

Saturday, March 31, 2007

Summary of Tiger Team visit on Friday, March 30, 2007 at 3:45PM

Location: B-2 23 ACAP Classroom Bldg 10720 Mount Belvedere Blvd., Ft. Drum NY

Attending:

Tiger Team: COL Becky Baker, Office of the Surgeon General USA MEDDAC
(No additional information was available- out of business cards)
COL Alan Januszewicz, MD, FAAFP, Deputy Assistant Surgeon
General, Force Projection, Office of the Surgeon General USA MEDDAC
Department of the Army Office: [REDACTED]
Pentagon: Attn: DASG-ZH Fax: [REDACTED] DSN: [REDACTED]
800 Army Pentagon; Rm 2A486 Cell: [REDACTED]
Washington, DC 20310-0800 [REDACTED]

Escort: LTC Johnson, Deputy Commander of Clinical Services, USA MEDDAC, Fort
Drum, NY

VBA: Joseph Strasser- Coach, Appeals Team VARO Buffalo
Julie Ruback- Coach, Public Contact VARO Buffalo
Kevin Esslinger- Legal Admin Spc. (Public Contact), BDD Ft Drum, NY

VHA Richard Kazel, VAMC Care Line Manager, VAMC Syracuse
Paul Dennis, 2 additional VAMC Staffers

ACAP Howard Taylor, ACAP Manager

EEO Rosie Taylor, ADA Accessibility expert.

Meeting began at 3:45 PM with introductions of attendees.

COL Baker gave a brief summary of the purpose and intent of the Tiger Team visit.

1. Ensure that there are no other "Walter Reed" situations at other Army installations.
2. Discuss methods of improving "Seamless Transition" at Army installations.
3. Discuss Medical Board processes and means to improve same.

Major Discussion Points by Attendee

COL Baker:

1. VBA should discontinue counseling MEB soldiers on the appropriateness of DOD MEB/PEB ratings and findings. There exists a conflict of interest. This

activity should go to any Service Organization. MOPH at Fort Drum should assume this responsibility immediately.

2. VHA should pursue completing both parts of the DOD physical examination for soldiers in the MEB/PEB process. VHA should accomplish this under expansion of the existing sharing agreement between USA MEDDAC, Fort Drum and VAMC Syracuse which would permit DOD to reimburse VAMC for the additional costs of providers and technicians needed to accomplish this goal. This physical should be done in such a way as to meet the requirements for both DOD and VA. Mr. Kazel and LTC Johnson stated that they would pursue this immediately as they were not aware of this option under DOD and VA regulations. MEDDAC lab and x-ray support would be retained.
4. VBA/VHA/DOD should pursue taking applications for State Disability benefits while service member is on active duty for seriously disabled soldiers.
5. VBA/VHA should pursue a method of enrolling all active duty soldiers for VA healthcare prior to separation.
6. VBA should continually interface with DOD MEB/PEB case managers on BDD timelines and requirements. This will ensure that MEB/PEB soldiers enter the BDD process at the earliest possible time.
7. ARNG/Reserve medical hold soldiers have been transferred to Ft. Dix or a CBHOC program in their home area. This occurred since the Walter Reed incident.
8. Mentioned that the Medical Hold soldiers remaining on the installation have been transferred to the USA MEDDAC command within the last week. They previously fell under 10th Mountain Garrison Command.
9. Mentioned that the Team would be meeting with Jack McCoy at VACO to discuss the findings of the visits.

Richard Kazel:

1. VAMC Syracuse has hired a replacement for Mr. Philo. Mr. Duque will begin work 12 April with 2 days in processing at Syracuse VAMC and begin at Fort Drum 14 April with training by Mr. Philo expected on 14 through 16 April.
2. Joan Ostrander RN is retiring and will be replaced by a PA or NP with the expectation that her replacement can perform C&P examinations. This will increase the throughput of soldiers in the BDD process.
3. Carthage VAMC has a staff psychiatrist that will spend 1 day per week performing C&P examinations for the BDD project. Expected capacity is 7 exams per week.
4. Discussed history of the BDD project at Ft Drum and it's evolution over time.
5. Discussed monthly OIF/OEF teleconference and suggested that Ft. Drum BDD staff participate in same.
6. Discussed application for relief under CPEP examining guidelines requiring a full general medical be performed in the VISTA/ CPEP format. Stated that

the application had just been approved and that the VAMC examiner could now focus on the specific conditions claimed.

Rosie Taylor:

1. Discussed past treatment of the medical hold soldiers at Fort Drum. Incidents included soldiers having to drag themselves up and down the hallways, as the barracks were not handicapped or wheelchair accessible. Discussed a soldier found in the barracks that had been bedridden for three days without a change of clothing or meals. Discussed overall condition of the medical hold barracks with non-functional furnaces, shared shower facilities poor insulation etc. Stated that through her direct intervention and efforts the majority of the issues have been resolved.
2. Indicated that a wheelchair accessible van is being purchased for those soldiers in need of this type of transportation.
3. Established an EEO accessibility hotline on Ft. Drum with posters to be displayed prominently advising soldiers to contact her directly with accessibility issues. Stated that Ft Drum civilian staff is appx. 52% veterans.

Kevin Esslinger:

1. Stated that BDD Fort Drum was not aware that they were forbidden from assisting MEB/PEB soldiers in interpreting their DOD ratings. Stated that a recent Department of the Army Inspector General inspection had noted the practice and had found it to be a useful service to the soldier. Stated that BDD Fort Drum would comply with the Tiger Team request to discontinue MEB/PEB counseling specific to rating decisions immediately. Efforts must be made to train the MOPH representatives in the complexities of MEB/PEB determinations. Reference materials will need to include but not be limited to AR 40-501, AR 635-40, VASRD, and DODI 1332.38.
2. Described number and type of FTE assigned to BDD program at Ft Drum.
3. Provided historical Summary of BDD activities at Ft Drum with accompanying information packet. This was exactly the same packet used for the Canandaigua Service Center Manager presentation current data through 10-06. Can be provided upon request.
4. Discussed frequency and types of briefings given to soldiers transitioning through Fort Drum respective to VBA.
5. Suggested that VBA Senior Rating Specialists could assist the MEB/PEB board in making more accurate rating determinations. This would result in decisions more consistent between DOD and VBA. This would also likely reduce the number of Congressional and Inspector General complaints by soldiers undergoing the MEB/PEB process.
6. Suggested that key presentations on VA and DOD Benefits and Entitlements could be made available online at the VA and DOD websites in streaming video. This idea, respective to VBA, was originally suggested to the Assistant

Director for C&P in Washington DC on the shadowing visit and appeared well received.

7. Suggested that the Tiger Team move to lift the "tax exempt" status of DOD disability severance pay for soldiers injured in a combat theater. This legislative assistance was actually penalizing soldiers in this category and reducing their actual monetary benefits. See St. Clair vs. United States. Unfortunately there was not enough time remaining to properly explain this situation to the Team.
8. Suggested a continued push to allow key VA computer systems to directly import soldier information from DOD DEERS systems. This would greatly reduce the time needed to register new veterans and provide improved consistency and accuracy in the registration processes.

Col Baker, Closing Remarks:

1. Thanked attendees for the largest showing of VBA and VHA staff at any installation to date.
2. Stated that some of the Team's recommendations will include but not be limited to;
 - a. Disassociate DOD Severance Pay from VA Compensation pay immediately. Lift "dual compensations restrictions". The Team feels that soldiers should be entitled to severance pay from DOD if their rating justified it and then eligible to collect full monthly disability pay from VA immediately.
 - b. Turn over the rating process for DOD medical boards to VBA. It should be the Army's job to determine if conditions are unfitting and in the line of duty only. Rating activity should be turned over to those staff trained to perform this function. They were impressed with the idea of allowing VA Rating Specialists to assist in an advisory capacity in determining ratings. This would require no changes to existing regulations and could be implemented immediately.
 - c. Continue to push for new ideas to improve the separation process toward a truly "Seamless Transition."

Additionally it was mentioned that COL Baker was, as I understood it, the Director of the VA Hospital in San Diego in the past.

Meeting was scheduled to conclude at 4:15 pm.

Meeting concluded at 4:45 pm.

Please contact me directly for any questions or concerns on this memorandum.

Respectfully Submitted,

Kevin L. Esslinger [REDACTED] cell for 02-06 April Boston Shadowing Assignment.