



**DEFENSE HEALTH BOARD MEETING
JUNE 3-4, 2014**

Marine Corps Base Camp Lejeune,
Paradise Point Officers' Club
Bldg 2615, Seth Williams Boulevard,
Camp Lejeune, North Carolina 28547

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

June 3, 2014—Administrative Session

Dr. Nancy Dickey welcomed Defense Health Board (DHB) members and subcommittee members to the meeting. Ms. Christine Bader also welcomed the group and introduced new contract support staff. She also reminded members to report any conflicts of interest they may have regarding the meeting.

Ms. Marianne Coates provided a brief media update to the members, describing several recent Department of Defense (DoD) events covered by the media. Ms. Bader updated the members on the status of recent DHB recommendations. She also briefly summarized the work of the Independent Review Panel on Military Medical Construction Standards, which was established by the 2011 National Defense Authorization Act, as the government staff also supports the panel. The panel has been asked to review the unified construction standards' consistency with industry practices and benchmarks; review DoD's ongoing construction programs to ensure standards are uniformly applied; assess DoD's approach to planning and programming facility improvements; assess whether the Comprehensive Master Plan (CMP) for the National Capital Region is adequate to fulfill previous requirements; and make recommendations regarding adjustments to the CMP.

Action/POC: None.

June 3, 2014--Open Session

- a. Administrative & Opening Remarks**

Dr. Dickey opened the meeting and welcomed the attendees. Ms. Bader called the meeting to order as the DHB Alternate Designated Federal Officer. Following a moment of silence to honor Service members, meeting attendees introduced themselves, including those members present via telephone.

Action/POC: None.

b. Combat Casualty Care Research Program

Col Todd Rasmussen, Deputy Director of the U.S. Combat Casualty Care Research Program (CCCRP), provided an overview of the research program, describing the organization and aims of the program. He noted that a working group analyzed capability gaps resulting from the 2008 Guidance for Development of the Force effort and identified 24 research gaps requiring medical R&D in the purview of the CCCRP. Col Rasmussen explained how the program directs funds to military, academic, and private organizations to target outstanding research gaps, highlighting that DoD is one of the only agencies funding this type of research. Citing the decreased case fatality rate of those Service members seriously wounded in recent conflicts, he emphasized the impact of continuing efforts to close combat casualty care research gaps. Members and guests engaged in discussion concerning sustaining and advancing these research programs and maintaining casualty care lessons learned in the event of decreased case loads. Members also discussed additional research partnerships including the National Institutes of Health, the Defense Advanced Research Projects Agency, and international partners including the United Kingdom.

Action/POC: None.

c. Maximizing Value and Readiness in Delivering Joint Health Care at Camp Lejeune

CAPT David Lane, Commanding Officer of Naval Hospital Camp Lejeune, and CAPT Steve Blivin, Force Surgeon at the II Marine Expeditionary Force (MEF), provided an overview of Joint Navy/Marine Corps health care. They highlighted the system of care available at Camp Lejeune and described efforts to recapture military beneficiaries in the community. Marine Corps and Naval medical systems are unique in that they represent a separable, but not separate, system of medical care.

CAPT Lane and CAPT Blivin also explained the use of a new integrated risk system at the base, the Integrated Clinical Management and Risk Mitigation System (ICM-RAMS), in which individuals throughout the spectrum of health care can document concerns regarding a Sailor or Marine, to increase visibility and awareness of potential risks. They noted that having more visibility and accountability of these individuals has reduced the number of cases within the system. Additionally, it was noted the mental health providers within Camp Lejeune are starting to work in partnership with community providers to create a dual diagnosis facility to treat individuals with both mental health and substance abuse issues. Members and guests discussed the use of the ICM-RAMS system, saying that such an integrated program was impressive and should be shared with other Services and installations.

Action/POC: None.

d. Emerging Challenges in Complex Patient Care

CAPT Thomas Johnson, Director of the Intrepid Spirit Concussion Recovery Center, and CDR David Barrows, Director of Surgical Services at Naval Hospital Camp Lejeune, provided an

overview of complex injuries in wounded warriors, highlighting the care available at Camp Lejeune. CAPT Johnson and CDR Barrows discussed their transition from treating complex patients in “silos” of excellence to holistic treatment including spiritual support for patients. They also noted their concern over sustaining the program with the drawdown of deployed troops overseas.

CAPT Johnson and CDR Barrows discussed the complex variety of injuries seen by providers on base, with a majority of patients seeking treatment for post-traumatic stress disorder, depression, and chronic pain, and noting the efforts to reduce polypharmacy. The briefing stimulated robust discussion, with members inquiring about progress in the treatment of traumatic brain injury and polypharmacy in Service members. They noted the difficulty in tracking polypharmacy in those Service members seeking care in the community, as the military health monitoring systems do not interact with those systems.

Action/POC: None.

e. Marine Corps Mission and Medical Support

Col Norman Cooling, Chief of Staff of the II MEF, described the mission and organization of the Marine Corps and the II MEF. He described the ethos of the Marines, noting the young demographics of Service members and the intensity of their operations. Col Cooling also described the organization of II MEF medical assets and efforts to consolidate and streamline medical care, with initial benefits in reduced non-urgent emergency department visits. He also reviewed the future challenges including providing medical support with increased small unit missions to remote areas with limited medical assets.

Action/POC: None.

f. II MEF Force Preservation Councils

Col Michael Brown, Assistant Chief of Staff for Force Preservation at the II MEF, provided a briefing on the role of Force Preservation as a mechanism to coordinate programs and resources providing support to ensure the health, safety, welfare, and morale of marines while improving information flow among leaders and care providers. He emphasized the importance of communication in providing better care for at-risk Service members and the focus on prevention. Col Brown also described the use of the ICM-RAMS system and its role in Force Preservation, documenting available information and generating relevant metrics. Members discussed the possibility of examining data retrospectively to identify informative indicators of stress and negative events.

Action/POC: None.

g. Wounded Warrior Battalion- East

LtCol Leland Suttee, Commander of the Wounded Warrior Battalion-East, provided an overview of the Wounded Warrior Battalion as a recovery center for limited duty Service members with complex medical issues. He noted that the Battalion can be triggered to reach out to a Service member in a number of ways. In addition to setting goals for recovery and addressing additional personal needs, the Battalion provides an organization and hierarchy with which Service members are familiar and comfortable. He highlighted the expanded limited duty program where Marines remain on active duty, often serving in a different military occupational specialty more suited to their altered capabilities. This program provides individualized support through all phases of recovery to ensure wounded warriors and families successfully transition back to full duty or civilian life. LtCol Suttee also noted a recent increase in the proportion of Marines with behavioral health issues, possibly resulting from the drawdown in current conflicts. Members discussed the subjectivity of mental health evaluations and the difficulty in determining the ability of individuals to rejoin their units.

Action/POC: None.

h. Medical Ethics Subcommittee Update: Dual Loyalties of Medical Providers Tasking

Dr. Adil Shamoo, Chair of the Medical Ethics Subcommittee, provided an update on behalf of the Subcommittee on the issue of dual loyalties of military medical providers. He highlighted the recent in-person meeting of the Subcommittee and areas of interest including current ethics training in the military, experiences of healthcare providers, and available evidence regarding ethical conflicts. Members discussed the difficulties experienced by deployed medical personnel and the moral injuries often associated with ethical conflicts experienced as military medical providers. Dr. Shamoo noted the Subcommittee plans to meet with the Guard and Reserve in the fall and present their draft report to the DHB in November.

Action/POC: None.

i. Health Care Delivery Subcommittee Update: Sustainment and Advancement of Amputee Care Tasking

Dr. George Anderson, Chair of the Health Care Delivery Subcommittee, provided an update on the Subcommittee's tasking on the advancement and sustainment of amputee care. He highlighted the series of site-visits to the three Department of Defense (DoD) Amputee Rehabilitation Centers and mentioned key areas of interest, including the model of the U.S. Army Institute of Surgical Research burn center and the impact of advanced technology. The members discussed the decreasing patient load and the need to maintain and advance health care competencies. Dr. Anderson noted that the Subcommittee plans to brief the DHB on their draft report in November.

Action/POC: None.

j. Public Health Subcommittee Update: Sustainment and Advancement of Amputee Care Tasking

Dr. H. Clifford Lane, Public Health Subcommittee Chair, provided a brief update on the deployment pulmonary health tasking for the Subcommittee. Dr. Lane's described key areas of interest and discussed the way forward. He highlighted the lack of clear epidemiologic data on the topic, describing one issue related to declassifying location data of previously deployed Service members. The Subcommittee plans to continue to meet monthly through mid-2014 and have a draft report for the August 2014 DHB meeting.

Action/POC: None.

k. Trauma and Injury Subcommittee Update: Theater Trauma Lessons Learned Tasking

Ms. Christine Bader, Director of the Defense Health Board, on behalf of Dr. Donald Jenkins, provided an overview of what the Trauma and Injury Subcommittee has accomplished to date on their tasking to summarize lessons learned in trauma care from the conflicts in Iraq and Afghanistan. The Subcommittee has been reviewing lessons learned from previous conflicts and drafting the lessons learned that will be included in the report. They will be meeting again in July to finalize their draft report, which will be presented to the DHB in August.

Action/POC: None.

l. Continuing Health Education Update

Dr. Nancy Dickey, President of the Board, provided an update on the Continuing Health Education tasking. The working group has been meeting in person and via teleconference to discuss the report outline and initial draft report. She indicated the members are considering the broad spectrum of health care providers and the opportunity for DoD to be a leader in the changing field of continuing education for health providers. The members will be presenting their draft report to the DHB in November.

Action/POC: None.

June 4, 2014--Administrative Session

DHB members toured the Naval Hospital Camp Lejeune Intrepid Spirit, the Wounded Warrior Battalion-East, the Sports Medicine and Reconditioning Team Center, and the Marine Centered Medical Home. The members also viewed a combat trauma resuscitation demonstration by the Second Medical Battalion and a static display of combat vehicles including a Mine Resistant Ambush Protected Vehicle.

3. NEXT MEETING

The next DHB meeting will be held on August 11-12, 2014.

4. CERTIFICATION OF MINUTES

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



7/11/2014

Nancy W. Dickey, MD
President, Defense Health Board

Date

ATTACHMENT ONE: MEETING ATTENDEES
June 3, 2014

BOARD/SUBCOMMITTEE MEMBERS			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Dr.	Anderson	George	<i>Defense Health Board (DHB) Second Vice President</i> Former Executive Director, The Society of the Federal Health Agencies
Dr.	Baldwin	John	Advisor on Health Sciences to the Chancellor, and Professor of Internal Medicine and Surgery, Texas Tech University Health Sciences Center
Dr.	Bullock	M. Ross	Professor of Neurosurgery and Director of Neurotrauma Care, University of Miami
Ms.	Carroll	Bonnie	National Director, Tragedy Assistance Program for Survivors, Inc.
Dr.	Dickey	Nancy	<i>DHB President</i> Professor, Department of Family and Community Medicine, Texas A&M University
GEN (Ret)	Franks*	Frederick	Former Commanding General, U.S. Army Training and Doctrine Command
Dr.	Gordon*	Steven	Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation
Dr.	Higginbotham	Eve	Perelman School of Medicine, University of Pennsylvania
Dr.	Hovda*	David	University of California, Los Angeles Neurosurgery, Departments of Surgery and of Molecular and Medical Pharmacology Director, UCLA Brain Injury Research Center
RADM	Lane	H. Clifford	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Gen (Ret)	Myers	Richard	<i>DHB First Vice President</i> RMyers & Associates LLC
Dr.	O'Leary	Dennis	President Emeritus, The Joint Commission

Dr.	Poland	Gregory	Director, Mayo Vaccine Research Group, Director for Strategy, Center for Innovation, Mayo Clinic and Foundation
Dr.	Shamoo	Adil	DHB Medical Ethics Subcommittee Member Professor, Department of Biochemistry and Molecular Biology University of Maryland School of Medicine

INVITED GUESTS & STAFF			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Ms.	Bader	Christine	DHB Director/Alternate Designated Federal Officer (DFO)
Brig Gen	Balserek	James	Assistant to the Director, Defense Health Agency (DHA)
CDR	Barrows	David	Director of Surgical Services, Naval Hospital Camp Lejeune
CDR	Batz	Raymond	<i>Marine Corps Liaison Officer</i> Second Marine Aircraft Wing Surgeon
CAPT	Blivin	Steve	Force Surgeon, Second Marine Expeditionary Force
CAPT	Bree	Stephen	<i>DHB British Liaison Officer</i> Captain, U.K. Royal Navy
Col	Brown	Michael	Assistant Chief of Staff, Force Protection Second Marine Expeditionary Force
Mrs.	Coates	Marianne	DHB Media Consultant/Creative Computing Solutions, Inc. (CCSi)
Col	Cooling	Norman	Chief of Staff, Second Marine Expeditionary Force
Ms.	Higgins	Sara	DHB Analyst, Grant Thornton, LLP
CAPT	Johnson	Thomas	Director, Intrepid Spirit Concussion Recovery Center
CDR	Kane	Michele	Executive Military Assistant, DHA
CAPT	Lane	David	Commanding Officer, Naval Hospital Camp Lejeune
CAPT	Laraby	Patrick	<i>DHB Service Liaison Officer</i> Navy, Bureau of Medicine and Surgery
Dr.	Lockette	Warren	Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
MGySgt	Mahoney	William	Senior Enlisted Advisor to the Assistant Secretary of Defense for Health Affairs
Col	Rasmussen	Todd	Deputy Director, U.S. Combat Casualty Care Research Program
Ms.	Ribeiro	Elizabeth	DHB Analyst, CCSi
Lt Gen	Robb	Douglas	Director, DHA
Col	Rouse	Douglas	DHB Executive Secretary
CAPT	Schwartz	Erica	<i>DHB Service Liaison Officer</i> U.S. Coast Guard
Lt Col	Suttee	Leland	Commander, Wounded Warrior Battalion-East Second Marine Expeditionary Force
Ms.	Welsh	Margaret	DHB Event Planner, Grant Thornton, LLP

MEDIA & PUBLIC ATTENDEES			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Dr.	Bermes	Michael	Director, Prevention, Surgeon, Second Marine Expeditionary Force
Mr.	Casterline	Dan	National Account Executive, Merck Vaccines
CDR	Cowan	George	Division Psychiatrist, Second Marine Expeditionary Force
Mr.	Craig	Stephen	Wounded Warrior Battalion-East
Dr.	Fishbein	Howard	Associate Director, Health Sector, Westat
CAPT	Moeller	Michael	Surgeon, Second Marine Expeditionary Force
Ms.	Poland	Jean	
Mr.	Rudolph	Roger	Manager, Army and Homeland Defense Medical Solutions, Health and Analytics, Battelle Memorial Institute
CAPT	Semple	George	Incoming Surgeon, Second Marine Expeditionary Force, Okinawa, Japan
Ms.	Sweet	Helayne	Executive Vice President, Clinovations Government Solutions

*Participated via telephone.