



**DEFENSE HEALTH BOARD (DHB)**

**MEETING MINUTES**

**18-19 AUGUST 2010**

**THAYER HOTEL**

Insert Conference Room Info

674 Thayer Road

West Point, New York 10996

**18 AUGUST 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. Ms. Christine Bader, DHB Director, called the meeting to order as the DHB Designated Federal Officer (DFO), after which the DHB members, invited guests, and public attendees introduced themselves.

**Action/POC:** None.

**b. Welcoming Remarks from the United States Military Academy**

**Discussion:**

LTG David Huntoon, Jr., Superintendent, United States Military Academy (USMA), provided a brief overview of the USMA. The Academy provides extensive physical and resilience training in order to ensure that cadets are optimally prepared for successfully completing future complex military missions. LTG Huntoon noted that cadets may enroll in study abroad programs, which are offered during academic semesters as well as summer months, in order to enhance social, cultural, and language skills. In addition, the Academy frequently invites senior leadership to discuss various issues with cadets that pertain to their commitment for long-term military service. LTG Huntoon concluded by presenting a video of USMA's history.

**Action/POC:** None.

**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 update on current global military operations. He presented a diagram addressing Afghanistan stability and counterinsurgency (COIN) dynamics and discussed issues pertaining to leading counterinsurgency efforts. MAJ O’Neal stated that GEN David Petraeus, Commander of U.S. Forces Afghanistan, developed a list of 24 key points regarding counterinsurgencies; among the most important were to: provide security for and serve the population, assist Afghans in establishing accountable governance, foster long lasting solutions, be a “good guest”, “walk”, and to promote local reintegration. He noted that Iraqi cultural advisors provide cultural awareness courses for Service members, discuss the manner by which military activities would be regarded from a localized, cultural-specific perspective, as well as provide instruction on Iraqi social and political dynamics, while offering unfiltered advice regarding soldiers’ best interests in military strategies in the Middle East.

MAJ O’Neal explained that the counterinsurgency in Iraq would enable a gradual decrease in the presence of the Armed Forces over time; effective 31 December 2011, all soldiers are anticipated to have left Iraq.

**Action/POC:** None.

**d. Vote: Proposed Revisions to Fluid Resuscitation in Tactical Evacuation Care (TACEVAC) and Hypothermia Prevention in TCCC Guidelines**

**Discussion:**

Dr. Frank Butler, Chair of the Tactical Combat Casualty Care (TCCC) Work Group of the Trauma and Injury Subcommittee, provided an overview of the proposed changes to the TCCC Guidelines regarding hypothermia prevention. He stated that the Trauma and Injury Subcommittee unanimously approved the proposed revisions during their meeting on 3-4 August 2010 in Denver, Colorado. Dr. Butler outlined the amendments to the Pre-Hospital Trauma Life Support manual, the subsequent edition of which would be published in November 2010. These revisions address various problems with equipment that is currently in use. For example, the blizzard survival blanket might adequately keep a patient warm, but allows for limited or no access for medics to treat wounds. In addition, caps used to prevent heat loss from the head often detach and are lost during

helicopter transport. Dr. Butler stated that small decreases in blood temperature could decrease blood-clotting capabilities significantly and cause death from uncontrollable hemorrhage. He also explained that casualties who are in shock are unable to generate body heat effectively; both wet clothing and surrounding air currents generated by a helicopter during transportation increase the likelihood for hypothermic onset. Dr. Butler emphasized the necessity for medics to focus efforts on hypothermia prevention rather than treatment due to the significant number of potential complications that patients might experience in-theater.

Dr. Butler described an improved blanket that would facilitate patient access and provision of necessary treatment. A hood is attached to this blanket with a Velcro<sup>®</sup> zipper in order to ensure it remains secured to the patient during transport.

The proposed guidelines regarding hypothermia prevention were informed from various studies conducted at the Institute of Surgical Research (ISR), including equipment assessments that ascertained their relative efficacies for heat retention. Data demonstrate a distinct decrease in the incidence of blood clotting in hypothermic patients, when compared to patients at normal or elevated temperatures. Dr. Butler stated that no other technologies have been fielded for pre-hospital use that has benefited the patient more so than the current treatment for hypothermia prevention. Dr. Butler provided an overview of the adoption of these guidelines across the Services; the Army and Special Operations Command have incorporated the TCCC guidelines into their protocols, while those of the Air Force and Marines are currently under revision.

The DHB unanimously approved the proposed changes for hypothermia prevention in field care. The members requested that the TCCC Work Group further review the context of the guidelines for hypothermia prevention. The Board encourages the TCCC and Trauma and Injury Subcommittee to utilize data evaluating the effectiveness of alternative therapies to the greatest extent possible. Furthermore, the Board agreed to revisit the possibility of endorsing the TCCC Card universally across the Services at the next DHB meeting, to be held on 1-2 November 2010.

Due to time constraints, the proposed recommendations to amend the current fluid resuscitation TCCC guidelines were postponed for deliberation and vote until the next meeting of the Board.

**Action/POC:** Develop the recommendation memorandum regarding hypothermia prevention in TCCC guidelines/Dr. Butler and DHB Support Staff.

- e. **Vote: Review of the Center for Deployment Health Research Center by the Military Occupational/Environmental Health and Medical Surveillance Subcommittee**

**Discussion:**

Dr. William Halperin, Military Occupational/Environmental Health and Medical Surveillance Subcommittee Chair, provided an overview of the Subcommittee's findings following their review of the DoD Center for Deployment Health Research in San Diego, California. Included among the proposed recommendations are: the implementation of a Scientific Advisory Committee; combination of multiple reviews into a single comprehensive review; need for periodic meetings between the Center for Deployment Health Research, the Deployment Health Clinical Center, and the Armed Forces Health Surveillance Center; potential augmentation of current recruiting efforts from a local to a national level; establishment of research priorities; identification of additional requirements to attain approval for research protocols; and, the inclusion of opportunities for military career growth for epidemiologists at the Center.

Discussion ensued regarding concerns over the 70 percent loss to follow-up of participants within the Millennium Cohort Study. Members also discussed whether the oversight and management provided for the research conducted at the Center for Deployment Health Research is appropriate and adequate. After deliberating these issues, the Board unanimously approved the proposed recommendations.

Dr. Halperin stated that the Subcommittee would conduct a basic assessment of the Deployment Health Clinical Center and the Armed Forces Health Surveillance Center in the near future.

**Action/POC:** Finalize the recommendation memorandum regarding the DHB review of the Center for Deployment Health Research/Dr. Halperin and DHB Support Staff.

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

Rev. Robert Certain, member of the Task Force on the Prevention of Suicide by Members of the Armed Forces and Board member, provided an update regarding recent activities of the Task Force. He stated that evidence-based research data are lacking for topics pertaining to suicide prevention; the Task Force recommendations included in the Final Report are based on observations and expert analyses. Rev. Certain noted these recommendations should be implemented to prevent the most probable suicide cases from occurring.

Rev. Certain noted that the Task Force Final Report would be submitted to the Secretary of Defense on 20 August 2010. The Task Force would provide a press release on 24

August 2010 at the National Press Club in Washington, D.C., after which the Secretary of Defense would have 90 days to provide a response to Congress. Once Congress receives the Secretary's report, DoD would be required to develop and provide an implementation plan within 90 days.

**Action/ POC:** None.

**g. Vote: Measles/Mumps/Rubella and Smallpox/Anthrax Vaccine  
Recommendations from the Infectious Disease Subcommittee**

**Discussion:**

Dr. Gregory Poland, Infectious Disease Control Subcommittee Chair and Co-Vice President of the Board, provided an overview of the Subcommittee's recent activities. He noted that DoD's outbreak response to the 2009 novel influenza A/H1N1 was a success, particularly its communication initiatives and the implementation of the DoD Watchboard, a Web site that provided detailed information and real-time updates regarding the outbreak.

Concerning the smallpox vaccine, Dr. Poland stated that the Subcommittee would recommend that DoD should suspend the current routine immunization program absent an immediate or credible threat. Additionally, the Subcommittee would advise DoD to configure antiviral and vaccine stockpiles in a manner that would optimize their accessibility, and extend current surveillance efforts pertaining to vaccine-related adverse events among ACAM2000 vaccine recipients beyond the Food and Drug Administration (FDA) requirement of five years.

Discussion ensued regarding the Subcommittee's examination of the request to the Board pertaining to serological screening for Measles/Mumps/Rubella (MMR) and administration of the MMR vaccine under the Navy Accession Screening and Immunization Program (ASIP). Dr. Poland stated that large-scale outbreaks of mumps have occurred despite seemingly high vaccination rates following the administration of the two-dose MMR vaccine to soldiers. He outlined three possible courses of action regarding MMR vaccine administration under the ASIP: continue the current practice followed under ASIP of administering MMR vaccine to eligible recruits following serological screening; exclude routine MMR vaccination from the ASIP and resume mandatory universal MMR vaccination upon accession; or, to monitor mumps case incidence within the Services and broader community and reinstate mandatory universal MMR vaccination for recruits if mumps outbreaks occur either in recruit training sites or mumps cases incidence increases. After careful review, the Subcommittee recommended that the Navy should continue their current practice while maintaining close surveillance for any increase in mumps case incidence.

Lastly, the Infectious Disease Control Subcommittee was requested to review the current Special Immunizations Program (SIP) at the U.S. Army Medical Research Institute for Infectious Diseases (USAMRIID) and provide recommendations regarding its future use. Dr. Poland stated that the Subcommittee has reviewed various issues pertaining to this Program, including ethical considerations and the appropriateness of administering specific vaccines to different personnel. However, the Subcommittee resolved to postpone their review and development of recommendations until the forthcoming Institute of Medicine (IOM) report is released, following its examination of the SIP that is currently underway; the final IOM report is anticipated in November 2010.

The Board voted and unanimously approved the proposed recommendations pertaining to the Navy ASIP for MMR and the DoD vaccination protocol for the Smallpox and Anthrax vaccines.

**Action/POC:** Finalize the recommendation memoranda for the MMR and Smallpox/Anthrax vaccines/DHB support staff.

**h. Question to the Board: Prescribing and Use of Psychiatric Medication and Complementary and Alternative Medical Treatments**

**Discussion:**

Lt Col Christopher Robinson, Senior Executive of Psychological Health at the Defense Centers of Excellence (DCoE), presented a request to the Board for an examination of issues pertaining to the prescription and use of psychotropic medication, as well as the use of complementary and alternative medical treatments for military members. He stated that one-sixth of deployed men and women receive prescriptions for psychotropic medications. Furthermore, evidence regarding the success of psychotropic interventions is inconsistent and mostly anecdotal. He provided the Board with a list of 15 questions and requested a response including recommendations for the Department by 31 March 2011.

The Board agreed to establish two Work Groups that would consist of existing Board members and subject matter experts with current DHB appointments and expertise relevant to the questions among DHB Subcommittees. The Work Groups may invite subject matter experts in areas where such expertise is currently lacking on the Board to inform the deliberations of the Work Groups. CAPT Ed Simmer, Senior Executive Director for Psychological Health at DCoE, stated that the purpose of the review would be to identify and recommend optimal therapeutic practices that might be used in-theater for the symptoms and conditions that are most commonly observed among deployed personnel.

**Action/POC:** Assign DHB members to a Work Group that would examine and provide recommendations regarding the prescription and use of psychiatric medications and the use of CAM within DoD /DHB Co-Vice Presidents.

**i. Question to the Board: Theater Air Monitoring Plan and Armed Forces Health Surveillance Center Burn Pit Exposure Assessment Report**

**Discussion:**

Dr. Craig Postlewaite, Force Readiness and Health Assurance Director, presented a request to the Board regarding DoD's theater air monitoring plan and the Armed Forces Health Surveillance Center (AFHSC) burn pit exposure report. He stated that media outlets, Congress, and veterans have focused their attention on the acute effects of burn pit exposures in theater, most notably due to increased reporting from soldiers with long-term respiratory conditions resulting from elevated exposures, combined exposure, or increased susceptibility. Dr. Postlewaite noted that all burn pits would be closed effective 31 December 2010.

He noted that exposure assessment data are limited and difficult to attain in Iraq. Currently, a database has been compiled with over 17,000 soil samples that would be used to conduct cohort studies and site-specific health risk assessments. Dr. Postlewaite requested that the Board review both the AFHSC burn pit exposure assessment report, as well as the US Central Command draft air surveillance plan. Additionally, he stated that the AFHSC report would be provided to the Institute of Medicine (IOM), Government Information Office (GIO), and the House Committee on Oversight and Governance, and would be presented as preliminary in nature.

**Action/POC:** Dr. Postlewaite and Dr. Halperin recommend an action plan/DHB Support Staff

**j. Information Brief: Center for Personal Development**

**Discussion:**

Dr. Donna Wiener-Levy, Center for Personal Development (CPD) Clinical Director, provided an overview of the Center, stating it provides counseling services to cadets throughout their academic career. Referrals to counseling services could be made at the individual, medical clinic, or Command levels. She stated that mood-related issues are the most common reason for which cadets seek care at the CPD; the Center provides the most counseling services during the months of October and February.

Furthermore, Dr. Wiener-Levy indicated that confidentiality is limited and would not apply in situations where individuals appear to pose a danger to themselves or others; in such circumstances, the Center might contact external sources for assistance.

Dr. Wiener-Levy also noted that Command-directed referrals allow tactical officers to review cadet files, unless cadets voluntarily seek counseling.

Cadet Captain Morghan McAleney, Cadet-In-Charge of the Cadet Counseling Unit (CCU), provided the Board with an overview of the CCU mission, organization, training, and responsibilities. She stated that cadets undergo a week-and-a-half training course during the summer term in order to receive certification to provide peer counseling at the CCU. The CCU is available 24 hours a day, seven days a week to assist all new cadets in crisis management. At the end of the summer term, the cadet counselors refer new cadets to the CPD should they require additional assistance.

**Action/POC:** None.

**k. Information Brief: Army Center for Enhanced Performance**

**Discussion:**

LTC Greg Burbelo, Director of the Army Center for Enhanced Performance (ACEP), provided an overview of the Center, indicating that its purpose is to evolve training paradigms for soldier and leader development. He noted there are currently nine ACEPs in the Continental United States (CONUS) that aim to provide performance and learning enhancement, education, team-building, and resilience training.

Dr. Jill Carty, Force Health Protection and Readiness Programs Executive Officer, and Dr. Jonathon Metzler, Senior Researcher for Performance Psychology at ACEP, Fort Hood, Texas, provided a brief overview of the Fort Hood Resilience Training TRICARE Management Activity (TMA) Demonstration Project. Dr. Metzler stated that a quasi-experimental study is currently underway for which data would be collected from 1,800 deploying soldiers enrolled in the Combat Life Saver (CLS) Program at Fort Hood. He noted that the CLS Program includes both classroom education and simulated environment/battlefield engagement at both the individual and squadron levels. The focus of the study would be to observe central outcomes including: hardiness, resilience, mental health risks, as well as performance, with the goal to reduce casualties in-theater.

**Action/POC:** None.

**l. Administrative/Closing Remarks**

**Discussion:**

Ms. Bader made several administrative remarks regarding various activities planned for the evening and following day, which included a closed, administrative session of the Board. Following, she adjourned the meeting.

**Action/POC:** None.

**3. NEXT MEETING**

The next meeting of the DHB would be held on 1-2 November 2010 at the Key Bridge Marriott Hotel in Arlington, Virginia.