

**Board of Regents, Uniformed Services University of the Health Sciences  
Open Session Meeting Minutes**

**Meeting No. 221  
August 5, 2024**

The Board of Regents (BOR), Uniformed Services University of the Health Sciences (USU) met in an Open Session Meeting on Monday, August 5, 2024, both in-person at the USU campus in Bethesda, Maryland and via Google Meet.

The meeting date and agenda items were published in the Federal Register, and each Regent was duly notified prior to the meeting. The Alternate Designated Federal Officer (ADFO), Dr. Glendon Diehl, and the Chair, Dr. Nancy Dickey, were both present during the entire meeting. The meeting was called to order by the ADFO at 8:00 a.m.

Members, staff, and briefers listed below were in attendance:

**Board Members**

Nancy Dickey, M.D., Chair  
VADM (Ret.) Raquel Bono, M.D., Member  
HON Kenneth W. Kizer, M.D., M.P.H., Member  
Gen (Ret.) Richard Myers, Member  
HON James Peake, M.D., Member  
Antonia Villarruel, Ph.D., R.N., Member  
HON Lester Martínez-López, M.D, M.P.H., Assistant Secretary of Defense for Health Affairs, Member  
HON Jonathan Woodson, M.D., President, USU, Member  
BG Thad Collard, M.D., representing LTG Mary Izaguirre, D.O., Surgeon General of the U.S. Army, Member  
CAPT Christopher Lucas, M.D., M.P.H., representing RDML Darin Via, M.D., Surgeon General of the U.S. Navy, Member  
Lt. Gen. John DeGoes, M.D., Surgeon General of the U.S. Air Force and Space Force, Member  
Paul Cordts, M.D., representing LTG Telita Crosland, M.D., Director, Defense Health Agency, Member  
RADM Denise Hinton, B.S.N., M.S., representing VADM Vivek Murthy, M.D., M.S., M.B.A., Surgeon General of the United States, Member

**Staff Members**

Glendon Diehl, Ph.D., Alternate Designated Federal Officer, BOR, USU  
Sharon Holland, Alternate Designated Federal Officer, BOR, USU  
Angela Bee, Management Analyst, BOR Staff Support, USU

**Briefers**

Richard Bond, Special Assistant to the President for Strategic Infrastructure, USU  
Catherine Witkop, M.D., Associate Dean, F. Edward Hébert School of Medicine, USU

Maj Gen (Ret.) Paul Friedrichs, Deputy Assistant to the President, Dir., White House Office of Pandemic Preparedness and Response Policy

### **MEETING CALL TO ORDER/OPENING COMMENTS**

Dr. Glendon Diehl introduced himself as the ADFO for the BOR and called the meeting to order. He provided administrative remarks and thanked USU staff, briefers, the contract support, and attendees for their participation. Dr. Dickey welcomed the Regents and discussed the meeting agenda. Dr. Dickey asked for a moment of silence to honor those who serve our country. She proceeded with introductions of Regents, Staff, Briefers, and members of the public in the room, then introduction of those attending virtually.

Dr. Dickey provided an update on the Admissions Statement received from the Group Federal Officer, Ms. Lekecia Gamble. The Admissions Statement was delivered to Secretary of Defense Lloyd Austin and there is no further action required by the BOR. The BOR will receive information if further action is required.

### **PRESIDENT'S REPORT**

HON Woodson began by remembering Dr. Gail Wilensky's work in health economics and support of military health who passed away in July 2024. She was a USU supporter and past BOR member. HON Woodson asked for a moment of silence.

HON Woodson shared Lt Gen DeGoes recent promotion and new position as Surgeon General of the Air Force. HON Woodson provided leadership updates:

- HON Jon Rychalski as the new Vice President for Financial Operations, he has experience in Health Affairs (HA) and the Chief Medical Officer and Assistant Secretary for Management and Chief Financial Officer of the Department of Veterans Affairs (VA). HON Jon Rychalski thanked HON Woodson for the opportunity to work for USU. HON Woodson acknowledged the work Ms. Kate O'Sullivan provided in the interim and setting up HON Rychalski for success.
- Dr. James Nash as the new Dean of the College of Allied Health Sciences. HON Woodson provided Dr. Nash's credentials including a doctorate in pharmacy, M.P.H., and Ph.D. in higher education, and experience overseeing diverse medical programs. Dr. Nash thanked HON Woodson and Mr. Reimund as he transitions.
- The new Chief of Academic Officer/Provost has been selected and has accepted the position—more information to come.
- He also shared that Dr. Mark Kortepeter, Vice President for Research, has retired. They are currently forming a search committee to find a VP for Research.

HON Woodson stressed that the new leadership team will help USU as it moves forward with advancement for the future.

In September, USU will be hosting the International Conference for Military Medical Schools with 16 schools who have signed up to participate so far. HON Woodson reiterated that part of USU's mission is to support global health engagement to support allies. He noted many

medical schools globally are looking to USU for help to modernize or even reestablish, which is part of national security.

HON Woodson spoke about digital health transformation and that HON Martínez-López has asked USU to help lead the transformation. USU has completed its digital health strategy document and this is both vertical and horizontal. HON Woodson defined these:

- Vertical refers to the Department of Defense digital transformation, they now have a Chief Digital and Artificial Intelligence Office (CDAO), [CDAO - Chief Digital and Artificial Intelligence Office \(ai.mil\)](#).
- Horizontal refers to the racking and stacking of all the activities across the Services and the MHS to maximize effectiveness and efficiencies, decreasing redundancy, and prioritize resources.

HON Woodson spoke about how these factor into workforce development, with guiding principles from Role 1 through Role 4, and integrate other government agencies in the process to produce a ready medical force and a medically ready force. The Defense Health Agency has been proactive in digital health transformation, which will include many lines of effort and ensuring accurate use of resources. He spoke about the second Digital Health Summit in July at the Henry M. Jackson Foundation, “Digital Frontiers: Shaping the Future Workforce of the Military Health System.” [Charting the Course for Military Healthcare Transformation: MHS Convenes Second Digital Health Summit - USU News \(usuhs.edu\)](#) He added it is not just federal and military health participation, but other academic health centers, institutions, and industry participated. HON Woodson shared a key statement from the summit: AI will not replace humans but humans with AI capability will replace humans without these capabilities. He shared that he met with the 178 new medical students at USU and they are already in tune with the future of AI.

Work force development, competencies, education and work with the Services to define what role USU should play in the development of its officers. HON Woodson spoke of micro-credentials, e.g., in the Army the most senior officers are to take an executive session in AI and data. He shared that an assistant dean for AI was hired in the School of Medicine.

HON Peake asked about how the Services were engaged in the development of the digital health strategy. HON Woodson stated the Services participated in the development, followed by a senior review panel with the Surgeons General before finalizing the strategy. HON Woodson then highlighted the successful LCME and the facilities master plan, both will be briefed during this meeting. He spoke about federal funding for facilities—the requirements should be set years before funding is needed because the process takes time.

VADM (Ret.) Bono asked how they are bringing the industry into the discussion on AI. HON Woodson stated that they are working with the industry since they are the innovators in speed and scale. He noted that USU should not duplicate DoD’s AI efforts, but will need to bring in more capabilities within the health and health education sectors.

Dr. Villarruel stated that digital health is so complex—far beyond electronic health records, generative AI, and health education. She would like to hear more from HON Woodson about how USU is incorporating AI.

HON Peake said that it would be beneficial to have an overarching framework for digital transformation for all of DoD health care. LTG DeGoes stated that digital transformation will help the current medical staff be more efficient to deliver health care with limited funding—there is a need for a financial strategy that fits with the overall digital strategy. Dr. Cordts stated that DHA began the digital transformation at five venture sites beginning with primary care and behavioral health, then will move to specialty care. He said it goes beyond the digital tools to changing the care delivery model—expanding privileges for health care providers and patient activation (getting patients more involved in their own health), for example, mailing 200,000 FIT tests (fecal immunochemical tests) who need screening for colon cancer and expect at 40 to 50% return rate which is more efficient than waiting for patients to make an appointment. Dr. Cordts shared another example for finding patients at risk for lung cancer to get scheduled for low dose CTs.

Dr. Dickey asked how the MHS can share lessons on privileging and credentialing with the private sector and what the private sector may be able to share with the MHS in terms of digital tools. HON Woodson shared that the data has not been completely harnessed, but that digital tools can create a better patient experience and better decisions based on data—greater individual capacity for the provider and greater capacity for the MHS. He said there are four main areas that need to be addressed, 1) how to efficiently and effectively evaluate emerging health and biotechnologies for true value, 2) how do we reengineer the health system to leverage these technologies, for example mining data, like Amazon, to see who is at risk for colon or lung cancer as Dr. Cordts discussed, 3) how do we develop our workforce to be part of the digital age—writing prompts not data enterers and develop the leaders to create the digital workforce team, and 4) need to change the policies and procedures to enable this digital transformation, for example the licensing. HON Woodson said it is an enormous undertaking within the MHS and to figure out how best USU can help the MHS execute their digital transformation strategy.

HON Martínez-López spoke about the budget and the need for more health care providers, both military and civilian. He stated they are working on language for the MHS to allow providers in one state to see a patient in another state, this helps with continuity of care for military personnel. He stressed the importance on education and training for the technical side of digital health but also training the clinical staff on how to use the technology.

HON Woodson stated that Congress is very interested in this as well; legislation in NDAA FY 22 Section 723 requires the MHS to develop the digital health transformation strategy with an implementation plan. Dr. Dickey addressed a concern that though medical students may receive training in digital health and AI, they may slip back to whatever the standards are for the practice they join, so part of the education is to teach the medical students how to teach the generation in front of them to move everyone forward. HON Woodson said that when he spoke with the new class of medical students earlier today, he told them their leadership starts today. He stated that there needs to be a way for the young medical providers (“resident young

persons”) to share their ideas within the MHS. HON Woodson added that digital transformation is a large undertaking and cannot be done alone—it is necessary to identify partners to help the MHS succeed. Dr. Villarruel spoke about her university’s experience with “resident young persons”—having a way for them to pilot new ideas—building a learning community. She said that outside technology companies could be brought in for partnerships. HON Woodson noted that “hackathon” for innovating new solutions to problems could be a possibility. Gen (Ret.) Myers stated MHS needs to help move forward and do a better job than MHS Genesis; DoD is so large and change can be slow. HON Woodson said that recognizing the systems that no longer work is the first step in creating a competitive edge, consciously breaking down the silos and allowing new ideas, then export what works at scale across the MHS. RADM Hinton asked about HON Woodson’s meeting with HHS leadership and what was learned. HON Woodson spoke about how it is necessary to combine efforts across Federal agencies and to share data to help accelerate healthcare transformation. Dr. Dickey thanked HON Woodson and noted that the Regents will look forward to hearing updates.

### **HEALTH AFFAIRS UPDATE**

HON Martínez-López discussed the four key issues for HA:

- 1) MHS strategy – regarding personnel assignments will be collaborative with the Services, DHA, MHS, and USU—conscious decision for assignments. HON Martínez-López noted this policy change will alleviate the shortages in both military and civilian medical personnel. They are working on the budget to increase military medical personnel, civilian medical personnel, and expand technology. He stated that there should be some noticeable personnel increases at some MTFs in 2025.
- 2) Blood and blood products – There will need to be changes to be prepared for wartime care. They are working on the science, technology, and logistics for blood supply.
- 3) Pharmaceutical supply chain security – HON Martínez-López stressed his concern about China’s control of 25% of medicine and active pharmaceutical ingredients (APIs) in the market, such as antibiotics, pain control medication, epinephrine, and steroids. He stated that this reliance will be a big issue if there is a war—it will not only affect DoD and the U.S., but will be a global problem. HON Martínez-López emphasized the need for easier medicine production in the U.S. and stockpile the APIs. He said they are working with other agencies.
- 4) Mental health – how to address in battlefield and back home. HON Martínez-López spoke about the need to train medics to be able to take care of patients with mental health issues for extended periods. He also spoke about increasing care across the board for mental health issues, using science and technology, for example, to determine the best care for PTSD and how to prevent TBI.

HON Martínez-López stressed the need to understand what is the best use for the resource and getting the right patient to the right provider.

HON Peake / LTG DeGoes – Clarify Air Force – HON Martínez-López said the Air Force (AF) implemented a system to best match a patient with a provider, like a triage, a few years ago.

The MHS adopted this system across the enterprise. Lt Gen DeGoes added that the AF calls it targeted care. He shared that the AF found that less than 50% of patients going to mental healthcare providers had actual mental health diagnosable conditions. This thus prevented those who needed the care from getting it, so the AF created a triage vectoring form to get patients the proper care, whether family advocacy, financial, etc., and gave the potential patient veto authority. The outcomes have been really good, but they are working on getting data on those patients vectored out of mental health to make sure their care was not inferior. He stated that so far, they have doubled the care they can provide for mental health. Congress took notice and the DHA had Army and Navy use the system and have found the same results. Lt Gen DeGoes described the process – begins with an evidence-based checklist at the clinic by a certified mental health technician with oversight by a provider

The Regents discussed in further detail the triaging system. HON Martínez-López stated the solution is based on the recourse they have, use an AI interface, leveraging digital with telemedicine/telebehavioral, for example out of San Antonio, TX. There is more for the future.

Dr. Dickey thanked HON Martínez-López for updating the Regents and stated the Regents look forward to hearing more in the future.

## **USU FACILITIES MASTER PLAN UPDATE AND DISCUSSION**

Mr. Rick Bond, Special Assistant to the President for Strategic Infrastructure provided an update on the USU Master Plan. He discussed briefly the history of the planning of USU, almost 50 years ago. Mr. Bond stated USU is expanding and considering how AI can be incorporated into teaching and other spaces, and leveraging existing buildings and partnerships, so going beyond what was a single military construction (MILCON) project a decade ago. HON Woodson provided information about the San Antonio, TX facility, which is under a different plan. Mr. Bond clarified that the Master Plan is focused on the National Capital Area (NCA) and is scheduled to be completed February 2025.

HON Peake asked about the change in the vision of the Armed Forces Radiobiology Research Institute (AFRRI). HON Woodson shared that AFRRI will be on a future agenda for the BOR. He will provide a presentation on AFRRI and its requirements to HON Martínez-López for the DoD to decide on AFRRI and its functions—it is important in terms of radiobiology research and reduction in radiation exposure.

Mr. Bond stated that they conducted many interviews with departments regarding their mission, their needs, telework expectations, and space requirements. He stressed the importance of determining gaps in infrastructure and how to bridge them to meet or exceed the requirements for USU. He reviewed the key assumptions—expect continued growth, classroom space is the most difficult to program with a need for a mix of facilities (there is a demand for small group classrooms)—some adjustable and some fixed. Mr. Bond stated they will use telework as much as they can, where applicable. The Regents discussed USU and distance learning and the different skill sets needed. HON Woodson said distance learning is part of the digital transformation and workforce development—and MHS will help determine what role USU will play. Dr. Villarruel recommended a hybrid model and to rethink the assumptions of classroom

space. VADM (Ret.) Bono asked if this was where you would insert the needs for the digital part of the planning in the MILCON design. HON Woodson stated they will be working with HA, the Services, and DHA to define new requirements for USU. He stated that they need to provide Congress an updated MHS education and training strategy and if a new education and training directorate is required.

Mr. Bond spoke about challenges and opportunities, such as collaborating on research space, collaborative possibilities of biobanking on and off campus, shared hoteling lab, and creating a central student hub for all schools. Dr. Villarruel asked if this would include space for well-being, such as meditation space. Mr. Bond said that could be part of it, there will be space for counseling and health care as well. HON Woodson said that they are actively looking for a space to expand counseling to better support students. Dr. Villarruel shared that her school has counseling space but they have counselors who go into existing spaces, such as the library or student HUB, to help reduce stigma. She shared that their library is now called “biotech commons” and has an area with yoga mats and other things to help students decompress. Mr. Bond stated the Master Plan incorporates things the Middle States Review identified. He spoke about optimizing while filling operational requirements, DoD space standards, and civilian benchmarks and comparing where they would like to be and the costs. He noted USU is unique since there are no standards within the DoD for a medical education facility. Mr. Bond stated they did some benchmarking on research facilities, office space, and looked at other medical institutions and compared with DoD and DHA standards as work on square footage requirements.

Mr. Bond stated USU continues to grow, there are 11 new departments since 2014, and telework has helped reduce expansion of space. He shared that the space at Henry Jackson Foundation (HJF) is appropriately sized. HON Woodson shared that the HJF facility has provided collaborative space and is easier to access than space on campus due to less security requirement. Mr. Bond said the Forest Glen Annex Commissary is closed and they are looking at it as potential space. The bottom line is that USU is still approaching the same need for space as they were a decade ago—greater than 400,000 square foot of additional space is needed in the NCA. HON Woodson said that they may be able to transform the vacant bowling alley to collaborative space and student HUB, and can be used by the Services and support the MHS too. It is less expensive to use existing buildings. He stated there are a number of buildings across the ravine which could be potential space and adapt depending on the mission moving forward.

HON Peake asked about the old Armed Forces Institute of Pathology building. Mr. Bond said the former Walter Reed campus was redeveloped as Children's Hospital renovated it as a research center. Dr. Dickey said it is interesting that these topics are tied together, workforce and facilities. She said that increasing the SOM class to 200 will not fulfill the workforce needs, and there is a great need for nurses and other health professionals. She asked which drives which—personnel or facility's needs. HON Woodson spoke about the manpower study to be completed late this year or early 2025. He will then have detailed discussions with HA and informed by the Services. USU may need to increase student numbers. The MHS will provide requirements and any anticipated growth will need to be considered in the Master Plan. Mr.

Bond said there is an old military aphorism, “no plan survives first contact” – plans change with changes to mission, but it is best to have a plan from which to toggle when things change.

HON Woodson said they have to look at the entire financials, and the money allotted for a building may not be enough considering the length of construction projects. He noted that telework and telehealth has helped alleviate the space constraints on campus. HON Martínez-López said recruit and retain is very important and there are many responsibilities of USU and DHA that need to be shared. He said there are challenges but need to work with the Services to determine the military medical personnel pipeline.

Dr. Dickey thanked Mr. Bond for the update and look forward to an update at a later BOR meeting. Dr. Dickey shared that the briefs are ahead of schedule and Dr. Witkop will brief next.

### **UPDATE FROM THE LIAISON COMMITTEE ON MEDICAL EDUCATION**

Dr. Catherine Witkop, Associate Dean for Medical Education, School of Medicine at USU, updated the Regents on the USU School of Medicine and Liaison Committee on Medical Education (LCME). She spoke about the accreditation process which began as a USU self-study, and just concluded with an accreditation letter July 2024. Dr. Witkop said they will provide LCME with a status report by August 1, 2025. The next LCME full survey visit will be academic year 2031-2032. There are 12 standards with a total of 93 elements as part of LCME. Dr. Witkop shared that SOM is fully compliant in 10 of the standards, compliant with monitoring for standard 12 due to one element, and noncompliant for standard 9 due to three unsatisfactory elements. She stated that most medical schools when going through an accreditation process have 14 to 16 findings, elements that are unsatisfactory or satisfactory but needs work, however, SOM had only six. Dr. Witkop detailed the findings:

- Element 5.11: the students’ dissatisfaction was in terms of spaces at MTFs. Once they clarified available study and storage spaces at MTFs with students, the satisfaction exceeded 90% which meets the criteria.
- Element 8.5: SOM gives students many opportunities to provide feedback, and SOM responds to the feedback; however, they do not do bidirectional communication well—sharing what changes were or were not done and why. To resolve this issue, Dr. Witkop spoke about the new faculty and student workgroup called Listening, Learning, Improving, to improve this communication process.
- Element 9.1: This is a DHA-wide process for ongoing instruction of residents to teach students.
- Element 9.7: The LCME expects that 100% of students receive mid-clerkship feedback, however, not quite 100% of SOM students receive mid-clerkship feedback. One issue is that they are based on post-clerkship survey. The SOM is addressing this by ensuring students know what the SOM policies are and the mid-clerkship feedback will now be an assignment they need to report.
- Element 9.9: Is the student advancement and appeal process. SOM has a new competency committee, which can identify students who many need extra support.



LCME was happy with the formation of this new committee, however, SOM needs to make sure it fits with the Student Promotions Committee.

- Element 12.5: Since the faculty provide care to students, SOM is working to ensure that the policy is being followed and understood 100% by faculty and the students know and understand the policy: that the faculty do not provide longitudinal care to those students they are teaching or assessing.

Dr. Witkop stated the LCME stresses ongoing quality improvement and though there are only six elements they need to address; the expectation is that they continue to monitor all 93 elements. She said the Executive Quality Improvement Committee grew out of the SOM self-study, and under that there is a Student Quality Improvement Committee—both are to ensure oversight of all 93 elements.

Dr. Dickey thanked Dr. Witkop for her update and the excellent work they have done with the LCME. The Regents did not have any questions nor comments on the LCME.

### **LEADERSHIP AND FUTURE OF MILITARY MEDICAL EDUCATION**

Maj Gen (Ret.) Paul Friedrichs, Deputy Assistant to the President, Dir., White House Office of Pandemic Preparedness and Response Policy, began his brief with his first day as a student at USU. He said on August 2, 1986, Dean Sanford gave a warm and inspiring welcome and told the incoming medical students how fortunate they were to be at USU because they would be serving incredible people in the future and were at a great place to learn. Maj Gen (Ret.) Paul Friedrichs spoke about themes for USU to continue to focus on:

1. Commitment to high quality clinical training. Maj Gen (Ret.) Friedrichs said that in 1986, USU still had the 2+2 model (very traditional) and he considered withdrawing from USU after the two academic years because he was very dismayed by the amount of rote memorization and regurgitation. John McDonald, the Dean of Students, counseled him and he was sent to Air Force Survival School in lieu of studying for his boards. John McDonald had given Maj Gen (Ret.) Friedrichs another perspective which prevented him from dropping out of USU. What convinced him to return to medical school was the last week during resistance training—the last year they used Hanoi Hilton model—and others in the program would ask him what they should do, which was exactly why he wanted to become a doctor—to take care of people. Maj Gen (Ret.) Friedrichs had an incredible second half of his time at USU in the clinical rotation. He is excited the school has been relooking at the curriculum. Maj Gen (Ret.) Friedrichs recommends USU partnering with AMA and others to continue to look at how to offer clinical training that is relevant to the 21<sup>st</sup> century and as focused as possible to high quality clinical medicine.
2. Curriculum development for the 21<sup>st</sup> century. After meeting with many people in his current position, he believes that the practice of medicine will undergo a fundamental, profound, and irrevocable change in the next five to 10 years. If USU continues the current curriculum, it will become irrelevant by producing physicians well trained for the 20<sup>th</sup> century, not the 21<sup>st</sup>. The confluence of biotechnology, AI, and computing is fundamentally changing how medicine should be practiced. This needs to be brought

into the medical training curriculum, so students understand that it is impossible to learn everything today that they need to know to be a competent physician, nurse, dentist, and allied health. He said HON Woodson is working on this and understands the rapid change in technology. Maj Gen (Ret.) Friedrichs gave an example of a Ph.D. professor running a team on protein design, said that undergraduates are now doing what he was doing two years ago because the pace of change is so fast—that it is almost impossible to describe how fast knowledge is expanding because of the tools—in both health care delivery and research. We cannot ignore it; the companies are embracing the change and are looking to use these tools to augment or replace health care providers. USU needs to figure out how these tools play a role in education from the beginning of students' time at USU and for them to know that the most important thing for them to know is how to access and interpret data for the safe and effective practice of medicine. It is the data that will help the people understand what questions to ask, where to ask the questions, in order to make the right decisions on your patients as quickly as possible.

Maj Gen (Ret.) Friedrichs spoke about how U.S. adversaries are looking to exploit/attack—to acquire and control U.S. data—and health care is the number one area of cyberattacks for a myriad of reasons, including that the data is valuable. Companies can use data for good, to improve treatment, health, and on the negative side can use it for nefarious purposes, which can put populations at significant risk. The VA is taking great lengths to protect databases due to the deliberate efforts to access that data.

Maj Gen (Ret.) Friedrichs spoke about what USU did well but could continue to do even better is to emphasize team approach—physician's role is no longer principal or independent—need to leverage the great work done by other health care staff and other disciplines that focus on high reliability. He stressed that the DoD and the VA have led the way in bringing nurse practitioners and physician assistants forward but USU can become the leader. USU should be committed to understanding how these teams work well together and to focus on outcomes rather than roles and responsibilities. Equivalence is not based on a title but rather experience and expertise. Maj Gen (Ret.) Friedrichs stated that USU has an opportunity to demonstrate how to integrate the teams and, beginning early in training, that there are important and specific roles that each member of the team plays. The roles are not the same and it is necessary to describe the differences between an M.D., an M.D./Ph.D., an M.D./J.D., and all the other members of the team. There is a real opportunity for USU to incorporate that in the training, so that USU graduates leave with a shared understanding of the roles each member from each of the schools plays, including allied health. There needs to be an understanding of who provides the oversight for the team and experience matters—graduates of USU understand that health care is practiced as a team, not as a group of individuals working independently of one another.

Another point Maj Gen (Ret.) Friedrichs discussed is the operational part and the clinical part of the curriculum as USU develops it. He stated medical personnel in the military always serve the patients in front of them and they serve the organization to which they belong. He spoke about one of his experiences on a tarmac in Iraq and said that military personnel are the

advisers—they leverage what they learn at USU, in residencies, and other programs to give advice. Maj Gen (Ret.) Friedrichs stressed that USU has the opportunity to train the graduates to speak to line leaders and to understand that the final decision may not align with the advice that they gave. He said that it is important when saving patients in the field and elsewhere. He noted that the ethics and leadership training at USU may need to be improved for those going into leadership roles. Maj (Ret.) Friedrichs spoke about his current job and how his mentors shared that he may lose half the people he thought were friends because of this intensely polarized political environment. He said that as USU trains the new medical personnel, they have the privilege to take care of the patient in front of them, and to advise the patient's family—there are medical considerations and political considerations, and the latter may be important in decision making, like in combat situations or places like Guantanamo Bay Naval Base. Maj Gen (Ret.) Friedrichs said that USU should improve leadership and ethical training so that future medical personnel have a good framework for when they are confronted by those decisions and recognition of the difficulties, which are only going to increase overtime due to the changes in medicine due to technology.

Maj Gen (Ret.) Friedrichs stated that USU is a “gem” and is often attacked as an extravagance that the country can not afford. He asked the Board to continue to work on the narrative that provides the facts: our country as a whole is short 300,000 to 400,000 nurses, 50,000 to 80,000 doctors, and short on particular specialties, and describe how it will take decades to address. Maj Gen (Ret.) Friedrichs stressed that USU is part of the solution—a reliable conduit that produces the medical personnel to fill out the military roles, and go into the private sector once they leave the military to help with that shortfall.

Maj Gen (Ret.) Friedrichs said that USU can also promote the future of military medical education by teaching that it is an integrated system—to work with the patient and not for profit. He spoke about how medicine in the U.S. is more focused on payment for procedures rather than on payment for health. He stated that military medicine does not do this and there is data to support this thanks to Dr. Tracey Koehlmoos and many others at USU. He stressed that this is very important in an era where data plays such a large role. Maj Gen (Ret.) Friedrichs noted that even in the military the data is primarily data on white men and military medicine and USU can play key roles in building out this data over the next decade or so to include the entirety of the U.S. public and this has been done more so in the military than any other part of society. Maj Gen (Ret.) Friedrichs said the military began to be more inclusive in data collection in 1947; other parts of society started much later, and USU has a real opportunity to lead the way in generating data sets that are broad-based in order to inform health care for all Americans. Maj Gen (Ret.) Friedrichs thanked the Board for the opportunity and stated that USU could be a leader in the reform of the health care system. He said he is profoundly grateful for the training he received at USU.

Dr. Dickey thanked Maj Gen (Ret.) Friedrichs for his thoughts and said that what he shared is applicable to everyone in the meeting. HON Woodson commented that much of what Maj Gen (Ret.) Friedrichs said supports earlier briefs in the meeting discussing digital health transformation, transformation of the curriculums, supporting workforce development. He said

there are great challenges ahead and asked Maj Gen (Ret.) Friedrichs if USU should be interacting with higher levels of government as they work on leadership and digital transformation strategies. Maj Gen (Ret.) Friedrichs said it should, that there is not a comprehensive national strategy—Health and Human Services (HHS) has a strategy which is specific to their portfolio, DoD had several documents, the Administration has executive orders such as the Biomanufacturing EO, AI EO, and Data Security EO. He said they are working on using these disparate documents to complement the National Biodefense strategy, which may or may not get published but will be passed to the next administration in order to lay the groundwork for working together on this important matter.

Maj Gen (Ret.) Friedrichs said he would be willing to facilitate a connection with the team that is leading this effort—HHS and AI Safety Institute within the Department of Commerce – looking at safety and design of AI models and they will welcome a partnership with USU. He stated that the European Commission is looking at this too and there are opportunities for international partnerships. He said that this is moving quickly and noted the need to get something down as a starting point.

HON Martínez-López spoke about workforce shortfalls Maj Gen (Ret.) Friedrichs and how they are working on the solution. He asked if the White House is trying to better integrate training for workforce development. Maj Gen (Ret.) Friedrichs said his office is playing a role in it—it is a new program. He shared that there are a couple of programs in nursing that they are working on to put in a report to go to the White House and Congress after the election in November. He noted that it is a description of this workforce challenge and the need for more deliberate, thoughtful, and integrated approaches across the various disciplines in medicine. He stated it begins with The Centers for Medicare & Medicaid Services and education and then think of what is possible to solve quickly and what may require structural changes. Maj Gen (Ret.) Friedrichs said there seems to be willingness for an integrated approach but what often happens is that each organization comes to the table for only their own program, thus essentially competing with each other for finite resources. The most frequent feedback he gets on the Hill is that medicine has perfected the art of creating white noise—each discipline, field advocates for their own interests and they cancel each other out because of the lack of a coherent integrated approach as an industry. He said there cannot be a reliance on line items in Bills to fix this problem. He said that USU has an opportunity to talk about the roles of the different medical personnel and how this can address the workforce shortfalls with the appropriate safeguards in place. For example, he said that it is much easier to grow the pipeline for physician assistants than for general surgeons.

HON Peake spoke about how quickly research and tools are changing and how slow adaptation to these changes is and asked how can the federal government be better at this. Maj Gen (Ret.) Friedrichs said to shake up research and development at USU and for them to look at what is being done at other institutions, like Stanford, Cleveland Clinic, and others. He said that the money across the DoD today is doing a great job of looking like the 1990s. He stated that the DoD is so heavily invested in legacy programs, that new technologies are not leveraged. Maj Gen (Ret.) Friedrichs said USU can help with R&D to look at challenges of the future, like the

2030s, because those today are misaligned with strategic priorities, new technologies, and patient needs.

Dr. Dickey thanked Maj Gen (Ret.) Friedrichs. She asked that the Regents send the BOR staff any questions or comments they have for Maj Gen (Ret.) Friedrichs to get sent to him since he needs to leave for another commitment.

### **CLOSING COMMENTS**

Dr. Dickey thanked the Regents, Briefers, and all attendees for their support of the BOR. She reminded the Regents the next BOR meeting is November 4, 2024, at USU in Bethesda, Maryland.

### **ADJOURNMENT**

Dr. Diehl adjourned the meeting at 12:04 PM.

### **CERTIFIED BY:**



November 5, 2024

Nancy W. Dickey, M.D.  
Chair, Board of Regents

Date