Wednesday 15 February
Session Descriptions

Plenary Session
8:00 - 11:00am

(Title and session description in development) non-CE session
ADM Rachel Levine, Assistant Secretary for Health, US Department of Health and Human Services

A Vision for Mental Health & Well-Being (CE)
Vice Admiral Vivek H. Murthy, MD, MBA, U.S. Surgeon General

Dr. Murthy's presentation will focus on key issues that drive the mental health and well-being of Americans and of people all over the world, with a special focus on those issues that have been exacerbated by the COVID-19 pandemic. The presentation will cover a range of policy issues, including youth mental health, the well-being of workers—including and especially health care workers—and the importance of connection and community to our individual and societal health and well-being.

The Department of Homeland Security's Office of Health Security, Deputy Director and Deputy Chief Medical Officer: Dr. Herbert Wolfe (CE)
Dr. Herbert Wolfe, Acting Chief Medical Officer, US Dept of Homeland Security

Dr. Herbert Wolfe currently serves as the Deputy Chief Medical Officer at the Department of Homeland Security (DHS). In this role as the DCMO and Deputy Director of the Office of Health Security (OHS), he serves as a principal advisor to the DHS Secretary and other DHS senior leadership on medical and public health issues related to natural disasters, border health, pandemic response, acts of terrorism, and other man-made disasters. Since July 2022, Dr. Wolfe has led the establishment of OHS, a new office that serves as the principal medical, workforce health and safety, and public health authority for DHS. OHS unifies the Department's medical, workforce health and safety, and public health functions under one organization. Under Dr. Wolfe's leadership, OHS has led and supported a wide range of medical and public health responses, including Operation Allies Welcome and the Uniting for Ukraine efforts; contributing significantly to the nation's COVID-19 pandemic response; Operation Vaccinate Our Workforce; managing a significant increase in unaccompanied children arriving at the Southwest Border and the operationalization of the DHS Child Welfare Program; and addressing the increased prevalence and impact of natural disasters. This plenary will highlight the transformation process that led to the creation of the Office of Health Security, and the mission and vision for how OHS will readily meet the health security challenges of tomorrow.

Operation Allies Welcome: Unified Command, Collaboration and Coordination (CE)
Herbert Wolfe, PhD (DHS); BG Larry Fletcher (USA); Jen Smyers, White House Office of Refugee Resettlement; Andrew Boyd, MD (CDC)

On August 29, 2021, the U.S. Department of Homeland Security (DHS) was directed to lead and coordinate ongoing efforts across the federal government to support vulnerable Afghans, including those who worked alongside the U.S. troops in Afghanistan for the past two decades, in a safe and orderly resettlement across the United States. In response, a Unified Coordination Group (UCG) was established to coordinate United States

government activities, including initial processing of evacuees, medical and public health screening, and coordination with non-governmental organizations as part of resettlement operations. Operation Allies Welcome (OAW) has welcomed more than 85,000 evacuees to the United States.

The success of OAW was due to the strong federal interagency coordination across multiple operational phases including: (1) screening and vetting prior to domestic arrival; (2) processing and accountability of evacuees from lily pads, ports of entry, domestic safe and through the resettlement process; and (3) ensuring the implementation of a robust medical and public health framework that included COVID-19 testing, vaccinations, and other medical services.

This panel will include representatives of key federal agencies that supported the OAW mission and is focused on the robust communication and collaboration between FSLTT, NGO, and private-sector entities. The panel will also discuss successes and challenges, including lessons learned that influenced other future operations such as Uniting for Ukraine.

Wednesday 15 Feb 2023 Breakout Sessions
Session 1
1:00 – 2:00 PM

1. **Revising Operation Vigilant Sentry's Medical Health and Safety Response Plan with Multi-Level Stakeholders** (CE)

Ivan Zapata, PhD, MS, CHES (DHS); Shawn "Max" Koch (DHS); Jeanne Eckes-Roper, RN, MBA (HHS); Kathryn Staats, MPH, (DHS) moderator

The Homeland Security Task Force- Southeast (HSTF-SE) Director is responsible for managing Operation Vigilant Sentry (OVS); a joint operational plan for State, Local, and Federal partners to respond to a maritime mass migration event in the United States, primarily in the Caribbean and/or the Straits of Florida. The medical, health, and safety annex – Annex Q – of OVS provides interagency procedures for medical operations during a maritime mass migration incident.
The Department of Homeland Security's Office of Health Security (DHS OHS) plays a key advisory role in the medical response to a maritime mass migration incident and in this capacity is leading the Annex Q update working group for HSTF-SE. OVS Annex Q's main subject areas include: afloat migrant medical care, ashore migrant medical care, workforce occupational health and safety, emerging and infectious diseases, medical funding and reimbursement, mortuary services, medical reporting, and informational sections to enable partner coordination.
DHS OHS has engaged more than 50 Federal, State, and Local partners throughout the revision process since September 2021 to achieve a medical operations unified effort to prepare for, respond to and recover from a maritime mass migration incident. The update process has involved interagency exercises, targeted partner working sessions, unification with partner response plans, and integration of lessons learned from medical responses to the Southwest Border (SWB), COVID-19, and Operation Allies Welcome (OAW).
One of the newly proposed organizational constructs in Annex Q is the Medical Unified Command (MUC), which aligns with the Incident Command System (ICS) principles and incorporates Federal, State, and Local partners. The finalized version of Annex Q was validated by key partners and submitted for signature to the HSTF-SE Director in Fall 2022.
This panel will feature some of the key federal and local stakeholders who led these updates and will continue to serve as champions for public health, medical functions, and safety measures for maritime mass migration events.

2. **Behavioral Health System of Care (DHA Suicide Care Pathway)** (CE)

CAPT Meghan Corso, Psy.D., ABPP, USPHS

The DHA is moving toward a single system of behavioral health care across the MTFs. This requires standardization of business processes, nomenclature, structural alignment, and clinical procedures. We will begin with an overview of the four BH programs in the DHA BH system of care: Adult Outpatient BH Care, Child and Adolescent BH Services, Substance Use Disorders Clinical Care, and Specialty BH Care (i.e. neuropsychology). In each of the four programs we will explore the roles and responsibilities of the key personnel. There will also be a discussion on clinical outcomes in the BH system of care.
Next, we will narrow in on our recently published Suicide Care Pathway as an example of our efforts to standardize a clinical process and procedures that directly impacts patient safety across the MTFs. The DHA Suicide Risk Care Pathway provides a unified structure of care by defining and establishing standardized procedures. These procedures are aligned to the VA/DoD Clinical Practice Guidelines for the Assessment and Management of patients at Risk. This session will describe the five steps in the suicide risk care pathway. We will also cover proposed inspection items as well as training requirements.

3. **Modernizing Role 1 Care for Distributed and EAB Operations** (CE)
LT Tobias Keeney-Bonthrone, NAVRESFORCOM (USN)

This presentation will briefly describe the history of Prolonged Casualty Care (PCC) and frame it in the context of expected conflicts against near-peer adversaries as well as the genesis of the Joint Trauma System's PCC Clinical Practice Guidelines. Case studies from 1st and 4th Marine Division will illustrate how active duty and reserve units are preparing for PCC. Finally, we will use a recent DoD grant to illustrate opportunities to standardize implementation of PCC across all services, highlight differences and commonalities for PCC implementation between conventional and unconventional forces, and emphasize the need to aggressively prepare for PCC in order to maximize battlefield survivability in coming conflicts.

4. **Preserving the Fighting Force: menstrual suppression, contraception, HPV and the impact of Dobbs on military readiness** (CE)
LTC Erin Keyser, MD (USA)

Women make an increasing percentage of the US Military; currently, nearly 20% of the US Army is female and are assigned to every combat arms MOS. Although serving with demonstrated success, women are uniquely impacted by specific conditions that can be optimized or eliminated with contraceptive therapies. Military service women have a high rate of unintended pregnancies and at time experience barriers accessing effective contraception despite the free access to all types of contraception.
The two top reasons women are redeployed out of theatre are due to pregnancy and abnormal uterine bleeding, both of which can be adequately addressed and prevented with menstrual suppression.
The military has high rates of HPV positivity which makes a women ineligible to deploy. The HPV vaccines is covered by Tricare and has proven to prevent cervical cancer and cervical dysplasia and decrease need for colposcopy.
43% of military service women live in states where abortion is now illegal. Even if able to take leave from work, it is cost prohibitive in many states for our enlisted soldiers. This impacts our military readiness. In addition, we have seen a huge jump in the requests for permanent sterilization, unsure what the consequences are of this going forward.
The military and DHA have created military specific tools to try and address many of the issues to include the Decide and Be Ready App and DRES (Deployment Readiness Education for Service Women App). In addition, the Defense Health Agency has mandated that all bases offer walk in contraception clinics.
Take home points. Offer menstrual suppression, contraception, and HPV vaccine. Recommend all women have a women's health specific appointment three months prior to planned deployments. Share resources across services to assure our women are getting evidence-based care.

Health Disparities in Military Veteran Populations
Tracey Koehlmoos, PhD, MHA (USU); Craig D. Shriver, MD, FACS, COL, USA (ret) (USU); Patricia Doykos, MBS Executive Director, Health Equity, Corporate Affairs – Bristol Myers Squibb

This presentation will highlight some of the differentiating nuances of the Military Health System (unique demographics, equitable to care, unique disease etiologies etc., as well as some of the significant benefits of being treated within an comprehensive / integrated / whole-health system, and encourage additional public/private partnerships, aimed at further enhancing the care and outcomes of this most deserving cohort of patients

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Session 2
2:10-3:10 PM

1. **Veteran Suicide Prevention: We All Have a Role to Play (CE)**

Lisa Kearney, PhD, ABPP; Matthew Miller, PhD, MPH (VHA)

Suicide is a complex problem with a multifaceted interweaving of potential contributing factors. Suicide prevention (SP) training focuses greatly on mental health concerns as a root cause, yet a multitude of additional factors can contribute to suicide risk (Franklin et al., 2017). Unemployment, chronic pain, insomnia, relationship strain, and death of a child are examples of individual factors outside of mental health which may play a role in suicide. International, national, community, and relational factors also impact suicide risk (e.g., inadequate access to care, global health concerns, war, economic crises, homelessness; Turecki & Brent, 2016). With no single cause, there is no single solution to suicide for veterans (Zalsman et al., 2016). The Department of Veterans Affairs (VA) has launched a *National Strategy for Preventing Veteran Suicide* (2018), outlining a full public health approach to address these multifactorial causes. VA's public health strategy combines community efforts to implement tailored, local prevention plans with evidence-based clinical interventions. Our approach focuses on both what can be done now, in the short term, and over the long term, to save Veterans' lives. This presentation provides an overview of the data driving VA's efforts, our operationalization of the strategy, the challenges and opportunities we face together with you in deploying *a public health approach, and next steps each of us can take together to reduce Veteran suicide.*

2. Operationalizing Navy Medicine to Provide Naval Expeditionary Health Service Support During Distributed Maritime Operations – Now and For the Future Fight (CE)
CAPT Matthew Tadlock, MD, FACS

This session will be comprised of four short 7-minute presentations followed by a 30-minute panel discussion focusing on operationalizing and optimizing Naval Expeditionary Health Service Support (NEHSS) during current and future Distributed Maritime Operations (DMO).
The four 7-minute talks will set the stage for the panel session (30 minutes): **Optimizing NEHSS During DMO, Now and For the Future Fight.** Moderator: CAPT Tadlock**.** Panelists: CDR Damin**,** CAPT Devlin**,** HMCS Coates or Martinez**,** SC Leasiolagi. The panel session will expand on the topics above. Furthermore, various aspects related to NEHSS during DMO will be discussed including:

- Ideal Utilization of Maritime Surgical Teams during contested DMO including the Expeditionary Resuscitative Surgical System, Fleet Surgical Teams, and Carrier surgical teams.
- Ideal manning, training, and equipping of Navy Medicine's En Route Care teams.
- The Critical Care gap during contested DMO.
- How to maintain the readiness (Knowledge, Skills, and Abilities) of all deployable maritime caregivers.
- The role of mobile training teams in NEHSS during DMO

3. Enhancing the Provider and Patient Pharmacy Experience (non-CE)
Rick Klinenberg, Senior Director, Physician Innovation, Express Scripts; Michelle Horton, Account Executive – Department of Defense Programs, Express Scripts

Creating a simpler pharmacy experience begins at the point-of-care, when physicians are making crucial decisions with their patients. At Express Scripts, we employ the industry's most comprehensive effort to champion a simpler pharmacy experience by improving connectivity and easing the administrative burden for physicians and their staff. Our physician-minded portfolio of programs and digital tools streamline and improve the prescribing process, helping physicians and providers make better clinical and cost-effective decisions with their patient's right at the point-of-care.

4. Medics Helping Medics – How to Help a Burnt-out Medical System (CE)
Lt Col Elisha Parkhill, LCSW-BCD (USAF); Lt Col Eric Meyer, MD, PhD (USAF)

Burnout represents a combination of three different experiences: overwhelming exhaustion, feelings of cynicism and detachment from duty, and a sense of ineffectiveness and lack of accomplishment [1]. Burnout is primarily a response to a culture or organizational problem. Currently the rates of burnout amongst healthcare providers has been on the rise [2]. This is in part due to the global response to COVID [3] and also due to confusion regarding the role of health care in primary prevention [4]. The impacts of burnout in healthcare have prompted many calls for organizational change [5]. In the Military Healthcare System (MHS) the stressors of COVID have been further compounded by the stressors of transition [6] along with unclear prioritization of clinical care delivery versus readiness operations. This session will review these topics and present potential solutions to organizational problems while also providing potential readiness solutions that may help with individual resilience [7].

5. Pt.1-Intra-Agency Lessons Learned – USPHS officers respond to a wild poliovirus outbreak in southern Africa (CE)
CDR Elizabeth Davlantes, MD

Pt.2 - Public health emergency response strike team behavioral health officers: Addressing trauma of officers in the U. S. Public Health Service Commissioned Corps
CDR Stephanie Felder, PhD, LCSW, LCAS-A

The Global Polio Eradication Initiative (GPEI) is an international consortium dedicated to eradicating polio worldwide, with the United States Centers for Disease Control and Prevention (CDC) as one of four core technical partners. Since GPEI's formation in 1988, cases of wild polio have decreased by >99.9% worldwide, and the virus is endemic in only two countries (Pakistan and Afghanistan). In February 2022, a case of wild polio was detected in a paralyzed child in Lilongwe, Malawi, in southeastern Africa. This is especially concerning as Africa was certified as free of wild polio in August 2020. To respond to this very high-profile emergence, CDC trained and deployed 76 staff (including 11 USPHS officers) to 5 countries in southern Africa: Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. The US Government's (USG) response was also led by a USPHS officer. Staff spent >25,000 person-hours assisting African ministries of health with surveillance strengthening, just-in-time training of the national health workforce, and planning and supervising nationwide polio vaccination campaigns for all children <5 years old. This presentation will describe USG's, and particularly USPHS officers', response to the African wild polio outbreak and will detail lessons learned for future multilateral international public health responses.

6. **Surgical Telementoring for Combat Casualty Care: Optimizing the Virtual Medical Center Network (CE)**
Intuitive; Philips; Invited panelists include: LTG Telita Crosland, Director, Defense Health Agency; Paul A. Young, MD, MPH, MSS, FasMA, Col, MC USAF (ret.), JBSA 5G Executive Telemedicine Investigator; Dr. Josef Schmid, NASA Flight Surgeon; Col Ingrid Ford, USSPACECOM Command Surgeon; COL George Barbee, JMAU Surgeon; COL Jennifer Gurney, Director Joint Trauma System;
Moderated by: CAPT (Ret) Gordon Wisbach & LTC Gary Legault

The first hour of this two-hour session will provide a technology demonstration and identify the remote medical assistance capability gaps. Participants will gain an understanding about the high yield information learned during the AMSUS-sponsored 2022 four-part webinar series titled "Surgical Telementoring for Combat Casualty Care". The second hour will discuss the courses of action to optimize the Virtual Medical Center Network (VMCN). The session will lead with a Special Operation Combat Medic tale of a patient care scenario that benefited from remote synchronous medical assistance to focus the conversation on the need to improve reliable operational medical care both in garrison and, ultimately, in the battlefield.

Session 3
3:20-4:20 PM

1. **Building the Future of Cancer Care: How VA is reaching for the Moon(shot) (CE)**

Carolyn Clancy, MD, Assistant Under Secretary for Health, VHA; Jason Dominitz, MD, National Director of Gastroenterology, VHA; Dr. Mary (Molly) Klote, Director, Office of Research and Development, VHA; Dr. Michael Kelley, Executive Director, National Oncology Program, VHA

When President Biden reignited the focus on Cancer Moonshot early in 2022, VA's already extensive cancer care focus was galvanized with three key elements: increased focus on cancer screening, environmental exposures cancer research, and health equity through increased access and enrollment into clinical trials. Broadly, VA approaches cancer care as a continuum that starts with cancer screening. VA has encouraged Veterans to return to or continue with routine screening, because even if cancer is present, detecting it at an earlier stage can lead to curative treatment. This is especially true for colorectal cancer. In the Veteran population, colorectal cancer is one of the most diagnosed cancers. Bringing an innovative lens to the challenge represented by the ongoing pandemic and the backlog of screening, VA is bringing the screening to Veterans by mailing the home-based fecal immunochemical test that checks for blood in the stool that you can't see. With the recent passing of the PACT act, 11 new cancer types were added to the presumptive conditions for Veterans. As part of Moonshot, two new programs are being stood up to address toxic exposures and cancer research: 2-way Cancer Registry, and Molecular Analysis Researching Carcinogenic Exposures. They are designed to build in aspects of what is needed to develop critical data elements that will provide results in a structured way, long-term. And finally, on the further end of that continuum of care, are clinical trials. Through a health equity lens, VA has been able to help enroll demographics of Veterans who have historically not participated in clinical trials. Join this session to understand the lessons learned, how VA is working across the federal government to address exposures, and what VA is doing to ensure health equity is achieved through clinical trials.

2. **Post-COVID Medical Research and Materiel (MRDC): Evaluation of Active-Duty Military Personnel with Chronic Respiratory Symptoms Post-COVID (CE)**

COL Michael J. Morris, Assistant Dean for Research, Brooke Army Medical Center; LTC Natalie Collins, PhD, Director, Viral Diseases Branch, WRAIR

This two-part session will first discuss evaluation of active-duty military personnel with chronic respiratory symptoms post-COVID.
There is significant evidence for the development of chronic adverse outcomes related to COVID-19 infection. Reports from the military COVID-19 registry have identified that up to 30% of persons report exercise intolerance and chronic respiratory symptoms. These issues may be related to a variety of factors to include COVID-19 pneumonia with fibrotic changes, post-viral reactive airways disease, myocarditis, and general fatigue associate with long-COVID syndrome. Determining the cause of these symptoms is needed for military personnel to return to full duty.
The second part of this session will discuss leveraging knowledge gained from SARS-CoV-2 to develop the next generation pan-betacoronavirus vaccines. This lecture will discuss the knowledge learned along the way to the decision point to develop a pan-betacoronavirus, highlighting findings from WRAIR's vaccine development efforts.

3. Helping Health Professionals Cope with Grief: The Next Steps After Saying Goodbye (CE)

Capt Jamie Geringer, DO (USAF); Lt Col Brian Neubauer, MD, MHPE, FACP (USAF); CPT Lisa Townsend, MD (USA)

Grief is an emotion experienced after significant loss, most commonly in the setting of the death of a person to whom the griever has formed a bond of affection. Grief may affect anyone experiencing the death of a loved one such as a family member and has the potential to adversely affect larger groups of people serving in high-stakes professions such as medicine or the military. Trainees working in these environments may be especially susceptible to grief and its potentially damaging consequences. Many health professionals express inadequate preparation to deal with grief, whether it's their own or that of their peers or trainees. This is likely due to several factors including the lack of teaching focused on grief and coping mechanisms. Unacknowledged or inadequately addressed grief impacts healthcare workers personally and professionally and compounds burnout. Trainees are an especially vulnerable population that requires opportunities to comprehend, process, and reflect on grief and build coping mechanisms. This workshop aims to educate attendees on the impact of grief and teach beneficial coping strategies. A framework on how to lead a reflection session to facilitate discussions between trainees and colleagues on health professionals' grief will be taught. Participants will work together through a simulation session using this one model of a grief debriefing strategy. The goal is to provide the attendee with the means to recognize grief, its adverse consequences, and some tools to feel comfortable facilitating similar discussions about grief at their institution.

4. It Takes a Village: Changing the Narrative of Youth Mental Health in Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Populations (CE)

LCDR Doan Singh, PharmD, USPHS; LCDR Ruby Leong, PharmD, USPHS

Throughout the COVID-19 pandemic there has been a significant increase in mental health disorder in youth than any other age group, including depression, anxiety, and suicidal ideation. According to a report from Mental Health America, rates of suicidal ideation are highest among youths, especially LGBTQ+ youth. In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day in a span of two weeks. Suicide is the leading cause of death in youths among Asian American and Native Hawaiian/Pacific Islander (AANHPI) in the United States. To tackle this public health crisis, the Surgeon General's (SG) 2021 Advisory on *Protecting Youth Mental Health* was issued and VADM Murthy calls for an "all-of society effort, including policy, institutional, and individual changes in how we view and prioritize mental health." Given the complexity and urgency of the situation, particularly in minorities, healthcare collaboration is imperative. The Asian Pacific American Officers Committee (APAOC) of the United States Public Health Service has taken steps to build "the village" of federal, community, and advocacy resources for our youth. This presentation will provide best practices for the treatment and prevention of mental health challenges as described in the SG's Advisory, examples of successful partnerships, APAOC's efforts to raise awareness of the cultural, social, and other barriers unique to minority populations, and ways to build upon these efforts.

APAOC established the Healthy Mind Initiative (HMI) in 2018 to raise awareness on mental health issues of youth, reduce stigma, and encourage parents and youth among AANHPI communities to seek help when needed. HMI worked with federal and local organizations, including the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Behavioral Health Equity, Asian American Health Initiative (AAHI) of the Montgomery County Health and Human Services, Maryland, National Institute on Minority Health and Health Disparities; Federal Asian Pacific American Council, and AANHPI community organizations. Over 2,000 individuals in AANHPI communities nationwide benefited from these collective efforts.

Education and outreach are the cornerstones of APAOC's community engagement activities. APAOC has collaborated with OSG's Prevention through Active Community Engagement (PACE) to develop a mental health lesson plan to educate parents and caregivers on how to improve the well-being of their youths. APAOC community-level efforts and healthcare collaborations have continued to expand. The HMI

partnerships led to the establishment of two National Essay Contests in 2019 and 2022 to address the stigma surrounding mental health and social barriers that adolescents may encounter, sponsored by the National Institute of Mental Health, Calvin J. Li Memorial Foundation, and National Institute of Child Health and Human Development. In addition, APAOC partnered with SAMHSA and AAHI of the Maryland's Montgomery County Health and Human Services to provide translated presentations in various Asian languages to support the implementation of the 988 Suicide and Crisis Lifeline. APAOC's efforts and partnerships on a local, state, and national level have successfully led to building a village to help and protect our youth's mental health.

5. Emerging Topics in Health Policy (CE)

CAPT Eric Deussing, MC (USN); Ms. Kimberly Lahm, LMFT; Mr. Steve Jones, MPH; Mr. Nathan Reynolds MBA, FACHE; Dr. Daniel; Dr. Paul Ciminera, MD, MPH

The Military Health System (MHS) is a federated system of uniformed, civilian, and contract personnel and additional civilian partners at all levels of the Department of Defense (DoD) and beyond. Health policy is an integral aspect of the MHS, establishing the guidance and direction for the effective execution of the DoD medical mission, including maintaining readiness for medical services and support to member of the Military Services and their family members. Changes in health policy are driven by political, social, patient, and financial factors, and are impacted by the global environment, legislation, population health, social barriers, costs, and access to care and services.

This breakout session discusses emerging topics in health policy, including the DoD National Disaster Medical System (NDMS), innovations in women's health policy, virtual health, and impact of environmental exposures. These presentations will include descriptions on the NDMS pilot, women's health as a key component of force health, the evolution of virtual health, and policy requirements associated with occupational and environmental exposure.

End