

Members

Sen. Allen Paul, Chairperson
Sen. Michael Delph
Sen. Frank Mrvan
Sen. Richard Young
Rep. James Baird
Rep. Martin Carbaugh
Rep. Karlee Macer
Rep. John Bartlett
Lt. Gen. Carol Mutter
Jerry Hogan
Sergeant Klay South
Frank Islas



COMMISSION ON MILITARY AND VETERANS AFFAIRS

Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789
Tel: (317) 233-0696 Fax: (317) 232-2554

LSA Staff:

Lauren Sewell, Fiscal Analyst for the Commission
Francine Rowley-Lacy, Attorney for the
Commission

Authority: IC 2-5-20

MEETING MINUTES¹

Meeting Date: October 23, 2013
Meeting Time: 1:30 P.M.
Meeting Place: State House, 200 W. Washington St.,
Room 130
Meeting City: Indianapolis, Indiana
Meeting Number: 2

Members Present: Sen. Allen Paul, Chairperson; Sen. Michael Delph; Sen. Frank Mrvan; Rep. James Baird; Rep. Martin Carbaugh; Rep. Karlee Macer; Rep. John Bartlett; Lt. Gen. Carol Mutter; Frank Islas.

Members Absent: Sen. Richard Young; Jerry Hogan; Sergeant Klay South.

I. Call to Order and Introductions

Sen. Paul called the second meeting of the Commission on Military and Veterans Affairs to order at approximately 1:30 P.M. Members of the Commission introduced themselves to the audience.

II. Consideration of PD 3381

PD 3381 was presented to the Commission for consideration. The preliminary draft would remove an outdated list of veterans organizations from statute and replace it with language including all veterans organizations. The Commission adopted PD 3381 by a roll call vote of 8-0.

III. Consideration of PD 3382

PD 3382 was presented to the Commission for consideration. The preliminary draft would

¹ These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative>. Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

exempt individuals who serve in a reserve component of the military from jury duty in any court of Indiana if they are on orders. (Active duty military personnel are exempt from jury duty under current law.) The Commission adopted PD 3382 by a roll call vote of 9-0.

IV. Update from the Indiana Department of Veterans Affairs

Jim Brown, Director of the Indiana Department of Veterans Affairs (IDVA), updated the Commission on the department's recent work. He discussed the new Director of Training, who coordinates the training and accreditation of county veterans service officers pursuant to HEA 1387-2013. The veterans service officer training is accredited by the U.S. Department of Veterans Affairs.

Mr. Brown also discussed the IDVA's modernized website, which makes employment and education opportunities for veterans more accessible to users. The website also connects veterans with information on health care and benefits.

Mr. Brown explained to the Commission that the IDVA has hired a temporary women's coordinator to assist with an upcoming conference and other women veterans issues. He also described recent activity at the Veterans Home and the Veterans Memorial Cemetery.

Sen. Delph questioned Mr. Brown regarding the women veterans conference that had been previously cancelled. Mr. Brown explained that the funds for the conference had been donated and were set aside for the planned conference.

Sen. Delph also asked about the Military Family Relief Fund. Mr. Brown stated that there is currently over \$7 million in the fund, \$180,000 of which is used to provide financial assistance for veteran service officer accreditation.

The Commission then discussed the three-year limit for requesting assistance from the Military Family Relief Fund and the original purpose of the fund, which was to provide assistance to current veterans and their families as well as to build a nest egg for veterans of future conflicts. Sen. Paul stated, with the Commission's consent, that he would initiate legislation addressing this issue.

V. Testimony on Women's Issues in Veterans Affairs

Lisa Wilken, volunteer women veterans advocate, commented on the upcoming women veterans conference and the women veterans coordinator position. She stated that although she was encouraged by the temporary position for women's issues within the IDVA, she believed the IDVA should create a full-time dedicated women veterans coordinator position. Ms. Wilken also expressed her disappointment that the original women's conference had been cancelled.

Mr. Brown addressed Ms. Wilken's concerns about the conference and the women veterans coordinator position. He stated that the IDVA would support legislation in the next budget year to create the position. Lt. Gen. Mutter stated that a bill creating the position in the upcoming legislative session could help secure funding for the position in the next budget year. Rep. Macer agreed to sponsor a bill addressing this issue, and the Commission approved by consent.

VI. Discussion of Recommended Legislation

Sen. Paul brought two additional issues forward for the Commission's consideration. These issues were among those discussed at the first meeting. He stated that the remaining items

discussed at the previous meeting should be addressed in the next budget year.

- Hiring discrimination: Rep. Macer and Rep. Carbaugh volunteered, with the Commission's consent, to co-author a bill prohibiting hiring discrimination against military personnel.
- College credit transfer: Rep. Bartlett agreed to initiate legislation to require colleges and universities to accept certain military training as transfer credits. Rep. Bartlett stated that Martin University accepts prior experience credits for civilian experience, and he believes the same should be done for military experience.

VII. Testimony on Veterans Issues

Kent Morgan, representing the National Disabled American Veterans and the State of Indiana Disabled American Veterans, discussed the need for a bipartisan resolution urging Congress not to stop pension and benefits payments to veterans because of political disagreements. Mr. Morgan thanked the Commission for their work in support of veterans.

Ron Martin, representing the Military/Veterans Coalition of Indiana, presented testimony on veterans issues for Indiana. Mr. Martin distributed a list to the Commission to illustrate Indiana's rank compared to other states in veterans affairs. He recommended that the following changes should be made in order for Indiana to become a more veteran-friendly state:

- Remove the three-year eligibility period for assistance from the Military Family Relief Fund.
- Remit education fees for children of veterans.
- Institute a veterans court to be held once a week.
- Recognize hyperbaric oxygen therapy (HBOT) as approved treatment for traumatic brain injury that may be covered by veterans' health insurance (Exhibits 1 and 2).

VIII. Adoption of Final Report

The Commission adopted the final report by consent with a summary of the September 25, 2013, meeting minutes.

The Commission adjourned at approximately 3:30 P.M.

The Indiana Veteran Recovery Plan (IVRP)

Rationale: One of the most important missions facing all of us at this time in history is caring for our combat wounded returning home from their deployments, and fighting another battle, the battle to regain their quality of life sacrificed in service to our country. This battle is the support and resources to treat the Iraq and Afghan Signature Wound—Traumatic Brain Injury / Post Traumatic Stress Disorder, also known as the silent wound of the War on Terror. The Oklahoma model for providing Hyperbaric Oxygen Treatment (focusing on TBI), and reimbursing for the costs for treatment is calculated to save ONE BILLION DOLLARS a year! Indiana can, and will benefit from the OK's trail blazing efforts by adopting the mission, and see it through. The resources and patriotic commitment exist to see it through to completion. The most important outcome will be our Guardians of Freedom will get their lives back, and their families will get them back.

Outcome desired: Use existing locations throughout the state on a contract bases to provide Hyperbaric Oxygen Treatment for a Hoosier Service Member or Veteran diagnosed with Traumatic Brain Injury / Post Traumatic Stress Disorder. Study the establishment and operation of additional Hyperbaric Therapy Facilities at Camp Atterbury and at the Indiana Veterans Home (Lafayette, IN) to provide additional capacity needed to attack this significant problem now and in the future. These two locations would be long term solutions to support all future operations. Initial implementation in 2014 would use Surplus Funds or an emergency appropriation. Follow on funding in 2015 to come from General Fund. Additionally, in 2015 expand to the two other locations to support long term needs. Further recommend appropriate state health agency negotiates for best price per treatment. Lastly, have Indiana University capture and analyze all data in conjunction with the International Hyperbaric Medical Foundation's (IHMF) national Brain injury Rescue & rehabilitation (NBIRR) Project.

Description of the problem: The level of injured veterans in Indiana is not small. (Traumatic Brain Injury/Post-Traumatic Stress Disorder-TBI/PTSD) Untreated/unresolved TBI/PTSD is expensive and heart breaking. It affects military retention, readiness and the ability for those who have served our nation and state to maintain careers, marriages/relationships, and even their lives.

The Statistical Abstract reveals there are nearly 500,000 Indiana veterans of whom there are 166,470 Vietnam War era veterans and 125,804 Gulf War era veterans.

According to the VA study conducted in 1983 about Vietnam War veterans, 35.8% of those who served in theater or 15.2% of all Vietnam War era Veterans have PTSD (which means they also have mild-Traumatic Brain Injury.) That is over 25,300 Vietnam Era Hoosiers suffering from treatable war injuries.

Gulf War Era Veterans who served in theater have a PTSD/TBI rate of 33% according to the RAND report. There are 125,804 Gulf War Veterans from Indiana as of September 30, 2012. Excluding the Indiana National Guard, that means there are likely around 35,575 Gulf War Era injured. Indiana has contributed over 21,000 National Guard, mostly combat arms forces, to the War, and the combat arms injury rate runs between 50% and 75% or 10,500 to 15,075 men and women. (Note: I believe the NG numbers are understated by 100%-- will need better analysis from ING. If I am correct—this makes it even worse!)

In total then, war injured Hoosiers can be estimated to range between 50,600 and 55,180 veterans who suffer from PTSD, Traumatic Brain Injury, or any of the related post-concussion syndrome symptoms. Most suffer in silence, without VA compensation or any effective treatment.

The cost to our nation and Indiana is estimated to be in excess of \$60,000 per year per veteran (\$40,000 to Indiana); between \$3,036,000,000.00 and \$3,310,800,000.00 annually. The costs to use existing facilities averages \$250 per treatment or about \$12,000 (40 treatments) based upon current MEDICAR payment schedules plus Doctor pre- and post- analysis and prescription of \$150. Cognitive testing would be required before and after as proof of successful treatment. It is estimated that this cost would be less than \$10,000. Additionally, in rare cases, before and after brain Single Photon Emission Computer Tomography (SPECT) and heat scan or MRI scans would cost another \$5,000. The average cost is estimated to be \$13,000 per patient. This is far less than the estimated \$40,000 annual state costs!

The Federal government has shifted costs from these war casualties to the states. The 1921 Veterans Bureau Act requires the Federal Government (Veterans Administration) to AUTOMATICALLY reimburse the state for any treatment that is not provided by the Veterans Health Administration. The proposed solution would include the State Of Indiana Insurance Commission managing and process documents for reimbursement. Thus the costs of treatment would be totally reimbursed. The cost to the State of Indiana would be to administer the claims received from providers and submission to the VA.

Similar challenges exist in the civilian population with first responders, athletes and victims of crime or accident. Many states are establishing centers for treatment, California, Georgia, Florida, Louisiana, Oklahoma, and Texas are a few

Facts bearing on the problem: One of the most important missions facing all of us at this time in history is caring for our combat wounded returning home from their deployments, and fighting another battle, the battle to regain their quality of life sacrificed in service to our country. This battle is the support and resources to treat the Iraq and Afghan Signature Wound—Traumatic Brain Injury / Post Traumatic Stress Disorder, also known as the silent wound of the War on Terror.

Oklahoma is doing just that; Texas is in the process also! The Oklahoma model for providing Hyperbaric Oxygen Treatment (focusing on TBI), and reimbursing for the costs for treatment is calculated to save ONE BILLION DOLLARS a year! Indiana can, and will benefit from the OK's trail blazing efforts by adopting the mission, and see it through. The resources and patriotic commitment exist to see it through to completion. The most important outcome will be our Guardians of Freedom will get their lives back, and their families will get them back.

You hold the power to bring the most effective, proven solution to Hoosiers affected by TBI/PTSD and other brain insults.

Your leadership will help solve what has been Indiana's and America's intractable problem with TBI and PTSD and suicidality among the war's veterans. Currently 22 commit suicide daily and 44 additional attempt and fail. When presented with this rational solution, many other states will follow Indiana's lead. You have the power. You have the authority. The real biological repair solution for this medical condition is available and affordable. Federal funding is achievable to pay for this effective and permanent biological repair for state residents. Oklahoma University and Oklahoma State University have verified the science and patient outcomes. Oklahoma University researchers published with The

International Hyperbaric Medical Foundation (IHMF) researchers, and Oklahoma State University treated patients with identical outcomes as IHMF practitioners have experienced nationally. Bureaucrats in Washington DC have suggested further study and analysis is needed. They said the same thing about Agent Orange and Deseret Storm Illness. Indiana shouldn't wait!

This plan also reasserts a state's inherent "Police Power" over health, welfare and morals and helps justifiably arrest the erosion of that power from continual incursion by the Federal government, regardless of which party is in power. It also corrects the State's power with respect to third-party health insurance carriers, whose "managed care" decisions have cost the state many extra hundreds of millions and caused needless human misery and tragedy.

Effective treatment is less expensive for the State than the current consequences of leaving these men and women untreated. Consider the current FDA and VA approved treatment IS NO TREATMENT! Psychiatrist counseling and prescribing "mind altering" drugs does not repair the injury, they make "vegetables" out of their "victim"!

The State's next step is to execute the comprehensive and integrated plan and reverse this problem. The Indiana Veteran Recovery Plan (IVRP) will create an effective pathway to treatment that will save lives, restore families, build faith, increase productivity, and increase tax revenue collections. Further, it will reduce unemployment, entitlement, healthcare, incarceration and education costs. Under the IVRP the treatments are supervised and outcomes are measured and validated comprehensively, by those within the state with the appropriate skill and expertise at doing so.

Further, the IVRP includes a pathway to create the infrastructure within the state to sustain and expand treatment to benefit the lives of all state residents. This includes training of state residents and building and maintaining facilities and equipment within the state (creating new employment opportunities in Indiana industry) to meet the healthcare infrastructure needs of the state and across the nation. This plan is paid with revenue from the federal government to treat veterans, and paid by savings in entitlement and safety net programs listed above. All of these results can be projected based upon current scientific knowledge. Under this plan all actual results, with extensive data collection and metrics, are tracked under an IRB-approved study and real results are compared against the expected results, and thus are verified. Full adoption of the IVRP can be expected to result in millions in savings in the State's budget, with millions more for the Federal government, while improving readiness of both the National Guard, Reserves, first responders, and many others.

In short, this is NOT a plan that has nebulous goals, metrics or outcomes in some far off future. The results are measurable within weeks and months, with current budget year and out year savings that more than justify the program and the steps needed to create it. IVRP creates an integrated program that cost-effectively maximizes the recovery of every brain injured person in the state. Better brains yield better tax revenue, higher incomes, and more productivity, less crime and less personal tragedy. Permanent care-pathways are created within the State. The goal is to maximize recovery by using integrated medical services and verifiably save the state millions in entitlement, incarceration, education, safety net, revenue recovery and create new productivity and jobs under this plan.

**PROTECTION
AND ADVOCACY
FOR TRAUMATIC
BRAIN INJURY
(PATBI)**

**ADVOCATING FOR THE RIGHTS OF
INDIVIDUALS WITH DISABILITIES**



THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA

TO PROTECT AND PROMOTE THE RIGHTS OF INDIVIDUALS WITH DISABILITIES,
THROUGH EMPOWERMENT AND ADVOCACY

MEMBER NATIONAL DISABILITY RIGHTS NETWORK

**Exhibit 2
Commission on Military and
Veterans Affairs
Meeting #2, 10/23/2013**

Protection and Advocacy for Traumatic Brain Injury (PATBI)

In 2003 the Protection and Advocacy for individuals with Traumatic Brain Injuries (PATBI) program was created through a grant from the Department of Health and Human Services, Health Resources and Services Administration. This program's purpose is to expand advocacy services for individuals with traumatic brain injuries and to expand the service delivery system for this group of individuals.

PATBI GOALS/OBJECTIVES

- Provides information and referral services
- Provider of technical assistance
- Assist individuals with traumatic brain injury who have been denied services under Titles II and III of the ADA, or Fair Housing Act
- Assist individuals with traumatic brain injury who have been denied services from Indiana Vocational Rehabilitation Services (VRS)
- Review allegations that educational services have been inappropriately reduced or terminated due to suspension or expulsion and take appropriate action to ensure their right to receive a Free and Appropriate Public Education (FAPE)
- Increase compliance with the Americans with Disabilities Act in relation to the Olmstead decision and Indiana's community integration efforts
- Provide information about traumatic brain injuries and disability rights to those entities serving individuals with traumatic brain injury

SPECIFIC ACTIVITIES

IPAS can help by:

- Helping you understand your rights
- Helping you learn self-advocacy skills
- Advising you on what steps you can take to secure your rights, such as appealing denials and filing complaints with appropriate governmental agencies
- Representing you with an IPAS Advocacy Specialist or IPAS Attorney to correct rights violations

WHO IS CONSIDERED TO HAVE TRAUMATIC BRAIN INJURY (TBI)?

Anyone who has suffered a cranio-cerebral head trauma as an occurrence of injury to the head arising from blunt or penetrating trauma or from acceleration-deceleration forces that are associated with any of these symptoms or signs attributed to the injury:

- Decreased level of consciousness
- Amnesia
- Other neurologic or neuropsychologic abnormalities
- Skull fracture
- Diagnosed intracranial lesions

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

INDIANA PROTECTION AND ADVOCACY SERVICES COMMISSION
4701 N KEYSTONE AVE #222
INDIANAPOLIS, IN 46205
VOICE: 800.622.4845
TTY: 800.838.1131

Brain Injury Association of Indiana Support Groups

	MEETING TIME	LOCATION	LEADER	PHONE	E-MAIL
Bloomington	First Monday of every month, 6:00-7:00 p.m.	I.U. Department of Speech & Hearing 200 S. Jordan Ave., Bloomington	Rebecca Eberle, MA, CCC-SLP, BC-NCD Laura Karcher, MA, CCC-SLP, CBIS	812.855.6251	rebeberl@indiana.edu lkarcher@indiana.edu
South Bend	First Tuesday of every month, 6:30-8:00 p.m. (March - December)	Columbus Regional Hospital 7 Tower Rehab Unit Dining Room 2400 E. 17th St., Columbus	Katie Novreske Jewel Williams Rebekah Robinson	812.376.5373	
Ellettsville	Second Tuesday of every month, 6:00-7:00 p.m.	Healthsouth Rehabilitation Hospital 4100 Covert Ave., Evansville	Dawn Westfall	812.437.6157	dawn.westfall@healthsouth.com
Fort Wayne - Lutheran*	Third Monday of every month, 6:30-8:00 p.m.	NeuroSpine and Pain Center (2nd Floor) Lutheran Hospital Campus 7956 West Jefferson Blvd., Fort Wayne	Alan Nuenschwander	260.715.0605	Alan.nuenschwander@gmail.com
Fort Wayne - Parkview	First Monday of every month, 6:30-8:00 p.m.	John F. Young Center 2200 Randalia Dr., Fort Wayne	Kristin Smith Alan Nuenschwander	260.373.9765 260.715.0605	Kristin.smith@parkview.com Alan.nuenschwander@gmail.com
Indianapolis - the Gap**	Fourth Monday of every month, 7:00-9:00 p.m.	Neuro Rehab Center 9531 Valparaiso Ct., Indianapolis	Samantha Backhaus Heather McCann	317.879.8940	Samantha.backhaus@rhin.com Heatherg36@hotmail.com
Indianapolis - Southside	Second Saturday of every month, 9:00 a.m.	Varies	Bryan and Janna Downer	317.357.1567	bdjdidz4@comcast.net
Indianapolis - Beech Grove	Second Monday of every month, 7:00 p.m.	Faith Assembly of God Church Community Room, 186 Royal Rd., Beech Grove	Julia Pratt	317.244.4463 317.430.1701	juliapratt1@hotmail.com
Indianapolis - Westside	First Monday of every month, 7:00-9:00 p.m.	Rehabilitation Hospital of Indiana 4141 Shore Dr., Indianapolis	Elaine and Paul Howard	317.299.6433	paulehoward@live.com
	Third Monday of every month, 7:00-9:00 p.m.	Howard Regional Hospital West Campus Dining Room, 1008 N. Indiana Ave., Kokomo	Russ and Sue Ragland	317.877.6807	russell.ragland2@frontier.com
	Second Saturday of every month, 11:00 a.m.	Kathryn Weil Center 4125 N. 26th St., Ste. 400, Lafayette	Audra Sanders Cathy Armstrong	765.423.6885	BJAI.LafayetteIndiana@gmail.com
	First Tuesday of every month, 6:30-8:00 p.m.	Family Practice Ctr. Dr. Reece 221 N. Celia Ave., Muncie	Patt Webb	765.287.1852	
Michigan/Indiana	Third Wednesday of every month, 7:00-8:30 p.m.	Brain Injury Support Group 2929 Niles Rd., St. Joseph, MI	Jayne Daniel Sheryl Haufman	269.208.2862 269.208.1506	
South Bend	First and third Thursday of every month, 7:00-8:30 p.m.	Healthwin Hospital 20531 Darden Rd., South Bend	Mary Peachy Barb Baker Phyllis Herzog	574.537.4438 574.654.8559 574.272.4995	
Eastern Indiana	Third Thursday of every month, 7:00-8:30 p.m.	Southern Indiana Rehab Hospital Theater, 3104 Blackiston Blvd., New Albany	Bob and Beverly Setree	502.452.9851 502.819.2542	sitbif@gmail.com
Terre Haute	Third Thursday of every month, 7:00-8:30 p.m.	Vigo County Main Library, Rm. A 7th and Popular Streets, Terre Haute	David Kuhn	812.239.3319	d.kuhr44@yahoo.com
South Bend	Second Monday of every month, 6:00-7:30 p.m.	Good Samaritan Hospital, Eva Hill Auditorium 500 S. 7th St. Vincennes	Mary Ann Cazel	812.885.3011	mcazel@gshvin.org

Contact IPAS:

Indiana Protection and Advocacy
Services Commission
4701 N Keystone Ave., Suite 222
Indianapolis, IN 46205

VOICE:

317.722.5555
800.622.4845

TTY:

317.722.5563
800.838.1131

FAX:

317.722.5564

WEB:

www.IN.gov/IPAS

An Equal Opportunity Employer

Indiana Protection and Advocacy Services is an Equal Opportunity Employer and provides services to all individuals with disabilities within the guidelines set forth by federal legislation regardless of race, religion, color, national origin, age, sex, ancestry or disability.

Statement of Funding

This brochure was funded by The Health Resources and Services Administration within The Department of Health and Human Services.

These contents are solely the responsibility of the grantee and do not necessarily represent the official views of state or federal government.

Federal Grants in the amount of \$2,272,301 make IPAS' services possible.