

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

**Meeting No. 223
February 3, 2025**

The Board of Regents (BOR), Uniformed Services University of the Health Sciences (USU) met in an Administrative Work Meeting on Monday, February 3, 2025 via Google Meet.

The Alternate Designated Federal Officer (DFO), Dr. Glendon Diehl and the Chair, Dr. Nancy Dickey, were both present during the entire meeting. The meeting was called to order by the DFO at 8:00 a.m.

Members and staff listed below were in attendance:

Board Members

Nancy Dickey, M.D., Chair
Antonia Villarruel, Ph.D., R.N., Vice Chair
VADM (Ret.) Raquel Bono, M.D.
Eric Holmboe, M.D.
HON Kenneth W. Kizer, M.D., M.P.H.
Gen (Ret.) Richard Myers, M.B.A.
HON James Peake, M.D.
MG (Ret.) Patrick Sargent, M.S., M.A.
Stephen Ferrara, M.D., Acting Assistant Secretary of Defense for Health Affairs
HON Jonathan Woodson, M.D., President, USU
BG Lance Raney, M.D., representing LTG Mary Izaguirre, D.O., Surgeon General of the U.S. Army
CAPT Misty Scheel, Ph.D., M.P.H., representing RADM Darin Via, M.D., Surgeon General of the U.S. Navy
Lt. Gen. John DeGoes, M.D., Surgeon General of the U.S. Air Force and U.S. Space Force
Paul Cordts, M.D., representing LTG Telita Crosland, M.D., Director, Defense Health Agency
RADM Denise Hinton, B.S.N., M.S., representing VADM Vivek Murthy, M.S., M.B.A., Surgeon General of the United States

Staff Members

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

Briefers

Dr. Carol Romano, Dean, The Daniel K. Inouye Graduate School of Nursing, USU
Dr. Jay Graver, Associated Dan for Faculty Affairs, Postgraduate Dental College, USU
Dr. James Nash, Dean, College of Allied Health Science, USU
Dr. Eric Elster, Dean of the F. Edward Hébert School of Medicine, USU
COL Danielle Holt, Associate Dean of the F. Edward Hébert School of Medicine, USU
Dr. Glendon Diehl, Vice President for External Affairs, USU

HON Jonathan Woodson, President, USU

MEETING CALL TO ORDER/OPENING COMMENTS

Dr. Glendon Diehl introduced himself as the ADFO for the Board of Regents (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. Diehl reminded the Regents to abstain from providing comments on matters for which they may have a conflict of interest. He discussed the logistics for the meeting and thanked the Regents, attendees, and support staff. 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.

MEETING SUMMARY

The 223rd USU BOR meeting, attended by President Jonathan Woodson, Dr. Steven Ferrara, deans of USU schools, Dr. Glendon Diehl, and other participants, focused on the impacts of recent Executive Orders on USU, strengthening the Military Health System (MHS), and USU's role in MHS education and training. Discussions also covered admissions and demographics across various USU schools, workforce strategies, and the planned digital health transformation integration center at USU, including AI initiatives and resource allocation. Next steps include data validation for the MHS education and training study, development of the digital transformation integration center, and a subsequent administrative session to address the ransomware issue, bylaws, and HON Woodson's development program.

PRESIDENT'S REPORT

HON Jonathan Woodson began his report by introducing Dr. Stephen Ferrara, the Acting Assistant Secretary of Defense for Health Affairs, highlighting his USU connection and Dr. Ferrara's extensive military and healthcare experience. Dr. Ferrara expressed gratitude for his USU education and mentorship from Dr. Woodson, emphasizing their longstanding relationship and shared commitment to military healthcare. They also discussed priorities including supporting the warfighter, addressing challenges within the military health system, and leveraging USU's expertise. Dr. Ferrara further noted the importance of meritocracy in hiring and the need to adapt to recent executive orders.

HON Woodson detailed the impact of several recent Executive Orders, including those concerning DEI initiatives, the deferred resignation program, the federal civilian hiring freeze, probationary periods, and policies related to gender ideology. He described USU's compliance efforts, noting the creation of an executive task force to address the ongoing changes and daily updates. The impact on academic positions, particularly regarding the hiring freeze, was discussed, emphasizing the potential exemption for direct teaching roles. Communication efforts with staff and students were highlighted, emphasizing the importance of upholding USU's values despite policy changes. Dr. Ferrara added that efforts are underway to secure exemptions for essential personnel to maintain mission effectiveness, balancing administration priorities with the needs of the military health system. Questions arose regarding the implications of these executive orders on teaching diversity in healthcare delivery, with Dr. Woodson clarifying that

curriculum related to necessary skills will remain unaffected. A recent cyberattack impacting USU's IT operations was also mentioned.

HEALTH AFFAIRS UPDATE

Dr. Stephen Ferrara gave an update on Health Affairs. The Regents engaged in discussion of the following topics:

- **Strengthening the Military Health System:** HON Peake emphasized the opportunity for USU to contribute beyond force structure issues, suggesting a focus on the medical system's integral role in strengthening the fighting force. HON Woodson agreed, highlighting the university's value proposition and the need to effectively communicate USU's contributions to force generation, protection, projection, and sustainment. Dr. Ferrara's emphasis on the interconnected nature of the military health system as an "ecosystem" was reiterated.
- **Radiology Ecosystem and Health Professional Education:** HON Peake emphasized the need for a supportive ecosystem for radiologists, with USU playing a central role. HON Woodson highlighted plans for health professional education throughout careers, including the development of robust informatics and data science communities to support the Military Health System (MHS).
- **USU as an Impartial Broker for MHS Needs:** Dr. Ferrara advocated for the university's role as an impartial think tank, facilitating comprehensive analysis of MHS needs across services. He suggested that USU could act as an integrator, considering the diverse perspectives of different branches and ensuring relevance in evolving warfare paradigms.

UPDATES ON APPLLCATIONS AND ADMISSIONS TO THE USU SCHOOLS

USU School of Nursing Admissions and Demographics

Dr. Carol Romano presented data on the USU Graduate School of Nursing's admissions process, including application numbers (101 in 2025), acceptance rate (71%), and the number of admitted students (66). She noted a two-step application process involving service criteria and USU admissions criteria, with full-time federal employees admitted. The school's demographics show consistent representation from underrepresented groups, though male enrollment was lower than usual in 2025. The program's curriculum and clinical rotations are heavily influenced by the needs of the services and often exceed civilian standards. Dr. Romano also described the "Ready to Launch" recruitment initiative targeting MHS nurses.

USU Postgraduate Dental College Admissions and Demographics

Dr. Jay Graver described the Postgraduate Dental College's (PDC) admissions process, emphasizing that applicants are already service dentists who have met specific criteria. He shared data on admissions numbers (average 76 new residents per year), comparing the PDC's demographic distribution to national averages. Dr. Graver highlighted trends toward increased diversity and female representation in dentistry, both in the PDC and nationally. The PDC aims to address these trends through educator training and awareness programs.

USU College of Allied Health Sciences Enrollment and Demographics

Dr. James Nash presented data on the College of Allied Health Sciences' enrollment (4,784 students in the current academic year), noting the majority of students are from the Navy. He explained that the college accepts students referred from the military branches, and they work to award credit for prior learning. He shared demographic data, acknowledging incomplete data due to the option for students not to report race or gender. Dr. Nash also provided information on degree conferrals and the ongoing work to integrate new programs. He noted that they were working towards making the process more academically focused and to partner with other entities for general education courses.

USU School of Medicine Admissions and Demographics

COL Danielle Holt presented data on the School of Medicine's admissions process for the class of 2029, noting increased applications (up 2% compared to a 5% national increase) and a high percentage of military applicants (approximately 50%). She shared demographic information, including a lower percentage of women compared to national averages, but a similar representation of underrepresented students. COL Holt discussed the early decision program, which primarily catered to military applicants and had a high acceptance rate. She also analyzed the impact of tuition-free medical schools on USU admissions, finding it to have a minimal effect. COL Holt further discussed the relatively low acceptance rate of military applicants to other medical schools. Finally, the data regarding the Enlisted-to-Medical Doctor Program (EMDP2) was discussed, focusing on the high competitiveness of the program and the success of its graduates.

SCHOOL OF MEDICINE SPECIALTIES

Dr. Eric Elster discussed the specialties chosen by USU medical graduates, including the proportion selecting critical wartime specialties. He emphasized a high match rate (90%) to graduates' top specialty choices and compared USU specialty distribution to other medical schools. Dr. Elster explained that USU provides resources and mentorship to guide students but does not direct them into specific specialties. He also pointed out that 40% of military physicians in this country graduated from USU.

- **Collaboration and Partnership Opportunities within the MHS:** Dr. Ferrara raised the question of how to improve partnerships with enlisted personnel to better support the transferability of skills and credentials to civilian settings. Dr. Nash responded by discussing the accreditation of programs and the effort to collaborate with other entities like the Air Force and Naval Community Colleges to make the transfer of credits more seamless. They further proposed exploring avenues for streamlining transitions between enlisted roles and advanced medical education pathways.
- **USU Graduate Programs Overview:** Dr. Elster presented an overview of USU's graduate programs, highlighting a diverse range of 17 degrees with a roughly 60/40 military-to-civilian student split. They noted that some programs, like Health Professional Education, are oversubscribed, while others, like the MD/PhD program, could accommodate more students with increased military sponsorship. A proposal to expand behavioral health programs was submitted to address national shortages.

- **Workforce Strategy and Interprofessional Collaboration:** Dr. Villarruel raised questions about workforce strategies and interprofessional collaboration within USU. HON Woodson acknowledged the lack of a clear strategy for integrating mental health professionals and the need for better coordination between the university and services to address workforce needs. Dr. Romano discussed challenges with clinical site availability due to competition with other programs and varying case requirements. They emphasized the interprofessional approach in behavioral health training within their curriculum. Dr. Villarruel reiterated concerns about the lack of coordinated workforce strategy.
- **Clinical Site Challenges and PhD Enrollment:** Dr. Romano explained that clinical site limitations stem from competition with other health programs and the need for specific case numbers per student. The variability in PhD enrollment, particularly in nursing, depends on the number of available military billets.
- **Impact of Military Health System Utilization Changes:** HON Kizer noted concerns about the impact of decreased military health system utilization and increased community referrals on training programs, potentially jeopardizing VA training programs. HON Woodson confirmed this as an area of active discussion, highlighting the need to adjust strategies to attract patients back into the system.
- **Program Success Metrics and EO Impact:** VADM (Ret.) Bono inquired about translating program metrics into measures of success, such as retention and readiness. HON Woodson emphasized USU's strong position in medical school recruitment and the long-term outcomes data showing increased service retention among graduates. They acknowledged the need to continuously adapt to the changing healthcare environment.
- **CRNA Program Applicant Capacity:** HON Peake questioned the capacity of the CRNA program and tracking of unaccepted applicants. Dr. Romano explained that some applicants did not meet eligibility requirements, while others could apply to other programs, but program transitions depend on service-provided slots and student preferences.
- **Competing Learners and Force Generation:** Dr. Elster discussed the challenges of competing learners in force generation, emphasizing the need for better coordination and understanding of friction points within the system. HON Woodson agreed, highlighting the need for an enterprise-level approach to address these challenges.
- **Communication, Recruitment, and Retention:** Dr. Nash stressed the importance of improved communication to enhance recruitment and retention, suggesting utilizing modern communication methods like texting. They emphasized the need for better tracking of students after leaving the command.
- **Broader Healthcare Workforce Challenges:** Dr. Ferrara discussed national workforce challenges in healthcare, emphasizing the increased patient load, nursing shortages, and the need to advocate for increased training spots to policymakers. They compared the healthcare system to a fragile ecosystem that needs careful management to maintain workforce capability.
- **Clinical Training and Licensure:** Dr. Dickey raised questions about the number of clinical interactions required for USU's advanced practice nurses and CRNAs, comparing it to civilian programs. Dr. Romano explained that the high number of clinical interactions are

necessary for deployment readiness and to provide a well-rounded experience compared to some civilian programs.

- **Recruitment, Retention, and Health Equity:** MG (Ret.) Sargent commended the progress made in recruitment and retention, emphasizing the importance of reaching diverse potential applicants through modernized outreach strategies. HON Woodson acknowledged the need for a modernized approach to recruitment and retention, including career pathways within the military. Dr. Elster echoed this need and advocated for increased support from DoD professional elements.
- **Graduate Career Mapping and Senior Leadership:** HON Peake highlighted the increasing juniority of senior medical leadership roles and inquired about whether USU tracks graduates into these positions. Dr. Elster noted that USU graduates do populate senior positions, but acknowledged retention challenges and the impact on clinical care. They discussed the importance of senior leaders for high-level care and pathways for promotion within the clinical track. HON Woodson emphasized the need for a modern approach to career tracking and leadership development specifically for clinical roles.
- **Juniority of Senior Medical Positions and Recruitment:** MG (Ret.) Sargent noted the issue of junior medical leaders and the impact of forcing clinicians into non-preferred roles on retention. Lt. Gen. DeGoes corroborated this, citing a historical shift in leadership roles due to changes in training platforms.

MHS EDUCATION AND TRAINING MISSION AND CAPABILITY EVALUATION UPDATE

Dr. Diehl provided an update on the MHS education and training mission, emphasizing the importance of the study in aligning education and training with requirements, creating an inventory of training needs, and determining optimal organizational structure for this mission. The study aims to inform decision-makers about potential capability gaps and suggest efficient resource allocation. He further explained that the first phase of the study, focused on creating a comprehensive inventory of training requirements, is nearing completion. Dr. Diehl stated that the team has engaged with senior leaders across the MHS to gather information, aiming for a holistic view of current training practices.

- **Meeting Overview and Phase 1 Conclusion:** The meeting primarily focused on a Department of Defense (DoD) initiative to inventory and analyze military health system (MHS) education and training requirements and capabilities. Don Whitley and Dr. Diehl reported on phase one, emphasizing the collection of requirements data from various DoD organizations and the upcoming validation of its accuracy and completeness with representatives from each organization. They plan to identify gaps and understand implied requirements not yet formally documented. A key takeaway is the importance of partnerships and a holistic view of the MHS ecosystem, and a data tool that will facilitate collaboration and transparency.
- **Congressional Mandate and MHS Evolution:** HON Woodson highlighted the congressional mandate for the report and contextualized it within the evolving MHS and education and training landscape. They emphasized the need for better inter-service cooperation, resource optimization, and defining USU's role.

- **Data Redundancy and Tool Development:** Don Whitley addressed potential data redundancy and overlap, noting that the current dataset (as of January 15th) includes various capabilities, with a recent emphasis on centralization and civilian partnerships. They introduced a PowerBI dashboard tool to facilitate data validation and feedback from participating organizations, clarifying that the team will not make judgments on completeness or redundancy, leaving that to the convening group.
- **Funding and Resource Allocation:** General Peake raised concerns about funding sources and potential cost shifts between the Defense Health Agency and the services. Dr. Diehl acknowledged the challenge of attributing costs accurately due to funding structures; he committed to addressing this.
- **Inclusion of the US Public Health Service Commissioned Corps:** RADM Denise Hinton suggested including the United States Public Health Service Commissioned Corps in the study, highlighting their capabilities in emergency preparedness, public health leadership, and innovation. HON Woodson welcomed this suggestion.
- **Next Steps and Future Phases:** Don Whitley outlined the next steps, focusing on data refinement and validation through the planning group, integrating additional data (including budget information), and reporting back to the BOR. Dr. Diehl emphasized the iterative and evolving nature of the process, and the importance of continued input from the board and stakeholders.

DIGITAL HEALTH INTEGRATION CENTER CONCEPT AND AI INTEGRATION UPDATE

HON Woodson discussed the MHS's digital transformation strategy and its alignment with broader DoD initiatives. They proposed establishing a digital health transformation integration center at USU to advance thought leadership and address workforce development, policy reform, and technology evaluation.

- **USU's AI Initiatives and the Integration Center:** Dr. Elster described USU's ongoing AI and machine learning initiatives across academic, research, and administrative functions. They detailed several examples, including automated clinical data collection tools, and highlighted the potential impact on workload capture, procedural logging, and backlog reduction.
- **Integration Center: IOC to FOC:** Dr. Elster and Jake Cole elaborated on the Integration Center's transition from initial operating capability (IOC) to full operating capability (FOC). They described plans for voice-of-customer analysis, a small innovation fund, resource provision, and hosting symposia and meetings to build communities of interest facilitating broader collaboration and knowledge sharing across the MHS.
- **Operational Environment and JTS Integration:** Dr. Ferrara raised questions about the application of AI tools in operational environments, particularly concerning prolonged field care, augmented reality, and resource utilization, emphasizing the importance of integrating the Joint Trauma System (JTS). Dr. Elster confirmed the integration with JTS, discussing efforts to improve data capture at the point of injury, and highlighted the relevance of

projects like the JUIMS modernization program. They addressed concerns about bandwidth and data security by mentioning self-contained large language models.

- **Resource Strategy and External Collaboration:** HON Peake questioned the resource strategy for the initiative, noting budget constraints. HON Woodson discussed the potential for external collaborations with industry to help fund and further develop digital transformation projects. They also emphasized efficient use of existing investments from other agencies, such as the VA simulation center.
- **Digital Transformation and Resource Allocation:** HON Woodson discussed the Digital Transformation Integration Center's role in preparing for AI advancements and the need to optimize resource allocation and explore collaborations to generate more resources. They acknowledged upcoming resourcing challenges but emphasized the importance of proactive engagement. HON Peake agreed, highlighting the opportunity to improve requirements identification through bottom-up articulation.
- **Natural Language Processing Integration with Genesis:** Lt. Gen. DeGoes raised a question about integrating natural language processing notes into the MHS GENESIS system, considering workload and coding implications. Dr. Elster described a current workaround involving de-identified emails for manual entry and advocated for a future API integration to streamline the process. HON Woodson noted that direct integration depends on resolving cybersecurity concerns.

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 Friday, May 16, 2025, at USU in Bethesda, Maryland.

ADJOURNMENT

Dr. Diehl adjourned the meeting at 12:05 p.m.

CERTIFIED BY:



March 7, 2025

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

Date