



**DEFENSE HEALTH BOARD
MEETING
JUNE 25-26, 2012
Fort Detrick
1425 Porter Street
Frederick, Maryland 21702-5011**

June 25, 2012

- 1. ATTENDEES - ATTACHMENT ONE**
- 2. NEW BUSINESS**
 - a. Administrative Session**

Ms. Christine Bader, Defense Health Board (DHB) Director, welcomed attendees. After submitting ballots to elect a second Co-Vice President of the Board, the members discussed the draft document proposing criteria for DHB recommendation reports. They agreed that demonstrating level and quality of evidence, as well as providing primary sources, will better enable the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) to assess Board recommendations. Members then discussed potential locations for 2013 meetings, and Ms. Bader provided an update on subcommittee appointments and reappointments.

b. Closed Session: Biological Warfare Threats

Dr. Nicole Ark, Intelligence Analyst, Chemical and Biological Warfare Assessments Division of the Defense Intelligence Agency (DIA) Counterproliferation Support Office, provided a briefing regarding State Biological Warfare Threats. Mr. John Bartos, Counterterrorism Intelligence Officer, DIA Joint Intelligence Task Force-Combating Terrorism, Chemical, Biological Radiological and Nuclear Branch, provided a briefing pertaining to non-State threats. These briefings were CLASSIFIED SECRET in accordance with the exemption for closure contained within the Sunshine Act, 5 United States Code 552b(c).

Action/POC: None.

c. Closed Session: Infectious Diseases of Military Significance

Dr. Dylan George, Infectious Disease Analyst, National Center for Medical Intelligence, DIA, briefed on the worldwide infectious disease threats to DoD Personnel. The briefing was provided during the closed session of the meeting due to the potential for classified discussion and the For Official Use Only nature of the presentation.

Action/POC: None.

OPEN SESSION

d. Opening and Administrative Remarks

Dr. Dickey welcomed Board members and public attendees. Ms. Bader called the meeting to order as the DHB Alternate Designated Federal Officer. Following a moment of silence to honor Service members, Board members introduced themselves and Ms. Bader provided administrative remarks.

e. Decision Brief: Proposed Addition to the Tactical Combat Casualty Care Guidelines: Traumatic Brain Injury

Dr. Mel Otten, Trauma and Injury (T&I) Subcommittee Member, presented a proposed addition to the Tactical Combat Casualty Care (TCCC) Guidelines for both Tactical Field Care and Tactical Evacuation (TACEVAC) Care. The addition includes expanded guidelines for treating casualties with potential moderate/severe traumatic brain injury (TBI). The current Guidelines include measures for preventing secondary injury from hypotension and hypoxemia, but do not comprehensively address early treatment.

Dr. Higginbotham suggested adding “not associated with known ocular injury” after the proposed addition of unilateral pupillary dilation, to which Dr. Otten responded that the Pre-Hospital Trauma Life Support Manual includes this level of detail, whereas the TCCC Guidelines should be brief and easy for combat medics to understand. Dr. Hovda commended the Subcommittee for its work and concurred with all of the recommended additions to the Guidelines.

The Board further discussed field care for TBI, including helmet protection, new research on blast dosimeters and the optimal scale for assessing severity of injury (Glasgow Coma Scale versus Alert, Voice, Pain, Unresponsive scale). Members approved the proposed recommendations by unanimous vote, with the understanding that Dr. Dickey and Dr. Hovda will provide several non-substantive/reference-related edits to the final recommendation report.

Action/POC:

1. Provide additional edits to recommendation report/Dr. Hovda and Dr. Dickey.
2. Finalize the recommendation report and forward to ASD(HA)/DHB Staff.

f. Decision Brief: Proposed Addition to the TCCC Guidelines: Supraglottic Airways

Dr. Otten provided a briefing regarding a proposed change to the TCCC Guidelines for TACEVAC Care. The Guidelines currently offer two supraglottic airway (SGA) devices for airway management: the Combitube™ and Laryngeal Mask Airway (LMA). The Guidelines specify the use of these SGAs if the chin lift/jaw thrust maneuver, a nasopharyngeal airway, and recovery position are unsuccessful. Additional airway management options include endotracheal intubation (ETI) or surgical cricothyroidotomy. Upon reviewing the literature, the T&I Subcommittee and the Committee on TCCC (CoTCCC) concluded that there are several SGAs

available, and there is no conclusive evidence of superiority or inferiority of one device over another. Additionally, failure rates for ETI and surgical airways are reportedly high, and these management strategies are more likely to harm a casualty than SGAs. As such, SGAs remain the optimal airway of choice. The CoTCCC and T&I Subcommittee recommend expanding the recommended SGAs in the Guidelines to encompass any SGA to enable data collection and further research so that an optimal SGA might be determined.

Board members discussed the pros and cons of allowing the use of multiple SGAs versus recommending only specific SGAs until data demonstrate superiority of a new SGA. The members understood that training plays a critical role in determining which SGA would be optimal for use, and varies across the Services. Brig Gen James Carroll noted that since the Department of the Air Force purchases equipment three years in advance, any recommendation made would take several years to go into effect.

Members approved the proposed recommendation by unanimous vote, noting that the final report must include training and experience concerns, logistical/equipment issues, as well as the need for ongoing SGA research and standardization of training and data collection procedures. Dr. Dickey will work with the DHB staff to ensure that the recommendation report contains this information.

Action/POC: Finalize the recommendation report and forward to ASD(HA)/DHB Staff.

g. Decision Brief: Proposed Addition to the TCCC Guidelines: Needle Decompression Site

Dr. David Callaway, T&I Subcommittee member, presented a proposed change to the TCCC Guidelines for TACEVAC Care to offer an alternative site to perform needle decompression (NDC). NDC failure rates are high, and various operational, tactical and medical reasons support lateral NDC in addition to the traditional second intercostal space (ICL) at the mid-clavicular line (MCL). Dr. Callaway reviewed the current evidence base for the change. Using the Oxford Centre for Evidence Based Medicine grading scheme, the level of evidence is four (case studies and poor quality cohort and case control studies) in support of both the current site (second ICS MCL) and additional proposed site (the 4-5th intercostal space at the anterior axillary line). Definitive evidence is lacking to establish either site as superior, and there are no adverse safety data regarding the lateral approach. However, the proposed alternative site is outside of the “cardiac box” and might therefore offer a lower incidence of complications. Furthermore, the alternative site may offer tactical advantages that increase the likelihood of successful decompression.

Board members briefly discussed the findings and recommendations of the CoTCCC and T&I Subcommittee and concurred. They approved unanimously that the recommendation report be forwarded to the ASD(HA) as drafted.

Action/POC: Finalize the recommendation report and forward to ASD(HA)/DHB Staff.

h. Information Brief: Death on the Battlefield: Implications for Prevention, Training and Medical Care

COL Brian Eastridge, CoTCCC member and Trauma Consultant to the U.S. Army Surgeon General, presented findings from a recent study he conducted with the U.S. Army Institute of Surgical Research and the Armed Forces Medical Examiner System (AFMES). Researchers used the Joint Theater Trauma Registry and the AFMES Medical Mortality Registry to determine causes of injury, as well as the mechanism and causation of mortality on the battlefield (including both Killed in Action (KIA) analyses and Died of Wounds (DOW) analyses). Of 558 DOW casualties (4.6 percent of casualties), more than half were deemed potentially survivable under ideal medical circumstances. Of 4,596 KIA casualties, 73.7 percent were considered non-survivable. Of those considered potentially survivable, 91.5 percent were due to hemorrhage, highlighting the need for continued research for better hemorrhage control strategies. The Board commended COL Eastridge for conducting this study. Members noted the need for continued improvement in data collection efforts, an ongoing issue faced by all North Atlantic Treaty Organization Coalition Forces.

Action/POC: None.

i. Decision Brief: Research, Development, Test and Evaluation Priorities for Battlefield Trauma Care

Dr. Frank Butler, T&I Subcommittee member, presented a proposed update to the DHB's 2011 recommendation regarding research, development, test and evaluation (RDT&E) priorities. The proposed update included 52 recommended items, of which 34 are either additions or updates to the 2011 recommendation. Dr. Butler indicated that the CoTCCC and T&I Subcommittee unanimously accepted these recommended items.

COL (Ret) Glen Fitzpatrick of Cellphire, Inc. provided remarks regarding a freeze-dried platelet product his company is currently developing. He requested that the Board consider amending the priorities to include freeze-dried platelets. Dr. Jenkins indicated that the CoTCCC did not intentionally exclude platelets from the list. He stated that the Board should add field-expedient platelet replacement to the list, to which the Board agreed. The Board discussed how the proposed text could be expanded to optimize pursuit of the research priorities by academic institutions and laboratories around the United States, in addition to DoD organizations.

The Board unanimously agreed that the T&I Subcommittee should revisit the proposed list and identify the "top five" items of highest priority. Additionally, the Board should determine additional organizations with which the DoD should collaborate to expedite research efforts on the listed items. The DHB will revisit and finalize the recommendation at its August 2012 meeting.

Action/POC:

1. Prioritize the updated RDT&E list to identify the "top five" items and present findings at the August DHB meeting/T&I Subcommittee.

2. Identify additional organizations to pursue items on the RDT&E list/DHB Members.

j. Information Brief: National Trauma Institute

Dr. Ronald Stewart, National Trauma Institute (NTI) Board of Directors and Ms. Sharon Smith, NTI Director, provided on a briefing on NTI's history, mission, accomplishments and goals. NTI's research priorities align very closely with the RDT&E priorities presented by Dr. Butler. NTI has supported several clinical trials and studies at universities and trauma centers across the United States and seeks to be a convener and facilitator for military/civilian translational trauma research. Dr. Dickey recognized the common missions and objectives of the Board and NTI, and conveyed her interest in future collaboration.

Action/POC: None.

k. Administrative/Closing Remarks

Ms. Bader provided administrative remarks regarding activities for the evening and then adjourned the meeting.

June 26, 2012—Administrative Session

1. ATTENDEES - ATTACHMENT ONE

2. NEW BUSINESS

a. Administrative Discussion

Ms. Bader welcomed the DHB members. Discussion ensued regarding the status of DHB recommendations. Members considered identifying optimal metrics for the Board to evaluate the success of its recommendations, and discussed the status of recommendation reports submitted to the ASD(HA).

Board members reviewed the questions currently being worked for the Department. Several DoD entities are addressing obesity issues and implications, including work groups established under Health Affairs and the Office of the Under Secretary of Defense (Personnel and Readiness). The DHB will leverage existing efforts and receive briefings regarding the direction of current DoD initiative.

Members discussed the status of subcommittee appointments and reappointments, noting that separate appointments are now required for Board members to serve on subcommittees. Additionally, the revised DHB Charter is now in coordination and, if approved, will allow members to serve up to eight years on the DHB.

Attendees discussed issues pertaining to the way ahead for the CoTCCC. They reviewed the committee's history and its realignment under the DHB. If the Department elects to reposition

the committee under a different entity, the T&I Subcommittee will continue to bring CoTCCC's recommendations to the Board.

Action/POC: None.

b. Site Visit

The DHB visited the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID). COL Bernard DeKoning, USAMRIID Commander, provided an overview of its mission, organization, oversight, primary functions and capabilities.

The members then received a tour of the USAMRIID Emergency Operations Center as well as the Research and Diagnostic Laboratories. The tour concluded with an aerobiology display.

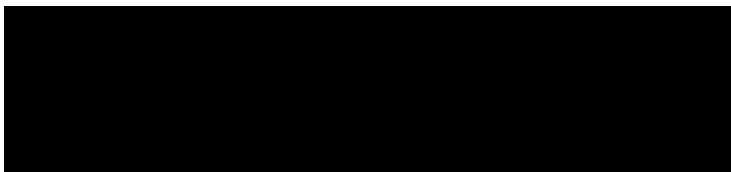
Action/POC: None.

3. NEXT MEETING

The next DHB meeting will be held on August 21-22, 2012 in Chicago, Illinois.

4. CERTIFICATION OF MINUTES

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



Nancy W. Dickey, MD
President, Defense Health Board

July 31, 2012

Date

DEFENSE HEALTH BOARD MEETING
June 25, 2012
Attachment One: Meeting Attendees

BOARD MEMBERS			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Dr.	Anderson	George	Executive Director, Association of Military Surgeons of the United States
Dr.	Baldwin	John	Senior Advisor for Health Affairs to Texas Tech University System
Dr.	Clifton	Guy	Professor, Department of Neurosurgery Director, Vivian L. Smith Center for Neurologic Research The University of Texas Health Science Center at Houston
Dr.	Dickey	Nancy	<i>Defense Health Board (DHB) President</i> President, Texas A&M University Health Science Center
Dr.	Frank	Robert	President, University of New Mexico
Dr.	Higginbotham	Eve	Association of American Medical Colleges
Dr.	Hovda	David	UCLA Brain Injury Research Center
Dr.	Jenkins	Donald	Mayo Clinic and Foundation
Gen (Ret)	Myers	Richard	<i>DHB First Vice-President</i> RMyers & Associates LLC
Dr.	O'Leary	Dennis	President Emeritus, The Joint Commission
INVITED GUESTS & STAFF			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Ms.	Bader	Christine	<i>DHB Director/Alternate Designated Federal Officer</i>
Dr.	Butler	Frank	<i>Trauma and Injury Subcommittee Member,</i> U.S. Army Institute of Surgical Research
Dr.	Callaway	David	<i>Trauma and Injury Subcommittee Member</i> Operational Medicine Institute
Brig Gen	Carroll	James	Office of the Air Force Surgeon General
Mr.	Casey	Steve	DHB Program Manager/Grant Thornton LLP (GT)
Mrs.	Coates	Marianne	DHB Media Consultant/Creative Computing Solutions Inc. (CCSi)
RADM	Doll	Bruce	Navy Bureau of Medicine and Surgery (BUMED)
COL	Eastridge	Brian	<i>Tactical Combat Casualty Care Work Group Member</i> U.S. Army Institute of Surgical Research
Ms.	Gaviola	Camille	<i>DHB Deputy Director</i>
Ms.	Jovanovic	Olivera	DHB Senior Analyst/CCSi
Ms.	Klevenow	Jen	Event Coordinator/CCSi
Maj	Lee	Roger	<i>DHB Service Liaison Officer</i> The Joint Staff
Dr.	Lockette	Warren	Deputy Assistant Secretary of Defense for Clinical and Program Policy
Ms.	MacKenzie	Elizabeth	DHB Analyst/CCSi
RADM	Mittelman	Michael	Deputy Surgeon General, U.S. Navy
Dr.	Otten	Edward	<i>Trauma and Injury Subcommittee Member</i> University of Cincinnati
CAPT	Padgett	William	<i>DHB Service Liaison Officer</i> U.S. Marine Corps
Ms.	Peabody	Hillary	DHB Analyst/GT
COL	Richardson	Katherine	<i>DHB Service Liaison Officer</i> British Liaison Officer
Maj Gen	Robb	Douglas	The Joint Staff/J-4 Joint Staff, Pentagon
Ms.	Roberts	Karen	Strategic Communications, Health Affairs (HA)/TRICARE Management Activity (TMA)
LTC	Soltis	Bryony	<i>DHB Service Liaison Officer</i> Department of the Army
COL	Stanek	Scott	<i>DHB Service Liaison Officer</i> Force Health Protection & Readiness (FHP&R), HA

INVITED GUESTS & STAFF (CONTINUED)			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
MG	Stone	Richard	Deputy Surgeon General, U.S. Army
Ms.	Triplett	Karen	DHB Project Manager/CCSi
CDR	Wilcox	David	<i>DHB Service Liaison Officer</i> Canadian Embassy
Dr.	Woodson	Jonathan	Assistant Secretary of Defense for Health Affairs
MEDIA & PUBLIC ATTENDEES			
TITLE	LAST NAME	FIRST NAME	ORGANIZATION
Mr.	Abbott	Eric	
Dr.	Ark	Nicole	Defense Intelligence Agency (DIA)
Mr.	Bartos	John	DIA
COL	Coleman	Russell	U.S. Army Medical Materiel Development Activity
Dr.	Culpepper	Randall	FHP&R Program, TMA
COL	DeKoning	Bernard	U.S. Army Medical Research Institute of Infectious Diseases
Mr.	Dunbar	John	
Mr.	George	Dylan	DIA
COL (Ret)	Fitzpatrick	Glen	Cellphire Inc.
Dr.	Gillige	Olivia	
CAPT	Haberberger	Richard	Naval Medical Research Center
CAPT (Ret)	Hostettler	Charles	Fleming Island, FL
Dr.	Kalbaugh	Trisha	Department of Defense Intelligence Information System
COL	Kester	Kent	Uniformed Services University of the Health Sciences
Mrs.	Kime	Patricia	Army Times, Gannett Government Media, Inc.
LCDR	Lyle	Kevin	BUMED
Ms.	McQuillan	Megan	
Ms.	Smith	Sharon	National Trauma Institute (NTI)
Dr.	Stewart	Ronald	NTI, The University of Texas Health Science Center at San Antonio
CAPT	Syring	Keith	The US Army Medical Research and Materiel Command
Dr.	Vest	Kelly	Armed Forces Health Surveillance Center
CDR	Wong	Jason	BUMED
MAJ	Zechman	Scott	OTSG
Mr.	Zoroya	Gregg	USA Today