## 2006 Current Fiscal Year Report: Amputee Patient Care Program Board

Report Run Date: 07/12/2025 05:07:11 AM

1. Department or Agency 2. Fiscal Year

2006 Department of Defense

3b. GSA Committee

3. Committee or Subcommittee No.

Amputee Patient Care Program

Board

21501

14c.

4. Is this New During 5. Current 6. Expected 7. Expected Fiscal Year? Charter Renewal Date **Term Date** 

No 07/06/2006 07/06/2008 07/05/2008

8a. Was Terminated During Termination 8b. Specific 8c. Actual FiscalYear? Term Date Authority

Agency

Yes 09/30/2006

Determination

9. Agency 10b.

10a. Legislation **Recommendation for Next** Legislation Reg to Terminate? **FiscalYear** Pending?

Terminate No

**11. Establishment Authority** Agency Authority

12. Specific 13. 14.

**Establishment** Effective Commitee Presidential?

Authority Date Type

Secretary of Defense

05/01/2004 Continuing No Determination

**15. Description of Committee** Non Scientific Program Advisory

Board

16a. Total

No Reports for Number of this FiscalYear

Reports

17a. 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0

**Meetings and Dates** 

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts	\$0.00	\$0.00
to Non-Federal Members	******	·
18a(2). Personnel Pmts	\$0.00	\$0.00
to Federal Members	·	·
18a(3). Personnel Pmts	\$7,000.00	\$7,000.00
to Federal Staff	. ,	. ,
18a(4). Personnel Pmts		
to Non-Member	\$0.00	\$0.00
Consultants		
18b(1). Travel and Per		
Diem to Non-Federal	\$3,100.00	\$10,000.00
Members		
18b(2). Travel and Per		
Diem to Federal	\$0.00	\$3,500.00
Members		
18b(3). Travel and Per	\$1.570.00	\$2,500.00
Diem to Federal Staff	ψ.,σ.σ.σ	Ψ=,000.00
18b(4). Travel and Per		
Diem to Non-member	\$0.00	\$0.00
Consultants		
18c. Administrative		
Costs (FRNs, contractor		
support,	\$0.00	\$0.00
In-person/hybrid/virtual		
meetings)		
18d. Other (all other		
funds not captured by	\$300.00	\$300.00
any other cost category)		
18e. Total Costs	\$11,970.00	\$23,300.00
19. Federal Staff Support Years (FTE)	0.10	0.10

# 20a. How does the Committee accomplish its purpose?

Serve in an advisory capacity to broaden the scope of vision for the U.S. Army amputee patient

care program. Serve as an advisory body and monitor amputee patient care programs and services, and provide advice to the Walter Reed Health Care System regarding programs, services and effective organizational planning

# 20b. How does the Committee balance its membership?

Committee members will be diverse and qualified with training and/or experience in patient care, psychosocial issues, and family issues relevant to amputees. Members will include professionals in relevant amputee patient fields, immediate family members of amputees, and actual recipients of amputee patient care.

# 20c. How frequent and relevant are the Committee Meetings?

New Committee: Estimated Number of Meetings per Year - 2 Estimated Total Meetings - 4

## 20d. Why can't the advice or information this committee provides be obtained elsewhere?

To ensure that amputee patient care provided by the U.S. Armed Forces is state of the art and delivered in a cost effective manner. This Board will provide the Amputee Care Program with views and information specifically related to the care of soldiers injured in military conflict. The typical combat injured amputee patient is generally younger and has a more involved wounding pattern than the typical civilian sector amputee. No existing organization has the expertise required to advise the U.S. Army on these matters

# 20e. Why is it necessary to close and/or partially closed committee meetings? Meetings will be open.

#### 21. Remarks

Based upon a top-to-bottom review of the DoD Federal Advisory Committee Management Program, the US Military Amputee Patient Care Program Board of Directors will become a sub-committee/panel of the newly established Defense Health Advisory Board. The Board will now be known as the Panel on the Care of Individuals with Amputation and/or Functional Limb Loss. The committee's charter was refiled in July 2006, no committee members have been appointed nor has any committee work been done. Committee member appointments are pending and the Department of Defense anticipates that committee members will be approved and in place prior to a first meeting in 2007. Since no committee members were appointed in FY06, there were no meetings and no reports submitted by the committee. The expenditure of FY06 funds have been for DoD Federal employees who are engaged in setting up the committee's infrastructure. These employees will have no impact whatsoever on the independence of the committee once it is operational. Their purpose in setting up the committee's infrastructure is to enable the committee members, once appointed, to immediately focus on their important mission to the Department of Defense, service members, and the Amputee Patient Care Program.

#### **Designated Federal Officer**

William C. Doukas Chief, Department of Orthopaedics and Rehabilitation, WRAMC

#### **Narrative Description**

Serve in an advisory capacity to broaden the scope of vision for the

U.S. Army amputee patient care program. Serve as an advisory body and monitor amputee patient care programs and services, and provide advice to the Walter Reed Health Care System regarding programs, services and effective organizational planning. Awaiting the final JAG review and appointment of members prior to holding a formal meeting.

## What are the most significant program outcomes associated with this committee?

Checked if

	Applies
Improvements to health or safety	✓
Trust in government	
Major policy changes	
Advance in scientific research	
Effective grant making	
Improved service delivery	✓
Increased customer satisfaction	✓
Implementation of laws or regulatory	
requirements	
Other	
Outcome Comments NA	itt2
What are the cost savings associated with thi	
None	Checked if Applies
Unable to Determine	<b>✓</b>
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	

### **Cost Savings Comments**

The committee's functions are being transferred to a committee.	another discretionary advisory
What is the approximate Number of recommend for the life of the committee?	ations produced by this committee
Number of Recommendations Comments  Committee did not make any recommendations this are being transferred to another committee.	fiscal year. The committee's functions
What is the approximate <u>Percentage</u> of these red will be <u>Fully</u> implemented by the agency?	commendations that have been or
% of Recommendations Fully Implemented Com Committee did not make any recommendations this are being transferred to another committee.	
What is the approximate <u>Percentage</u> of these requilible <u>Partially</u> implemented by the agency?	commendations that have been or
% of Recommendations Partially Implemented Committee did not make any recommendations this are being transferred to another committee.	
Does the agency provide the committee with feet implement recommendations or advice offered?  Yes No Not Applicable	-
Agency Feedback Comments NA	
What other actions has the agency taken as a re recommendation?	sult of the committee's advice or
Ch	ecked if Applies
Reorganized Priorities Reallocated resources	

Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	<b>S</b>
Action Comments	
One informal meeting was held to determine	next steps needed, especially with regard to
committee membership.	
<b>Is the Committee engaged in the review o</b> No	f applications for grants?
Grant Review Comments NA	
How is access provided to the information	n for the Committee's documentation?
	Checked if Applies
Contact DFO	✓
Online Agency Web Site	
Online Committee Web Site	
Online GSA FACA Web Site	<b>•</b>
Publications	
Other	

## **Access Comments**

Information on the committee is available through the Designated Federal Officer or the General Services Administration FACA Web Site.