

1 91ST NATIONAL CONVENTION 2018

2 FLEET RESERVE ASSOCIATION

3  
4 JOINT OPENING CEREMONY

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8  
9 WEDNESDAY, SEPTEMBER 26, 2018

10 0900 HOURS

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12  
13 Omni San Antonio Hotel at the Colonnade  
14 9821 Colonnade Boulevard  
15 San Antonio, Texas 78230

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18  
19 WILLIAM STARKEY, National President

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22  
23  
24 Reported by:

25 Lisa A. Blanks, RPR, CSR, CRR

## P R O C E E D I N G S

PNP BOUDREAUX: Shipmates, auxiliary members, distinguished guests, I am Past National President Lawrence Boudreaux, Branch 275, Chairman FRA, 91st National Convention.

On my left is Junior Past National President Helen Courneya, Auxiliary Unit 274, Chairwomen of the LA FRA 86th National Convention. We're pleased to welcome all of you to the joint opening ceremonies to the LA FRA and FRA National Convention.

Shipmate Master-at-Arms, you will escort keynote speaker Rear Admiral Mary C. Riggs, Director Research and Development (J-9) Defense Health Agency.

JrPNP COURNEYA: Madam Sergeant at Arms and marshal, you will escort the National President LA FRA Jean Smith to the rostrum.

PNP BOUDREAUX: Shipmate Master-at-Arms, you'll escort the National President of the FRA, William E. Starkey, to the rostrum.

I now have the honor to present Marshall High School Junior ROTC color guard to present the colors.

(Colors presented.)

PNP BOUDREAUX: Shipmate Chaplain.

NCHAP DAVIS: Let us pray. Almighty God, the creator of all things: We humbly beseech these to

1 accept our devotions. Have mercy on the souls of our  
2 departed shipmates. Guide us in all our undertakings,  
3 that we may truly please thee. Amen.

4 Chairman, the Bible is open.

5 PNP BOUDREAUX: Thank you, Shipmate Chaplain.

6 We will now have the national anthem sung by  
7 Ms. Joanie Katzenberger.

8 (National Anthem sung.)

9 PNP BOUDREAUX: And please recite with me the  
10 Pledge of Allegiance to our flag.

11 (Pledge of Allegiance recited.)

12 PNP BOUDREAUX: Color Guard, post colors.

13 Round of applause for the Color Guard.

14 (Applause.)

15 PNP BOUDREAUX: Shipmates only. Shipmates  
16 only recite the Preamble to the Constitution of the  
17 United States.

18 (Recitation of Preamble.)

19 PNP BOUDREAUX: Shipmates may be seated.

20 Auxiliary members please stand.

21 JrPNP COURNEYA: Auxiliary members, you will  
22 recite with me the Preamble to the Constitution of the  
23 Ladies Auxiliary of the Fleet Reserve Association.

24 (Recitation of Preamble.)

25 PNP BOUDREAUX: We're going to deviate from

1 the schedule a little bit. Would NED Snee please come  
2 up and introduce the keynote speaker. She has to leave  
3 for another engagement.

4 NED SNEE: Good morning to all. I'm not going  
5 to read the entire bio that's in your program because  
6 it's quite extensive, which only is a hallmark  
7 reflection of what this great American has done, but I  
8 will summarize.

9 Admiral Riggs is quite unique and involved. A  
10 hallmark and legacy, a dedicated Nurse Corps that we  
11 have today.

12 (Applause.)

13 NED SNEE: Program manager, shipboard, and  
14 reservist and a service provider. She is not only  
15 achieved in her own professional ambitions as a Navy  
16 nurse but to many components in the healthcare arena.

17 And as a stalwart leader and manager, her  
18 accolades are making the waves of today's Navy and all  
19 the Department of Defense to try and meet the needs of  
20 the Department of Defense, Department of Homeland  
21 Security, the Veterans Administration, and most  
22 importantly, to all our service members, our veterans,  
23 our family members, and in connection with the most  
24 advantageous, the most cost effective measures to bring  
25 the healthcare to the DOD, DHS, VA network providers,

1 and most importantly with Congress.

2 She brings a myriad and strong background, not  
3 only in Navy medicine, but in the 21st century of the  
4 reserve force.

5 She has served primarily in trauma centers.  
6 She understands the patient/family relationships of  
7 sincere care, training, shipboard, disaster, triage,  
8 medical readiness.

9 That more than serves her strong platform to  
10 be the Director of Research and Development for the  
11 Defense Health Agency located in Falls Church, Virginia.

12 Shipmates and auxiliary members, please give a  
13 warm welcome -- it is my honor, distinct honor and  
14 privilege, to introduce you, Admiral Riggs, who is  
15 forging ahead and making a difference; not only from a  
16 change nurse perspective but in quality medical care and  
17 its association measures.

18 Admiral Riggs, the floor is yours.

19 (Applause.)

20 ADMIRAL RIGGS: Thank you. That was actually  
21 the kindest introduction I've ever received. I am  
22 overwhelmed, but I think you missed something because  
23 you have one accomplishment you didn't pick up, is I was  
24 the captain of the all girls eighth grade basketball  
25 team.

1 (Laughter and applause.)

2 ADMIRAL RIGGS: For some that was probably my  
3 finest achievement.

4 Well, Shipmates and Ladies of the Auxiliary, I  
5 am thrilled to be here with you, and I had the  
6 opportunity last evening and a little bit before this  
7 meeting to talk to folks. I spent some time with the  
8 Master Chief, just listening to some of your  
9 experiences, some of your anxieties, and you know,  
10 that's why I love to come out and see all of you.

11 I was thinking this morning as I got up and  
12 just thinking about the day ahead, and thinking about  
13 all of you, particularly those of you that served in our  
14 great Navy, how did I get here?

15 You know, that's the story. We all have our  
16 story, and so my story starts on Saturday mornings,  
17 sitting on the couch with my dad, watching Victory at  
18 Sea.

19 And I'm so happy to see a couple of you  
20 shaking your heads, because I tried to explain this  
21 before to some folks in an Admirals call much younger  
22 than myself. And when I said Victory at Sea, I got this  
23 blank stare. So I know I'm in the right place.

24 But in true fashion, I didn't expect -- I  
25 wasn't expected to go into the Navy, because I was a

1 girl. But I did, and you know, like many of you, my  
2 family came from modest means, and because of the Navy,  
3 I was the first graduate from college, from both sides  
4 of my family. I was the first to go to graduate school.

5 My brother and sister were inspired by my  
6 progress so they went on to college, and then take it  
7 down another generation my daughter now has her Ph.D. in  
8 biostatistics and she is now doing cancer research.

9 So I'm very humbled and very grateful to the  
10 Navy, because this is truly an organization that has  
11 changed my life and the life of my family. And then  
12 when I look at folks like you, it was those of you who  
13 forged the way ahead, who mentored folks like me when I  
14 was just young in the Navy.

15 And yet, even though you're retired and you've  
16 finished a career in the Navy, you continue to  
17 voluntarily serve and voluntarily make a difference, and  
18 you continue to forge the way.

19 And for that, I am most grateful for our one  
20 Navy/one family, and for all that you have done for us,  
21 and just very happy to be here.

22 (Applause.)

23 ADMIRAL RIGGS: Vice Admiral Bono could not be  
24 here today. She sends her best regards and her deepest  
25 regrets.

1           And I think my mission today is to talk to you  
2   about all the things that are happening in our military  
3   healthcare system, which I promise you, I hope by the  
4   end of my talk today, you, too, will be excited about  
5   where we're going and the fact that we're listening to  
6   those that we provide that care for, because we're  
7   trying to get to a more integrated patient-centered  
8   system.

9           So if I could have the next slide, Vice  
10   Admiral Bono always likes to start with this slide, and  
11   basically it's a mission check -- how are we doing?

12           You know, each and every day that I get up, I  
13   get the privilege of putting on the cloth of our nation,  
14   and remind myself of that every day, and for those that  
15   work for and with me, I remind them that as well.

16           But more than that, as a healthcare  
17   professional, our nation has dawned us with the very  
18   precious trust of the care of our sons and daughters as  
19   well as their families and all of you who have gone  
20   before us as retirees.

21           And I never let that slip away. And that  
22   tends to focus me on what our mission as a military  
23   health system is. And right now that mission is to  
24   build a stronger healthcare system, to make sure it's  
25   more integrated, and to make sure that it holds you the



1 patient at the center of those services.

2 And so when you think about it, how are we  
3 going to basically package up all of those services into  
4 an organized fashion?

5 So if you bring up the next slide, I just  
6 wanted to give you an appreciation of the entire  
7 military healthcare system without making it too boring,  
8 I think, for you.

9 So I think several years ago, Congress and the  
10 Department of Defense set up what was called the  
11 Military Healthcare System or the MHS. And they were  
12 very wise in how they nested it in the Department of  
13 Defense.

14 So it starts with the Office of the Assistant  
15 Secretary of Defense for Health Affairs, and that's  
16 Mr. McCaffery. He is our current official right now.  
17 And that office has a close tie to the Secretary of  
18 Defense, and ensures that all healthcare policy is  
19 relevant and valid.

20 So underneath the MHS system is the Defense  
21 Health Agency or what we'll call the DHA.

22 And we are privileged to have Vice Admiral  
23 Bono serve as the director of that agency. So she is  
24 basically the operational executor of all of the  
25 policies that come down from the DOD. And working with

1 her are the surgeon generals in each of the services.

2 And their goal is to ensure that all health  
3 professionals are ready, trained, and equipped to go  
4 forward, if we need to be that medical component for the  
5 combatant command.

6 But I just wanted to highlight, if you look at  
7 the bottom of that slide, it truly represents each of  
8 the services in a very integrated fashion. So I'm going  
9 to set the stage for you. We've had this system where  
10 we've had Army medicine, Navy medicine, Air Force  
11 medicine.

12 They've been great. We've been pleased with  
13 really high quality providers, but I don't think the  
14 system really was supporting those providers to help  
15 them be as efficient and deliver efficient care and that  
16 patient experience, so that no matter what hospital you  
17 go to, you can expect the same experience from one to  
18 the other and not have to worry.

19 I remember when I would go from tour to tour,  
20 the first thing you do is you find someone, you know,  
21 you can talk to as you do your onboarding. And the  
22 first thing they do is, "Let me give you the gouge about  
23 how to get a medical appointment. Let me give you the  
24 gouge of where to go for your dental exam."

25 So we want to make sure that it's all

1 transparent across all the facilities.

2 Also within the MHS, I don't want to forget  
3 our Uniformed Services University, so we still continue  
4 to keep that medical school component with us.

5 And last, but certainly not least, within our  
6 system and very much connected to us is the Office of  
7 the Joint Staff Surgeons and the Combat Command  
8 Surgeons. And they help to inform us how to keep our  
9 healthcare professionals ready to deploy in order to  
10 take care of those that are facing down range  
11 challenges.

12 So what do we do -- that's a little bit about  
13 our structure -- so what do we at the DHA to? First of  
14 all, as I said, we provide care, and we provide care for  
15 over 9 million people -- over 9 million people. I  
16 believe that makes us the largest healthcare system in  
17 the world.

18 Not only that, but we have oversight of 55  
19 hospitals and almost 400 clinics, and we also administer  
20 the TRICARE program, which is also one of the largest  
21 health insurance programs I think in the world. That's  
22 a lot of heavy lifting; isn't it?

23 But also, we do a lot of robust training for  
24 our healthcare professionals. Not only do we have the  
25 medical school, but also USUHS now has a very robust and

1     vigorous nurse practitioner school. And for our  
2     enlisted members -- I'm so excited about this -- this  
3     year we're really exploring how we can give college  
4     credit to the working activities of our corpsmen and  
5     also looking at building deeper certifications that  
6     would actually transfer into the civilian sector, so  
7     that if and when they decide to leave the Navy, they  
8     have something from which to platform off to be  
9     competitive in the civilian environment as well.

10           And then in addition to that, we also have a  
11     Public Health Service. We have folks in labs stationed  
12     all throughout the world that are keeping vigilance over  
13     infectious disease sentinel events like ebola.

14           So we watch that carefully and inform the  
15     nation and the CDC of what's happening in the rest of  
16     the world and also protecting our own citizens here at  
17     home.

18           And then I wanted to mention also we have an  
19     extremely robust medical research program ongoing.  
20     We're doing amazing things in research. Everything from  
21     combat casualty care to infectious disease to cancer, to  
22     rehabilitative medicine.

23           And I will have to tell you, about 70 percent  
24     of everything we do in medical research is translated  
25     into the civilian sector.

1           So some of those things that we invent and  
2   test and prove as sound, are then launched into the  
3   civilian so that everybody, just not the military,  
4   benefits from us.

5           So now that we have kind of gone through what  
6   this large organization does, let's go to the next  
7   slide. And where do we get our direction from? Well,  
8   of course, we, like the rest of the Navy and the rest of  
9   the DOD, get our direction from our Secretary of  
10  Defense, Secretary Mattis, and he's a very direct but  
11  simple guy, but he really keeps us on target.

12           And these are his three objectives. One is to  
13  restore the readiness and rebounding of the force. So  
14  you ask yourself, as a medical group how do we do that?

15           Well, I remember and I'm sure you all  
16  remember, having to go once a year with your readiness  
17  checklist -- got dental done, got my shots done, got my  
18  PHA or physical exam done. You just kind of went down  
19  that checkbox list. And then you came in and gave it to  
20  your superior and said, "Okay, I'm all ready, I'm good  
21  to go."

22           Well, as a medical professional, I would  
23  contest that readiness is more than just showing up for  
24  your physical exam and your dental exam and getting your  
25  shots.

1                   We have to be ready to win, and that's a  
2                   nuance I want to just highlight for a second. That  
3                   means that as a medical force, we need to make sure that  
4                   our troops, our service members, are in a state of mind  
5                   that not only are they physically fit, but they're  
6                   resilient, that they are positive, that we've given them  
7                   what they need to be both strong in body as well as in  
8                   mind.

9                   And that's what we offer the combat  
10                  commanders, and that's what we offer our service  
11                  members, particularly when they come back from  
12                  deployment.

13                  The other thing he asked about was  
14                  strengthening our alliances. And as a medical group, we  
15                  have alliances with physicians and other medical groups  
16                  across many countries. And we do a great job at  
17                  leveraging that for what the Department of Defense  
18                  needs.

19                  And last, but certainly not least, the  
20                  Secretary has called for a fitness reform effort to the  
21                  entire DOD.

22                  And one of his top five initiatives under that  
23                  is a reform of the MHS, or looking at how we provide our  
24                  healthcare, and making sure it's as efficient and  
25                  integrated as possible.

1                   So given that that's our charge, how do we do  
2   that?

3                   Well, on the next slide you'll see it's really  
4   not rocket science; it's kind of common sense. The  
5   first thing we need to do is take these three different  
6   silo medical services and integrate them as one service.

7                   So that you -- it makes no difference if you  
8   go to the Navy hospital, or you go down the street, or  
9   right next to you to the Army hospital, the kind of care  
10   you get, the patient experience that you get there  
11   should be the same.

12                  So what we're doing -- and it starts as early  
13   as next week -- we're rolling out five hospitals and two  
14   clinics to -- underneath the MHS or the DHA, the Defense  
15   Health Agency, so they'll all be reporting up to Admiral  
16   Bono.

17                  And so those first five hospitals will, of  
18   course, be Walter Hayden for Belvoir, but we're also  
19   adding Fort Bragg, Jackson Naval Hospital, and also  
20   Keisler, the Charleston Clinic and Seymour Johnson  
21   clinic.

22                  So we're going to roll them up. We're going  
23   to look at standardizing all our processes, all of our  
24   procedures, equipment, upgrading some of those processes  
25   and procedures.

1                   And then by next year, if you see on  
2   October 1, 2019, all the hospitals and clinics from the  
3   Midwest all the way up and down the East Coast will roll  
4   up under the DHA.

5                   The next year, everything from the Midwest to  
6   the West, and West Coast hospitals and clinics will be  
7   rolling out under us, and then by 2021 all the Okodis  
8   hospitals and clinics will be rolling up under us.

9                   So this gives us a wonderful opportunity to  
10   decrease redundancy throughout the system, to increase  
11   efficiencies, and quite honestly, to improve care that  
12   you receive.

13                  If you go to the next line, this is kind of  
14   how I picture this. So currently, if you look at that  
15   top area, our system is kind of wonky, isn't it. I  
16   mean, a good example is I get this email that says,  
17   "Admiral Riggs, you gotta come in for your annual dental  
18   exam." So Roger that, make the appointment, clear my  
19   schedule. I have to go downtown, which in DC is no easy  
20   feat with the traffic, right.

21                  So I get down there, show up on time, before  
22   time, like a good little trooper, find a parking space,  
23   gotta walk four blocks to the clinic, but I'm okay with  
24   this. Get to the clinic, they call my name, had this  
25   wonderful dental tech, takes my xrays, wonderful dentist



1 checks me out, looks at everything, says, "Ma'am, you're  
2 good to go." This is great.

3 And then the dental tech comes in and says,  
4 "Okay, ma'am, now you can make your appointment for a  
5 cleaning." I said, "What? You can't clean my teeth and  
6 check my teeth at the same time? I have to take another  
7 three hours to come back down?"

8 I mean, is that efficient? I would think that  
9 you all have a similar story to that.

10 So really, the system is kind of wonky. I  
11 mean, how many times have you called and said, "Well,  
12 you know, I need a lab test. I need an eye exam. I  
13 need a hearing exam." So you have to call for the lab  
14 test and then you gotta call a different place for the  
15 eye exam and then you got to call a different place for  
16 the hearing exam.

17 Why can't you just make one phone call? Why  
18 can't you call one scheduler and get it all taken care  
19 of in one phone call? And that's what we're looking at.

20 So we want your experience of care to be like  
21 that bottom row there, where you pick up the phone, you  
22 make one phone call, you get everything taken care of,  
23 and you're in a direct line to the care that you need.

24 So how are we doing this? Well, the first  
25 thing is we're standardizing the appointment scheduling

1 across all NTFs.

2 When I got this job, it was mind boggling to  
3 me when I learned that every single hospital in the  
4 military healthcare system has a different scheduling  
5 platform.

6 I can't believe it. But this is what we've  
7 lived, right. That's your urban legend, when you show  
8 up to a new assignment and you get the scoop on how you  
9 make your appointments.

10 So we're going to standardize the way we do  
11 our call scheduling so that you get resolution for all  
12 you need in the first phone call.

13 (Applause.)

14 ADMIRAL RIGGS: Now, here's another thing.  
15 It's a simple thing, but it really is an impaction on  
16 your life. And that is, you call -- let's say you're  
17 going on vacation for two weeks, you have to have -- you  
18 know, you want to make a schedule for, I don't know, a  
19 lab test.

20 And so you're going on vacation for a couple  
21 of weeks, and then your daughter is getting married so  
22 you can't make it that following week. But you can make  
23 it in probably about -- your schedule is pretty open in  
24 about six weeks. And the scheduler says, "Oh, I'm  
25 sorry, our booking doesn't go out that far."

1           In most cases they can't see more than 30 days  
2 ahead. How is that efficient? So now we're opening  
3 that calendar so they have a six-month view of where the  
4 scheduled appointments need to be.

5           (Applause.)

6           ADMIRAL RIGGS: So if you just have routine  
7 lab and you know you get that lab every three months,  
8 you can call, you can make that appointment, and you  
9 don't have to worry about it again. And you can live  
10 your life without having to make multiple phone calls  
11 just for an appointment.

12           So I think that's very exciting. For those of  
13 you -- and I know it's not everybody's thing, because  
14 I'm one of them -- if you like the computer, if you like  
15 going online doing things, we're also going to put the  
16 schedule on the TRICARE website. So that's going to  
17 make it easier for you as well.

18           And then I really have to foot stomp this.  
19 Let's talk about urinary tract infections, okay. We all  
20 get them. We all get them. This is the nurse in me,  
21 okay.

22           Let's face it, they are usually very easily  
23 diagnosed. It's a quick diagnosis. It's quick to get  
24 your medication. Why do you have to sit and wait for  
25 hours just to show the doctor, "My urine looks cloudy

1 and there's blood in it."

2           Why can't we have a walk-in clinic; that you  
3 wake up in the morning, you say, "I can see it's coming  
4 again." Get yourself to the clinic, see the doctor, get  
5 it taken care of. You don't have to make an  
6 appointment. You just walk in there and get it done.  
7 These are simple things that everybody has.

8           Let's talk about the flu, the flu season  
9 that's coming upon us. We all try to get our flu shot.  
10 We all try to wash our hands and all that. But let's  
11 face it. During flu season that's when most people are  
12 going to get those colds and coughs.

13           And you know yourself that you try to do --  
14 you take the aspirin, the orange juice, but then  
15 sometimes it starts going way deep and you're coughing  
16 up junk and you're nervous this is going into bronchitis  
17 or pneumonia, and, "I really want to stay out of the  
18 hospital."

19           Why can't, during flu season, we extend our  
20 hours to the clinics. You come in on a walk-in basis,  
21 "Doc, I'm feeling junk in my chest, can you listen?"  
22 Again, something that's easily diagnosed, easily treated  
23 and keeps you out of the hospital, more than that.

24           So we're looking at really extending the kind  
25 of urgent care that you get and making access to urgent

1 care so much easier for you, so those little things can  
2 be taken care of quickly and they don't turn into big  
3 things that end up putting people into the hospital.

4 So once again, trying to keep you at the  
5 center of the organization is where we need to be.

6 And then we're also looking at just a lot of  
7 our clinics on a routine basis, extending their hours,  
8 and also having weekend hours as well.

9 Specialty care. Your doctor tells you you  
10 have to see a specialist. Why do you have to wait for  
11 four weeks before you even know if you have an  
12 appointment?

13 So our commitment to you is if you need  
14 specialty care, you're going to get an appointment.  
15 That appointment is going to be scheduled within three  
16 days of your doctor notifying you that you have to see a  
17 specialist.

18 If you need to see a specialist, you deserve  
19 to see that specialist in a timely fashion. So we're  
20 looking at that and we're going to improve that as well.

21 So I think those are just some of the things  
22 that we're looking at. And again, it's just simple  
23 standardization, simple looking at processes and  
24 procedures and making sure that they're more accessible  
25 to you.

1                   So if I could look at the next slide please.  
2       So before I move on to anything else, once again, our  
3       goal as the Defense Health Agency is to build a more  
4       integrated health system for you, by looking at  
5       standardizing our operations and our processes and  
6       making sure we have common sense management of our  
7       hospitals and clinics that have you at the center of  
8       that patient care experience.

9                   And all of this is moving to ensure that we  
10      keep our active duty more lethal; that we're responsive  
11      to their families so they don't have to worry about  
12      their families when they're deployed.

13                  And for those of you that have given this  
14      nation all of your vital years of service and have paved  
15      the way for the rest of us, that we give you what you  
16      deserve.

17                  So that's really all the activities that are  
18      going on, and we are busy and we are moving fast on  
19      these things.

20                  So the last thing that's going to help us,  
21      too, and I want to just touch base on it, is the new --  
22      deploying the electrical health record. I know -- if  
23      you hit the next slide -- I know Admiral Bono talked to  
24      you before about MHS Genesis.

25                  So we continue to deploy that. It's already

1     deployed in the Pacific Northwest region. It's now  
2     going to start filtering through all of the West Coast  
3     hospitals this year, and the next big news is now the VA  
4     has seen the light, and they have said they are now  
5     going to be on MHS Genesis.

6             So no more are you going to have to have those  
7     large volumes of medical charts, hauling them around  
8     between the Navy hospital and then the VA. It's all  
9     going to be on one system, one system. Hallelujah. Can  
10    I hear an amen to that?

11            And you know, I visualize this MHS Genesis to  
12    the VA as really the first bridge between the defense  
13    healthcare and the VA system. Why can't we begin to  
14    look at how we can work in a lot more integrated  
15    fashion. And we are in the process of looking at that  
16    and make it more integrated, because -- again, providing  
17    more efficient service to our soldiers, sailors, and air  
18    men.

19            And I wanted to foot stomp just where I see  
20    our future with the military with the healthcare, the  
21    electronic healthcare records.

22            So once your data is all in the electronic  
23    healthcare record, think of the possibilities. We can  
24    then start making algorithms to see how certain patients  
25    react to certain medications or treatments.

1           Let's face it, when we put out a new drug, the  
2 drug is tested on a finite group of people. We do as  
3 rigorous scientific studies as we can. We've depended  
4 on the FDA to ensure that everything that gets out there  
5 is safe and efficacious.

6           But let's face it, no matter how many  
7 precautions that you set up during your clinical trials,  
8 by the time it gets to you, you are a very unique DNA  
9 set. There's no one else like you. You react maybe in  
10 some ways exactly like the rest of the population does,  
11 but in some instances a little bit different.

12           So not everything works for you or me, simply  
13 because of our genetic makeup. And why can't we start  
14 following that with you so that your physician has smart  
15 algorithms that tell him that certain classifications of  
16 drug really doesn't work as well for you as maybe some  
17 others.

18           That's smart medicine. That is smart  
19 medicine, and it's individualized medicine. And we want  
20 to make sure we are smart about the data that we're  
21 getting and how to use algorithms to help our providers  
22 and our healthcare practitioners offer you the best  
23 treatments possible for your body. And to make sure  
24 that you get the best care possible.

25           So I'm very excited about some of the data



1 research that we're doing on how to leverage that data  
2 to provide our physicians and nurse practitioners and  
3 physician assistants the best tools possible to inform  
4 them what are the best treatments for you.

5 So the next slide, I'm going to just -- now  
6 that's my news for the military healthcare system. I  
7 hope that I was able to kind of give you an  
8 appreciation, number one, of how big the organization  
9 is, but number two, what's in the future; that by  
10 integrating all of these systems together and creating  
11 one standardized process, that we can really improve  
12 that patient health care experience for you.

13 So the next thing I want to talk about, which  
14 is really my job this morning, is to hopefully -- if you  
15 fell asleep, please wake up now. It is truly my honor  
16 and it is truly the Defense Health Agency's honor to  
17 manage one of the most comprehensive and, quite frankly,  
18 robust health care benefit for those of our members that  
19 are currently in service, their families, the reservists  
20 and all of you who have served so well for this nation.  
21 And we take that very seriously.

22 So on the next slide we've gotten some  
23 changes. We've done some changes. Again, in the same  
24 spirit of the military health system, we want to make  
25 sure that TRICARE is also very efficient.

1 But what I'll do before I get into any  
2 changes, because I see the look on some of your faces,  
3 and if you're like me, you're like, "Look, just don't  
4 muck with my insurance, okay." Please don't do that.

5 But it's okay. It's going to be okay. It's  
6 just a few changes, and the changes that we're doing are  
7 actually going to make it more efficient and actually  
8 offer you some more services.

9 But let me tell you what's not going to change  
10 first. TRICARE for Life will not change. So let me say  
11 that again.

12 (Applause.)

13 TRICARE for Life will not, not change. I do  
14 want to foot stomp something. Please tell your friends  
15 and family, though, that -- and this is not a change,  
16 you still have to be enrolled in Medicare part B. And  
17 the reason for that is simple. Medicare part B is the  
18 first payer. They pick up 80 percent of the costs and  
19 then your TRICARE benefit then kicks in and picks up the  
20 rest of the cost.

21 So that is not going to change at all. Good,  
22 are we good?

23 Okay, next slide. Okay, so what is going to  
24 change? So first of all, enrollment. We have some  
25 people that use TRICARE and some people that don't. So

1     it's hard for anyone to manage what services should you  
2     get, how many people are in your system. So the way I  
3     look at it is my daughter just got married about a year  
4     ago. And so we were planning her wedding and we were  
5     planning a reception. And it was, we were going to  
6     serve a meal.

7             So I'm trying to look at my budget. I'm  
8     trying to figure out how much food do I order and what  
9     kind of food? I want to make sure that I don't run out  
10    of food, but I also want to make sure I don't overspend  
11    my budget.

12            So we sent out cards and people respond back,  
13    "Yes, I'm coming and I want the chicken." And I want to  
14    make sure that when they show up, that they get the  
15    chicken and that they don't get the fish because I  
16    didn't order enough chicken.

17            So once again, we're asking that everybody get  
18    in and enroll in TRICARE this year, this year. And I'll  
19    give you more details on that, but in November we're  
20    asking you to just sign up and say, "Yep, I want it."

21            So when it comes to November, there's two  
22    things you have to think about, turkey and TRICARE.  
23    Turkey and TRICARE are all you need to remember.

24            Now, if you're not going to change your plan,  
25    when you enroll in that plan, that's it. You're done.

1 You don't to do it year after year. The only time you  
2 have to go back in and reenroll is if you want to change  
3 your plan, okay. So turkey, TRICARE, November. Just go  
4 in, say, "I'm here and this is the plan I want."

5 So let's talk about plans. I don't know about  
6 you, but I get on the TRICARE website and I get confused  
7 about which plan is what. We're going down to two  
8 plans. How simple is that? Either TRICARE Prime, or if  
9 you want the PPO benefit, TRICARE Select. So TRICARE  
10 Prime or TRICARE Select.

11 So the TRICARE Standard and extra are now  
12 rolled up under TRICARE Select. So it's really simple.  
13 You just pick one of them.

14 And then how many of you have had to get forms  
15 or send forms to TRICARE? I swear I would spend 20  
16 minutes trying to figure out what region am I in,  
17 particularly if you're on the cusp.

18 So we have now decreased the regions to just  
19 two regions. So you're in one half of the world or  
20 you're in the other half of the world. So it's really  
21 easy to figure that out.

22 And so we've simplified the number of plans.  
23 We've simplified the TRICARE regions so it makes it a  
24 lot easier to figure out where you are on the planet.

25 For the new cost tiers it's easy for you all.

1 You are all group A. You will always be group A,  
2 because you joined the military before January 18. We  
3 still have some fixed copayments, but our copayments are  
4 really quite competitive when you compare them with the  
5 civilian sector.

6 So those are some of the basic changes. So  
7 let's talk about open enrollment a little bit more. And  
8 let me just stop for a second. Mr. Hughes, are you  
9 here? Mr. Hughes is our TRICARE expert. I'm sure you  
10 might have some questions later on. He's going to stay  
11 around, so if you have a specific question for him, he's  
12 happy to answer all of those details, based on -- they  
13 made sure they brought him with me so I wouldn't steer  
14 you wrong. He's keeping me honest.

15 So the open enrollment season is from the  
16 second week in November to the second week in December.  
17 Just get on to the TRICARE website and say, "I want  
18 TRICARE Prime or I want TRICARE Select. I'm here. This  
19 is where I live." And that's it. That's all you have  
20 to do. If you have a spouse or children, you're going  
21 to put those in there and that's all you have to do.

22 So now come next November, if you're happy  
23 with your plan and you don't want that change your plan,  
24 you don't have to do anything. So you can just get your  
25 turkey that year, okay.

1           And there's the website and I think we have --  
2   Mr. Hughes, do we have material to pass out? Do we have  
3   pamphlets or material to pass out? Okay, there is. So  
4   there's information there, but also, you can get on the  
5   TRICARE website and it will show you where to go.

6           Now, life happens; doesn't it? And sometimes  
7   it happens most unexpectedly. So you've enrolled in  
8   your plan and all of a sudden you're either going  
9   through a divorce or you decide to get married or some  
10   major life event has happened. We recognize that, and  
11   here are some of the life events we're recognizing:  
12   Having a baby, a death in the family. Those kind of  
13   things happen and it affects your plan.

14           All of a sudden you don't need as much of a  
15   plan. It's just going to be you, and so you want to  
16   downsize your plan. That's okay. You can change your  
17   plan because of a major life event at any time, at any  
18   time. You don't have to wait until the following  
19   November to change your plan.

20           So again, I'll try to make it as easy and as  
21   flexible for you, based upon some of the life events  
22   that you might encounter.

23           Now, here is the other change that's  
24   happening. So currently the Delta Dental plan that we  
25   have -- Delta Dental manages our dental benefit. That

1 contract is going to go away, and it's going to be  
2 replaced by the Federal Employee Dental and Vision  
3 Insurance Program.

4 So no longer will the DHA manage the dental  
5 piece. It's now going to be managed out of the office  
6 of personnel and management.

7 So they will provide it, and I'll tell you  
8 why -- I hope you'll be pleased. They will manage that.  
9 So you have to enroll in that plan, too.

10 And it's on the TRICARE website. So you go  
11 in, you enroll in Prime or Select, and then you go to  
12 the second line, the second website they'll give you and  
13 then you enroll in your dental and your vision plan.

14 It is the same time frame. You don't have to  
15 worry about different at all frames. It is the exact  
16 same time frame.

17 So how this is going to transition is that,  
18 number one, there will be not an automatic enrollment.  
19 Just like TRICARE Prime and Select, you'll have to go in  
20 and enroll in it come this November. The last time  
21 Delta Dental will process all claims up through  
22 December 31st, and the last payment Delta Dental will be  
23 made on your December 5th check.

24 So I'm hoping that what you'll see here is why  
25 we're going to this. And I think it's really just

1 expanding the benefits that you'll be able to have as  
2 well as expanding the network that you'll be able to get  
3 services from.

4 So this top -- the top part of that slide for  
5 Delta -- I'm sorry, for the FEDVIP Dental, there are ten  
6 plans there. They're not complicated. The reason there  
7 are ten plans depends on the network of dentists.

8 So my advice is go in, if you have dentists in  
9 the region that you like, or you know where you want to  
10 go, or you want to do it by geography, go in and look  
11 where the dentist lies in those plans. Chances are  
12 they're probably on a couple of plans so you have a  
13 little more choice.

14 Once you register for a plan, enroll in a  
15 plan, it starts right away. So there's not going to be  
16 any waiting period like there is with many other dental  
17 plans. You can go to the dentist on January 2nd, if you  
18 like.

19 Also, thank goodness there's no maximum  
20 benefit in some of these plans. So if you had a lot of  
21 dental issues, you may want to look at which of those  
22 plans -- and there are quite a few of them that don't  
23 just max you out at like a thousand dollars; which I  
24 don't know about you, but all's I have to do is get one  
25 crown replaced and boom, there's your thousand dollars



1 right there for the year. This way there's no cap on  
2 that.

3 Orthodontics, if you or your family need  
4 orthodontics, that's one thing you might want to  
5 stipulate. Some of those plans have a waiting period  
6 just for orthodontics. Some allow orthodontics right  
7 away. So depending on your need and your family's need,  
8 you can pick a program that's going to satisfy the  
9 needs, the needs that you have.

10 The vision plan now. First of all, there's no  
11 copays for some of these vision plans, and for I think  
12 one or two of them, it's a very modest copay.

13 The allowance for the frames, there's not  
14 going to be a limit on the types or the brand of frames  
15 that you get. So you get what you like.

16 And then also -- this is what I'm thrilled  
17 about -- there's going to be discounts on Lasix. My  
18 husband, without his glasses is as blind as a bat. So  
19 I'm really happy about this.

20 For those who are active duty, the vision  
21 piece of it doesn't really affect what they are  
22 currently being offered at the military hospitals.

23 But again, this is an effort to increase our  
24 network of providers for you and also increase the  
25 services that you may need. Hopefully you'll be pleased

1 with that. I know it's kind of a pain to go in and  
2 enroll for both programs. But again, once you do it,  
3 you're set, unless you want to change your plan again.

4 So you are set. So remember, November, it's  
5 turkey and TRICARE.

6 Okay. So the next slide. Here's where I need  
7 a little bit of your help. So we put out reminder cards  
8 to all retirees to the reserve force and to the active  
9 duty. We sent over three million postcards to alert  
10 them about this to the -- to the retirees particularly  
11 about the dental program. And over a million postcards  
12 back to the active duty and the reserve community.

13 And you know we got 200,000 of those cards  
14 back to us that couldn't be delivered. And that worries  
15 me. That really worries me. So I need your help to try  
16 to get the word out to folks. Please make sure that you  
17 go into DEERS and you keep your DEERS updated.

18 If you're moving, make sure your new address  
19 is in there, all of your contact information is there.  
20 Because there are a lot of wonderful things happening in  
21 military medicine and we don't want you to miss those  
22 things.

23 So please make sure your DEERS are updated and  
24 please tell your friends about that as well.

25 I just want to kind of wrap things up. We

1 talked about changes at the MHS level, but future  
2 changes coming up in the TRICARE benefit. I want to  
3 make sure I keep you updated on that.

4           Once again, I talked to you about our network.  
5 Currently from 2017 to '18, our network only covered  
6 about 68 percent of the needs of the folks. By  
7 increasing our network, we're now going to be able to  
8 cover over 85 percent, and that's the right thing to do;  
9 isn't it. We need to make sure that particularly those  
10 people in our Navy family that are located in remote  
11 regions also get access to healthcare.

12           I talked about standardizing our appointment  
13 system as well as putting the scheduler in the TRICARE  
14 website. I talked about streamlining our referral  
15 process, but here's another thing we're really looking  
16 into and leaning hard into, and that is expanding our  
17 telehealth capacity.

18           Can you imagine Skyping in with your doctor?  
19 Wouldn't that be great? Why shouldn't you be able to?  
20 Let's say you had an appointment and your doctor changed  
21 your medication. Two or three days later you start with  
22 a little bit of a rash.

23           Wouldn't it be nice just to Skype in your  
24 doctor and say, "Can you look at this? Is that from the  
25 medicine?" And they say, "Yes, let's stop that and I'll

1 send you another prescription."

2           Wouldn't that be great? You don't have to get  
3 in the car and drive anywhere. You're just right there  
4 in your bunny slippers and you can get that taken care  
5 of with your doctor. So those are the things we're  
6 looking at.

7           Mental health. We are all human and sometimes  
8 life comes at you fast and furious, and sometimes the  
9 unexpected happens that you just couldn't prepare for.  
10 We all need a helping hand every once in awhile. We are  
11 now taking off the limits for mental healthcare visits.

12           Some people go through very traumatic  
13 situations, and you can't tell me that seven or eight  
14 visits with a mental health provider is going to fix  
15 that. We will take care of that issue for you for as  
16 long as you need it to be taken care of, because life  
17 happens, right. It just happens.

18           And our military members get exposed to so  
19 much more than the regular citizen. So we owe that to  
20 everybody.

21           We're also looking at eliminating the copays  
22 for preventive care. After all, preventive care is to  
23 try to keep you out of the hospital and keeping costs  
24 down. So why tie costs to it that's going to prevent  
25 you from getting care for something that can prevent you

1 from causing more costly, and, quite frankly, expose you  
2 to more things by having not taken care of something in  
3 its simplest beginnings.

4 We are also offering hospice for children, and  
5 we're also looking at alternative treatments and  
6 covering those. Such things as acupuncture and  
7 chiropractic.

8 I think those are really some good initiatives  
9 that we're beginning to roll out and pilot. I hope that  
10 you'll be very satisfied with them, and I wish you would  
11 invite me back next year so you could spend more time  
12 just having one-on-one conversations with me so you  
13 could tell me how we did.

14 Because I'm telling you this now, but let's  
15 see what happens after you've had a year of this and  
16 continue to see the progress that we're making.

17 The next slide is just simply your action  
18 slide, everything I said. Here's your open enrollment  
19 information. And for -- if you're about ready to  
20 retire, you know somebody that's about ready to retire,  
21 they need to get in and enroll for TRICARE about 90 days  
22 after their retirement date.

23 So I hope that was helpful for you. Did I run  
24 you over on your time?

25 Again, if you have any specific questions,

1 Mr. Hughes is going to stay around and answer those  
2 questions for you because he's so much better at it than  
3 I am. And I hope I was able to let you know that we're  
4 listening to you, that we're really looking to put the  
5 patient in the middle of our services and making those  
6 services easier, more accessible, and more targeted for  
7 you and I.

8 And I think with the initiative of the Defense  
9 Health Agency standardizing things, really looking at  
10 how to make processes better, it's just going to  
11 continue to get better and better each year.

12 So once again, thank you so much for having me  
13 here. I really appreciate it. And I really appreciated  
14 the conversation. I wish I could stay longer because  
15 you're such wonderful folks. Thank you.

16 (Applause.)

17 ADMIRAL RIGGS: Thank you, everybody. I will  
18 put that right on my desk here and it will remind me of  
19 who we work for, remind me of all of you and all that  
20 you've done for our nation and what we can do to help  
21 provide better healthcare for you that you deserve.

22 So thank you all.

23 PNP BOUDREAUX: At this time I'd like to bring  
24 up the two gentlemen and the lady from the hotel, give  
25 us a few words. They have to go back to work. They're

1 not like us -- all three of you.

2 MR. WALKER: Good morning. I have with me our  
3 director of sales, Mark Copeland, and Ashley Wash is  
4 your convention service manager.

5 (Applause.)

6 MR. WALKER: And Greg asked me -- we're going  
7 through our open enrollment right now for our insurance  
8 plans, so he asked me if he can -- I'm the general  
9 manager. My name is Doug Walker. So Greg asked me if  
10 he could skip our meeting. I told him no.

11 Thank you so much. It is truly an honor and a  
12 privilege to welcome the Fleet Reserve national  
13 convention to the Omni San Antonio Hotel. Please know  
14 we have over -- managers and associates, over 200  
15 hospitality professionals that are at your service while  
16 you're here.

17 And the presentation before was talking about  
18 a mission, right. So our mission is kind of threefold.  
19 We want to provide an outstanding conference experience  
20 for you, because you need that so you can do all the  
21 good work that you're going to do while you're here.

22 So we're going to do that for you. We're  
23 going to engage and provide gracious and friendly  
24 hospitality so that you can enjoy your guest experience.

25 And we want to provide the venue for the

1 fellowship that you have experienced and you're going to  
2 continue to experience through your conference. So  
3 that's our mission to you. We want to thank you for  
4 your service, and we want to thank the Fleet Reserve  
5 Association for what they have done and continue to do  
6 for the brave men and women that have served and will  
7 continue to serve our country. So we thank you very  
8 much for that.

9 (Applause.)

10 MR. WALKER: So your organization has guiding  
11 principles, right, the guiding principles of loyalty and  
12 protection and service. And we have core values with  
13 Omni Hotels & Resorts, and we have seven of them.

14 And one of our core values is local market  
15 leadership. And I wanted to share with you today a  
16 little bit about that and our involvement in the  
17 community and what you've done to support our community  
18 while you're here.

19 So in June of 2016, Omni Hotels & Resorts  
20 partnered with an association called Feeding America,  
21 and their mission was to end the plight of hunger in  
22 America.

23 And what we've done is we've partnered with  
24 them, and for every stay or every night in an Omni  
25 hotel, we give back to the food bank. And so I wanted



1 to -- it's a great initiative, and I wanted to share a  
2 very short video that will show our accomplishment since  
3 we've begun this process.

4 (Video was played at this time.)

5 MR. WALKER: We want to thank you on behalf of  
6 the hotel and our associates and our ownership. Fleet  
7 Reserve Association, in partnership with Omni Hotels is  
8 delivering over 850 meals in the local San Antonio  
9 community as a result. Thank you so much.

10 (Applause.)

11 MR. WALKER: We want to thank you for being  
12 our guests. We want to wish you all the very best and a  
13 successful conference. So thank you.

14 (Applause.)

15 PNP BOUDREAUX: Now we'll go back to the  
16 script and do the introductions. Madam Co-Chair.

17 JrPNP COURNEYA: Buenos Dias. Good morning  
18 and welcome to San Antonio. I would like to introduce  
19 the eight regional vice presidents who were elected and  
20 installed at the recent regional convention.

21 Please stand as I call your name and hold all  
22 applause until all are introduced in each group.

23 Regional Vice President Northeast New England Charlotte  
24 Loveless; East Coast, Virginia Jordan; Southeast as  
25 National Chaplain, Gale Nathan; North Central, Dolores

1 Hopkins; South Central, David Payne; Southwest, Rachelle  
2 Caston; West Coast, Kelly Pena, and Northwest Marjorie  
3 Ippert.

4 (Applause.)

5 I would like to introduce our regional  
6 presidents elect. Please stand as I recognize you.  
7 They are Regional President Elect Northeast New England  
8 Past National President Cindy Rodham-Tuck; East Coast,  
9 Cristina Dixon; Southeast Past National President,  
10 Carolyn Whitaker; North Central, Barbara White; South  
11 Central Past National President, Gini Larson; Southwest  
12 Peggy Loa; West Coast, Brenda Horton, and Northwest,  
13 Rose Hall.

14 (Applause.)

15 A large number of past national officers are  
16 here today.

17 Will all past national officers of the LA FRA  
18 please stand and be recognized? All gray hats. You're  
19 still the best.

20 (Applause.)

21 I will now introduce past national presidents  
22 of the LA FRA. Please stand as your name is called and  
23 please hold all your applause. Gail Johnson, Doreen  
24 Huylebroeck, D. Loretta Roberts, Linda Merten, Pat  
25 Boudreaux, Sandra Robbins, Gail Doloway, Cindy

1 Rodham-Tuck, Gini Larson, Diane Hoover, Carolyn  
2 Whitaker, Doris Fri, and Helen Courneya.

3 (Applause.)

4 I will now introduce national officers of the  
5 LA FRA. National Chaplain Gale Nathan; National  
6 Parliamentarian, Past National President, Sandra  
7 Robbins; Regional President Northeast New England, Cindy  
8 Rodham-Tuck; East Coast, Shirley Vatter; Southeast, Gail  
9 Bolz; North Central Past National Chaplain, Teresa  
10 Norton; South Central, Pauline Wampler; Southwest,  
11 Nadine Braudaway; West Coast, Linda Telly, and  
12 Northwest, Rose Hall.

13 (Applause.)

14 I'm not finished. Junior Past National  
15 President Helen Courneya; National Financial Secretary,  
16 Pat Suckow; National Treasurer, Bea Parco; National  
17 Executive Secretary, Doris Fri; National Vice President,  
18 Christina Murray, and our National President Jean Smith.

19 (Applause.)

20 PNP BOUDREAUX: I would first like to ask the  
21 FRA National Vice Presidents to stand as I introduce  
22 them and hold your applause until all introductions have  
23 concluded.

24 Regional Vice President Northeast New England  
25 Abe Zino; East Coast SD Martin; Southeast, Warren

1 Bailey; North Central, Donald Watkins; South Central  
2 Kathleen Ursula Gruetzner, she's standing already.  
3 Southwest, Roger Bacud. He's not here. West Coast,  
4 William Matthews; Northwest, Scott Dudley.

5 (Applause.)

6 Next I would like to introduce the FRA  
7 Regional President Elect. Please stand when you are  
8 recognized.

9 Regional President Elect Northeast New England  
10 Joyce Harris; East Coast Randy Phillipp. He had to go  
11 home. His mother passed away. Our sympathies to her.  
12 Southeast, James P. Richmond; North Central, Barry M.  
13 White, another repeat.

14 South Central, Emmett Smith, Junior. That's  
15 not the football player. Southwest, John F. Quesnel,  
16 Jr.; West Coast, Rick Athenour repeat, Northwest,  
17 William H. Hall.

18 (Applause.)

19 A large number of past national officers of  
20 the FRA are present this morning. Time does not permit  
21 individual introduction, so I ask all past national  
22 officers of the FRA, please stand and be recognized.

23 (Applause.)

24 I will now introduce past national presidents  
25 of the FRA. Please stand as you are recognized.

1 George D. Hyland, Robert G. Beese, John W.  
2 Johnson, Dick B. Smith.

3 (Speaker from audience, inaudible.)

4 (Laughter.)

5 Lawrence J. Boudreaux. F. Donald Muckeck,  
6 Gary C. Blackburn, James W. Scarbro, Mark A. Kilgore,  
7 Virgil P. Courneya, John D. Ippert, and Junior Past  
8 Donald E. Larson.

9 (Applause.)

10 I will now introduce national officers of the  
11 FRA. Please stand when you are recognized. National  
12 Chaplain John W. Davis; National Parliamentarian Past  
13 National President F. Donald Muckeck; Regional Past  
14 President Northeast New England, Albert Davenport; East  
15 coast Paul A. Phelps; Southeast James J. Thomas; North  
16 Central, Barry M. White; South Central, Bruce R. Talbot,  
17 Jr.; Southwest Bruce H. Davis, II.

18 West Coast Rick Athenour; Northwest Roger L.  
19 Christopher; Junior Past President National President  
20 Donald E. Larson, and on my right on the stage is  
21 National Executive Director Thomas J. Snee; National  
22 Vice President, Robert Washington, Sr., and National  
23 President William E. Starkey.

24 (Applause.)

25 Financial Officer Bryan Proctor. Bryan, sorry

1     you weren't listed on here.

2             I'd like to bring up a guest speaker, National  
3     Executive Director Emeritus Joe Barnes for an important  
4     status on FRA Education Foundation.

5             NED BARNES: Thank you. It's a pleasure to be  
6     here this morning. I'll talk a few minutes about the  
7     Fleet Reserve Association Education Foundation.

8             Some of you may notice that I do not have my  
9     FRA cap with me this morning, and I also realized during  
10    Admiral Riggs' presentation part of the reason of that  
11    is I had a qualifying life event.

12            We moved from our home of 25 years to a new  
13    home a few weeks ago and it's hard to find things. I  
14    also realized that it's probably under my four-pound  
15    medical record. I probably have to scan to get into the  
16    new electronic medical records, and I'm glad to hear the  
17    VA and DOD are working together for a joint medical  
18    record; something that we have worked on or we worked on  
19    during my tenure as NED for many years.

20            Anyway, it's great to be here and I just want  
21    to give you a little recap about the Foundation and talk  
22    a little bit about where we are at this point in time.

23            The Foundation's work is directly related to  
24    FRA's mission. As many of you know, FRA had a  
25    scholarship program prior to the establishment of the

1 Foundation in 2009.

2 The Foundation is a separate 501C education  
3 organization. We have separate governing documents,  
4 separate leadership, and our finances and records are  
5 kept separately and we're audited annually just as FRA  
6 is done.

7 We participate in the combined federal  
8 campaign, something that we've had the privilege of  
9 being part of since 2012, and we also have recently been  
10 selected as a member of the Military Support Groups of  
11 America, which is a federation of military and veterans  
12 organizations that provide support.

13 As a member of that, we are entitled to use  
14 the seal of the Best Charities in America.

15 I'd like to thank Bill Stevenson and the  
16 convention committee for some prominent visibility on  
17 the back of your program here; a shameless commercial  
18 here, but this is great information for anyone that is  
19 looking to go to college that is related to members of  
20 the FRA and the sea services.

21 The Foundation's web page is  
22 [fra.org/foundation](http://fra.org/foundation). There's a lot of information there,  
23 including applications for the 2019 cycle, which began  
24 on September 1st. There are a number of different  
25 applications there, and the application for the LA FRA

1       scholarships is also posted on that website.

2               So when you're interacting with fellow  
3       shipmates, members of the auxiliary, potential members,  
4       other shipmates, what-have-you, please urge them to  
5       check that out if they have sons, daughters, grandsons,  
6       granddaughters, what-have-you, that are preparing to go  
7       off to college.

8               This year we awarded 19 scholarships, totaling  
9       \$90,300 to recipients in 16 states. These awards are  
10      funded through Legacy donations, individual and branch  
11      donations, and other contributions. All contributions,  
12      regardless of size, are very much appreciated and are  
13      tax deductible.

14              We also awarded two \$1000 memorial  
15      scholarships in honor of Regional President North  
16      Central Rosemary Posekany, who died in a tragic accident  
17      earlier this year. Individual memorial contributions  
18      funded these awards.

19              Since 2000, which is before the foundation was  
20      set up, FRA was awarding scholarships at that time,  
21      since 2000, we've awarded in excess of \$1.8 million in  
22      scholarships which we're very proud of.

23              Christina Hitchcock --

24              (Applause.)

25              Thank you. Christina Hitchcock wrote a great



1 article recently in FRA today. It was titled, "Why did  
2 you join the association? Why did you join the FRA?"

3 I had an opportunity to visit her in her  
4 office at headquarters a few weeks ago, and she asked me  
5 how and why I joined FRA, and what was important to me,  
6 that prompted me to do that in the early 1980s. Got me  
7 to thinking about that, and also got me to thinking  
8 about the value of membership in the association.

9 The scholarship program is part of that value  
10 proposition. Our work on Capitol Hill is part of that  
11 value proposition. This is very important in  
12 interacting with prospective members, talking to groups  
13 on base in the community, what-have-you. Please keep  
14 that in mind.

15 My answer was that I was urged to, by a fellow  
16 shipmate. I was very impressed with the association,  
17 and its mission, and its accomplishments. I also needed  
18 some quality supplemental health insurance for the  
19 family. So that's my answer to that.

20 But think about this and wrap that into your  
21 interactions, and we'll have greater success in  
22 expanding awareness and hopefully expanding membership  
23 in both the FRA and the Auxiliary later.

24 The cost of education continues to rise and  
25 there's a growing need for assistance. So please keep

1 that in mind. Please also help us expand awareness of  
2 the program. At the branch level regional meetings,  
3 what-have-you, talk about this program. Also talk about  
4 the Auxiliary scholarship and individual branches, and  
5 some regions I think also have scholarships.

6 These are very valuable programs, and as I  
7 said, they are a tremendous aspect, part of the value of  
8 membership in the Association.

9 Thanks to the convention committee, and as I  
10 said to Bill Stevenson, for including the scholarship  
11 information about the Foundation on the back of the  
12 program.

13 Thank you for your strong and continuing  
14 support of the foundation, and special thanks to  
15 individual shipmates and branches for their generous  
16 contributions to this program. And again, please help  
17 spread the word about the scholarships and the  
18 Foundation.

19 And best wishes for great conventions this  
20 week.

21 (Applause.)

22 UNIDENTIFIED: I would like to challenge all  
23 the regions at the regional convention -- the West Coast  
24 has been doing it for three years. We passed a hat and  
25 the funds received goes to the education foundation.

1 I'd like to challenge the regions to do the same. In  
2 the past three years we have donated over \$500 from the  
3 West Coast.

4 PNP BOUDREAUX: Shipmate National Chaplain  
5 will now conduct a two-bell ceremony with the assistance  
6 of Past Regional President Southwest Mick Fulton.

7 UNIDENTIFIED: The toll of the ship's bell  
8 reminds us of the reference we owe to our departed  
9 shipmates and to those who guard the honor of our  
10 country upon the sea, under the sea, in the air, and  
11 upon foreign soil.

12 Let it be a reminder of the faith they confide  
13 in us. Let us who gather here not forget our  
14 obligations, and in silence breathe a prayer for our  
15 absent shipmates. Each in his or her own words and each  
16 in his or her own way, bow your heads and let us pray.

17 All bring a silent prayer for our departed  
18 shipmates and auxiliary members who are now serving on  
19 the staff of the Supreme Commander. This moment of  
20 reference we dedicate to the memory of our shipmates and  
21 Auxiliary members that have joined the staff of the  
22 Supreme Commander during the past year: FRA Regional  
23 President North Central Rosemary Posekany. LA FRA Past  
24 National President Faye Hatfield. LA FRA Past National  
25 President Dot Maurath. LA FRA Past National Vice

1 President Karen Snee.

2 PNP BOUDREAUX: The National Executive  
3 Director will now read some communication greetings.

4 NED SNEE: I send my greetings to those  
5 attending the 2018 National Convention of the Fleet  
6 Reserve Association and the Auxiliary of the Fleet  
7 Reserve Association.

8 Our country honors the brave men and women who  
9 proudly answered the call to serve in the United States  
10 Armed Services.

11 As maritime warriors and veterans, the members  
12 of the Fleet Reserve Association represent the best of  
13 American valor and leadership on the high seas, along  
14 with our coastlines. We owe a tremendous debt of  
15 gratitude to all of our nation's service members and  
16 military families. Their distinguished service reminds  
17 us that neither peace nor liberty is certain.

18 It is because of their courage and their  
19 sacrifice that we are now able to enjoy the glory of  
20 American greatness.

21 Melania joins me in the thanking of each and  
22 every one of you for your service. May God bless you,  
23 and may he continue to guide, and may he bless America,  
24 the United States. Signed, Donald Trump, President of  
25 the United States.

1 (Applause.)

2 Greetings to the Fleet Reserve Association.

3 On behalf of the Department of the Navy, I am pleased to  
4 extend my warm congratulations and best wishes to the  
5 members of the Fleet Reserve Association as you gather  
6 for your 91st National Convention.

7 The Navy and Marine Corps and the Fleet  
8 Reserve Association have a longstanding relationship  
9 that is based on our mutual commitment to take care of  
10 the Navy family.

11 Our sailors and Marines make our Navy Marine  
12 Corps team the finest in the world, and I deeply  
13 appreciate the Fleet Reserve Association's untiring  
14 support of our service members and their loved ones.

15 Your unfailing attention to and efficacy of a  
16 better quality of life for our sea service members has  
17 helped build increasing levels of readiness and improved  
18 morale in the ranks.

19 These efforts along with your inspiring model,  
20 loyalty, protection, and service continue to fuel the  
21 esprit core that is the way of life of our sailors and  
22 our marines.

23 Our sailors, marines, and their families rely  
24 on your efforts on their behalf as they continue to  
25 serve our nation at home and abroad. Thank you again

1 and please accept my best wishes for a successful and  
2 productive convention. Sincerely, Richard V. Spencer,  
3 Secretary of the Navy.

4 (Applause.)

5 Dear Fleet Reserve Association: I would like  
6 to personally pass on my best regards with the  
7 association of the 91st convention. I am sure it will  
8 be a highly successful memorable occasion.

9 I would also like to thank you for your  
10 continued support to the sea service community. Your  
11 mission to protect and enhance the benefits of the  
12 enlisted sea service members and their families does not  
13 go unnoticed. Thank you always for going the extra  
14 mile. I truly appreciate your commitment. All my best,  
15 Russell L. Smith, Master Chief Petty Officer for the  
16 Navy.

17 (Applause.)

18 UNIDENTIFIED: Madam National President, will  
19 you please join me at the podium. We, of the 86th LA  
20 FRA national convention committee present you with this  
21 gift, and we wish you a most productive, harmonious, and  
22 enjoyable convention. I would now like to invite you to  
23 speak to the assembly.

24 NP SMITH: Jean Smith, National President  
25 2017/2018.

1 (Applause.)

2 NP SMITH: I want to thank all of you. I  
3 enjoy you; such a great crowd. Do you see all these red  
4 hats out here? Fantastic to see so many of you here.  
5 And our -- I got your number, I'll be into your region.  
6 I got your number.

7 Look at all of the white over here. Aren't  
8 you proud of all of these auxiliary members that we have  
9 here?

10 (Applause.)

11 Of course, the shipmates are outnumbering us.  
12 I don't know how we're going to take care of that, but  
13 we are going to get some new members, I'm sure. We've  
14 got some regions that are working very hard, and some of  
15 the others are following suit and we're very thankful  
16 for that.

17 I thank all of you for being here. I'd like,  
18 at this time, to thank the convention committee. Can I  
19 have all of you stand?

20 (Applause.)

21 They've done a wonderful job. The hotel is  
22 great, and we're just having the greatest time. So  
23 thank you, thank everyone for coming, and have a blessed  
24 day.

25 (Applause.)

1           The first business session of the 86th  
2   national convention of the LA FRA will convene at  
3   1:00 p.m. today in the La Jolla ballroom. Thank you.

4           PNP BOUDREAUX: Shipmate National President,  
5   would you join me at the podium. On behalf of the 91st  
6   FRA national convention committee, it's a pleasure to  
7   present with you this gift and wish you a successful,  
8   enjoyable convention.

9           NP STARKEY: Thank you very much.

10          (Applause.)

11          NP STARKEY: This is not a gavel. I was told  
12   it was a bottle of Merlot wine. It says, "To William  
13   Starkey, National President 2017/2018." Thank you.

14          I'd like to thank all the shipmates and ladies  
15   who are attending the 91st National Convention of the  
16   Fleet Reserve Association, and the Auxiliary, the  
17   Auxiliary 86th National Convention. It's great that we  
18   have all these shipmates and auxiliary members here  
19   today.

20          I want everyone to put all your personal  
21   animosities towards your fellow Auxiliary members and  
22   Fleet Association members and let's have a very  
23   productive convention for both organizations.

24          And I'd like to thank the convention committee  
25   for getting us a great hotel and putting on a great



1 convention so far. So that's what I have to say there.  
2 And the first session of the 91st National Convention  
3 will convene at 1300 in the -- in this grand ballroom  
4 here.

5 So everyone enjoy your lunches while you're  
6 here, and I hope everyone that participates in all the  
7 activities that the convention committee has set up for  
8 us. Because if not, the convention won't be a success,  
9 because it takes the shipmates and auxiliary members to  
10 participate in everything to help defray the costs of  
11 the convention. Thank you very much and have a very  
12 productive convention.

13 (Applause.)

14 NP STARKEY: The Past National President FRA  
15 luncheon will be held in the Colonnade room, Number A.  
16 The Past National Presidents LA FRA luncheon will be  
17 held in Colonnade B.

18 In the program in the journal it says that  
19 we're going to have the welcome aboard reception start  
20 at 7:30, so please be here by 7:00. We're going to  
21 start by 7:00 for the entertainment that we have planned  
22 for tonight. We will be serving food, so come hungry  
23 maybe. Thank you.

24 (Applause.)

25 PNP BOUDREAUX: If you don't know where

1 Colonnade A and Colonnade B is, it's there on the 20th  
2 floor. That's where the past national presidents  
3 lunches are, up there. Also, in the schedule they have  
4 the RD, RDE, RDP schedule for today. It's tomorrow, not  
5 today. It's tomorrow morning. So the tickets are  
6 right, and you also have the room number on the tickets  
7 where you're supposed to go to.

8 When we conclude here, you're going to be  
9 taking the national president photos. I guess you can  
10 go over to the wall over here -- the best one to use.

11 So we'd like everybody to vacate as soon as we  
12 adjourn so we can get the pictures taken and go up to  
13 the luncheon.

14 The bus tour for the Riverwalk for Thursday is  
15 a go. Friday we had to cancel. We had no participants,  
16 but a few. So we took the ones from Friday and moved it  
17 to Thursday. And if that does not agree with you, we  
18 will reimburse if you don't want to go on Thursday. The  
19 co-chair mentioned a welcome aboard that's in here also?

20 Also, the shipmates' meetings will be in here  
21 and also the banquet will be in here on Saturday night.  
22 The ladies, all their meetings will be across in the La  
23 Jolla room. The Shipmates will be in here the whole  
24 week. That's all I have.

25 Shipmate National Presidents, I invite you,

1     national presidents of the FRA to convene your  
2     respective conventions.

3             NP SMITH: I hereby convene the 86th National  
4     Convention of the LA FRA.

5             NP STARKEY: And I hereby convene the 91st  
6     convention of the FRA.

7             (Applause.)

8             NP SMITH: President I want to tell you  
9     something. I have joined a group of people. They all  
10    have red hats.

11            (Crosstalk.)

12            NCHAP DAVIS: Shipmate National President, the  
13    Bible is closed.

14            NP STARKEY: I now declare the joint opening  
15    ceremonies of the 91st National Convention and 86th LA  
16    FRA Convention completed, and the convention is in  
17    recess until 1300.

18            (Meeting adjourned.)

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1       STATE OF TEXAS               )  
2                                       ) ss:  
3       COUNTY OF BEXAR           )

4  
5  
6  
7           I, LISA A. BLANKS, do hereby certify that the  
8       59 foregoing pages constitute a full, accurate  
9       transcription, all done to the best of my skill and  
10      ability.

11  
12           DATED this 28th day of October, 2018.

13  
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16                                         
17                                       Lisa A. Blanks, RPR, CRR  
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