



DEFENSE HEALTH BOARD OPEN MEETING MINUTES

June 4, 2024
Virtual Meeting

1. Attendees – Appendix One

2. June 4, 2024 – Opening Remarks

CAPT Clausen and Dr. Guice welcomed the Defense Health Board (DHB) Members, Distinguished Visitors (DVs), and public attendees to the meeting. CAPT Clausen called the meeting to order. The Members and DVs introduced themselves. CAPT Clausen provided administrative remarks.

3. Tasker Update: Effective Public Health Communication Strategies with DoD Personnel

Dr. Bishop briefed the DHB and guests on the DHB report, *Effective Public Health Communications Strategies with Department of Defense Personnel*. The Tasker Update outlined report structure, chapters, and organization of findings, including insights on addressing misinformation stemming from the COVID-19 pandemic and strategies to optimize health communication. Final recommendations and a Decision Brief will be presented at the September DHB meeting.

- Dr. Parkinson referenced the book, *Connected* (2009), when suggesting visualization of actual communication networks and emphasized the graphic display of social communications for military personnel. He also commented on the BioDefense Council defining specifics and expressed concern about DoD's desired cycle time during which information vacuums could lead to disinformation. Dr. Bishop responded that she would share these comments with the Public Health Subcommittee.
- Dr. Browne asked the committee to think about ways to write a publication on public health communication.
- Dr. Alleyne encouraged a recommendation on the use of novel data technologies (e.g., machine learning) and how those technologies can support effectiveness of health communication and help address health communication strategies and misinformation.
- Dr. Jacobs addressed the vertical top-down flow of information and asked whether there is an algorithm that could improve consumer consumption and counter the lateral flow of information from networks, especially with the advent of social media.
- HON Lester Martinez-Lopez discussed the Biodefense Council, an advisory council that informs the Department on high-level policy matters. He encouraged the DHB to

- integrate elements of this work at an operational level. Dr. HON Martinez-Lopez discussed the history of the Army Science Board (ASB) and lessons learned, including an ASB report on “warfare of ideas.” He stressed health communications best practices that were present in this report, and Dr. Bishop stated the Subcommittee would review the report.
- RADM Hinton discussed the network of trained communications within federal government agencies (e.g., National Institutes of Health, Centers for Disease Control and Prevention), which played a part in messaging during the COVID-19 Pandemic. She encouraged the DHB to consider how the broader federal communications apparatus will interact with DoD communications moving forward. Dr. Bishop discussed a need for clarity with respect to communications approvals and highlighted potential collaborations in future training exercises.

4. Topic Brief: Health of the Force Report

Dr. Ruth presented a Topic Brief on the *Health of the Force* report, an annual public health report that documents conditions influencing the health and medical readiness of Service Members. The report showcases demographics and data for 20+ different health, wellness, and environmental metrics for military installations worldwide.

- Gen (Ret.) Chilton asked if the Space Force will be included in the report alongside the other Services. He also asked about proper health reporting and readiness on health issues (e.g., PFAS, chronic conditions from exposures) that could affect service members after leaving the military. Dr. Ruth explained that the report is a look back to calendar year 2022; Space Force data may be included in future reports. The report is also limited by military occupation specialty but has capability to expand to other cross-functional areas.
- Dr. Browne asked if there is any intention to include data from a health equity perspective (e.g., race, ethnicity, gender), as well as insights on chronic disease diagnoses. Dr. Ruth stated an interest in pulling demographic information from earlier reports to determine how to best stratify data based on OMB metrics and rank.
- Dr. Parkinson recommended Dr. Ruth’s team read the DHB Report, *Active Duty Women's Health Care Services* (2020), which addresses injury, psychosocial stresses, reproductive concerns, and sexual abuse treatment for female Service members. He added that behavioral health and lifestyle medicine is an important part of performance medicine (sleep, nutrition, substance use and abuse, social connections and psychology, stress, and social media) and asked how this report can apply to Social Determinants of Health and military families. Dr. Ruth clarified that the DHB report spurred the draft *Health of the Female Soldier*, which may expand to all services and highlights women's health in service. Dr. Ruth is currently working on a military family report.
- Dr. Alleyne asked where they have been able to recognize elements of Social Determinants of Health and integrated community health with respect to the current health metrics. Dr. Ruth stated that featured spotlights are where the influence of

- Social Determinants of Health are currently identified. She further acknowledged a need to educate stakeholders and a lack of a specific metric at present.
- Dr. Lazarus asked if the *Health of the Force* report examines behavioral health and, if so, how the team determines accuracy of information reported. Dr. Ruth explained that adjustment disorder, mood disorders, anxiety, PTSD, and personality disorders are incorporated in the *Health of the Force* report and the data for these are pulled directly from the medical record. Dr. Ruth further shared that profile data helps, but she and her team cannot speak to the validity of what is being coded because they are only able to use the data as provided by a clinician.
 - Dr. Lazarus further asked if the report examines substances which may be legal in some states and illegal federally. Dr. Ruth discussed opportunity for the Report to examine this for family members, noting the report does not review anything that is prohibited federally for Service Members.
 - Dr. Berwick commented that the report has great detail from the perspective of a base commander and asked for advice on how to apply findings and access optimal resources. Dr. Ruth noted that her team does not specifically target commander level personnel, but they do work closely with individuals to distill data from the report. Dr. Maybank asked if the report references Healthy People 2030 and suggested Behavioral Risk Factor Surveillance Survey (BRFSS) as valuable to refining the categories of the report. Dr. Ruth stated that the report can draw from generalist BRFSS data where applicable and make comparisons to the civilian population, and in turn, the national average.
 - Dr. Medows asked when preliminary findings will be available. Dr. Ruth stated that all calendar year data is collected, and the goal is to have a first draft of developing findings by the end of FY2024.
 - Dr. Alleyne suggested DHB Support Staff identify one of the Centers to visit for upcoming DHB Site Visits.
 - Dr. Martinez-Lopez asked if vaping is included in tobacco use data in the report. Dr. Ruth explained the report has vaping as a separate line item as well as part of overarching tobacco product use.
 - Dr. McCaw recommended relationship health and interpersonal connections as a metric for the report, noting the challenge of accessing mental health data in medical records. Dr. Ruth noted that installation-level behavioral health data is minimal, making comparisons across installations difficult. Periodic health assessment data is being reviewed for Behavioral Health insights moving forward.

5. Tasker Update: Prolonged Theater Care, Part Two

Dr. Armstrong provided an update on the DHB Report, *Prolonged Theater Care: Part Two*, outlining three objectives: 1) Review the curriculum and experience of current military-civilian trauma training partnerships, 2) Provide recommendations to best prepare DoD personnel at military-civilian trauma training partner sites for prolonged field care in near-peer conflicts. Comment on the curriculum [program of instruction],

locations, frequency of training, occupational specialties of participating DoD personnel, and best use of selection and performance criteria outlined in the *American College of Surgeons Blue Book*, and 3) Provide recommendations to better integrate military-civilian partnerships with attention to direct care military treatment facility staffing and Regional Medical Operations Centers. Final recommendations and a Decision Brief will be presented in September.

- Dr. Jacobs expressed urgency in planning for wartime theater care. He noted that trench warfare could be more common and evacuations less frequent, leaving Service members in the field for weeks before receiving a higher level of care. He cautioned that per lessons from Ukraine, sufficient trauma surgeon staffing at field hospitals is essential.
- Dr. Parkinson pointed to the ReFIT project at the University of Pittsburgh for cardiopulmonary/hemodynamic monitoring and robotic treatment for critical care. He mused about new technologies that could be online and applicable to MCP training and theater care.
- Dr. Berwick pointed to slide 10 to clarify whether the report analyzes the fast-changing profile of injuries and addresses emergent needs in the future. Dr. Armstrong referenced Ukraine as an example of managing individual and detailed casualties and anticipating injuries given new weaponry (e.g., drone warfare).
- Gen (Ret.) Chilton inquired about the use and capability of allied military medical facilities in the Western Pacific to treat US casualties. He also asked to what degree MTFs in the Pacific are ready to treat complex trauma patients.
- HON Lester Martinez-Lopez informed the DHB that there is movement to prepare the medical force. He asked Dr. Armstrong and the DHB if knowledge, skills, and abilities (KSAs) are discussed in the report, insisting that KSAs must be the basis of how the DoD measures readiness at the individual level. Dr. Armstrong acknowledged that KSAs are foundational across a variety of skillsets and are discussed in the report.
- HON Lester Martinez-Lopez encouraged the DHB to ask which skills can be learned with simulation and which need real clinical experience.
- Dr. Valadka shared observations on the quality of Ukrainian surgeons' skill levels, while acknowledging the knowledge gap with ICU staff and expressing concern for educational efforts aimed at non-surgeons in allied nations. Dr. Armstrong answered that there is a high level of heterogeneity with the scope and scale of MCPs, which presents an opportunity for other specialists to provide critical care.

6. Topic Brief: National Center for Disaster Medicine and Public Health

Dr. Freeman, Director of the National Disaster Medical System (NDMS) Pilot Program, briefed the Board on the National Center for Disaster Medicine and Public Health. Priorities for the Center include building partnerships beyond the federal government and delivering optimal impact through these efforts.


- Dr. Jacobs discussed the extent to which the U.S. private medical system was not prepared for the COVID-19 Pandemic. Dr. Jacobs asked Dr. Freeman what the response would be today if all Level 1 trauma centers received 100+ patients daily. Dr. Freeman referenced COVID disruptions and discussed a need for greater thought devoted to pairing large medical events with minimized economic impact and reduced regulatory shortcomings. Dr. Freeman discussed opportunity for the pilot program to review policies that can help enable hospitals to perform beyond government-sanctioned requirements.
- Dr. Medows made an analogy to the 2009-10 H1N1 veterinarian crisis to push for vaccination and health communication. Considering the five pilot sites, Dr. Medows asked what would happen if a similar COVID-level event were to occur prior to the completion of operations. Dr. Freeman stated that sites would have to coordinate with other sites across multiple states to handle a mass casualty event.
- Dr. Freeman discussed the effort to name Tripler Army Medical Center as a pilot site, explaining that those sites which stakeholders discourage are often ideal because of their challenges. Dr. Freeman acknowledged a need for Core Casualty Reception Facilities (CCRF) to coordinate across multiple sites and shared that the program was Congressionally mandated to have only four CCRFs.
- Dr. Alleyne asked about workforce challenges and how the Center is addressing needs that derive from jurisdictional or national datapoints. Dr. Freeman stated that datapoints include Disaster Medical Assistance Teams (DMAT), Medical Reserve Corps (MRC), and U.S. Public Health Service data for local and state utility. Dr. Freeman offered to share models established during the development process.
- Dr. Parkinson noted it is important to incorporate all elements of human, animal, and environmental health since the NDMS does not always respond to a singular event and. He also asked how the Center engages private sector companies (e.g., Fortune 100 companies or small systems) that provide most of the population's health insurance coverage. Dr. Freeman acknowledged that the NDMS has challenges which require cross-agency and cross-sector engagement.

7. Closing Remarks

CAPT Clausen and Dr. Guice thanked everyone for their attendance. CAPT Clausen adjourned the meeting.

8. Certification of Minutes


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


 Karen Guice, MD, MPP
 President, Defense Health Board

08/30/2024

Date

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 Initials

APPENDIX ONE: MEETING ATTENDEES

TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	Karen	Guice	<i>DHB President</i> Executive Director and Chief Medical Officer, Ernst & Young, Government and Public Sector Advisory Services
Dr.	Lenworth	Jacobs	<i>DHB First Vice President</i> Director, Trauma Institute, Hartford Hospital
Dr.	Jeremy	Lazarus	<i>DHB Second Vice President</i> Clinical Professor of Psychiatry, University of Colorado, Denver
Dr.	E. Oscar	Alleyne	Managing Director, Public Health Division, MITRE Corporation
Dr.	John	Armstrong	Professor of Surgery, University of South Florida
Dr.	Donald	Berwick	President Emeritus and Senior Fellow, Institute for Healthcare Improvement
Dr.	Wilsie	Bishop	Vice Present of Health Affairs and Professor Emerita, East Tennessee State University
Dr.	Michael-Anne	Browne	Associate Chief Medical Officer, Stanford Children's Health
Dr.	Maria	Caban Alizondo	Director, Health Information Management Services, UCLA Health System
Gen (Ret.)	Kevin	Chilton	President, Chilton & Associates, LLC
HON	Jackie	Clegg Dodd	Founder and Managing Partner, Clegg International Consultants, LLC
Dr.	Christi	Luby	Independent Consultant and Researcher
Dr.	Aletha	Maybank	Chief Health Equity Officer and Group Vice President, American Medical Association
Dr.	Brigid	McCaw	Senior Clinical Advisor, California Quality Improvement Learning Collaborative, University of California, San Francisco
Dr.	Rhonda	Medows	Chief Population Health Officer, Providence St. Joseph Health
Dr.	Michael	Parkinson	Principal, P3 Health, LLC
Dr.	Alex	Valadka	Professor and Director of Neurotrauma, University of Texas Southwestern Medical Center
DHB Staff			
CAPT	Shawn	Clausen	Executive Director/Designated Federal Officer (DFO)
Ms.	Camille	Gaviola	Deputy Director/Alternate DFO
Dr.	Catherine	Zebrowski	Deputy Director, Research and Reports/Alternate DFO
Ms.	Angela	Bee	Research Analyst, MicroHealth, LLC
Mr.	Tanner	Dean	Management Analyst (Office Support), BookZurman, Inc.
Dr.	Keila	Miles	Associate Research Analyst, MicroHealth, LLC
Mr.	Paul	Schaettle	Alternate Project Manager/Senior Analyst, MicroHealth, LLC
Mr.	Muftau	Shinaba	Associate Research Analyst, MicroHealth, LLC
Dr.	Clarice	Waters	Project Manager/Senior Analyst, MicroHealth, LLC
PUBLIC ATTENDEES			
Dr.	Lilian	Abbo	Professor and Chief, Infection Prevention and Antimicrobial Stewardship, University of Miami

Maj Gen	John	Bartrum	Assistant Surgeon General for Mobilization, USAF
Dr.	Steven	Cersovsky	Deputy Director, DHA Pub Health
BG	Thad	Collard	Assistant Surgeon General for Mobilization, Readiness and Army Reserve Affairs Office, Army Reserve Medical Command
COL	Sandrine	Duron	French Health Liaison Officer
Dr.	Marion	Ehrich	Professor, Dept of Biomedical Sciences and Pathobiology, Virginia-Maryland College of Veterinary Medicine
Mr.	Robert	Hammer	Photojournalist Consultant in support of Military Health System and the Defense Health Agency Communications and Public Affairs Division
RADM	Denise	Hinton	Deputy U.S. Surgeon General
LTG	Mary	Izaguirre	Surgeon General (SG), Army
Mr.	Timothy	Jones	Senior Associate Director, Federal Relations, The Joint Commission
HON	Lester	Martinez-Lopez	Assistant Secretary of Defense for Health Affairs ASD(HA)
Mr.	Bryce	Mendez	Specialist in Defense Health Care Policy, Defense Budget, Personnel, and Management Section, Foreign Affairs, Defense, and Trade Division, Congressional Research Service
Civ	Ellen	Milhiser	Editor, Synopsis
Dr.	Gary	Timmerman	Professor and Chair, Department of Surgery, University of South Dakota Sanford School of Medicine
Ms.	Amanda	Vicinanzo	Strategic Communications Planner, DHA Communications and Public Affairs