



**DEFENSE HEALTH BOARD  
MEETING  
AUGUST 21-22, 2012  
Renaissance Chicago North Shore Hotel  
Winnetka Ballroom  
933 Skokie Blvd  
Northbrook, Illinois 60062**

- 1. ATTENDEES – ATTACHMENT ONE**
- 2. NEW BUSINESS**

**August 21, 2012—Administrative Session**

Defense Health Board (DHB) members and Service Liaisons participated in a tour of the Lovell Federal Health Center (FHCC). In addition to touring the hospital facility, members visited the USS Red Rover and USS Osborne, where medical and dental screening and treatment occur for new Navy recruits.

**August 22, 2012--Administrative Session**

Ms. Bader welcomed Dr. Groopman as the newest member of the Board. She also announced Dr. Anderson as the recently elected Second Vice President of the Board. Ms. Bader then reviewed the status of Board and subcommittee appointments and reappointments, the DHB Charter, 2013 meeting dates and locations, and new questions to the Board. She provided an overview of the Military Health System (MHS) Research Symposium held the previous week, and noted that many senior military health leaders at the conference discussed issues currently or formerly addressed by the Board.

Ms. Coates shared relevant media topics, including those pertaining to post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and suicide. Dr. Dickey requested that the Board refrain from holding more than two consecutive meetings without addressing military psychological health issues, in order to stay abreast of these topics. Members requested that the Board conduct a broad review of psychological health issues, to include PTSD, TBI and suicide, as well as talking points for these topics for potential media inquiries.

**Action/POC:**

1. Include psychological health issues as a DHB meeting agenda item in the near term/DHB Staff.
2. Request Under Secretary of Defense (Personnel and Readiness) (USD(P&R)) permission for a Board review of psychological health, PTSD, TBI, and suicide issues/DHB Staff.
3. Develop talking points for Board members/DHB Staff.

## **August 22, 2012--Public Session**

### **a. Administrative/Opening Remarks**

Dr. Dickey welcomed the members and attendees, and held a moment of silence to honor fallen Service members. As the Designated Federal Officer, Mr. Middleton called the meeting to order. Following introductions by Board members and public attendees, Ms. Bader provided administrative remarks.

**Action/POC:** None.

### **b. Obesity Work Group Update**

Dr. O'Leary provided a status update on the Board's examination of the obesity issue. At the request of the Deputy Surgeon General of the Air Force, the then-Acting USD(P&R) requested that the Board examine potential implications of national obesity and overweight trends on the military, including the ability to recruit and retain personnel. The Acting USD(P&R) also asked the Board to identify best practices and strategies that the Department can adopt to positively affect military Service members, retirees and their families. To begin addressing the question in the absence of a currently appointed subcommittee, the Board formed an ad hoc work group made up of currently appointed Board members.

Dr. O'Leary provided an overview of briefings received at the kick-off meeting on July 16, 2012. He also stated that the Work Group would hold a meeting immediately following the Board meeting to finalize its Terms of Reference, Guiding Principles, and to review data. During forthcoming meetings, the Work Group will receive subject matter expert briefings and will continue to assess best practices. The Work Group hopes to deliver a draft interim report at the February 2013 DHB meeting and a final report next summer.

Gen (Ret) Myers suggested the Work Group connect with Dr. Tenley Albright, professor at the Massachusetts Institute of Technology, who has examined obesity in the U.S. from a systems perspective. Maj Gen Robb asked the Canadian and British Liaison Officers to share any initiatives or lessons from their respective countries. CDR Wilcox responded that the Canadian Military Force Health Protection and Readiness division is responsible for examining this issue. It assesses current health programs every two years. He indicated that although this issue is growing in national importance, due to the national healthcare system, there is greater acceptance of preventive medicine interventions among the population. Col Richardson noted that obesity/overweight is also less prevalent in the United Kingdom (UK) than in the U.S., especially within the military. The UK has mainly focused on diabetes initiatives within the general population. Col Richardson indicated that the UK military operates health committees at the Command and Brigade levels. Through these committees, the Line accepts and addresses obesity and nutrition as Line responsibilities.

**Action/POC:** Provide an update on the progress of the review at the November 2012 meeting/Dr. O'Leary.

**c. Categorizing Biological Agents in Post Mortem Risk Groups Work Group Update**

Dr. Anderson provided a status update on the Board's review of the Army's 2009 report, "Categorizing Biological Agents in Post Mortem Risk Groups." At the request of the Surgeon General of the Army, the then-Acting USD(P&R) asked the Board to review the report and concur on several of its elements. The Board formed an ad hoc work group consisting of Dr. Anderson, Dr. Bullock, Dr. Hovda and Dr. O'Leary. The members held a kick-off meeting on June 26, 2012 and a follow-up meeting on August 20, 2012 to review the report and determine the way ahead. They are tentatively planning to visit Fort Lee and the Armed Forces Medical Examiner System to receive briefings from subject matter experts. Dr. Anderson stated that based on a preliminary review, the members felt that the report was very detailed, well researched and well referenced. Dr. Dickey suggested that the Work Group consider recommending that the Army reassess its report, since it was issued three years ago. The members plan to provide a briefing with proposed recommendations at the November 2012 DHB meeting.

**Action/POC:** Provide proposed recommendations for the Board's consideration at November 2012 meeting/Dr. Anderson.

**d. Decision Brief: Supraglottic Airways Update**

Dr. Dickey provided an update on the supraglottic airways (SGA) recommendation report. At the June 26, 2012 meeting, the Board approved the suggestion from the Trauma and Injury Subcommittee to recommend changing the Tactical Combat Casualty Care Guidelines for Tactical Evacuation Care to allow the Services to use any SGA rather than only the Laryngeal Mask Area (LMA)/intubating LMA or Combitube™. While finalizing the recommendation to the Department, Dr. Dickey further reviewed findings from peer-reviewed literature and felt it needed further revision, proposing text be added to encourage the Services to select a limited number of devices, emphasize the importance of training and to work toward standardization.

Dr. Dickey offered the following additional recommendations:

- Remove specific device references from the TCCC Guidelines
- Ensure specific SGA device recommendations are evidence-driven and demonstrate superiority
- Absent this evidence, the Services should select a limited number of devices
- Services should ensure providers are trained and equipped to field the SGA devices selected by their Service
- Evaluate SGA devices on an ongoing basis
- Ensure continued research and adequate prehospital data collection
- Work toward standardizing equipment inventories, provider training and equipping across services
- Make sure that inventory practices should account for rapid, continuous evolution of medical best practices, where feasible.

Members approved the revised report by unanimous vote.

**Action/POC:** Finalize the recommendation report and forward to the Department/DHB Staff.

**e. Information Brief: Military Health System Governance Update**

Mr. Middleton provided an overview of the current organizational structure and function of the MHS and the challenges faced by the organization. He also explained the changes proposed by the MHS Governance Task Force for a new Defense Health Agency, as well as for multiservice markets and the National Capital Region. Mr. Middleton concluded his presentation with a summary of the way ahead.

**Action/POC:** None.

**f. Information Brief: DoD/VA Research Collaboration Efforts for Post-Traumatic Stress Disorder and Traumatic Brain Injury**

Dr. Rauch provided an overview of medical research programs and initiatives within the Department of Defense (DoD), including research and development objectives. The Defense Health Program (DHP) is the largest funding sponsor for all DoD research. All military Services and several DoD divisions operate Research, Development Test and Evaluation (RDT&E) programs. Because Army RDT&E has the largest R&D management and science infrastructure, Health Affairs leverages that infrastructure to support research initiatives. Dr. Rauch stated that DoD has accelerated delivery of trauma therapies and regenerative medicine therapies for severely injured Service members, and has initiated several clinical trials to advance medicine for both the military and civilian sectors. He also reviewed collaborative DoD and Department of Veterans Affairs research efforts and portfolios funded by the DHP. Dr. Rauch noted that the DHP has not experienced decreased funding despite the climate of ongoing Federal budget cuts.

**Action/POC:** None.

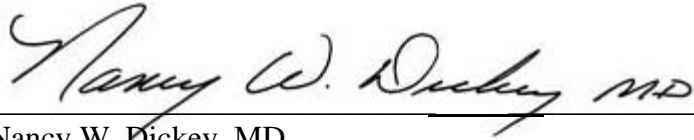
Following Dr. Rausch's presentation, Dr. Dickey thanked the members and guests for their participation. Ms. Bader thanked the speakers for their presentations as well as the leaders at Lovell FHCC for hosting the Board and providing the site visit tour. Mr Middleton formally adjourned the open session of the meeting.

**3. NEXT MEETING**

The next DHB meeting will be November 27-28, 2012 at the Renaissance Arlington Capital View Hotel in Arlington, Virginia.

#### 4. CERTIFICATION OF MINUTES

I hereby certify that, to the best of my knowledge, the foregoing meeting records are accurate and complete.



November 7, 2012

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Nancy W. Dickey, MD  
President, Defense Health Board

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Date

**ATTACHMENT ONE: MEETING ATTENDEES**  
**August 22, 2012**

<b>BOARD MEMBERS</b>			
<b>TITLE</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>ORGANIZATION</b>
Dr.	Anderson	George	<i>Defense Health Board (DHB) Second Vice President</i> Executive Director, Association of Military Surgeons of the United States
Dr.	Baldwin*	John	Professor of Internal Medicine and Surgery, Texas Tech University System
Dr.	Bullock	Ross	Professor, Neurosurgery and Director, Neurotrauma Care, University of Miami
Dr.	Dickey	Nancy	<i>DHB President</i> President, Texas A&M University Health Science Center
Dr.	Gandy*	John	Emergency Medicine Physician, Shenandoah Memorial Hospital
Dr.	Groopman	John	Johns Hopkins University Bloomberg School of Public Health
Dr.	Higginbotham	Eve	Association of American Medical Colleges
Dr.	Hovda	David	Director, University of California, Los Angeles (UCLA) Brain Injury Research Center
Gen (Ret)	Myers	Richard	<i>DHB First Vice-President</i> RMyers & Associates LLC
Dr.	O'Leary	Dennis	President Emeritus, The Joint Commission
<b>INVITED GUESTS &amp; STAFF</b>			
<b>TITLE</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>ORGANIZATION</b>
Ms.	Bader	Christine	<i>DHB Director</i>
Brig Gen	Cornum	Kory	Commander, 81 <sup>st</sup> Medical Group
Mrs.	Coates	Marianne	DHB Media Consultant/Creative Computing Solutions Inc. (CCSi)
Ms.	Gaviola	Camille	<i>DHB Deputy Director</i>
Ms.	Klevenow	Jen	Event Coordinator/CCSi
Ms.	MacKenzie	Elizabeth	DHB Analyst/CCSi
Mr.	Middleton	Allen	<i>DHB Designated Federal Officer</i> Deputy Assistant Secretary of Defense (Health Budgets and Financial Policy)
CAPT	Padgett	William	<i>DHB Service Liaison Officer</i> U.S. Marine Corps
LCDR	Palmer	Jason	<i>DHB Service Liaison Officer</i> Lovell Federal Health Care Center (FHCC)
Ms.	Peabody	Hillary	DHB Analyst/Grant Thornton LLP
COL	Richardson	Katherine	<i>DHB Service Liaison Officer</i> British Liaison Officer
Maj Gen	Robb	Douglas	Joint Staff Surgeon, The Joint Staff/J-4 Joint Staff, Pentagon
CAPT	Schwartz	Erica	<i>DHB Service Liaison Officer</i> U.S. Coast Guard
LTC	Soltis	Bryony	<i>DHB Service Liaison Officer</i> Department of the Army
BG	West	Nadja	Office of the Surgeon General, Department of the Army
CDR	Wilcox	David	<i>DHB Service Liaison Officer</i> Canadian Embassy
<b>MEDIA &amp; PUBLIC ATTENDEES</b>			
<b>TITLE</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>ORGANIZATION</b>
2d Lt	Brown	Adam	AETC/81 <sup>st</sup> Medical Group
Dr.	Maldonado	Frank	Lovell FHCC
CAPT	Oxford	Jim	Lovell FHCC
CAPT	Syring	Keith	The US Army Medical Research and Materiel Command
Dr.	Tobin	Joshua	UCLA, Department of Anesthesiology

\*Denotes participation via telephone