

The seal of the Defense Health Board is a circular emblem. It features a light blue outer ring with the words "DEFENSE" at the top and "HEALTH BOARD" at the bottom in white capital letters. Two white stars are positioned on the left and right sides of the ring. The center of the seal is a light green field containing a stylized map of the United States in a golden-yellow color. Below the map is a dark grey silhouette of a microscope.

# **Defense Health Board Overview**

President, Defense Health Board



# Outline

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- Mission
- Purpose
- Overview
- Process
- History
- Organization
- Board Members
- Defense Health Board (DHB) Subcommittees
- Current Taskings
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# Mission

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To provide independent advice and recommendations to maximize the safety and quality of, as well as access to, health care for Department of Defense (DoD) health care beneficiaries.

Ut Omnes Viverent  
*“That all might live”*



# Purpose

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To provide independent advice and recommendations on matters relating to DoD health care policy and program management; health research programs, treatment and prevention of disease and injury; promotion of health and wellness within the DoD and the delivery of efficient; effective high-quality health care services to DoD beneficiaries; and other health-related matters of special interest to the DoD.



# Overview

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- The Defense Health Board (DHB) is a Federal Advisory Committee, subject to requirements of the Federal Advisory Committee Act, Government in the Sunshine Act, and DoDI 5105.04, “DoD Federal Advisory Committee Management Program.”
- The DHB charter authorizes up to 19 members and additional members assigned to its five subcommittees; all are recognized experts in the areas of health and health care addressed by the DHB.
- All Board members and subcommittee members are appointed by the Secretary of Defense.
- The Under Secretary of Defense (Personnel and Readiness) [USD(P&R)] is the DHB’s Sponsor; certain responsibilities are delegated to the Assistant Secretary of Defense (Health Affairs) [ASD(HA)].



# Process

(1 of 3)

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- Who can task the Board?
  - The Secretary of Defense
  - The Deputy Secretary of Defense
  - The Board's Sponsor, USD(P&R)
  - ASD(HA)
  - Other organizations must funnel requests through the USD(P&R) (i.e.: Chairman of the Joint Chiefs of Staff)
  
- No Board-initiated taskings



# Process

## (2 of 3)

- Board assigns tasking to a Subcommittee if not directed in the Terms of Reference (TOR).
- Subcommittee gathers information via:
  - Member expertise
  - Literature reviews
  - Site visits
  - Briefings from experts in DoD and civilian sectors
- Subcommittee meets regularly up to 1 year or until tasking is completed.
  - Tasking (the TOR) may include a response suspense date.



# Process

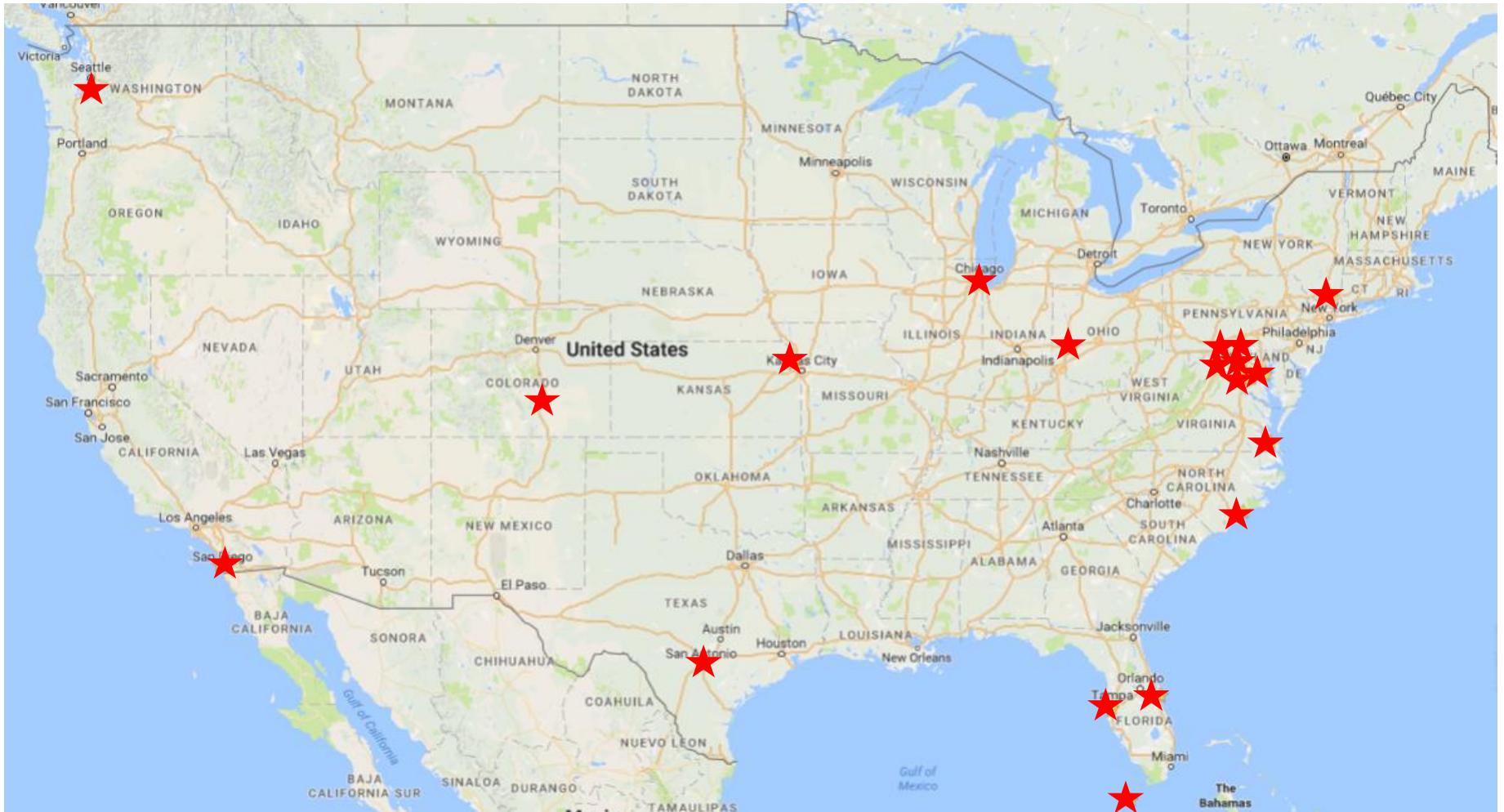
## (3 of 3)

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- All findings and recommendations are deliberated among subcommittee members - independent of consultation with outside resources.
- Subcommittee members with divergent viewpoint may submit an alternate opinion to the Board.
- All findings and recommendations proposed to the Board must be presented and deliberated in an open forum (public meetings).
- Board meets quarterly to provide updates on taskings and receive briefings on various military health topics (meetings alternate between DHHQ and off-site locations).



# Site Visits 2006-2016





# History

## (1 of 3)

- **1941:** Board for the Investigation and Control of Influenza and other Epidemic Diseases established by Secretary of War
- **1946:** Influenza Board becomes the Army Epidemiological Board (AEB)
- **1946:** Navy and Air Force are included in the AEB
- **1949:** Armed Forces Epidemiological Board (AFEB) is chartered
- **December 1972:** Congressional action dissolves the AFEB
- **January 1973:** New AFEB charter with elimination of the Board's responsibility for the conduct and oversight of field investigations and contract research
- **2006:** SECDEF initiated top to bottom review of all Federal Advisory Committee boards
  - 60 boards reduced to 37 boards;
  - Combined existing health-related boards: "DoD Health Advisory Board" to be modeled after the Defense Science Board, and became the Defense Health Board (DHB), incorporating AFEB, Armed Forces Institute of Pathology (AFIP), and Board of Directors for Amputee Patient Care Program, and using the AFEB structure.



# History

(2 of 3)

## AFEB Board and Committee Members February 1989





# History

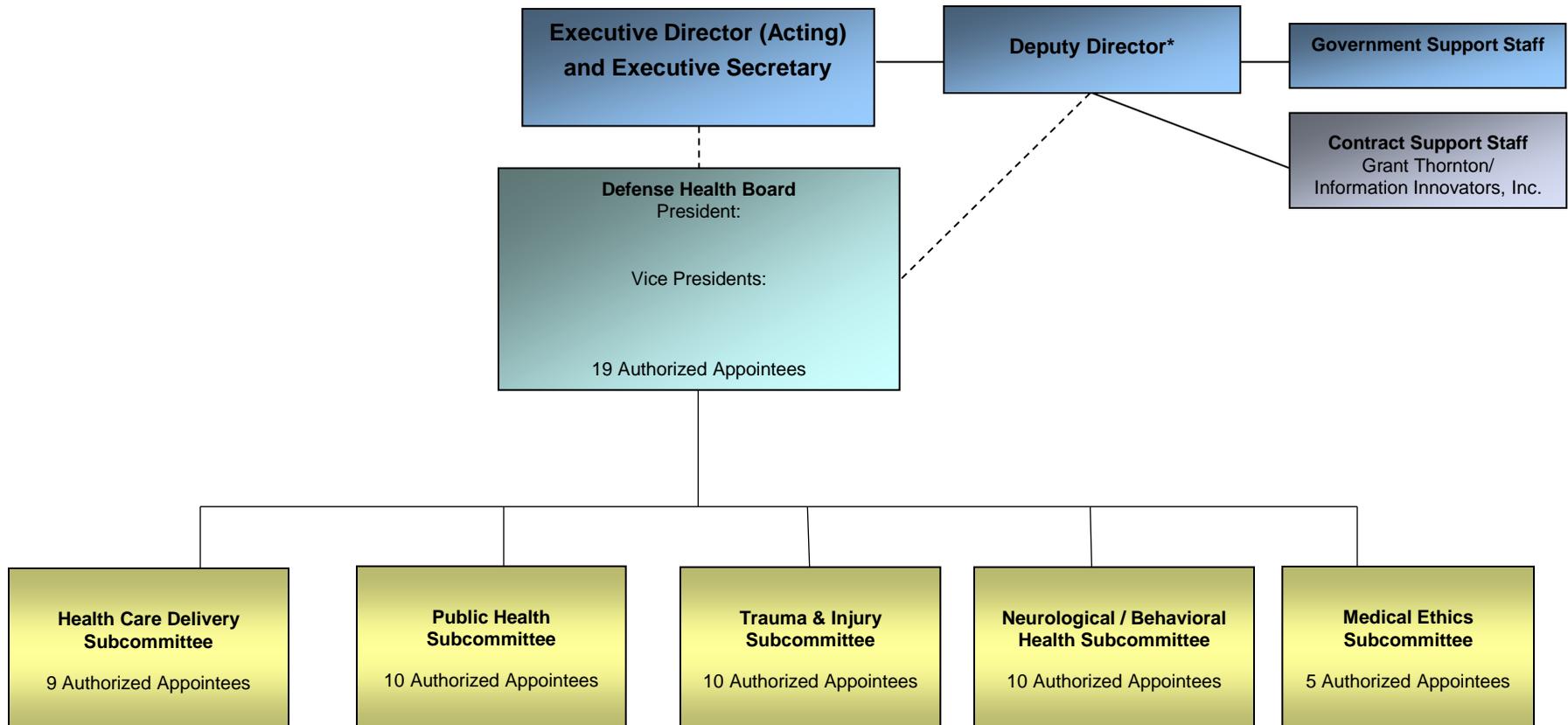
(3 of 3)

## DHB Members February 2016





# Organization



\*The Designated Federal Officer (DFO) and the Deputy Director are two separate individuals. The Deputy Director serves as an Alternate DFO.



# Board Members

(1 of 3)

- **DHB Second Vice President** *Aerospace Medicine, Preventive Medicine* Former Executive Director, AMSUS
- *Public Health, Education*  
Professor and Dean, School of Public Health and Information Sciences, University of Louisville
- *Suicide/Psychological Health, Grief, Family Support* National Director, Tragedy Assistance Program for Survivors, Inc.
- **DHB President** *Family/Community Medicine, Patient Safety*  
President Emerita, Texas A&M Health Science Center; Professor, Department of Family and Community Medicine, College of Medicine; Professor, Department of Humanities, College of Medicine, Rural & Community Health Institute
- *National Security, Leadership, Ethics*  
Class of 1966 Chair, Simon Center for Professional Military Ethics, U.S. Military Academy, West Point; Former Commanding General, U.S. Army Training and Doctrine Command
- *Infectious Disease, Epidemiology*  
Chairman, Department of Infectious Diseases, Cleveland Clinic Foundation



# Board Members

(2 of 3)

- *Toxicology, Oncology, Research*  
Anna M. Baetjer Professor of Environmental Health; Department of Environmental Health Sciences, Johns Hopkins University Bloomberg School of Public Health
- *Ophthalmology, Health Equity, Visual Sciences*  
Vice Dean, Perelman School of Medicine; Senior Fellow, Leonard Davis Institute for Health Economics; Professor, Ophthalmology, University of Pennsylvania
- *Neuropsychiatry, Psychobiology*  
Director, UCLA Brain Injury Research Center; Neurosurgery Departments of Surgery and of Molecular and Medical Pharmacology; David Geffen School of Medicine, UCLA
- *Civilian Trauma Medicine, Emergency Medicine*  
Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
- *Civilian and Military Trauma Medicine Systems, Surgery*  
University of Texas Health Science Center at San Antonio Vice Chair for Quality, Department of Surgery – Trauma Division
- *Allergy, Infectious Disease, Immunology, Clinical Research* Director, Division of Clinical Research, National Institute of Allergy and Infectious Diseases, National Institutes Health



# Board Members

(3 of 3)

- *Psychiatry, Healthcare Ethics*  
Past President, American Medical Association; Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
- *Academic Medicine, Radiology, Research, Efficiency in Healthcare Senior Vice President, University Health Sciences; CEO, University of Utah Health Care; Dean, School of Medicine, University of Utah*
- **DHB, First Vice President** *National Security, Leadership, Ethics* Interim President, Kansas State University; RMyers & Associates, LLC; 15th Chairman of the Joint Chiefs of Staff
- *Nursing, Nursing Administration, Family Health Clinical Nurse Specialist*  
CEO, Vinson Hall Retirement Community; Executive Director, Navy Marine Coast Guard Residence Foundation
- *Infectious Disease, Vaccine Research, Biodefense*  
Director, Mayo Vaccine Research Group; Director for Strategy, Center for Innovation, Mayo Clinic and Foundation
- *Allergy, Infectious Disease, Immunology, Clinical Research* Venture Partner, Frazier Healthcare Ventures; Adjunct Professor, Department of Internal Medicine, University of Michigan Medical School



# DHB Subcommittees

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- **Health Care Delivery:** operational programs, policy development, and research needs in those areas related to delivery of health care to DoD beneficiaries. Subcommittee areas include disease management, health promotion, health care delivery personnel, infrastructure, patient safety, quality management, and prescription formulary issues.
- **Medical Ethics:** specific emphasis on medical ethics, the study of moral values as they apply to medicine, and their practical application in clinical settings.
- **Trauma and Injury:** research and operational policy regarding trauma and injury. The subcommittee shall focus on various matters pertaining to trauma and injury, including prevention, recognition, clinical management, and treatment, and provide external advice and recommendations to the Board.
- **Neurological/Behavioral Health Subcommittee:** research and operational policy regarding psychological health and disorders of the body's nervous system. The Subcommittee's scope includes the prevention, recognition, clinical management, and treatment of psychological/mental health issues and neurological symptoms or conditions among military Service members and family caregivers.
- **Public Health:** operational programs, policy development, and research programs affecting Service members and their families in U.S. military communities around the globe to promote health and prevent outbreaks.



# Current Taskings

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- **Improving Defense Health Program (DHP) Medical Research Processes (expected Feb 2017):** examining the processes for conducting DHP medical research and Clinical Investigation Programs within DoD to provide recommendations that will improve visibility of ongoing DHP medical research across DoD, improve efficient of initiating and conducting high quality research without compromising safety or data protection standards, and encourage more professionals to become engaged in research.
- **Deployment Health Centers (DHCs) Review (expected Jun 2017):** conducting a program review and coordination of ongoing research and clinical efforts at the DHC. The DHCs are to be evaluated against their goal to “improve [the] ability to identify, treat, and minimize or eliminate the short and long-term adverse effects of military service on the physical and mental health of veterans” by expanding on current clinical, surveillance, and research efforts.
- **Pediatric Health Care Services (expected Aug 2017):** examining opportunities to improve the overall provision of health care and related services for children of members of the Armed Forces to better promote the health of this beneficiary population and potentially realize cost savings for the Military Health System.



# Past Reports



**Rebuilding the Trust**

**Independent Review Group**  
 Report on Rehabilitative Care and Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center

April 2007

## The Dover Port Mortuary Independent Review Subcommittee

A Subcommittee of the Defense Health Board



Final Report



## The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives

Final Report of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces

August 2010



## ACHIEVING WORLD CLASS



An Independent Review of the Design Plans for the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital



National Capital Region Base Realignment and Closure Health Systems Advisory Subcommittee of the Defense Health Board



# Recently Completed Reports

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- *Review of the Scientific Evidence of Using Population Normative Values for Post-Concussive Computerized Neurocognitive Assessments* (February 2016)
- *Continuing Education for Department of Defense Health Professionals* (November 2015)
- *Sustainment and Advancement of Amputee Care* (April 2015)
- *Combat Trauma Lessons Learned from Military Operations of 2001 through 2013* (March 2015)
- *Ethical Guidelines and Practices for U.S. Military Medical Professionals* (March 2015)
- *Deployment Pulmonary Health* (February 2015)



# Metrics

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## Since 2006:

- 40 Quarterly Board meetings
- 279 Subcommittee meetings (in-person/teleconferences through end of calendar year 2016)
- 55 Reports with 684 recommendations



# Impact of DHB Reports

(1 of 2)

- *Achieving World-Class: An Independent Review of the Design Plans for the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital* (May 2009): Defined the operational characteristics of a “world-class” medical facility.
- *The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives: Final Report of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces* (August 2010): Led to the publication of DoD Directive 6490.14, which establishes policy and assigns responsibility for the implementation of the Defense Suicide Prevention Program.
- *Deployment Pulmonary Health* (February 2015): Fiscal year 2015 policy direction for DHP medical research, development, test, and evaluation appropriation prioritizes funding of “deployment-related respiratory health with alignment to the latest recommendations from the Defense Health Board.”



# Impact of DHB Reports

(2 of 2)

- *Ethical Guidelines and Practices for U.S. Military Medical Professionals* (March 2015): Led to creation of a Medical Ethics Integrated Product Team, which is assessing the status of MHS infrastructure, policies, and training related to ethics and providing advice on needed training, policy, program enhancements as recommended by the Board.
- *Combat Trauma Lessons Learned from Military Operations of 2001 through 2013* (March 2015): DoD developing two major policies supporting the report recommendations, including a policy for the Joint Trauma System Center of Excellence to establish and maintain a global trauma care capability that supports the full range of military operations, and updated guidance for Military Readiness Training, addressing training in Tactical Combat Casualty Care.



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# Questions?

**For more information, visit:**  
<http://www.health.mil/dhb>