

UNITED STATES NAVAL INSTITUTE
MILITARY OFFICERS ASSOCIATION OF AMERICA
DEFENSE FORUM WASHINGTON

THE JOURNEY BACK:
HELPING WOUNDED WARRIORS AND THEIR
FAMILIES TRANSITION

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P R O C E E D I N G S

VADM RYAN: Good morning, ladies and gentlemen. We're going to go ahead and get started here. I'm Norbert Ryan with the Military Officers Association of America, and on behalf of our partner, the U.S. Naval Institute, we'd like to welcome you to our fifth annual Defense Forum Washington, and we're very, very grateful that all of you are with us today.

Ladies and gentlemen, would you please rise for the Presentation of the Colors and the playing of our National Anthem?

Presenting the Colors today is the Armed Forces Color Guard from the United States Army Military District of Washington.

[Presentation of the Colors.]

[Playing of National Anthem.]

VADM RYAN: Ladies and gentlemen, please join me recognizing the United States Army Military District of Washington Armed Forces Color Guard.

[Applause.]

VADM RYAN: I'd like to call on Major

Robert Miller, currently serving at the National Naval Medical Center to the podium to provide an invocation. Chaplain.

CHAPLAIN MILLER: Ladies and gentlemen, please join me in a word of prayer.

Almighty God, beneath the canopy of your power and grace, we ask your blessing upon this gathering of those who share in the sacrifice and commitment of service to both God and country.

May you work well your unwavering devotion to fill the gap in honor of those who have gone before in paying so great a price for the freedom we fully share.

Guide them, oh, Lord, in their actions to empower the resolve to forge ahead on behalf of those who now serve so far away.

May your grace sustain them, their family, and their mission. Until this end, we give thanks and say amen.

VADM RYAN: Thank you, Major. Please be seated.

We want to thank all of our sponsors for

supporting the Defense Forum Washington today. This year, especially, we would like to thank our Executive Sponsor USAA, and we're pleased to have with us from USAA, Brian Conklin, Marc Hildebrand, Gina Garcia, Rick Perkins, and Jessica Killin, among others. So thank you to USAA.

[Applause.]

VADM RYAN: I also want to thank the American Physical Therapy Association for sponsoring our breakfast this morning.

A couple of other quick notes. We applauded the Honor Guard. How about a round of applause for all of our currently serving men and women and their spouses that are here today?

[Applause.]

VADM RYAN: I also want to note two of our key Board members from both the Military Officers Association and U.S. Naval Institute are with us today: our Chairman of the Board, Admiral Steve Abbot--Admiral, thank you for being here; and Dr. London I see from U.S. Naval Institute. Thank you both for being here today.

I also want to say hello to a special friend that's here at table number two, Chairman Chet Edwards. Thanks for being here. Great to have you here.

[Applause.]

VADM RYAN: We'll be introducing various VIPs as we go along, but I see one special friend, a Navy veteran. Mr. Matt Flavin is here today. He is the White House Director of Veterans and Wounded Warrior Policy. Matt, would you wave to everybody? Thank you.

Okay. The issues that we'll discuss today are very important, and we're pleased to have such a great turnout. Throughout the day, you'll have a chance to ask questions of the speakers and panelists. Our goal is to address as many as possible.

Cards and pens have been provided at each table to help you shape your questions, getting to the point, allowing time for a good answer and more questions.

Look for volunteers when we get to the

panels and opportunities for questions. They'll be walking around with microphones during the questions and answers and will be collecting your cards.

Okay. We're actually a little bit ahead of schedule so we'll go ahead and start out. It's my privilege now to introduce our first speaker for the day, Dr. John Nagl.

John is the President of the Center for a New American Security. He's a graduate of the United States Military Academy and has served in numerous positions of responsibility, as detailed in your program, culminating as Operations Officer for an Armor Battalion Task Force during Operation Iraqi Freedom where he earned his Combat Action Badge and Bronze Star.

He has earned recognition at numerous schools, to include the George C. Marshall Award as the top graduate at the U.S. Army Command and General Staff. He has a doctorate from Oxford University as a Rhodes Scholar and has taught national security studies at West Point and in

Georgetown University Security Program.

He has also served as Military Assistant to two Deputy Secretaries of Defense, and he still has a full head of hair after that duty.

[Laughter.]

VADM RYAN: He's published numerous books and articles and has been featured in newspapers, radio, television, and news programs. He's giving two other talks today and is on two other TV shows. So if you see him later in the day, you'll know he earned his pay today.

My pleasure to welcome Dr. John Nagl.

[Applause.]

DR. NAGL: Thank you, Admiral, very much. Thank all of you for your dedication to our soldiers, sailors, airmen, Marines, and all those who loved them, those who are now serving and those who have served.

This last decade of warfare has been truly a revolution for the United States military. We have adapted to a very old kind of warfare for which we are not prepared. We've developed new

tools to defeat terrorists, and most of all, we've seen truly extraordinary determination and courage from a new great generation, I think the new "Greatest Generation" of young Americans who for the first time since the Revolutionary War have fought an extended campaign purely as volunteers, truly an extraordinary accomplishment.

As these wars begin to wind down and the country struggles to pay the bills it has accumulated, we must ensure that those who have borne the burden of these wars are not forgotten. We must ensure the nation remembers and cares for our veterans and their families as they have earned and as they deserve.

I'm going to go back in time a little bit and talk about how we got to where we are, and where I think we are, and then where we need to go from here, and I'm going to start in the years following the collapse of the Soviet Union and the victory over Saddam Hussein's Iraq in Operation Desert Storm when I was part of an Army that took the fourth largest Army in the world and turned it

into the second largest Army in Iraq in a period of about a hundred hours.

After that war, we focused on improving our capability to fight a conventional war against conventional enemies, even though there were few to be found. When the attacks of September 11 struck three of their four targets, America rightly attacked an Afghan government that had shielded al-Qaeda, toppling the Taliban in an innovative campaign that relied upon Special Forces soldiers, some riding horseback, calling in the support of the world's most powerful Air Force.

Unfortunately, this innovative campaign failed to capture Osama bin Laden, the leader of al-Qaeda, who escaped into Pakistan. Tragically, it also failed to provide stability to a shattered country that was reeling after a generation of war.

The Taliban regained strength across the border in Pakistan and soon began returning to Afghanistan as guerrillas, but America was focused elsewhere.

The invasion of Iraq in March of 2003 was

a replay of the Afghan campaign on a much larger scale. Again, a tremendously successful initial invasion was not enough to build a better peace in the aftermath of war. In Iraq, American decisions to disband the Iraqi Army, prevent members of the Baath Party from serving in government, and postpone local rule all added fuel to a nascent insurgency that burst into flame during the hot summer of 2003.

My U.S. Army tank unit was preparing for conventional combat against another armored force when we suddenly received orders to deploy to Iraq. We arrived in a town named Khaldiya in Al Anbar province, Iraq's "Wild West," that was populated almost exclusively by Sunnis who hated the Shia dominated government that had assumed power in the wake of Saddam's departure.

The town's police chief was assassinated the day we arrived--the second to fall in the six months since the invasion. We struggled to build a police force that would protect the people and develop local government in order to translate the

needs of the people into words we could understand and programs we could fund, and we fought bitterly against enemies we could rarely identify.

Our town was in a great neighborhood. It was situated between the provincial capital and insurgent hotbed of Ramadi and the city of Fallujah where four private security contractors took a wrong turn to their deaths in the spring of 2004.

The American reaction to the killings was swift, powerful, and, sadly, poorly informed, spurring a national uprising that unified the Sunnis and the Shia against us for a short time. Bridges were blown, supply convoys ambushed, and many units went on half-rations, as all that we had worked to build to that point went up in flames.

And my experience was a suitable metaphor for the next two years of the war in Iraq. The destruction of the Golden Mosque in Samarra in February 2006 was the final straw as the insurgency metastasized into a full-scale civil war.

In November 2006, President Bush replaced both his Secretary of Defense and his Commander in

Iraq, and many thought it was hopeless.

The new commander, Army General David Petraeus, had been preparing for this day. He implemented counterinsurgency doctrine that focused on understanding and protecting the population, taking advantage of an Army and Marine Corps that had learned painful lessons about what worked and what didn't during previous tours in Iraq.

The results were dramatic. Violence dropped rapidly with progress accelerated by the decision of Sunnis to join with American forces in what became known as the Sawa, or Awakening. By the summer of 2008, it was clear to those on the ground that something fundamental had changed.

The timing was fortuitous, as the situation in America's other war was moving rapidly in the wrong direction. President Obama tripled U.S. forces committed to Afghanistan during his first year in office, and intense fighting swiftly resulted as soldiers and Marines struggled to implement the "clear, hold and build" counterinsurgency doctrine that had been battle-

tested in Iraq.

America poured resources into building and training an Afghan army and police force, an effort that was hampered more by the recruits' inability to read than by their unwillingness to fight. American troops, already serving as aid workers and local political advisors, found themselves teachers in a campaign against Afghan illiteracy, as well as fighters against an illusive Taliban enemy.

The Americans were helped by an improved intelligence system that had evolved from one designed to understand other tank armies to one that worked hard to understand local tribal power structures and political relationships and by a new weapon of war that put Taliban leaders at risk wherever they were--armed drones.

These unmanned aircraft provided phenomenal loiter times, real-time intelligence on enemy operations, and precise firepower that did grave damage to Taliban chains of command.

Drones were part of the intelligence apparatus that located Osama bin Laden in Pakistan

in 2011. It was, however, Special Forces operators who used the intelligence they and other sources provided to kill him, marking a critical date in the now decade-long war against al-Qaeda.

As impressive as all these accomplishments are, a learning Army and Marine Corps, an Air Force that increasingly relies upon unmanned aircraft to rule the skies, and Navy SEALs and other Special Operations Forces who conduct literally dozens of operations every night, to me, the most remarkable fact of the past decade of war is that every soldier, sailor, airman and Marine who has served has been a volunteer.

When America created the all-volunteer force at the end of Vietnam, it could not have imagined that within a generation volunteers would fight for ten years in two protracted irregular wars and with no signs of flagging. Recruiting and retention remain strong with all services regularly meeting their goals for volunteers to fight for our nation in her hour of need.

We've asked a great deal of these

volunteers. Many have served multiple combat tours putting strain on their families and on their own mental well-being. Suicide among military veterans now exceeds the rate among the same age population as a whole. And the veterans of our current wars are now unemployed at rates exceeding those of the general population.

We have a solemn obligation to these veterans who have volunteered to put themselves in harm's way and to their families which also carry the scars of a decade of war. While many are stronger for the trials they have endured, all have been forever changed, many with visible wounds, more with damage that is invisible to the naked eye but no less traumatic for being unseen.

As we draw down our forces in Iraq and Afghanistan, handing over control to increasingly capable local governments and security forces, and as we continue to pursue a damaged but still dangerous al-Qaeda to the ends of the earth, we must hold in our hearts those who have paid a heavy price so that the rest of us can live in freedom.

They have borne the cost of war, and we can never adequately repay them, but we can and we must do all in our power to ease their burdens and thank them for their service in this time of war. Your efforts today are an important part of that, and I am immensely pleased and proud to have been able to thank you for the work you are doing on the behalf of their veterans and their families.

Thank you all very much.

[Applause.]

VADM RYAN: Dr. Nagl, thank you very much for your outstanding remarks, and I'd like to present you the Naval Institute Press book, The Captain Who Burned His Ships, by Gordon S. Brown. Thank you.

DR. NAGL: That's harder to do now.

VADM RYAN: It is.

[Laughter.]

DR. NAGL: Thank you very much.

[Applause.]

VADM RYAN: Thanks again, Dr. Nagl. Well, my counterpart, whom you will meet, Peter Daly,

Admiral Peter Daly, at U.S. Naval Institute, the CEO, has given me the privilege of also introducing our second keynote speaker for this morning.

So it's my honor to introduce the Honorable Mrs. Terrie Suit. Mrs. Suit was appointed by Governor Bob McDonnell to the position of Assistant Governor for Commonwealth Preparedness in January of 2011.

Subsequently, she was appointed as the Secretary for Veterans Affairs and Homeland Security where she works to make Virginia the most veteran-friendly state in the union. As part of her responsibility, she works with local, state and federal officials to develop a seamless, coordinated security and preparedness strategy and implementation plan.

Prior to appointment by the Governor, she served as a member of the House of Delegates, worked on business development, was Government Affairs Director for the law firm of Williams Mullen, and held numerous additional positions of responsibility.

She has received numerous awards from several organizations. Most recently, in 2010, she was selected as one of Virginia Lawyers Weekly's "Influential Women of Virginia"--and she certainly is that--recognizing her outstanding efforts in all fields, including law, business, health care, education, and in the arts.

Please join me in welcoming the Honorable Mrs. Terrie Suit.

[Applause.]

MS. SUIT: Thank you, thank you.

Well, what a great gathering. Thank you, Admiral Ryan, for the warm introduction. I really appreciate that. It's great to be here this morning representing Governor McDonnell with so many accomplished and distinguished leaders of this military and civilian community.

I understand that you're going to have some members of Congress here today as well as representatives from the White House, and health care practitioners and, of course, our outstanding men and women of the United States Armed Forces,

whose dedication to their country provides us with the motivation to be here today helping those wounded warriors who sacrificed so much and do every single day today along with their families.

It is truly an honor to be with you, and I thank you for your service.

Governor McDonnell has made a public commitment to make Virginia the most veteran and military-friendly state in the nation, and his commitment comes from years of personal experience as a military child, as an Army officer, and as a military dad with a daughter who was a platoon leader in Iraq in combat zones.

I've had the honor to serve side-by-side with the Governor, both in his previous life as a member of the Virginia House of Delegates and now as a member of his cabinet focused on these really incredibly important issues to us and to you.

It is an absolute privilege to work with a boss who shares my passion for our military. The Governor often quotes the nation's first Commander-in-Chief when talking about the importance of

caring for our nation's warriors, and I'm sure you all have heard before when General Washington, then President Washington, said the "willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive veterans of earlier wars were treated and appreciated by our nation."

So it's always great to start my day here in the nation's capital. Washington, D.C. reminds us all of what our country stands for and the enduring principles by which we live. I grew up as an "Army brat," living on bases all over this great country and overseas and from time to time living in the civilian community that didn't quite understand what military families were all about.

My father, who retired as a "light bird" in the United States Army, a Reservist, taught me at an early age never to take for granted the freedoms of America, and with that in mind, I can think of no other better way to keep ourselves from becoming complacent than to give our absolute best

effort to those who put their lives in harm's way each and every day to keep this nation free.

As a Navy wife, I have had a profound appreciation for the ups and downs that family members live with when their servicemember is deployed. Tom retired from the SEAL teams in 2007, but you can never really retire once you have been a part of such a closeknit community. The obligation to advocate for those who continue to serve is overwhelming, and it is a family commitment. One thing I've always found heartening about our modern day military is the universal inclusion of the service family, both during Active Duty and in retirement.

The people of our great nation have come a long way in their appreciation of military servicemembers and their families and our veterans. It wasn't always that way. There was a time when those who disagreed with our country's policies took that disagreement out on our servicemembers, and I experienced those days through the eyes of a child, not understanding the anger directed at my

father, who I was so proud of when he returned from Vietnam, and in those darker days, MOAA, or as we knew you then, TROA, was there.

You were the voice advocating for servicemembers who could not politically advocate for themselves, and some of you experienced those days firsthand, and you were motivated to get involved to make a difference because of that experience. You got involved in order to change the way that our military members and veterans were treated, and you did change things.

As a wife, I supported my husband through multiple conflicts, the Gulf War, Haiti, Kosovo. America was supportive but not completely ignited. I still felt that our voices were somewhat muted. In 1999, I ran for office as a Navy wife, never as a SEAL wife. That was very, very important in our community. You never exploited being a part of that Special Operations Group.

So publicly it was just a Navy wife, which is fantastic to be a Navy wife, and I won a seat, first time out, in the Virginia Legislature. My

mentor was our current governor, Bob McDonnell. I was really motivated to make a difference and to be an active voice for military family members, and you know what? MOAA was right there by my side as a partner in so many initiatives that we were able to muscle through together here in Virginia, well, across the river in Virginia. We're very close. You can see us.

We made headway. But it was a tough fight to get legislation passed to help our families with issues like school transfer, car registration, professional licensing for spouses, and tuition costs. There was still a view of the military family as transients. I heard that word so often. They're transients. They're not local voters. They're not permanent members of our community.

Then, in 2001, everything changed. America woke up, and servicemembers were given the heroes' recognition that they have always deserved. Our policymakers woke up, as well, and as my husband deployed to Afghanistan in 2005, I deployed to the state capital. It took tragedy to finally

get legislation like in-state tuition rates for military families passed.

And, you know, we've always been really careful not to exploit tragedy, but sometimes it's a little easier to ask for forgiveness than for permission, and when we finally got that bill through the Virginia state legislature that I patroned to give that in-state tuition, it took, it took some effort, and it took some real-life experience, and when one of those members on that committee said to me once again "they don't pay taxes in Virginia," and I reflected on the loss of 11 SEALs whose helicopter had been hit by an RPG, and waiting for four days to know if my husband was alive, I looked at that member and said, "They pay the ultimate tax. For crying out loud, give these children in-state tuition."

[Applause.]

MS. SUIT: Well, from there, it became a pretty easy ride to get a lot of those great pieces of legislation passed. Not only did we get in-state tuition for the kids, we got it for the

Active Duty, and this past year, we got in-state tuition passed for every single veteran that wants to come to Virginia.

[Applause.]

MS. SUIT: So over the past ten years, America has embraced our servicemembers, and our policymakers have recognized the importance of doing more for those who sacrificed so much to protect this nation's freedoms. We are a popular cause, which makes the job for MOAA perhaps a little easier, at least for the surface gains, the softer balls.

But what about the future? That will change. Make no mistake. Get all you can while the "gettin" is good because tough fights are ahead. As the wars draw down, as America becomes desensitized to the plight of our military families and veterans, the fight will be much, much harder.

The benefits we have gained will become easier targets for cuts and reductions. As the American voters move on to other issues, MOAA must continue to carry the banner for our military

servicemembers' and families' issues, and our veterans' issues.

Remember, they cannot advocate politically for themselves when they are on Active Duty. You are the voice; you truly speak for those who pay the ultimate price to protect the political freedom of America and yet are not positioned to speak out politically for themselves.

As the ranks of our disabled veterans grow, the financial burden to keep America's commitment will grow. As our retired ranks grow, the financial burden of keeping the promise of health care will grow, and policymakers will look for ways to contain that cost. You are the voice that will fight to make sure the popular promises made during wartime are kept during times of peace and complacency.

So today you are focused on our wounded warriors. So let's talk about that just a little bit. Unfortunately, for many families, their warrior comes home scarred from battle or traumatized by what they have encountered in

theater. Still others are wounded in training or by accidents which happen everyday in military life as we prepare for war.

One of our main goals must be unrelenting vigilance and finding ways to bring a sense of normalcy back to people who find themselves in the toughest situations as a result of their military service.

So I was asked to share with you a few things about the ways in which the Commonwealth of Virginia is pursuing these laudable goals, and that pursuit always starts with listening to the advocates. In Virginia, we have a unique organization called the Joint Leadership Council of Service Organizations. Together, they bind their voice and they speak jointly. MOAA is a tremendous leader in this Veterans Service Organization Leadership Council.

They come together, they form an agenda each year, and then jointly--23 members now, but there are more organizations out there--jointly they go to the Virginia "Hill," and they advocate

for these issues. They were critical--critical--when we did the fight for in-state tuition.

MOAA's talented pools of leaders, such as Sam Wilder, Don Kaiserman, Jack Hilgers--I'm not sure if any of them are here today--but they have succeeded in helping to shape these veterans' voices into an extremely effective organization, and their legislative record has been very, very impressive in Virginia.

And through their efforts, some of the legislation we've passed are things such as allowing localities to form Special Advisory Councils to the judicial system so that the judicial system has some reach-back capability to try to understand veterans' issues when a veteran is in court--PTSD, behavioral issues, things that might be connected to substance abuse that resulted from disabilities acquired through their service.

These are things we need our court system to have a better understanding of, and we've been able to pass legislation to form these councils.

Legislation that provided for in-state

tuition rates. We've talked about that.

Legislation this year that changed our entire constitution and is allowing for a real estate tax exemption for those who are 100 percent permanently and totally disabled due to service-connected disabilities.

[Applause.]

MS. SUIT: And of course, MOAA was key to getting passed the Virginia Wounded Warrior Program.

[Applause.]

MS. SUIT: And I'm going to talk about that in just a minute. Some of the highlights of this year's package that's going to be coming before the Governor and the General Assembly, state DMV-issued veteran's identification card. One of the things we've learned, our homeless veterans can't even get into a center to get care because they don't have ID. You can't get into a federal center without an ID card issued by a government entity. We're working on that issue in Virginia.

A sales tax exemption for Veterans Service

Organizations. We'd like to see that get passed.

Increased access to information about the unclaimed cremated remains of veterans. We want a list of the unclaimed remains so that we can run it against our veterans' lists and make sure everyone of those veterans is buried and honored in a Virginia veterans cemetery.

And proposals to address homelessness. That problem is only going to grow. As you can see, the JLC has been very successful and very aggressive.

So let's talk about the Wounded Warrior Program. One of our most important legislative and programmatic achievements in Virginia has been this program, and, as I mentioned, MOAA was absolutely key to the program's birth.

In 2008, MOAA's own Colonel Sam Wilder led the effort to champion the legislation which created the program, and the program, in cooperation with the Department of Behavioral Health and Developmental Services and the Department of Rehabilitative Services, monitors and

coordinates behavioral health and rehab services, as well as providing support through an integrated comprehensive system of public and private partnerships.

The goal of the program is to facilitate these services for Virginia veterans and members of the Virginia National Guard and Reserves and families affected by stress-related conditions or Traumatic Brain Injuries resulting from military service. This is all done under the leadership of our great Navy Captain (retired) Catherine Wilson, who operates this program across the Commonwealth, and Catherine is here today. Cathy, stand up. Where are you? Cathy does a phenomenal job for us.

[Applause.]

MS. SUIT: Cathy has an approximately \$2 million a year budget that came out of the General Fund in Virginia, which is incredible in and of itself. I cannot tell you how incredible it is to get General Funds out of a budget.

The Wounded Warrior Program established five regional programs with Regional Coordinators,

most of whom are veterans or veterans' family members. At the local level, they are assisted by Veterans Resource Specialists, Peer Specialists, Family Resource Specialists, and clinicians, and they work with a consortia of local mental health abuse providers, of representatives of the VA hospitals in their regions, of Vet Centers, and community-based outpatient clinics, brain injury service specialists, Veterans Services Organizations, and any other public and private organization that they can identify that will do outreach to veterans and their families.

They also assist in VA services enrollment, if needed, shuffling people over to our claims officers in Virginia. We have state paid claims officers that assist with the disability filings, providing individual counseling, family counseling, peer support, and they're engaged in community activities.

Since its first year of operation, and it's only been a couple of years, the number of veterans served has tripled, and you know as our

veterans come off the war rolls, it's going to grow more.

In the last fiscal year, staff presented educational outreach programs to over 20,000 people in Virginia. They also visited the Commonwealth's military bases to educate veterans and family members about the available community services, speaking with over 6,500 people in briefings just last year.

The program has been very successful in partnering with state agencies to obtain federal grants, which in turn provide for robust training programs, expansions into the rural areas, very hard to serve areas, and specific training capabilities for the criminal justice system.

In the fall of 2010, they sponsored over three, four--I'm sorry--they sponsored four three-hour workshops covering the assessment and treatment of Post Traumatic Stress Disorder.

Presenters at the workshop provided in-depth research in science on the origins of PTSD, its symptoms, and the latest evidence-based

practices for therapy and treatment.

They have had numerous national resources, which have cited them and their clinicians for use in their practices of all which feeds into the desired goal of providing better help for our warriors, and in the spring of this year, they partnered with the department, the Virginia Department of Behavioral Health and Departmental Services and the Department of Health, to present seven summits across the Commonwealth addressing the issues of suicide intervention and prevention.

Each summit included a presentation by the program's Regional Coordinators outlining services available from the regional consortia, as well as suicide prevention resources of the Virginia and other partners.

One thing Cathy has taught me is there are a lot of resources out there that people don't know about, and a big goal of the Wounded Warrior Program in Virginia is to bring people to those existing resources, not to create them again, but to put them in touch with what resources exist and

make sure they're getting help where we have help for them.

In order to improve access to the services, this year, they unveiled a statewide public information campaign entitled "We Are Virginia Veterans." And they launched their Web site, www.wearevirginiaveterans.org, with an interactive site that has blogs, forums, and statewide information. They do messaging, public service announcements and display boards, and they produce a variety of forums, including national and state conferences, Yellow Ribbon reintegration events, golf tournaments and many other events.

So, as you can tell, we're pretty proud of our Wounded Warrior Program. It's on its way to becoming a national model. We've got a lot more work to do, and it's going to take more resources, and just like the fight at the national level, at the state level, we're going to have to continue championing the cause even as the cause starts going down a few notches in popularity as other issues rise as the more popular issues du jour.

So, in closing, what I would like to tell you is that events like today's conference give us all a chance to reflect and highlight the great achievements being made throughout our nation. It helps us to learn from what others are doing and what we can duplicate, swipe and adapt to use in our own communities, and I'm extremely encouraged by the progress being made and the hope that next year we'll be back here to talk about even more outstanding work that's being done.

No measure of gratitude could ever be enough to show our thanks and appreciation for what our servicemembers and veterans have done for us and for our nation, and we have to keep advocating for these servicemembers. The fight will only get harder as the population of veterans increases, and you are that voice for that community, for this community, for our community.

You are the men and women who make a difference and impact the lives of those who have served. You are the ones making sure that our young people will continue to serve in our nation's

military because they perceive that those who served before them have been treated well and have been appreciated by this nation.

So please keep doing what you do such a phenomenal job at, keep looking out for our military and their families and our veterans because they need you.

Thank you.

[Applause.]

VADM RYAN: Well, thank you, Secretary Suit, for those terrific remarks, and thank you for your passionate and authentic servant leadership and of that of your great team headed by Cathy. Just a fabulous job, and we all know that we're here today because we need to continue to raise the bar and support our entire family members, and particularly our wounded warriors and their families.

And so we're very grateful for your leadership, very grateful for helping us kick this off with terrific remarks, and on behalf of MOAA and the U.S. Naval Institute, we would like to

present you with the USNI edition of The Military Advantage.

MS. SUIT: Thank you very much. Thank you.

[Applause.]

VADM RYAN: Okay. We're right on schedule so what we'd like to do now is before we bring up our first dynamic panel take a 20-minute break. I'd like everybody to be back here at 20 of ten, if that's okay, 20 of ten.

Thank you, all.

[Whereupon, a short break was taken.]

VADM RYAN: Okay, ladies and gentlemen. We'll go ahead and get started. Hope everybody had a chance to get some coffee and juice.

It's now time for our first panel discussion, "Community Reintegration - The Challenges Back Home." Directing this panel is our moderator, national security analyst, "KT" McFarland. Mrs. McFarland appears frequently on Fox News, Fox Business News, and numerous radio programs.

She is also the host of FoxNews.com DEFCON 3, one of the Internet's most popular national security shows. She has served on national security posts for several presidential administrations, to include President Nixon, President Ford, and President Reagan, and received the Defense Department's highest civilian award for her work in the Reagan administration.

She's a graduate of George Washington University, Oxford University, and the Massachusetts Institute of Technology, concentrating on nuclear weapons, China and the Soviet Union.

Of equal significance, she is the mother of five, proud of all of them, but I understand that one of her daughters is a recent graduate, 2008, of the Naval Academy and now in the surface warfare business on the west coast.

Ladies and gentlemen, it's my distinct honor and pleasure to introduce Ms. "KT" McFarland.

[Applause.]

MS. McFARLAND: Thank you all for being

here. You may not recognize me, but I'm the
brunette at Fox News.

[Laughter.]

MS. McFARLAND: This year's Defense Forum
focuses on "the journey back and helping the
wounded warriors and their families transition,"
and the panel this morning is going to take a look
at the issues of community integration, the
challenges our veterans and their families face,
and especially our wounded warriors and their
particular needs.

You know, I'm of the Vietnam War
generation. I just want to ask is anybody here as
old as I am? Is anybody here of the Vietnam era?

[Show of hands.]

MS. McFARLAND: Okay. Oh, more than you'd
think. After the Vietnam War, we treated our
veterans shamefully. It was an unpopular war, as
Secretary Suit just pointed out, and it didn't end
well. And instead of blaming ourselves, we blamed
the military.

When they came home in the 1970s, we did

not honor them for their service. We did not adequately care for their families, and we did not give them the support and medical attention they needed. It was a war we wanted to forget, and so we forgot about them as well.

In the 1970s, after Vietnam, our programs for community integration were few and far between. Our veterans and their families suffered from it. It was a stain on the soul of America.

When I went into the Pentagon with the Reagan administration in the 1980s, not only had we hollowed out our military force, we had ships that couldn't sail, we had planes that couldn't fly, we were cannibalizing parts, we had pilots who weren't certified to train because they didn't have training hours, but the most shameful thing of all was when we went around the country, and we met our veterans and saw men who had lost limbs and their prostheses didn't fit, people who couldn't get to veterans' hospitals because they were too far away, people who had medical and psychological injuries which we pretended just weren't there, and it was a

sign of weakness.

And the most shameful thing was when Cap Weinberger met some of our junior enlisted, they were paid so little that they qualified for food stamps.

We promised ourselves as a nation we would never let that happen again. So here we are today, and we've got returning veterans from Afghanistan and Iraq, many of whom have seen three and four and five tours of duty. We have been at war for ten years, and many of our returning warriors have serious injuries and disabilities. They'll need help not only integrating into society, but they will need significant medical care for the rest of their lives.

So have we learned from our past mistakes? Well, the good news is, as we do wind down these wars, our national leaders of both parties have pledged to care for our returning warriors. There's a new and general recognition in the country that some of our vets are coming back with injuries on the outside as well as on the inside

that will be with them for the rest of their lives.

Our military culture, which is often, as I don't have to tell you, suffer in silence, is now more up-front. Our military culture is more up-front about the psychological injuries our troops suffer and all the treatment that was never available after previous wars.

There's a focus on medical attention, and there are programs now to help the transition, reintegration and civil employment for our veterans when there were none before, and we're going to talk about some of these today--this morning's panel and then this afternoon's panel focusing on employment.

But in a lot of ways, the integration tasks that we face after these wars are going to be more difficult. Our Active Forces as well as our Reserves have done more combat tours more frequently than they were designed to do. Our Guard and Reserves have not been used as militia, but they've been used as rotational forces.

Many of our military families, husband and

wife are both in the service, and that family is double-burdened. Our women, particularly as they return, half of our women are mothers who have left their children behind to fight. That's an integration issue.

Our all-volunteer force means that the servicemen and women we have on duty, they want to be there. They've signed up, but what it means is they're isolated from the rest of society. Only one percent of our citizens serve in the military, and less than ten percent of our citizens even know a family or know anyone who is in the military. That's a small minority, and in politics, the worry is out of sight, out of mind.

And so with the pressures that we're now all facing with government spending and cutting, many of our servicemen and women worry, probably rightfully, that this time the budget ax is going to fall on them, as it did in the 1970s, but with greater intensity and immediacy.

So this morning's session is one of those rare events where everybody--that means you, me,

them--we learn from each other. Our panelists have been carefully chosen to cover the range of challenges and opportunities our returning vets and wounded warriors and their families face and the programs that are available to them.

We have a wounded warrior family, Tom Marcum, Sergeant Tom Marcum and his wife April Marcum, who are sitting in the middle of that panel, and they are going to talk about the unique and difficult journey they've had from a perspective of the inside of what a family goes through.

Now, you all are going to have an opportunity to ask questions, but the way this is going to work is I'm going to introduce the panel, they're going to talk about the programs that they represent, that their communities offer. Then I'm going to grill them, Fox News style, and then we're going to let you grill them, and I think that by the end of this, what we want to do is cover a couple of things:

What are the roles and responsibilities of

the government? Not just the Defense Department and the Veterans Administration, but the other agencies. What is the demobilization process and the Disability Evaluation System?

Where do the programs that we have fall short? Where are the gaps in the care and the services, whether they're from bureaucratic red tape, budget shortfalls, or they're poorly designed programs?

We want to talk about the Yellow Ribbon Program. That's the new GI Bill of educational benefits. That's probably more this afternoon, but that will be an issue that comes up.

And, finally, how do our wounded warriors and their communities react to each other? You know, they come back, it's not World War II, they're not coming back to the parades, but they are coming back into their communities, and what are the expectations that they and their communities have, and what's the reality?

What I'd like to do now is introduce the panelists. So you know who I am, the only brunette

at Fox News, and I want to introduce General Todd-- okay--we've all switched around because we wanted the Marcums to sit in the middle of all this.

Let me first introduce Major General James Adkins. He's the guy with the ribbons and the brass. He is the 28th Adjutant General of Maryland. He oversees 7,200 citizen soldiers, airmen, and civilian employees and volunteers of the Maryland Military Department.

He is also very interesting because he's a dual-hatted guy or at least has been. He was the Secretary of Veterans Affairs in Maryland as well as the Adjutant General. So he knows both sides of the equation.

We also want to introduce Todd Bowers. Raise your hand. Todd, Sergeant Bowers, is a former Marine who served two tours in Iraq and one tour in Afghanistan. He was part of the fiercest combat in the Iraq War, the Battle for Fallujah, in November 2004, when he was hit by a sniper and has lost 80 percent of the hearing in his left ear.

He was formerly with the Iraq Afghanistan

Veterans Association, which is the largest veterans association from that war, with over 200,000 members, and he is now working in New York for J.P. Morgan as part of their community outreach and philanthropic programs.

So although he has lost 80 percent of the hearing in his left ear, he has enough left to hear what those bankers have to say.

[Laughter.]

MS. McFARLAND: David Brown. Yeah. Okay.
David Brown--

DR. BROWN: On a good day, I too am a brunette.

MS. McFARLAND: Used to be a brunette.

[Laughter.]

MS. McFARLAND: So he tells me that he thinks that that's a good enough reason that he should ultimately end up at Fox News.

[Laughter.]

MS. McFARLAND: But he is with the Office of the Secretary of Defense where he's a clinical psychologist and an expert on recovery and

reintegration.

A former Army Sergeant, Dr. Brown was deployed with the U.S. Army in the former Yugoslavia to work with survivors of ethnic cleansing and genocide, and he is now with the Office of the Secretary of Defense, but before that he was the Defense Department's Lead for Recovery, Care and Support Centers of Excellence.

Lieutenant Colonel Rod Lewis, the guy on the end, not wearing his uniform, works at the White House, and he is a former Air Force--he is a current Air Force C-17A pilot and the former Commander of the 4th Airlift Squadron, which handles the country's most sensitive cargo, which is the prime nuclear airlift force.

But he has recently joined the White House staff in the East Wing and the First Lady's staff of the Joining Forces Initiative. That's the national program to mobilize all sectors of society to support our servicemembers and their families. That's the mothership.

We have Nicole Keesee, who is from Little

Rock, Arkansas, and Ms. Keesee is a colonel in the Army Reserves, ma'am. And served as an Army combat medic. Today she's a Behavioral Health Officer and Team Leader at the Little Rock, Arkansas Veterans Center dealing with Post Traumatic Stress Syndrome.

And then, finally, we have the Marcums, Sergeant Tom and April Marcum. They are our wounded warrior family. We thought it was important for you to meet right up-front, close and personal, people who have dealt with all these issues. The Marcums have had a long and at times difficult journey through the bureaucracy.

Sergeant Marcum was injured in July of 2008 in Iraq and suffered Traumatic Brain Injury with vision and hearing and cognitive deficits, chronic migraines, and short-term memory loss.

His wife and caregiver is going to speak for the family, and she's going to talk about their experiences getting snarled in red tape and finally getting adequate medical treatment for Tom, and how his injuries have impacted not just him and their marriage, but their entire family and their

children.

So I'd like to get started by going first to rank, and we're going to ask General Adkins if he'd like to talk about the programs that he's in charge of in Maryland and what they're offering.

And then we're going to everybody, as I said. We're going to go to everybody. They're going to talk, I'm going to ask them questions, and then you get to ask them questions. So I'm going to sit down and turn this over to General Adkins.

MG ADKINS: Yeah, the rank doesn't work too well at my home so I'm not sure that's how we should start here.

[Laughter.]

MG ADKINS: Let me first of all thank MOAA and the Naval Institute for hosting this great event. I happen to be life members of both of those organizations, and you may say what's an Army guy doing part of the Naval Institute, and, you know, I'm in Maryland, the Naval Academy is there, and four Naval Academy graduates have held my job at one point in Maryland's history so a little bit

of information there.

I come to the position of Adjutant General out of retirement and after having served as the Secretary of Veterans Affairs from 2003 to 2009, and I tell you, it brings a great perspective dealing with the veterans of our nation's "Greatest Generation," Korea, Vietnam, Desert Storm, and to see the young men and women and some not so young that serve today.

I was recently in Iraq. You know, we have 6,500 troops in Maryland, I tell you that the generation of servicemembers today stands as tall as any generation that has ever gone before. So our nation should be extremely proud of their service to this nation.

You know we've been at war for a decade. We're using the Guard and Reserve at a level not seen since World War II. Tens of thousands of Marylanders have served in combat and continue to do that. There are a lot of lessons learned from our past that I think we maybe have not used, and we need to capture the lessons we are learning now

as we build a system for the future, and I would recommend the Greatest Generation Comes Home, this book, that I read as the Secretary of Veterans Affairs, to identify issues faced by returning veterans.

Some of you may know that General Omar Bradley was the first Director of the VA, and he was quoted right after World War II as saying it's a "vast, dehumanized bureaucracy enmeshed in mountains of red tape," and I think that we have to think and evaluate our nation and how far have we come in the 60 some years after the end of World War II.

Another interesting quote from General Bradley was, you know, looking at the VA system after World War II, and said it was a "World War II load on a World War I chassis." In other words, the system supporting the VA, the veterans, was not sufficient to support those World War II veterans coming home.

And I think as late as last week in a senior Army meeting, I heard an Army four star make

the comment that we are operating now on that World War II system, and we've been kind of over the last ten years trying to build a system like working on a car, building a car, maintaining a car, and repairing a car as it goes down the road at 65 miles an hour.

So I think that there are lots of lessons learned, and one last quote from General Bradley as we look out at our nation, is that the "problems of our veterans cannot be solved by Washington alone." Those problems are solved as they rub shoulders with their neighbors and where the friction occurs in the communities as they return home.

There is a tremendous cost to war, and as we apply military power, we must never lose sight of that cost, and it's not just fuel and bullets and those who make the ultimate sacrifice. It's those who continue on for decades to bear the wounds of war.

And I think that these wars that we're in now, for the next five, six, seven decades, our nation will be dealing with issues related to these

wars. And I tell you that because when "The War" came out, "A Ken Burns Film," I was in a room with a bunch of World War II veterans at the premiere of that film, and Post Traumatic Stress that came out in those veterans after decades of not having issues, and I've seen it with individuals that I've served with, came out of Vietnam extremely strong individuals, and as they get older, that Post Traumatic Stress comes to be.

So, you know, we need to, our focus is that the war is not over as it was in World War I, where they got discharged, were given \$30 and a train ticket to go home. The war is not over until those individuals are fully integrated back at home with their families, with their friends and their communities, back at work or on the college campuses.

So I think that, I guess we need to prepare for the next war. We need to look at our systems now to identify those lessons learned and work on building that system that's going to support the needs of the nation and our veterans in

the future.

Thank you.

[Applause.]

MS. McFARLAND: Thank you, General Adkins.

I'd like to turn now to Todd Bowers, the wounded Marine who's now in New York listening to those bankers. Todd.

MR. BOWERS: Thank you. You guys hear me okay? All right. I'd like to point out that the General is using an iPad, and now we're switching to the Marine who is reading off a notepad with crayon.

[Laughter.]

MR. BOWERS: So clearly there's going to be some differences in the things we discuss.

But on a good note, as I mentioned, as was said, I've always be in the Marine Corps Reserves. It's something I'm very proud of. I will always consider myself a Marine, and it wasn't until just May that I completely dropped off. I have about a year to decide if I want to go back so on day 364, they're probably going to be getting a phone call

from me.

But during that time, I did four tours. I had the honor of serving with multiple infantry battalions during the initial invasion, during the Battle of Fallujah, spent some time down in South America, and then most recently returned from Afghanistan.

It was during these times, in between my tours, that I was serving as a veterans' advocate for the Iraq and Afghanistan Veterans of America. What better job for someone serving in the military. You're seeing the resources that are available; you're seeing the benefits that are provided; you're understanding what the issues are at hand and making sure to focus on yourself. But I was not. It was something that I did not handle correctly looking back on it, and I'm trying to pinpoint on the reason why.

If I knew all of these resources were available, why did it take me until last month to finally set foot into the VA and say, wow, it's time to start taking care of Todd? It took a very

long time for me to really soak these things in and understand that while I'm so busy doing what the military did a great job teaching me, which is taking care of others, I wasn't taking care of myself, and it's something that I think is very noble within the military, but it is something that also is sort of a detriment to the individuals themselves.

So even though now I wear a tie and I do all this other stuff, I'm still a veteran reintegrating. As I went through the four different levels of TAP throughout my multiple deployments, I saw TAP, Transition Assistance Program, change over the years, sometimes for better, sometimes for worse, and it was made very clear, hey, you just got home from war; you are different; it's time to start taking care of yourselves.

And what did all of us do? We took the "death-by pamphlets," we put it in a bag, and then we stepped away from it, and we don't focus on it, and the General was exactly correct, that it takes

years for these things to start manifesting. You start questioning why you're not sleeping correctly; you start wondering why am I having a tough time getting along with my friends?

And it literally was two months ago where sort of all these things came together at just the time. I look back on it as a blessing, but social issues combined with work issues, combined with Marine Corps issues, they all sort of piled up on to me, and it wasn't until I made that call and called the Vet Center, which I'm very excited that we're going to hear from someone from a Vet Center here today, that I said, "I really need some help; can you help me out?"

And the VA was there in a heartbeat, and they were providing outstanding services, and they took me under their wing and got me all squared away, and I convey this now publicly to a lot of the servicemembers I have deployed with because I say that simple step, that small piece of communication. On the battlefield, we learn that communication is key. I said you've got to

communicate as well. If you're on the radio, and you're just hearing message traffic, and you don't ever respond, then you're not accomplishing your mission.

And that's very hard for some folks to step up and do, myself included, and having made those changes now, I realize that life turned around. All of a sudden, I got a big fancy banker job now. I have to wear "these things." They're called ties.

[Laughter.]

MR. BOWERS: I thought they were fabric belts of some sort for awhile. And when I look at these things, in the capacity that I'm in now, working on philanthropic giving, specifically for, I don't know, J.P. Morgan Chase is apparently a big company of some sort, focusing on their philanthropic giving, something that has been said to me by many folks is that we need to focus--and you mentioned it too, General--that the sea of goodwill that is out there is what we are going to rely on for servicemembers as they come back.

This is not a job that DoD and the VA can handle on their own, and we're going to be looking into the future at that outreach. What are the tools that we can use to get to these folks to say, hey, it is time to make sure you're taking care of yourselves? And it is the community level organizations that are able to reach out to these folks as they reintegrate and become civilians.

They are the ones who will be able to communicate and say are you stepping into the VA? Are you having difficulties with housing? VA has programs for that. That communication is going to be critical to move forward, and I have to applaud the VA right now because they've made some amazing steps in doing their outreach for the younger generation of servicemembers.

They're on Facebook. They're on Twitter. They're on multiple levels of social media really doing the best that they can from the mothership here in Washington, D.C., to reach out to these vets in the places where they are, which is online.

You know I was joking about the crayon and

the iPads, but in all honesty, you know, I have a smartphone in my pocket right now where I know that if I need to go through some counseling or something of that nature, it's a couple buttons away, and it's just making sure that I know it's available to be able to step into that.

So going forward, you know, one of the things that I think we're really going to have to focus on is that every servicemember is different. Everybody reacts differently when they come home. We can't just do a blanket PowerPoint presentation to deal with these folks as they come back.

I'm a young, single, somewhat stupid, you know, combat Marine. I'm very different than some of my other friends, you know, and so understanding how to communicate with these folks is really going to be critical, and I look forward to seeing how it goes forward.

Thank you very much.

[Applause.]

MS. McFARLAND: Thank you, Todd, and now we're going to turn to Nicole Keese, who is

somebody who is familiar with all those programs at the local level.

Nicole is a Colonel in the Reserves, and she's head of the VA and Vet Centers in Little Rock, Arkansas.

Nicole.

MS. KEESEE: Good morning. I want to thank Dr. Batres, the leader of the Readjustment Counseling Service at the VA, for letting me be here today, and my boss, Luann Engle, who is also actually a retired social worker in the Army Reserve, or actually Army. I'm sorry.

It's something to come prepared to talk about one thing, and then you find you're going to talk about another.

But all the ladies in the audience who heard "single" that are single, he's your guy; right?

[Laughter.]

MS. McFARLAND: And I just want to interject, I'm married to a banker. They have good jobs. So he's not only cute and eligible, but he's

probably a good catch.

MR. BOWERS: My number is on the back of the pamphlets that you have in your packets.

[Laughter.]

MS. KEESEE: He said he used crayons. I use pen and a pad. That's Army. Anyway, in order to understand the context of the situation we're dealing with regarding our returning or transitioning servicemembers, we got to remember the differences between the military and the civilian culture, and I just want to point some of those out.

In the military, it's faster-paced, although anybody who's in the military would dispute that if you stand in a line for any length of time. But in the civilian life, it is a much slower, natural kind of pace on day-to-day.

There's hypervigilance. You learn how to be hypervigilant. I mean in the Army or in the military, there's a fostering of aggression and paranoia. You have to be aggressive. You have to be paranoid in order to survive on a battlefield.

Now, hypervigilance doesn't work so well in the civilian sector. It will get you fired; it will get you reprimanded. It will get you booted out of your house.

In the military, you have use of targeted aggression. Well, that creates kind of a hostile environment in the home and in your workplace as well. In the military, you give and receive orders. It's an environment of obedience. It's also one of a maturity level that is somewhat different than in the military, and it's more inclusive.

In the civilian sector, though, you make decisions. You have to engage in critical thinking all the time.

In the military, you foster teamwork and interdependence. And if you could, those of you who haven't been in the military will have a hard time understanding this, but there's a symbiosis, there's a psychological symbiosis that happens to people who enter the military.

We go from being an "I" to a "we." And

when we transition back to the civilian sector, going from that "we" to an "I" has incredible psychological ramifications. So interdependence in the military, independence and self-sufficiency in the civilian sector.

We answer to a chain of command. There's no chain of command in the civilian side except if you include your spouse, that might be your chain of command.

[Laughter.]

MS. KEESEE: In the military, it's a very closed system, and that's very evident if anybody has tried to find or access an Army Reserve unit. Where are they? How the hell can you get into them? And in the civilian, it's a very open system.

And, last thing that I want to point out, in the military, they foster emotional stoicism. Okay. You have to be tough. You have to put your best face forward. Whereas, in the civilian sector, you require, it requires emotional investment, emotional relationships.

So what are the challenges we face? It's difficult for the military to provide community support, especially if you're outside an installation. Again, we're more of a closed system.

There are fewer clearer pathways to assistance and information. When a person goes from the military to the civilian world, there may be an increase or a decrease in respect one is given. You know, think of being a 21-year-old squad leader who gets out of the military and does not have a job. That's a real shift in--that's a real shift in the mind-set that's really hard to get your head around.

There's a lack of knowledge of benefits to the Reserve Component. A lot of people here--well, I don't know what the Reserve has. I only know what the Active Component has. And there's a big difference between Reserve Component benefits and Active Duty benefits.

And there's constantly changing military and veteran policies and benefits. I know that

every veteran that I see that walks through the Vet Center doors, I have to know them individually. I have to know when they served, where they served. There is so much I have to know about them on an individual basis to even begin to understand what their benefits are.

Not everyone has the same transition challenges or at the same time, as it was pointed out.

There are changes in significant relationships. I mean how many people do you know on the civilian side undergo the tremendous relationship stresses that our military members go through?

There's feelings of being left behind when you transition out of the military, and also we forget that in the civilian sector, people have a limited capacity to listen. It's hard for others to listen to another person's story because they're all caught up in their own life.

Reserve Components. They have Family Readiness Groups, but they're geographically

dispersed, and many of them don't have the same understanding of military culture and command structure.

You have to understand before this war started, you can have Reserve folks that were in the military for 20 years and retire, and they would tell their spouses that they didn't even get a paycheck for going to Reserve duty. It was one of those guy things, you know.

Web sites are hard to navigate, and they give the impression that they don't care. There's difficulty getting benefits because you don't know where to go, don't know what to do. Again, this death by PowerPoint, this death by brochure. Nobody listens. Their minds are elsewhere, and they won't, and it's hard to really reach out. We can have a discussion about that, but there's probably a lot of factors that lend to that.

There's a variance in policies and procedures among Active Duty and Reserve Component, and the services, and with veterans. One big example is for a Reserve Component, at least in the

Army Reserve, you have to have a line of duty in order to get your military health care needs taken care of if they're related to the military. If you don't have that line of duty, you got to pay for it out of pocket. Whereas, the Active Component does not need line of duty.

And believe me, not everybody knows how to fill out a line of duty. What works for the RC during peacetime does not work during wartime.

Soldiers that transition/servicemembers face feelings of isolation, disconnection, confusion, frustration, anger. Isolation is a killer. Fort Hood is a really good example of how the installation really rallied around a very traumatic event that occurred. But ask the Reserve Components that were stationed there. Ask the family members of the Reserve Components that were stationed there, and how much rallying was around them?

Health care. Skipping. When you go from Active, when you go from Reserve or civilian to Reserve to Active Duty, back to--I mean it gets

really confusing on who do I go to for what and who's going to cover what? Now, the VA has a wonderful five-year health care program, but not everybody wants to go to the VA.

Then there's also the challenge of being dual status. Am I a Reserve member? Am I a veteran? And actually you're both.

And outreach. Outreach is a big issue. More later about that, I guess.

In order to successfully transition, servicemembers have to have a strong sense of community. They have to have meaningful employment, they have to have a strong healthy sense of self, and they have to have support. I'll say it again. Isolation is a killer.

Solutions. Everybody needs a readjustment plan. Why aren't we providing transitioning servicemembers readjustment planning? We have TAPs. We have some other things, but who sits down and just sits, you know, asks people face-to-face, where are you going? What are you doing? What are your plans? Do you know about your benefits?

All too often servicemembers are told go to the VA. Where is the VA in my community? And when you get to the VA, where do I go? As good as it is, we still need to do better regarding navigation of these systems. It's best to help-- those of us who are veterans, we are, I think, are the ones that are best to help other veterans.

One thing about the Vet Center staff, over 72 percent of the Vet Center staff are veterans; 47 percent are combat veterans; 31 percent are GWOT combat veterans; 42 percent are women.

Big Brother-type programs might help out too. I know Canada has a wonderful veteran program, kind of a peer-to-peer where they actually train their older veterans, give them two weeks' training so they can mentor young veterans that are coming off military service.

We need to expand the concept of team concept. We need to expand support systems. And we need to foster relationships with veteran-owned businesses.

Mental health services for servicemembers

and veterans and not family members is not effective. We have to strive more to provide services to family members. We need to make our systems and processes easier. Most of all we need to make sure that every servicemember, whether in the service or as a veteran, is welcomed, respected, and is given the respect and privacy and our gratitude for their sacrifices.

Vet Center programs are very unknown. We get a lot of calls asking about how to care for dogs and cats, and at least several times during the day--but I am one of a staff of six at the Little Rock Vet Center. We provide counseling services to most of the state of Arkansas, and anybody who's from Arkansas realizes that it's a very rural state. We do have areas in Arkansas that are very underserviced, and we do have veterans in these underserviced areas.

Vet Centers were established in 1979, thanks to Max Cleland, and we were specifically established to provide readjustment counseling to veterans. Thanks to our Vietnam veterans. They

really spearheaded this program because they stopped going to the VA because of the treatment they were getting.

We're community-based. We're safe. We've grown from 187 to 232. We have 50 mobile Vet Centers out there that will go where they are needed. And I got to wrap it up. And we have-- anyways, be happy to talk to anybody more about Vet Center services.

Thank you.

[Applause.]

MS. McFARLAND: Thank you, Nicole.

And now we're going to turn to Dr. David Brown, who is with the Office of the Secretary of Defense, where he's an expert on suicide prevention, recovery and reintegration.

But before that, he was the Lead in the Department of Defense for Recovery, Care, and the Support Centers of Excellence.

Dr. Brown.

DR. BROWN: Thank you, "KT."

So I'm going to lean into--I'm former

Army. I'm going to lean into the General here. I feel comfortable doing it if you don't mind, sir.

We had offered up our seats, and we didn't think about the mics. I'd like to just take a minute or two to speak about help-seeking behavior and possibly encourage some of the conversation in that direction.

Prior to coming here to D.C., I was overseas for 15 years. I was the lead psychologist in Bavaria over seven bases there treating people, the whole slew of what you have from being in the military.

Part of that "grass is green on the other side" issues come in. All of my career was very Active Duty-centric, and what we would hear was for the Guard and Reserve, things work much better because once they deploy, they go home, and they're back with their families and all their support; whereas, when you're overseas Active Duty, you don't have a lot of those support networks that we have set in place here.

Since shifting over--I'm now in a non-

clinical role--I've learned that that is not the case for many individuals. So I'll highlight a couple of areas with regards to care for caregiver well-being and employment.

Before doing that, what I want to do is speak briefly on a program we created in Europe called Soldier 360, and what this was about was help-seeking behavior and trying to bring treatment to individuals who were, let's say, maybe resistant to seeking that out. When I was Active Duty and was deployed, I was in a tent sleeping 12 inches from the next individual, and you knew who got letters from home, who didn't, who was sleeping, who was eating.

When you pull back from deployment, many times they stick behavioral health in the back corner of a base, and no one can really find us. So with that said, what we decided with Soldier 360 is let's create this program where it's invite only, the best and the brightest, and you're hand-selected from your company commander or battalion commander.

So we had these individuals who were screened. They did not meet any criteria to come into treatment, and lo and behold, we start to realize this was somewhat of a Trojan horse. We taught them about the importance of sleep, that four hours isn't sufficient, contrary to what their first sergeant told them.

We had folks who would eat--I kid you not--would eat Skittles and Mountain Dew for a week or two while in the Stryker because it was just kind of a funny thing to do, and then they realized, wow, I'm kind of impulsive and irritable.

[Laughter.]

DR. BROWN: So the course that they went through--you received three college credits for this course, by the way, and we had a lot of great success with this. This encouraged us then with reaching out in Bavaria. Now for the Army, they imbed providers in primary care. They imbed providers in the units. They imbed providers in the school systems, and we're seeing great benefit in that.

With regards to the help-seeking behavior, I recall there's a time I went over to the WTU, and we're encouraging folks with this help-seeking behavior, and using a component that we used in Soldier 360, which was humor, we went off to the Herbie Benson Center. If you're not familiar with this, at Harvard Medical School, he's the guru behind mind-body medicine, and we learned the benefit of even having a one-hour instruction in humor.

So I go to the WTU to try using humor with the WTU folks, and there's one gentleman, I recall, who lost a portion of his foot, and after we really got going, this guy was just cracking us all up, and he said, you know, it's been almost nine months, and I forgot how to laugh. I forgot the things I used to do and I used to do very well. He had us going like you remember the Dean Martin roasts? You're talking Vietnam so I'm trying to relate here.

[Laughter.]

DR. BROWN: So you remember the Dean

Martin roasts? This guy had us going, and he says, you know, Doc, he says I may have lost a portion of my foot, but I still have my hair, and he says, you know, you can go seek help for that.

[Laughter.]

DR. BROWN: And he just had us going.

And, you know, taking some of these insights and opportunities I've had to learn from others and coming here in a non-clinical position. It's interesting. I was presenting on polytrauma at the National Institutes of Health, and we really were focusing quite a bit on care for the caregiver, and the fact that we're just hearing here many times we focus on the other; we don't focus enough on ourselves. We're not taking good enough care of ourselves. This was a focus from polytrauma.

I think it's important for all of us to really take time and look at ourselves, and we're taught not to. We're taught about selfless service, loyalty, duty, and I think it's a big challenge that we're now going counter to our

culture with that.

Well-being. We've been focusing quite a bit on well-being. Those of you who aren't familiar with the Gallup studies, there are a lot of different studies on well-being, but Gallup, when you look at National Guard and Reserves, the Active Duty folks, when they return, they still have a job. Guard and Reserves, when they come home, they might not, and to show you how important well-being is, and employment, employment, that is, the Gallup studies focus on employment and have noted that your well-being recovers faster from death of a loved one over the course of a year than it does from prolonged unemployment. And that's something to really think about, and that's what's wonderful about MOAA and USNI.

Today is a special day, but they do this all throughout the year. I can't tell you how many functions I've been involved with, and they bring employers, they bring the businesses, they bring all those other components in, which is rather important.

Lastly, I want to just shift to one more lesson learned. If you're not familiar with the work of Thomas Joiner, the psychologist, he speaks about suicide, and he speaks about two components in particular: a thwarted sense of belonging and a sense of burdensome.

And I had a soldier who was released from Landstuhl after a suicide attempt with lethal means and intent to die, and I sat down with him, went over the paperwork, and I had an idea of what he was going to say. When you're released from the hospital, we screen you to make sure you're okay before we reintegrate you back into your unit.

And I said can you please give me a heads-up on, you know, on what brings you here? And he said I killed a soldier, and I was thinking, oh, my goodness, this is going to be a sanity board. You know, I wasn't prepared for him when he said that, and I thought perhaps there's a mishap with the paperwork.

So I said can you tell me more? And he said everyone had a chance to take a break during

the deployment. When the first sergeant came to me and said I'm pulling you from this mission, I'm putting in a substitute, that substitute died as a result of an IED. Hence, I killed a soldier. So he's carrying this guilt with him. This is from his first deployment.

He's now returned back from his third deployment at this time, and still eating at him, and he had a new spouse, and before he left, the primary concern was family planning.

And she said, you know, when you come back, we'll work on a family. Well, that wasn't working. Not to change the topic here too much, but I've shared this story before. She could see in the morning, it looks like it's working, but when he tries to engage, it's not working.

He's still downrange, and, yeah, I brought this information to the Soldier 360 program, and said any of you guys experiencing this? These are guys in their 20s, you know, upper 20s, young 30s, and 70 percent of these soldiers had reported, yeah, I thought that was kind of normal. And I

didn't ask them a show of hands; I asked them just to write on a piece of paper yes or no if you're experiencing this.

So the gentleman shared with me--back to the suicide attempt--I failed my team downrange, now I'm failing my wife, I'm a burden, and I don't belong, and that's when he had attempted suicide.

Not to leave you on a somber tone here, there is a positive side here to the story. After going through treatment, doing rather well, they are now at--well, they're stationed locally. They have three children so he's going well. I swear the wife looked at me like I'm going to kill you.

[Laughter.]

DR. BROWN: So, yeah, with regard to help-seeking behavior, I think it's rather important. I think it's good that we focus on that and what we do when we reintegrate back to society. So thank you for your time.

[Applause.]

MS. McFARLAND: Thank you, Doctor.

I'd like to now turn to the White House

and Lieutenant Colonel Rod Lewis, Rodney Lewis. This administration seems to have come in, and they have a particular interest in not forgetting our military families. Would you like to talk to us about the Joining Families Program that you have at the White House?

LT COL LEWIS: Absolutely, "KT." First of all, for USNI and MOAA, thank you very much for having me here today. It's a privilege and an honor to be on this panel and to speak to you and have a conversation.

I'd be remiss if I didn't say the Executive Director of Joining Forces, Captain Brad Cooper, would love to be here today. Unfortunately, his schedule didn't allow. So you get the second team.

As you get to know me a little bit better, I think that's worthy. I am an Active Duty Air Force Officer, Lieutenant Colonel, graduated Commander, and in the spirit of best practices, I do have my crayon, my pad and paper, and my iPad.

[Laughter.]

LT COL LEWIS: So, you know us Air Force guys, we're always prepared. But in all seriousness, I've been in this job and have seen some amazing things in terms of watching our, not only our government, but the private industry, all galvanized to come behind what we all know is a force that's been fighting for over a decade. And the First Lady recognizes that as well.

As "KT" had mentioned earlier, you know, one percent of the individuals are out there serving our country, and I think the stat that she put up, that only ten percent know of a servicemember, well, the First Lady is trying to reach the other 90 percent. That's what Joining Forces is. It is an awareness campaign.

Traditionally, the East Wing is not the policy side of the White House. That falls within the West Wing, and it falls within all of those agencies that the President owns, the VA, the DoD, and it's a unique privilege for me to be on the East Wing to watch the First Lady really try to bring a nation up to speed in terms of awareness.

So that's what Joining Forces is. After many conversations, the First Lady had traveled around and seen many military members, and specifically talking to spouses heard a reoccurring theme: these are places and areas where we need help; these are places where you can help us as a First Lady.

And the pinnacle point of that really rested up on three pillars: the employment piece. You know, as transitioning members needed jobs, that was something that the First Lady and Dr. Biden heard a tremendous amount so that is one of the pillars.

The second pillar: education. And to kind of go back briefly to the employment piece, what she heard was the fact that military members were PCSing, changing locations, so much that the spouses were being left out.

Now, a personal story, I've had five different assignments in seven years. So my spouse, who is a college graduate, has a master's degree, the last location we left, she had a

wonderful job, but when she transitioned to the next location, she couldn't take that job with her.

So those are issues that the First Lady had heard, and those are issues that Dr. Biden had heard, and that's where, you know, the employment piece really came in, not only for spouses, but obviously for veterans transitioning out of the military as well. So it's been nice to watch this come together with agencies really focused on a specific task.

Education. There are issues that can be there when military families PCS. You know, using my example, I don't have high school children, but imagine, if you will, five different locations in seven years: the transportability of records; the transportability of just having a consistent education basis.

My parents--when I grew up, my dad had a job, and he was really proud to have his 35-year pin working for the state of Oklahoma. I lived in one house. I had the same friends. I had the same teachers. I knew the schools that I was going to

before I went to them. So it's a different environment.

So education in terms of military families, that's an important piece that we are working towards trying to improve with great agencies like the National Math and Science Initiative, with the initiative for military families who do advanced placement courses for specifically military schools or schools that support military members.

And then, finally, the third piece was wellness. That was an area where the First Lady and Dr. Biden really saw a need when they were talking to the spouses, the military members.

So the way I like to think of it is a tripod: employment; education; and wellness. And like any good tripod, if one of those legs is broken, it's not going to stand.

So Joining Forces is a program, and you can go to it at joiningforces.gov to learn a little bit more about that. It's a program that has been started by the First Lady and Dr. Biden to really

go out and hit those areas where key pieces of government cannot always work well within.

For example, within the community, faith-based, and then more importantly in the private industry, to be able to bring resources to bear on an issue that all Americans should be aware of. So the First Lady has been doing that through her program Joining Forces and, "KT," I think that's it. We'll open it up to more questions.

MS. McFARLAND: Thank you very much.

[Applause.]

MS. McFARLAND: Now we've heard at the national level, at the state level, and at the local level the programs that are being offered, and a lot of the challenges that our military and their families face, but there's one family that I really think that we should spend some time listening to, and that's the Marcums, Sergeant Tom Marcum and his wife April Marcum, who are sitting in the middle.

April is going to speak on behalf of the family, and I spoke to her, have spoken to her

several times, and I was particularly moved by, first of all, what an amazingly courageous lady she is, and by her husband, who I think is not atypical of the military men and women who have injuries and their reluctance to admit that they have a problem, and then finally the difficulties that the Marcums had navigating the system.

So April, you've got a statement. I'd love for you to read it, please.

MRS. MARCUM: Thank you.

As I look around me, I see the iPads and the crayon and paper and everything. I have mine typed up, double-spaced, and everything, because I am the teacher.

[Laughter.]

MRS. MARCUM: Tom and I came here today to share our story with you, not necessarily to bring attention to us, but to help the men and women who are in the road right now where we were two or three years ago. So this is our story.

When my husband deployed to Iraq in January of 2008, I had the usual worries of any

spouse. How long is he going to be gone this time? How will I keep up with working full time, parenting our children, and the demands of running a household?

But this was not our first deployment, and so I did what thousands of military spouses do everyday. I dug in; I did what I had to do. So when I received a phone call from my husband saying that he had been working on a mobile armory when a mortar exploded 35 yards away from him, my first thoughts were, oh, my God, are you okay?

He downplayed the extent of his injuries to me and told me he was fine. "I'm fine." He said he had a bad headache and his ears were ringing, but the medics told him to take it easy for a few days and rest, and he'd be fine.

When he came home a few weeks later, after spending nine months in Iraq, it was easy to see that not everything was fine. He still had the same headache. He was confused at simple things. He had short-term memory loss. The last straw for me was the day he called me on his way home from

work, a base we had been stationed at for three years at that point, six miles from our home, and said I can't remember how to get home.

I made sure that we called the doctor. The local and medical community, including the Air Force Medical Clinic doctor, seemed to be reluctant to help. Tom's primary care doctor implied that Tom was trying to get out of work. This felt like a slap in the face to both of us because he had served for almost 15 years Active Duty with never complaining of multiple deployments or shinsplints or anything.

Then the doctor made this statement, I'll write you a prescription for Motrin, but you really need to suck it up and go back to work. After that, we both felt like there should be somewhere for us to go to get the medical help that Tom needed, and so we made an appointment with the Medical Group Commander, and then his primary care doctor after that appointment decided that Tom should probably go through a Medical Evaluation Board.

This process was long and overwhelming, but my husband finally ended up at a Polytrauma Unit in Tampa, Florida at a VA Medical Center, where he received outstanding medical treatment. The medical team found that Tom had a Traumatic Brain Injury caused by an orbital wall blowout fracture behind his right eye.

His right shoulder needed to be surgically repaired. He was diagnosed with hearing loss and vision deficits, and they also suggested that he be further evaluated for PTSD. At the time my husband went to this hospital, the Polytrauma Unit, it had been over a year since he had been home from Iraq.

In May of 2010, the Air Force placed Tom on Temporary Disability Retirement List status, which is also called TDRL, and told us that he would be reevaluated every six months to find out what they were going to do with him.

Over a year later, in June of 2011, Tom and I had to travel to San Antonio, Texas from our home in south Georgia. We paid for the entire trip minus airfare out of our own pocket and had to wait

for the Air Force to reimburse us. The total for that trip was over \$750, more than our mortgage payment.

We have yet to hear the determination of what they're ultimately going to do with Tom. As of now, we travel over two hours one way to get to a VA Medical Center that has the right set of medical personnel to treat Tom's injuries. We do have an amazing caring team of professionals that we work with at the VA.

I would love to name them all by names, but I will just tell you that his primary care doctor is amazing. His neurologist has been instrumental in his care. He has a psychologist that understands him and does not take his crap.

[Laughter.]

MRS. MARCUM: We have an OIS nurse case manager who has been helpful in getting us the appointments we need and not making us travel more than the two-and-a-half hours we already travel.

In this, we are truly blessed. The challenges over the last three years have been

many. Not only have we had to get used to a new normal in our home because of Tom's cognitive and emotional deficits, but our family has shouldered the burden in other ways.

While waiting for a VA rating because Tom was placed into TDRL status with no joint rating when he left the Air Force, we were in a financial crisis. Not only did I have to quit my job to care for Tom, but he had a significant pay cut as well, and we were forced to dip into our life savings.

By May of 2011, it was totally gone. Our youngest son was diagnosed with secondary PTSD. He began to act out at school and at home and had terrible nightmares. I myself felt depressed. It seemed like the weight of the world was on my shoulders, and I had no one there to help.

I had to take care of my husband and my children and try to figure out how I was going to pay the mortgage all at the same time.

But not everything that has happened to us during this time has been negative. We have grown closer as a family. My children have matured under

the stress and are growing into fine young men. Both Tom and I have met some amazing people and made life-long friends that we never would have met otherwise, and some of them are in this room today.

It may seem strange, but I am thankful for the trials in life. Am I saying that I'm glad that this happened to my husband or that I would not rather have the old Tom back? No. But we have accepted this. I have accepted this, and as a family, we have accepted it, and we are proud that my husband served his country well.

I want to say God bless America and God bless the men and women who serve her.

[Applause.]

MS. McFARLAND: I think everybody in this room, everybody in this country, feels that none of our veterans should ever have to go through anything like that again, and so I'm opening this up to anyone on the panel. You all represent various aspects of the reintegration and care community. Why did this happen? And what can we do to make sure that it never happens again? And

I'll open that up to anybody.

And if nobody volunteers, I'll start calling on people.

[Laughter.]

MS. McFARLAND: General, how about you? You're somebody who has seen both sides of this, not only Active Duty and Reserve but through the Veterans Administration and as an Adjutant General of Maryland.

MG ADKINS: I wish that was the only story like it, but it is not. And I think it gets back to that system under the burden of dealing with a nation at war for ten years, not prepared to handle the TBI or the Post Traumatic Stress, and I think it's critical as we get to a point of coming out of the conflict in an environment of reduced resources, that we build a system to be prepared to handle future cases like this and to ensure that it doesn't happen again.

There's a lot of work to be done. We've got to get beyond the turf battles. We've got to identify what's important in that reduced resources

environment, and making sure that whatever we do works to prevent this case/this type of situation happening again.

MS. McFARLAND: Anybody else? Doctor, I want to ask you, you know, one of the things I think that is so upsetting is that the first place they went, to their primary care physician, fell on deaf ears. It this--why, again, would this happen? Is this something unusual? And how do we prevent that from happening again?

DR. BROWN: To reiterate what the General said, unfortunately this, not to say it is common, but you hear of this occurring. We have, when I showed up in Germany, they had transitioned the Stryker unit out there, and I was one of the first resources to show up. On my first Thursday, I had 17 people who were walk-ins who were either suicidal or homicidal, and it was myself and an E-5. This is 2007. I can't tell you how many other people were there to be seen.

Within the year, I think we hired 42 new providers. Of those 42, five of us were veterans.

Dr. Guice from Health Affairs, the Principal Deputy for Health Affairs, had shared that the VA put together a wonderful DVD on the military culture because many of these providers who come in don't understand military culture. It's analogous to someone who has never drank alcohol in their life treating an alcoholic because it is a different culture, and to use some of those nuances is rather important.

A concern I have is I've had the misfortune or the benefit of going through eight Joint Commission accreditation inspections for hospitals, and I've seen all the work that goes through to prepare a hospital for a Joint Commission inspection, and then many of those people transition out.

The next Joint Commission inspection that happens, you have new people, and they say what are all these documents, what are all these forms, and they discard them, and you get hit with not passing inspection.

My concern is that we don't forget these

lessons learned as these conflicts dissipate, as we wrap things up, that we keep our infrastructure in place, and that we never forget.

MS. McFARLAND: One of the things--I ran for the United States Senate in 2006 in New York, and I would campaign around upstate New York where Fort Drum is, and I found that women would come up to me, mothers, sometimes younger women, and they would say, you know, who do I talk to? My daughter-in-law or my son-in-law has just come back from deployment, and he never used to drink, and now he drinks all the time; he won't get out of bed.

Other women would come up to me and say, you know, my daughter has come home because her husband has come back, and he has anger management issues, and he's hitting her. And they said to me where should we go? I had no idea what to tell them, and I think, Todd, when you said you came back, you had all the pamphlets that you just, you know, tossed aside, you didn't want to read any more stuff. What's the first step somebody does

when they come back? And how does their family help them to take that first step?

I'll throw it out to anybody.

MS. KEESEE: I'd like to answer that question. One of the things they can do is find the nearest Vet Center, and the reason I say that is because it's free, it's free to combat veterans, it's free to families of servicemembers that have been killed on Active Duty, and it's free to veterans who were sexually traumatized while on Active Duty.

We are community-based, very informal. You can walk in. If a counselor can't see you immediately, we will make sure you have an appointment scheduled within three days. We are kind of there on the front line. We're separate from the VA hospital. Our records are kept separately so we have more of a--we have more of an ability to be private, but we have, it's peer-to-peer, you know. We have a lot of veterans on staff that can relate to folks coming through the doors.

We welcome veterans as they come through

the door. We give them a cup of coffee or something to drink, and we just make them feel at home, and it's a good first stop because then we can refer them to other resources that are not only available in the VA but throughout the community.

MS. McFARLAND: I'd like to ask you, Doctor, one of the things that seems to come up time and time again is the idea that if you're in the military, you're the kind of person who does suck it up, who doesn't complain, who doesn't say I need help, and particularly if there are psychological issues.

Is there any way to convince people or convince their families, you know, what should families look for when someone comes home, and how do you change that mentality of somebody who, as the General said, somebody who fights and has these certain characteristics and then comes back to the United States and needs to have different characteristics to reintegrate?

DR. BROWN: As a clinician, I got a lot of mileage out of asking people to bring their spouses

in. Many times we're not the best keeper of our own records.

I brought this up last year at the Defense Forum. And I can't tell you how many times I've had a spouse come in, and I'm asking the servicemember, you know, have you experienced this; have you experienced that? No, no, everything is fine. And then the wife points out, well, you can't recall your mother's phone number, or you are drinking too much, or you're having nightmares.

I spoke at National Association of Counties in I think it was March or April, a large concentration of World War II and Korean War vets and Vietnam, and I had mentioned this, about people coming back and wanting to return to where they were and that they've changed.

Our society is much different nowadays. Even though those World War II vets were greeted with parades, they weren't necessarily greeted with the opportunities for treatment, and one lady came up to me and said every Fourth of July my husband doesn't engage in Fourth of July.

He used to drink too much on Fourth of July, and he'd have nightmares and mumble in German. We're from Des Moines, you know, and you could start to see that there are cultures that really met criteria for these diagnoses, and they didn't have the opportunities.

So I think community outreach, peer-to-peer programs. We've got tremendous programs out there. Last count I heard there was over five--at the peak, over 500 different resilience programs depending on how one defines resilience. So I think we've learned some of our lessons, and we're doing well, doing better, but there's still a ways to go.

MS. McFARLAND: Todd, why don't you add to that as a former Marine?

MR. BOWERS: Sure.

MS. McFARLAND: You, I'm sure, have had different experiences.

MR. BOWERS: Creativity is going to be the key for a lot of these spouses when they're out there for them to be able to understand these

issues that are going on.

I'll give one example of a friend of mine that actually works at a Vet Center who came up with an idea when these families were returning because they didn't know what the signs were, and they didn't know how to contact. Simple concept of a piece of paper, he put on the fridge that said: "Is he not sleeping well; is he drinking too much; is he having an overall hard time? Don't think twice; call us."

Plain and simple. For the whole family to see, you know, for them to understand, like these are the issues, and then just one single line, one number to give a call, and that was the Vet Center that he was employed at.

It's genius, and just thinking of ways around and sort of communication, how to, you know, lay out for these folks like it's all right; this is normal; this is normal behavior. If I go to combat with someone, and they come home the exact same person they were before combat, then there is something wrong.

All right. These are extreme circumstances that individuals are dealing with that it's just difficult to readjust, and making that very clear for the family members is really going to be key overall.

MS. McFARLAND: I want to turn now to Lieutenant--

LT COL LEWIS: "KT," can I add?

MS. McFARLAND: Yeah, I was going to--

LT COL LEWIS: Can I add to that context a little bit more as well? One of the things that I think is really important that we've kind of hit on it as well, is the aspect of not only should it be the member's family that understands that, but it's a wider context in terms of the community.

So raising that awareness with, say, first responders. They may come in contact with an individual, and they need to know what to do. Do we send them to the VA? What services are available? So that's something that is being looked at, and it's extremely important as well.

On the policy side--I'm on the East Wing--

but on the policy side, in January, the President signed a PSD, Strengthening Our Military Families: Meeting America's Commitment.

And for me, I think being an Active Duty Air Force member, it's a watershed event because every single service cabinet member signed that document. Every cabinet member said I was going to look into his or her department and agencies and determine how are we doing this. To go straight to what General Adkins said, are we utilizing our resources effectively?

So that was signed in January, and if you haven't read that, I think it's a document that's well worth the read on the policy side. So it's a part of government. It's a part of private industry as well, the community, and it's definitely an education piece that goes with that.

MS. McFARLAND: General, since you've got two stars on your shoulder, I want to--and you obviously know what it takes to have a successful career in the military--is someone who comes either as Active Duty or former, if they admit to having

any kind of psychological problems that you can't see like a broken arm, is that something that would be detrimental to their career, either as they integrate into the civilian world or if they stay in the military?

MG ADKINS: No, and I think that you have to understand that we've been part of a journey for the past decade, and I have to tell you that from an experience within my own family. I had an uncle who committed suicide after World War II, and it did not come to me to understand the issue until I visited the behavioral health, mental health ward at Walter Reed, where the doctors explained to me that the real challenge is to get them to sleep so that the mind gets an opportunity to rest.

And that uncle who--and we all probably have those uncles in our families--after World War II, who went to the VFW or the American Legion, and they self-medicated down there with fellow veterans, and then if that didn't work, they got to the point of suicide. So that's the challenge we see now.

And I think we're changing. We have changed the culture. We've had senior officers in our Army come out and admit that they have issues. That's where we need to go in the future, and I think that in Maryland, for example, our Lieutenant Governor was Anthony Brown, an Iraq War veteran, came back and put a focus on making sure that we had the behavioral safety net in Maryland for our returning veterans and for our Guard and Reserve, and the focus on the families to get them to come forward and identify the issues is critical.

They see them first. And to make sure that they understand that there's a place that they can call, that we're there to help. We all have to understand that there's tremendous costs to war, as I said earlier, and these are natural responses to the unnatural environment of combat.

MS. McFARLAND: I think at this point, it's time to open up to the audience any questions that you might have. We have microphones set up here and here, and if you'd like to ask a question, we'd ask first you identify yourself, where you're

from, and then if you have a specific member of the panel that you would like to address, please do that as well, and I want to warn you, I'm from the world of television; we believe in sound bites, not speeches, and so if anybody's question is too long, it won't be for long.

[Laughter.]

MS. McFARLAND: Yes, sir, over here.

LCDR BRADO: Yeah. Jim Brado, a member of MOAA. I also work for TRICARE in Arlington, Virginia, and I had a question for Colonel Keesee about the Vet Centers. How often do prospective employers actually come to a Vet Center or your Vet Center and say they're interested in hiring a veteran?

MS. KEESEE: Well, by my silence, I guess you can deduce that not very often, but that doesn't mean we're not working within the state and within the State Employment Division, and they have veteran representatives who work specifically to work with veterans. As far as employers coming to the Vet Center, they don't.

LCDR BRADO: Yes. I see it as a challenge to hire disabled veterans. I'm one of 16 veterans on my father's side and my wife's side of the family, and I work for the Department of Defense, and I reached out to hire some veterans. I wish more people would.

I know, I know we have veterans who use the GI Bill, and they go to colleges and universities. I wonder if that would be a gateway? I think we need a gateway to help these veterans. They are twice--their unemployment rate is--what--15 percent, and the rest of the country is, you know, nine. They're twice as--

MS. McFARLAND: It's even higher--

LCDR BRADO: Is it higher?

MS. McFARLAND: --when they go back to rural areas. Yeah.

LCDR BRADO: And it's just a challenge for all of us to try and help these veterans. They're using the GI Bill. If we can get the veterans to go there to the college university career counseling office and say I'm looking to hire a

vet, there's a lot of--there's a National Resource Directory. There's all these things out there.

I hear a lot of "what," you know. I don't hear a lot of "how." I mean I guess I'm a little frustrated because I don't like veterans being unemployed. It bothers me.

MS. McFARLAND: I think the afternoon panel is going to specifically address the issue that you're talking about, and we've got representatives from industry. We're talking about--

LCDR BRADO: We do?

MS. McFARLAND: Yeah.

LCDR BRADO: Oh, that's great. Thank you.

MS. McFARLAND: So ask it again this afternoon.

MG ADKINS: Let me just say in Maryland, for example, something as simple as identifying in our job bank when a company puts a need in there, to put in there a little minuteman saying that I'm interested in hiring a veteran, and then for resumes of veterans and Guard and Reserve putting a

little minuteman on their resume so that an employer can see that's a military person; I would like to have their skills working in my organization.

MS. McFARLAND: In the center, the lady in the center with the mic.

AUDIENCE PARTICIPANT: Can anybody hear me? I'm sorry.

MS. McFARLAND: Okay. Let's go to the far end then and we'll sort that mic out in a minute. Yes, ma'am. At the far end.

MS. HUNT: First of all, let me just say thank you for serving your country and continuing your service to our nation's veterans. My name is Jennifer Hunt. I'm a Staff Sergeant in the Army Reserve, and I have two deployments under my belt so far.

My question--and I also work for an organization called the National Resource Directory. The gentleman before me mentioned it. We help to try and connect veterans, their families, and servicemembers to over 14,000

resources nationally and community-based to help, you know, connect veterans with, you know, the help that they need making the reintegration and healing. So that's out there as well if anyone wants to look into that.

But my specific question is that USERRA often protects veterans or servicemembers when they come home to get their jobs back, but it seems like it would need an update to protect student veterans who might get called up in the middle of the semester or maybe even family members who have to move several times with their servicemember and, you know, make jobs more portable for the family members. I know MyCAA is out there, but that is not always available for the spouses.

Can any of you speak to that, please?

MG ADKINS: I guess let me just address a couple of those things there. In Maryland, we had to establish an Employment Office within the National Guard to focus on getting individuals coming back from their tours of duty employment, and as many of you know, as the Adjutant General, I

have to sign off on the readiness of a unit before it deploys, and I get a briefing on that unit.

We also have now started getting briefings on returning units and a by-name listing of individuals who need employment when they get back. So we're looking, you know, 90 days out in identifying the needs and working--bringing them home is more important than sending them or just as important.

So I think that you've got a good point out there, and there's lots of different resources that are critical. In Maryland, for example, many of you served in the military, your spouse, you got orders to move, your spouse had to quit the job. Maryland changed the law a few years ago to allow that spouse to get unemployment insurance. Up until that point, they could not get unemployment insurance because they said it was not related to losing their job.

So Maryland recognized that change, and we're also looking at changing licensing in the state of Maryland to make sure that those licenses

are reflected or accepted as they go from state to state. So that's just a few examples of how we're working on that process.

MR. BOWERS: And if I could just add in here real quick, I've known Jennifer Hunt for years, and she is actually a Purple Heart recipient and the recently new mother of probably the cutest baby in the entire country, and she is probably one of the strongest female advocates for servicemembers who have served in Iraq and Afghanistan. So if we could, please.

[Applause.]

MR. BOWERS: She'll yell at me later for embarrassing her, but we love you, Jennifer.

MS. McFARLAND: But nice shoutout. Okay. Yeah.

LT COL LEWIS: And I'll add a little bit of context to that real quickly as well. Credentialing, reciprocity, those are all things that are being talked about right now. So that is key, and I know we're going to talk employment in the afternoon, but with the Joining Forces

campaign, the First Lady has been able to leverage her position with many private companies to provide job opportunities.

We've teamed up with the U.S. Chamber of Commerce, and they've decided to put on over 100 job fairs, and that's moving, moving, you know, quite well, so there are some opportunities out there. There are places to go. I would encourage you to go to joiningforces.gov.

MS. McFARLAND: Okay. Yes.

MS. KAUFMANN: My name is Kristy Kaufmann. I'm an Army wife, military family advocate, and Executive Director of the Code of Support Foundation. I'm going to tag team this question with my friend Karen Francis over here because I have a feeling we're going to be asking about the same thing.

April, you talked about your son having secondary PTSD and your own challenges with mental health. One of the biggest concerns that I have both as a military wife and an advocate is we're just not addressing effectively the mental health

challenges facing the military families themselves.

Right now, we really have no standing operating procedures on what happens if a family member attempts or commits suicide? We have a working model that we use for the military member, but that does not, that does not apply to the family member.

And I know that there are a lot of challenges around this with HIPAA and all that kind of thing, but it's a huge issue that I don't think that we really understand at this point, and with all due respect to the General, I do think that there is a stigma for a reason. It's not just perception-based stigma in regards to if it's going to affect your career.

We have seen it affect our husband's career and us going to get services has had some negative blowback. So I do think there's a big perception issue that we could help with education, but I also think that until that never happens, people are going to err on the side of caution.

So, Karen, did you want to bring up

Jessica maybe?

MS. FRANCIS: Actually, mine was also to April. I was talking to a young lady the other day. Her husband is also TBI, 100 percent disabled. She went to a caregiver group at the VA Hospital in Jacksonville and said I need help. I need to talk to somebody. And she was told we're full up; we can't take you; we can't help you.

Now, I've never been so mad in my life except with Jessica and with a couple other instances of Active Duty spouses who have committed suicide, and they're completely ignored.

But what can we do, and how do we make sure that there is enough help for the caregivers because if you're told we don't have room when you are the sole caregiver for your husband and three kids, there is something severely wrong, and I'm wondering, April, did you find that, too? Or are you still sucking it up and pulling up your big girl panties and all the rest of it?

MS. McFARLAND: April, why don't you address that?

MRS. MARCUM: Well, it was really difficult to find the health care for my family at first--the mental health care, one, because our base that we're assigned to is very small, and the Mental Health Unit there was allocated mostly for Active Duty people who had problems and needed to be seen right away.

That didn't leave a whole lot of appointments for the rest of us. So I had been following with an off-base provider on my own for awhile. The difficulty that came with that is that because we do live in a rural area is that there's not anybody that's specialized and trained in dealing with family members who have gone through-- I mean not only did my husband have an injury, but the things, even if they come home with no injury, the things that they see and do and hear and smell stay with them forever.

So they're not trained to deal with what I deal with on a daily basis with outbursts or, you know, refusing to take his medication because, you know, he ups and demands that he's a man and he

doesn't have to take his medication if he doesn't want to, you know, that sort of thing.

The biggest problem where I live in a rural area is not having adequate care to specialized providers. I was telling Dr. Brown that when it came to my son's problems, they were significant, and I won't share them in this room because they're very private, but he was behaving in a way that no little boy should behave.

And there are only two mental health providers in the town where we live that are capable of dealing with children, and when I called, they told me it was a four-month waiting list to be seen. I begged and I cried on the phone, and I called back the next day and the next day and the next day and begged and told them this is what is going on in my house every single day.

And they were able to put us on a cancellation list, and luckily we didn't have to wait the four months. I think we waited about three weeks. But it was a long three weeks. So we definitely need more mental health people who are

trained in dealing with PTSD and the people that deal with the people that have PTSD because I may have PTSD from the way he acts sometimes, you know.

MS. FRANCIS: You mean who speak our language?

MRS. MARCUM: Yes.

MS. FRANCIS: Who know what a TDY from an LES?

MRS. MARCUM: Yes.

MS. KAUFMANN: I think also even if everything in the VA was working perfectly, and we all know it's not, and we're all working to make those internal changes, the standard--I get all that. But even if it was working perfectly, we simply do not have the resources and the culture, for that matter, a lot of times, which, David, you talked about, to deal with what comes after ten years of war.

April, you said they never come home the same. That means no family is ever the same. And so what regulations do we need to change internally, whether they're joint ethics laws or

whatever, to let those organizations like Give An Hour and some of these nonprofits that can step in and fill the gaps?

I did not know about that organization until after I wrote an op-ed for the Washington Post, and I was sitting in the White House. That was the first time I had heard about it. What do we need to do internally to open those gates and to integrate safely, vet these organizations? But we just need to figure out a way to connect those dots.

MS. McFARLAND: Doctor, is this just that we don't have enough resources to do this, or is it an attitude and culture?

DR. BROWN: It's complicated. With that said, there are a great many resources. Unfortunately, a great many resources haven't been vetted, and trying to coordinate this is daunting. Now with that said, as well, we are working quite a bit, and Kristy, I appreciate you bringing this up, and I've had many a conversation with General Chiarelli, who we're going to have the privilege of

hearing him speak. He gets it. He's a phenomenal man. He really gets it.

We're reaching out to all the respective services and then also the NGOs and the civilian organizations out there to do what we have to do to bring that in. That said, I really don't have a clear answer for you on that.

We are doing it. I've taken your drum, and I'm beating it in the Pentagon the same as you are. So, and the wonderful thing is there are people out there who really understand, really care. Their heart is in it; their mind is in it; their intellect matches their passion. And it's just a lot of work, and I'm not seeing people wash their hands and give up, so stay tuned, please.

MS. McFARLAND: Okay. You two have been waiting very patiently. Ma'am.

LTGEN MUTTER: I'm going to concede to my Colonel here.

COL MUTTER: Colonel Jim Mutter, retired Marine. I have, first of all, I want to concur that I've experienced the same thing, although my

plight is nowhere near yours, of the VA saying the problem you have is beyond our capability to take care of with the number of visits that you're going to have to have and the time you're going to take. You ought to go out in the civilian world. You're going to have to go out in the civilian world and pay for it yourself if you don't want to have this thing going on for eight or ten years.

But the big reason I came up here was to suggest one of the problems I think the VA hospitals all have, at least the three that I've attended and gone to, is that I see people like my two brothers, one who served in the Navy and one who served in the Air Force, and a very good friend of mine who had two years in the Marine Corps, none of whom ever had an injury or a scratch or anything else, all of whom served over 40 years ago, and all of whom get right in front of anybody else.

They get an appointment to the VA listing for service just as though they were 100 percent or 90 percent disabled, and I know the VA has regulations and a prioritization scheme of 1

through 6 or 7, as I recall. But it's not being enforced anywhere in the country.

You know, people walk in--at least it's not being enforced in Salt Lake City. It's not being enforced in D.C., and it's not being enforced in Indianapolis. Those are three hospitals that I've attended, three VAs I've attended.

So there's got to be--I know we say, certainly on Active Duty, your sickness can't be any greater than mine, your health is no more important than mine, and as an officer, we always, I anyway always would stand at the end of the line and just wait or come back after sick bay was almost over before I went back in.

But you don't have that opportunity in the VA hospital. Your clinician sees you. They said I need to see you in another two weeks. You go out to get an appointment. Well, they're filled up for the next four months because there's all these people that are in there that have that probably little to no--they're probably Class 5, 6 or 7, and are taking the same spaces. They're taking all the

spaces up just in chronological order.

MS. McFARLAND: I want to--we only have a few minutes left. So, Colonel, I just want to ask, is there anyone else who's waiting to ask a question, who has a related question to that?

MS. BUSCHMANN: No, but I'd like to--

MS. McFARLAND: Okay. Well, then--all right. Go ahead.

MS. BUSCHMANN: Thank you. My name is Sondra Buschmann, and I'm from San Diego, and from 2006 to 2009, we had a free Reiki program for the wounded warriors, and I'm hearing--

MS. McFARLAND: Explain to people what Reiki is.

MS. BUSCHMANN: Reiki is a form of hands-on healing. It's an energy work that research shows that it improves healing 40 to 60 percent, and it's very effective with Post Traumatic Stress.

We were very successful. We did that for almost three years, over 500, and what I saw was before they even got out of the military, once they got out of their bed in the hospital, we could see,

and I'm not a psychologist or I'm not a doctor, but we could see all the problems, and the problem was that many of them wouldn't go to see a therapist because they didn't want it in their record.

MS. McFARLAND: Right, and we just addressed that.

MS. BUSCHMANN: Right.

MS. McFARLAND: And we think that's a point.

MS. BUSCHMANN: But what is even more, as much as we try to encourage the therapist to work with us, there was absolutely no interest on the part of the medical group. After Walter Reed Hospital, they closed down the program.

MS. McFARLAND: Yeah.

MS. BUSCHMANN: Fixed up the places and then we haven't been able to get back in.

MS. McFARLAND: Well, maybe that's something that you can address because we--yeah?

MS. BUSCHMANN: But we're talking about the problem. The problem is before they get out of the military.

MS. McFARLAND: Uh-huh.

MS. BUSCHMANN: Because we understand the problems with the VA, but as a community support, how can we do it when we are constantly told no? So, Dr. Brown--

DR. DAVIS: "KT," we do have a solution in place.

MS. McFARLAND: Okay. Let's hear a solution for some of these.

DR. DAVIS: We do have a solution in place, and it is, in fact, the law of the land, and it was created by all the military services about two years ago, and if it is implemented with leadership, oversight and accountability, and data to back it up, the Recovery Coordination Plans, and Federal Recovery Coordination Plans, and the screening to identify every serious and severely injured servicemember and a plan that addresses the needs of the family members also and integrates the community assets where the people live would prevent that kind of thing that April or Andrea or Pam or the other spouses and families and the kids

have to go through.

We know how to do this, and there is a stigma that is still out there, and it is unacceptable, but it takes leadership, and it takes accountability. The legislation is in place. The instructions are in place. The tools are in place, and this should not be happening anymore.

MS. McFARLAND: All right. Anybody want to address?

MR. MARCUM: May I piggyback on that for a second? And I know you guys are probably saying, wow, the brain dead guy is not talking up there. So I'm going to go ahead and talk.

[Laughter and applause.]

MR. MARCUM: I'm not quite completely brain dead. But I think one of the big issues that I hear, and I want to piggyback, is you're exactly right, ma'am. Everything is put in place. I've heard from people in the Navy, from people in the Army, from the Marines, from the Air Force, every branch of the unit has something put in place.

The problem is they're not talking with

each other. That's the problem.

[Applause.]

MR. MARCUM: If the Air Force would talk to the Army, and the Army would talk to the Marines, the Marines would talk to the Navy, the Navy would talk to the Air Force, and if everybody would talk to each other and say, you know what, this is what everybody has and make one big huge corroboration, this is the perfect plan, then we wouldn't have this. That's what I think.

[Applause.]

MS. McFARLAND: Tom, you probably said about the smartest thing anybody has said all day. Thank you.

[Laughter.]

MS. McFARLAND: I think we have time for one more question. I'll go over here.

MR. CAMP: I was just wanting--I'll let--my name is Danny Camp. I served two tours in Vietnam, and I've got PTSD, and one thing I'd like to see the VA do is to get a good tool, which was put on PBS, it's called "The Wounded Platoon." You

can Google it and pick it up. If they would show everyone working for the VA that is not familiar with what they're trying to help--they're trying to help people with PTSD but have no idea what the PTSD is.

If they would show them, mandatory that video, I think that would be a big help to make them understand what the guy is dealing with that comes to see them because PBS stayed with these guys I think for about a year or something like that and filmed it all. It shows what happens to people who have PTSD and comes home with it without care.

MS. McFARLAND: Well, I think we've unfortunately probably gotten to the end of our program. I know there are other people who want to ask questions. You've all waited very patiently. Can I ask the people on the panel, would you be available for a few minutes afterwards, if any of you want to come and talk to these people?

This is the A-Team here, and so if you do have any questions, I would say come right up

afterwards, but we do have to break.

If I could just summarize, I think there are a number of things that people have said. Mental health is a bigger problem. We are addressing it. We've never really recognized it in previous conflicts, whether it's been World War II or Vietnam, but we are at least identifying it, but we still have a really long way to go.

Secondly is the stigma attached to it.

Third would be the whole issue of families. Is there support for families and the people, as April said, the caregivers who are giving the care often have a lot of problems as well as a result of their wounded warriors coming home?

And Tom, you probably said it best, we do have the programs out there, but everybody needs to talk to each other.

So thank you all very much for participating in this panel. I think we've learned a lot. I've sure learned a lot, and I want to thank everyone here--Dr. Bowers, General Adkins,

the cute single guy--

MR. BOWERS: I was going to say am I a doctor now?

MS. McFARLAND: Oh, no, no. No, Dr. Brown. Sorry. And the Marcums and Nicole Keese and Lieutenant Colonel from the White House. Thank you so much for participating and educating us all.

[Applause.]

VADM RYAN: Okay. Fantastic and frustrated that we don't have more time, but they've all agreed to stay up here.

A little bit of housekeeping. I'm going to give each of them an award, a book, for being up here and being part of this panel. I would add one thing, "KT," to your list, and hearing the Marcums struggle with it, is we have just got to find out how to execute better on the evaluation process.

And I hear the financial stress and strain it's putting on you. Hopefully, General Chiarelli and some of the others can talk more specifically about what's going on there, but that is still something that bedevils all of us, and it bedevils

too many of the folks here.

So I hope that we can take advantage of that. I'll present the books right after we break here, but I wanted to let you know that lunch will be available in the Atrium where all our exhibits are. Volunteers will come around to the tables, and we'll try and get as many folks out there as quickly as we can.

CACI International is sponsoring the luncheon. I mentioned Dr. Jack London is here. Jack Stem and Jody Brown from CACI International. We're going to give you a round of applause even before we sample lunch because we know it's going to be good.

[Applause.]

VADM RYAN: As I mentioned, General Chiarelli is going to be here at 12 sharp to talk. He's, I think, en route with his wife Beth. So please make every effort to get through the lines as expeditiously as you can. We'd like everybody in their seats by 11:55.

If, by chance, you don't get the chance

then, General Chiarelli will be done at 12:30. We'll open up the lines again and keep the food warm and hot and even put out some better stuff through one o'clock.

[Laughter.]

VADM RYAN: So why don't we go ahead and break now. We'll start getting some of the tables out, and I'm going to make some presentations while people are getting a head start getting out to lunch.

[Whereupon, at 11:27 a.m., the Morning Session was concluded, and at 11:59 a.m., the Luncheon Session convened.]

L U N C H E O N S E S S I O N

[11:59 a.m.]

VADM DALY: Good afternoon. I'd like to have everybody continue with their lunch and their conversation, but also we need to get on with our afternoon keynote speaker. I'm Peter Daly, CEO of the Naval Institute. I just took over this job. I'm very honored to be working with MOAA on this conference for the fifth straight year.

In preparing these introductory remarks, I asked my staff if I needed to be witty or clever in any way? They said no, just be yourself.

[Laughter.]

VADM DALY: But I'm very pleased to introduce General Chiarelli, 32nd Vice Chief of the U.S. Army, a soldier's general, who's previously served as Commander of the Multi-National Force and Corps in Iraq.

Throughout his career, he served in Army units throughout the world and has commanded at every level from platoon to corps. He and his wife Beth have been very strong advocates for our

wounded warriors and for improving the behavioral health services for our soldiers, and as we've heard earlier this morning, such services are essential for the transition and the successful transition to employment.

So I'm very honored today to introduce General Chiarelli, 39 years in the U.S. Army. General Chiarelli.

[Applause.]

GEN CHIARELLI: Thank you, sir.

It feels like I just joined yesterday. Well, good afternoon. Thank you, sir, for that kind introduction. I'm truly grateful for the opportunity to join you all. Congressman Edwards, I know you're here someplace, sir. It's great to see you, sir.

This is truly a terrific forum. I've already gotten some feedback, and it's focused on a very, very important issue, and that is the reintegration of America's servicemen and servicewomen, and in particular those serving in the Reserve Components.

As the Vice Chief of Staff of the Army, I deal with a wide array of programs and problems. Simply stated, I'm the guy who's supposed to worry about everything, and I worry about it. And as you might imagine, I worry about a lot of different stuff.

That said, there is no question that my number one priority is the health and well-being of the force. The rest is important--the network, improvements made to our fleet of combat vehicles and other equipment, cost-saving initiatives, for sure. However, unlike the Navy and Air Force, which are platform-centric--and I'm not in any way knocking the Navy or the Air Force; I'm just saying they are most platform-centric--the United States Army is, in fact, people-centric.

We are a people-centric force, and the rest simply won't matter if our people aren't cared for properly.

What I'd like to do this afternoon is discuss a couple of challenges related to the health and well-being of our soldiers, Army

civilians and family members, and then I'll open it for questions. I'd like to hear from you, what issues do you see from your perspective, what ideas do you have that might help us all?

I'd like to start the discussion by showing you a slide with three pictures. If I asked you which of these soldiers suffered an injury while serving in Iraq or Afghanistan, how would you answer? The female in the middle left lost a leg, which has since been replaced with a prosthesis. The young man on the left sustained burns to more than 40 percent of his body and has undergone several reconstructive surgeries.

Now what about the soldier on the right? Most will probably conclude he's one of the lucky one who came home unscathed. But that's not the case. The reality is this individual represents many like him who are suffering from the invisible wounds of Post Traumatic Stress and Traumatic Brain Injury.

These injuries are affecting a significant portion of our population. In fact, as of 1

September, 66 percent of our most seriously wounded soldiers were suffering from Post Traumatic Stress or Traumatic Brain Injury.

I frequently refer to them as the "signature wounds of this war." And the fact is there are many, many others affected who are not enrolled in our Army Wounded Warrior Program or have yet to be diagnosed. We must get a handle on this.

The reality is, as we continue to draw down in Iraq and eventually in Afghanistan, we're going to see more and more individuals return home and stay home for more than 12 to 14 months, many of them dealing with physical and behavioral health injuries, including depression, anxiety, Traumatic Brain Injury, and Post Traumatic Stress.

Of course, we must also consider the possibility that the current wars will end, but a requirement will still exist for large ground forces deployed to other locations around the world.

I carry a chart around with me called "The

Failed Assumptions Chart." It shows the numerous times over the past ten years when we've made assumptions either about the war or projected force structure reductions and been wrong, and I'm here to tell you we've been wrong 100 percent of the time.

As the saying goes, expect the unexpected. We must also be prepared for a scenario where due to an unforeseen contingency requiring ground forces, demand remains high, and our soldiers, many of them dealing with physical and behavioral health issues, don't have the time they desperately need to rest and recover. We'll need to find ways to help them as well.

Now, take a look at this next chart. As I mentioned, the vast majority of our wounded warriors, our wounded soldiers, are suffering from Post Traumatic Stress or Traumatic Brain Injury, and yet most of us don't recognize these injuries when we look at the pictures I showed you. In fact, the injuries we believe are most common, namely, amputations and burns, only represent ten

percent and two percent of the population respectively.

The truth is because we cannot see these injuries affecting the brain, they don't receive the same level of focus and attention as amputations, burns, shrapnel injuries and other readily visible wounds.

There is simply a bias, and I really mean that, there is a bias, either conscious or subconscious, toward visible wounds and injuries versus those that are not visible, and I would be careful in qualifying that bias. It exists everywhere, including in the medical community.

Part of it, I believe, is lack of understanding of the physiology behind these injuries. And they are, in fact, real, no-kidding injuries, no different than bullet wounds, amputations or severe burns. That is why nearly everywhere I go I give a tanker's explanation of these injuries. I will spare you that today.

[Laughter.]

GEN CHIARELLI: A big part of the

challenge is the comorbidity of symptoms. Both Post Traumatic Stress and Traumatic Brain Injury may display, for example, symptoms, including concentration problems, irritability, personality changes, and memory impairment. We need to better understand how to differentiate between them and most effectively treat them, recognizing that it may very well make matters worse if an individual is misdiagnosed.

Certainly, the lack of improvement or, in some cases, the worsening of symptoms can be incredibly frustrating for the patient and for his family members, and underline "family members."

Another challenge we're seeing with respect to injuries of the brain is the latency of symptoms. Unlike a broken leg or a shrapnel wound that is immediately apparent and in most instances may be treated and heal in a relatively short period of time, the latency of symptoms that is common to brain injuries often results in diagnosis and treatment.

Unfortunately, the period between when the

injury is incurred and when it is actually diagnosed and treated properly can be fraught with related symptoms such as irritability, problems concentrating, anxiety and depression.

NIMH will tell you that from the onset of whatever the element, whatever the incident is that causes Post Traumatic Stress, here in the United States, it's 12 years till someone seeks their first treatment--12 years. And a bunch of bad stuff happens in that 12-year interval.

Fortunately, many of our nation's very best and brightest men and women from academia, industry, and the medical community, nonprofit organizations, DoD, and government as a whole, are working tirelessly in this important area.

Together over the past decade, we've made tremendous progress in what has been largely uncharted territory with the development of effective protocols, which we put in place downrange, new treatment and imaging methods, therapies, technologies, and protective devices.

We've also made great strides within our

own ranks. Among our many endeavors in recent years, we've established a Pain Management Task Force and campaign plan to adopt best practices Army wide. We've issued much needed guidance in critical areas such as poly-pharmacy management and in pain management.

MEDCOM, our Medical Command, recently changed several policies regarding the number of prescription medications and the duration for which a prescription may be considered valid or legitimate.

These important changes have led to a decreased use of prescription medications, specifically narcotics and psychotropic medicines, across our force. At Walter Reed, for example, Warrior Transition Unit's narcotic usage has decreased from over 80 percent to 8.5 percent in the last year-and-a-half among our wounded warriors.

Now, this is a good news story, and we're doing our best to replicate it at other Army installations. The problem is having people who

are trained in alternative pain management who can work these reductions.

This type of challenge will help us to decrease the number of accidental overdoses, medication diversion, and drug abuse. These are important elements of the Army Medical Department's holistic Pain Management Campaign Plan.

Overall, we've made great progress, and although I could talk for hours about the tremendous efforts by individuals and organizations, that's not to say there aren't problems or areas where there is still significant room for improvement. The reality is we as a department and as a nation will be dealing with the symptoms and effects of these injuries for decades to come.

And make no mistake, this is where your money will be spent. If you're one of those people that that's the only thing that turns you on, okay, this is where it's going to be spent. When you look at those numbers, when you look at 66 percent of my most severely wounded soldiers have Traumatic

Brain Injury and Post Traumatic Stress, that is where you're going to be spending your money.

Now, this should be familiar to you. We've learned many lessons coming out of Vietnam. We've all seen images of veterans penniless, homeless, living under bridges. That was and is unacceptable. The reality is these are not new injuries or injuries unique to this war. They've been around since before the Civil War, and we know this from research that's been done on the topic of Post Traumatic Stress.

For those of you who have not seen it, I highly encourage you to watch the HBO documentary: "War Torn: 1861 to 2010." It provides an amazing account of the impact of these injuries on individuals in past wars.

There is a segment of film with a group of World War II vets that is especially interesting, particularly for someone like me whose father fought in the war and would never talk of his experiences.

Now, I'd like to show you a short clip,

while humorous, also gets to an important point, in my opinion. It's part of a routine by the late comedian George Carlin.

[Video transcription as follows:

MR. CARLIN: I don't like words that hide the truth. I don't like words that conceal reality. I don't like euphemisms or euphemistic language. And American English is loaded with euphemisms because Americans have a lot of trouble dealing with reality. Americans have trouble facing the truth so they invent the kind of a soft language to protect themselves from it, and it gets worse with every generation.

For some reason, it just keeps getting worse. I'll give you an example of that. There's a condition in combat--most people know about it--it's when a fighting person's nervous system has been stressed to its absolute peak and maximum, can't take any more input. The nervous system has either snapped or is about to snap.

In the First World War, that condition was called "shell shock." Simple, honest, direct

language. Two syllables--shell shock. Almost sounds like the guns themselves. That was 70 years ago.

Then a whole generation went by, and the Second World War came along, and the very same combat condition was called "battle fatigue." Four syllables now. It takes a little longer to say. It doesn't seem to hurt as much. "Fatigue" is a nicer word than "shock." Shell shock, battle fatigue.

[Laughter.]

MR. CARLIN: Then we had the war in Korea, 1950. Madison Avenue was riding high by that time. And the very same combat condition was called "operational exhaustion."

[Laughter.]

MR. CARLIN: Hey, we're up to eight syllables now, and the humanity has been squeezed completely out of the phrase. It's totally sterile now. Operational exhaustion. It sounds like something that might happen to your car.

[Laughter.]

MR. CARLIN: Then, of course, came the war in Vietnam, which has only been over for about 16 or 17 years, and thanks to the lies and deceits surrounding that war, I guess it's no surprise that the very same condition was called "Post-Traumatic Stress Disorder."

[Laughter.]

MR. CARLIN: Still eight syllables, but we'd added a hyphen.

[Laughter.]

MR. CARLIN: And the pain is completely buried under jargon. Post-Traumatic Stress Disorder. I'll "betcha" if we'd still been calling it shell shock, some of those Vietnam veterans might have gotten the attention they needed at the time. I'll "betcha." I'll "betcha."

[Cheering and applause.] [End of video transcription.]

GEN CHIARELLI: You know the person who tried to educate America about battle fatigue after World War II was none other than Audie Murphy. Audie Murphy got hooked on a sleeping pill called

"Placidyl" and locked himself in a hotel room in Denton, Texas for over a week so he could get himself off of it, and he went around to the nation to veterans' groups talking about what was called "battle fatigue" back then. He did not have a lot of success in raising awareness.

Now, to overcome the stigma that exists related to these invisible wounds and to avoid the same outcome on the other side of this war, we must continue to study and learn while raising awareness of programs and support services put in place to ensure the men and women who selflessly serve our country are cared for properly in the event they are injured or in need of help.

And as the focus of this forum highlights, this is particularly important as it pertains to our Reserve Component soldier.

The reality is we are able to more effectively influence those soldiers serving on Active Duty and help to mitigate the stressors affecting them. Conversely, it is much more difficult to do so in the case of individuals not

serving on Active Duty because, as you well know, they are often geographically removed from a support network provided by military installations.

They lack the ready camaraderie of fellow soldiers and daily oversight and hands-on assistance from members of the chain of command experienced while serving on Active Duty. And in many cases, these soldiers have limited or reduced access to care and services. Meanwhile, they are more vulnerable to the challenges of an adverse economy and a troubled labor market, especially for our young people.

We are continuing to work this issue very, very hard, and we're not going to rest until we've figured out how to bridge the divide in the Reserve Component. We're looking for further ways to expand the reach and accessibility of the programs and services that are positively impacting the lives of soldiers serving on Active Duty and their families.

This is an absolute priority. That said, we recognize that the best long-term solutions are

at the local level with the citizens of our nation's communities, towns and cities, support networks, colleges and universities, foundations, industry and health care groups.

There are private, public, faith-based, civic, governmental and nongovernmental organizations whose sole desire is to care for veterans and their families. Members of the military, to include senior leaders like me, are limited by law in what we can and cannot do with respect to supporting or promoting these organizations.

We rely on others to help spread the word and rally around our soldiers, our sailors, our airmen, our Marines and our Coast Guardsmen, so that when a young man or woman leaves the military and returns home to Duluth, Minnesota, or to Des Moines, Iowa, we can be certain they'll be embraced by the community and given the support needed to reintegrate back into the lives of those they left behind.

Now, I'll quickly mention one final topic

and then open it up for questions and discussion. As I mentioned, after nearly a decade of war, our soldiers are feeling the effects, and many will be dealing with the injuries they sustained for decades to come, and this clearly represents a readiness issue.

Consider, since January of 2008, the number of soldiers in the Army's Disability Evaluation System, or DES, has increased 169 percent to right around 20,000. The reality is that number is actually probably closer to double that factor if you figure in the number of soldiers who are not yet enrolled in DES but are nonetheless nondeployable with either temporary or permanent medical profile.

Some people are going to be given a P4, which is a permanent profile. They will have that profile for up to six months. They will heal and they will enter back into that portion of the service we can deploy. Others won't. They will remain in that population and finally enter the DES.

When you take 40,000 soldiers out of the Active end-strength of the United States Army, that is one of the effects of ten years of war. That's what happens when you ask less of one percent of the population to fight a ten-year war.

Meanwhile, the average time it takes to get an Active Duty soldier through the Disability Evaluation System is 373 days. Needless to say, this is too long, and the system is complex, disjointed, and confusing. DoD is continuing to work closely with the Department of Veterans Affairs along with the military services to make needed improvements.

I will tell you that I am pleased and encouraged to see the level of collocation and collaboration today. The new Integrated Disability Evaluation System, or IDES, is not perfect; however, it does represent a step in the right direction as we work together to address these issues.

All of them affect our readiness, and we must address them accordingly, not simply as an

Army or as a department, but as a nation. Certainly we recognize there will be a requirement to reduce the size of our force in coming days as we work through forecasted budget cuts and the draw down of forces in Iraq and eventually in Afghanistan.

That said, we must make these reductions smartly. Whatever the size of the Army, it must remain highly trained and ready. We cannot accept anything less. As I said in the start of my remarks, history has shown us to expect the unexpected. We must always be ready and prepared when called upon to meet our obligation to the American people, and that is to fight and win our nation's wars.

I appreciate the opportunity to join you. Thanks to all of you for what you do each and everyday, and now I'll be happy to answer any questions you might have.

[Applause.]

GEN CHIARELLI: Thank you.

Questions?

LTGEN MUTTER: General Carol Mutter, retired Marine. In the panel before lunch, we had a wounded warrior tell us that he thought that one of the things that needed to be done was for the services' medical systems to talk to one another. They don't do that today, and I know there's been a lot of work DoD talking to VA. That's still got some ways to go, but what about the services talking to each other? Is there any work happening in that arena?

GEN CHIARELLI: Well, General Amos is who I started with on this long journey three years ago in working the protocols we put in place downrange. Those protocols affect all services. General Dunford, the new ACMC, is my partner today. I don't think the relationship between the ground forces has ever been any greater, and I will tell you the Air Force and the Navy are, in fact, asking us and they have participated fully in the development and the implementation of the protocols downrange.

Like anything, it takes time to do those

things, but I think that we are a lot farther down the road in ensuring that as a joint force we recognize Post Traumatic Stress and Traumatic Brain Injury. But the problem--you know, we like to point to ourselves and beat up on ourselves--the problem is the stigma associated with these things is in civilian life.

I mean it's real. Okay. And I'm talking to--what--500 people in this room today. 400 of you really get and really believe it. There's another hundred of you that are saying yeah, but not really. Some of these folks are just playing the system. They're just playing the system.

I know that's true because I brief every formation that leaves in the United States Army, and I always know there's about ten percent of the folk. It's kind of like when you talk to the Reserve Components. No matter how wonderful the Army is toward the Reserve Components, there are always going to be ten percent who believe they're not given what the Active Component guys do, and on the other side, okay, the Reserves have that same

problem in looking at the Active Component guys.

I mean it's just the way human nature works. And the stigma associated with these is very, very difficult to get people to understand when you can't see that injury. Now we can see, with imaging techniques, we can see Traumatic Brain Injury. We're starting, at least I'm hearing in some of the research I'm reading, to be able to even image changes in the brain with Post Traumatic Stress.

But the comorbidity issues are huge, but back to your original question. I really think we've come a long way in the last three to four years in all the services looking at these, but that's not to say that there aren't still folks out there who just don't believe they're real.

Sir?

COL MUTTER: Colonel Mutter, Marine, retired, sir.

One of the things that I'm wondering, is there any thought afoot of coming up with some special line items to cover these costs that you're

going to incur because they're going to be enormous relative to what they have been in past wars, and you still have to maintain a ready force and hardware, because that line item, no one is going to insist you reduce, I wouldn't think?

GEN CHIARELLI: No, you're exactly right. I mean we're just beginning to understand the second and third order effects of ten years of conflict. We're just beginning to understand the second and third order effects of fighting a war for ten years with a first all-volunteer force we've ever fought one with.

There have always been volunteers in our forces, but we've never done it with all volunteers, and we've done it with all volunteers, and we've asked folks to do it two, three, four, five, six. I even ran into a soldier the other day who's had seven deployments.

So these are real, no-kidding costs that we are going to incur. I think the absolute thing I would ask this group to do is if you see anybody cutting back on brain research, you raise up like a

phoenix and attack them.

[Laughter.]

GEN CHIARELLI: Because that's really the problem. Okay. Go find me, get on Google and find me an article where the services are criticized for not taking proper care of folks who have lost an arm or a leg or a limb. You cannot find an article. All you will find is what a wonderful job we are doing with prosthetic innovation.

But every week there's an article about how we're uncaring when it comes to the treatment of Post Traumatic Stress and Traumatic Brain Injury. And I submit to you, we don't have a bunch of doctors who are saying I'm only going to take care of people who have lost a limb. I'm not going to take--no, they're not doing that.

The problem is the science is so immature. It is so immature. There's no biomarker for a concussion yet. We think we're about a year-and-a-half away from having a biomarker that we're going to be able to get using a device not unlike what a diabetic looks at to check blood sugar that we're

going to be able to administer between two hours and 24 hours after an explosion that's going to say definitively for us that this individual has a concussion.

Do you know how huge that will be, that we know that they have a concussion--okay--or do not have a concussion? What we need to do is to continue to push forward the research in this area and understand the brain.

And I believe we'll start to unlock a lot of our other problems. I mean if you are familiar with what Ann McKee is doing up at Boston. I mean she's looking at the cumulation of the mutation of tau protein in the collection in the brain, and people that go through significant concussive, events like football players and boxers, and that also has a tie to, she thinks--I think she thinks-- I don't want to put words in her mouth, but it could have, let's say--I got to do the doctor thing and say nothing is certain in this world--it could have a direct connection to Alzheimer's and what happens to folks with Alzheimer's.

So we need to be forcing everybody to continue all the research and good stuff that's being done to understand the brain. Positron emission tomography and what that allows us to do in looking at concussions.

I mean put up that slide real quick, would you, the first one about brains? I mean this is a picture using positron emission tomography. Three brains from three different individuals. This is part of my tanker's explanation, but I like it because it shows us that this is a no-kidding injury.

The brain that you're looking to that--I'm really getting old here--on your right is the normal brain--two percent of your body mass. Okay. It burns 20 percent of the injury created by your body. That's what it looks like when it's functionally normal. Okay. 15 to 25 percent of the energy created by the body is burnt in that brain.

The brain in the center is an individual who has been comatose for five days--five days--in

a car accident, and that's what their brain looks like. We're not missing those folks. A soldier is comatose on the battlefield. We're getting him to medical care.

The one on the left is a UCLA football player, hurt with two minutes and 42 seconds to go in the first half. Okay. On a field, 100 yards long--somebody told me the other day, it's not really 55 yards, it's 55.79 or something, but, okay, let's just go with 55--okay--55 yard wide with cameras and angles, and everybody can look and doctors and everybody that rush out, they bring him at half-time, they say you're good to go play the second half. He plays the second half.

As he's dressing out that night, okay, somebody comes up to him and says--one of the trainers says, listen, if you have any--display any of these symptoms tomorrow morning, I want you to come into the emergency room. That was a pretty nasty hit you took. Guess what? He went in.

He goes to the doctor, explains his symptoms, they take a picture of his brain looking,

using positron emission tomography, he's up, walking around, explaining to the doctor, and that's what his brain looks like. That's the problem.

And if that individual goes out and receives a concussion, a second concussion, before that brain has returned to normal, the chances for cognitive impairment grow exponentially. We need to continue this kind of research so we understand this more, and I would ask you all to force that point home.

I guess time for one more question, I guess. You guys have to get back to the "real good food" that's out there now.

[Laughter.]

MRS. SAWYER: My name is Andrea Sawyer, and I am the wife of a medically retired soldier. He was medically retired at 70 permanent, and he's 100 percent permanent and total at the VA.

My question to you, is there in the works any system which will financially protect us when we are forced to be medically retired? For a lot

of us, April included--she was on the first panel this morning--we are getting put out of the military with our husbands unable to work, and we're having to leave our jobs to take care of them, and our financial future is threatened.

I mean my husband was put out at 70 percent permanent, which is a \$1,300 check, after four years. April's husband was, you know, put out at the same rate with a few more years in, and we're having to leave our jobs, too, and while we wait for that VA rating, we're burning through our lifetime's worth of savings, waiting for something that's already been decided on one side of the house.

What are--we don't have any financial protections in that situation, and we're at the mercy of a VA system that says wait for us. Is there a look at reforming that retirement wage for people who are going to be permanently medically disabled and aren't going back into the workforce?

GEN CHIARELLI: The whole idea of IDES reform or DES reform or disability evaluation

reform is one that is very, very difficult for people to tackle. It's a huge issue, and I could go on for a long time, but, you know, when you get a chance, come up and ask the Congressman about DES reform.

[Laughter.]

GEN CHIARELLI: There are so many antibodies out there that believe that any form of reform is trying to take away from soldiers the rights that they have, and that somehow after ten years of war, that the country has decided it's too expensive to do the kinds of things we're doing.

We also have a system that really rewards those individuals who don't want to get better. I mean, you know, I've run into soldiers--okay--I'll only say soldiers who were at the Military Advanced Training Facility who say why should I rehabilitate now before I've gone through the VA system? All I'm going to do is lower my disability rating.

That to me is a flawed system. It was a system, in my opinion, that was designed for a World War II Army, a totally different Army, not an

all-volunteer force, and we need to holistically, I think, blow the whole thing up and start all over again.

But it is probably one of the most--

[Applause.]

GEN CHIARELLI: That's Pete Chiarelli speaking. Okay? Boy, that one is going to get me in trouble. I can tell you.

[Laughter.]

GEN CHIARELLI: I really believe it's a system that really is needed to be reformed.

MRS. SAWYER: Right. And that I know was before the House Veterans Affairs Committee this summer too, with a mental reform. And--

GEN CHIARELLI: But I do want to say--

MRS. SAWYER: Right.

GEN CHIARELLI: --we have never worked closer with the VA to try to get away from the kind of situations that you are describing. The partnership has never been better than it is today. I'm doing a videoteleconference once a month with the VA, my mission commanders at all my posts, and

my medical commanders, to ensure that we're all over this.

But it's a big problem. The problem is huge, and there's always going to be stories like your story that need to be brought to our attention so that we can see if we can't do something about it.

MRS. SAWYER: And if I can piggyback on that. With the medical benefits, when we are leaving Active Duty because we're being medically retired, on our Military Treatment Facility, we then become way down the list, but then we have to transition into a VA system where we are, until we have a rating, we're at Level 6. You know, we are, while there is supposed to be some transitional help, we aren't seeing that it's available to servicemembers.

Is there a bigger push for--I understand the Active Duty Component should have priority, but when we're, one day we're Priority 1 on Active Duty, and then we get our medical retirement papers, and we're pushed right out, and we're

bottom level priority when we're--you know when--

GEN CHIARELLI: I'd really like to talk to you about that.

MRS. SAWYER: Absolutely.

GEN CHIARELLI: So as a wounded warrior with disability, you fall in line with all the other retirees?

MRS. SAWYER: Yes.

GEN CHIARELLI: I'd really--let me take that one back.

MRS. SAWYER: Great. Thank you.

GEN CHIARELLI: Thank you.

VADM DALY: General, would you have time for another question? April Marcum whose story was so important in our panel this morning, I would like to ask her to ask her question.

MRS. MARCUM: Thank you, General.

I have a few things. There's a doctor, a neurologist on staff at the University of Florida and with the VA Medical Center in Gainesville, who is currently conducting a study on TBI in soldiers. You can Google it. It's Dr. David FitzGerald.

Anybody out there if you have, suspect TBI or are confirmed TBI, they are doing a study right now, and they are really trying to work hard to make sure that these cases are brought to light.

I wanted to say earlier we talked about how the military's branches are not talking. My husband was placed in Fort Gordon. He's actually Air Force, but because nobody in the Air Force gets hurt, we didn't have any place for him to go. So he went to Fort Gordon and was there for three months. When he left there, he was given a form from the Army that said that he was medically unfit for duty.

So we took that back to our home base in Georgia, gave it to our PCM and Commander, and they looked at us and said this is an Army form. They wouldn't accept it. We had to go through the whole evaluation process through the Air Force again that we had already done with the Army so obviously the people talking is not happening.

I really would like work to be done on that because there are people down the line whose

husbands have just been injured or are working, and they need not to have to go through those hassles.

GEN CHIARELLI: You're right.

MRS. MARCUM: And, thirdly, I'd like to also--

GEN CHIARELLI: But I can tell you if it was an Air Force doctor who wrote up a soldier for the same thing, he would take it to his soldier's base, and the soldier's doctor would look at it and say that's an Air Force form.

MRS. MARCUM: I agree. I agree.

Thirdly, I'd also like to point out to everyone that we talked about the wars in Vietnam and Korea, and how we're only hearing about TBI and Traumatic Brain Injury and PTSD with this war. But I'd like to remind everyone that our military has the state-of-the-line, most-effective body armor and weapon systems available. And that's why more of our spouses and family members are surviving these types of horrible incidences because the Army, the Air Force, the Marines, are trying to take good care of them on the battlefield, and we

appreciate that.

I am so thankful that my husband is alive, but when he comes back home, and he has these wounds, I need him to be taken care of at home as well.

GEN CHIARELLI: Well, I appreciate that, and I'm sorry for what you've had to go through, but I hear these stories time after time after time again, and I honestly believe it relates back to this stigma issue.

The medical community is as much stigmatized by these injuries as anybody is. You know I never say PTS--I won't even say that last letter. I never do because to me words mean things, and when you say that, you make it sound like someone really had this affliction before, and I don't believe that.

I believe that Post Traumatic Stress is a no-kidding injury, but if you were to get ten psychiatrists and psychologists in here, you'd have maybe six to seven who would agree with me, and the other four would say, General, you're nuts, and how

dare you even say that? You haven't studied as long and as hard as we have.

The stigma is everywhere. Okay. It's throughout the service. We still have a problem. It's throughout civilian, and it's throughout the medical community, and once, that's why unlocking the secret to the brain so we have no-kidding empirical evidence that we can point to so we can really understand these things is so absolutely critical.

That will change so much of how this is handled today and stop folks like you from having to go through the pain that you've had to go through.

MRS. MARCUM: Thank you, General.

GEN CHIARELLI: Thank you. Thank you, all.

[Applause.]

GEN CHIARELLI: Just remember that was Pete Chiarelli, not the Vice Chief of Staff of the Army, that said what he said about DES.

[Laughter.]

VADM DALY: General, thank you for your passion and your leadership on this topic. We're honored to have you here today, and I wanted to present you this Naval Institute Press book, *Confronting Al-Qaeda: New Strategies to Combat Terrorism*.

Thank you, again.

GEN CHIARELLI: Thank you, sir. Appreciate it.

[Applause.]

VADM DALY: We have a bit of time.

GEN CHIARELLI: You can get the good food now.

[Laughter.]

VADM DALY: We have a bit of time to take a break and visit exhibits before one o'clock. Before we break, I would also like to take a minute to acknowledge Dave McIntyre and Scott Celley of TriWest, who are our patron sponsors, and CACI, who was the sponsor of our lunch today.

Again, we have time to take a break, and see you back here at 1300. Thank you.

[Whereupon, at 12:40 p.m., the Luncheon Session was concluded, and at 1:20 p.m., the Afternoon Session convened.]

A F T E R N O O N S E S S I O N

[1:20 p.m.]

VADM DALY: I'm pleased to introduce our next panel discussion, "Deployment to Employment - Are We Really Committed to Hiring Wounded Warriors?," and its moderator, Ms. Barbara Starr.

Barbara Starr is an Emmy-award winning producer and correspondent who has been reporting from the Pentagon since 1998. She has profiled numerous wounded warriors and reported on the fallen regularly from Section 60 at Arlington.

We're honored to have Ms. Starr here with us today, currently with CNN. Barbara has also worked for ABC News and for Jane's Defence Weekly Magazine.

It's an important discussion for us this afternoon to talk about the action that goes with some of the reality that we talked about this morning, to discuss the challenges and the barriers to providing meaningful employment opportunities to our wounded warriors, and in our panel, we've tried to construct a corporate, a government, and a

veteran perspective.

So let's get on with our panel, and I'd like to introduce Ms. Barbara Starr.

[Applause.]

MS. STARR: Thank you.

I want to share something about your lunch speaker, General Peter Chiarelli. I am totally biased because I think he is one of the most remarkable serving general officers in the U.S. military at the moment, and I want to tell you why.

It was maybe a year ago one night I was looking at my BlackBerry before I went to sleep, and I suddenly had a long torturous e-mail from a young Army captain that I had come to know. He had served in Diyala Province in the worst of the combat. You know, you got to wonder how many Americans all these years later, if you said to them "Triangle of Death" would even know what you're talking about.

So anyhow, this Captain e-mails me, and I had met him at Fort Hood. He was suffering from a good deal of Post Traumatic Stress. He had been

involved in an incident where he had called in a strike. It had resulted in a number of civilians being killed, but the investigation had fully cleared him. It was a series of circumstances his unit was put in that led to this. And he e-mailed me saying this is, tonight is the third anniversary of my event. I knew exactly what he meant.

And he had had a new baby, and he said, and my son is five weeks old, and tonight I wonder if I deserve to have him. And if you want to talk about having your heart stop when you read an e-mail, that will do it to you. And what do you do as a reporter that late at night?

After all these years, we've come to know so many troops, and this young man e-mails me. I'm like what do you do? Well, what you do is you cut/paste at 9:30 at night, and you e-mail General Peter Chiarelli, and you say I need help. Help. This young man is in trouble.

And I will tell you that General Chiarelli is also on e-mail at that hour of the night and immediately got this young man what he needed. So

I just have to share that because your lunch speaker is a remarkable officer, and we'll come back full circle on that in a minute.

When I started, just more briskly here, the question of veterans' unemployment, you start looking as a reporter for the numbers. How many veterans are unemployed from the wars in Iraq and Afghanistan? And you find a lot of different statistics out there, which we're going to have one of our panelists address, and they're all different, but the latest round that I found when I looked this up this morning was younger male veterans, 18 to 24-years-old, face unemployment rates as high as 26 percent. Nearly 2.5 million men and women have left the Active Duty military since September 2001. That's 2.5 million that need meaningful work.

9/11 veterans' generation more likely by all accounts to be employed in things like construction, mining, manufacturing, transportation, utilities, information services, professional and business services, all of the

sectors of the economy that one is told have experienced employment declines, less inclined to be employed in education and health services, which have added jobs during this period of recession.

So some of the questions we want to look at today are the basic ones. Where are the jobs? How does a veteran--all these statistics are totally meaningless to the young veteran that you meet who says I need a job and where do I find a job?

All the statistics in the world, all the training programs in the world, while they have tremendous value, to someone who needs work, that is what they need.

So we'll talk about some of that. We'll talk about some of the cases that I'm sure we've all run across of young veterans coming out of the military, looking for work, some--I'll give you two examples of veterans that I stay in touch with, and I think this will give us a bit of the scope of the problem.

Young Iraq veteran Marine, home for many

years now, could not find work, Post Traumatic Stress, fell into not only joblessness but homelessness, nowhere to go. It has taken him a number of years. I saw him last month in San Diego. He has finally turned his life around. He is going to start manufacturing his personal hot sauce recipe, and it's going to be marketed at Whole Foods.

This is a kid who was sleeping in the park when he came home from being part of the First Marine Reconnaissance Unit into Baghdad.

On the other hand, I can tell you of another young Marine I know who is an amputee, 100 percent disabled. He is enrolled at Harvard getting a joint degree in business and law. For those of us who consider it a good day when we drag ourselves out of bed and get to work in one piece, these stories are remarkable.

I'm going to stop there because I think what would be really useful is to talk about the programs, the trends, but never forget there's a young veteran out there that needs a job, and all

the Washington talk may be fairly meaningless to them when they are looking to pay next month's rent.

On that note, we're going to start with our panelists. I am not going to introduce them. They're going to introduce themselves and talk about--we're going to move right down the line. They're going to talk about who they are and what they're doing with their company or their government organization to answer this question: where are the jobs?

And so, Captain Ayres, first up.

CAPT AYRES: Hi. My name is Chris. Nice to meet you. Do you have my bio? I'm just kidding.

[Laughter.]

CAPT AYRES: My name is Chris Ayres. I am a retired captain. I was a platoon commander with 1st Battalion, 1st Marines, 1st Battle of Fallujah, severely wounded on April 13, 2004, was in an attack, sustained in excess of 15 to 20 RPGs, had one kill my gunner, and one ripped off the back of

my right thigh.

Dead in the water, stuck in the trac. Driver finally came conscious, punched out of the kill zone, only to end up having the engine seize because the rocket that went through my leg went to the engine compartment. And once the engine seized, we were still dead in the water in enemy territory. The ambushing force that hit us in the kill zone now pursued us on foot.

At this time, my Marines bailed out of the trac, found a house to fight from, set up a hasty defense. My platoon sergeant and one of my saw gunners pulled me from the trac and drug me into the house. Doc worked on me. Put a tourniquet on my leg, two syrettes of morphine, and then my platoon sergeant was in charge at that point. He coordinated and repelled three frontal assaults and did a liaison with a Quick Reaction Force that had to fight their way in to come get us.

And pretty much lost all my blood, bled to death, had field transfusions. My doc wasn't screening blood packs, and I don't remember any of

that. I just remember waking up in Landstuhl on some heavy dope.

Spent 75 days in Brooke Army Medical Center, ended up taking me about six months to learn how to walk again, and then I eventually retired April 28, 2007.

And you know, during that course, I was pretty upset, didn't feel like doing anything. I was retired, I was pretty young, I was 36, and it was like, you know, what the heck does a 36-year-old do retired now? It was like, so, kind of like Forrest Gump, you know, Forrest ran, he ran for a couple of years, and so I handcycled, became really good as an elite handcyclist, as a disabled athlete, and started putting my aggression to the road and powering through and try to win some races.

But still, you know, that didn't solve everything. You know, at some point I realized that as a male, I think of myself, which I think, I believe, most of us do, on providing for their family and working. So, at one point, you know, I

figured at some point I'm going to have to go back to work.

So I started interviewing with a lot of companies. I started working with military JMO recruiters, and I was having a tough time. You know, I even had one recruiter look at my career path and all my education, all my FITREPs, everything, and he goes, well, you know, you're just not the typical candidate. You're an atypical candidate.

And I was like, wow, if you don't have the intellectual capacity to understand that ram an RPG through your legs might change things in your life, then I seriously don't want you representing me. Thank you. Good-bye.

And, you know, I was hopefully able to provide him perspective after I just reprimanded him, but I don't think he cared, but anyway, the point is, is we got to work together. So interviewed with other companies, and eventually came across Operation Impact, which is a program for hiring wounded, severely wounded,

servicemembers or their family members within Northrop Grumman Corporation.

And I've had a lot of success, and I grilled Karen Stang, who is the Program Manager for Operation Impact. I grilled her continuously for like three weeks before I accepted a position with Northrop Grumman, and because I had to grill her about a lot of concerns because in my experience, I've seen a lot of organizations that hold themselves out, hey, we want to hire wounded vets. We want to hire wounded vets. And that's great, but sometimes it's like a trophy piece. You know, I'm not a trophy piece. I don't want to be coming to your organization. I want to work, you know.

Yes, I'm wounded, but I'm not a rock star. I just want to be able to get back to work and provide a functional aspect in society and contribute to the rest of society. And a lot of companies and organizations have great programs; I just think sometimes they're a little bit immature in their experience in realizing what exactly are you going to do with this individual now that you

hired him?

I was the first Marine officer to be retained on Active Duty in the Marine Corps under the Commandant's Retention of Combat-Wounded. Great program, but it was in its infancy. It was like what really are we going to do with Captain Ayres at this point? And they stuck me, I was stuck at a Headquarters, billets at Headquarters Marine Corps in a cubicle with three lieutenant colonels.

And I was like, you know, I wish some things would have been different about the program, but at the time I was a sick individual, unhealthy, and I ended up going--I accepted my medical retirement. I got out.

So here comes the Northrop Grumman, and I, like I said, I grilled Karen Stang, and she eventually put me at ease. What was good about Karen is she's married to a Marine Corps Vietnam veteran, lost his leg through vascular surgery and from Agent Orange, and he was a Staff Sergeant in the Marine Corps.

So having a program manager like Karen that can be liaison between the veteran and the family member and also the corporate organization to get the support that they need to implement a program like this is key. It was huge.

But even within the program, I'm not going to sit here and paint a pretty picture. I've had my ups and downs in this program, you know, but it's a great program. Northrop has bent over backwards to really help me out and really support me.

So I kind of relate it to if you want to have a decent program, then you have a program manager that can be that liaison that understands the veteran and can be a liaison between that veteran and the corporation, but also the corporation needs to give that program manager the support.

Just like we were trained basically in recruit training and in officer, or as an officer, enlisted and as an officer, you go through basic training, you go through some other training, you

go through an MOS producing school, and then you got OJT, just like we do college graduates out of school that have no military experience. We put them on a rotation.

If you can implement those types of programs within your companies, that veteran is going to take the shirt off their back to do anything for you, and they will continue to accomplish anything that you put in front of them.

So Operation Impact will not only--if the veteran is too severely disabled to work, we'll also hire family members, and that's been a tough crowd because usually if the veteran or spouse or parent is taking care of someone that is so severely disabled, it's really tough on that individual to actually work and perform. So that's a tough crowd to actually to try to hire.

But we do have those. That's part of our program as well so I'll hand it over to you, sir. It's your turn.

MR. COFONI: Okay. That is a hard act. Now I know why you were first to speak. You've got

quite a story there, Chris.

I'm Paul Cofoni. I'm the CEO of CACI. I'd like to begin my comments not with my own words, but those of a disabled veteran who works for our company, and here's what he says:

"I was a little worried about being a productive member of such a high-level, technically diverse team, but I had on-the-job mentoring that let me hit the ground running. I don't expect to be treated differently, and I don't let my disability keep me from doing the job I enjoy."

So if I could leave you with one thought, that's what our program is all about: helping people find meaningful careers--disabled veterans find meaningful careers that they enjoy and that brings out the very best in them.

Now, I hope you're experiencing that at Northrop Grumman, Chris.

For CACI, this journey really began in 2007 when we decided that it would make sense for us to do our part to help, not repeat the complacency and even disdain shown to returning

Vietnam veterans that started in the '70s, but really continues still today, with too many veterans who have never really been reintegrated into our society, many of them never fully treated or diagnosed even for their symptoms and their wounds.

And, sadly, making, comprising a disproportionate percentage of homeless people in our country today--one of the great shames of America, in my opinion.

So we decided that this generation of warfighters needed better help in reintegrating, and we launched a program, as I said, to do our part by offering meaningful employment. We called our program or call our program "Deploying Talent and Creating Careers."

And we set a goal in 2007, which seems small now, but then it seemed pretty good, to hire ten disabled veterans that year, and we began by assembling a team of people who were committed to this idea or this goal from around the company, and as you might expect, they're mostly headed up by

our human resources and recruiting people with a few managers, who some of whom are out of that Vietnam era and understood the problem and wanted to help.

So we started working with Walter Reed and Bethesda. Later we worked with the medical folks at Fort Belvoir and at Quantico. Initially those interactions were met with some suspicion because there's a lot of interactions that happen around wounded warriors that are as much about publicity or feeling good as there are about real efforts to help in the recovery process and the reintegration process.

But eventually because we had some past experience with Walter Reed through a program called CAUSE, which stands for Comfort to America's Uniformed Services, we had a little bit of credibility, worked our way into their good grace, and there we began our program along with the other medical facilities I mention.

We also worked with a number of other organizations to begin building a network that

would provide us a resourcing of people who were interested in employment of disabled veterans or were interested in employment. We worked with the Wounded Warrior Foundation; Navy Safe Harbor Program. The Department of Labor became a good partner of ours with their Career Centers around the country. And the Marine Wounded Warrior Regiment is another organization we are working with.

We also worked with the NRO, which has amazing intern program where they're bringing wounded veterans in and helping them get, learning the job skills they need to have a good career, and we also worked with McGuire Air Force Base in Fort Dix at their Redeployment Centers and built our network.

Today, we have also joined a network of some 60 other companies that share job needs or skills needs and resumes for disabled veterans.

So after four years where are we? I think the word is out both externally and internally within our company, and then out there amongst the

veteran community, that we're serious about this and anxious to help. We met our goal that first year of ten disabled veterans.

Since that time, though, the program has really ramped up. We now have four percent of our population are disabled veterans--585 people. 90 percent of those do direct contract work so they're not solely doing staff type functions.

We've developed an intern program of our own and a mentoring program. The intern program, of course, helps disabled veterans in terms of acquiring skills on the job. The mentoring program helps them to integrate into our culture and make that transition.

And our rate now is over 100 disabled veterans are being hired in our company per year, and 15 to 30 of those are combat-disabled veterans. So we're proud of what we do, and we're proud to be associated with so many other companies. We think if we could just get the Fortune 1000 all to take that kind of challenge to have three, two, three percent of their population be disabled veterans,

that we would knock the heck out of this issue.

Some of the challenges we found along the way, that I'm sure others have experienced as well, is that finding the right skills that match the job requirement and the right clearance levels, of course, as well.

Also, location is an issue. Many returning wounded veterans aspire to go back to their hometowns where they feel comfortable and can get restarted in their lives, and many of the jobs we have to offer are here in this area. So it's a little more difficult.

One of the other problems we've run into is that there's not much flexibility in the job skill sets that we are issued by our government clients, and there's not much ability to relax those to give somebody a start, to give them the benefit of a doubt and a start. So we have to take a lot of the burden of helping those people acquire the skills ourselves.

I think I'd stop there and--

MS. STARR: I'm going to stick my nose in

for a minute. Junior, as we come up on you and the rest of the panel, broaden it out a little bit for us. As vital as an issue is of the employment of the disabled combat veteran, broaden out for us to all veterans coming home who are impacted by the recession, the economy, the lack of jobs, what you're seeing in the Department, what works, what doesn't work, and my suspicion is that Mr. Profit and Mr. Schmiegel, also, given who they represent, will have other thoughts to offer about the broader picture. Let's just broaden it out for a minute here.

MR. ORTIZ: Is there anything else you want me to do?

[Laughter.]

MS. STARR: That will be nice. If you could actually sort out--

MR. ORTIZ: I can write some other stuff, too, if you'd like.

MS. STARR: If you'll sort out the statistics for my next story, that would be helpful.

MR. ORTIZ: Statistics. You know, first of all, let me thank you all for being here. I appreciate it very, very much, on behalf of my Secretary, Secretary Solis, Department of Labor.

I want you to know that although we are the only piece in all of the Department of Labor that handles veterans specifically, and so I'm honored to be part of that, Secretary Solis has basically said and made a commitment across the board, as Secretary Shinseki and a few others. The bottom line is we'll take care of our veterans no matter what. We'll do what needs to be done to take care of them, to put them into meaningful employment, to get them jobs, and so on and so forth.

So I want to be able to put that out there because I want you to know that the commitment doesn't just come from one level; it comes from the top across the board.

Statistics. Now, you said 18 to 24, 26 percent. You know, as of August, as of August of this year, we had 877,000 veterans unemployed. Out

of that--with an unemployment rate of 7.7 percent is actually what the total percentage is right now. It gets up to about 26 percent for the 18 to 24-year-olds at a certain level when they get out.

However, after awhile, that percentage starts going down. Specifically, what they are, I wasn't prepared to give you that--

MS. STARR: Oh, no, no, no.

MR. ORTIZ: But I will help you.

MS. STARR: That's okay.

MR. ORTIZ: I promise that I will at least get you all, and whoever is interested, let me know. So the bottom line on this is before I get started, I want you to understand who is our veteran. Everyone of you know what our young men and women are going through right now.

And when I say "young men and women," I'm not talking about just the 18 through 24 or the 18 through, you know, through 30 and everything, I'm talking about from the 18-year-old to the 64-year-old, to the person that's been out there for all these years and has done what needed to be done,

and have put their lives out there for us and now find that they're 54 years old and they can't find a job, and they haven't had a job for ten, 12 years.

So they go into homelessness; they go into different things. That's what happens. That's reality of life. Whether the economy is good or bad, it has happened.

Even during the bad times, we still had veterans on the street. That's a travesty. We shouldn't have that. We should never have that. Secretary Solis is part of the Homeless Council, and so is Secretary Shinseki, and one of the biggest things that they said is they said in five years we're going to try and eliminate homelessness.

You know what? We're doing that. We're working on it as hard as we can. Within DOL, we have certain programs, especially in the vets program, in the Veterans Employment and Training Service programs.

We have HVRPs, which are Homeless Veterans

Reintegration Programs. Pretty successful programs, ladies and gentlemen, I got to tell you. Bringing in veterans to a certain site, helping them not only deal with the fact that they're unemployed and that they're out on the street, but the first thing we got to do is we got to get rid of those, quote-quote, "demons."

And let me tell you I'm going to use Chris for a second. I'm sure that when he first went into the--

CAPT AYRES: I'm the demon.

[Laughter.]

CAPT AYRES: I just had to clarify, Ismael.

MR. ORTIZ: He's one of the demons. Yes, sir. The point being is when he first transitioned in, coming from such a hard life that happened to him, those first few months, and correct me if I'm wrong, Chris, were a little tough to kind of get over.

CAPT AYRES: A little.

MR. ORTIZ: He's still the same way. He

hasn't changed.

[Laughter.]

MR. ORTIZ: The fact of the matter is you have to be able to deal with all those issues, if you will, before you can actually get a person to move on, before you can actually do anything, and I don't care if you're the best employer in the world, if you don't understand that, if you don't understand that culture, if you don't understand where they're coming from, you can have the best employee in the world, but you're not going to be able to retain him or her, and you're not going to be able to make him work effectively.

You have to understand who they are first, whether they're wounded or whether they're not; whether they were in combat or whether they never even saw something being shot at them. I'm very passionate about this, you can tell. Why? Because I have four sons that are in the military. Between my sons, I have 12 tours in Iraq and Afghanistan.

I understand what it's like to be a parent waiting for a word from your kids. I understand

what it's like having one of your sons come back and call you at 6:30 in the morning on a Saturday morning and ask you, hey, Colonel, not using "Dad," calling you by your rank, and saying do you have nightmares?

When you walk down the street, do you smell a certain thing and flash you back into something else? Having a three-hour conversation with a Marine, who's an F-18 pilot, who is a phenomenal individual, you have a three-hour conversation, and you spend, you spend five minutes talking out of that three hours. I tell you that because that is part of what we're looking at.

The other piece is, and Ms. Starr turned around and said I have to kind of give an overview, let me give you one biggest thing that's happened to us that we've noticed.

What we've noticed is that we have an education problem, ladies and gentlemen, not with our troops but with the people who employ them. I have two gentlemen over here to my left who I'm very honored because of the fact of what they have

done within their respective areas to help break that barrier down.

And then there's a second problem. The second problem is our troops, our people, our young men and women coming back. How many of you have served in the military? Raise your hand, please.

[Show of hands.]

MR. ORTIZ: Do you remember the day you walked into bootcamp? Remember that day? Or OCS or whatever it was. You remember what that felt like? For a Marine, standing on the yellow footprints. There were two things that were going through my head that day: one of them is not too kind.

[Laughter.]

MR. ORTIZ: The other one was what in God's name did I do? And whether you're the Army, Navy, Air Force, Marines, or the Coast Guard--well, maybe not the Air Force, but everybody else.

[Laughter.]

MR. ORTIZ: You understand what it's like that first day. It's there's fear; there is

apprehension. You don't know what to do. And as the weeks go by or as the time goes by, it gets a little better. The yelling you can understand. You can actually understand what they're saying to you.

[Laughter.]

MR. ORTIZ: You get a little easier. You actually move a little sharper. You look a little bit better, and so on and so forth. And then the moment of your life, the moment of truth, is the day you graduate. Anyone of you who have served, forget about if you've served, remember that day when you graduated from high school, you graduated from college, that feeling you had inside? Your chest was a lot bigger; you spoke a little deeper; you were somebody. And at that moment, you were going to conquer the world.

That's our guys and gals. We have to make them understand that when they get out and they get rejected the first time by an employer, that would bring them right back to the day they graduated from bootcamp, with their chests up, their voices,

and that strength that they'll conquer the world. Hell, I conquered--I ended the Vietnam War all by myself. I did. I graduated from bootcamp. I said I'm ending it. That's it. My point being is, ladies and gentlemen, that's the culture, and we have to understand that.

For the employers, understand what it is that these young men and women bring to your table, whether it be a small company, a medium company or large company.

How do you bring them into your company and make sure that they see themselves in that company? How do you make that work? Wal-Mart has done it by having an employee group of veterans--am I right, Gary--to be able to turn around and talk to each other.

Chamber has done it by being able to reach out to all the other people and make sure that the other chapters and everything understand what's going on. We've gotten together with SHRM to make sure that the resource managers, the actual hiring people, understand what an "11 Bravo" is because I

sure as hell didn't know what 11 Bravo was.

I didn't until somebody told me that's an infantry guy in the Army. I said why didn't you say that? But we have to teach the human resource individuals to ask the questions because if you don't ask the question, as the old saying goes, a resume will get you the interview; the interview will get you a job. If they don't ask the questions, you're missing an opportunity.

With that, I'll stop. Sir.

BG PROFIT: Well, first of all, Barbara and Paul, I just realized that we're up here with three Marines.

[Laughter.]

CAPT AYRES: Exactly, sir.

BG PROFIT: So I think things are about even.

[Laughter.]

BG PROFIT: I'm Gary Profit, and I'm the Senior Director of Military Programs at Wal-Mart, and just by way of introduction, I think the thing I would like for you to know most about me is that

I've been at Wal-Mart for about three years, and the reason that I accepted an opportunity to join the Wal-Mart team was twofold:

First of all, this isn't about Wal-Mart feeling good about itself or me feeling good about myself. This is absolutely about the prospect of creating positive business outcomes. I think that the military community constituencies represent arguably the largest, diverse, talent-rich pool in the world, and if, as most of us believe that the future will belong to those that win the talent war, if you're not operating in this space, then I think you probably are missing an opportunity.

So it's about business outcomes. But for me the personal aspect of this was a chance that I get to give back in terms of career opportunities and contributions to family financial security to those with whom I've had the privilege of serving.

So that's by way of introduction, and I think is enough for me to share with you, and you can ask anything that you'd like of me afterwards, but when I accepted the invitation to come and be

with you here today, I wanted to make sure with the organizers that they understood that I probably was going to gain more from this opportunity than I was going to contribute in value because we're, I think, in the very early stages, on the threshold, if you will, of our commitment to wounded, ill, injured veterans and their families and caregivers.

But let me just share some of the things with Barbara's suggestion that I think we're doing in the space. Let me begin by offering a little bit of context. For those of you that may not know, our relationship with the military dates to U.S. Army Intelligence Officer, Captain Sam Walton, who served during World War II, and that relationship has grown dramatically over time.

And I think that's important because that allows me to talk to lots of people about the compatibility of the Wal-Mart culture for those that have served in uniform. Our three basic beliefs use many of the same words as I remember from Army values, and so if you can have a cultural foundation that begins that transition, then I

think it's very helpful.

Others have said this, and I don't need to tell you about the challenging economy, the difficult employment market, but we at Wal-Mart feel a certain urgency to act now because, as I was talking to Kevin about earlier, the prospect of continued draw down in Iraq and Afghanistan, the fact that there are dramatic fiscal pressures on force sizing, I'm not sure we can feel confident that it's going to get any easier sooner.

So I think, I think we have to accept a certain bit of urgency, but also need to recognize that this is very much a marathon. I mean we need to be in this for the long haul, and so we need to get it right.

As you see played out in front of you here, I hope one of the things that you recognize is the fact that I'm gratified, and I tend to be a half-glass-full kind of guy anyway, but this is a very growing and deepening public-private partnership. We all need to work to this together because nobody can solve it on their own.

And I can talk at some length about the fact that we feel a responsibility because of our size and pervasiveness to lead with respect to civic and social responsibility, and the Wal-Mart Foundation does a lot of work, and they're one of my greatest partners, and they're doing some very cutting-edge work that I can talk to you about in the wounded warrior community.

For those of you that realize, as I do, Wal-Mart is mostly everywhere, and so unlike what Paul was sharing, we think we can make an impact in communities across the nation, which is why what Kevin is doing in "Hiring our Heroes" at the community level is very important to us.

But the reason that we've been very deliberate in this subject of today's session is I learned when I visited with my wife at Walter Reed during my last assignment on Active Duty, every 90 days or so, that this is a very vulnerable population, and we can't make any mistakes here. We've got to get this right, and so urgent, yes, but a place where we can make mistakes, I think

not.

I think Kevin is probably going to talk about Joining Forces. So I won't do much of that other than to tell you that I think one of things that is very important there is what the White House and the President and the First Lady have done is raise awareness, which is a big thing, and done a lot of things to, I think, educate people. That I think is important.

But I will say something, and I heard it in the panel this morning, about portability of jobs and turning jobs into careers. One of the things that we thought was important that we did that day is be a part of an announcement where we highlighted what we call the Military Family Promise, which essentially guarantees a job for a spouse who has moved to another part of the country as a result of her uniformed spouse being PCSed or transferred. And so trying to turn jobs into careers, we think, is an important thing for us to do.

We're engaged throughout the spectrum. We

have direct transition point engagement. Kevin is probably going to talk about Hiring Our Heroes and the important work that they're doing with the USO and Hire Heroes USA.

We think that spouses are just as important as the uniformed member, and so we're very much involved in the Military Spouse Employment Partnership. And we are just beginning some work with the Wounded Warrior Project that we think is very promising and has the potential to scale so that Wal-Mart will feel like it's impactful.

And we're beginning in the Northeast, and in California, and Oregon and Washington, to get some lessons from that, and then we will actually migrate it to the other parts of the business.

Let me just talk real briefly about the Wal-Mart Foundation. Some of you may know, last Veterans Day, we made a commitment to address unmet needs for military families and veterans at \$10 million over five years. In a speech that Bill Simon just gave at the American Legion at the end

of August, we doubled that to \$20 million.

And it's important because the philanthropic piece with the corporate piece is something that goes hand-in-hand, and specifically there's a great program that some of you may know that's led by Mike Haynie at Syracuse University, and it's called Entrepreneurship Bootcamp for Veterans with Disabilities.

And there's a companion effort that deals with families, represents a consortium of universities that are devoted to make entrepreneurs out of veterans with disabilities and their families and to make them successful. If you don't know much about it, I would encourage you to learn about it. It provides some of the flexibility that we think this population needs to not have necessarily the typical career with Wal-Mart or with anybody else but that would want to start and own their own business.

I heard some discussion about my good friend Barbara Van Dahlen and Give an Hour this morning. The work she's doing is very important

and very important to us as we go forward with our work in this space because one of the things we realize is that we must take away any of the hindrances for leaders and hiring managers. And so with the support of her network advising our people on some of the behavioral issues that they might confront as managers, we think is an important effort.

But her work in the Community Blueprint is pretty exciting stuff. And then the Coming Home Series that the American Red Cross just announced which is all about reintegration and some of the things we think is pretty important.

Just a couple of observations, and then I look forward to your questions. To add something to my friend Junior, we do have a great challenge on our side. I spend 50 percent of my time teaching the military about Wal-Mart and the other 50 percent teaching Wal-Mart about the military. We can't expect our associates to understand this space for which some of them have no exposure.

And so we are very invested in making sure

that we do that, and just an example of that, at a very high end, Captain and Mrs. Scotty Smiley are going to spend Veterans Day with us, and for those of you that don't know them, he's still, I think, the first and only blind Army officer serving on Active Duty, and we live broadcast this throughout the Wal-Mart network across the United States and livestream it on the Web, and we just want people to see the caliber of the people we're talking about. We want to put a face on all of this, and so that's one of the ways that we do it.

But also I think it's very important that we do work on the military side to better prepare our soldiers, sailors, airmen, Marines, Coast Guardsmen to transition from uniformed service. I'm off Active Duty so I don't have the same problems that General Chiarelli might have when he goes back to the Pentagon having wanting to blow up something.

[Laughter.]

BG PROFIT: I think we have a transition assistance framework that's very mired in the past.

I think the whole discussions about reverse bootcamp and all those kind of things are very enlightened, and I think we ought to give some serious consideration to that because there's a communication program here.

The people leaving Active Duty that are looking for a second career can't express to us what their career aspirations are or why they should be considered with the portfolio of preparation and experience they had, and then conversely on the other side, the people that are listening don't know what they're hearing either.

So we've got to, I think, do some work on both of those areas, and a final thing I just would say is that we at Wal-Mart believe that when we see an impediment to hiring a veteran or military family member, we must take it on immediately because today things get viral pretty quickly, and it's true inside of organizations as it is outside, and so we address any of these things that arise pretty quickly.

I think I've taken more time than I

should, but I will defer to my--

MS. STARR: Kevin, we have like 25 minutes left. We want to get to some questions so don't feel any pressure.

LTCOL SCHMIEGEL: Oh, great. I knew that was going to happen. At least I got lunch today.

[Laughter.]

LTCOL SCHMIEGEL: Just a little bit of background about myself. I was going to help frame some of the issues you brought up and the numbers.

MS. STARR: Please, please.

LTCOL SCHMIEGEL: I can give you some of the numbers.

MS. STARR: Please, go right ahead.

LTCOL SCHMIEGEL: I was a Marine for 20 years. I retired in 2009. I was very fortunate when I left the Marine Corps. I had a mentor, a guy named Jim Jones, who was President Obama's National Security Advisor. I was lucky to be at the right place at the right time, and I was very lucky that Tom Donohue who's at the Chamber understands the value of hiring a veteran.

He had a Marine with him, an Active Duty Marine with him, for several years in a program the Marine Corps had called the Year Out Program, which is essentially an internship program while people are on Active Duty, and it kind of taught people in the private sector and NGOs and nonprofits about, about the value of hiring a veteran.

Anyway, he was always part of that. Not every veteran is that lucky, which is really the reason we started this program at the Chamber. If you look at the numbers, there are 12 million veterans in the workforce; a million of them are unemployed. A lot of people say to me, well, what's the big deal; that's roughly the same, the same average as the national average. I have to bite my tongue.

As a veteran myself, I really want to give them an answer, are you kidding me? Someone leaves their family for a year at a time, and you're asking me why we should be doing a program for veterans? You've got to be kidding me.

But I bite my tongue, and I don't say

that, and we make the business case for why hire a veteran. The fact is even though veterans are suffering on average about nine percent unemployment, there are specific populations of veterans that are really suffering.

If you look at Iraq and Afghanistan veterans, it's roughly 13 percent. In the ages of 18 to 24, which is part of that cohort, it's close to 30 percent unemployment. Now, that may be swayed a little bit by folks that are in school right now, but trust me, it's double digit, and it's nearing 20 to 30 percent.

If you look at Guard and Reservists, they're suffering from a 14 percent unemployment rate, and in some rural areas, again, it's 20 to 30 percent. So, yes, we're at nine percent, but we're at a moment in time that if we don't do something about it now, that nine percent is going to grow to ten, to 11, to 12 percent for the whole population because if we're drawing down the force, and we have 100,000 Guard and Reservists demobilizing this year alone, that nine percent number will grow. So

we have to do something about it now.

When I first came to the Chamber in '09, I was Tom Donohue's Chief of Staff. I traveled everywhere around the country with him, and I heard hundreds, hundreds of Fortune 500 CEOs say, hey, you're a veteran, how do we get more veterans in our company?

So when Tom asked me what I wanted to do next at the end of the two years, I kind of connected two things. When I left the Marine Corps, I served as the Head of Enlisted Assignments. I was actually at Enlisted Assignments for the Marine Corps when we started the Wounded Warrior Regiment.

It seems to me if we're seeing this problem in our society, and you have CEOs that say they want to hire veterans, you might as well start a program to address the two, and it's really been a successful program because, as Barbara said, this is not about Washington talk.

The Chamber made a mistake and hired a Marine to do this because this is all about actions

on the ground, and it's really not going to happen in Washington. It's nice that we all meet like this and talk about it, but if you looked around the room and saw everyone who raised their hand, most of you have served, most of you get the issue, most of you understand why it's a good business proposition to hire a veteran; right?

This is going to happen in the local communities. If we're really going to have an impact, if you talked to 95 percent of the kids that leave the service, they have no idea what they're going to do next. They always talk about where they're going. If we're going to solve this problem, it's going to require a movement across the country where companies like Wal-Mart, companies like FedEx, companies like TriWest, who have a presence across the country, can actually impact actions on the ground.

We're not going to solve it here talking about it in Washington. So what did the Chamber do about it? We started a year-long nationwide initiative to do hiring fairs in 100 communities

across the country. Listen, I will be the first person to say that a hiring fair is not going to get hundreds of thousands of people jobs.

At the end of this 12 month period, 15 to 20,000 veterans and military spouses will have jobs. This is not just about the number. This is about creating the movement. When we leave those local communities, core groups of leaders have stepped up, and they're going to go to the next two or three adjacent cities to that city we've just been in, and we don't have to worry about that local Chamber because, trust me, when they see this, we never have to go back to that city again.

So next year we're going to be in 500 communities. I can say that with confidence because after we did the first five events, 13 Chambers that weren't on the list of the first 100 called me and said, hey, we know you're doing the first hundred, we're going to do our own. Just send us the Hiring our Heroes logo because we want to be a part of this.

We are on the verge of creating a

movement, and I'm confident, I am confident that with the Chamber, with companies, with the government, because we're doing this with Joining Forces, we're doing this with the Department of Labor, we're doing this with the Employer Support of the Guard and Reserve, we will create a movement.

In addition to that, we are working on those populations that are suffering the most. The Chamber has a program for student veterans, we have a program for Iraq and Afghanistan veterans, we have a program working with the Guard and Reservists, focused on the local communities and their Yellow Ribbon program.

We have a program for women veterans and military spouses that we're working with Business and Professional Women's Foundation to create a network of 10,000 women in business mentors because those populations have issues, too.

Listen, my wife served with me for 15 years. When we say Hiring our Heroes, a lot of people said, oh, don't use the term "heroes," it's

overused. Trust me, spouses, 93 percent of whom are wives, are the heroes, and people cannot forget that, and any program that helps veterans should also help spouses get jobs because most of our men and women that are leaving the military have to have dual incomes when they go back to those communities across the country.

And the last thing we're working on is a program for wounded warriors which is really why we're here today. The Chamber is going to do this in a very measured way. Listen, there's lots of people talking about doing programs for wounded warriors, and a lot of them aren't doing it for the right reasons. We've decided that we're going to do pilots. We're going to work in a very targeted way to address this population because it is significantly different from all the other populations we're talking about.

So we're working with the USO and Hire Heroes USA in Fort Belvoir and in Fort Carson, and we do very targeted workshops to get them ready, and we do mock interviews with them so that they

don't feel this intimidating environment of a big job fair, and they get the care they need from the companies that are committed to doing this with us.

We also engage DoD. Great that we have a program called Operation Warfighter, but what about doing that in the private sector. So we've engaged DoD to have an internship program for wounded warriors in the private sector, and I can guarantee you we can get 30 companies tomorrow to sign up to do that if the NDAA that passed the Senate passes the House. We'll start that as early as this spring.

We also believe it's important that we educate employers, and we're going to look to work with SHRM on that. PTSD and TBI is not just a stigma in terms of what General Chiarelli addressed. I also think that in doing a service to our servicemembers in terms of telling people about PTSD, we also create a stigma in the employer community where people aren't hiring because they're afraid they're going to get people--there are a lot of people with PTSD who are my friends

that are fully functioning in the workplace, and we need to educate human resources managers about that.

And the last thing we're doing is we are creating a network through the local Chambers so that the local Chambers of Commerce at bases and stations across the country can be connected with other Chambers when a wounded warrior is getting ready to leave. So that when we test these pilots, that we scale them in a significant way. Once we look at what works, we'll scale it to the 1,700 Chambers of Commerce that we have across the country.

The last thing I'd say is that the Chamber is not going to stand and just be happy with what we do in the first year. We're going to create a private sector Veterans Employment Advisory Council comprised of the 25 biggest companies in America. Wal-Mart, TriWest, FedEx, Siemens, are all founding members of that.

On Veterans Day, we'll launch that, and those companies, not only will they represent

millions of jobs, but they will drive this issue in the private sector, and we are going to tell the public sector what we need to do to make an even bigger impact in the years to come. We're going to create an IT architecture to support the high-touch events that we do in the local communities so that veterans are helped the day before and the day after, and we're going to implement a small business strategy because I really think that if we're going to have to have an impact on it, it's not just big companies.

The Chamber has 1,700 local Chambers. As members, we have three million small businesses. If we can get ten percent of those three million small businesses and ten percent of the 3.5 million veteran-owned small business in America to commit to hiring one veteran by 2013, we can cut the unemployment rate in half for veterans, and that's something the Chamber is going to be working on with our partners on the Veterans Employment Advisory Council, and we're going to drive this for as long as it takes to address the issue of

veterans unemployment.

Thank you.

[Applause.]

MS. STARR: I think we've heard some really good practical items that these companies are working on. We have about 15 minutes left. I want to get in as many questions from the audience as we can, so please, you know, move to the microphones and just due to time constraints, only if we could keep the questions as short as we can, and we'll just start right over here.

MS. ROBINSON: Hi. I want to thank all the presenters. My name is Frederica Robinson. I'm here with an organization called Bright Star Technologies, and we hire veterans, and we are very interested in this forum because we really need the information that you are sharing about how to make a workplace connect and integrate lives of veterans.

I've got two questions, I think primarily for Captain Ayres and Mr. Ortiz, but anybody is welcome to answer. It's really one two-part

question.

What can we do to put some additional pressure on Vet Centers and Departments of Labor to provide better employment readiness programs for veterans reentering the workforce, and with that, also what do we need to do as an organization to provide a truly integrated and supportive environment? Like what are the top three things that we need to have in place?

CAPT AYRES: Yes, the first one is a difficult one because you know I've got my opinions about the TAP process. I think it could be much more, but again it's just one of the things. You know, there's, we recognize, I think everyone in this room understands that there are some things we need to continue to work at, and that's the beauty of it. You know, we're getting here and talking. We're talking about it and trying to better the process, you know.

Bottom line, it boils down to leadership. It boils down to leadership, and that's both on the veterans' side and that's on the employer's

side.

MS. ROBINSON: Any way that you can think of that an employer can be vocal or supportive of local labor departments in providing that?

CAPT AYRES: You know, working with who again?

MS. ROBINSON: Well, departments of--we have, as an employer, had had some difficulties in getting veterans in when we've needed them to perform our work processes, and we're IT high-tech consulting and records compliance management, and just kind of trying to work with local service agencies to get really employment-ready people into the organization.

MS. STARR: It may be that Junior has a thought about that, and then--

CAPT AYRES: Well, I was thinking about Marine for Life within the Marine Corps, and there's other organizations like that.

MS. ROBINSON: Okay.

MR. ORTIZ: And one of the things I want you all to kind of take away, Veterans Employment

Training Services also has what we call our force multiplier out there. And we work with the state workforce agencies, and the state workforce agencies have specific one-stop centers, which is what I think you're talking about.

MS. ROBINSON: Yes, yes.

MR. ORTIZ: Okay. There are some specific individuals in there that is their job to help the veterans that come through. One of them is the Disabled Veterans Outreach Personnel, a DVOP.

MS. ROBINSON: Yes, yes.

MR. ORTIZ: And of course the LVER is the Local Veterans Employment Rep.

MS. ROBINSON: Okay.

MR. ORTIZ: The LVER is the one that reaches out to you and says what do you need?

MS. ROBINSON: "Gotcha." Okay.

MR. ORTIZ: Now, the problem that arises is that a lot of people know at the one-stop that the one-stop center takes care of everyone, to include veterans. What they don't know is that veterans have priority in that one-stop.

MS. ROBINSON: Okay.

MR. ORTIZ: The LVER is supposed to reach out to you and get you what do you need; what are you trying to achieve? Who are you looking for?

MS. ROBINSON: "Gotcha."

MR. ORTIZ: And then be able to match that with what you need.

MS. ROBINSON: With the database.

MR. ORTIZ: So if you don't have that, I can provide that for you.

MS. ROBINSON: Wonderful.

MR. ORTIZ: Because we have, we have about 2,000 DVOPs and LVERs throughout the country.

MS. ROBINSON: Great.

MR. ORTIZ: In every single state. So I can provide that.

MS. STARR: Follow-up meeting in the back of the room.

MR. ORTIZ: Yes, ma'am.

MS. STARR: Let's keep it going. Next, ma'am.

MS. KAUFMANN: Kristy Kaufmann, Army wife,

military family advocate, and I'm the Executive Director of the Code of Support Foundation, and we worked with Kevin in a recent national launch, and the Chambers of Commerce across the country were spectacular in helping us with that effort.

I wanted to say to Gary, too, with the EBV and EBV-F, now Mike Haynie has this Institute for Veterans and Military Families. And I think when you all talk about the education piece of it, both from the spouse side, the servicemember side, the veteran side, and the actual companies themselves, that's probably going to be the most important, and that has to have--and I think, Junior, you talked about it--that mental health aspect to it.

And I think the peer-to-peer type of opportunities that you all have in these companies fostering those is going to be in the end one of the most important parts of all of this because if you can get us in the door--and Chris, you were talking about, you know, the challenges of trying to get the spouses in, you know, particularly if they're caregivers--one of the most valuable things

we can provide to you as the caregivers and as the wives with that experience in living with ten years of war now because you have an entire generation now of military families that don't know anything but war, you can use us as consultants in how to communicate with these veterans, how to communicate with these spouses and get the best out of them.

And the last thing I would say is metrics. Everybody is so well-intended, and I've seen so much money and so much passion just basically be flushed down the toilet because no one really seems to be keeping track of once you get these veterans and once you get these spouses, what's actually happening.

CAPT AYRES: You make a great point there. I just wanted to add on to that, you know, the education piece, and I think it really goes to say that the person you have implementing that and being the liaison needs to be an engaging and outgoing individual that understands that and that can execute.

If you just hire somebody that doesn't

know it and put him in there, it's going to fail. So, you know, having that liaison, you have to put forth the effort into making sure that individual is a stellar performer and can execute.

MS. STARR: I want to go over there. We have six people standing, and I really want to get to everyone's question. So way over to the end of the room, please, sir.

MR. WEIDMAN: Thank you. Rick Weidman, Vietnam Veterans of America. First of all, I want to thank all of those representing the private sector up there for all you're doing, particularly the U.S. Chamber, Wal-Mart, et cetera, because much of the impetus that was totally missing when we came home from Vietnam a million years ago, that was right after the Peloponnesian War for those of you who are young in the audience.

[Laughter.]

MR. WEIDMAN: I commend you for what you're doing because it's going to take that kind of private leadership at every level in our nation and in our society to get the job done, but I am

concerned about what's not happening at a governmental level, and this is I guess directed toward Junior. You're on the hot seat.

The Workforce Investment Act is supposed to have priority services for veterans, and it does not--and there has been no enforcement for the last ten years, and frankly the tax credits that the President is talking about as part of the Jobs for America Act in and of themselves is not going to tip the decision to get people to hire veterans.

They'll take it on the back end, but it has to be money up front. We can take workforce investment acts and, if there is the political will, force those service delivery areas to start putting veterans in and use that money as an OJT. That's number one.

Number two, we can take the Federal Contract Job Listings, which is an office of Federal Contract Compliance, which basically doesn't help anybody at the moment, and they seem to be engaged in fining employers more than anything else. It's not supposed to be a revenue

enhancement mechanism; it's supposed to be a behavior-changing mechanism for federal contractors to get them to list and to hire protected groups beginning with disabled veterans.

So the question is twofold: one, what is the Department of Labor doing to ensure that veterans' priority of service is enforced and implemented in every service delivery area in every community in the country working with employers to have OJT programs that are funded and the money is already appropriated?

And, secondly, what is the Department of Labor doing to make Office of Federal Contract Compliance not an onerous burden on employers, but to help people change their behavior so that they hire veterans, particularly returning wounded veterans?

Thank you.

MR. ORTIZ: Wow, I'm on the hot seat across the board. And Rick, we've discussed this in previous times also. I can't speak for OFCCP in that light, and in this case, I'm going to have to

go back and actually find out a lot because, unfortunately, I can't answer those questions to you directly. But I'd be more than happy to go back and check.

MR. WEIDMAN: Okay.

MR. ORTIZ: Yes, sir.

MS. STARR: Okay. Sir.

MR. SPURLEY: Yes, John Spurley, retired blue-suiter.

One of the things I haven't heard much about this morning or even this afternoon is the faith-based communities. This is an untapped resource that is begging to find an opportunity to serve in not only the reintegration but also to employ the veterans.

This is where you're going to find the doctors, lawyers, the school teachers. You're going to find the Active Guard Reserve people. You're going to find veterans. You're going to find retirees, et cetera, but it seems like this is an untapped resource, just like I had 60 more families sign up this Sunday asking what they can

do in my small program to help with the, working with the Walter Reed, the new Walter Reed wounded warriors, et cetera.

But I'd like to ask all of you to consider this untapped resource, especially when you consider the U.S. Chamber, Wal-Mart, et cetera, that could be very much integrated into the community.

CAPT AYRES: I think you make an outstanding point. You know, three years ago when I grabbed my wife by the throat and lifted her to two feet off the deck, and then got arrested for domestic violence because I was a sick individual, I educated myself a lot about PTSD. It was my new enemy. I knew everything about it.

But still bottom line, I had to give it to something else, you know. I had to find the Lord, and that's where I started my healing process, and I still work--I'm 100 percent.

[Applause.]

CAPT AYRES: Bottom line, at the end of the day, the accountability is on me as well as the

veteran. Okay. At some point, I have to say you know what? I've got to stand up to the plate. You know, it doesn't give me virtual impunity to sit here and act and have the certain behaviors that I was exhibiting. At some point I have to get up off my rear and take accountability for my actions, and everyone else needs to take accountability as well. It's a twofold good relationship.

MR. SPURLEY: It's there. It wouldn't be too hard in northern Virginia to grab less than say four churches and come up with 30,000 people. We've got a lot of large congregations. 40 percent of the organized volunteers come from faith-based organizations. So it's there. Take advantage of it.

CAPT AYRES: I know it's up and coming. I do some work with the Christian Men's Bible Campus, run by Ken Korkow, Navy Cross recipient from Vietnam, headed up in Nebraska, and I know he's done some work within the Marine Corps and the Senior Chaplain within the Marine Corps on instead of turning to drugs and alcohol, for returning

veterans that are having difficulties, how about turning to Jesus Christ?

MS. STARR: Let's see if we can squeeze in our last four. If we have people anxious enough to get up in front of the microphone, I want them to be heard. So we'll go for some short questions and short answers.

MR. VIOLA: Thank you, Ms. Starr. I am Marc Viola. I'm not only a military veteran. I'm an intelligence professional.

One of the most important lessons learned from this latest war was the importance of culture. As Ms. Keesee and Mr. Ortiz alluded to, great cultural divide exists between civilian and military culture. And only one percent of the population actually serves in the military, and that makes them personally isolated and a vulnerable population.

So my question is, is there a resource, maybe a handbook or a field manual, that bridges the cultural divide and educates, as Mr. Ortiz suggested, servicemembers so that they can own

their psychological, their own psychological adjustment and well-being, both belonging and getting back into employment?

Oh, and by the way, I'll leave Mr. Schmiegel with the following suggestion from the U.S. intelligence community, and that is luck is not a reliable source or method.

[Laughter.]

MR. VIOLA: If anyone would like to answer that question?

BG PROFIT: Let me just tell you something that is important to us because we, before we hire anyone at Wal-Mart, whether it's a very senior person or a very junior person, we feel very confident that they can make, that they will be comfortable in our culture, and that we will feel comfortable and confident that they'll be successful.

The most important asset that we have in that regard, frankly, is our cultural foundation, and what we understand to be service cultures, and the people that are the purveyors of that on our

side are what we believe, when we finally got the results of some polling done, is well north of six digits of veterans that are at Wal-Mart. And they are the best people to be able to take care of that for us.

MS. STARR: Okay. Let's move on. We're going to run out of time. I'm being the bad guy.

MS. CARROLL: Kathleen Carroll, nine-year Marine, Marine spouse, recently transitioned to Amazon as a Military Relations Manager.

Just really directed to you, Chris. What are some specific examples that companies like Amazon or Wal-Mart or Northrop Grumman--what has Northrop Grumman done to specifically help you in your transition and make you successful?

CAPT AYRES: One was workplace accommodations, and then here recently, well, I moved my family up here, and I retired in Texas. That's where I was born and raised and grew up. My extended family is all over Texas. And moving up here, and we have three girls--our oldest has Down's syndrome, and then I'm disabled as well, and

I was working full time with Northrop, and my wife might as well have been a single mother of three. It was tough.

So I chose to move my family back home, got permission from management to work remotely. I work in health IT. A lot of the stuff that I do within health IT, I can do remotely, and when I need to travel, I can come out and visit with my folks in the programs. So they've been able to accommodate me there.

You know the program is not perfect. It takes action on both my part. You know, I can get ticked off here and say I'm mad with the program; I'm leaving. Well, then, you know, two wrongs don't make a right. It doesn't better the program. Or I could sit down and say you know what? Hey, I think we've got some areas that we continually need to improve, and hey, here's my input.

And then cultural differences, it's huge. You know, I came from a military culture organization, and then you drop me into the corporate world and complete with new acronyms, I

was like what? What's a SOA? And I was an education mismatch. I have a Bachelor of Science in legal studies. I don't have an IT degree. I don't have a business degree.

So it was completely tough. So having that understanding, having management, mid-level and senior management, that understands that and provides--just been linked up with a mentor within the program that will work with me for the next year in program management, and in taking actions like that, and stepping up to the plate and, you know, bringing your 50 percent effort on both sides is really going to help.

MS. STARR: Let me get the last two people way over there on the end.

MS. GALE: Hi, Katherine Gale, America's Promise Alliance.

We've heard that there may be as many as 85 percent of GI Bill users dropping out of college. And my question is if the education crisis is linked to the unemployment crisis, and if so, what work employers could do with universities

to build a sturdier bridge from education to employment?

MS. STARR: Kevin.

BG PROFIT: Well, we do, as you might imagine, we have a pretty aggressive Campus Relations Program generally. We have a fairly long relationship with Student Veterans of America. We are actually looking to better integrate the military aspects of what I have done into our larger Campus Relations Program that we think will be more integrated.

We have a very aggressive intern program, and so we take pretty seriously, you know, how we interact with the academic community in a lot of fronts. I don't know if that completely answers your question, but we're pretty aggressive in the space.

LTCOL SCHMIEGEL: Can I just add? I think there's one other thing that we need to do. If you look at the force that's leaving, when they're making their decision, they have to understand what path they're going to have to go down to get the

qualifications they need to do what they have to do.

CAPT AYRES: Bingo.

LTCOL SCHMIEGEL: In our transition process right now, there is no bridge plan for these young men and women that are leaving. So they make an uninformed decision. The question earlier--veterans will hold three jobs in the first three years they leave. It's not because they're not being assimilated in the culture. Mentors will help and if they make an informed decision. These are smart young men and women. They just need to make a better decision.

So maybe we need to push community colleges to start, but we absolutely have to show them the path and give them maybe 20 or 30 options in what they're going to have to do to get to what they want to do in their second careers.

CAPT AYRES: That's what Jim screamed at me. It's like they're not getting the leadership, and they don't have the plan what they're supposed to be executing when they leave, and being a part

of that transition is huge.

MS. STARR: Sir, we're going to make you the last question.

MR. COX: Oh, good. I'm Scott Cox. I'm a Career Coordinator with the Army Wounded Warrior Program, not the Wounded Warrior Project. I'm actually a federal employee with the Army.

Right now we have about 9,000 severely injured, wounded and ill veterans and servicemembers that have been medically or will be medically retired.

Everything that I've heard here today-- everything--is right on cue, right on target. And just like the gentleman stood up this morning and said what, what's going on, I would challenge Labor to do one thing: revisit the apprenticeship program; make it work.

I would challenge Chamber of Commerce one thing: three years ago, we had a reintegration summit for veterans here in D.C. held by Survivor Corps, and one of the things that came out of that was a veteran-friendly branding concept like an

ISO, QSO, Malcolm Baldrige kind of thing. Come up with a branding program, stick to it, make employers responsible for hiring veterans in a standardized format that they can police themselves.

Thank you.

MS. STARR: I'm going to take the reporter's prerogative, and I'm going to have the last question, and my question is going to be to the audience as I have sat here and listened to everybody. I want to know is there an unemployed veteran in this room? Is there a veteran in this room that needs a job? And I don't see a single hand, which tells us, of course--

LTCOL SCHMIEGEL: Military spouse.

MS. STARR: Is there a military spouse? Thank you, sir. Is there a military spouse in this room that is here to look for information because they need a job? I'm looking around my microphone. I don't want to miss any hand.

Okay.

1stLT KEEFE: I'm a military member that

will be transitioning out, medically separated or retired soon, and that's why I came, to find out what's out there, what's available, because I have no idea what the heck I'm going to do. I haven't had to look for a job in almost 11 years.

MS. STARR: Do you feel you learned anything here today?

1stLT KEEFE: Oh, most certainly. Most certainly. Thank you very much. I'm a U.S. Marine.

MS. STARR: Tell us your name.

1stLT KEEFE: 1stLt Robert Keefe, Combat Logistics, Battalion 2. I'm stationed in Camp Lejeune, North Carolina.

CAPT AYRES: Marine was enough, but I'm biased.

[Laughter.]

1stLT KEEFE: No worries. No worries.

MS. STARR: Well, first, we wish you the best of luck. We're glad you learned something. A lot of resources here today.

CAPT AYRES: I'll give you my card right

after this.

MS. STARR: Thank you.

MR. ORTIZ: We'll all give you a card.

[Applause.]

MS. STARR: And I say this because--and then I will stop talking--a couple of months ago, I went with Admiral Mullen, Chairman of the Joint Chiefs of Staff, to a meeting similar to this in Detroit, and then we went to Cleveland, and then we went to a few other places with him, and everywhere we went, it was businessmen and bankers and organizations and all kinds of people in the audience, but there was always one or two if you only open your eyes and ask in the back of the room who came because they read about a meeting, and they need a job, and they need work, and people will do what they need to do.

Veterans will do what they need to do and go to any meeting to find that job. So mostly, it's a reminder to me when I sit in a large meeting room in Washington. Real people, real veterans, real needs.

And so we thank you all for coming, and we wish everyone the best of luck, and we thank our Vietnam veterans in the audience for their service.

Some of us are old enough to remember the Peloponnesian Wars.

[Laughter.]

MS. STARR: And I guess we'll be back next year.

VADM DALY: Thank you, Barbara, and thank you to all our panel members.

[Applause.]

[Whereupon, a short break was taken.]

VADM RYAN: Ladies and gentlemen, we're going to go ahead and start please. Okay. If you would please take a seat.

It's my pleasure to introduce the Honorable Allison A. Hickey, the Under Secretary for Benefits, Department of Veterans Affairs.

Secretary Hickey is a graduate of the United States Air Force Academy, Class of 1980, the first class to include women. As an Air Force officer, she served with distinction, accumulating

1,500 hours in multiple aircraft. She served in several positions of direct responsibility to include Director of the Air Force's Future Total Force.

As Under Secretary for Benefits, she has a tremendous responsibility leading over 20,000 employees in an effort to improve non-medical benefits and services to veterans and their families, important issues such as disability compensation, education, home loan guarantee, vocational rehabilitation and employment, and life insurance programs.

Ladies and gentlemen, it's my honor to introduce Secretary Hickey.

[Applause.]

SECRETARY HICKEY: Well, good afternoon. Admiral Ryan, thank you very much, sir, and I want you all to know that if I do a good job over my tenure here, it's all because of you, and if I do a bad job, it's all because of me because I believe you were on my confirmation board in the selection process, and that's the first time we met. So I

thank you very much, sir, for your vote of confidence in that environment.

I would also like to just acknowledge Retired Vice Admiral Peter Daly, as well. Thank you, sir, for your sponsorship of this event, as well.

And then I don't know whether Vice Admiral Abbot is still here or not, but if not, please extend my appreciation to the invitation to him.

Let me just start by saying the most important thing. Y'all noticed in that bio it said Air Force Academy. So all my Navy friends, yes, we will repeat history this weekend in Annapolis.

[Laughter.]

SECRETARY HICKEY: Now the other thing I will tell you is that, yes, I'm a retired officer, but I have a long DNA of military background. My dad was also a retired Army officer. My husband is a retired officer. I got several folks in my family who are retired officers so I really appreciate what the Military Officers Association of America does in securing and continuing to

secure the benefits that our military members need long into their veteran environment in the future. So thank you, very, very much for all that you do and the strong partnership that you have with us in VA and with our veterans and our servicemembers.

So I want to just thank you for that. But I wanted to just also say that my dad who was the Army veteran used to say, Allison, you were borne of the Signal Corps, so borne of the Signal Corps means I get to adopt Army practices. I'm sorry for all my Air Force Friends but "aim high" just doesn't do for me. So "hooah." Let's go.

All right. So let me just--also, I know that General Chiarelli was with you earlier today, and I just wanted to acknowledge he and his wife Beth. I think she was here with him as well, and appreciate their commitment.

I'll just let you know, I'm all of a little more than 90 days on the job, but I will just tell you that he is singularly the strongest advocate that we know we have for veterans and for servicemen and women who are transitioning into our

hearts and hands and future environment as a veteran and into their new careers, and I can't think him enough for all the dedicated effort that he does.

He is literally from the day-to-day observations I get working the IDES, or the Integrated Disability Evaluation System, process, hand-by-hand, face-by-face, right along with us to make sure that we do this right by all of our retiring servicemembers, our separating or wounded warriors in the system, as well.

Let me tell you a little bit about my life in 90 days, and in that I think I'll try to connect up to the themes that you have, which is where are we and how are we taking care of our wounded warrior and our transitioning folks, and where are we and how are we taking care of our National Guard and Reserve servicemembers and veterans as well?

So I have been in that 90 days to 13 of our different Regional Offices. I have been to, I have spent time with all of our Veteran Service Organization senior folks, and I think I've seen in

the room, so I look forward to continuing to work with them.

I've been to all of our business lines so I've talked to our education guys, our comp guys, our pension guys, our insurance guys and gals, our call centers, our--I'm missing a few probably--our vocational rehabilitation and employment folks, and have in every circumstances looked at them and said make me one of those things or one of those people that goes through your process and explain it to me every single step of the way.

In doing that, I learned some really valuable things that will guide our transformation in VA for how we provide our benefits and services on the nonmedical side, but I will also say to you, and I say this on behalf of Secretary Shinseki who extends his warm greetings to you all, we're doing a lot of things on the health side as well.

We're extending the access--that is one of our key initiatives across the board--to all of our veterans, total force veterans, in ways we've never done before.

We are moving away from a centric-model that has us in Medical Centers into getting further and further into the environments where our veterans live and where their families are, to the number of CBOCs we've stood up over the last two years, I think is in excess of 90, to working with our medical centers where we are extending our reach by creating satellite environments, by the expanded, expanded capabilities we are demonstrating in telehealth and are now seeing the rich benefits of that, and the ease of which that releases burdens from our veterans to have to drive to limited appointments and limited spaces and sometimes long distances for those appointments.

In the same way, we are on the benefit side making inroads to our access environments. If you have not heard of eBenefits yet, and I get nothing else into your ear and into your psyche and into your heads and your future, I will tell that eBenefits is the DoD-VA virtual lifetime electronic record for benefits.

We've not talked about it that way, but

when I see it and when I'm watching it that way, that's clearly what it is. If the Integrated Health Record is the VLER aspect of the health side, then eBenefits is where we will see from start to finish for our servicemembers who then transition to be our veterans all of the benefits that they can get. From the moment they get their combat boots and their rucksack and their CAC card, we're going to look at them and say and stick it in the machine and get your eBenefits premier DS Logon account because from that moment, moving forward, they will elect their Service Group Life, their SGLI benefits, and the beneficiaries inside eBenefits.

They will execute and see what their payments are for their Post-9/11 GI Bill, and for our Guard and Reserve, some of them are in the Post-9/11 GI Bill, some of them are still in the Montgomery GI Bill, and some of them are still in the Reserve education environment.

They'll be able to elect options, see how the payments went, make sure they got the

appropriate payments, and do all that activity not on our schedule, not by necessarily picking up the phone and calling us, but if they're insomniacs, as many of our young folks are at two in the morning and up playing World of Warcraft or whatever else they do, you know, they can pop on to eBenefits and see what the status is of their claim, of their appeal, of the things that they do as servicemen and women before they ever even get into our world.

So one of my big, big, big things that I've been saying since day one is to break down the door for getting on an eBenefits account, and we've been working really hard on that with our DoD partners at VA as well to get that done, and the best and fastest way to do that is to catch them while they're still in uniform, Active Guard and Reserve.

Get them to stick that CAC card in; they'll get it right away. Otherwise, the next best way they've got to do that is by, we have changed our processes. We're not making them coming in proofing any more on the benefit side.

We're letting them call us on the 1-800-827-1000 number. I know there's a high dropped call rate, but we've also added capability on to that call center to say we'll get you an eBenefits account because we've learned that 73 percent of our veterans and our servicemembers want to meet us online.

73 percent means that I can drive down the dropped call rate when I give them the access and the capabilities. This is why it's an access issue to find out the information they want to find out at their time and their choosing. So if we get them on an eBenefits account, I get less people calling me for what we know are our top issues right now when they call us, which is what's the status of my claim, 'splain this confusing letter I just got on my claim to me, and the third one is what's the status of my appeal?

They can get the first, the first and the third one of those right now today online on their eBenefits account.

So that's one of the other ways from a

benefit side we're trying to increase access and working on that hard.

Just to show you that we're having a level of impact, when I showed up here a couple months back, June 6, D-Day--I thought that was kind of interesting. D-Day is the first day I started so I get to say D-Day forward. When I showed up, we had about 250,000 people in eBenefits. This week, this week, we're waiting and watching and everybody has earmarked on it for the millionth e-Benefits accountholder between our servicemembers and our veterans.

That's significant because also on that eBenefits side is all the details about what you're entitled to, that people just never had exposure before to. Also, on eBenefits, it's a four-hour online TAP program. So while General Chiarelli is helping us immensely by giving some mandates for TAP for our Army folks, and I really appreciate his support in that realm, I will tell you we have an award winning four-hour course right now on eBenefits that your servicemembers can take. If

they've already left, they can still get on it, they can learn what they missed, and what they don't know today.

I know it's award-winning because we just got our Voice of the Veteran survey back from J.D. Powers Associates. It was a rating of 930 points, which is the highest thing they've ever found for a customer quality service index.

So my ask of you all that I ask everywhere I go is to please, please encourage your membership and others to get on eBenefits because they will have access and information in their hands that will expand their abilities to leverage the entitlements that they have and should take advantage of.

Let me spend just--so I talked about eBenefits. Let me talk about a few other things. One of the ways we afford to do all these things is because since 2009, we have enjoyed budgets that are just through the roof. They are much needed. We've been needing them for decades and decades, and your help has made that happen. So I applaud

you all for everything that you have done in support of our budgets moving forward.

But just to give you an example, in 2009, the budget was 99.8 billion. The following year President Obama increased that amount by 16 percent to 115 billion, the largest single-year budget hike in more than 30 years. This year VA's budget grew to 126.6 billion, and the President's 2012 Budget that's before Congress right now is \$132.2 billion.

I don't have to tell you, you've probably heard the Secretary say it before, but it's critically important to him. We have enjoyed for our veterans the much-needed resources that we have gained, and we still have a ways to go, and as we commonly say, it's no time yet to take a knee.

In fact, let me just give you some stats real quickly that I know from our GWOT veterans since that tends to be, I think, a focus for what you're talking about this week. Both GWOT and National Guard and Reserve, of the 1.5 million folks who have served in our GWOT environments, OEF, OIF, OND, 43 percent of them are National

Guard and Reserve.

When I saw that stat the first week I was on the job, and as many of you know, I have that Total Force background so those kind of things catch my attention, and when I looked at that, I said, you know what, we haven't done that since World War II. We have not had that kind of a mobilization impact since World War II. Something is changing.

And by the way, the other thing we've had is a dramatic increase in the service of our women veterans. That's changing the whole makeup of the demographics of our future veterans and their needs, and by the way, they're coming home 10.7 times more likely to have experienced a significant issue related to their health and their future quality of life medically and physically than they ever did before because we've gotten really dog-gone good at saving lives forward.

That's good, but we need to be thinking about what's the impact of that strategically long-term? How do we meet those needs? What are those

needs? You all know what the needs are in general. You know that our top three or four number--in claims, the top three or four things I get is tinnitus, and I'm sorry for all the docs here. I don't always say it tinnitus/tinnitus, I've heard it said, you know, tomato/tomato kind of thing depending on who you are.

The second one is musculoskeletal. They're carrying packs, they're wearing gear, they're riding in trucks with no springs and no support, and that is having a huge impact on the claims that we're seeing, on support we're providing medically, us on the VA side, to our GWOT veterans.

One of the things I will tell you, though, 43 percent of them are National Guard and Reserve. They tend to be equally split in taking care of VA health environment. So they're taking care, they're taking advantage of the VA medical capability that's provided to them for the five years after their service.

The question will be, you know, in the

future, from a strategic perspective, is that enough? Are there folks in the National Guard and the Reserve that we need to be thinking about the long-term implication of some of these health considerations they've gone through through multiple deployments.

They're also older, by the way, so that has an implication to healing and recovery and needs and the like. They're on average four to five years older than their Active Duty counterparts that are over there. So all the kinds of things that we're thinking about.

Let me tell you from a VBA perspective what I'm thinking about. I'm thinking about the fact that I can't get hands on their Service Treatment Records. So I want to just publicly acknowledge the great work that Dave McGinnis and General McKinley over at the National Guard Bureau and others are going to do to help us get our hands on them.

When I go out to the 13 Regional Offices I've been to, and I ask them to show me what their

worst cases are, they're typically National Guard and Reserve for timing, and the reasons why are they can't get a hold of the Service Treatment Records.

Those Service Treatment Records aren't coming back the same way the Active Duty ones are. They're ending up in somebody's basement. So Dave McGinnis is going to do us a tremendous effort, and I'm sure the Guard and Reserve Chiefs are going to pile on, and anything you can do to help us is wonderfully received and well-appreciated.

We've got to get a way that those National Guard and Reserve Service Treatment Records end up in the right places at the right times so we're not looking for them and spending valuable time and effort that that veteran needs their claim done on a hunt. So I just ask your help in that area.

The other thing we're having a hard time doing is sometimes getting the personnel records as well. Now, I'll tell you, from a Regional Office perspective, they're getting smart probably because 47 percent of them are National Guard and Reserve

in VBA. So the benefits side, I'm about 50-50 split between Active Duty and Guard and Reserve, and that helps because they all have their little buddies, and they know what a State Joint Force Headquarters looks like, and they know how to reach up and find the Transition Assistance person who is helping them at the National Guard State level and also the National Guard Bureau, but I will tell you the one complaint I really hear and the one concern I really have that keeps me up at night, what about all those individual mobilization augmentees that don't have that kind of a unit-centric model?

They come home; they aren't even received in big Yellow Ribbon programs. They are just kind of thank you for your service and a little bit like the World War II model, where they rolled off the plane and jumped on a train or a bus or a something and got home and disappeared into the fabric of America.

Now, in some ways that's good because they're in the fabric of America, but in other ways, it's bad because we don't know how to get a-

hold of them, get them their claims processed, get the information we need to process their claims and take care of them. So need your help in that angle as well, figuring out how we do that with our Reserve folks.

I'm really focused on this, and as such, I've asked Dave McGinnis and General McKinley to work with me to help set up a National Guard and Reserve Summit to go after some of these really hard issues in the National Guard and Reserve so we can get them back into a way in which we can get their claims done, take care of their medical needs, all at the same time.

I have another issue that keeps coming up so I'm just going to raise them because I'm kind of just having a conversation with y'all to tell you what's on my mind and what I see. And that is we have, when we get to the point of we're doing the IDES, the Integrated Disability and Evaluation System, process, there seems to be some things that work a little differently when we get to Guard and Reserve, and we do the Active Duty folks as well,

because the Guard and Reserve folks don't have a place to go back into a unit while they're waiting to go through IDES process. They end up in Warrior Transition Units waiting and waiting and waiting.

Here's what I will tell you from a VA perspective. I'm sure somebody else has addressed this to you from the DoD perspective, but from the VA perspective, we started our part of that seamless integration process with DoD, we had a claims processing timeline of about 186 days. On the VA side of that, we've reduced that to 114 days. Our goal is 100 days. We're going to get there pretty quickly.

But we don't have the MEB process and the PEB side of the process, and so we have some sympathy for our DoD folks who are working that side of the angle.

We also know that we have been largely exposed to the DoD Active Duty side of the folks coming through that IDES process, are just now catching whiff of a potential another 18,000 National Guard and Reserve that might be coming

through that process in short order.

I was a little concerned because at first the number was 70,000, but it looks like only 18,000 might be in the P-3, P-4 kind of an environment. That makes it a little easier for us to absorb that process into our normal capability.

So we're working that closely with DoD, and I'm really appreciating the partnership they're providing under the leadership of General Chiarelli and others, and I appreciate all that they do.

Another partnership we're doing with DoD and us is the--I mentioned it already before--with the Transition Assistance Program. We're going to revamp that thing, and when we do, it needs to be not just a class or a course. It needs to be an entire experience, and as Secretary Shinseki will tell you, we need to gracefully take people out of the service into their new career with as much focus and as much process and as much dedication and deliberate action as we did bringing them on.

We owe that to them. We owe that to our nation to be able to leverage their great

capability and to be able to take advantage of the experience and the maturity and the dependability that they bring to our nation's businesses.

So let me talk to you a little bit about how we prepare them on the VA side for that. I already mentioned we have a little four-hour thing, but we also partner extensively with our VSOs, who are out there helping us to do TAP sessions across the nation, and I look forward to not only continuing that but to expanding that.

One of the other things that I think needs to be built into that process is a prescreen of medical records, which sounds a little bit like going through a mini-IDES process. Let's get some prescreening of the medical records at Benefits at Discharge sites. Let's do some prescreenings so our veteran knows what they're supposed to be looking at and what they're asking.

In the same respect, I'm going to ask everybody, including all of our State Directors, all of our VSOs, everybody who touches and submits a claim, to help us with something. You guys hear

the million claim issue all the time; right? So let me give just a little education because I've asked all those kinds of questions in the last 30 days or 90 days--sorry--three months.

We have a million claims in the inventory, but our backlog is only about--only--sorry--okay--I know it doesn't sound good. It's only about 480,000 of those. That means that I still got a hand on 480,000 of them on day 126. Still need 125 days to do a good piece of work on those, and that's appropriate, and everybody agrees that's appropriate.

But the backlog is the 480 some odd thousand that we're holding on to on day 126. But what I find interesting, and so count it up to the new gal, what I find interesting is that those claims aren't just one issue. You know, each claim comes in, it used to be with about three to four issues, which means we're handling three to four million exams on those million new claims. We're handling three to four evaluations of that particular body issue on each of those claims.

We're searching through personnel records to look for service-connected issues associated with each of those claims, but it's growing. It's growing from three to four issues per claim to in many cases in our GWOT veterans, over 12 issues per claim. Some of those absolutely legitimate.

But ask us from the input side in to really scrub that, really make sure we are giving legitimate service-connectability claims for specific body issues that our veterans have suffered from and not just given us a great big huge laundry list because we're going to do our due diligence if it's 12 or if it's two.

We're going to work it hard and do our due diligence on everyone of them. But if they aren't legitimate coming in in the door for a true service connection-ability, and you know coming in the door, it's not going to get service-connected because it's not something that can be, I ask you to double check that, please, for two reasons:

When we tell veterans to go ahead and submit it, and we know it won't be service-

connected, we're setting an expectation in the mind of the veteran that their service was important over that issue, and then when we have to tell them no because the law says this, this and this and this doesn't line up, then they think we don't care about them. And I'm going to tell you, if I have anything at all that I have learned in my 90 days, VA cares about these veterans, and they're trying their very, very hardest to take care of them. So I ask that for that reason.

Second is when we have those in the mix, it slows us down getting to the rest of those claims that are service-connectability and the like. So I just ask for a little thought and a little consideration on that, as you work with others working forward. So just think about that just a little.

Let me just tell you some other good things that we've got going on. We have literally in two years from a cold start put \$2.5 billion into more than 95,000 Vietnam era veterans for Agent Orange claims as of now. We will finish up

the Agent Orange Nehmer cases. We will finish them up largely by this week. We have a few extra, not much, a few extra we'll do into the first week in October, but they will be done.

That was a huge effort for us over the last two years, and they will be done, and I appreciate all your help and support for these veterans of our Vietnam era environment who really needed us to take care of them, and it's a long time coming, but we've done it, and I appreciate it. Thanks, seeing you over there, for helping us in all that respect.

We have put in the last two years from a cold start for the Post-9/11 GI Bill, we've put over \$13.3 billion into more than 680,000 veteran or their designated representatives' hands in order to give them good education. It's not for just the sake of the education, but especially in this world environment right now, to prepare them for their next job, to prepare them for their next career, to do what the same thing that happened after World War II, which is build the nation on those people

and their capabilities to help us to restore our economic vitality and our nation's goodness.

Let me tell you what we've learned though. Not everybody wants a degree. You know that? And by the way, I just was reading the Bloomberg--I don't know whether there's any political bias in that so forget that if it is. I just saw an interesting statistic that said 47 million jobs that will be created between now and 2018 are not bachelor's degree requirements. They are certificates; they are credentials; they are licensing; they are tradecraft.

They are things that our veteran/our servicemembers do today that with the right help and the right connections moving into the future and taking advantage of the nice tax breaks and the nice capability that is teed up and already on the books and teed up in the American Jobs Act, we will have the capability to say, hey, you used to be a heavy equipment operator, guess what, we have heavy equipment operator requirements to build these highways in Iowa or, you know, West Virginia or

name the place.

And I don't know if they're really building highways there, but forgive me if I got it wrong. But can't we get you certified and licensing? Can we work with--which they're offering to do--the Teamsters are doing some great work with us getting veterans into hardhat construction environments.

Microsoft is coming forward with some really great initiatives to get them certified in their computer system capability to carry them over into those kinds of career fields.

You know, doctors, nurses, medical, construction, building, all kinds of things like that, but they require a certain amount of you had this skill in the military, let's make it transferrable and translatable to our business partners or our partners out in the commercial environment or the other government agency environment.

We're doing some great work, I think, in that area under this expanded TAP environment, but

also VA's making a major push to grow its capability through a VA for Vets environment. And I don't know about y'all, but I had about three years in industry, and my three years in industry was a great company, but they didn't have a ton of people who understood military resumes.

So I started becoming the resume translator. And that was good for our veterans because as soon as I'd look at them, they'd say we don't really have anything for them because they didn't talk to the same language as our industry partners, but when I can say, but you know what, that thing there, that's a requirement developer for a new IT system. Oh, I didn't know that. Let's translate it. Let's get them jobs and employed in that environment.

Hey, by the way, you know, that's a trainer. You know if they can do something that teaches you how to take apart an M-1 tank and put it back together again, I think they can probably do, teach them how to do a flow diagram, and they can describe a standard operating procedure for how

to do this, and teach somebody how to do it.

And we don't have enough of that going on. So I need your help making that happen as well, being that translator for our veterans of their service to their future career military opportunities.

So let me think if there's other things that I thought I'd share with you real quickly. By the way, our Guard and Reserve take advantage of a lot of our benefits right now today. 290,000 of them are doing a VA loan right now. 290,000 of them are VA loans worth more than \$40 billion--our Guard and Reserve guys and gals.

Voc Rehab. This one I kind of scratch my head on. A fabulous, fabulous program that gives you a face-to-face counselor, your own personal vocational rehabilitation and employment counselor with not much more need than about a 20 percent disability for a bit of an employment handicap.

They will walk you through everything. They will pay for everything. They have job programs and in-work job programs that get you

working with employers while we pay part of their salary.

I don't know why people are not signing up for this. Maybe we have a branding or a marketing, you know, issue, but I'd ask you all to look at that and see how we can get our veterans to sign up for vocational rehabilitation and employment environments to facilitate their ability to get good, meaningful, respectful, dignified future careers they way they want and need. So I just pass that along to you.

By the way, in addition to telehealth, things that we're doing on Voc Rehab, we'll require you meet with us the first time face-to-face, but after that, you don't want to drive to see us, we get it. So let's come up online together. We have a capability right now electronically to do Skype-like capabilities. It's more secure than Skype can be, but capabilities where you sit across with me with a little camera on your little laptop or your phone computer or on your iPod or iPhone or whatever it is you that you want to talk to me

about, and we meet together and we create plans for your future, and we focus you on the educational needs that you need or on the requirements that you need.

And I don't understand why more and more people don't take advantage of that. Every person I've talked to that's come through the back side of that, and they're not just going into really basic, basic jobs, there are Ph.D.s. out there, there are master's degrees, MBAs, and the like, that are doing work with businesses that have gone through this program. So I would encourage you to have those kinds of conversations with your veterans as well.

The other thing I'll tell you is 8,100 of our National Guard and Reserve veterans are participating in VR&E right now. Another 2,500 have already been through the process and are well on their ways and graduated from their processes.

What I'm concerned about in the future? While our numbers look good for fiduciaries, I'm concerned about this, and the Secretary is, so

we've done some major action recently to just make sure we've got some stronger internal controls. And for those of you who don't know what our Fiduciary Program is, this is our program where we check on and we administer the financial support through a fiduciary for our most vulnerable veterans who can't take care of themselves and can't talk to us in some cases and can't tell us what their treatment is like.

We have recently stood this up as separate entity. We're consolidating hubs. We have better oversight over it. We're looking at this from a case management perspective, to expand our capability to be face-to-face with these veterans and to check on them in ways like we've never done before.

So the numbers look good. We just have one of those things that happens when the little hairs on the back of your neck say we just need to make sure. So we're going to be focused on that effort as well in that environment.

So bottom line need from a Guard and

Reserve perspective, I'm just going to kind of get to the point here. Help me figure out any way to get a-hold of those Service Treatment Records. We're going to need them. We're going to especially need them in the next little bit.

So at the end of the day, where are we on transformation? I'm the kind of person that kind of puts it all out there, and I am kind of noted for saying I'll all in, but I'm also all out. So here's where we are:

We are making some really significant inroads to be able to start our major transformation model from a people perspective, a process perspective, and technology perspective come May next year. We're going to be in a tough year in '12 and '13 doing this, but it's absolutely necessary.

From a people perspective, we're moving to a case management environment, and we're going to move to a segmentation model where we put teams of people together that manage that veteran from start to end, and they don't pass it over a transom to

the next person when they do their little part anymore.

When they do that, we're going to have them work in environments where it matches their skill sets for the amount of abilities that they've been trained and the experience they've had.

I'll give you an example. 50 percent of my workforce in VBA right now doing claims has under two years' experience. So we're doing a lot of training. So it helps if I put them in on some of the easier claims than if I put them on the most complex claims, which is sometimes what can happen today in the model we're in.

Second thing that we're going to do is we're going to specialize those claims according to complexity, but we're also going to specialize those claims according to some of our most sensitive issues.

We got to nationally do something about this as a bunch of great veterans and people who care about people in uniform. But one in five women who comes to us and screens for MST screens

positive. I'm handling it on this end to make sure that we get the services, and our VHA folks are taking care of that, but we need to do something en large about taking care of all our military servicemembers and leaving nobody behind.

But that means I'm handling a lot of claims that come in for Military Sexual Trauma and PTS associated with it, and by the way, not just women. 25 percent of those are males. That might shock you. Did me a little. 25 percent of those are males.

We are specializing the handling of those things so that we make sure that we are careful about those issues. We are going to have people specifically trained. Right now we have claims developers specifically trained to handle them. We are about to switch and also make raters specifically trained to handle them, and only those people will handle those claims, and they will understand the unique nature of those claims. So we're working that issue.

The other things we're doing is we're

creating an Intake Processing Center which means I'm not just having mailroom people send out claims to different folks. We're actually taking highly experienced people who have seen every possible claim there could be in the world, and we're putting them right at the front after the mailroom and saying you make sure this claim gets in the right lane, the right time, the first time. So that's another effort we're doing.

From a process perspective, remember, I said number two issue that I get called about was 'splain that letter to me. We're confusing in the way we send our letters to our veterans. Now, yes, I heard that, I nod, I've had my letters. I went what's this letter; why do I have two of these letters? What does this letter mean? Which one takes precedence?

They don't. They're just two letters. So we're working on that hard. I'm going to tell you we're honestly working on it with our VSOs and with our Veterans Appeals folks because sometimes stuff in that letter, the way we've done it before, is

beneficial to them to understanding how we thought about things when we did that claim.

So what we're trying to do is automate as much as possible, automate free text slash, where we need to add a little more fidelity back in to help everybody get what they need out of the letter. But then we need to do that. And here's why. Our claims raters spend 33 percent of their time writing what I will call three term papers a day. I want you to remember what it was like the last time you wrote a term paper and then imagine doing three a day where none of that letter is automated.

They literally sit down and start writing. It means from scratch. Doesn't make a lot of sense. They just, they sit there, they worry about, we end up rating them and talking about their quality relative to style and not substance, and I didn't hire them to be grammar writers, and I didn't hire them to do those kind of things.

So we're working on that. We're working on it with the people who care about us doing that

right, and we all care about doing that right. So we're going to do that. But at some point in time I can get lift out of that to do more claims better with a cleaner letter that tells our veteran what we're really saying in a much better way.

The next thing we're doing is also we're putting calculators, automated calculators, into our technology system. Let me tell you why. We took one of our medium complexity claims, and we gave it to some of our very senior, most experienced raters, and we said rate this case without the benefit of calculators. So they did, and they got about an 82 percent quality on it.

We took the very same case, and we took it to our brand newest raters, and we said rate this case with these new calculators, these new automated calculators. They rated it at 92 percent quality.

The simple use of a calculator that walks you very deliberately through a process and how you need to ask yourself the right questions and make sure you did it all right is significant in our

ability to increase our quality. So that's where we're focused on that particular effort.

We're focused on workflow capability automated, and VBMS, and let me tell you where that is today. That is what comes to life May of next year. Comes to life actually December this year, but I don't have big enough--for all of you IT guys, I don't have the utilities on the bottom that allows me to get 20,000 plus users on it right now.

That's what we grow from December of this year to May next year is that capability, and we get the calculators built in, and we start to have a paperless environment.

But I only truly have a paperless environment if I get folks to help us submit claims online. That's DoD folks giving it to us through IDES and Benefits at Discharge. That's VSOs and State Directors giving it coming in electronically through a stakeholder portal we're creating at eBenefits so that they can do claims submission online.

I got to stop the paper flow because if I

don't stop the paper flow when I move into a paperless environment, I got a billion dollar scanning problem I can't close. So we've got to do what you do when you get the broken pipe in the basement which is just don't go in and start bailing out water. You got to stop the water flow. So we have a strategy to stop the water flow, start bailing out with some scanning capability we already have inherently to us, to get into that paperless environment so that we can do things better and faster and more effective for our veterans, for their families, for their survivors.

So that kind of gives you a gist of that for our technology.

The last one I'll just tell you let's talk a little bit about call centers because I don't know how many of you have ever called 1-800-827-1000 and hung there for awhile or got the after 30 minutes, oops, we can't talk to you right now, call us back later. Right?

Okay. Let me tell you the strategy. It's gotten uglier before it will get better. I made

the decision to take risk on eBenefits folks on the calls, which takes almost double the amount of time for a call in order to get people to start self-serving and to get off the phones because they get the same information in eBenefits.

So that made it slightly worse because now when you call, you get that option that says, hey, do you want an eBenefits account? If you do, we'll talk you through it. We'll walk you through it. We'll get you done over the phone.

We're getting some help from our VSOs, by the way, also to allow them to do remote proofing for us so that they can help do it on the spot. We're going to get help from others to do the same thing.

But here's the other things we're doing on what we call Veteran Relationship Management, which is more than our call center, National Call Center. It's also eBenefits. But what I will tell you that we're doing right now today--it comes, some of this capability hits in October--call back. You can leave us--it will ask you do you want us to call

you back? And we'll call you back if you leave us the information.

Even what time. Do you want to schedule an appointment? Well, we'll call you back. This is a little bit like if you've done iPads and iPhones and you want them to call you about service on your iPad or your iPhone, and you say call me between four and five tomorrow, you can schedule an appointment. We'll call you at that time.

Those two things are coming in right now in October. So that will help relieve some of that pressure on our veterans when they call us with their questions. eBenefits does another little bit of that or a big bit of that from my perspective, moving downstream.

So I've sort of given you a little gist of the view I've seen of the world in terms of where we're going and what I'm seeing and the like. I really truly believe we're going to get through this transformational model. We're preparing now and putting change agents out at every Regional Office. I'm putting Quality Review Teams at every

single office so no longer will there just be one STAR team that rolls in four months after you've done the work to give you an assessment that's four months old of the work you did.

We'll have a week, regular week-to-week capability to assess the quality of our folks in that Regional Office. So all those things we're doing to knock down this issue of the claims backlog in this environment and some of the other benefits that we're doing.

So at this point in time what I'd like to do is, hey, I said I'm all out and I'll all in; right? So I'm going to open it up and say if you got a question you want to ask me, if I can answer it, I will; if I can't, I'm not going to tell you I can, and I'll take it and answer it, and I'll get it back through all to the rest of your folks in attendance, and we'll go from there.

Yes, sir.

MR. PARKER: My name is Michael Parker. I'm a wounded warrior advocate, but I've had my own issues as well. One of the conditions that I'm

rated for service-connected with the VA is reactive arthritis, which is akin to rheumatoid arthritis for discussion purposes. It's rated under Diagnostic Code 5009, which is generically labeled "Arthritis Other Types."

You will not find the words "reactive arthritis," or other forms of spondyloarthropathy-- don't ask me to spell that--it's like psoriatic arthritis or undifferentiated spondyloarthropathy-- anywhere in the VASRD. That's the problem. It took me five years to get that rated correctly all the way up through the BVA and yada-yada-yada.

If they would just simply say "other types such as reactive arthritis, psoriatic arthritis, undifferentiated spondyloarthropathy," it would get done right the first time. To me this is very important these types of diseases.

The Anthrax Vaccination Expert Committee has said they believe there's a link between that vaccination and the onset and/or aggravation of these types of diseases.

The VA has also put out a presumption that

if you served in the Middle East, you have been exposed to the type of bacterias that trigger these type of diseases. Yet, they can't rate it right the first time. The first thing the VA did was say we don't know what it is, and they changed it to active arthritis. So that took about a year to fix.

SECRETARY HICKEY: So, Michael; right?

MR. PARKER: Right, yes.

SECRETARY HICKEY: So, Michael, do me a favor. Send me an e-mail.

MR. PARKER: If you give me the e-mail address.

SECRETARY HICKEY: I will not be able to retranslate what you just said. I vaguely understand it.

MR. PARKER: I understand that.

SECRETARY HICKEY: I understand in general what you're saying. But send me an e-mail.

MR. PARKER: Those who attended last year, I asked the same question to the VA. I've been sending them e-mails, letters throughout, and I

hope you're the one that can break down the wall because it's very simple, low-hanging fruit. Just list the dang diseases that this code covers.

[Laughter.]

SECRETARY HICKEY: Okay.

MR. PARKER: And we'd be done.

SECRETARY HICKEY: Okay. All right.

Thank you. Send me the e-mail and say that, too.

MR. PARKER: Okay.

SECRETARY HICKEY: All right.

MR. PARKER: One other quick point.

SECRETARY HICKEY: And it's, by the way, so all out, allison.hickey@va.gov. I tell everybody.

MR. PARKER: I appreciate it.

SECRETARY HICKEY: They find out what it is anyway so I'll just tell you.

MR. PARKER: Under the IDES, it's working great. They get evaluated. The VA does the rating. But many of them get put on the TDRL. 18 months later, the VA bows out, and it goes back to a legacy system, and their ratings are just as

screwed up as they were under the old legacy system. I got folks 40 percent VA, 20 percent military. They lose their retirement.

And I've asked the VA this question, too. We need you to stay involved with these ratings throughout the TDRL process, or these guys are going to lose their benefits, and I don't know if that issue has been brought to you or not.

SECRETARY HICKEY: That surprises me because my understanding is we're the last to touch it.

MR. PARKER: Well, you are the first time. But if they're put on Temporary Disability, they get reevaluated 18 months later, the VA will not play in those reevaluations, and it reverts back to a legacy DES.

SECRETARY HICKEY: Okay. I'll take that one and look at it.

MR. PARKER: Appreciate it, ma'am. Thank you.

SECRETARY HICKEY: Thank you.

COL RICHIE-MELVAN: I'm Sharon Richie-

Melvan. I'm on the MOAA Board, retired Army nurse.

SECRETARY HICKEY: Thank you for your service.

COL RICHIE-MELVAN: Thank you.

I'd like to ask you if you have any opportunities for those who do have problems in terms of Military Sexual Trauma where they can report their claims confidentially and privately? I have female veterans in the community who are working with other veteran offices, and they don't want to go to their VSO and talk to them about what happened.

SECRETARY HICKEY: So just so everybody knows, a VSO is a great option, but a veteran can file directly with us. They don't have to go through a Veteran Service Officer at all. They can file directly with us, and if they're concerned about filing online, they can show up at a Regional Office at the front desk area. They'll help them file right then and there.

It doesn't require, though great, I want to make sure I say this, our VSOs are tremendously

helpful in doing that. They can also go to a State Department of Veterans site as well if they're in a state and they want to go that way. But they don't have to do any of that. They can literally just show up at the Public Contact Office and say I want to file a claim and do it privately.

COL RICHIE-MELVAN: Thank you.

SECRETARY HICKEY: Yes, sir, or ma'am.

Okay. Yes, ma'am.

MRS. MARCUM: Hello. My name is April Marcum. My husband was medically retired from the Air Force in May of last year. He's currently on TDRL status and just recently got a joint VA rating of 100 percent. Praise God.

My question is, you mentioned telehealth; we live two-and-a-half hours from the closest VA that can meet our needs. We have a CBOC locally, but care is very limited there. The VA came in and installed telehealth in our home at probably great expense. We have this beautiful system. Has a phone, you know, it's a secured system. We can call anybody we want and talk to them for an

appointment.

Nobody wants to schedule appointments on telehealth. None of my husband's providers will schedule an appointment on telehealth.

SECRETARY HICKEY: Okay. I'll carry that back.

MRS. MARCUM: So that's a problem for us. Another thing is the C&P appointment process. Like I say, we live two-and-a-half hours from the Gainesville VA. We had five C&P appointments in one week. We had to go back and forth everyday, five hours in the car with my husband who has PTSD.

SECRETARY HICKEY: Okay. So let me tell you where we are on that. Can I give you some--

MRS. MARCUM: Please do.

SECRETARY HICKEY: So this is one of the issues that I care a lot about because I've heard a lot of this discussion, and so let me, part of the way we've done some of these new initiatives is through a thing called a design team, and one of the new things I just put on the design team's plate, and we're working closely with VHA, because

frankly I went through my own exams. I kind of know what that's like.

And I asked the question, I said, listen, for the exams I got, you know, I'm a 50 plus year old woman, I have a few things that are broken. People--somebody only touched me once for those exams. Do we really have to have people drive in for an exam when, as Dr. Randy Petzel, the Under Secretary for Health, will say, I'm already seeing 50 percent of those people for existing conditions and providing them clinical services, so why can't I just write it up and send it back to you?

Can we, do we have to do an exam? Can we do a teleexam, meaning can you just call and can we fill out a DBQ and send you in the results of that? Can I just review the exam records and see if I need to even do an exam or if I can use what's clinically done right now? All those issues, to try to get exactly your situation resolved and get you off the road for as many of those exams that we can do.

They're literally in that process right

now looking at how we can do that, and how we can, which ones we can definitely say do not need to be scheduled as a physical exam where you have to get in your vehicle and drive a veteran and a caregiver, you know, miles and miles to get to someplace.

I agree. I think that's--

MRS. MARCUM: The VA actually took his license so he doesn't drive.

SECRETARY HICKEY: So we have to do, you know, there's a bit of insanity in that that we're looking at right now that we're trying to figure out a way around.

MRS. MARCUM: And in closing, I would like to say that my husband has some amazing caregivers at the VA. Our neurologist, our psychologist, our nurse case manager are amazing people, and I want to commend you for that, and I realize that you probably don't get thank yous enough, and I want to thank you on behalf of the other people in my place, that there are some people out there who are really trying to do their best everyday, and I

thank you for that.

SECRETARY HICKEY: Thank you. I'll pass that along.

Yes, sir. Yes.

MR. WEIDMAN: Hey. First of all, thank you for all you've done and hitting the Veterans Benefits Administration with a burst of fresh energy and good humor, which has been sorely lacking over there for a long time.

[Laughter.]

MR. WEIDMAN: They're solemn, and in the past, they've been solemn and think that's being serious. You're serious but not solemn, and that's very welcome.

I want to just bring to your attention, the reason why people file for all those different kinds of claims is because many of the medical centers will charge you if you're not service connected for conditions, and you may not have a nexus that is immediately apparent in military service.

But even if you're 50 percent or more

service-connected, they'll turn around and nail you for a payment if it's not service-connected, and that's why service officers and many others push hard to put everything on the claim. So it's not your problem in this sense. It's Randy Petzel's problem that his folks don't follow the VHA's stated policy for not charging for anything if somebody is overall 50 percent, but less than 50 percent, they do nail them, and that's why you get so many conditions.

SECRETARY HICKEY: Thanks, Pete, and thanks for keeping me laughing in my first 30 days here, too. Appreciate it. I'll look into that a little bit more and see what I find out about that.

Anything else? Yes, sir, over there.

MR. FALKE: Can you hear me?

SECRETARY HICKEY: Yes, sir, I can.

MR. FALKE: So first of all, thank you for the energy you brought in the first 90 days, and I hope you can keep that up for the next couple of years because I know it tears you down working in a bureaucracy.

I'm a retired Navy Master Chief, 22 years. I've been retired for ten years, had a company, sold it, had about 500 employees, 400 of which were veterans. We set up our company from day one to make it easy for veterans to transition. I just noticed today, and I don't think I've ever noticed it before, that TAPS is also Tragedy Assistance, and getting out of the military and getting a job should be positive. So as you revamp your TAPS program, please change the damn name.

[Laughter.]

SECRETARY HICKEY: So--

AUDIENCE PARTICIPANT: Two different programs, sir.

MR. FALKE: No, I understand that. I'm saying but the name is the same.

SECRETARY HICKEY: Yeah. He's just saying the name--yeah. I think probably--

MR. FALKE: The name is the same. I understand it's two different programs, but it's not a tragedy getting a job when you transition.

SECRETARY HICKEY: No, I totally agree

with you. So frankly for a different reason, not that, because I can't tell you who came first. I do know about the TAPS program, and I certainly appreciate Bonnie Carroll's work that she's done over a number of years here in that program.

I knew her back when she set that up with the National Guard and NGB. So I don't want to say who was there first, and I don't care. Both of us do great work in that environment, but I will tell you we're looking at trying to renaming it anyway to capture more what it really is, and where the transformation of it really goes.

So we may end up solving that problem in a different way. I'm starting to hear Career Ready Military. I have to see what that acronym spells out and make sure we're not in trouble there. I think that's CRM, and that's bad. So not bad, but somebody calls that something else, but we're looking at that to see what else we call it, but understand your issue and your concern.

VADM RYAN: Here's the last question, Madam Secretary.

SECRETARY HICKEY: Yes, sir.

COL MUTTER: First of all, I'm guessing that your moniker when you were an aviator was "Fast Track." And I thank you very much for what you're doing.

SECRETARY HICKEY: Thank you, sir.

COL MUTTER: I think you answered my question partially in answering this lady. I was misdiagnosed initially with the degree of the severity of a number of things that I have. And I've been asked to be reexamined three times, and I only go to the VA. So they already have this on the records, but it's taking, it's already been up now a year since my last exam and no response.

Is this the sort of thing that you--

SECRETARY HICKEY: Yes.

COL MUTTER: --mentioned to this lady that will solve that problem.

SECRETARY HICKEY: That's exactly what we're looking at.

COL MUTTER: Okay. Great. My last is just a comment, but once you get everything squared

away internally, people like me, and I'm sure some people like you're worrying about out in the rural areas don't even know about the VA or think about it until someone five years down the line tells them, and then they're behind the curve.

So I think some public advertising on the TV and whatever these young people read, listen to on the radios now, would be appropriate to see that they get taken care of quicker.

SECRETARY HICKEY: I appreciate that, sir. I'll tell you we have a pretty, pretty major focus on outreach right now. It's one of the Secretary's major initiatives, certainly one of mine. But I think this is a "we" problem. I think that we all have to help others understand what their benefits are.

We can't do it alone. We need you to help us do that, no matter who you are, how you're representing them. Frankly, some of our brand newest advocates are on campuses and colleges who, you know, either they're working with us to make sure our vets graduate and adjust well to campus

life, but they're getting increasingly smart on our benefits and making sure their vets come in the door and are capable of addressing this.

But we got 23 million vets out there right now, many of whom never knew what their entitlements were and have misconception on information on what they are, which is part of the reason why I want them to get on eBenefits because the other thing that's about to happen on eBenefits that literally just was released this weekend, it's going to start to customize when you open it up to who you are and what we know about you.

So if we know you're a specific veteran with, you know, or a servicemember or if you are a family member or you're a caregiver or you're whatever it is, it's going to start to focus you, or you're National Guard or Reserve, it's going to expose you. It's going to still let you look at whatever else you want to look at, but it's going to try to navigate you and expose you to those thing that are most pertinent to you based on your eligibility.

COL MUTTER: I would suggest one of the things that would bear some good investigation are things like I have heard numerous times, that Indiana, for example, is one of the bottom states in the country as far as authorizing a level of compensation for claims that gain more elsewhere.

SECRETARY HICKEY: So I'd love to talk to that really quickly. Maybe we'll make that the last one if that's okay with y'all. Let me tell you how we go after that because that is a consistency issue, and that matters to us because that gets to quality because I don't ever say production and productivity without saying quality.

You can't trade one for the other, can't do them faster and do them worse. Can't do them over 100 percent quality and never get them done. It's a balancing act between the two, and we have to get there which is why it's 125 days and 98 percent quality. That's the trade space.

Here's the things that we are doing to go after that. I'm a former trainer, too. I'm a former quality person. I'm a former pilot. I'm a

former strategic planner. I don't know how to keep a job. I'd like to keep this one though.

But here's what I know. We can't get consistency in the way we do business unless we have national training standards, and we do our training from a national perspective and not just at a local level. We have been doing local level training and certification of what you know how to do for too long.

So we have in the last year stood up to do this thing you'll hear us talk about it: Challenge Training. We're literally asking our people we hire and who go into, who get promoted into new rolls in VBA, that they must take an eight-week intensive, away from their families, lockdown program that gets them up to speed fast with a high level of quality that we know that even though we're doing it at six different sites, we're all using the same curriculum, we're all using the same updates, we're all using the same instructional, sound instructional system design materials, and we're all getting them into the right place.

And we're testing them before they go to make sure we've validated that, and we're testing them again after they get back for awhile to make sure they don't get home and get county option, and I sent out a letter that said avoid saying to them we don't do that this way here. We have a standard way of doing it. We need to drive the inconsistency out.

I believe part of that inconsistency is why you experience different variation across states. I also think part of the reason you get inconsistent answers across those different states is because we have different levels of experience in some of these Regional Offices.

I also think, and I know, our smaller offices in some cases can do better. They just have fewer claims. They're, you know, if you're a statistical person, you'll know that that kind of science sometimes ends up that way.

But we are really, really focused on national level training standards. The Quality Review Teams on the sites is another way to go

after that consistency. The technology, the rules-based technology will drive us to more of that consistency because it's not going to let you select an option because you just happen to like to do it that way, because you just happen to think it's different or less, you know, less connectable or less of an issue, but the rules are going to force you to answer according to the rules that are in law that are associated with the VASRD that are, okay, granted, we may have to do a little picky at the VASRD, and we are doing that.

But all those things start to drive the inconsistency out of the process. My old quality management days--I know this--you cannot improve a process until you get that process in control, and the only way you get that process in control is reduce the variation.

We have too much variation right now. We've got to get the variation out, and all these three things we've just described, I've just described to you, in the people, processes, and technology that is our transformation plan moving

forward, are all designed to improve the quality by driving out the inconsistency, driving to standards, getting training that's verifiable, and, you know, and credentially certifiable or whatever it is, and being able to manage that, check in on our quality more than four months at a time, but checking on it a week to week to week and making sure we're on track.

COL MUTTER: I hope your mama had triplets.

[Laughter.]

SECRETARY HICKEY: My mama is a great woman. My mama, by the way, is part of my DNA for why I took this job. She was the first DoD Family Program Office Director and also one of the National Military Family Association's past presidents as well. So I don't ever, hardly ever say veteran without saying family and survivors. She wouldn't let me do that.

And my daddy is a Vietnam era veteran himself, and so, you know, these kind of things are in my DNA. I do this job not for the hours, not

for the pay, not for the commute. They're all in the "worst" category.

[Laughter.]

SECRETARY HICKEY: But because this is an opportunity to make a huge difference to many of you in this room, but many of the people you serve through your great organization and agency, and I look forward to continuing to do that, but I need your help.

I'm not going to do this by myself, you all. I need your help to do this. So thank you all very much for all that you do every single day.

[Applause.]

VADM RYAN: Fantastic. Great remarks. Let me give a little book. This is Military Advantage.

SECRETARY HICKEY: Thank you very much, sir. Appreciate it. Thank you all very much. Appreciate it very much.

[Applause.]

VADM DALY: Naval Institute and MOAA wish to thank one more time all our sponsors who helped

make this event possible. In particular, I'd like to recognize USAA who was our Executive Sponsor, but everybody contributed and made this possible.

I'd like to encourage our attendees who are still able to give us a little bit more time that there are some activities still in the Atrium. We've got tables set up, and there's still time to hit some of those tables.

And finally, I just want to thank all our speakers today and thank our attendees. I was very impressed today at the passion and engagement from our audience, and it was a terrific conference. Thank you for what you've been doing out there in all your different pursuits for this important cause.

Thank you.

[Applause.]

[Whereupon, at 3:43 p.m., the Defense Forum Washington was adjourned.]