ACTION MEMO

FOR: MS. CHRISTINE BADER, DIRECTOR AND DESIGNATED FEDERAL OFFICER, DEFENSE HEALTH BOARD

FROM: CDR Edmond Feeks, Executive Secretary, Defense Health Board

SUBJECT: Defense Health Board Meeting – Minutes Certification

- The Defense Health Board held a Core Board meeting on 8-9 June 2010.
- The minutes for the meeting are at TAB A.
- According to 41 CFR §102-3.165, the Designated Federal Official must ensure certification of Federal Advisory Committee meeting minutes within the time limit specified.

RECOMMENDATION: Certify meeting minutes.

COORDINATION: TAB B

Approve/Disapprove: Christine Bader

Attachments:
As stated

Prepared by: CDR Edmond Feeks, DHB, 703-681-8448 Ext 1228

DEFENSE HEALTH BOARD (DHB)
CORE BOARD MEETING MINUTES
8-9 JUNE 2010
SHERATON NATIONAL HOTEL
Galaxy Ballroom
900 South Orme Street
Arlington, Virginia

8 JUNE 2010

1. ATTENDEES - ATTACHMENT ONE

2. NEW BUSINESS – OPEN SESSION

a. Opening Remarks and Introductions

Discussion:

Dr. Wayne Lednar, DHB Co-Vice President, welcomed meeting attendees. Col Donald Noah called the meeting to order as the DHB Designated Federal Officer (DFO), after which the DHB members and public attendees introduced themselves.

Action/POC: None.

b. Vote: Bylaws Revision

Discussion:

Dr. Adil Shamoo, DHB Bylaws Work Group Chair presented proposed amendments to the DHB Bylaws for the Board's consideration and approval. He reviewed the Work Group membership and meetings held to date. Dr. Shamoo indicated that the proposed amendments include additions of new sections and paragraphs, the inclusion of DFO approval where such approval is required, as well as modification of current Bylaws language. He stated that the Bylaws serve as the Board's operational rules; additionally, the DHB is governed by its Charter and is subject to the provisions of the Federal Advisory Committee Act (FACA).

The Work Group proposed the addition of new sections and paragraphs addressing involuntary termination, code of conduct and conflicts of interest, determinations regarding continuing need for a Subcommittee, as well as the process for amending the Board Bylaws. Dr. Shamoo reviewed the proposed language regarding Board and

Subcommittee member nominations and appointments, the Board President and Vice Presidents, Executive Committee, Board member duties, the process for Board- and Subcommittee-initiated examinations, Subcommittee membership, as well as the process by which the Department of Defense (DoD) requests recommendations from the Board.

The Work Group proposed that the section addressing Subcommittee membership and appointments include the statement that Subcommittee members shall serve no more than four years, which is the current length of service for Board members. Dr. Clements noted Section Three, Terms of Service, states that Subcommittee members serve renewable one-year terms without limit to the total number of terms that might be served; Dr. Shamoo stated that this section would be revised to include the limit of four years of service. Dr. Lednar noted that many of the Board members' four-year terms will expire in December 2010, and indicated that a transition plan is being developed to ensure the Board will continue to provide consistent support to the DoD. Dr. Oxman asked if Board members might continue to serve as consultants after their terms have expired; Ms. Christine Bader, DHB Director, indicated she would request guidance regarding this issue from the Washington Headquarters Services (WHS). Following the deliberation, the Board approved by unanimous vote the proposed amendments to the Board Bylaws.

Action/POC:

1. Determine whether Board members may serve as consultants following completion of four-year appointment terms/Ms. Bader.

2. Provide final Bylaws to Board members/DHB support staff.

c. Information Brief: Operations (OPS) Briefing

Discussion:

Maj Scott O'Neal, assigned to the Europe and North Atlantic Treaty Organization (NATO) Division of the Joint Staff Joint Operations Directorate, provided an overview of current global military operations. He presented a diagram addressing Afghanistan stability and counterinsurgency (COIN) dynamics and discussed the priorities and strategic objectives of the Chairman of the Joint Chiefs of Staff, which include defending vital national interests in the broader Middle East and South Central Asia, properly balancing global strategic risk, and ensuring force health. Following, Maj O'Neal described activities and challenges experienced within the following United States Commands: Northern Command (USNORTHCOM), Southern Command (USSOUTHCOM), European Command (USEUCOM), Central Command (USCENTCOM), Pacific Command (USPACOM), and African Command (USAFRICOM). He emphasized the top priorities for each combatant command

(COCOM), and stated that current global operations are supported by approximately 341,600 Service members.

Maj O'Neal described experiences of several Service members who supported the following global operation efforts and events: Operation Unified Response in Port-au-Prince, Haiti; Chilean earthquake relief in Angol, Chile; Combined Joint Task Force Horn of Africa in Garman, Ethiopia; the 65th anniversary of Victory Day in Vladivostok, Russia; Operation Iraqi Freedom in Baghdad, Iraq and Kadhimiya, Iraq; Provincial Reconstruction Team in Ghazni Province, Afghanistan; Operation Enduring Freedom in Afghanistan; Task Force 151 in the Gulf of Aden; Joint Special Operations Task Force in the Philippines; and, the Louisiana Army National Guard in Breton Sound Marina, Louisiana.

Action/POC: None.

d. Vote: Evidence-Based Metrics from Psychological Health External Advisory Subcommittee

Discussion:

Dr. Charles Fogelman, Psychological Health External Advisory Subcommittee Chair, reviewed Subcommittee membership, dates of recent teleconferences, as well as the agenda and topics discussed during the 4-5 May 2010 Subcommittee meeting. Future Subcommittee meetings would be held on 13-14 September 2010 and 2-3 December 2010. In addition, Dr. Fogelman outlined a request to the Board regarding the use of Automated Neurocognitive Assessment Matrices (ANAM).

Dr. Fogelman reviewed a request submitted to the DHB regarding the identification of evidence-based metrics used to evaluate the effectiveness of DoD preclinical programs that support resilience, education, and counseling, as well as DoD clinical mental health program outcomes. To address these questions, the Subcommittee formed two Subgroups; Dr. Fogelman introduced the Subgroup Chairs, Dr. Brett Litz and Dr. Kurt Kroenke, who provided summaries of the Subgroup recommendations that addressed preclinical program effectiveness, surveillance and psychological health indicators, as well as issues pertaining to clinical care.

Discussion ensued regarding the origin of the questions regarding evidence-based metrics posed to the Subcommittee. BG Sutton, Director of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury (TBI), stated that several DoD programs that address TBI and psychological health issues were established in the last two years; the development of program evaluations that would determine their effectiveness is forthcoming. Col Noah stressed an important outcome of military

psychological health programs is the development and maintenance of resilience among Service members.

Members discussed whether the recommendations developed by the Subcommittee fully address and adequately respond to the questions regarding evidence-based metrics. Col Noah stated that the report does not recommend specific metrics to be used to evaluate the effectiveness of preclinical and clinical mental health programs; Dr. Fogelman indicated that the recommendations provide the structural framework for developing a program evaluation.

Dr. Parkinson suggested that a cover letter should be enclosed with the recommendations indicating the Board's endorsement of the Subcommittee's findings and recommendations, while providing additional recommendations that would facilitate the evaluation of DoD mental health programs, such as the development of an operational definition of resilience. The Board agreed and postponed the vote on the proposed recommendations until later in the afternoon, when the requested letter would be drafted and provided for review.

Action/POC: Draft cover letter to be included with Subcommittee recommendation memorandum/Dr. Parkinson and Dr. Fogelman.

e. Information Brief: Public Health Emergency Management within DoD

Discussion:

CAPT D.W. Chen, Director of Civil/Military Medicine for the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)), provided an overview of Department of Defense Instruction (DoDI) 6200.03, Public Health Emergency Management within DoD. The previous DoDI that addressed public health emergency management, Emergency Health Powers on Military Installations, was issued on 12 May 2003. CAPT Chen reviewed the purpose of DoDI 6200.03, as well as the new statutes, regulations, and directives considered in its development. He stated that public health emergencies might be declared by the President, Secretary of the Department of Health and Human Services (DHHS), state governors, and military commanders. Following, CAPT Chen reviewed the definition of public health emergency and the responsibilities of the ASD(HA), Services, geographic COCOMs, Chief of the National Guard, and military treatment facility (MTF) commanders or officers-in-charge in the event of a public health emergency, as stated in DoDI 6200.03.

CAPT Chen described general procedures followed by public health emergency officers (PHEOs) in the event of a public health emergency. He provided the qualifications and responsibilities of PHEOs and MTF emergency managers (MEMs) and described the role of veterinary support personnel. Following, CAPT Chen discussed surge capabilities and

procedures for providing health care during a public health emergency, indicating that MTF commanders may supplement health care staff with Reserve, contractor, and/or volunteer personnel. He presented a flow chart depicting routing and notification procedures relating to quarantinable diseases and other public health emergencies. CAPT Chen then discussed processes for reporting public health emergencies occurring at military installations both within the continental United States (CONUS) and outside CONUS (OCONUS). Following the presentation, discussion ensued regarding issues pertaining to education, training, and position qualifications for PHEOs.

Action/POC: None.

f. Information Brief: DoD Task Force on the Prevention of Suicide by Members of the Armed Forces

Discussion:

MG Philip Volpe and Ms. Bonnie Carroll, Co-Chairs of the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces, provided an overview of the Task Force's recent activities. MG Volpe reviewed the Task Force membership and specific issues under examination, as indicated in Section 733 of the National Defense Authorization Act for Fiscal Year 2009 (NDAA FY09). He discussed the agenda topics of the Task Force meetings held in March, April, and May 2010 and stated that the Task Force also held a deliberation and writing session on 11-14 May 2010. He then reviewed the Task Force site visit locations.

MG Volpe discussed the general observations that will be included in the Task Force's final report, as well as findings related to the prevention, intervention, and "postvention" of suicide by members of the Armed Forces. He stated that while several programs targeting suicide issues exist, it is difficult to evaluate the effectiveness of such programs and interventions. MG Volpe stressed the importance of training military leaders on suicide issues and prevention, and stated that Service members may feel more comfortable communicating with peers rather than leadership; therefore, peer-to-peer programs and education would also be necessary.

The Task Force will continue to draft their report in June 2010, and will present the final report to the DHB during the 14 July 2010 meeting and to the Secretary of Defense on 6 August 2010. Discussion ensued regarding challenges incurred in tracking suicide events among non-Active Duty Service members, and the manner by which the tracking and reporting of such events could be improved.

Action/ POC: None.

g. Information Brief: Haiti Relief

Discussion:

CAPT James Ware, Commanding Officer of the United States Naval Ship (USNS) Comfort MTF, provided a brief regarding Operation Unified Response following the 12 January 2010 earthquake in Haiti. At the time of this earthquake, the USNS Comfort was undergoing planned maintenance; he described efforts to prepare the ship for deployment. CAPT Ware discussed the medical response for the earthquake victims, indicating it was a joint interagency, civilian, and international effort, and reviewed the response lines of DoD operation, which included operations, security, transportation, medical, personnel, as well as supply and knowledge management. He described the medical staff onboard the Comfort during the first 36 hours following deployment, which included Active Duty military and civilian personnel, as well as personnel from the Reserves, American Red Cross, and other non-governmental organizations (NGOs). Work force requirements were tailored to maximize the medical capabilities needed to treat earthquake injuries. Surgical, medical, and equipment capabilities onboard the Comfort were expanded, and 246 additional volunteers from nine NGOs arrived to assist in medical and translation efforts.

CAPT Ware stated that the medical operations staff focused on efforts to assess, transport, treat, discharge, and provide after-care and compassionate care to patients affected by the earthquake. He reviewed the number of patient admissions, discharges, and deaths from 19 January 2010 to 3 March 2010, as well as the number of earthquake and non-earthquake related cases, inpatient and outpatient total admissions for Operation Unified Response Haiti, and surgeries conducted onboard the Comfort. Following, CAPT Ware described the Comfort's ancillary services; methods of patient transportation, which included air, boat, and ground operations; and the medical facilities to which patients were transported. CAPT Ware stressed the importance of providing psychological and spiritual care to both patients and providers; a Special Psychiatric Rapid Intervention Team (SPRINT) was developed to provide such services, and chaplains were available, as well. CAPT Ware reviewed issues pertaining to red blood cell usage during Operation Unified Response, blood supply availability, and orthopedic support onboard the Comfort. He also discussed the medical staff response to acinetobacter infections contracted by approximately 20 patients onboard the Comfort.

Action/POC: None.

h. Information Brief: Defense and Veterans Pain Management Initiative (DVPMI)

Discussion:

COL Chester Buckenmaier, III, DVPMI Program Director, provided an overview of the Army Pain Management Task Force. He described novel methods and equipment for pain control, as well as the mission and vision statement of the Pain Management Task Force. COL Buckenmaier reviewed the Task Force membership and locations of site visits conducted by the Task Force, which included Army, Navy, Air Force, Department of Veterans Affairs (VA), and civilian personnel. He stated that the most common injuries experienced by Service members include blast, projectile trauma, and axial load injuries, which require pain management interventions.

COL Buckenmaier described the Veterans Health Administration (VHA) National Pain Management Strategy, initiated by the Under Secretary for Health in 1998 to implement the stepped pain care model, secure integration into the medical home model, and build a partnership with DoD. He reviewed the frequency of possible diagnoses among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans, noting the prevalence of chronic pain, post traumatic stress disorder (PTSD), and TBI in OEF/OIF veterans. Following, COL Buckenmaier described research findings pertaining to the chronic pain cycle and its effects, which include quality of life issues, social and societal consequences, psychological and central nervous system morbidities, as well as medical co-morbidities and consequences. Key elements in the pain care continuum include primary prevention, such as injury avoidance; secondary prevention, which occurs after an injury event or the start of a disease and includes minimizing pain access to the central nervous system or the system's pathophysiologic response; and, tertiary prevention, in which rehabilitative efforts are employed to minimize the impact of pain on quality of life. COL Buckenmaier then described the VA stepped pain care model, which includes primary care, secondary consultation, and referral to tertiary, interdisciplinary pain centers for advanced pain medicine diagnostics and interventions.

COL Buckenmaier described the Task Force findings pertaining to best practices, as well as education, research, and capability issues. In addition, he outlined the Task Force recommendations, which focus on the needs of Service members and their families; overall force sustainment; synchronization of a culture of pain awareness, education, and proactive intervention among medical staff, patients, and leaders; provision of tools and infrastructure that would support and encourage pain management practices and research advancements; and, establishment of a full spectrum of best practices for the continuum of acute and chronic pain care, based on the optimal medical interventions available. He then described the proposed Army Pain Management Center of Excellence.

Action/POC: None.

i. Question to the Board: Inclusion of Measles/Mumps/Rubella (MMR) Vaccine in Navy Accessions Screening and Immunization Program

Discussion:

CAPT Neal Naito, Director of Clinical Care and Public Health at the Bureau of Medicine and Surgery (BUMED), presented a potential question for the Board's consideration regarding the inclusion of MMR vaccine in the Navy Accessions Screening and Immunization Program (ASIP). Initiated in 2009, the Navy recruit serological screening program identifies recruits with non-immune measles and rubella titre levels; only these recruits receive the MMR vaccine. Immunity to mumps is assumed when both measles and mumps titres suggest immunity.

CAPT Naito provided background information regarding mumps, stating that the mumps vaccine is less effective than either the measles or rubella vaccine in inducing immunity and preventing outbreaks. Over time, immunity to mumps might wane more rapidly than that of measles or rubella; mumps outbreaks have occurred within populations with seemingly high vaccination rates. He described the Navy ASIP, which identifies necessary immunizations for recruits and prevents unwarranted vaccinations. CAPT Naito presented serological data collected by the Armed Forces Health Surveillance Center (AFHSC) regarding MMR immunity among recruits. Approximately 80 to 85 percent of accessions demonstrated measles and rubella immunity, based on titre levels; an estimated 15 to 20 percent of accessions received MMR vaccine. Mumps immunity rates were slightly lower at 74 to 80 percent.

CAPT Naito stated that although the Services have not experienced a mumps outbreak since the inception of ASIP, large-scale mumps outbreaks occurred in 2006 a Midwest college population and in 2009 among a Northeastern religious community; in addition, these populations reportedly had relatively high mumps vaccination rates.

CAPT Naito stated the following question addressed to the Board: given the recent mumps outbreaks in the United States, should the MMR vaccine continue to be included in the Navy ASIP? He presented the following three potential courses of action for consideration: continue the current Navy ASIP; remove MMR vaccine from ASIP and resume mandatory universal MMR vaccination upon accession into the Navy; or, continue the current Navy ASIP at recruit training centers, while monitoring mumps events among Service members and the wider community, and reinstitute mandatory universal MMR vaccination of recruits if either a mumps outbreak occurs at a recruit training site or the incidence of cases increases.

Discussion ensued regarding the quality of serologic data pertaining to MMR immunity, as well as MMR screening practices of the Air Force and Army. Col Noah stated that the question should be formally submitted to Dr. Rice, Performing the Duties of the

ASD(HA), who could then request the Board to examine this issue and provide recommendations to the Department.

Action/POC: Submit question regarding MMR vaccine in Navy ASIP to ASD(HA) for DHB consideration/CAPT Naito.

j. Information Brief: Convalescent Plasma Therapy

Discussion:

Dr. Thomas Luke provided a brief regarding the use of convalescent plasma as a primary or adjunct therapy for multiple pathogens. Convalescent plasma and sera have been used in the prophylaxis and treatment of the following pathogens in humans and animal models: avian influenza H5N1, Spanish influenza, measles, Hepatitis A, and severe acute respiratory syndrome (SARS), among others. Dr. Luke stated that DoD personnel are at high risk for infectious disease epidemics, and that DoD currently collects and produces large volumes of blood products from volunteers. In 2007, the DHB was requested to evaluate and consider the use of convalescent plasma for the treatment of H5N1, pandemic influenza, and other infectious disease for which inadequate therapies exist. Dr. Luke described the DHB meeting held on 5-6 February 2008 to examine this issue; recommendations were issued by the DHB on 14 May 2008 and subsequently endorsed by the DHB Pandemic Influenza Preparedness Subpanel on 8 May 2009.

Dr. Luke stated that the Naval Medical Research Center (NMRC) received funding from BUMED to collect plasma from individuals who recovered from, or were vaccinated against pandemic H1N1 (pH1N1). Additionally, the NMRC is collaborating with the National Institute of Allergy and Infectious Diseases (NIAID) in a multi-center clinical trial that would study anti-influenza A H1N1 2009 plasma as an Investigational New Drug (IND) for the treatment of pH1N1. Dr. Luke described a meta-analysis of studies in which convalescent whole blood, plasma, or sera were provided to patients with Spanish influenza and pneumonia; all eight studies that met inclusion criteria reported a survival benefit amongst patients receiving this treatment. Dr. Luke reviewed several recent publications regarding the use of convalescent plasma or serum therapy for influenza, and discussed the average monthly donation of whole blood units in DoD, as well as the amount of convalescent plasma needed in the event of a severe influenza outbreak amongst DoD personnel.

Dr. Luke described convalescent plasma and plasmatherapy INDs secured by NIAID for the treatment of pH1N1 and discussed the use of convalescent plasma therapy in the treatment of adenovirus. He then described a 2009 study conducted at a Naval facility in which students received both seasonal influenza and H1N1 vaccines; stored serum samples from these students were tested for hemagglutination inhibition (HAI) following routine blood drives in November 2009 and April 2010. Dr. Luke concluded by

presenting a picture of the Food and Drug Administration (FDA)-approved label for anti-influenza A H1N1 2009 plasma.

Action/POC: None.

k. Information Brief: Military Occupational/Environmental Health and Medical Surveillance Subcommittee

Discussion:

On behalf of the Subcommittee Chair Dr. William Halperin, Dr. Lednar, Subcommittee member, provided an overview of the Subcommittee's recent activities, and reviewed its membership and the Subcommittee charge issued by the ASD(HA) on 17 September 2002 regarding a review of the DoD Deployment Health Research and Clinical Centers. The Subcommittee was requested to meet with the directors of these Centers to receive mission briefs and develop an ongoing strategy that would enable the DHB to serve as an external advisory board for the Centers. In October 2009, Dr. Halperin conducted a site visit to the Naval Health Research Center (NHRC) with CDR Edmond Feeks, DHB Executive Secretary; the Subcommittee then prepared a draft report of its preliminary findings, including a prioritization of issues for further examination. A follow-up site visit, that included the participation of several Board members, was conducted on 11-12 May 2010. During this visit, members continued to draft their preliminary findings. The report will be presented for deliberation and vote at the 18-19 August 2010 DHB meeting. The Subcommittee will then begin a review of the Deployment Health Clinical Center (DHCC) at Walter Reed Army Medical Center (WRAMC); a two day site visit is tentatively scheduled for September 2010.

Action/POC: None.

l. Vote: Evidence-Based Metrics from Psychological Health External Advisory Subcommittee

Discussion:

Dr. Parkinson presented the cover letter drafted for the recommendation memorandum regarding evidence-based metrics issued by the Psychological Health External Advisory Subcommittee. The DHB members discussed and suggested amendments to the document, after which a revised version was prepared and, with the recommendation memorandum, approved unanimously.

Action/POC: Send approved cover letter and recommendation memorandum for signature/DHB Support Staff.

m. Administrative/Closing Remarks

Discussion:

CDR Feeks made several administrative remarks regarding various activities planned for the evening and following day, which would include a closed meeting session, after which Col Noah adjourned the meeting.

Action/POC: None.

3. NEXT MEETING

The next meeting of the DHB is scheduled for 14 July 2010 at the Bethesda Marriott hotel in Bethesda, Maryland.

Defense Health Board (DHB) Certification of Minutes
For June 8-9, 2010

COORDINATION

DASD(FHP&R) George Peach Taylor, Jr., M.D. for

8/11/10