



Defense Health Board



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Federal Advisory Committee Review

Background

- Late FY 2004 – DoD implemented federal advisory committee administrative changes
 - Appointed DoD Committee Management Official (CMO)
 - One for all DoD – Mr. Frank Wilson, WHS
 - DoD Directive revision initiated
 - Conflicting policies, outdated documents
 - New interpretation of FACA rules
 - SEC DEF Initiated Top to Bottom Review of FACA Boards
 - More than 60 Boards (Problems with Charters, member appointments)
 - More Board members than DoD political appointees
 - Major Issue: Independence of advisory boards
 - Not an extension of DoD
 - Goal – Enhance efficiency – Reduce number
 - Retain, eliminate, consolidate, transfer to other federal agencies



Federal Advisory Committee Review

Initial AFEB Review

- CMO noted
 - Issues with AFEB Charter
 - Change does not require ASD(HA) approval
 - SECDEF appoints members – Not ASD(HA)
 - Member appointments are annual but terms are 2 years
 - Recommendations made to SECDEF not ASD(HA)
 - Only SECDEF can decide to accept or reject recommendations
 - CDC/VA member status
 - No AFEB Bylaws
 - Current operation imply that AFEB is extension of DoD (ASD(HA), not independent organization)



Federal Advisory Committee Review

- Initial AFEB Actions
 - Revised AFEB Charter Approved
 - Simplified – less detail
 - Reinforces Board independence
 - Clarifies Ex-officio member status
 - VA
 - CDC
 - Developed AFEB By-Laws
 - Codifies Board operating procedures
 - Address Board independence in detail
 - Mission Statement Developed
 - For Board's Consideration
 - New AFEB Letterhead
- Changes enhanced AFEB standing during top-to-bottom review



Federal Advisory Committee Review

Feb 2006, FACA Top-to-Bottom Review Recommendations:

- Drops total number of Federal Advisory Committee to 37 (↓40%)
- Recommends combining existing health-related DoD FACs and creating a new Board
 - "DoD Health Advisory Board"
 - Modeled after the Defense Science Board
 - Subordinate sub-panels/subcommittees/task forces
 - Membership from a broad range of medial disciplines
 - Incorporates AFEB, AFIP, and Board of Directors for Amputee Patient Care Program
 - Supported by SEC Army
- Rationale:
 - New Board Boards would deal with all aspects of the health/medical profession
 - Enhanced synergy
 - No need to establish new Federal Advisory Committees to deal with new health issues
 - Instead establish new subcommittee/task forces under parent Board
 - "One stop" shopping for external advice/recommendation on health-related issues



Federal Advisory Committee Review

- **ASD(HA), Sec Army, AFEB concurred with COMMENTS**
 - Change name of new Board to "Defense Health Board"
 - Use AFEB processes and organization as template for new Board
 - Basically change name from AFEB to Defense Health Science Board
 - Expand mission "--- treatment and prevention of disease and injury and promotion of health."
 - Add subcommittees to address rehabilitation (amputee care)/pathology-lab/mental health/health care delivery/utilization/services
 - Appoint additional members/consultants to meet expanded mission
 - Change supporting organization to ASD(HA)
 - Similar to Defense Science Board (under USD(AT&L))
 - In reality, Board advises SECDEF via ASD(HA) and SGs—not thru SEC ARMY
 - Advantages:
 - Increases flexibility in dealing with DoD health concerns
 - Enhances Board's visibility – New name recognizes expanded scope
 - Disadvantages:
 - Loses AFEB name recognition
 - Requires budget/manpower adjustments



Federal Advisory Committee Review

Status

- Last hurdle for establishing the Defense Health Board passed Sep 21, 2006
 - Concurrence from all DoD components
- Awaiting SEC DEF decision
 - New Defense Health Board set to begin in Mid October 2006
 - Aligned under ASD(HA)



Previous Missions

AFEB

- Mission: Provide advice/recommendations on matters relating to operation programs, policy development, and research programs and requirements for the prevention of disease and injury and promotion of health

AFIP Scientific Advisory Board

- Mission: Serves the AFIP Director providing scientific and professional advice and guidance in matters pertaining to operational programs and proceedings such as various aspects of the Institute's consultation, education and research in pathology
 - Character, scope and adequacy of these areas
 - Correlation with other institutions and agencies
 - Utilization of updated techniques and equipment
 - Review for quality control.

Amputee Patient Care Program Board

- Mission: Serve in a advisory capacity to broaden the scope of vision for the amputee care program. Monitor amputee patient care programs and services, and provide advice to the WRHCS regarding programs, services and effective organizational planning.



Defense Health Board

Mission

Provide advice/recommendations on matters relating to operational programs, health policy development, health research programs, and requirements for the treatment and prevention of disease, injury, and promotion of health, and delivery of health care to DoD beneficiaries



Defense Health Board

Structure

- Core Board consisting of 25 members from a wide variety of health-related disciplines
 - Meets ~ 4-6 times per year to address and deliberate issues presented and items of interest.
- Multiple standing subcommittees and select sub-panels
 - Assigned activities as determined by the full Board
 - Hold separate meetings (open and closed) to develop Board positions and recommendations
 - Subcommittees/Sub-panels bring their reports to the full Board for deliberation in open session
 - Members may be DoD, Federal (non-DoD), and Special Govt Employees (non-federal)
 - Full Board members may serve on subcommittees/sub-panels



Defense Health Board

Select Subcommittee/Task Forces

Occupational/Environmental
Health/Injury prevention

Mental Health

Specialty Care

Emergency/Trauma Care
Combat Casualty Care

Patient Safety/Privacy

Health Research

Quality Management

Health Care Delivery – Health care finance, Health Information

Infectious Disease/
Pandemic Influenza
Smallpox/Emerging
Infections

Health Promotion &
Maintenance

Health Surveillance

Pathology &
Laboratory Services

Health Care Finance

Rehabilitation Care

Evidence Based Medicine,





AFEB Organizational Chart

Designated Federal Official



Operations



Committee Management Official
Mr. Frank M. Wilson

Group Federal Official

Support/Management



Sec Army Admin Asst.



Sec Army

Director for DoD Executive Agencies





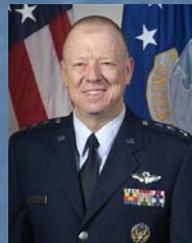
DHB Organizational Chart



Committee Management Official
Mr. Frank M. Wilson



Designated Federal Official



Operations

Support

Administration

Defense Health Board



Defense Health Board

- Once Approved:
 - Federal Register Notice of change
 - AFEB, AFIP, APCP Board will be disestablished
 - Defense Health Board established
 - DoD Task Force on Mental Health will be established as Defense Health Board subcommittee
 - DHB Charter approved 15 days later
 - Members appointed
 - AFEB members reappointed to DHB
 - Selected members of AFIP SAB and APCP Board also appointed
 - Other members appointed to Subcommittees
 - Mental Health Task Force members appointed
 - First DHB meeting, December 5-6, 2006



First Board Members



FRANCIS G. BLAKE
1941-1946



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**Army Board for the Investigation and Control of Influenza
and other Epidemic Diseases**



STANHOPE BAYNE-JONES
1946-1947



BLAKE HENNING BERNHARDT
1946-1947



AFEB Accomplishments

- Pneumococcal Vaccine
- Influenza Vaccine
- Demonstrated that hepatitis virus resides in blood and intestines
- Demonstrated that gamma globulin prevents infectious hepatitis (Hepatitis A)
- Demonstrated penicillin and tetracycline prevent rheumatic fever, sulfa drugs prevent meningitis outbreaks
- Proved strep infections spread by personal contact – not blankets and dust
- Proved auto seat belts prevent serious injury
- First to cure Scrub Typhus, Murine Typhus, Rocky Mountain Spotted Fever
- First to cure typhoid fever with antibiotics
- First chemoprophylaxis for leptospirosis
- Showed that leptospirosis was common cause of Fevers of Unknown Origin
- Developed improved diphtheria tetanus vaccine – National standards
- First to show treatment success for plague (oral medication)
- First to demonstrate cellular immunity – sparked the whole field of immunology
- Developed immunofluorescent lab tests – led to entire new field of laboratory diagnostics



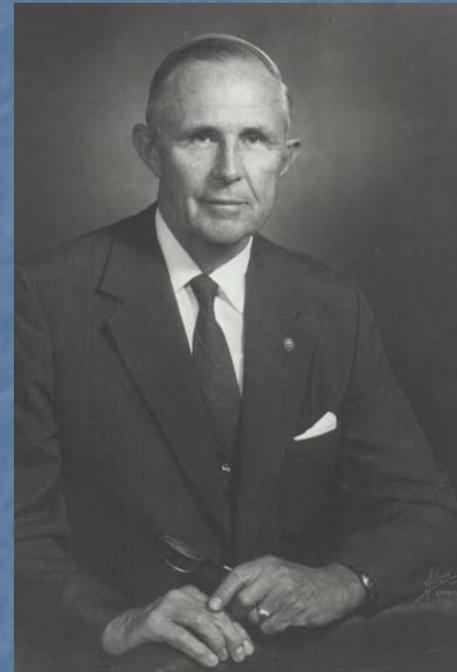
Over 450 individual
Recommendations and
Reports since 1954 impacting
DoD Policy and improving
the health of service
members



Board Members During Transition



Dr. "Abe" Benenson



Dr. Ted Woodward



History of AFEB

- 1941 - Board for the Investigation and Control of Influenza and Other Epidemic Diseases in the Army
- 1946 - Army Epidemiological Board
- 1949 - Armed Forces Epidemiological Board
- 2006 - Defense Health Board



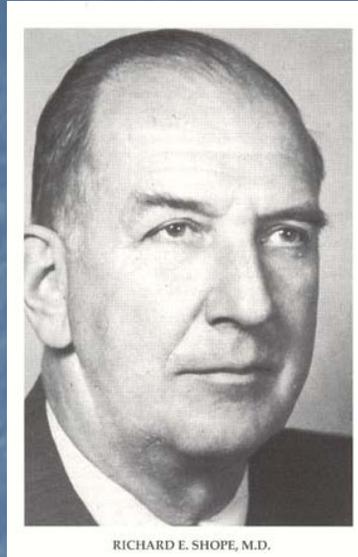
BACK UP SLIDES



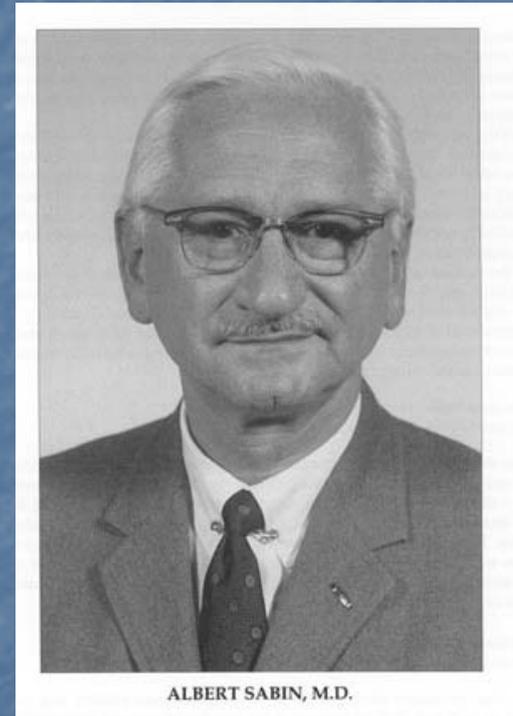
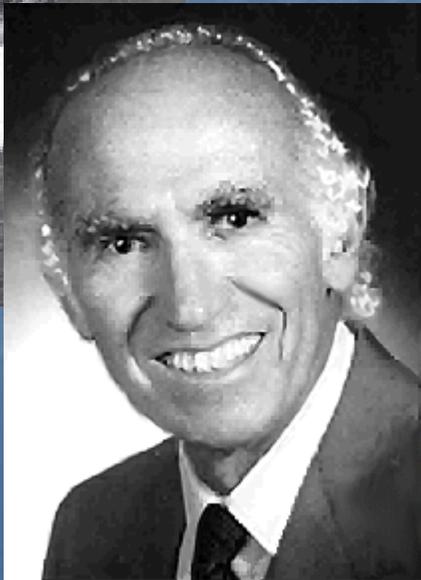
Past Members



Dr. Jonas Salk



RICHARD E. SHOPE, M.D.



ALBERT SABIN, M.D.