OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
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

AUG 1 1 2026

Dear Mr. Chairman:

The Department's response to 10 U.S.C. § 1096, "Military-Civilian Health Services Partnership Program; Medical Surge Program," as amended by section 712 of the National Defense Authorization Act for Fiscal Year 2026 (Public Law 119–60), "Military-Civilian Medical Surge Program," is enclosed.

This first annual report reviews the Department of War's (DoW) initial phases of development of the Military-Civilian Medical Surge Program. It provides a review of DoW activities to initiate the establishment of the Military-Civilian Medical Surge Program through meetings of the Advisory Council and development of program planning with interagency partners.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending similar letters to the appropriate congressional committees.

Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

AUG 1 1 2026

Dear Mr. Chairman:

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Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

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

PERSONNEL AND
READINESS

AUG 1 1 2026

The Honorable William Cassidy, M.D.
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to 10 U.S.C. § 1096, "Military-Civilian Health Services Partnership Program; Medical Surge Program," as amended by section 712 of the National Defense Authorization Act for Fiscal Year 2026 (Public Law 119–60), "Military-Civilian Medical Surge Program," is enclosed.

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Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Bernie Sanders
Ranking Member

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

PERSONNEL AND
READINESS

AUG 1 1 2026

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to 10 U.S.C. § 1096, "Military-Civilian Health Services Partnership Program; Medical Surge Program," as amended by section 712 of the National Defense Authorization Act for Fiscal Year 2026 (Public Law 119–60), "Military-Civilian Medical Surge Program," is enclosed.

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Sincerely,

[redacted]

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Frank Pallone, Jr.
Ranking Member

Report to the Committees on Armed Services of the Senate and the House of Representatives; the Committee on Health, Education, Labor, and Pensions of the Senate; and the Committee on Energy and Commerce of the House of Representatives

Military-Civilian Health Services Partnership Program; Medical Surge Program

August 2026

The estimated cost of this report or study for the Department of War (DoW) is approximately $1,970 for the 2026 Fiscal Year. This includes $0 in expenses and $1,970 in DoW labor.
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Executive Summary

The Military-Civilian Medical Surge Program (MCMSP) represents a sustained and coordinated effort to synchronize healthcare delivery between military and civilian sectors in anticipation of global medical surge response to large-scale combat operations (LSCO) or other catastrophic events. Program status and implementation detailed in this report include:

- Program Formation
- Governance and Advisory Council
- Site Assessment and Selection Process
- Program Development and Competencies
- Program and Mission Integration

The program is presently in its development phase, with formal implementation planned for the end of Fiscal Year (FY) 2026 to coincide with the end of the ongoing National Disaster Medical System (NDMS) Pilot program. Significant progress has been made in establishing strong interagency coordination and guidance for program planning with senior executive leadership from across the Military Health System (MHS) and the broader Federal Government.

Reporting Requirement

This report is submitted in response to the requirement in 10 U.S.C. § 1096(e)(5), which directs the Secretary of Defense to provide an annual assessment of the status, readiness, and operational capabilities of the MCMSP.

Consistent with that requirement, this report provides Congress with an update on the Department's efforts to establish the new program. As the MCMSP is still in development, this first annual report focuses on interagency coordination and other planning and preparation efforts. Subsequent reports will include an assessment of personnel readiness, resource availability, ongoing interagency coordination efforts, and recommendations for continued improvements to the Program, as required by 10 U.S.C. § 1096.

Introduction: Program Formation

Section 1096(e) of title 10, U.S. Code, requires the establishment of the MCMSP, an enduring program to develop and sustain integrated medical surge capabilities in preparation for LSCO or other catastrophic event, leveraging partnerships with leading academic medical centers, hospitals and health care institutions, and Federal, State, and local partners. This program is to be administered in coordination with the military departments, Joint Staff, Defense Health Agency (DHA), and Department of Health and Human Services (HHS).

As the congressionally directed NDMS Pilot program from the FY 2020-FY 2021 National Defense Authorization Acts ends in October 2026, the MCMSP will leverage NDMS Pilot program recommendations and Department of War (DoW) integrated medical operations plans for LSCO to advance, expand, and strengthen a regionalized network of medical surge

capabilities and integrate military-civilian partnership activities supporting the availability of patient regulation, movement, and definitive care capabilities.

The MCMSP will ensure military-civilian medical surge capabilities are available and continually advanced in support of medical operational readiness, including surge capacity and capability, at homeland and potentially overseas sites of strategic and operational importance to DoW. This program ensures that strategic partnerships are sustained in locations that are operationally relevant to mobilizing a global medical surge response during LSCO or other catastrophic events.[1]

The program will conduct essential research, analysis, training, and education in direct support of DoW casualty care planning and military-civilian partnership development for medical surge response. The MCMSP requires sustained coordination and/or collaboration across DoW Components, other Federal Departments and Agencies, and civilian health systems.

Governance and Advisory Council

To provide strategic guidance and ensure adequate interagency coordination, the DoW and Federal Government medical leaders established and convened the MCMSP Advisory Council. The Council is chaired by the Joint Staff Surgeon (JSS), the principal medical advisor to the Chairman of the Joint Chiefs of Staff. The JSS is responsible for convening and leading the Council and ensuring appropriate coordination across DoW and with other Federal Departments and Agencies. The Council will advise on activities, guide policy development, and influence resources that advance military and civilian medical surge interoperability, capability, and capacity, including:

- **Site Assessments and Selection Recommendations:** Assessing and advising on locations of strategic and operational relevance that may serve as aeromedical, transport, or logistics hubs in the United States and abroad;

- **Program Composition:** Assessing and advising on staffing, specialized training, core competencies, and activities related to patient regulation, movement, and definitive care necessary to enhance casualty care and sustain the health of service members;

- **Partnerships:** Assessing and advising on the selection of public, private, and nonprofit health care partners and civilian health systems critical to mobilizing a civilian medical response in support of wartime contingencies or catastrophic events,

[1] Per 10 U.S.C. § 1096(e)(4), civilian surge support to the MHS is authorized pursuant to the following events:
(A) A declaration of a national emergency under the National Emergencies Act (50 U.S.C. 1621 et seq.).
(B) A public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d).
(C) A declaration of war by Congress.
(D) A contingency operation.
(E) The President's exercise of executive powers under the War Powers Resolution (50 U.S.C. 1541 et seq.).
(F) Any other emergency or major disaster as declared by the President.

and sites that have demonstrated technical proficiency in critical national security domains;

- **Interagency Coordination:** Convening key medical stakeholders across DoW and the Federal Government, as well as civilian health systems, to support rapid civilian medical mobilization during declared emergencies or national contingencies; and

- **Performance Assessment and Reporting:** Advising on the development of Objectives and Key Results to assess program performance, including measures of effectiveness, reporting to Congress, and assisting in assessing readiness, resources, coordination efforts, and recommendations for program improvement.

The MCMSP Advisory Council is composed of members of the Senior Executive Service and general officers/flag officers from across the Federal Government, as shown in the table below, in accordance with 10 U.S.C. § 1096(e)(2)(C).

Table. MCMSP Advisory Council Members.

Department	Member
Department of War	Joint Staff Surgeon (Chair)
Department of War	Deputy Assistant Secretary of War for Health Readiness, Policy, and Oversight
Department of War	Deputy Surgeons General (Army, Navy, Air Force)
Department of War	Medical Officer of the Marine Corps
Department of War	Director, Operations, Strategy, Plans, Education, Training, & Requirements, Defense Health Agency
Department of War	Director, Office of the Joint Surgeon General, National Guard Bureau
Department of Homeland Security	Director of Health, Safety, and Work-Life, U.S. Coast Guard
Department of Homeland Security	Chief Medical Officer and Director, Office of Health Security
Department of Health and Human Services	Deputy Assistant Secretary of Health, Administration for Strategic Preparedness and Response
Department of Veterans Affairs	Executive Director, Office of Emergency Management and Resilience
Ex Officio Members	
Department of War	President, Uniformed Services University
Department of War	Principal Deputy Assistant Secretary of War for Health Affairs
Department of War	Combatant Command Surgeons (by invitation of the JSS)

Site Assessment and Selection Process

Consistent with the 10 U.S.C. § 1096 requirement, DoW is in the process of assessing and coordinating selection by DoW leaders for eight or more operationally relevant locations for MCMSP. DoW's evaluation will assess several factors related to strategic and operationally feasible sites for scalable medical operations, such as:

- Insights from the NDMS Pilot program coordinated by the National Institute for Defense Health Cooperation to include site assessments and selection process on the NDMS Pilot sites and expanding site assessments and selection for the MCMSP Advisory Council recommendations for DoW leader approvals;

- DoW Integrated Continental United States Medical Operations Plan gap analyses from U.S. Northern Command, U.S. Transportation Command (USTRANSCOM), DHA, and Military Department supporting plans;

- Proximity to DHA casualty receiving facilities, USTRANSCOM aerial ports of debarkation, DoW and Department of Veterans Affairs (VA) medical partner collaboration sites, HHS regional disaster health response systems, health care coalitions, or designated special pathogen treatment centers, and Military Departments' mobilization force generation installations, civilian trauma readiness partners, or graduate medical education partnership sites; and

- TRICARE and Medicare medical capacity and density in nearby metropolitan areas.

Per 10 U.S.C. § 1096, DoW is considering sites both within and outside of the continental United States and may choose to support more than eight sites pending evaluation and availability of resources. DoW will update Congress on selection of Program locations and progress towards establishing partnerships at selected sites in annual reporting to Congress on MCMSP.

Site assessments and selection will be informed by formal recommendations provided by the MCMSP Advisory Council. Additional MCMSP site selections will be data-driven, consistent with the statutory requirements defined under 10 U.S.C. § 1096(e)(3)(B), and directly informed by MHS priorities, interagency input, and comprehensive assessments of prospective sites. Formal recommendations on program competencies, staffing, and resource requirements will be provided by the Assistant Secretary of War for Health Affairs (ASW(HA)) and coordinated with HHS and VA through the MCMSP Advisory Council to request support from DoW leaders. Consideration of additional sites will be assessed and selected on an annual basis thereafter.

Program Development and Competencies

LSCO will result in sustained flows of combat casualties requiring deep integration with defense logistics and the need for nationwide hospital capacity supporting highly specialized and resource-intensive care that will far exceed the capabilities of the MHS. At present, the combined military and civilian health systems responsible for the provision of care to wounded returning Service members are insufficient to meet the demands of LSCO or other catastrophic

events in the homeland. The military and civilian health communities lack interoperability, and the Nation lacks the unified policy framework necessary for a whole-of-nation military-civilian medical surge response.

The MCMSP provides for a DoW-led program to continually assess and enhance military-civilian interoperability, capacity, and capability required in the provision of care to wounded Service members. In alignment with this objective, the MCMSP Advisory Council will inform formal recommendations from the ASW(HA) coordinated with HHS and VA leaders through the MCMSP Advisory Council to DoW leaders for program competencies that are consistent with 10 U.S.C. § 1096 requirements and serve to strengthen military-civilian interoperability, capacity, and capability at strategic and operationally critical sites and their surrounding regions. Opportunities for advancement under MCMSP that were previously identified under the NDMS Pilot include: robust military-civilian partnerships, information technology integration, regional operations coordination, standardized resourcing, formalized healthcare agreements, and coordinated planning and exercises that ensure the medical capacity and capabilities required for receiving DoW casualties from LSCO can be quickly and effectively mobilized.

Sites selected for participation in the MCMSP will be expected to maintain a portfolio of core competencies that collectively enable rapid integration of civilian and military medical capabilities in support of national security requirements. Consistent with 10 U.S.C. § 1096, these competencies will center on the ability to support patient regulation, movement, and delivery of definitive care across a distributed network of military and civilian treatment facilities, while maintaining readiness to operate under a range of contingencies, including declared emergencies, contingency operations, and LSCO scenarios. Participating sites will demonstrate the ability to integrate clinical care with operational coordination functions, including alignment with aeromedical evacuation and other transportation and logistics systems, as well as the capacity to operate as part of a broader, interoperable system that supports both DoW requirements and, where appropriate, the NDMS led by HHS.

In addition, selected sites will be expected to sustain competencies that extend beyond clinical excellence, including workforce readiness, specialized training, research, and education in areas critical to national defense. These competencies will include demonstrated proficiency in high-consequence clinical domains—such as trauma, critical care, rehabilitation, and other areas of critical need, which may include special pathogen preparedness—as well as the ability to participate in coordinated planning, exercises, and data-sharing activities that enable nationwide visibility and decision-making under stress. Consistent with 10 U.S.C. § 1096, the program will emphasize the development of enduring partnerships across public, private, and academic institutions that can mobilize civilian medical personnel and resources in support of military operations while maintaining continuity of care for the broader population. In this way, the competencies expected of participating sites reflect not only individual institutional capability, but also their ability to function as integrated nodes within a resilient, nationally coordinated medical surge network.

Formal recommendations on program competencies, staffing, and resource requirements will be provided by the MCMSP Advisory Council to the ASW(HA) to request support from DoW leaders. Changes to program competencies, staffing, and resourcing will be considered on an

annual basis thereafter. For example, MCMSP sites in the future will be able to demonstrate training, research, and partnership competencies across the following domains:

- **Research and Analysis:** Ensuring routine assessment of current and future challenges combined with scientifically driven and continually evaluated enhancements. Research and education focused on the unique health requirements of Service members.

- **Training and Education:** Providing specialized curriculum and exercises for improving military and civilian integration, coordination, and response. Specialized training and continuous education regarding patient movement and transportation of infectious or critically injured patients.

- **Planning and Partnerships:** Establishing formal agreements with public, private, and nonprofit health care organizations, health care institutions, health care entities, academic medical centers, and hospitals to ensure the provision of comprehensive casualty care to wounded warfighters and coordinate efforts with Federal interagency partners.

Program and Mission Integration

The establishment of the MCMSP will expand the DHA capabilities as a Combat Support Agency. By formally integrating specialized civilian health systems at key transportation, medical, and logistics hubs, the program directly enables DHA support to wartime contingencies. Under MCMSP, the Secretary of War—acting through DHA and Joint Staff and coordinated with HHS and VA—is mandated to establish strategic partnerships with civilian health systems. These partnerships are activated under specific national security triggers (e.g., declarations of war, contingency operations, national emergencies) to support military medical treatment facilities (MTFs) and the broader MHS.

The MCMSP has the potential to directly address historical vulnerabilities in casualty management and force health protection during LSCO. These types of competencies are possible within MCMSP partnerships with strategic civilian health systems to include:

- **Aeromedical Transport Hubs:** Partners are geographically positioned at aeromedical or logistics hubs and enable immediate, high-volume offramps for the Global Patient Movement network, drastically reducing transit times for combat casualties requiring definitive care;

- **Rapid Civilian Mobilization:** The framework allows civilian medical personnel to quickly mobilize into MTFs and military medical personnel to support civilian health systems in the provision of comprehensive casualty care ensuring continuity of care at home stations while active-duty medical personnel deploy forward into crises or conflict; and

- **Standardized Patient Regulation:** The integration of training and education in patient regulation ensures civilian partners are interoperable with military command, control, and coordination systems, maintaining total visibility of casualties across the continuum of care.

To fully execute MCMSP, DHA, Joint Staff, HHS, and VA will play a critical role in the required semiannual coordination meetings and quarterly interagency updates. Furthermore, these key stakeholders must contribute to the mandated annual reporting to the congressional defense and health committees, which will assess efforts annually hereafter on personnel readiness, resource availability, and interagency coordination.

Conclusion

The formation of the MCMSP by DoW enhances ongoing efforts towards a sustainable, nationwide Federal and civilian medical preparedness framework. By leveraging interagency coordination, rigorous site assessments, and enhanced military-civilian partnerships, the DoW continues to strengthen a "whole-nation" approach to managing global medical surge preparedness and response in times of crisis and conflict.