

The seal of the Defense Health Board is a circular emblem. It features a central figure of a person in a white lab coat, possibly a scientist or healthcare worker, holding a microscope. The figure is set against a light blue background that resembles a globe. The words "DEFENSE" and "HEALTH BOARD" are written in a circular path around the central image. The text is in a serif font, with "DEFENSE" at the top and "HEALTH BOARD" at the bottom.

Public Health Subcommittee

A Comprehensive Approach to the Assessment
of Deployment Pulmonary Health

RADM (Ret) H. Clifford Lane, MD

Defense Health Board

August 19, 2013



Overview

- Membership
- Tasking
- 2008 DHB Report
- VA/DoD Airborne Hazards Symposium
- Proposed Meetings



Membership

Public Health Subcommittee

- RADM (Ret) H. Clifford Lane, MD (Chair)
- Sonia A. Alemagno, PhD
- Gary P. Carlson, PhD
- John D. Clements, PhD
- John Groopman, PhD
- David Lakey, MD
- James E. Lockey, MD, MS
- Gregory A. Poland, MD
- Maj (Ret) Joseph Silva, Jr., MD



Tasking

Background

“There is some evidence of acute respiratory symptoms possibly associated with in-theater inhalational exposures [in Southwest Asia], but assessment of possible long-term pulmonary disease is inconclusive.”

- Acting Under Secretary of Defense (Personnel & Readiness) [USD(P&R)] Memo dated January 20, 2012



Tasking

(Continued)

Request that the Defense Health Board review evidence and recommend:

- A comprehensive approach to the assessment and prevention of deployment-related pulmonary disease, including screening and clinical diagnostic tools
 - A direction for future research and surveillance
- Acting USD(P&R) Memo dated January 20, 2012



Tasking

(Continued)

The evaluation should address the following questions in relation to the deployed environment:

- What clinical protocols should be used for diagnosing symptomatic individuals?
 - How should clinical baselines be established in deploying personnel, and what types of registries are recommended to track individuals with pulmonary symptoms or disease?
 - What future research studies are recommended, and how should these, as well as those already planned, be prioritized?
- Acting USD(P&R) Memo dated January 20, 2012



2008 DHB Report

- **Tasking: Memorandum, DASD (FHP&R), February 28, 2008** – Requested that DHB review and comment on “Draft Health Risk Assessment, Burn Pit Exposures, Balad Air Base, Iraq”
- **Report: Defense Health Board Findings, June 26, 2008**
 - General Findings
 - Inherent Limitations of Screening Risk Assessment
 - Uncertainties
 - Prevention of Error
 - Conclusion – In this case, screening risk assessment provided an accurate determination of exposure levels, and that no significant short- or long-term health risks were anticipated.



2008 DHB Report

(Continued)

Recommendations:

- The screening assessment report detail the source of mathematical error in the original report, with the goal of preventing such errors in the future.
- Need to develop, implement, and deploy effective risk communication plans to prevent the spread of misinformation.
- Minimize open pit burning of potentially toxic solid wastes, and develop and enforce policies concerning the use of burn pits.
- Put appropriate quality control measures in place.



VA/DoD Airborne Hazards Symposium

- **August 13, 2013**
 - Attended by Drs. Lane and Silva
 - Updates provided on VA/DoD collaborations related to health effects of airborne hazard exposure during deployment to Iraq and Afghanistan
 - Topics included environmental exposure assessment, clinical care, surveillance, outreach and research



Proposed Meetings

- **Late August 2013**
 - Kick-off teleconference
 - Overview of tasking
 - Review Terms of Reference
- **Mid-to-Late September 2013**
 - In-person meeting at DHHQ
 - Finalize Terms of Reference
 - Determine the way forward