us can offer our assistance.
  - Try not to mention individuals by name in your comments to protect their confidentiality.
  - Each of us has a role to play here.
    - I serve as an impartial data gatherer and discussion regulator.
    - Our scribe serves as recorder—note s/he is taking no names and we are not audio- or videotaping the session.
    - You serve as subject matter experts.
    - My other colleagues are here to observe.

- **Emphasize that participation is voluntary**
  - Your participation in this session is voluntary.
  - While we would like to hear from everyone, feel free to answer as many or as few questions as you prefer.
  - If you would prefer to excuse yourself from the focus group at this time, or at any point after we get started, you are free to do so. If you do leave, you are welcome to return.
  - Also, if you would prefer to talk with a Task Force member one-on-one, we can do that.

- **Address confidentiality**
  - We treat the information you share as confidential. That means we will protect your confidentiality to the extent allowable by law. We will not reveal the names of study participants and no information will be reported that can identify you or your family.
  - Your name will never be linked to your answers or to any comments you make during the discussion. Your answers to our questions will not affect your or your RW's promotions, rights, or benefits.
  - However, there are some behaviors that we are required to report. If we learn that you are being hurt or planning on hurting yourself or others, or others are being hurt or planning on hurting themselves or others, the law requires that we share this information with someone who can help and to the appropriate authority.
  - Also, because this is a group meeting, it is important that each of you keep any information you hear today in the strictest of confidence and not discuss it with anyone outside of this group.
  - Please be aware, however, that we cannot guarantee that other participants will honor this expectation. If this concerns you, you should limit your participation.
  - In front of you is an informed consent form for you to read and sign. If you have any questions or need assistance with the form, please let us know so one of us can offer our assistance.

- **Ask scribe to collect the informed consent forms and mini-surveys**
  Scribe will collect both the informed consent forms and the surveys after participants have completed them.
  - Informed consent form to be read and signed.
  - Short mini-survey to be completed anonymously.

- **Explain ground rules**
  - Speak one at a time so that your statement can be heard by all.
  - There are no right or wrong answers.
  - We want to hear the good and the bad.
  - We respect and value differences of opinion.
  - Please avoid sidebar conversations.
  - Please note that we use the terms recovering Service member; Recovering Warrior; and wounded, ill, or injured Service member interchangeably.

RWTF, YEAR 4
FAMILY MEMBER FOCUS GROUP PROTOCOL

WARM-UP/INTRODUCTIONS

To begin I'd like to go around the room and ask each of you to introduce yourselves and to share some brief background on your Service member and his/her injury. Specifically, please tell us:

1. What is your relationship to your Service member (e.g., spouse? parent?)
2. When did he or she become wounded, ill, or injured?
3. At this point in time, is your Service member hoping to return to duty or leave the military, or is s/he undecided?

4. Is your Service member in the Active Component or Reserve Component?
5. Does your Service member live on or off the installation?
6. Is your Service member a part of [*fill in Army WTB or CBWTU, Navy Safe Harbor, Marine WWR, or Air Force WW Program*]

DISCUSSION QUESTIONS

We are here to learn about your experiences and perspectives regarding the policies and programs that have been established to support the care, management, and transition of recovering Service members and their families. **We are particularly interested in hearing how effectively these resources meet your needs as family members and caregivers**. We are collecting data on Service member support during two additional focus groups.

We will be talking about several topics, among them: support for family caregivers, information sources, and services for traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD).

I. Support for Family Caregivers

INTRO: We know that the families of recovering warriors, and particularly those in the caregiver role, are profoundly impacted by their Service member's condition and the recovery process. The following questions are intended to help us learn about the needs **you** have as family members and caregivers and the resources available to you to meet these needs. We will ask about individuals who support you in the next set of questions.

a. During this recovery process, what needs do **you** have? Again, we are more interested today in your needs than your Service member's needs.
b. What resources have **you** used to address these needs? (***Moderator:*** *Start with top of mind, then list the following if necessary*: financial, travel/lodging, caregiver training, vocational training, counseling, family readiness groups, etc.)
c. How well have these resources met **your** needs as the family member/caregiver of a Service member?

d. Are you aware of TSGLI? (Traumatic Service Members Group Life Insurance) (***Moderator***: *Ask all participants but focus particularly on those whose Service members were severely injured (on or off duty) as the result of a traumatic event.*)
e. Are you aware of SCAADL? (Special Compensation for Assistance with Activities of Daily Living) (***Moderator***: *Ask all participants but focus particularly on those whose Service members have a catastrophic illness or injury incurred in the line of duty.*)
f. (*Army and USMC only*): What support groups does the unit offer for you as the family member of a Service member? We are specifically interested in support groups (not family readiness group, counseling, or classes) offered by the unit (not the hospital).
g. In what areas do you need support, but have been unable to find any?

INTRO: Your Service member may have one or more non-medical case managers and/or care coordinators supporting him/her. These may include an RCC, FRC, AW2 Advocate, Squad Leader, Section Leader, Navy Safe Harbor NMCM, etc. Some of these NMCMs/Care Coordinators may also be supporting **you**. (***Moderator:*** *Please capture the position of the case manager/care coordinator named if the participant does not.*)

a. Which of these non-medical case managers/ care coordinators have supported **you**?
b. What types of support have they provided to **you**?
c. To what extent have they met **your** needs?
d. How comfortable do the non-medical case managers/ care coordinators who work with you (including cadre/chain of command) seem with psychological health issues?
e. Tell us about your experiences with the unit leadership:
    i. For Army and Marine Corps family members this will be the leadership of your Service member's transition unit.
    ii. For Navy and Air Force family members this will be the leadership of your Service member's operational unit.

For family caregivers of RC RWs ONLY (at AC locations and at CBWTU):

f. Who from the RC is reaching out and offering support to you as the family member of an RC RW? (Wait for top-of-mind response, if any, then offer example of state Family Programs office.)
g. To what extent do they meet **your** needs?

INTRO: Let's take a moment to focus specifically on the Comprehensive Recovery Plan/ Comprehensive Transition Plan.

a. Are you familiar with what the CRP/CTP is? (**show of hands**) (Army family caregivers may be more familiar with AWCTS)
b. In what ways are **you** included in the CRP/CTP process?

II. Recovering Warrior Information Resources

INTRO: We'd like to talk with you about information resources for recovering warriors and their families**.** Please note these questions about information resources are about **your experiences** with these information resources, rather than your Service member's.

When your Service member was seriously wounded, ill, or injured, they and you began a treatment, recovery, and rehabilitation journey together.

a. Throughout this journey with your Service member, how have you gotten the information that you needed?
b. To what extent has the information available to you met **your** needs?
c. What prevents **you** from taking fuller advantage of these and other information resources?
d. What is your understanding of whether you are supposed to accompany your Service member on medical and non-medical appointments/briefings?

Now let us ask you some questions about specific information sources. (***Moderator:*** *Ask for show of hands.*)

a. Have **you** consulted the *National Resource Directory*? This is an online directory of national, state, and local governmental and non-governmental services and resources that assist with recovery, rehabilitation, and reintegration.
   - How helpful was it?

b. Have **you** consulted *Military OneSource*? This is an all-purpose portal for the military community, accessible online or by phone, and provides dedicated support for recovering warriors and their families.
   - How helpful was it?

c. Have you consulted *Military OneSource Wounded Warrior Specialty Consultations*? (***Moderator***: *If all say no, or no one recognizes the name, explain it is a call center for Service members and families that is accessed through Military OneSource*.)
   - How helpful was it?

d. Have **you** sought any assistance from a military *Family Assistance Center* to get help with RW-related concerns (e.g. Army SFAC, Army Community Service, Navy Fleet and Family Support Center, Airman and Family Readiness Center, and Marine Corps Community Services)? (Also ask NG family caregivers whether they have sought assistance from the state Family Programs office.)
   - If so, which one?
   - How helpful was it?

III. Services for PTSD

INTRO: Many combat veterans experience posttraumatic stress disorder (PTSD). Some Service members experience PTS symptoms that could become more severe if untreated.

a. What treatment options are available for PTSD at this location?
b. To what extent have available treatment options met the needs of Service members diagnosed with PTSD?
c. What kinds of support services are available to family members of Service members with PTSD, including:
    i. Support groups (**show of hands**)
    ii. Classes (**show of hands**)
    iii. Counseling/therapy (**show of hands**)
    iv. Other forms of support. (***Moderators:*** *Ask participants to list these other forms.*)
d. To what extent have these support services met your needs?

IV. Services for TBI

INTRO: Many combat veterans also experience traumatic brain injuries (TBI).

a. What treatment options are available for TBI at this location?
b. To what extent do available treatment options meet the needs of Service members diagnosed with TBI?
c. What kinds of support services, are available to family members of RWs with TBI, including:
    i. Support groups (**show of hands**)
    ii. Classes (**show of hands**)
    iii. Counseling/therapy (**show of hands**)
    iv. Other forms of support. (***Moderators:*** *Ask participants to list these other forms.*)
d. To what extent do these support services meet your needs?

V. Wrap Up

As we draw to a close, we have one final question.

a. We have discussed programs and personnel that are available to support family members of RWs. What support has been the most helpful to you? Please consider supports that have already been mentioned today as well as other kinds of support that have not been mentioned.
b. If you were "king/queen for a day" and in charge of all RW programs and policies, what would your first action be?

c. (If time permits) What else would you like to tell us?

This concludes our discussion. Please remember not to repeat what you heard in this room. Thank you for taking the time to share your opinions and experiences with us. Your thoughts are invaluable to our efforts to inform the Secretary of Defense and Congress on these matters. Once again, thank you very much, and our sincere best wishes for your Service member's continued recovery.

APPENDIX H-3: RECOVERING WARRIOR MINI-SURVEY

RWTF Focus Groups: Mini Survey for Recovering Warriors

ABOUT YOU

1. Where are you in the recovery, rehabilitation, and transition process? (Mark only one)

- O Early in the process: I am receiving regular medical care and am unsure if I will return to duty or transition out of the military
- O Middle of the process: I am nearing the medical decision point, when I have reached maximum medical benefit according to my medical care providers and it is time to decide whether I will return to duty or transition out of the military.
- O Returning to Duty: I have begun the process to return to duty
- O In Disability Evaluation System (DES): I have begun the disability evaluation process. ***Please answer the two questions below about your DES status***.

1a. Are you in Legacy DES or Integrated DES? (Mark only one):

- ☐ Legacy DES (starts with a DoD exam)
- ☐ Integrated DES (starts with a VA exam)
- ☐ Not sure

1b. Which steps have been completed? (Mark all that apply):

- ☐ Compensation & pension (C&P) exam
- ☐ Medical evaluation board
- ☐ Briefing by VA MSC
- ☐ Physical evaluation board
- ☐ Does not apply; I have not completed any of these steps.

2. What is your gender?

- O Male
- O Female

3. Please tell us about your condition. (Mark all that apply)

- O Traumatic Brain Injury
- O Amputation
- O Spinal Cord injury
- O Burn injury
- O Vision loss
- O Psychological diagnosis
- O Intra-abdominal injury
- O Orthopedic injury
- O Chest injury
- O Hearing loss
- O Inhalation injury
- O Medical diagnosis

5. What is your marital status?

- O Married
- O Single, never married
- O Legally separated or filing for divorce
- O Divorced or widowed

6. Do you have dependent children living in the home?

- O Yes
- O No

7. What is your branch of Service?

Active Component	*Reserve Component*
O Army	O Army Reserve
O Navy	O Army National Guard
O Air Force	O Navy Reserve
O Marine Corps	O Air Force Reserve
O Coast Guard	O Air National Guard
	O Marine Corps Reserve
	O Coast Guard Reserve

8. What is your pay grade?

O E1	O E6	O WO1	O O1
O E2	O E7	O CW2	O O2
O E3	O E8	O CW3	O O3
O E4	O E9	O CW4	O O4
O E5		O CW5	O O5
			O O6

CASE MANAGEMENT SUPPORT FOR YOU

9. Please indicate whether you are working with <u>each</u> of the following types of case managers by marking NOT SURE, NO, or YES. For each type of case manager, if you indicate YES, please rate how helpful they are to you.

	a. Have you used any of these case managers or care coordinators?			**b. *<u>If YES</u>*, how helpful have these case managers or care coordinators been to you?**				
	Not sure	**No**	**Yes**	**Not at all helpful**	**A little helpful**	**Moderately helpful**	**Very helpful**	**Extremely helpful**
a. Nurse Case Manager/Medical Care Case Manager (MCCM)?	O	O	O →	O	O	O	O	O
b. Recovery Care Coordinator (RCC)?	O	O	O →	O	O	O	O	O
c. Army Squad Leader?	O	O	O →	O	O	O	O	O
d. Army Wounded Warrior Program (AW2) Advocate?	O	O	O →	O	O	O	O	O
e. USMC Section Leader?	O	O	O →	O	O	O	O	O
f. Navy Safe Harbor Non-Medical Case Manager (NMCM)?	O	O	O →	O	O	O	O	O
g. Air Force Wounded Warrior Program (AFW2) NMCM?	O	O	O →	O	O	O	O	O
h. SOCOM Care Coalition Liaison?	O	O	O →	O	O	O	O	O
i. SOCOM Care Coalition Advocate?	O	O	O →	O	O	O	O	O
j. Federal Recovery Coordinator (FRC)?	O	O	O →	O	O	O	O	O
k. Other case manager? Specify (Title of program/position rather than name of person): _____	O	O	O →	O	O	O	O	O

INFORMATION RESOURCES FOR YOU

10. Please indicate whether you have used each of the following information resources by marking NOT SURE, NO, or YES. For each information resource, if you indicate YES, please rate how helpful it has been to you.

	a. Have you used any of these information resources?			b. *If YES*, how helpful have these information resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Military OneSource Wounded Warrior Specialty Consultations?	O	O	O →	O	O	O	O	O
b. Military OneSource (other than Wounded Warrior Specialty Consultations)?	O	O	O	O	O	O	O	O
c. National Resource Directory?	O	O	O →	O	O	O	O	O
d. Military Hotline (e.g., Army Wounded Soldier and Family Hotline, Navy Wounded Warrior Call Center, Marine Corps Sergeant Merlin German Wounded Warrior Call Center)?	O	O	O →	O	O	O	O	O
e. Military Family Assistance Center?	O	O	O →	O	O	O	O	O

SUPPORT FOR YOU DURING THE DES PROCESS

11. Have you met with your Physical Evaluation Board Liaison Officer (PEBLO)?

_____ Yes _____ No

12. How helpful is your PEBLO to you?

- O Does not apply—I do not have a PEBLO
- O Extremely helpful
- O Very helpful
- O Moderately helpful
- O A little bit helpful
- O Not at all helpful

VOCATIONAL RESOURCES FOR YOU

13. Please indicate whether you have had first-hand experience with any of the following vocational programs by marking NOT SURE, NO, or YES. For each of the programs, if you indicate YES you have had first-hand experience, please rate how helpful it has been to you.

	a. Have you used any of these vocational resources?			**b. *If YES*, how helpful have these vocational resources been to you?**				
	Not sure	**No**	**Yes**	**Not at all helpful**	**A little helpful**	**Moderately helpful**	**Very helpful**	**Extremely helpful**
a. Operation Warfighter (OWF)?	O	O	O →	O	O	O	O	O
b. Education and Employment Initiative (E2I)?	O	O	O →	O	O	O	O	O
c. Other internship opportunities? Specify: _____	O	O	O →	O	O	O	O	O
d. DVOPS at REALifelines?	O	O	O →	O	O	O	O	O
e. VA VR&E?	O	O	O →	O	O	O	O	O
f. Army Career and Education Readiness?	O	O	O →	O	O	O	O	O
g. Transition Goals, Plans, and Success (GPS)/Transition Assistance Program (TAP)?	O	O	O →	O	O	O	O	O
h. Other employment preparation or job readiness programs? Specify: _____	O	O	O →	O	O	O	O	O

OTHER DOD PROGRAMS AND SERVICES FOR YOU

14. Please indicate whether you have had first-hand experience with any of the following programs and services by marking NOT SURE, NO, or YES. For each of the programs, if you indicate YES you have had first-hand experience, please rate how helpful it has been to you.

Have you used any of these RW resources? If YES, rate helpfulness.				**If YES, How helpful have these RW resources been to you?**				
	Not sure	**No**	**Yes**	**Not at all helpful**	**A little helpful**	**Moderately helpful**	**Very helpful**	**Extremely helpful**
a. Services for TBI?	O	O	O →	O	O	O	O	O
b. Services for PTSD?	O	O	O →	O	O	O	O	O
c. Support for family caregivers?	O	O	O →	O	O	O	O	O
d. Integrated Disability Evaluation System (IDES)?	O	O	O →	O	O	O	O	O
e. Legal support for RWs and families during the MEB phase of IDES?	O	O	O →	O	O	O	O	O

Thank you for providing this information.

APPENDIX H-4: FAMILY MEMBER MINI-SURVEY

RWTF Focus Groups: Mini Survey for Family Members

ABOUT YOU

1. What is your relationship to the recovering Service member?

- O Parent of recovering Service member
- O Spouse of recovering Service member
- O Other (Please specify):_____

2. What is your gender?

- O Male
- O Female

ABOUT YOUR SERVICE MEMBER

3. Where is your Service member in the process of recovery, rehabilitation, and transition? (Mark only one)

- O Early in the process: Receiving regular medical care and is unsure if he/she will return to duty or transition out of the military
- O Middle of the process: Nearing the medical decision point, when he/she has reached maximum medical benefit according to the medical care providers and it is time to decide whether he/she will return to duty or transition out of the military.
- O Returning to Duty: Has begun the process to return to duty
- O In Disability Evaluation System (DES)

4. What is your Service member's marital status?

- O Married
- O Single, never married
- O Legally separated or filing for divorce
- O Divorced or widowed

5. Does your Service member have dependent children living in the home?

- O Yes
- O No

6. Please tell us about your Service member's condition. (Mark all that apply)

- O Traumatic Brain Injury
- O Amputation
- O Spinal Cord injury
- O Burn injury
- O Vision loss
- O Psychological diagnosis
- O Intra-abdominal injury
- O Orthopedic injury
- O Chest injury
- O Hearing loss
- O Inhalation injury
- O Medical diagnosis

7. What is your Service member's branch of Service?

Active Component	*Reserve Component*
O Army	O Army Reserve
O Navy	O Army National Guard
O Air Force	O Navy Reserve
O Marine Corps	O Air Force Reserve
O Coast Guard	O Air National Guard
	O Marine Corps Reserve
	O Coast Guard Reserve

8. What is your Service member's pay grade?

O E1	O E6	O WO1	O O1
O E2	O E7	O CW2	O O2
O E3	O E8	O CW3	O O3
O E4	O E9	O CW4	O O4
O E5		O CW5	O O5
			O O6

ABOUT SUPPORT YOU HAVE RECEIVED

9. Please indicate whether your Service member is working with each of the following types of case managers by marking NOT SURE, NO, or YES. For each type of case manager, if you indicate YES, please rate how helpful they are to you.

	a. Has your Service member used any of these case managers or care coordinators?			b. *If YES*, how helpful have these case managers or care coordinators been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Nurse Case Manager/ Medical Care Case Manager (MCCM)?	O	O	O →	O	O	O	O	O
b. Recovery Care Coordinator (RCC)?	O	O	O →	O	O	O	O	O
c. Army Squad Leader?	O	O	O →	O	O	O	O	O
d. Army Wounded Warrior Program (AW2) Advocate?	O	O	O →	O	O	O	O	O
e. USMC Section Leader?	O	O	O →	O	O	O	O	O
f. Navy Safe Harbor Non Medical Case Manager (NMCM)?	O	O	O →	O	O	O	O	O
g. Air Force Wounded Warrior Program (AFW2) NMCM?	O	O	O →	O	O	O	O	O
h. SOCOM Care Coalition Liaison?	O	O	O →	O	O	O	O	O
i. SOCOM Care Coalition Advocate?	O	O	O →	O	O	O	O	O
j. Federal Recovery Coordinator (FRC)?	O	O	O →	O	O	O	O	O
k. Other case manager? Specify (Title of program/position rather than name of person): _____	O	O	O →	O	O	O	O	O

ABOUT INFORMATION RESOURCES FOR YOU

10. Please indicate whether you have used each of the following information resources by marking NOT SURE, NO, or YES. For each information resource, if you indicate YES, please rate how helpful it has been to you.

	a. Have you used any of these information resources?			b. *If YES*, how helpful have these information resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Military OneSource Wounded Warrior Specialty Consultations?	O	O	O →	O	O	O	O	O
b. Military OneSource (other than Wounded Warrior Specialty Consultations)?	O	O	O →	O	O	O	O	O
c. National Resource Directory?	O	O	O →	O	O	O	O	O
d. Military Hotline (e.g., Army Wounded Soldier and Family Hotline, Navy Wounded Warrior Call Center, Marine Corps Sergeant Merlin German Wounded Warrior Call Center)?	O	O	O →	O	O	O	O	O
e. Military Family Assistance Center	O	O	O →	O	O	O	O	O

SUPPORT FOR YOUR FAMILY

11. For each stage of your Service member's treatment and recovery, please indicate your overall level of satisfaction or dissatisfaction with the military's support for your family.

Stages of Treatment/Recovery Process	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
a. Support getting you to the member's bedside after you were notified	○	○	○	○	○	○
b. Support while member undergoes inpatient care	○	○	○	○	○	○
c. Support during outpatient care or partial hospitalization	○	○	○	○	○	○
d. Support during follow up care (home, rehabilitation)	○	○	○	○	○	○

12. Please indicate your level of satisfaction or dissatisfaction with the military's support of your family in each of the following areas:

Areas of Support	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
a. Overall support	○	○	○	○	○	○
b. Finances (e.g., advances, reimbursements)	○	○	○	○	○	○
c. Logistics (e.g., movement to and between treatment facilities)	○	○	○	○	○	○
d. Condition of facilities	○	○	○	○	○	○
e. Information/education to help you care for your Service member	○	○	○	○	○	○
f. Information/education about available benefits and services	○	○	○	○	○	○
g. Emotions (e.g., stress management, coping with depression /grief)	○	○	○	○	○	○
h. Assistance/advocacy (e.g., reducing red-tape, case management, respite care)	○	○	○	○	○	○
i. Support helping children cope with a Service member's injuries	○	○	○	○	○	○

OTHER DOD PROGRAMS AND SERVICES FOR YOU

13. Please indicate whether you have first-hand experience with any of the following programs and services by marking NOT SURE, NO, or YES. For each of the programs, if you indicate YES you have had first-hand experience, please rate how helpful it has been to you.

	a. Have you used any of these RW resources?			b. *If YES*, how helpful have these RW resources been to you?				
	Not sure	No	Yes	Not at all helpful	A little helpful	Moderately helpful	Very helpful	Extremely helpful
a. Services for TBI?	○	○	○ →	○	○	○	○	○
b. Services for PTSD?	○	○	○ →	○	○	○	○	○
c. Integrated Disability Evaluation System (IDES)?	○	○	○ →	○	○	○	○	○
d. Legal support for RWs and families during the MEB phase of IDES?	○	○	○ →	○	○	○	○	○

Thank you for providing this information.

APPENDIX I-1: RECOVERING WARRIOR MINI-SURVEY RESULTS

Demographic Profile (N = 116)		
Variable/Response	N*	Percent**
Gender:		
Male	102	90%
Female	11	10%
Total	113	100%
Branch of Service:		
Army	26	22%
Navy	6	5%
Air Force	11	9%
Marine Corps	21	18%
Coast Guard	0	0%
Army Reserve	16	14%
Army National Guard	33	28%
Air Force Reserve	0	0%
Air National Guard	1	1%
Naval Reserve	1	1%
Marine Corps Reserve	1	1%
Coast Guard Reserve	0	0%
Total	116	99%
Pay Grade:		
E1 – E3	10	9%
E4 – E6	81	70%
E7 – E9	21	18%
WO	3	3%
O1 – O3	1	1%
O4 – O6	0	0%
Total	116	101%
Marital Status:		
Married	71	62%
Single, never married	27	23%
Legally separated or filing for divorce	3	3%
Divorced or widowed	14	12%
Total	115	100%
Dependent Children Living in the Home:		
No	58	50%
Yes	58	50%
Total	116	100%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Care Profile (N = 113)		
Variable/Response	N*	Percent**
Where are you in the process of recovery, rehabilitation, and transition?		
Early	17	15%
Middle	16	14%
Returning to Duty	9	8%
In Disability Evaluation System	71	63%
Total	113	100%
If in DES, are you in the Legacy DES or Integrated DES?		
Legacy DES (starts with a DoD exam)	2	3%
Integrated DES (starts with a VA exam)	47	73%
Not sure	15	23%
Total	64	99%

Care Profile (N = 113)		
Variable/Response	N*	Percent**
If in DES, what steps have been completed? (Mark all that apply)		
Compensation & pension (C&P) exam	37	57%
Medical Evaluation Board	54	83%
Briefing by VA MSC completed	33	51%
Physical Evaluation Board	32	49%
Does not apply; I have not completed any of these steps	3	5%
Total number of respondents	65	
Number of Service members who endorsed each of the following conditions:		
Traumatic Brain Injury	35	31%
Amputation	5	4%
Spinal Cord Injury	13	12%
Burn Injury	3	3%
Vision Loss	10	9%
Psychological Diagnosis	47	42%
Intra-abdominal Injury	5	4%
Orthopedic Injury	54	48%
Chest Injury	5	4%
Hearing Loss	22	20%
Inhalation Injury	4	4%
Medical Diagnosis	47	42%
Total number of respondents	113	
Total number of conditions endorsed:		
One	46	41%
Two	31	27%
Three	16	14%
Four	8	7%
Five	10	9%
Six	2	2%
Seven	0	0%
Eight	0	0%
Total number of respondents	113	100%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Case Management Support (N = 114)		
Variable/Response	N*	Percent**
Please indicate whether you are working with each of the following types of case managers:		
Nurse Case Manager/Medical Care Case Manager (MCCM)		
No	5	4%
Yes	102	90%
Not Sure	6	5%
Total	113	99%
Recovery Care Coordinator (RCC)		
No	7	18%
Yes	28	72%
Not Sure	4	10%
Total	39	100%
Army Squad Leader		
No	9	13%
Yes	59	84%
Not Sure	2	3%
Total	70	100%

Case Management Support (N = 113)		
Variable/Response	N*	Percent**
Please indicate whether you are working with each of the following types of case managers:		
Army Wounded Warrior Program (AW2) Advocate		
No	28	39%
Yes	35	49%
Not Sure	9	13%
Total	72	101%
USMC Section Leader		
No	3	14%
Yes	18	86%
Not Sure	0	0%
Total	21	100%
Navy Safe Harbor Nonmedical Case Manager (NMCM)		
No	1	14%
Yes	6	86%
Not Sure	0	0%
Total	7	100%
Air Force Wounded Warrior Program (AFW2) NMCM		
No	3	25%
Yes	9	75%
Not Sure	0	0%
Total	12	100%
SOCOM Care Coalition Liaison		
No	98	91%
Yes	1	1%
Not Sure	9	8%
Total	108	100%
SOCOM Care Coalition Advocate		
No	95	91%
Yes	0	0%
Not Sure	9	9%
Total	104	100%
Federal Recovery Coordinator		
No	90	84%
Yes	5	5%
Not Sure	12	11%
Total	107	100%
Other Case Manager		
No	69	70%
Yes	13	13%
Not Sure	16	16%
Total	98	99%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Variable/Response	N*	Percent**
Please rate how helpful the following are to you:		
Nurse Case Manager/Medical Care Case Manager (MCCM)		
Extremely helpful	43	43%
Very helpful	36	36%
Moderately helpful	13	13%
A little helpful	6	6%
Not at all helpful	1	1%
Total	99	99%
Recovery Care Coordinator (RCC)		
Extremely helpful	5	19%
Very helpful	13	48%
Moderately helpful	4	15%
A little helpful	3	11%
Not at all helpful	2	7%
Total	27	100%
Army Squad Leader		
Extremely helpful	20	35%
Very helpful	25	44%
Moderately helpful	9	16%
A little helpful	1	2%
Not at all helpful	2	4%
Total	57	101%
Army Wounded Warrior Program (AW2) Advocate		
Extremely helpful	36	36%
Very helpful	13	33%
Moderately helpful	5	14%
A little helpful	3	8%
Not at all helpful	3	8%
Total	38	99%
USMC Section Leader		
Extremely helpful	0	0%
Very helpful	0	0%
Moderately helpful	0	0%
A little helpful	0	0%
Not at all helpful	0	0%
Total	0	0%
Navy Safe Harbor Nonmedical Case Manager (NMCM)		
Extremely helpful	0	0%
Very helpful	0	0%
Moderately helpful	0	0%
A little helpful	0	0%
Not at all helpful	0	0%
Total	0	0%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Variable/Response	N*	Percent**
Please rate how helpful the following are to you:		
Air Force Wounded Warrior Program (AFW2) NMCM		
Extremely helpful	0	0%
Very helpful	0	0%
Moderately helpful	0	0%
A little helpful	0	0%
Not at all helpful	0	0%
Total	0	0%
SOCOM Care Coalition Liaison		
Extremely helpful	1	100%
Very helpful	0	0%
Moderately helpful	0	0%
A little helpful	0	0%
Not at all helpful	0	0%
Total	1	100%
SOCOM Care Coalition Advocate		
Extremely helpful	0	0%
Very helpful	0	0%
Moderately helpful	0	0%
A little helpful	0	0%
Not at all helpful	0	0%
Total	0	0%
Federal Recovery Coordinator		
Extremely helpful	0	0%
Very helpful	2	50%
Moderately helpful	2	50%
A little helpful	0	0%
Not at all helpful	0	0%
Total	4	100%
Other Case Manager		
Extremely helpful	6	46%
Very helpful	5	39%
Moderately helpful	0	0%
A little helpful	1	8%
Not at all helpful	1	8%
Total	13	101%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Information Resources (N = 114)		
Variable/Response	N*	Percent**
Please indicate whether you have used each of the following information resources:		
Wounded Warrior Resource Center		
No	79	71%
Yes	26	23%
Not Sure	7	6%
Total	112	100%
National Resource Directory		
No	97	87%
Yes	6	5%
Not Sure	8	7%
Total	111	99%
Military OneSource		
No	74	65%
Yes	35	31%
Not Sure	5	4%
Total	114	100%
Military Hotline		
No	100	88%
Yes	10	9%
Not Sure	4	4%
Total	114	101%
Military Family Assistance Center		
No	72	66%
Yes	34	31%
Not Sure	4	4%
Total	110	101%
How helpful have these information resources been to you?		
Wounded Warrior Resouce Center		
Extremely helpful	4	17%
Very helpful	9	38%
Moderately helpful	7	29%
A little helpful	3	13%
Not at all helpful	1	4%
Total	24	101%
National Resource Directory		
Extremely helpful	1	20%
Very helpful	1	20%
Moderately helpful	3	60%
A little helpful	0	0%
Not at all helpful	0	0%
Total	5	100%
Military OneSource		
Extremely helpful	7	22%
Very helpful	16	50%
Moderately helpful	4	13%
A little helpful	3	9%
Not at all helpful	2	6%
Total	32	100%

Variable/Response	N*	Percent**
How helpful have these information resources been to you?		
Military Hotline		
Extremely helpful	2	22%
Very helpful	3	33%
Moderately helpful	2	22%
A little helpful	2	22%
Not at all helpful	0	0%
Total	9	100%
Military Family Assistance Center		
Extremely helpful	12	40%
Very helpful	10	33%
Moderately helpful	5	17%
A little helpful	3	10%
Not at all helpful	0	0%
Total	30	100%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Support During the DES Process (N = 112)		
Variable/Response	N*	Percent**
Have you met with your Physical Evaluation Board Liaison Officer (PEBLO)?		
No	41	37%
Yes	71	63%
Total	112	100%
How helpful is your PEBLO to you?		
Extremely helpful	19	28%
Very helpful	26	38%
Moderately helpful	11	16%
A little bit helpful	9	13%
Not at all helpful	4	6%
Total	69	101%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Vocational Resources (N = 110)		
Variable/Response	N*	Percent**
Please indicate whether you have first-hand experience with any of the following vocational programs:		
Operation Warfighter		
No	78	75%
Yes	13	13%
Not Sure	13	13%
Total	104	101%
Education and Employment Initiative (E2I, from DoD)		
No	77	70%
Yes	19	17%
Not Sure	14	13%
Total	110	100%
Other internship opportunities		
No	88	87%
Yes	11	11%
Not Sure	2	2%
Total	101	100%
DVOPs at REALifelines		
No	96	87%
Yes	3	3%
Not Sure	11	10%
Total	110	100%
VA VR&E		
No	61	58%
Yes	29	28%
Not Sure	15	14%
Total	105	100%
Army Career and Education Readiness		
No	36	52%
Yes	31	45%
Not Sure	2	3%
Total	107	100%
Transition Assistance Program (TAP)		
No	49	46%
Yes	50	47%
Not Sure	7	7%
Total	106	100%
Other employment preparation or job readiness programs		
No	75	73%
Yes	19	18%
Not Sure	9	9%
Total	103	100%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Variable/Response	N*	Percent**
How helpful have these vocational programs been to you?:		
Operation Warfighter		
Extremely helpful	6	50%
Very helpful	1	8%
Moderately helpful	4	33%
A little helpful	1	8%
Not at all helpful	0	0%
Total	12	99%
Education and Employment Initiative (E2I, from DoD)		
Extremely helpful	5	28%
Very helpful	8	44%
Moderately helpful	4	22%
A little helpful	1	6%
Not at all helpful	0	0%
Total	18	100%
Other internship opportunities		
Extremely helpful	5	50%
Very helpful	3	30%
Moderately helpful	1	10%
A little helpful	0	0%
Not at all helpful	1	10%
Total	10	100%
DVOPs at REALifelines		
Extremely helpful	0	0%
Very helpful	2	67%
Moderately helpful	0	0%
A little helpful	1	33%
Not at all helpful	0	0%
Total	3	100%
VA VR&E		
Extremely helpful	10	38%
Very helpful	8	31%
Moderately helpful	4	15%
A little helpful	4	15%
Not at all helpful	0	0%
Total	26	99%
Army Career and Education Readiness		
Extremely helpful	9	30%
Very helpful	9	30%
Moderately helpful	8	27%
A little helpful	4	13%
Not at all helpful	0	0%
Total	30	100%
Transition Assistance Program (TAP)		
Extremely helpful	9	20%
Very helpful	16	35%
Moderately helpful	11	24%
A little helpful	6	13%
Not at all helpful	4	9%
Total	46	101%

Variable/Response	N*	Percent**
How helpful have these vocational programs been to you?:		
Other employment preparation or job readiness programs		
Extremely helpful	6	32%
Very helpful	10	53%
Moderately helpful	1	5%
A little helpful	2	11%
Not at all helpful	0	0%
Total	19	101%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

Experience Across Resources (N = 113)		
Variable/Response	N*	Percent**
Please indicate whether you have first-hand experience with any of the following programs:		
Services for TBI		
No	73	68%
Yes	30	28%
Not Sure	5	5%
Total	108	101%
Services for PTSD		
No	61	54%
Yes	48	43%
Not Sure	3	3%
Total	112	100%
Support for Family Caregivers		
No	80	75%
Yes	19	18%
Not Sure	7	7%
Total	106	100%
Integrated Disability Evaluation System (IDES)		
No	43	38%
Yes	63	56%
Not Sure	7	6%
Total	113	100%
Legal support for RWs and families during the MEB phase of IDES		
No	71	65%
Yes	30	27%
Not Sure	9	8%
Total	110	100%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

How helpful have these programs and services been to you?		
Variable/Response	N*	Percent**
Services for TBI		
Extremely helpful	7	23%
Very helpful	10	33%
Moderately helpful	5	17%
A little helpful	3	10%
Not at all helpful	5	17%
Total	30	100%
Services for PTSD		
Extremely helpful	15	32%
Very helpful	17	36%
Moderately helpful	10	21%
A little helpful	4	9%
Not at all helpful	1	2%
Total	47	100%
Support for Family Caregivers		
Extremely helpful	2	12%
Very helpful	5	29%
Moderately helpful	5	29%
A little helpful	4	24%
Not at all helpful	1	6%
Total	17	100%
Integrated Disability Evaluation System (IDES)		
Extremely helpful	5	9%
Very helpful	15	26%
Moderately helpful	27	47%
A little helpful	8	14%
Not at all helpful	3	5%
Total	58	101%
Legal support for RWs and families during the MEB phase of IDES		
Extremely helpful	11	38%
Very helpful	6	21%
Moderately helpful	7	24%
A little helpful	5	17%
Not at all helpful	0	0%
Total	29	100%

*Not every participant answered each question.
**Percentages may not sum to 100% due to rounding.
***Survey results with a very small sample size are in gray font.

APPENDIX I-2: FAMILY MEMBER MINI-SURVEY RESULTS

Demographic Profile (N = 45)	
Variable/Response	N*
Gender of Family Member:	
Male	6
Female	36
Total	42
Family Member relationship to the recovering Service member:	
Parent of recovering Service member	1
Spouse of recovering Service member	35
Other	9
Total	45
Branch of Service:	
Army	19
Navy	1
Air Force	0
Marine Corps	13
Coast Guard	0
Army Reserve	7
Army National Guard	4
Air Force Reserve	0
Air National Guard	0
Naval Reserve	0
Marine Corps Reserve	1
Coast Guard Reserve	0
Total	45
Service Member Pay Grade:	
E1 – E3	1
E4 – E6	37
E7 – E9	7
WO	0
O1 – O3	0
O4 – O6	0
Total	45
What is your Service member's marital status?	
Married	39
Single, never married	1
Legally separarted or filing for divorce	0
Divorced or widowed	5
Total	45
Does your Service member have dependent children living in the home?	
No	15
Yes	29
Total	44

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Care Profile (N = 44)	
Variable/Response	N*
Where is your Service member in the process of recovery, rehabilitation, and transition?	
Early	7
Middle	12
Returning to Duty	3
In Disability Evaluation System (DES)	21
Total	43
Number of Service members with each of the following conditions:	
Traumatic Brain Injury	21
Amputation	1
Spinal Cord Injury	9
Burn Injury	4
Vision Loss	5
Psychological Diagnosis	24
Intra-abdominal Injury	3
Orthopedic Injury	31
Chest Injury	1
Hearing Loss	13
Inhalation Injury	2
Medical Diagnosis	22
Total number of conditions endorsed:	
One	12
Two	5
Three	10
Four	8
Five	4
Six	3
Seven	2
Eight	0
Nine	0
Total	44

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Case Managers (N = 44)	
Variable/Response	N*
Please indicate whether your Service member is working with each of the following types of case managers:	
Nurse Case Manager/Medical Care Case Manager (MCCM)	
No	0
Yes	39
Not Sure	2
Total	41
Recovery Care Coordinator (RCC)	
No	1
Yes	13
Not Sure	1
Total	15
Army Squad Leader	
No	3
Yes	23
Not Sure	0
Total	26
Army Wounded Warrior Program (AW2) Advocate	
No	5
Yes	19
Not Sure	5
Total	29
USMC Section Leader	
No	0
Yes	13
Not Sure	0
Total	13
Navy Safe Harbor Non Medical Case Manager (NMCM)	
No	0
Yes	1
Not Sure	0
Total	1
Air Force Wounded Warrior Program (AFW2) NMCM	
No	0
Yes	0
Not Sure	0
Total	0
SOCOM Care Coalition Liaison	
No	29
Yes	0
Not Sure	12
Total	41
SOCOM Care Coalition Advocate	
No	26
Yes	0
Not Sure	12
Total	38
Federal Recovery Coordinator (FRC)	
No	21
Yes	5
Not Sure	15
Total	41

Variable/Response	N*
Please indicate whether your Service member is working with each of the following types of case managers:	
Other Case Manager	
No	13
Yes	7
Not Sure	11
Total	31

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Variable/Response	N*
Please rate how helpful the following are to you:	
Nurse Case Manager/Medical Care Case Manager (MCCM)	
Extremely helpful	14
Very helpful	11
Moderately helpful	7
A little helpful	1
Not at all helpful	6
Total	39
Recovery Care Coordinator (RCC)	
Extremely helpful	4
Very helpful	3
Moderately helpful	3
A little helpful	2
Not at all helpful	0
Total	12
Army Squad Leader	
Extremely helpful	12
Very helpful	6
Moderately helpful	2
A little helpful	0
Not at all helpful	3
Total	23
Army Wounded Warrior Program (AW2) Advocate	
Extremely helpful	11
Very helpful	4
Moderately helpful	1
A little helpful	2
Not at all helpful	1
Total	19
USMC Section Leader	
Extremely helpful	3
Very helpful	5
Moderately helpful	3
A little helpful	1
Not at all helpful	1
Total	13
Navy Safe Harbor Non Medical Case Manager (NMCM)	
Extremely helpful	0
Very helpful	1
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	1

Variable/Response	N*
Please rate how helpful the following are to you:	
Air Force Wounded Warrior Program (AFW2) NMCM	
Extremely helpful	0
Very helpful	0
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	0
SOCOM Care Coalition Liaison	
Extremely helpful	0
Very helpful	0
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	0
SOCOM Care Coalition Advocate	
Extremely helpful	0
Very helpful	0
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	0
Federal Recovery Coordinator (FRC)	
Extremely helpful	2
Very helpful	1
Moderately helpful	2
A little helpful	0
Not at all helpful	0
Total	5
Other Case Manager	
Extremely helpful	5
Very helpful	1
Moderately helpful	0
A little helpful	1
Not at all helpful	.0
Total	7

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Information Resources (N = 44)	
Variable/Response	N*
Please indicate whether you have used each of the following information resources:	
Wounded Warrior Resource Center	
No	27
Yes	12
Not Sure	1
Total	40
National Resource Directory	
No	35
Yes	1
Not Sure	5
Total	41
Military OneSource	
No	24
Yes	16
Not Sure	4
Total	44
Military Hotline	
No	39
Yes	1
Not Sure	4
Total	44
Military Family Assistance Center	
No	23
Yes	10
Not Sure	7
Total	40
How helpful have these information resources been to you?	
Wounded Warrior Resouce Center	
Extremely helpful	1
Very helpful	5
Moderately helpful	4
A little helpful	2
Not at all helpful	0
Total	12
National Resource Directory	
Extremely helpful	0
Very helpful	0
Moderately helpful	0
A little helpful	1
Not at all helpful	0
Total	1
Military OneSource	
Extremely helpful	2
Very helpful	6
Moderately helpful	3
A little helpful	4
Not at all helpful	1
Total	16

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Variable/Response	N*
How helpful have these information resources been to you?	
Military Hotline	
Extremely helpful	0
Very helpful	1
Moderately helpful	0
A little helpful	0
Not at all helpful	0
Total	1
Military Family Assistance Center	
Extremely helpful	7
Very helpful	2
Moderately helpful	1
A little helpful	0
Not at all helpful	0
Total	10

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Family Support (N = 44)	
Variable/Response	N*
Please indicate your overall level of satisfaction or dissatisfaction with the military's support for your family:	
Support getting you to the member's bedside after you were notified	
Very satisfied	6
Satisfied	9
Neither satisfied or dissatisfied	4
Dissatisfied	0
Very dissatisfied	0
Does not apply	21
Total	40
Support while member undergoes inpatient care	
Very satisfied	15
Satisfied	8
Neither satisfied or dissatisfied	4
Dissatisfied	6
Very dissatisfied	3
Does not apply	8
Total	44
Support during outpatient care or partial hospitalization	
Very satisfied	11
Satisfied	10
Neither satisfied or dissatisfied	7
Dissatisfied	3
Very dissatisfied	5
Does not apply	4
Total	40
Support during follow-up care (home, rehabilitation)	
Very satisfied	16
Satisfied	10
Neither satisfied or dissatisfied	3
Dissatisfied	6
Very dissatisfied	2
Does not apply	6
Total	43

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Family Support (N = 44)	
Variable/Response	N*
Please indicate your level of satisfaction or dissatisfaction with the military's support of your family in each of the following areas:	
Overall support	
Very satisfied	16
Satisfied	14
Neither satisfied or dissatisfied	4
Dissatisfied	3
Very dissatisfied	3
Does not apply	0
Total	40
Finances (e.g., advances, reimbursements)	
Very satisfied	11
Satisfied	16
Neither satisfied or dissatisfied	5
Dissatisfied	4
Very dissatisfied	2
Does not apply	6
Total	44
Logistics (e.g., movement to and between treatment facilities)	
Very satisfied	12
Satisfied	11
Neither satisfied or dissatisfied	4
Dissatisfied	5
Very dissatisfied	2
Does not apply	6
Total	40
Condition of facilities	
Very satisfied	19
Satisfied	11
Neither satisfied or dissatisfied	5
Dissatisfied	2
Very dissatisfied	0
Does not apply	6
Total	43
Information/education to help you care for your Service member	
Very satisfied	15
Satisfied	10
Neither satisfied or dissatisfied	6
Dissatisfied	6
Very dissatisfied	1
Does not apply	2
Total	40
Information/education about available benefits and services	
Very satisfied	15
Satisfied	14
Neither satisfied or dissatisfied	6
Dissatisfied	6
Very dissatisfied	2
Does not apply	1
Total	44

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Variable/Response	N*
Please indicate your level of satisfaction or dissatisfaction with the military's support of your family in each of the following areas:	
Emotions (e.g., stress management, coping with depression/grief)	
Very satisfied	10
Satisfied	11
Neither satisfied or dissatisfied	7
Dissatisfied	4
Very dissatisfied	6
Does not apply	2
Total	40
Assistance/advocacy (e.g., reducing red-tape, case management, respite care)	
Very satisfied	8
Satisfied	10
Neither satisfied or dissatisfied	10
Dissatisfied	4
Very dissatisfied	6
Does not apply	6
Total	44
Support helping children cope with a Service member's injuries	
Very satisfied	2
Satisfied	6
Neither satisfied or dissatisfied	8
Dissatisfied	3
Very dissatisfied	6
Does not apply	15
Total	40

Experience Across Resources (N = 44)	
Variable/Response	N*
Please indicate whether you have first-hand experience with any of the following programs:	
Services for TBI	
No	23
Yes	13
Not Sure	4
Total	40
Services for PTSD	
No	25
Yes	18
Not Sure	1
Total	44
Integrated Disability Evaluation System (IDES)	
No	24
Yes	13
Not Sure	3
Total	40
Legal support for RWs and famlies during the MEB phase of IDES	
No	27
Yes	12
Not Sure	5
Total	44

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

Variable/Response	N*
How helpful have these resources been to you?	
Services for TBI	
Extremely helpful	1
Very helpful	2
Moderately helpful	4
A little helpful	3
Not at all helpful	3
Total	13
Services for PTSD	
Extremely helpful	4
Very helpful	3
Moderately helpful	6
A little helpful	3
Not at all helpful	1
Total	17
Integrated Disability Evaluation System (IDES)	
Extremely helpful	1
Very helpful	3
Moderately helpful	3
A little helpful	3
Not at all helpful	3
Total	13
Legal support for RWs and famlies during the MEB phase of IDES	
Extremely helpful	4
Very helpful	5
Moderately helpful	0
A little helpful	2
Not at all helpful	0
Total	11

*Not every participant answered each question.
**Percentages are not provided due to small sample size.
***Survey results with a very small sample size are in gray font.

APPENDIX J: DATA CALL RESULTS – POPULATION AND STAFFING OF PROGRAMS

Recovering Warrior Medical Care Case Management (MCCM) Staffing

Each organization listed below responded to data calls from the RWTF. Data were presented in back-up slides to RWTF on April 16-17, 2014.

Air Force Medical Service[1]
(As of January 31, 2014)

Number of Wounded, Ill, or Injured Currently Receiving Medical Case Management:			**930**
Percent that are combat injured within that population:			**--**
	Number of MCCMs:		
Status	RNs	MSW/LCSWs	Total
Uniformed	1	0	1
AC	1	0	1
Mobilized reservist		0	
Government civilian	22	1 LMSW	23
Contractor	104	3 LCSW	107
Total	**127**		**131**
Current ratio of MCCMs to eligible Recovering Warriors: 1:7[a]			

[a] AF RWs are not assigned to transition units. Instead, the majority remain assigned to their base unit and get follow-on care at the base MTF

US Army Warrior Care & Transition Program[2]
(As of January 31, 2014)

Number of Wounded, Ill, or Injured Currently Receiving Medical Case Management:			**7,003**
Percent that are combat injured within that population:			**--**
	Number of MCCMs:		
Status	NCMs[b]	MSW/LCSWs	Total
Uniformed	235	--	235
AC	56	--	56
Mobilized reservist	179	--	179
Government civilian	303	--	303
Contractor	2	--	2
Total	**540**	--	**540**
Current ratio of NCMs to eligible Recovering Warriors: 1:13 **Current ratio of LCSWs to eligible Recovering Warriors: NA**			

[b] Medical Care Case Managers (MCCMs) are Nurse Case Managers (NCMs).

BUMED Case Management[3,c]
(As of January 31, 2014)

Number of Wounded, Ill, or Injured Currently Receiving Medical Case Management:			**3,606**
Percent that are combat injured within that population:			**--**
	Number of MCCMs:		
Status	RNs	MSW/LCSWs	Total
Uniformed	--	--	14
AC	--	--	
Mobilized reservist	--	--	--
Government civilian	--	--	125
Contractor	--		88
Total	**204**	**23**	**227**
Current ratio of MCCMs to eligible Recovering Warriors: 1:30			

[c]The BUMED case management program serves all populations. Although not all RWs elect to live in RW barracks, and not all RW units/barracks have an embedded MCCM, each RW is assigned a MCCM. At Camp Lejeune and Camp Pendleton, which house WWR detachments, the ratios were 1:30 and 1:33, respectively.

Recovering Warrior Non-Medical Care Case Management (NMCM) Staffing

Each organization listed below responded to data calls from the RWTF. Data were presented in back-up slides to RWTF on April 16-17, 2014.

Air Force Warrior and Survivor Care[4]
(As of January 31, 2014)

Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:							**974**
Percent that are combat injured within that population:							**24%**
	Number of NMCMs:						
	Transition Unit Staff					Other NMCMs	
Status	RCCs	Platoon Sergeants	Squad Leaders	Section Leaders	AW2 Advocates	AFW2 NMCMs	Navy Safe Harbor
Uniformed	0					0	
AC							
Mobilized reservist							
Government civilian						11	
Contractor	41					16	
Total	**41**					**27**	
Staffing ratio: RCCs to eligible Recovering Warriors: 1:24							
Staffing ratio: AFW2 NMCMs to Recovering Warriors: 1:36							

US Army Warrior Care & Transition Program[5]
(As of January 31, 2014)

Number of Wounded, Ill, or Injured Currently Assigned to WTC (WTUs and CBWTUs):							**7003**
Percent that are combat injured within that population:							**7%**
	Number of NMCMs:						
	Transition Unit Staff					Other NMCMs	
Status	RCCs	Platoon Sergeants	Squad Leaders	Section Leaders	AW2 Advocates[d]	AFW2 NMCMs	Navy Safe Harbor
Uniformed		312	876		0		
AC		153	696				
Mobilized reservist		159	180				
Government civilian					23		
Contractor					40		
Total		**312**	**876**		**63**		
Staffing ratio: AW2 Advocates to eligible Recovering Warriors: 1:21 (1,345 eligible)							
Staffing ratio: Platoon SGTs to eligible Recovering Warriors: 1:22							
Staffing ratio: Squad Leaders to eligible Recovering Warriors: 1:16							

[d]Army Wounded Warrior (AW2) Advocates are Recovery Care Coordinators (RCC).

Marine Corps Wounded Warrior Regiment[6]
(As of January 31, 2014)

Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:							**608**
Percent that are combat injured within that population:							**51%**
	Number of NMCMs:						
	Transition Unit Staff					Other NMCMs	
Status	RCCs	Platoon Sergeants	Squad Leaders	Section Leaders	AW2 Advocates	AFW2 NMCMs	Navy Safe Harbor
Uniformed	0			59			
AC				22			
Mobilized reservist				37			
Government civilian							
Contractor	52						
Total	**52**			**59**			
Staffing ratio: RCCs to eligible Recovering Warriors: 1:21[e]							
Staffing ratio: Section Leaders to eligible Recovering Warriors: 1:10							

[e]Denominator based on total of 1067 RWs receiving RCC support, including those joined to and supported by the WWR.

Navy Wounded Warrior--Safe Harbor[7]
(As of January 31, 2014)

Number of Wounded, Ill, or Injured Currently Assigned to Wounded Warrior Unit or Program:							**310**
Percent that are combat injured within that population:							**19%**
	Number of NMCMs:						
	Transition Unit Staff					Other NMCMs	
Status	RCCs	Platoon Sergeants	Squad Leaders	Section Leaders	AW2 Advocates	AFW2 NMCMs	Navy Safe Harbor NMCMs
Uniformed	0						18
AC							14
Mobilized reservist							4
Government civilian	5						
Contractor	5						
Total	**10**						**18**
Staffing ratio: RCCs to eligible Recovering Warriors: 1:31							
Staffing ratio: NWW-SH NMCMs to eligible Recovering Warriors: 1:17							

Notes

[1] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
[2] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
[3] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.
[4] Briefing submitted to the RWTF. Air Force back-up slides. April 17, 2014.
[5] Briefing submitted to the RWTF. Army back-up slides. April 16, 2014.
[6] Briefing submitted to the RWTF. Marine back-up slides. April 17, 2014.
[7] Briefing submitted to the RWTF. Navy back-up slides. April 17, 2014.

APPENDIX K: RECOMMENDATIONS FOR CONGRESSIONALLY MANDATED TOPICS

Recommendations for Congressionally Mandated Topics

Topics Listed in 111 Pub. L. 111-84, 123 Stat 2190, Section 724, subsection c, paragraph 3:	Recommendation	Page
a. Case management	2	18
	3	23
	4	25
	5	26
b. Staffing of units and programs	2	18
	3	23
	4	25
	5	26
c. Performance and accountability standards for units and programs	2	18
	3	23
	4	25
	5	26
	9	35
d. Services for TBI and PTSD	7	31
	10	40
e. Centers of Excellence	-	
f. Interagency Program Office	-	
g. Wounded warrior information resources	2	18
	3	23
	4	25
	5	26
h. Support to family caregivers	1	11
	2	18
	3	23
	4	25
	5	26
	7	31
i. Legal support	1	11
	5	26
j. Vocational training	1	11
	2	18
	3	23
	4	25
	5	26
	9	35
k. Enhancements to the DES (IDES)	1	11
l. Support for RWs in the DES	1	11
	5	26
m. Support systems to ease transition from DoD to VA	2	18
	5	26
	8	33
n. Interagency matters affecting transition to civilian life	6	28
	8	33
o. SOC/JEC	6	28

Topics Listed in 111 Pub. L. 111-84, 123 Stat 2190, Section 724, subsection c, paragraph 3:	Recommendation	Page
p. Overall coordination between DoD and VA	4	25
	6	28
	8	33
	9	35
q. Other matters selected by the RWTF - Reserve Component	2	18
	5	26
	10	40

APPENDIX L: RECOMMENDATIONS FOR CONGRESSIONALLY MANDATED TOPICS, FY2011-FY2014

Recommendations for Congressionally Mandated Topics,

FY2011 though FY2014

Topics Listed in 111 Pub. L. 111-84, 123 Stat 2190, Section 724, subsection c, paragraph 3:	Year	Recommendations
a. Case management	FY2011	1, 3, 4, 6, 7, 8, 11, 12, 14
	FY2012	1, 2, 4, 5, 6, 10, 11, 12, 13, 21
	FY2013	2, 5, 7, 8, 11, 15, 16, 17, 19, 20, 21
	FY2014	2, 3, 4, 5
b. Staffing of units and programs	FY2011	1, 2, 4, 5, 11, 12
	FY2012	1, 2, 6, 13, 15
	FY2013	9, 18
	FY2014	2, 3, 4, 5
c. Performance and accountability standards for units and programs	FY2011	1, 2, 3, 4, 5, 6, 8, 12
	FY2012	1, 3, 5, 6, 10, 11, 20, 23
	FY2013	2, 5, 20
	FY2014	2, 3, 4, 5, 9
d. Services for TBI and PTSD	FY2011	10
	FY2012	7, 8, 9, 12
	FY2013	3, 4, 7, 8, 9
	FY2014	7, 10
e. Centers of Excellence	FY2011	9
	FY2012	8, 9
	FY2013	1
	FY2014	-
f. Interagency Program Office	FY2011	20
	FY2012	29
	FY2013	-
	FY2014	-
g. Wounded warrior information resources	FY2011	13, 14, 16
	FY2012	5, 19, 20
	FY2013	10
	FY2014	2, 3, 4, 5
h. Support to family caregivers	FY2011	13, 14, 15, 16
	FY2012	1, 2, 3, 11, 14, 15, 16, 17, 18, 20, 26
	FY2013	10, 15, 16, 20
	FY2014	1, 2, 3, 4, 5, 7
i. Legal support	FY2011	19
	FY2012	34
	FY2013	11
	FY2014	1, 5
j. Vocational training	FY2011	18
	FY2012	1, 5, 24, 25, 26
	FY2013	21
	FY2014	1, 2, 3, 4, 5, 9

Topics Listed in 111 Pub. L. 111-84, 123 Stat 2190, Section 724, subsection c, paragraph 3:	Year	Recommendations
k. Enhancements to the DES (IDES)	FY2011	3
	FY2012	5, 28, 29, 30, 31, 32
	FY2013	6, 12, 13, 21
	FY2014	1
l. Support for RWs in the DES	FY2011	3, 19, 20
	FY2012	5, 26, 32, 33, 34
	FY2013	11, 14
	FY2014	1, 5
m. Support systems to ease transition from DoD to VA	FY2011	3, 17, 18
	FY2012	2, 16, 25, 26, 30, 35
	FY2013	21
	FY2014	2, 5, 8
n. Interagency matters affecting transition to civilian life	FY2011	3, 17, 18, 20
	FY2012	16, 17, 24, 25, 26
	FY2013	6, 8, 21
	FY2014	6, 8
o. SOC/JEC	FY2011	21
	FY2012	27
	FY2013	21
	FY2014	6
p. Overall coordination between DoD and VA	FY2011	1, 3, 7, 10, 11, 14, 20, 21
	FY2012	2, 4, 25, 29, 35
	FY2013	8, 11, 21
	FY2014	4, 6, 8, 9
q. Other matters selected by the RWTF-Reserve Component	FY2011	1, 6, 7, 8, 10, 12, 13, 14, 18
	FY2012	7, 12, 21, 22, 23
	FY2013	5, 6, 7, 8, 9, 11, 19, 20, 21
	FY2014	2, 5, 10