

**Minutes of the Board of Regents
Uniformed Services University of the Health Sciences**

**Meeting No. 218
October 20, 2023**

The Board of Regents (BOR), Uniformed Services University of the Health Sciences (USU) held a meeting on Friday, October 20, 2023, both in-person at the Hershey Lodge in Hershey, Pennsylvania 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 Designated Federal Officer (DFO), Ms. Annette Askins-Roberts, and the Chair, Dr. Nancy Dickey, were present during the entire meeting. The meeting was called to order by the DFO at 12:30 p.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 Jonathan Woodson, M.D., President, USU
Julio Frenk, M.D., Member
Eric Holmboe, M.D., Member
HON Kenneth Kizer, M.D., M.P.H., Member
Gen (Ret.) Richard Myers, Member
HON James Peake, M.D., Member
MG (Ret.) Patrick Sargent, M.A., Member
Antonia Villarruel, Ph.D., R.N., Member
Lt. Gen. Robert I. Miller, M.D., Member
HON Lester Martínez-López, M.D, M.P.H., Assistant Secretary of Defense for Health Affairs, Member
VADM Vivek Murthy, M.D., M.B.A., U.S. Surgeon General, Member
LTG Telita Crosland, M.D., Director, DHA, Member
BG Thad J. Collard, M.S.S., M.B.A., representing LTG R. Scott Dingle, M.S., Member
RDML Rick Freedman, D.M.D., M.H.S., representing RDML Darin Via, M.D., Member
RADM Denise Hinton, B.S.N., M.S., representing VADM Vivek Murthy, M.S., M.B.A., Member

Staff Members

Annette Askins-Roberts, Designated Federal Officer, BOR, USU
Camille Gaviola, Alternate Designated Federal Officer, BOR, USU
CAPT Shawn Clausen, M.D., Alternate Designated Federal Officer, BOR, USU
Angela Bee, Management Analyst, BOR Staff Support, USU

Briefers

CAPT Sherri Rudinsky, M.D., Associate Professor and Department Chair of Military and Emergency Medicine

HON Jonathan Woodson, M.D., President, USU

Glendon Diehl, Vice President for External Affairs, USU

Paul J. Hutter, General Counsel, USU

Tracey Koehlmoos, Ph.D., Professor and Director, Center for Health Services Research

Eric Elster, M.D., Dean, USU School of Medicine

Catherine Witkop, M.D., Associate Dean, USU School of Medicine

OPENING COMMENTS

Ms. Askins-Roberts introduced herself as the DFO for the Board of Regents and called the meeting to order. She 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. Ms. Askins-Roberts reminded the Regents to abstain from providing comments on matters for which they may have a conflict of interest. She 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 in the room, then introduction of those attending virtually.

OPERATION BUSHMASTER DEBRIEF

Following the visit to Fort Indiantown Gap, PA to observe the activity, CAPT Sherri Rudinsky briefed the Regents on the key purposes of the Operation Bushmaster learning experience. She described the usefulness of the event to train students to meet the mission and discussed future of Operation Bushmaster. A key point in the discussion was the differences between USU and Health Professions Scholarship Program (HPSP) students training. USU provides medical and military training to prepare graduates for operational readiness, command interactions, and their role as military physicians. HPSP students attend civilian medical schools which results in a steeper learning curve regarding military culture and military medicine upon completion of medical training. Dr. Villarruel asked about funding, including federal funding, and if CAPT Rudinsky considered any other partnerships to realize her dream of a USU Medical Training Campus at Fort Indiantown Gap with an expanded curriculum for leadership capstone for USU and HPSP collaboration. HON Woodson noted the importance of budgeting for Operation Bushmaster for its value to MHS and other potential partners and of pursuing medical training sites for catastrophic events. He added that it is needed training for civilians and MHS. HON Martínez-López stated funding would need to be beyond Operation Bushmaster. He suggested expansion, maybe include all HPSP or credits, part of rotation and would need to work with the Services. He noted the value in this type of training. HON Woodson suggested putting together a proposal for a USU Medical Training Campus at Fort Indiantown Gap and include Reserves to introduce students to command and control issues and including authority and

direction to accomplish the mission. CAPT Rudinsky stated USU is interested in working with Reserve units to better understand their training. Dean Elster noted the experiences at Operation Bushmaster helps close the gap in operational knowledge. He suggested the “Fundamentals of Military Medicine” training course should be a baseline for all HPSP. Dr. Dickey asked if there were any questions from the virtual attendees.

HON Peake stated the Services have a lot of training with many places around the country for sustainment. He suggested looking at a larger context to make sure those training opportunities are needed. HON Martínez-López noted it is important to ensure training is not duplicated, but gaps are addressed. Dr. Dickey thanked CAPT Rudinsky for the amazing experience at Operation Bushmaster and suggested the Board would look forward to an update.

USU ADMISSIONS STATEMENT DELIBERATION

Dr. Dickey introduced the USU Admissions Statement draft and opened it up to discussion with the Regents. She noted the draft statement’s strength in its current status and the opportunity to strengthen the language today. She highlighted the importance of sending this recommendation to the Secretary of Defense to address the current admissions process challenges. She asked for any general comments. Attachment 2 details edits made during the discussion and deliberation.

The Regents discussed the updated statement and concurred on using more consistent and encompassing language of “health professional schools” in reference to USU. HON Woodson noted while USU began as a medical school, it has matured to include other schools for health professionals and the statement should reflect all Schools of USU. Dr. Dickey asked to change “school” to “university” in line 2 and change “medical” to “health professions” in line 8. HON Woodson stated there should be language consistency throughout the statement. Dr. Dickey reiterated the need to use consistent language and asked the Regents if there would be enough changes to vote today or delay the vote.

HON Peak suggested changing “as part of national security” to “essential to national security” in line 32. CAPT Danielle Holt provided suggestions for the Regents’ consideration and provided references in the chat (Attachment 1):

- Line 12-13: Adding the importance of diversity regarding equity and health outcomes
- Line 33: Adding a statement on cultural competence for global health engagement

For Line 33, Dr. Dickey stated her preferences for the sentence to end with national security and suggested adding “global competence” earlier in Line 31. The Regents agreed to these additions.

The Regents discussed the first paragraph on “racially and ethnically diverse population.” The Regents discussed diversity within the military, specific to diversity within leadership and health professions, compared to the general population. VADM (Ret.) Bono asked if the statement needs clarification to show the comparison to the general population. Dr. Dickey explained the clause is necessary because military leaders and health professionals are not

representative of the same level of ethnical and racial diversity as the rest of the DoD though the military population is more diverse than the general population.

At line 9, VADM Murthy asked if “mission-appropriate diversity” should be defined. CAPT Clausen responded this language came from the Liaison Committee for Medical Education reference. Dr. Dickey stated that different medical schools have different missions and for USU, the reader should know it is mission appropriate. She stated the USU mission is quoted later in the statement.

After all briefings concluded, the Regents returned to the statement deliberation. Dr. Dickey noted the changes in the document. Attachment 3 is the final USU Admissions Statement. HON Peake moved approval of the USU Admissions Statement, Dr. Holmboe seconded the motion. Dr. Dickey asked for a vote since there was no further deliberation. The Regents voted unanimously to approve. HON Martínez-López abstained. Dr. Dickey stated it is a strong statement and thanked the Regents and BOR Support Staff for their work. The BOR Staff will forward the statement to the DoD. HON Woodson thanked everyone for their support with the document.

PRESIDENT’S REPORT

HON Woodson discussed the USU organizational structure for the Regents. He stated since the Vice President for Finance is retiring at the end of the year, this allows an opportunity for restructuring. He noted the University as part of restructuring will announce the VP of Finance position in approximately 2 to 3 weeks. The University is looking to also search for a Chief Academic Officer/Provost position, which will increase the maturity of USU and its four Colleges. He stated this position will be budget neutral, since there is restructuring, positions will shift or be repurposed. The Chief Academic Office/Provost position will be responsible for ensuring appropriate resourcing and highest academic integrity. Dr. Dickey asked if the continuing resolution necessitates the position being budget neutral. HON Woodson stated the positions will be fine if the budget is neutral. He anticipates a Summer 2024 start for the new chief Academic Officer/Provost. Dr. Holmboe asked which positions are being repurposed. HON Woodson explained, RADM (Ret.) Roberts’ position, the Administrator/Leader of the Office of Academic Affairs, will be repurposed as Chief Academic Officer/Provost.

HON Woodson moved on to the next item, USU’s strategic planning process. He noted current and future changes are occurring within the MHS and stated the University’s strategic plan will need to sync with MHS’s strategic plan. HON Woodson informed the Regents of a planned offsite meeting in February 2024 for USU leaders to work on strategic plan updates.

HON Woodson continued with the last item, USU’s critical role with current international conflicts. He stated USU trains international students, works with international partners to build their military medical forces, supports DoD directed activities—translating some curriculum for Ukraine and the Israeli Defense Forces. HON Woodson added USU is an important value-added support to allies’ health profession training and military medical force.

HON Martínez-López spoke about the MHS and its recent challenges and assumptions. He noted the Department was working on a few false assumptions. Additionally, the coronavirus pandemic (COVID-19) brought to light more issues with the healthcare personnel workforce. HON Martínez-López provided reasons why each assumption was incorrect. During COVID-19 many health care personnel left the MHS, including greater numbers retiring. Fewer health care personnel impacted costs in two ways: 1) the cost of readiness, because providers have less experience with complex cases and 2) the actual cost of providing health care. Inadequate support of military health care providers requires more beneficiaries go to the network for health care, which is more expensive.

HON Martínez-López stated that the DHA and MHS recognize the role behavioral health plays in the trauma of combat, and it is important to provide the care Service members need and deserve. Demand for behavioral health providers is high nationwide, not just within the MHS, yet there are not enough providers to meet the need. In order for the DoD to fix this issue, the MHS must stop moving patients to the network, stating a healthcare system cannot exist without patients. He added it is critical to build the personnel, both military and civilian, in the direct care system to improve access and provide care for beneficiaries. HON Martínez-López acknowledged the readiness and operational issues should also be taken into consideration. He recognized recruitment challenges to the health care personnel workforce stating the direct care system needs to be more attractive. HON Martínez-López stressed the importance of taking care of people is why the MHS exists.

HON Martínez-López stated LTG Crosland, Director, DHA, is moving into the digital health environment as a mechanism to expand access. He noted USU plays a significant role in personnel, including training physicians, nurses, and other medical personnel for the MHS. Therefore, USU must work with the Services to see how the University can better meet the needs for training. Specific to behavioral health, HON Martínez-López stated a need for more training in the fields of psychology and social work to better support the Services. He said over the next several years there will be changes within the MHS to address all of these issues and challenges to better provide beneficiary care across Roles 1-4, the stepwise process of providing different health services from battlefield to hospitals in the United States. He stressed his appreciation to USU for expanding the provider and health professionals' pipeline.

HON Peake asked about HPSP. HON Martínez-López stated some Services are not able to fill HPSP, not for lack of funding but due to competition with states and other institutions. He explained that there is legislation to expand the package offered but this is not the only concern. HON Peake asked about expanding digital health care noting the MHS may need to adapt to using the new technologies with USU's assistance, including telehealth and artificial intelligence (AI). HON Martínez-López replied LTG Crosland is working on use of technology to increase the MHS's capability. HON Woodson stated that it is beyond recruiting health professional and more about how to develop them over a lifecycle. The Regents discussed professional development for talent management. Dr. Villarruel stated that this is an opportunity to reinvent the health system, citing Operation Bushmaster as a great example of interprofessional learning

not replicated elsewhere. She said military health care and the schools at USU should “be bold” using their unique perspective to impact the health system.

LTG Crosland stated that the DHA is being bold, leveraging technology to be more effective in delivering care in operational and garrison settings since the current system is not sustainable. She said, to address HON Peake’s point, DHA is working to design the system and organizational structure to get it right since the MHS is unique where the Department is the payer, the provider, and the patient all in one health system. LTG Crosland exemplified five sites across the Services which are looking at healthcare differently, focusing on prevention, by adding value to staying healthy. The DHA is redesigning primary care and behavioral health, using new tools and technology, and most importantly, determining the “value” of value-based care. LTG Crosland discussed working with managed care support providers and building a team with the right people, right training, and right implementation to move quickly to see a different way to deliver value-based care.

HON Kizer asked about the lessons learned. HON Martínez-López discussed that not all lessons learned are on Congress’s radar yet. He noted these are important beyond the MHS. The Regents discussed the lessons learned from other large health systems and its applicability to the DHA and MHS. HON Martinez-Lopez highlighted the cost of readiness, skill sustainment to treat combat patients and maintaining a direct care system. HON Kizer suggested having some well-placed editorials for audiences beyond the Department.

HON Kizer also asked about the extent to which the DHA and MHS are taking advantage of the digital battlespace noting the warfighter and the health care provider have similar challenges in terms of secure technology. The Regents discussed learning from other organizations who are using AI and other technology to deliver health care. HON Martínez-López said though the DoD created many of these technologies, they have not been optimized within the MHS. HON Woodson discussed the work MITRE is doing about workforce shortage and the workforce of the future. He noted the importance of understanding what skillsets the MHS workforce will need for the future of health care, (e.g., health data science analytics to make efficient and effective use of the data that is being produced). HON Woodson noted this paradigm shift in culture in talent management. HON Martínez-López commended USU for its work in transforming graduate medical education for the future and appreciates the work from HON Woodson and the whole USU community.

LTG Crosland summarized the different lines of effort the DHA is currently engaged in as a combat support agency. She recognized the importance of machine learning, biosurveillance, and other work to collect, analyze, and provide data to users in peacetime and in operational settings, such as the use of robotics for surgeries in austere settings. Dr. Dickey expressed excitement with these changes and thanked HON Martínez-López for his thoughts and to the Regents for their discussion. Following a short break, the meeting resumed at 2:15 p.m.

LEGISLATIVE PROCESS

Mr. Paul Hutter and Dr. Glendon Diehl briefed the Regents on the legislative process, providing a Congressional overview on budget, hearing season, mark-up, floor, and conference. The National Defense Authorization Act (NDAA) is a powerful piece of legislation which sets policies under which the funds will be spent for national security and the military. Dr. Diehl discussed military personnel funding, which accounts for about one third of the budget, and where military health care falls in the budget. Dr. Diehl also provided information on how the Regents can engage with Congress and outlined some challenges. Mr. Hutter discussed the DoD Legislative Program and governing policies, including the proposal process and how the Under Secretary of Defense (Comptroller) must review every proposal with any budget impact. One method to help inform Congress is through their requests for informal reviews, however, it must be unattributed and aligned with something already published. Mr. Hutter provided a modified example of a quad chart for the current USU legislation proposal—to achieve parity with sister institutions within the DoD to achieve same legislative authorities.

HON Peake stated the Regents could help advise since the legislative proposal is predecisional. He stressed the importance of being compliant to Federal Advisory Committee policies. Dr. Dickey clarified that a Regent may go to Congress as an individual but not as a representative of the Board of Regents. Lt Gen Miller asked if a member of Congress has attended Operation Bushmaster. Dr. Diehl said they have, as some Congressional members were previously invited on behalf of USU. He added USU is planning on inviting them in the future. The Regents discussed Congressional Reports or studies as ways to help provide information without constraining the DoD with legislation. As there were no other questions or comments, Dr. Dickey thanked Dr. Diehl and Mr. Hutter for an informative briefing.

OVERVIEW OF THE CENTER FOR HEALTH SERVICES RESEARCH

Prof. Koehlmoos briefed the Regents on the Center for Health Services Research (CHSR). She discussed the need for CHSR, its accomplishments, oversight structure and review process, and strategic objectives. Prof. Koehlmoos spoke about CHSR's major achievements from 2019-2023. The Regents discussed healthcare disparities in the MHS. Prof. Koehlmoos stated the study did not find the same healthcare disparities in the MHS as found in the general U.S. population. HON Woodson noted the universal access to care within the MHS that sets it apart from the general U.S. population, noting the importance of using MHS data to look for other factors that cause disparities. Prof. Koehlmoos suggested that CHSR could be a future DoD Center of Excellence (CoE) which would streamline research efforts.

Lt Gen Miller asked when CHSR began and how the center prioritizes the research it pursues. Prof. Koehlmoos stated she received some funding to start the Center between 2016-2017 and she initially prioritized the research. Currently, CHSR has a programmatic committee to help guide and set research priorities. Prof. Koehlmoos stated if the work comes with funding, CHSR is able to engage and participate. Additionally, if there is a "research ask" and CHSR has the resources, they conduct the research.

The Regents discussed the lack of healthcare disparities in the MHS and encouraged Prof. Koehlmoos to publish findings in the peer-reviewed literature and share with the National Academy of Medicine. Prof. Koehlmoos informed the Regents that CHSR is in the process of publishing. Dr. Villarruel spoke about potential missed opportunities for CHSR on research priorities and new partnerships and expressed hope for additional funding. Dr. Villarruel suggested Prof. Koehlmoos clearly outline the strategic priorities for CHSR to be more impactful. HON Woodson clarified the intent of standing up CHSR was to study important matters that drive change in the MHS. However, he acknowledged CHSR will need to refocus some research to better support HON Martínez-López's vision for the MHS.

LIASION COMMITTEE ON MEDICAL EDUATION

Dr. Witkop and Dr. Elster discussed the updates regarding Liaison Committee on Medical Education (LCME). Dr. Witkop summarized the timeline and post-site visit events, the survey package, and the student survey. She noted the Association of American Medical Colleges Graduation Questionnaire is completed by medical students across the country and the response rate was over 90 percent for both 2022 and 2023 for USU SOM, well above the national average.

The Regents discussed the survey questionnaire item of “publicly embarrassed” and asked if students are able to interpret this question. Dr. Witkop assured the Regents that if there is an issue, they address it when possible. She added that many of the situations of embarrassment and reports of mistreatment were in clinical settings and do not continue over time. Dr. Elster stated the Counsel of Deans are discussing whether the questions are worded well and are needed to collect necessary information. He stated they have processes in place to act on mistreatment quickly at different locations. Dr. Dickey asked about the table showing performance standards with low percentages and if there are processes to improve those areas. Dr. Elster stated the LCME wants medical schools to be learning health care organization and the USU SOM works with the students to get their input to improve their experience.

Dr. Kizer asked about the media reporting a large percentage of lower military ranks relying on Supplemental Nutrition Assistance Program and other financial assistance programs. He asked how this may be incorporated in the SOM curriculum. HON Woodson stated reliance on food assistance is not directly addressed in the curriculum. He also noted the SOM ranked lower on recognition of social determinants of health (SDOH), which may be an artifact that the military provides health care to all. HON Woodson suggested gaining a better understanding of the real issue from a case study of the impact of SDOH and to provide students a broader exposure to these. The Regents discussed the different perspective on SDOH that USU students have due to their international work. Drs. Elster and Witkop noted ways they can address and bring more competence to recognizing SDOH within the SOM curriculum.

The Regents discussed SDOH within the MHS, where certain determinants are addressed by the nature of military service and a universal health benefit. The Regents noted the unique natural experiment to study SDOH within the MHS and an opportunity for USU to better understand SDOH's role. In a system where there is supposed to be universal access to health

care, adequate housing, and employment, USU students need to better understand disparities that still may exist. Dr. Dickey thanked Dr. Witkop and Dr. Elster for their briefing. She complemented them on the than 90% of students' completion of the survey post-graduation.

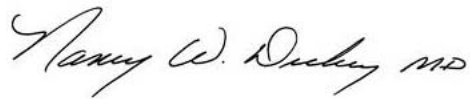
CLOSING REMARKS

Dr. Dickey thanked the Regents, briefers, and all attendees for their support of the BOR. Dr. Dickey reminded the Regents the next BOR meeting is February 5, 2024 at USU in Bethesda, Maryland. She thanked the briefers and the Regents for their participation.

ADJOURNMENT

Ms. Askins-Roberts adjourned the meeting at 4:41 p.m.

CERTIFIED BY:



January 4, 2024

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

Date

Attachment 1: Google Meet Chat

00:26:57 From Ms. Tiffany Helling: I'm thrilled to learn of this endeavor. Are there plans to do integrated training with not just our MDs, but opportunities to include nurses, corpsmen and medics to train together?

00:37:37 From COL Danielle Holt: A diverse physician workforce broadens cultural competence to effectively respond to global healthcare national security requirements.

Saha S, Guiton G, Wimmers PF, Wilkerson L. Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools. JAMA. 2008;300(10):1135–1145.

doi:10.1001/jama.300.10.1135

00:37:58 From COL Danielle Holt: These benefits include higher patient satisfaction, iii, iv greater likelihood of receiving preventive care, v 10 improved receptivity to physician recommendations, vi lower health care costs, and improved health outcomes.

Snyder JE, Upton RD, Hassett TC, Lee H, Nouri Z, Dill M. Black Representation in the Primary Care Physician Workforce and Its Association with Population Life Expectancy and Mortality Rates in the US.

JAMA Net Open. 2023 Apr 3;6(4):e236687. doi: 10.1001/jamanetworkopen.2023.6687

03:08:14 From LTG Telita Crosland: Thank you for the support!

03:54:57 From VADM Vivek Murthy: Can we cut “that diversification of” in the highlighted segment? Might simplify the sentence.

Attachment 2: USU Admissions Statement with Track Changes

1 Uniformed Services University of the Health Sciences (USU), America’s military ~~medical-health~~
2 ~~professions school~~ university, educates and trains the health care professionals who care for the
3 uniformed Services and other beneficiaries of the ~~M~~ilitary ~~H~~health ~~S~~ystem. In meeting its
4 mission, USU recognizes and celebrates the variety of backgrounds, lived experiences, and
5 perspectives that form the bedrock of our nation and is honored ~~to serve to be part of the~~
6 Department of Defense which is comprised of a more racially and ethnically diverse populations.
7 ~~than the United States itself.~~[†]

8 USU aspires to exceed standards established for accreditation of ~~medical-health~~
9 ~~education~~ professions-programs, which includes achieving mission-appropriate diversity,ⁱⁱ and
10 recognizes the benefits of having ~~medical-health~~ professionals who are representative of those
11 entrusted to their care. These benefits include higher patient satisfaction,^{iii,iv} greater likelihood of
12 receiving preventive care,^v improved receptivity to physician recommendations,^{vi} and lower
13 health care costs.^{vii}

14 Because many health care professionals trained at USU go on to take leadership roles in the
15 Department of Defense, USU is uniquely charged with producing not only outstanding health
16 care professionals, but also exceptional ~~military-uniformed~~ leaders.^{viii,ix,x} Diversity of leaders
17 trained at USU promotes psychological safety, trust, and innovation^{xi} among those they lead and
18 serve and supports the USU mission.~~The need to promote diversity among military leaders is~~
19 ~~informed by its potential to promote psychological safety, trust, and innovation,^{xii} and is~~
20 ~~highlighted in the USU mission statement.~~

21
22 “We support the readiness of America’s Warfighter and the health and well-being of the
23 military community by educating and developing uniformed health professionals,
24 scientists, and leaders; by conducting cutting-edge, military-relevant research; and by
25 providing operational support to units around the world.”^{xiii}

26
27 The U.S. National Security Strategy, which is the foundation of the USU mission, emphasizes
28 the importance of developing a Department of Defense which reflects the American public it
29 represents, and the need to prioritize diversity, equity, inclusion, and accessibility as
30 mechanisms to ensure the Nation’s security.^{xiv} By fostering an environment where various
31 backgrounds, experiences, and perspectives converge, USU seeks to improve the ability of
32 military medicine to meet the ever-evolving challenge of providing superlative health care,
33 global cultural competence, as well as developing strong, effective leadership within the
34 Department of Defense ~~as a part of’s need to ensuring~~ essential ~~to~~ national security.

35
36 The USU admissions process is comprehensive and competitive. It includes an assessment of
37 academic background and potential, as well as assessments aimed at ensuring that candidates
38 have the physical and psychological attributes necessary to serve in the ~~U.S. military uniformed~~
39 service. The admissions process also aims to foster an inclusive and diverse student body. The

40 USU Board of Regents endorses the USU admissions process, including efforts to promote
41 diversity, because it believes that it is fundamental to developing skilled, compassionate, and
42 innovative clinicians, [enables the delivery of high quality health care](#), and because fostering
43 diversity among military [and uniformed service](#) leaders ~~is~~ [helps meet the](#) national security
44 mandate.
45
46

~~[†] Need statistics from Defense Manpower Data Center (DMDC)~~

ⁱⁱ Liaison Committee on Medical Education. Standards for accreditation of medical education programs leading to the MD degree. Standard 3: Academic and learning environments. In: LCME Functions and Structure of a Medical School. March 2023. Accessed October 6, 2023. <https://lcme.org/publications/>

ⁱⁱⁱ Takeshita J, Wang S, Loren AW, et al. Association of racial/ethnic and gender concordance between patients and physicians with patient experience ratings. *JAMA Network Open*. 2020;3(11):e2024583. Published 2020 Nov 2. doi:10.1001/jamanetworkopen.2020.24583

^{iv} Assari S. Psychosocial determinants of communication satisfaction in racially concordant and discordant patient–physician interactions. *J Med Res Innov*. 2019;3(2):e000165. <https://doi.org/10.32892/jmri.165>.

^v Ma A, Alison Sanchez A, Ma M. The Impact of Patient-Provider Race/Ethnicity Concordance on Provider Visits: Updated Evidence from the Medical Expenditure Panel Survey. *Journal of Racial and Ethnic Health Disparities*. 2019;6(5): 1011–20. <https://www.jstor.org/stable/48707053>

^{vi} Saha S, Beach MC. Impact of physician race on patient decision-making and ratings of physicians: a randomized experiment using video vignettes. *J Gen Intern Med*. 2020;35(4):1084-1091. doi:10.1007/s11606-020-05646-z

^{vii} Jetty A, Jabbarpour Y, Pollack J, Huerto R, Woo S, Petterson S. Patient-physician racial concordance associated with improved healthcare use and lower healthcare expenditures in minority populations. *J Racial Ethn Health Disparities*. 2022;9(1):68-81. doi:10.1007/s40615-020-00930-4

^{viii} Burns R, Baldor LC. Top US general urges greater racial diversity in military. *The Associated Press* Published May 5, 2021. <https://apnews.com/article/race-and-ethnicity-government-and-politics-1deffc0efb652716aa44dab756b614d1>

^{ix} Chivvis CS, Lauji S. Diversity in the High Brass. *Carnegie Endowment for International Peace*. <https://carnegieendowment.org/2022/09/06/diversity-in-high-brass-pub-87694>. Published September 6, 2022.

^x Garret MX. Military Diversity: A Key American Strategic Asset. Military Review. Published May-June 2021. <https://www.armyupress.army.mil/Journals/Military-Review/English-Edition-Archives/May-June-2021/Garrett-Military-Diversity/>

^{xi} [Expert Panel@Forbes Councils Member. 14 Important Benefits Of A More Diverse Leadership Team. Forbes. Jun 24, 2021. https://www.forbes.com/sites/forbescoachescouncil/2021/06/24/14-important-benefits-of-a-more-diverse-leadership-team/?sh=7c698a5b1f9b](https://www.forbes.com/sites/forbescoachescouncil/2021/06/24/14-important-benefits-of-a-more-diverse-leadership-team/?sh=7c698a5b1f9b)

^{xii} [Expert Panel@Forbes Councils Member. 14 Important Benefits Of A More Diverse Leadership Team. Forbes. Jun 24, 2021. https://www.forbes.com/sites/forbescoachescouncil/2021/06/24/14-important-benefits-of-a-more-diverse-leadership-team/?sh=7c698a5b1f9b](https://www.forbes.com/sites/forbescoachescouncil/2021/06/24/14-important-benefits-of-a-more-diverse-leadership-team/?sh=7c698a5b1f9b)

^{xiii} USU. Mission Statement. USUHS, AO, Accreditation, Strategic Planning.

^{xiv} Biden-Harris Administration's National Security Strategy. October 2022. <https://www.whitehouse.gov/wp-content/uploads/2022/10/Biden-Harris-Administrations-National-Security-Strategy-10.2022.pdf>

DRAFT

Attachment 3: USU Admissions Statement – Final

The Uniformed Services University of the Health Sciences (USU), America's military health professions university, educates and trains health care professionals who care for the uniformed Services and other beneficiaries of the Military Health System. In meeting its mission, USU recognizes and celebrates the variety of backgrounds, lived experiences, and perspectives that form the bedrock of our nation and is honored to serve the Department of Defense which is comprised of racially and ethnically diverse populations.

USU aspires to exceed standards established for accreditation of its health professions education programs, which includes achieving mission-appropriate diversity,ⁱ and recognizes the benefits of having health professionals who are representative of those entrusted to their care. These benefits include higher patient satisfaction,^{ii,iii} greater likelihood of receiving preventive care,^{iv} improved receptivity to physician recommendations,^v improved patient outcomes,^{vi} and lower health care costs.^{vii}

Because many health care professionals trained at USU go on to take leadership roles in the Department of Defense, USU is uniquely charged with producing not only outstanding health care professionals, but also exceptional uniformed leaders.^{viii,ix,x} Diversity of leaders trained at USU promotes psychological safety, trust, and innovation^{xi} among those they lead and serve and supports the USU mission:

“We support the readiness of America's Warfighter and the health and well-being of the military community by educating and developing uniformed health professionals, scientists, and leaders; by conducting cutting-edge, military-relevant research; and by providing operational support to units around the world.”^{xii}

The U.S. National Security Strategy, which is the foundation of the USU mission, emphasizes the importance of developing a Department of Defense which reflects the American public it represents, and the need to prioritize diversity, equity, inclusion, and accessibility as mechanisms to ensure the Nation's security.^{xiii} By fostering an environment where various backgrounds, experiences, and perspectives converge, USU seeks to improve the ability of military medicine to meet the ever-evolving challenge of providing superlative health care, global cultural competence,^{xiv} as well as developing strong, effective leadership within the Department of Defense essential to national security.

The USU admissions process is comprehensive and competitive. It includes an assessment of academic background and potential, as well as assessments aimed at ensuring that candidates have the physical and psychological attributes necessary to serve in the uniformed service. The admissions process also aims to foster an inclusive and diverse student body. The USU Board of Regents endorses the USU admissions process, including efforts to promote diversity, because it believes that it is fundamental to developing skilled, compassionate, and innovative clinicians, enables the delivery of high quality health care, and because fostering diversity among military and uniformed service leaders helps meet the national security mandate.

ⁱ Liaison Committee on Medical Education. Standards for accreditation of medical education programs leading to the MD degree. Standard 3: Academic and learning environments. In: LCME Functions and Structure of a Medical School. March 2023. Accessed October 6, 2023. <https://lcme.org/publications/>

ⁱⁱ Takeshita J, Wang S, Loren AW, et al. Association of racial/ethnic and gender concordance between patients and physicians with patient experience ratings. *JAMA New Open*. 2020;3(11):e2024583. Published 2020 Nov 2. doi:10.1001/jamanetworkopen.2020.24583

ⁱⁱⁱ Assari S. Psychosocial determinants of communication satisfaction in racially concordant and discordant patient–physician interactions. *J Med Res Innov*. 2019;3(2):e000165. <https://jmronline.com/jmri/article/view/165>

^{iv} Ma A, Alison Sanchez A, Ma M. The Impact of Patient-Provider Race/Ethnicity Concordance on Provider Visits: Updated Evidence from the Medical Expenditure Panel Survey. *Journal of Racial and Ethnic Health Disparities*. 2019;6(5): 1011–20. <https://www.jstor.org/stable/48707053>

^v Saha S, Beach MC. Impact of physician race on patient decision-making and ratings of physicians: A randomized experiment using video vignettes. *J Gen Intern Med*. 2020;35(4):1084-1091. doi:10.1007/s11606-020-05646-z

^{vi} Snyder JE, Upton RD, Hassett TC, Lee H, Nouri Z, Dill M. Black Representation in the Primary Care Physician Workforce and Its Association with Population Life Expectancy and Mortality Rates in the US. *JAMA Netw Open*. 2023 Apr 3;6(4):e236687. doi:10.1001/jamanetworkopen.2023.6687

^{vii} Jetty A, Jabbarpour Y, Pollack J, Huerto R, Woo S, Petterson S. Patient-physician racial concordance associated with improved healthcare use and lower healthcare expenditures in minority populations. *J Racial Ethn Health Disparities*. 2022;9(1):68-81. doi:10.1007/s40615-020-00930-4

^{viii} Burns R, Baldor LC. Top US general urges greater racial diversity in military. *The Associated Press* Published May 5, 2021. <https://apnews.com/article/race-and-ethnicity-government-and-politics-1deffc0efb652716aa44dab756b614d1>

^{ix} Chivvis CS, Lauji S. Diversity in the High Brass. *Carnegie Endowment for International Peace*. Published September 6, 2022. <https://carnegieendowment.org/2022/09/06/diversity-in-high-brass-pub-87694>

^x Garret MX. Military Diversity: A Key American Strategic Asset. *Military Review*. Published May-June 2021. <https://www.armyupress.army.mil/Journals/Military-Review/English-Edition-Archives/May-June-2021/Garrett-Military-Diversity/>

^{xi} Expert Panel@Forbes Councils Member. 14 Important Benefits Of A More Diverse Leadership Team. Forbes. Jun 24, 2021. <https://www.forbes.com/sites/forbescoachescouncil/2021/06/24/14-important-benefits-of-a-more-diverse-leadership-team/?sh=7c698a5b1f9b>

^{xii} USU. Mission Statement. USUHS, AO, Accreditation, Strategic Planning. <https://www.usuhs.edu/ao/accreditation/strategic-planning>

^{xiii} Biden-Harris Administration's National Security Strategy. October 2022. <https://www.whitehouse.gov/wp-content/uploads/2022/10/Biden-Harris-Administrations-National-Security-Strategy-10.2022.pdf>

^{xiv} Saha S, Guiton G, Wimmers PF, Wilkerson L. Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools. JAMA. 2008;300(10):1135–1145. doi:10.1001/jama.300.10.1135