

110TH CONGRESS
1ST SESSION

S. 713

To ensure dignity in care for members of the Armed Forces recovering
from injuries.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 28, 2007

Mr. OBAMA (for himself, Mrs. McCASKILL, Mr. BAUCUS, Mr. BAYH, Mr. BIDEN, Mr. BINGAMAN, Mr. BOND, Mrs. BOXER, Mr. BROWN, Ms. CANTWELL, Mr. DORGAN, Mr. DURBIN, Mr. FEINGOLD, Mr. KERRY, Ms. KLOBUCHAR, Ms. LANDRIEU, Ms. MIKULSKI, Ms. MURKOWSKI, Mr. PRYOR, Mr. ROCKEFELLER, Mr. SANDERS, Ms. SNOWE, and Mr. CONRAD) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To ensure dignity in care for members of the Armed Forces
recovering from injuries.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Dignity for Wounded
5 Warriors Act of 2007”.

1 **SEC. 2. ACCESS OF RECOVERING SERVICEMEMBERS TO**
2 **ADEQUATE OUTPATIENT RESIDENTIAL FA-**
3 **CILITIES.**

4 (a) SUFFICIENCY OF RESIDENCES.—

5 (1) IN GENERAL.—Each recovering
6 servicemember who is assigned to a military bar-
7 racks or dormitory shall be assigned to a barracks
8 or dormitory that is maintained at a standard equal
9 to the highest existing service standard in effect for
10 quarters of the United States for enlisted members
11 of the Armed Forces.

12 (2) INAPPLICABILITY TO CERTAIN FACILI-
13 TIES.—Facilities occupied by recovering
14 servicemembers that are not funded with appro-
15 priated funds are not subject to the requirement
16 under paragraph (1).

17 (b) INSPECTIONS AND REPAIRS OF FACILITIES.—

18 (1) REQUIRED INSPECTIONS.—All quarters of
19 the United States and housing facilities under the
20 jurisdiction of the Armed Forces that are occupied
21 by at least 5 recovering servicemembers shall be in-
22 spected on a semiannual basis by the inspectors gen-
23 eral of the regional medical commands.

24 (2) INSPECTOR GENERAL REPORTS.—The in-
25 spector general for each regional medical command
26 shall—

1 (A) submit a report on each inspection of
2 a facility conducted under paragraph (1) to the
3 post commander at such facility, the com-
4 manding officer of the hospital affiliated with
5 such facility, the surgeon general of the military
6 department that operates such hospital, the
7 Secretary of the military department concerned,
8 the Assistant Secretary of Defense for Health
9 Affairs, the Oversight Board for the Wounded
10 established pursuant to section 10, and the ap-
11 propriate congressional committees; and

12 (B) post each such report on the Internet
13 website of such regional medical command.

14 (3) ALTERNATE HOUSING.—

15 (A) UNREMEDIED DEFICIENCIES.—If a de-
16 ficiency identified in a report submitted under
17 paragraph (2) with respect to quarters or a fa-
18 cility is not remedied within 30 days after the
19 submission of such report under that para-
20 graph, each recovering servicemember occu-
21 pying such quarters or facility and affected by
22 the deficiency shall be provided the option of al-
23 ternate quarters of the United States or hous-
24 ing facilities under the jurisdiction of the
25 Armed Forces that meet the standard referred

1 to in subsection (a)(1) until the deficiency is
2 remedied.

3 (B) UNFULFILLED WORK ORDERS.—If a
4 work order issued to remedy a deficiency (in-
5 cluding, but not limited to, deficiencies such as
6 mold, leaking pipes, or rat, mouse, insect, or
7 other pest infestation) in a room occupied by a
8 recovering servicemember in quarters of the
9 United States or a housing facility under the
10 jurisdiction of the Armed Forces remains
11 unfulfilled for more than 15 days after the date
12 of the issuance of the work order, the
13 servicemember shall be provided the option of
14 alternate quarters of the United States or hous-
15 ing facilities under the jurisdiction of the
16 Armed Forces that meet the standard referred
17 to in subsection (a)(1) until the work order is
18 fulfilled and the deficiency is remedied.

19 (c) ZERO TOLERANCE FOR CHRONIC INFESTA-
20 TIONS.—If quarters of the United States or a housing fa-
21 cility under the jurisdiction of the Armed Forces that is
22 occupied by a recovering servicemember is determined,
23 whether pursuant to an inspection required by subsection
24 (b)(1) or otherwise, to have a chronic infestation of ro-
25 dents, insects, or other pests, the servicemember shall be

1 provided the option of alternate quarters of the United
2 States or housing facilities under the jurisdiction of the
3 Armed Forces that meet the standard referred to in sub-
4 section (a)(1) until the deficiency is remedied.

5 **SEC. 3. REDUCTION OF PAPERWORK AND BUREAUCRACY**
6 **FOR RECOVERING SERVICEMEMBERS AND**
7 **THEIR FAMILIES.**

8 (a) IMPROVEMENT OF PHYSICAL DISABILITY EVAL-
9 UATION SYSTEMS.—Not later than one year after the date
10 of the enactment of this Act, the Secretary of Defense
11 shall implement appropriate improvements of the physical
12 disability evaluation systems of the military departments,
13 including the administrative and budgetary restructuring
14 of such systems, in order to ensure their efficient and ef-
15 fective operation. The improvements shall include the re-
16 quirement that, within each military department, a single
17 command shall be responsible for the physical disability
18 evaluation system of such military department, including
19 any processing and military boards under such system.

20 (b) ELECTRONIC CLEARING HOUSE.—

21 (1) REQUIREMENT.—In improving the physical
22 disability evaluation system of a military department
23 pursuant to this section, the Secretary of the mili-
24 tary department shall establish and operate a single
25 Internet site for the physical disability evaluation

1 process under such system that enables recovering
2 servicemembers to fully utilize such system through
3 the Internet.

4 (2) ELEMENTS.—Each Internet site operated
5 under this subsection shall include the following:

6 (A) The availability of any forms required
7 for the utilization of the applicable physical dis-
8 ability evaluation system by recovering
9 servicemembers.

10 (B) Secure mechanisms for the submission
11 of such forms by recovering servicemembers,
12 and for the tracking of the acceptance and re-
13 view of any forms so submitted.

14 (C) Secure mechanisms for advising recov-
15 ering servicemembers of any additional informa-
16 tion, forms, or other items that are required for
17 the acceptance and review of any forms so sub-
18 mitted.

19 (D) The continuous availability of assist-
20 ance to recovering servicemembers (including
21 assistance through the caseworkers assigned to
22 recovering servicemembers) in submitting and
23 tracking such forms, including assistance in ob-
24 taining information, forms, or other items de-
25 scribed by subparagraph (C).

1 (E) Secure mechanisms to request and re-
2 ceive personnel files or other personnel records
3 of recovering servicemembers that are required
4 for submission under the applicable physical
5 disability evaluation system, including the capa-
6 bility to track requests for such files or records
7 and to determine the status of such requests
8 and of responses to such requests.

9 (3) DEADLINE FOR ESTABLISHMENT.—Each
10 Internet site required under this subsection shall be
11 established not later than one year after the date of
12 the enactment of this Act.

13 (4) NO REQUIREMENT FOR USE.—This sub-
14 section may not be construed to require a recovering
15 servicemember to utilize an Internet site established
16 under this subsection as part of the physical dis-
17 ability evaluation process under a physical disability
18 evaluation system.

19 (c) CO-LOCATION OF SYSTEM ELEMENTS AT CER-
20 TAIN FACILITIES.—In improving physical disability eval-
21 uation systems pursuant to this section, the Secretary of
22 Defense shall—

23 (1) identify each military medical treatment fa-
24 cility covered by such system that serves, or is an-

1 ticipated to serve, more than 100 recovering
2 servicemembers simultaneously; and

3 (2) to the extent practicable, co-locate all ele-
4 ments of such system at a single location at each
5 such facility.

6 (d) REPORT ON IMPROVEMENTS.—

7 (1) REPORT.—Not later than 180 days after
8 the date of the enactment of this Act, the Secretary
9 of Defense shall submit to the appropriate congres-
10 sional committees a report setting forth rec-
11 ommendations for the improvements required by
12 subsection (a).

13 (2) RECOMMENDATIONS.—The recommenda-
14 tions under paragraph (1) shall include rec-
15 ommendations for the following:

16 (A) Procedures to enable recovering
17 servicemembers to interface with only one com-
18 mand while undergoing evaluation and care
19 under a physical disability evaluation system.

20 (B) Procedures to allow clinical teams and
21 the military chain of command to bypass sig-
22 nificant parts of the applicable physical dis-
23 ability evaluation system in order to facilitate
24 the prompt processing of cases under such sys-
25 tem for specific injuries and illnesses.

1 (C) Specifications of the job requirements
2 for every military occupational specialty (MOS)
3 and grade.

4 (D) Means for retraining recovering
5 servicemembers who are determined to be unfit
6 for their assigned military occupational spe-
7 cialty for qualification for assignment to an-
8 other military occupational specialty.

9 (E) Streamlining and reducing duplicative,
10 unnecessary procedures and other obstacles to
11 timely evaluations and decisions under a phys-
12 ical disability evaluation system.

13 (F) Such other matters with respect to the
14 improvements required by subsection (a) as the
15 Secretary and the Oversight Board for the
16 Wounded consider appropriate.

17 (3) NO REDUCTION IN PERSONNEL AND RE-
18 SOURCES.—The requirements of this subsection may
19 not be construed to authorize or require the reduc-
20 tion of staff, or the closure of facilities, in order to
21 achieve any improvements recommended under para-
22 graph (1).

23 (e) IMPLEMENTATION.—The Secretary of Defense
24 shall commence the implementation of the recommenda-
25 tions submitted under subsection (d) not later than 90

1 days after the submission of the recommendations under
2 that subsection.

3 (f) RETENTION OF CERTAIN RIGHTS OF APPEAL.—

4 Nothing in the recommendations submitted and imple-
5 mented under this section shall be construed to limit the
6 ability of a recovering servicemember to appeal the fol-
7 lowing:

8 (1) The right of the recovering servicemember
9 to remain a member of the Armed Forces.

10 (2) Any disability rating assigned the recov-
11 ering servicemember.

12 (g) CONSULTATION.—The Secretary of Defense and
13 the Secretaries of the military departments shall consult
14 with and seek advice from the Oversight Board for the
15 Wounded established pursuant to section 10 in carrying
16 out this section.

17 **SEC. 4. SUPERVISING OFFICER AND CASEWORKER SUP-**
18 **PORT FOR RECOVERING SERVICEMEMBERS.**

19 (a) PROVISION OF ADEQUATE SUPPORT.—Not later
20 than one year after the date of the enactment of this Act,
21 the Secretary of Defense shall work with officials from
22 each military medical treatment facility—

23 (1) to assess whether the current ratio of super-
24 vising officers assigned to recovering
25 servicemembers, and the current ratio of case-

1 workers assigned to recovering servicemembers, at
2 such facility is adequate to meet the needs of recov-
3 ering servicemembers at such facility; and

4 (2) to establish new ratios for such facility to
5 increase such ratios where necessary, taking into ac-
6 count the needs of recovering servicemembers at
7 such facility.

8 (b) DEADLINE FOR ACHIEVING NEW RATIOS.—The
9 Secretary shall ensure that the new ratios established pur-
10 suant to subsection (a)(2) are achieved not later than one
11 year after the date of the enactment of this Act, and main-
12 tained each year thereafter.

13 (c) ANNUAL REVIEW OF RATIOS.—The Secretary
14 shall annually reevaluate the ratios established pursuant
15 to subsection (a)(2), and shall monitor progress made in
16 meeting such ratios.

17 (d) EMPLOYMENT OF ADDITIONAL STAFF.—Not
18 later than 45 days after the date of the enactment of this
19 Act, the Secretary shall hire such additional qualified staff
20 as is necessary to achieve at each military medical treat-
21 ment facility an interim ratio of one supervising officer,
22 and one caseworker, for every 20 recovering
23 servicemembers. Such ratios shall remain in effect until
24 superseded under subsection (a)(2).

25 (e) ANNUAL REPORT.—

1 (1) REPORT REQUIRED.—Not later than 90
 2 days after the date of the enactment of this Act, and
 3 annually thereafter throughout the global war on
 4 terror, the Secretary shall submit to the appropriate
 5 congressional committees a report on current and
 6 planned ratios of supervising officers and case-
 7 workers to recovering servicemembers at military
 8 medical treatment facilities under this section.

9 (2) ELEMENTS.—Each report under paragraph
 10 (1) shall set forth the staff required to meet the new
 11 ratios established under subsection (a)(2), and in-
 12 clude an estimate of the costs required to implement
 13 such plan.

14 (f) CONSULTATION.—The Secretary shall consult
 15 with and seek advice from the Oversight Board for the
 16 Wounded established pursuant to section 10 in carrying
 17 out this section.

18 **SEC. 5. IMPROVED TRAINING FOR CASEWORKERS AND SO-**
 19 **CIAL WORKERS ON PARTICULAR CONDITIONS**
 20 **OF RECOVERING SERVICEMEMBERS.**

21 (a) RECOMMENDATIONS.—Not later than 60 days
 22 after the date of the enactment of this Act, the Secretary
 23 of Defense shall submit to the appropriate congressional
 24 committees a report setting forth recommendations for the
 25 modification of the training provided to caseworkers and

1 social workers who provide care for recovering
2 servicemembers. The recommendations shall include, at a
3 minimum, specific recommendations to ensure that such
4 caseworkers and social workers are able to—

5 (1) detect early warning signs of post-traumatic
6 stress disorder (PTSD) and suicidal tendencies
7 among recovering servicemembers; and

8 (2) promptly devise appropriate treatment plans
9 as such signs are detected.

10 (b) ANNUAL REVIEW OF TRAINING.—Not later than
11 180 days after the date of the enactment of this Act and
12 annually thereafter throughout the global war on terror,
13 the Secretary shall submit to the appropriate congres-
14 sional committees a report on the following:

15 (1) The progress made in providing the training
16 recommended under subsection (a).

17 (2) The general state and quality of training
18 provided to caseworkers and social workers who pro-
19 vide care for recovering servicemembers.

20 (c) CONSULTATION.—The Secretary shall consult
21 with and seek advice from the Oversight Board for the
22 Wounded established pursuant to section 10 in carrying
23 out this section.

1 **SEC. 6. SUPPORT SERVICES AND RIGHTS FOR RECOVERING**
2 **SERVICEMEMBERS AND THEIR FAMILIES.**

3 (a) AVAILABILITY OF ASSISTANCE FOR RECOVERING
4 SERVICEMEMBERS.—

5 (1) NOTICE OF RIGHTS AND RESPONSIBIL-
6 ITIES.—The Secretary of Defense shall clearly post,
7 or provide for the posting, in all military medical
8 treatment facilities, outpatient residences, and other
9 hospital and residential care locations frequently uti-
10 lized or visited by recovering servicemembers and
11 their family members a notice of the rights and re-
12 sponsibilities of recovering servicemembers with re-
13 spect to accessing quality and timely medical care
14 and casework services and assistance during evalua-
15 tion and care under a physical disability evaluation
16 system.

17 (2) AVAILABILITY OF QUALIFIED PROFES-
18 SIONALS AT OUTPATIENT RESIDENTIAL FACILI-
19 TIES.—Each military outpatient residential facility
20 at which at least 20 recovering servicemembers re-
21 side shall be staffed at all times with each of the fol-
22 lowing:

23 (A) At least one medical professional with
24 the minimum qualifications of an emergency
25 medical technician to provide care and services
26 for recovering servicemembers at such facility.

1 (B) At least one clinical professional with
 2 the minimum qualifications of a certified clin-
 3 ical social worker or certified crisis counselor to
 4 provide care and services for recovering
 5 servicemembers at such facility.

6 (b) ASSISTANCE HOTLINES.—

7 (1) IN GENERAL.—Not later than 90 days after
 8 the date of the enactment of this Act, the Secre-
 9 taries of the military departments shall each estab-
 10 lish and maintain for the military department con-
 11 cerned the following toll-free telephone assistance
 12 hotlines:

13 (A) A hotline for crisis counseling for re-
 14 covering servicemembers and their family mem-
 15 bers.

16 (B) A hotline for recovering
 17 servicemembers and their family members (to
 18 be known as the “Wounded Servicemember
 19 Rights and Family Respite Hotline”) that—

20 (i) facilitates the reporting of delays
 21 and provides casework advocacy;

22 (ii) provides casework advice;

23 (iii) provides referrals to family and
 24 veteran support groups; and

1 (iv) facilitates the reporting of sub-
2 standard conditions, casework services, or
3 assistance during evaluation and care
4 under a physical disability evaluation sys-
5 tem.

6 (2) AVAILABILITY.—The hotlines required by
7 paragraph (1) shall operate at all times.

8 (3) BILINGUAL ASSISTANCE.—The hotlines re-
9 quired by paragraph (1) shall be staffed at all times
10 with operators fluent in English and Spanish.

11 (c) OMBUDSMEN FOR RECOVERING
12 SERVICEMEMBERS.—

13 (1) IN GENERAL.—The Secretary of Defense
14 shall establish within each regional medical com-
15 mand of the Armed Forces the position of Ombuds-
16 man for Recovering Servicemembers (in this sub-
17 section referred to as the “Ombudsman” or “Om-
18 budsmen”).

19 (2) ASSIGNMENT.—The Secretary shall assign
20 to each position established under paragraph (1) a
21 member of the Armed Forces or civilian employee of
22 the Department of Defense who is qualified to dis-
23 charge the duties of the position.

24 (3) DUTIES.—Each Ombudsman shall act as a
25 liaison for recovering servicemembers and their fam-

1 ily members with respect to the evaluation and care
2 of recovering servicemembers under the physical dis-
3 ability evaluation systems.

4 (4) OUTREACH.—The Secretary shall make
5 available to each recovering servicemember, and to
6 the family members of all recovering
7 servicemembers, information on contacting and uti-
8 lizing the services of the Ombudsmen.

9 (d) MECHANISMS FOR OBTAINING FEEDBACK ON
10 OUTPATIENT CARE.—The Secretary of Defense shall es-
11 tablish the following mechanisms for obtaining feedback
12 from recovering servicemembers and their family members
13 on the quality of outpatient care available to recovering
14 servicemembers through the Department of Defense:

15 (1) An anonymous feedback system that is
16 available to recovering servicemembers and their
17 family members in all military medical treatment fa-
18 cilities and all military outpatient residential facili-
19 ties housing at least 5 recovering servicemembers
20 and through the Internet.

21 (2) Convocations, town hall meetings, or other
22 forums held at military medical treatment facilities
23 at least once per month.

24 (e) OUTPATIENT CARE MANUAL.—The Secretary of
25 Defense shall publish and make available to all recovering

1 servicemembers a single manual, in either English or
 2 Spanish, to guide them and their family members through-
 3 out the applicable physical disability evaluation system.
 4 The manual shall list all relevant locations and points of
 5 contact and shall include information on retrieving docu-
 6 mentation required for medical processing.

7 (f) CONSULTATION.—The Secretary of Defense and
 8 the Secretaries of the military departments shall consult
 9 with and seek advice from the Oversight Board for the
 10 Wounded established pursuant to section 10 in carrying
 11 out this section.

12 **SEC. 7. SUPPORT SERVICES FOR FAMILIES OF RECOV-**
 13 **ERING SERVICEMEMBERS.**

14 (a) MEDICAL CARE.—A family member of a recov-
 15 ering servicemember who is not otherwise eligible for med-
 16 ical care at a military medical treatment facility shall be
 17 eligible for such care if the family member is—

18 (1) on invitational orders while caring for the
 19 recovering servicemember;

20 (2) a non-medical attendee caring for the recov-
 21 ering servicemember; or

22 (3) receiving per diem payments from the De-
 23 partment of Defense while caring for the recovering
 24 servicemember.

1 (b) JOB PLACEMENT SERVICES.—A family member
 2 who is on invitational orders or is a non-medical attendee
 3 while caring for a recovering servicemember for more than
 4 45 days during a one-year period shall be eligible for job
 5 placement services otherwise offered by the Department
 6 of Defense.

7 **SEC. 8. PROHIBITION ON DISCRIMINATION IN EMPLOY-**
 8 **MENT AGAINST CERTAIN FAMILY MEMBERS**
 9 **CARING FOR RECOVERING**
 10 **SERVICEMEMBERS.**

11 (a) PROHIBITION.—A family member of a recovering
 12 servicemember described in subsection (b) shall not be de-
 13 nied retention in employment, promotion, or any benefit
 14 of employment by an employer on the basis of the person's
 15 absence from employment as described in that subsection.

16 (b) COVERED FAMILY MEMBERS.—A family member
 17 described in this subsection is a family member of a recov-
 18 ering servicemember who is—

19 (1) on invitational orders while caring for the
 20 recovering servicemember;

21 (2) a non-medical attendee caring for the recov-
 22 ering servicemember; or

23 (3) receiving per diem payments from the De-
 24 partment of Defense while caring for the recovering
 25 servicemember.

1 (c) TREATMENT OF ACTIONS.—An employer shall be
 2 considered to have engaged in an action prohibited by sub-
 3 section (a) with respect to a person described in that sub-
 4 section if the absence from employment of the person as
 5 described in that subsection is a motivating factor in the
 6 employer’s action, unless the employer can prove that the
 7 action would have been taken in the absence of the absence
 8 of employment of the person.

9 (d) DEFINITIONS.—In this section, the terms “ben-
 10 efit of employment” and “employer” have the meaning
 11 given such terms in section 4303 of title 38, United States
 12 Code.

13 **SEC. 9. MEAL BENEFITS FOR RECOVERING**
 14 **SERVICEMEMBERS AND CERTAIN FAMILY**
 15 **MEMBERS CARING FOR RECOVERING**
 16 **SERVICEMEMBERS.**

17 (a) PROHIBITION ON CHARGES FOR MEALS.—Each
 18 individual described in subsection (b) shall not be required
 19 to pay any charge for meals provided such individual by
 20 the military medical treatment facility concerned as de-
 21 scribed in that subsection.

22 (b) COVERED INDIVIDUALS.—An individual described
 23 in this subsection is any individual as follows:

24 (1) A recovering servicemember who is under-
 25 going medical treatment, recuperation, or therapy,

1 or is otherwise in medical hold or holdover status, in
2 a military medical treatment facility for an injury,
3 illness, or disease incurred or aggravated while on
4 active duty in the Armed Forces.

5 (2) A family member of a recovering
6 servicemember described in paragraph (1) who is—

7 (A) on invitational orders while caring for
8 the recovering servicemember;

9 (B) a non-medical attendee caring for the
10 recovering servicemember; or

11 (C) receiving per diem payments from the
12 Department of Defense while caring for the re-
13 covering servicemember.

14 (c) **EFFECTIVE DATE.**—The prohibition in subsection
15 (a) shall take effect on the date of the enactment of this
16 Act, and shall apply with respect to meals provided indi-
17 viduals covered by that subsection on or after that date.

18 **SEC. 10. OVERSIGHT BOARD FOR THE WOUNDED.**

19 (a) **ESTABLISHMENT.**—There is hereby established a
20 board to be known as the Oversight Board for the Wound-
21 ed (in this section referred to as the “Oversight Board”).

22 (b) **COMPOSITION.**—The Oversight Board shall be
23 composed of 12 members, of whom—

24 (1) two shall be appointed by the majority lead-
25 er of the Senate;

1 (2) two shall be appointed by the minority lead-
2 er of the Senate;

3 (3) two shall be appointed by the Speaker of
4 the House of Representatives;

5 (4) two shall be appointed by the minority lead-
6 er of the House of Representatives;

7 (5) two shall be appointed by the President;
8 and

9 (6) two shall be appointed by the Secretary of
10 Defense.

11 (c) QUALIFICATIONS.—

12 (1) PARTICULAR QUALIFICATIONS.—The Over-
13 sight Board shall include members with the fol-
14 lowing qualifications:

15 (A) One member shall be a veteran who
16 served in Operation Enduring Freedom or Op-
17 eration Iraqi Freedom.

18 (B) Two members shall have received
19 treatment for injuries at a military medical
20 treatment facility since September 11, 2001.

21 (C) One member shall be a former non-
22 medical attendant for a recovering
23 servicemember, such as a person who received
24 and accepted invitational orders to care for a
25 recovering servicemember.

1 (D) One member shall be a veteran who
2 received treatment at a military medical treat-
3 ment facility for injuries sustained in armed
4 hostilities before Operation Enduring Freedom
5 and Operation Iraqi Freedom.

6 (E) One member shall be a civilian expert
7 in military healthcare.

8 (2) GENERAL QUALIFICATIONS.—All members
9 of the Oversight Board shall have sufficient knowl-
10 edge of, or experience with, the military healthcare
11 system or the experience of a recovering
12 servicemember or family member of a recovering
13 servicemember.

14 (d) DUTIES.—

15 (1) ADVICE AND CONSULTATION.—The Over-
16 sight Board shall provide advice and consultation to
17 the Department of Defense and the appropriate con-
18 gressional committees regarding—

19 (A) the process for streamlining the phys-
20 ical disability evaluation systems of the military
21 departments under section 3;

22 (B) the process for correcting and improv-
23 ing the ratios of caseworkers and supervising
24 officers to recovering servicemembers under sec-
25 tion 4;

1 (C) the need to revise Department of De-
2 fense policies to improve the experience of re-
3 covering servicemembers while under Depart-
4 ment of Defense care;

5 (D) the need to revise Department of De-
6 fense policies to improve counseling, outreach,
7 and general services provided to family mem-
8 bers of recovering servicemembers pursuant to
9 sections 6 and 7;

10 (E) the need to revise Department of De-
11 fense policies regarding the provision of quality
12 lodging to recovering servicemembers;

13 (F) progress made in implementing this
14 Act; and

15 (G) such other matters relating to the eval-
16 uation and care of recovering servicemembers,
17 including evaluation and care under physical
18 disability evaluation systems, as the Board con-
19 siders appropriate.

20 (2) VISITS TO MILITARY MEDICAL TREATMENT
21 FACILITIES.—In carrying out its duties, each mem-
22 ber of the Oversight Board shall visit not less than
23 three military medical treatment facilities each year,
24 and shall conduct each year at least one meeting of

1 all the members of the Board at a military medical
2 treatment facility.

3 (e) STAFF.—The Secretary shall make available the
4 services of at least two officials or employees of the De-
5 partment of Defense to provide support and assistance to
6 members of the Oversight Board.

7 (f) TRAVEL EXPENSES.—Members of the Oversight
8 Board shall be allowed travel expenses, including per diem
9 in lieu of subsistence, at rates authorized for employees
10 of agencies under subchapter I of chapter 57 of title 5,
11 United States Code, while away from their homes or reg-
12 ular places of business in the performance of service for
13 the Oversight Board.

14 (g) ACCESS TO INFORMATION.—

15 (1) IN GENERAL.—Except as provided in para-
16 graph (2), the members of the Oversight Board shall
17 have the right to access information related to the
18 deliberations, processes, and documents of the De-
19 partment of Defense pertaining to actions taken
20 under this Act.

21 (2) NATIONAL SECURITY EXCEPTION.—The
22 Oversight Board shall not have the right to access
23 information otherwise required under paragraph (1)
24 if the Secretary—

1 (A) notifies the Oversight Board that dis-
 2 closure of such information would compromise
 3 the national security of the United States; and

4 (B) upon request of the Oversight Board,
 5 provides the information in classified form to
 6 the appropriate congressional committees.

7 (h) ANNUAL REPORTS.—The Oversight Board shall
 8 submit to the Secretary of Defense and the appropriate
 9 congressional committees each year a report on its activi-
 10 ties under this Act during the preceding year, including
 11 any findings and recommendations of the Oversight Board
 12 as a result of such activities.

13 **SEC. 11. DEFINITIONS.**

14 In this Act:

15 (1) APPROPRIATE CONGRESSIONAL COMMIT-
 16 TEES.—The term “appropriate congressional com-
 17 mittees” means—

18 (A) the Committee on Armed Services of
 19 the Senate; and

20 (B) the Committee on Armed Services of
 21 the House of Representatives.

22 (2) FAMILY MEMBER.—The term “family mem-
 23 ber”, with respect to a recovering servicemember,
 24 has the meaning given that term in section 411h(b)
 25 of title 37, United States Code.

1 (3) PHYSICAL DISABILITY EVALUATION SYS-
2 TEMS.—The term “physical disability evaluation sys-
3 tems” means the following:

4 (A) In the case of the Department of the
5 Army, the Physical Disability Evaluation Sys-
6 tem (PDES) of the Army.

7 (B) In the case of any other military de-
8 partment, the physical disability evaluation sys-
9 tem or similar system or process of such mili-
10 tary departments that carries out functions
11 equivalent to the function carried out for the
12 Army by the Physical Disability Evaluation
13 System of the Army.

14 (4) RECOVERING SERVICEMEMBER.—The term
15 “recovering servicemember” means a member of the
16 Armed Forces, including a member of the National
17 Guard or a Reserve, who is undergoing medical
18 treatment, recuperation, or therapy, or is otherwise
19 in medical hold or holdover status, for an injury, ill-
20 ness, or disease incurred or aggravated while on ac-
21 tive duty in the Armed Forces.

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