



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

The Honorable Jack Reed  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

JUN - 4 2024

Dear Mr. Chairman:

This is a substantive interim response to section 724 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 (Public Law 117-263), "Feasibility Study and Plan on Establishing a Military Health System Medical Logistics Directorate and Military Health System Education and Training Directorate." Enclosed is an interim report detailing the feasibility of establishing an MHS Education and Training Directorate and the way ahead.

The Military Health System (MHS) is in the process of a major strategic evolution, moving forward aggressively and imaginatively to reshape the MHS to fully support the Military Departments, the Combatant Commands, the American Warfighter, and our constellation of beneficiaries. Because the MHS' strategic review is currently ongoing – including development of a new 5-year Strategy, a supporting Digital Transformation Strategy, and a comprehensive manpower assessment – it is premature for the Department to make major changes in the education and training enterprise. The Department anticipates providing the final report by June 30, 2025.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the House Armed Services Committee.

Sincerely,



Ashish S. Vazirani  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Roger F. Wicker  
Ranking Member





OFFICE OF THE UNDER SECRETARY OF DEFENSE  
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WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

The Honorable Mike D. Rogers  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

JUN - 4 2024

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Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the Senate Armed Services Committee.

Sincerely,

A solid black rectangular box redacting the signature of Ashish S. Vazirani.

Ashish S. Vazirani  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



# **Substantive Interim Report to the Committees on Armed Services of the Senate and the House of Representatives**



## **Feasibility Study and Plan on Establishing a Military Health System Medical Logistics Directorate and Military Health System Education and Training Directorate**

**June 2024**

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$543,800 for the 2023 Fiscal Year. This estimate includes \$60,000 in expenses and \$483,800 in DoD labor.  
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## **Introduction**

This report is in response to section 724(b)(2) of the James M. Inhofe National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023 (Public Law 117–263), “Feasibility Study and Plan on Establishing a Military Health System Medical Logistics Directorate and Military Health System Education and Training Directorate.”

## **Executive Summary**

Section 724 requires the Secretary of Defense to “conduct a study on the feasibility of the establishment within the Defense Health Agency of... [a] Military Health System Education and Training Directorate, respectively; and develop a plan for such establishment.”

To fulfill the requirements contained in the law, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) established a Senior Review Panel (SRP) consisting of:

- The President, Uniformed Services University of the Health Sciences (USU) (Chair);
- The Principal Deputy Assistant Secretary of Defense for Health Affairs (PDASD(HA));
- The Director, Defense Health Agency (DHA);
- The Surgeon General of the Army;
- The Surgeon General of the Navy;
- The Surgeon General of the Air Force;
- The Medical Officer, U.S. Marine Corps;
- The Joint Surgeon General, National Guard Bureau (NGB);
- The Command Surgeon of the Space Force; and
- The Joint Staff Surgeon (JSS).

Overall, the SRP determined that it is not currently feasible to establish or expand the existing Education and Training (E&T) Directorate within DHA that includes all the Military Health System (MHS) E&T elements outlined in the law. This conclusion was driven by the dynamics at work within the MHS and the unprecedented opportunities to reshape the entirety of the MHS for the future. Of particular importance, the MHS is currently in the midst of developing the first comprehensive MHS Strategy in more than a decade. Once the basic elements of the MHS roadmap are completed, the MHS will be positioned to reengineer its E&T enterprise to optimize the Ready Medical Force as an essential operating system in support of the National Defense Strategy, the Services, the Combatant Commands, the Warfighter, and our constellation of beneficiaries.

In the meantime, the MHS has undertaken a number of specific E&T-related consolidations and realignments that will better enable the efficient and effective use of resources while sustaining the Military Departments’ roles and responsibilities under the manning, training, and equipping requirements of title 10, U.S. Code. These realignments include an expansion of the responsibilities of the DHA J-7 E&T Directorate, the realignment of certain MTF-related E&T functions from the Military Departments to the DHA J-7, and consolidation of selected education programs under USU.

We have also established a formal Joint Senior Strategy Group to continue to examine near-term alignments that will support the overall MHS E&T architecture in the future.

The Department of Defense (DoD) is deeply committed to ensuring that the MHS is modernized, organized, digitized, trained, and fully prepared to support the national security environment and to provide unparalleled healthcare to those who go in harm's way to protect the nation.

### **The 724 Report Requirement**

Section 724 calls upon the Secretary of Defense to develop both a study and a plan to examine the feasibility of establishing a MHS E&T Directorate. This includes a review of organizational structure related to military medical education and training, the geographic location(s) of related activities, resourcing, legislative recommendations, and other matters that may be pertinent to MHS education and training.

### **The 724 Report Process**

**SRP.** To respond to the requirement and ensure that all relevant MHS stakeholders were actively involved, the ASD(HA) established a SRP consisting of:

- The President, USU (Chair);
- The PDASD(HA);
- The Director, DHA;
- The Surgeon General of the Army;
- The Surgeon General of the Navy;
- The Surgeon General of the Air Force;
- The Medical Officer, U.S. Marine Corps;
- The Joint Surgeon General, NGB;
- The Command Surgeon of the Space Force; and
- The JSS.

The SRP was charged with providing oversight, collaboration, and coordination in both the feasibility study and the implementing plan. The SRP met on a monthly basis.

**The Executive Committee.** To effect detailed coordination, an Executive Committee (ExCom) was formed consisting of senior representatives from each SRP member organization. The ExCom met on a bi-weekly basis to assess progress in the 724 report process, to identify and resolve issues and to provide input to the SRP.

**Substantive Interim Report.** The SRP prepared a substantive interim report for submission to the Committees on Armed Services of the Senate and the House of Representatives. The Department anticipates sending the final report by June 30, 2025.

## **MHS Environment**

Over the past 2 decades, the MHS has achieved unprecedented outcomes in nearly 20 years of persistent combat in lethal and austere environments. The evolving environment requires a clear-eyed appraisal of the threats we face, acknowledgement of the changing character of warfare, recognition of the emerging threats that are both kinetic and non-kinetic, and a transformation of how DoD develops and resources MHS requirements using a capabilities-based and risk management approach across the entire spectrum of conflict.

The mission of the MHS is to enable the National Defense Strategy by providing a Ready Medical Force and a Medically Ready Force and improving the health of all beneficiaries to support of the Joint Force, the Services, the Combatant Commands, and the American Warfighter. In order to support this mission, the MHS E&T enterprise must be organized and designed to enable the Ready Medical Force in a rapidly changing national security environment.

Each Medical Department and DHA offers unique medical capabilities and requirements.

## **Feasibility of Establishing an MHS E&T Directorate**

After a detailed review and assessment of the E&T courses of action, we concluded that it would not be feasible at this time to expand the DHA's E&T Directorate (J-7) to include all of the MHS E&T organizations and functions enumerated in the legislation. The primary reasons for this conclusion were:

- 1) The MHS Strategy (2024-2028). The MHS is in the process of developing its first overarching Strategy in nearly a decade. The Strategy will guide the development, sustainment, and enhancement of a tightly integrated MHS that delivers joint capabilities to support the National Defense Strategy, the Joint Force, the Services, the Combatant Commands, the American Warfighter, and the universe of DoD beneficiaries. Major changes in the MHS E&T enterprise at this point would be premature pending issuance of the Strategy.
- 2) The MHS Digital Transformation Strategy (2024-2028). As a key enabler of the MHS Strategy, we embarked in September 2023 on the development of a visionary Digital Transformation Strategy (DTS). The DTS leverages consumer- and enterprise-focused technologies referred to collectively as "digital health." Digital health offers the potential for meaningful and cost-effective change to the MHS and presents paradigm-shifting opportunities for the MHS to reimagine current care models and the healthcare experience throughout the continuum of care. Like the overall MHS Strategy, the DTS is being built with a Doctrine, Organization, Training and Education, Materiel, Leadership, Personnel, Facilities and Policy (DOTMLPF-P) architecture and the organization of the E&T enterprise is integral to that structure. Once completed, the DTS will ensure that the MHS E&T enterprise is organized to optimize the education and training capabilities of digitization and prepares our health professionals to function in a digital health environment.

- 3) The MHS Manpower Review. The MHS has begun a comprehensive manpower review that entails all aspects of our health professions force. The results of this review will help shape the E&T requirements to build, grow and sustain the Ready Medical Force and will inform the ultimate structure of the E&T enterprise.
- 4) The Existing MHS E&T Enterprise. Currently, the E&T MHS domain functions reasonably effectively, standardizing where appropriate and ensuring that Military Department- and Combatant Command-unique healthcare education and training requirements are met. Once the broad MHS strategic context is established through the implementation of the MHS Strategy and the attendant MHS Digital Transformation process, the time will be ripe to implement a more visionary approach that will optimize Health Professionals' Education and the development and sustainment of the Ready Medical Force far into the future.

As these strategies and associated reviews are completed, we will be in a far better position to consider major realignments of the MHS E&T enterprise in the context of the overall DOTMLPF-P construct.

### **Near-Term Actions**

Even as the MHS establishes our strategic context and transforms into a digitally enabled, state-of-the-art health system, there are near-term initiatives that we are taking to enhance standardization and integration of selected E&T functions across the MHS. Among these changes are:

- 1) DHA
  - Building on its existing E&T portfolio, including:
    - Medical Education and Training Campus;
    - Defense Medical Readiness Training Institute;
    - Defense Medical Modeling and Simulations Office (DMMSO);
    - J-7 Leadership, Education, Analysis, Development and Sustainment; and
    - Military Training Facilities Operations Division.
  - Expanding Interservice Training Review Organization to include USU, the NGB and other organizations involved in Interservice health-related training.
  - Ensuring organizational integration of the Joint Trauma System/Joint Trauma Education and Training Directorate within DHA.

- Enhancing DMMSO for clinical simulations in the patient care environment. Expands DMMSO to include simulations of medical requirements in large scale military operations, including against a near-peer adversary.
- Providing the means for medical proficiency training and clinical skills sustainment to support Service clinical readiness requirements.
- Developing the ability to surge instructor/preceptor backfill in support of deployments, contingencies, and accommodate sustainment training volume surge.
- With the transfer of appropriate authorities from the Services, managing Phase II and III training capacity, visibility, standardization, and clinically based training for officers and enlisted.
- Identifying and assuming responsibility for specific healthcare delivery functional courses from the Military Medical Departments.
- Providing and sustaining enlisted and officer professional development.

## 2) The Military Departments and the Chief of the NGB

- Retaining current Military Department title 10 and National Guard responsibilities to organize, train, and equip.
- Retaining current MHS E&T authorities and responsibilities for medical education (schools, institutions, and units) and training (units), including distributed/distance learning.
- Retaining operational/deployment readiness responsibilities.
- Enhancing Individual Critical Task List/Comprehensive Medical Readiness Program responsibility to measure ready medical force to Service standards.
- Reviewing, then transferring responsibilities for agreed upon Service and NGB operational functional courses to DHA.

## 3) USU

- Expanding its throughput, in accordance with (IAW) Service requirements, including class size in the School of Medicine and Graduate School of Nursing as well as specialties within the College of Allied Health Sciences and the Postgraduate Dental College.
- Growing and expanding enlisted accreditations IAW Service medical training commands and Service Surgeons General.

- 4) Joint MHS Senior Strategy Group. As the MHS continues its strategy- and DOTMLPF-P-based review of its E&T enterprise, the key institutional nexus will be the Joint MHS Education and Training Senior Strategy Group (SSG).
- Initially established in 2018 as a joint DHA-USU E&T review committee, the SSG achieved significant success in realigning and consolidating selected E&T functions. Led by senior flag-level leaders in both USU and DHA, the SSG examined specific functions including Registrar, Distributed Learning, Continuing Education, Medical Modeling and Simulation, and Military Training Network, and consolidated functions based on:
    - A mission-focused collaborative spirit;
    - Analyses and recommendations that are data-driven;
    - Transparency throughout the process;
    - Imagination and initiative, unconstrained by current organizational alignments; and
    - Business case approach to efficiencies.
  - The SSG has now been expanded to include Military Department Surgeons General and JSS flag officer representatives. The mission of the SSG is to provide senior-level assessments of MHS E&T functions to achieve greater effectiveness, standardization, and integration. SSG tasks include, *inter alia*:
    - Development of the final report to Congress required by section 724 of the NDAA for FY 2023, ensuring that the MHS E&T enterprise enables and supports the 5-year MHS Strategy, the digital transformation of the MHS and the results of the accompanying MHS manpower study.
    - Assessing the organization of E&T responsibilities.
    - Assessing standards and uniformity across the E&T enterprise.
    - Implementation and phasing plans for any approved measures for E&T reorganization.

### **FY 2024 and Beyond**

- 1) Strategic Context. As DoD and the MHS implement the MHS 5-year strategy and upon completion of the MHS Digital Transformation strategy, the MHS will complete a comprehensive, strategy-based review of the E&T enterprise and realign, consolidate, and integrate as appropriate.

2) Final Report. The estimated completion time of the final report is June 30, 2025.

## **Conclusion**

The MHS is in the midst of a major strategic reorientation, based on the emerging national security environment and the limitless possibilities offered by the revolution in digital health. As MHS strategies emerge and are implemented, we will move aggressively and imaginatively to organize and structure the MHS E&T enterprise to enhance and sustain the Ready Medical Force-trained, educated and ready to accomplish our mission and achieve our vision in support of the Military Departments, the Combatant Commands, and the American Warfighter.