

**Military Family Readiness Council Meeting Minutes**  
**The Pentagon Library and Conference Center, Room B6**  
**March 19, 2019**  
**10 a.m. - 12 p.m.**

**Meeting Attendees:**

**Office of the Secretary of Defense:**

The Honorable James N. Stewart, Chair, Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Ms. Carolyn Stevens, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy), Director, Office of Military Family Readiness Policy (OMFRP)

**Army:**

LTG Gwen Bingham, USA, Assistant Chief of Staff for Installation Management  
SMA Daniel Dailey, USA

**Air National Guard:**

Maj Gen Dawne Deskins, Director, J-1, National Guard Bureau

**Marine Corps:**

Ms. Marie Balocki, USMC Headquarters, Director, Marine and Family Programs  
SgtMaj Charles Williams, *representing* SgtMajMC Ronald L. Green

**Navy:**

RDML Philip Sobeck, Director, Twenty-First Century Sailor Office

**Air Force:**

Mr. Horace Larry, Director, Air Force Services

**Military Family Organizations:**

Ms. Karen Ruedisueli, National Military Family Association

Dr. Mary Keller, Military Child Education Coalition

Dr. David Rubin, Children's Hospital Association

**Advisors:**

Ms. Lee Kelley, Director, Military Community Support Programs

Ms. Kristen C. McManus, Program Analyst, Morale, Welfare, and Recreation, and Resale Policy

Ms. Sara Egeland, Policy Chief for the Second Lady of the United States, Executive Office of the President/Office of the Vice President

Mrs. A.T. Johnston, Deputy Assistant Secretary of Defense (Military Community and Family Policy)

Ms. Virginia S. Penrod, Principal Deputy Assistant Secretary of Defense (Manpower and Reserve Affairs)

The Honorable Robert McMahon, Assistant Secretary of Defense for Sustainment  
Ms. Patti Moseley, Defense Health Agency, Partnering for Readiness  
Ms. Patricia Coury, Principal Director, Facilities, and Director, Housing, Office of the Assistant Secretary of Defense (Sustainment)  
Dr. Linda L. Curtis, DoDEA Headquarters, Principal Deputy Director and Associate Director for Academics  
Dr. Terry Adirim, Deputy Assistant Secretary of Defense for Health Services Policy and Oversight, Office of the Assistant Secretary of Defense for Health Affairs

**Speakers:**

Ms. Stephanie Miller, Director, Military Accessions Policy  
CAPT Edward Simmer, Deputy Director, TRICARE/Defense Health Agency  
Col (Sel) Eric Flake, MD, Madigan Army Medical Center Associate Professor, Uniformed Services University of the Health Sciences (USUHS)  
Dr. Stephen J. Cozza, Professor, USUHS

**Military Family Readiness Council (MFRC) Designated Federal Officer (DFO):**

Mr. William Story, OMFRP  
Mr. Bill Hampton, MC&FP, Alternate DFO

**MFRC Support Staff:**

Ms. Melody McDonald, OMFRP  
Mr. Frank Emery, OMFRP

**Public Submissions:**

Housing (7)  
Medical (5)  
Service or product suggestions (2)  
Information (1)

**Proceedings of the Meeting:**

On Tuesday, March 19, 2019, the Military Family Readiness Council (MFRC) held its second meeting of fiscal year (FY) 2019 in the Pentagon Library and Conference Center (Room B6).

The purpose of this meeting was to discuss the second of two of the Council's FY 2019 focus areas.

A full transcript of the meeting and attendance of members and advisors present is available.

**Call to Order:**

The MFRC Designated Federal Officer, Mr. Bill Story, welcomed Council members, advisors, and public guests. He reviewed the agenda, stating that the session would include one status update, and he explained how to contact the Council.

Mr. Story introduced the Council Chair, The Honorable James N. Stewart. Mr. Stewart welcomed everyone and noted that presentations during this meeting would include military housing, a topic that has been in the news and the subject of Congressional hearings. He

noted that a panel of experts would be sharing information about the accessions process, and particularly about how the military screens new members and looks at medical records. He said that military children often want to become Service members themselves when they reach the appropriate age and their medical records should not be a threat to what they want to become.

Mr. Stewart acknowledged the presence of several attendees, including The Honorable Robert McMahan, who would speak about housing, and Ms. Sara Egeland, from the Office of the Vice President. He also welcomed a new Council member, Maj Gen Dawne Deskins, who replaced Brig Gen Jessica Meyeraan, and the new Alternate Designated Federal Officer, Mr. Bill Hampton.

Mr. Story then explained where to find some of the slides in the folders before hearing from the speakers.

### **Status Update: Housing Update and the Way Ahead**

Mr. McMahan began his presentation about privatized family housing, noting that the most- important resource in the military is its people. He said that although the Services recruit individuals, they retain families, and families want four things:

1. A safe home to live in
2. Adequate access to medical support
3. Good schools for their children
4. Household goods in one piece during moves

He said his focus for this Council meeting is privatized military family housing. Families want a safe, high-quality, and affordable home. With the program in place today, many military families want to live on an installation because they understand the culture and rely on the support network. He said families will not want to live on an installation if the military cannot provide a safe, high-quality home.

He noted that one of his top priorities in his current position is to ensure Service members and families have a safe place to live, work, play, and pray. He said that the number of families living on installations is in the minority, at approximately 30 percent. He acknowledged that the DoD does not have the fiscal resources to sustain the homes, noting that there is a \$20 billion backlog on maintenance for family housing.

The transition to housing privatization went well for a time, with high-occupancy rates. Over time, however, the Department did not continue to educate commanders sufficiently about privatized housing issues. Mr. McMahan said the Department is preparing to do better, starting with the Service Secretaries, chiefs, and the command structure. He said the Department is prepared to take steps to ensure its housing privatization partners modify their behaviors.

Mr. McMahan said every tenant living in privatized housing should have a bill of rights that identifies the landlord, explains what the service provider's and the Service member's responsibilities are, and what each should expect. The Department wants to ensure all tenants to have an advocate on-base, someone who will discuss with each tenant the

paperwork approximately 30 days after a move, rather than in the middle of a stressful moving day.

When Mr. McMahon opened the floor for questions, Mr. Stewart asked if the steps Mr. McMahon discussed would remain in place if the budget becomes tighter. Mr. McMahon acknowledged that in the near-term awareness of the recent past would keep the steps in place, but that eventually these steps may change again due to budget constraints.

Ms. Karen Ruedisueli noted that her association, the National Military Family Association (NMFA), would like to see a collaboration with the Defense Health Agency, so that families who feel they are suffering ill effects are getting help. Dr. Terry Adirim noted that Health Affairs is looking at the health side to identify any gaps in policies and procedures. Ms. Patricia Coury added that her office is looking at processes to ensure housing residents understand their options, as well as who can address any problems and concerns.

Dr. David Rubin noted that a child living on base with an elevated lead level indicates a risk to not just that child, but to all of those on that installation. He asked if there is a process for remediation for other households. Dr. Adirim said the report should go to public health teams, but she was not prepared in this meeting to go into details. Dr. Rubin requested she follow-up with the information. Mr. McMahon said the Department is aware that lead-based paint is in housing and acknowledge that in the paperwork, but he was not sure whether the Department does enough to let young Service members know how to watch for exposed lead.

Ms. Ruedisueli asked if the Department reached back to notify families who previously lived in privatized housing, once the Department verified that the house was a health hazard. Mr. McMahon said yes.

Mr. Stewart asked Mr. McMahon to address a timeline for a resident bill of rights. Mr. McMahon said it is a near-term requirement, but he could not give an exact timeframe. He intends to speak with family organizations next, and that, ideally, the Department will in the next 60 days have consensus and be able to implement the plan.

In response to a question from Mr. Stewart, Mr. McMahon said the Department has an agreement, but not a contract, with the private companies. The agreement is a 50-year ground lease allowing companies to build homes that they own on military installations. The Department does have a lease between the Service member and the company; that lease details requirements for both parties.

Ms. Coury added that the companies must provide property management and other defined requirements to earn their incentive fees. The Military Departments are looking at readdressing the incentive fees and ways to revisit the issue of rent, including whether a tenant can withhold rent because of adverse housing conditions.

Mr. Stewart asked if State laws apply in these cases since the housing is on Federal installations. Ms. Coury said all Federal, State, and local laws apply. She noted that while these are 50-year ground leases, the property manager may not be the lessee, and can be replaced. She said the Department wants to work with its housing partners to be successful.

Mr. Horace Larry asked how the Department intended to move forward. Mr. McMahon said he must make sure housing programs not only take care of today's Service members, but also Service members 25 years into the future. He wants to ensure the Department meets each family's expectation with regards to their housing.

Mr. Stewart asked if the Department will look at barracks next. Mr. McMahon said he does not yet have an answer regarding working with housing that is not privatized, to include dorms, barracks, and off-base housing.

Mr. Stewart thanked Mr. McMahon for his presentation.

### **Administrative Items**

Mr. Story informed members that MFRC meeting minutes from the December 11, 2018, meeting should be available soon on the MFRC website. He then reviewed the written public submissions before turning the meeting over to Dr. Mary Keller for facilitation of the panel on accessions and medical records policies and procedures.

### **Focus Area Presentations**

#### **Accessions and Medical Record Policies and Procedures: Impact on Military Children Who Received Mental and Behavioral Health Services**

Dr. Keller invited Ms. Stephanie Miller to come forward to sit with the panel and begin her presentation.

#### **Accessions Policy and Procedures**

Ms. Miller briefed the Council on accessions policy and procedures. She touched on the purpose of the accession standards, the applicant screening process, conditions that disqualify applicants, and what is considered in granting a waiver.

Ms. Miller noted that the goal is to ensure there is a medical-ready force at all times. In discussing future medical screening processes, she explained that applicants are expected to be honest at all times. Failure to be honest can mean failure to access or post-accession separation; if a problem is discovered later, it can lead to the loss of training dollars and to the loss of a spot another recruit could have had. She said the next generation of screening should include verifiable medical information.

## **TRICARE Medical Records Policies and Procedures**

CAPT Edward Simmer briefed the Council regarding TRICARE medical records policies and procedures. He noted that electronic medical records are beneficial when there is immediate access to treatment history, as that improves the continuity of care. He stressed the importance of making sure the records stay secure, and said that contractors are required to maintain certain standards, limit who has access to information, and to complete records training.

### **Future Implications Related to Medical Records**

Dr. Stephen Cozza and Col (Sel) Eric Flake briefed the Council on the impact of using military children's medical records during the accessions process. Col Flake said that during the accessions process it is good to recognize that military children have already served alongside their parents. He noted that during the last decade, the Department stressed resiliency and the importance of coping skills and mental health. As a result, Col Flake said, one in five military children received mental health services that could impact their accession.

Dr. Cozza told the Council that parents have said they have not sought treatment or stopped taking medication because they felt the information could have a negative impact on their child's future. These stories are anecdotal; however, the Department needs more data. He noted that many clinicians are not documenting information in medical records for administrative purposes; for example, they may use a diagnosis of depression instead of an adjustment disorder, which would have a vastly different impact on accession standards.

Dr. Cozza said the waiver process itself can take so long that some successful young people who may request a waiver move on to other opportunities.

During a period of discussion, Dr. Rubin said it is common to think about a diagnosis as a label, when in fact the children have behavioral symptoms; as a result diagnosis inaccuracies are common and it is dangerous to rely on those for accession purposes. Ms. Ruedisueli expressed the NMFA's concerns, and asked if there is an appeal process for military families to challenge reviews of medical records.

Dr. Cozza said in the active duty force, Service members perceive that command leaders or peers would be dismissive of their use of mental health services, which creates a stigma and thus reduces the likelihood that they will use mental health facilities.

CAPT Simmer stressed that it is important for families to seek care for their children, even if it could impact them entering the military later. Ms. Miller agreed with CAPT Simmer, and added that sometimes a military child will get a waiver strictly because the board knows the quality of care the child received.

Mr. Stewart asked what the Department is doing to reduce the waiver process. Ms. Miller said she did not have the data with her, but the time the process takes is not as long as people think, unless the medical records are lengthy. Mr. Stewart requested that she provide the data when she is able. Ms. Miller said she also encourages all applicants to check their medical records, because they, and their parents, may not have been aware that they were diagnosed with certain conditions.

Col Flake asked if the board looks not just at the applicant's past, but also at the applicant's functional abilities and resiliency at the time they are coming in. Ms. Miller said the waiver process allows for that review.

**Closing Remarks:**

Mr. Stewart made closing remarks, noting that the Council will continue to tackle these challenging issues, and said he appreciated the experts coming forward with their presentations.

The meeting adjourned at 11:57 a.m.

**Next Meeting:**

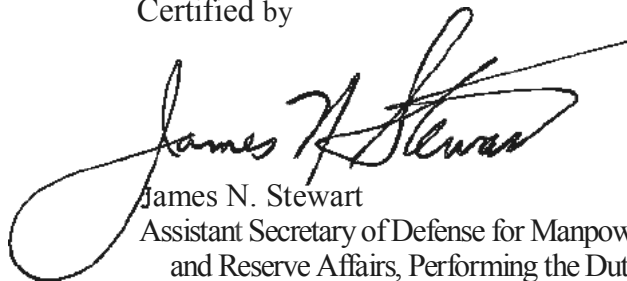
The Council will meet again on June 13, 2019, from 10 a.m. to 12 p.m., in the Pentagon Library and Conference Center, Room B6.

Submitted by



William Story  
Designated Federal Officer

Certified by



James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness