

2026
DEFENSE HEALTH INFORMATION
TECHNOLOGY SYMPOSIUM

AUGUST 11-13, 2026
HYATT REGENCY NEW ORLEANS
NEW ORLEANS, LA

Enabling Readiness: A Resilient Digital Health Enterprise

Pat Flanders, Chief Information Officer, Defense Health Agency



Agenda

1. Orientation & “The Seam” – Know Your Craft

2. Countering the Artificial Intelligence (AI) Threat

- Routing
- Authentication
- Encryption
- Hygiene

3. Accelerating Innovation & The Business of Information Technology (IT)

Speaker Introduction



Mr. Thomas "Pat" Flanders

CIO (J-6)

DHA

Mr. Flanders provides leadership for the continued development of an affordable, innovative, robust, and secure health information technology environment in support of the Combatant Commands, service members, veterans, and their families.

Mr. Flanders is a computer scientist and Department of War (DoW) certified acquisition professional with 37 years of system automation, personnel, finance, and logistics experience. Prior to joining the DHA, he served as the Deputy Program Executive Officer for Defense Healthcare Management Systems, the Senior Military Assistant to the Under Secretary of War for Acquisition, Technology and Logistics; and the Deputy Director of Investment for the United States Army. Mr. Flanders has full lifecycle Project Management experience across a variety of DoW systems including the Military Health System's (MHS's) electronic health record (EHR) (MHS GENESIS), and two of the Army's major Enterprise Resource Planning initiatives: the Global Combat Support System Army (GCSS-Army) and the Logistics Modernization Program (LMP), as well as, the Defense Logistics Agency and the U.S. Transportation Command's, Integrated Data Environment/ Global Transportation Network Convergence program.

Learning Objectives



Objective 1

Provide an overview of the DHA IT enterprise, its major components, how it is designed and maintained.



Objective 2

Provide an overview of the new AI threat. The expanding attack surface in a machine-vs-machine war



Objective 3

Identify the for focuses: Routing, Authorization, Encryption, and Cyber Hygiene

Axioms ...

Defense: Our medical providers cannot deliver world-class care, our commanders cannot assess troop readiness, and our warfighters cannot deploy in harms-way without the capacity of health information systems and technologies to *anticipate, absorb, adapt to, and recover from disruptions*.

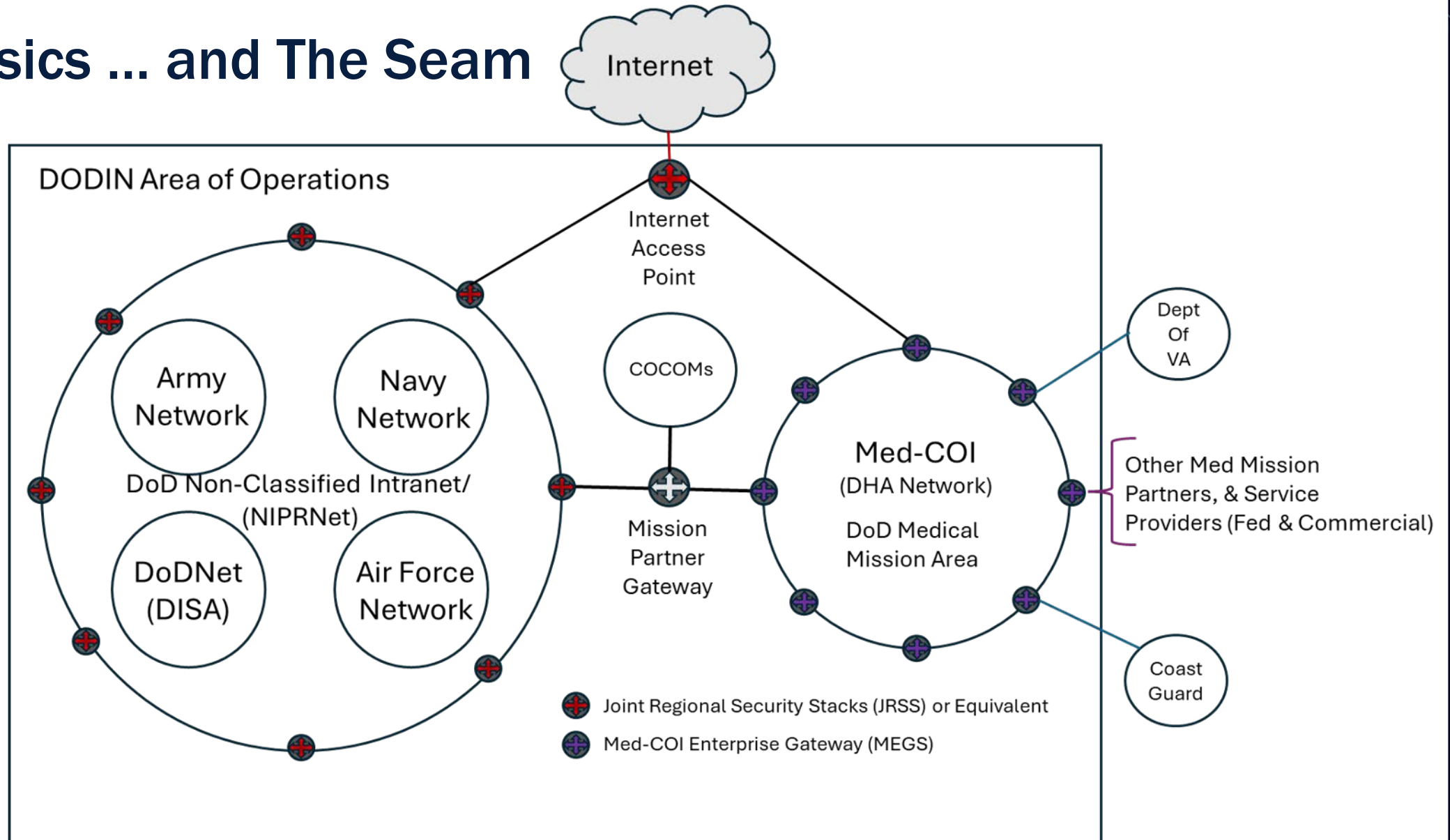
Offense: Our medical providers cannot operate in contested environments, and our commanders cannot maintain force health, if they are looking in the rearview mirror. We require *near real-time visibility of integrated data* - tracking everything from individual patient movement to global blood inventories - *powered by artificial intelligence* that allows us to predict mission needs before they become crises

This is what IT Enabling Readiness means ...

Attack Surface

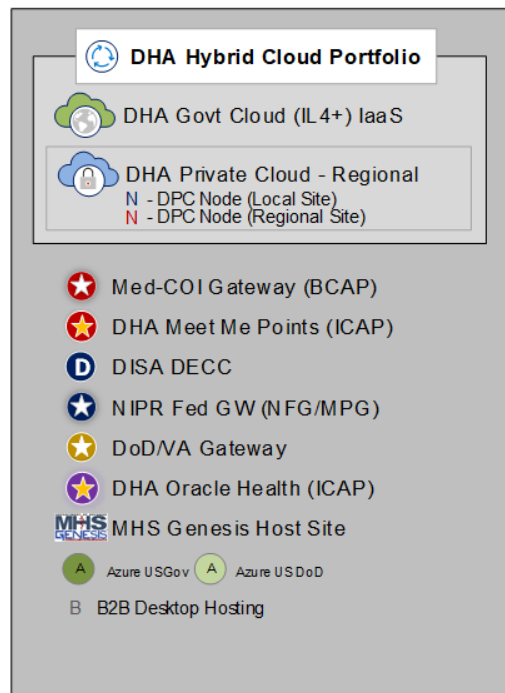
- *We are the largest DoW Agency* – larger than the rest of the 4th Estate combined
- *Global:* Majority of all base, camp, post, stations.
- *A hospital system:* **45** hospitals world-wide
- *An integrated outpatient care system:* **592** ambulatory/occupational health clinics, **110** dental clinics; **126** veterinary clinics
- *A health benefits program:* **9.5 million** covered, including **1.3 million** Active Duty, **1.5 million** eligible Reserve Component members, and **1.1 million** participating civilian sector providers (TRICARE Health Plan)
- *Staff:* We have approximately **250,000 users**
- *A global Public Health System:* providing community health, global health and environmental and medical surveillance
- *An Education and Training system:* including a University with an accredited medical school and graduate programs, a graduate medical education program, enlisted medical training
- *Medical Research and Development (R&D) system*

The Basics ... and The Seam

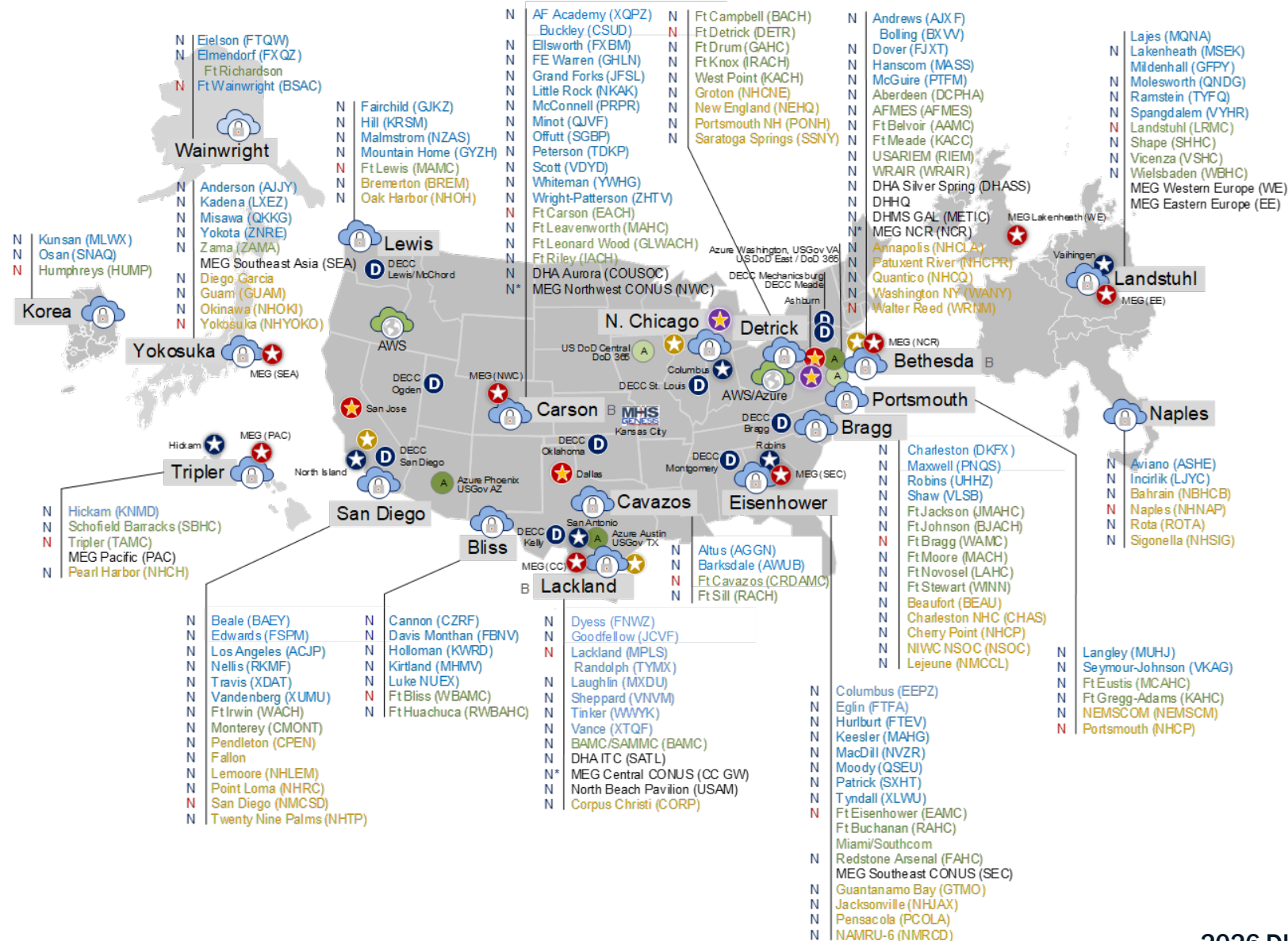


- COCOMs: Combatant Commands
- DISA: Defense Information Systems Agency
- DODIN: DoD Information Network
- Med-COI: Medical Community of Interest
- NIPRNet: N Non-classified Internet Protocol Router Network
- VA: Veterans Affairs

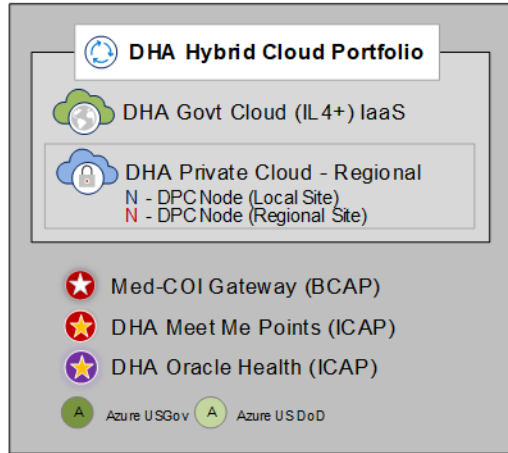
What It Really Looks Like - The Network



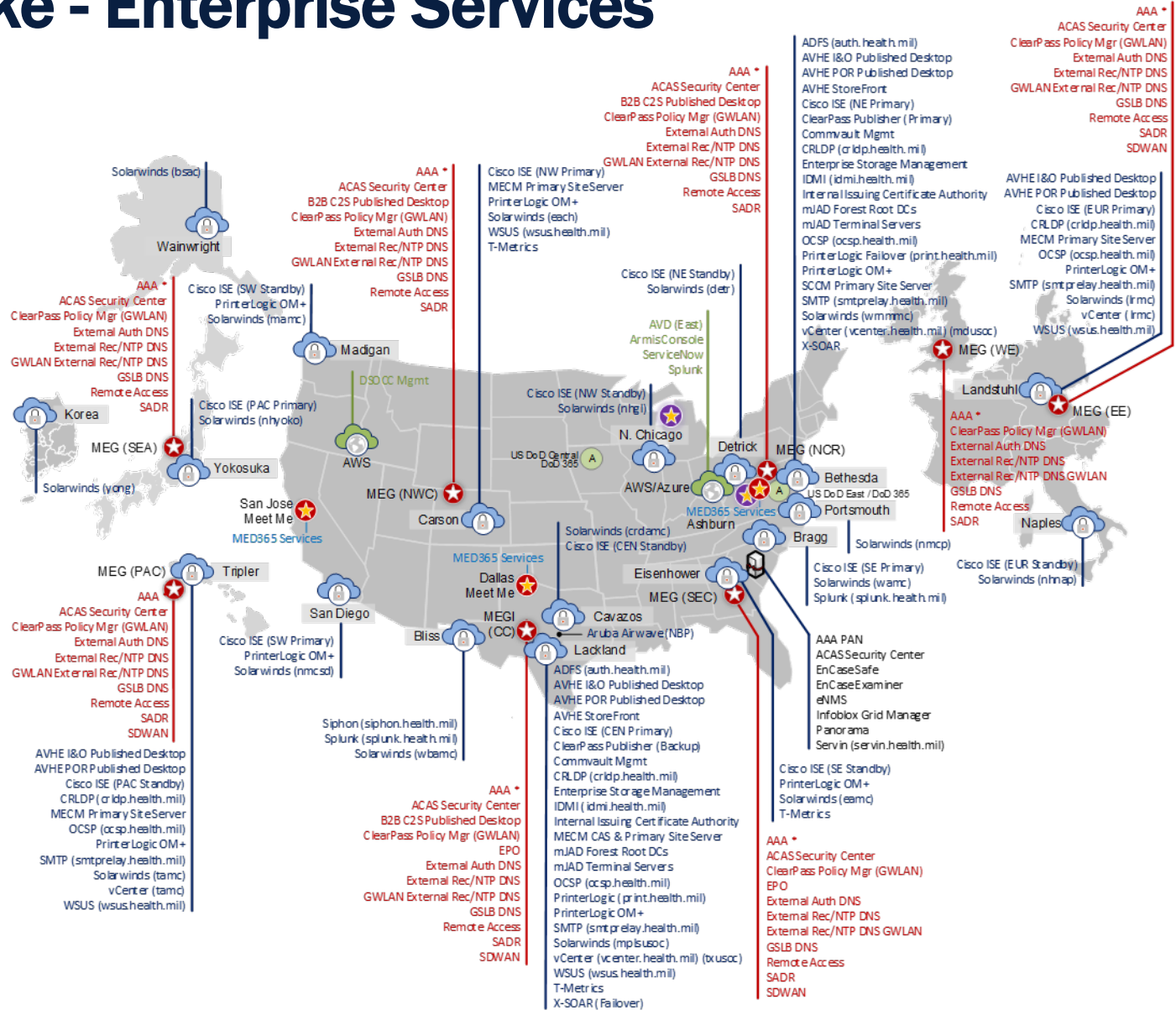
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What It Really Looks Like - Enterprise Services



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Operation Spartan Alloy: Countering The AI Threat

The threat landscape has shifted from scripted, human-speed exploits to autonomous, machine-speed cyber warfare

Adversaries are actively leveraging weaponized Artificial Intelligence to automate attacks, bypass traditional security controls, and exploit vulnerabilities before human defenders can even detect them

To fight machine with machine, we are driving an aggressive, non-negotiable operational shift for centered on four core focus areas:

- Routing
- Authentication
- Encryption
- Hygiene



Focus Area 1: Routing (Securing the Pathways)

- **TDM Circuit Replacement:** We are aggressively ripping out legacy, expensive, and insecure analog TDM circuits
 - Your mandate as a Chief Information Officer (CIO) is to migrate your facilities to modern, secure digital bandwidth
- **Software Defined- Wide Area Network (SD-WAN):** We are deploying SD-WAN to build intelligent paths
 - If a primary carrier cut occurs, your clinical systems must instantly and automatically reroute to keep patient care online
- **Mission Thread Decomposition:** Do not just memorize server maps. You need to decompose your facility's mission threads
 - If your WAN goes dark, do you know exactly how data routes locally between your emergency room, your blood bank, and your operating suites to keep providers operational?



Focus Area 2: Authentication (Hardening the Perimeter)

- **ICAM Acceleration:** In an AI threat environment, identity is our only perimeter. We are executing a massive, \$19M automated identity onboarding push. Goal is 31 DEC 2026
 - No more slow, manual account creation – automated 2875's
 - This is a key enabler of Zero Trust
- **MyAuth Migration:** The DoW is transitioning from DSLOGON to a unified MyAuth integration by October 2026, securing the front door to Patient Portal, myPay, and other apps for millions of users.

DEFENSE HEALTH AGENCY



DOW APPROVED SERVICE PROVIDER

Focus Area 3: Encryption (Protecting the Data)

- **Standardizing the Front Door:** Every single web-facing clinical and business application must sit behind our standardized, hardened security gateways and Web Application Firewall (WAF) infrastructure
 - This blocks automated scrapers, SQL injection, and unauthorized data harvesting
 - Everything must be logged
- **Securing the Seam:** End-to-end encryption ensures that sensitive telemetry and imaging coming from the MILDEPs' tactical edge is heavily shielded the second it crosses the garrison seam



Focus Area 4: Hygiene (Getting the Basics Right)

- **CrowdStrike & The Data Visibility:** We are deploying CrowdStrike enterprise-wide
 - It is our primary tool to see the battlefield at machine speed, giving our Cyber Operations Center (CyOC) real-time endpoint visibility
- **Kill Rogue Circuits:** Shadow IT ends today ...
 - If there is an unauthorized local internet circuit, an unmanaged Wi-Fi access point, or a forgotten test switch in your clinic—hunt it down and kill it
 - *You cannot defend what you do not know exists*
- **AI Penetration Testing:** The DoW is actively using AI to pen-test it's networks
 - Expect your facility to be scanned



CIO Position Descriptions (PD)

- Goal is to get all MTF CIOs up to GS-13 level
- What has been done:
 - Completed the classification of a standardized GS-13 CIO PD
 - Completed the classification of a standardized GS-12 (developmental) CIO PD
 - Uploaded & available in the FASCLASS system
- Next steps:
 - Work with J-1 to expedite the Human Resources (HR) process and smooth the hurdles
 - Get current GS-12's promoted to GS-13s
 - Working with the following sites: Fox AHC, Kenner AHC, NHC Corpus Christi, NHC Patuxent River, Bayne-Jones AHC, 6th Medical Group (MacDill AFB), NHC Cherry Point, R W Bliss AHC (Huachuca), NH Guantanamo Bay
 - Get current GS-11's moved into the GS-12 (developmental) level
 - (Per OPM rules, must stay there for 52 weeks before going to GS-13)
 - Affected the CIOs at the following AF sites: Goodfellow, Vance, Cannon, Columbus, Little Rock, Fairchild, Charleston, Whiteman, Shaw, FE Warren, Mountain Home, Malmstrom, McGuire, Altus, Barksdale, Laughlin, Dyess



AHC: Army Health Clinic
NH: Naval Hospital
NHC: Naval Health Clinic

Accelerating Innovation & “The Business” of IT

Office of Warfighter Health Advantage (OWHA) at DHITS



RDML Tracy Farrill
Director OWHA

- *Surgeons General Round Table*

The mission of the OWHA is to forge a decisive advantage by executing and creating a culture through a disciplined, end-to-end problem-solving lifecycle starting with the strategy. We will:

- **Develop Mindset, Skillset, and Toolset** for system improvement
- **Align, Find, and Diagnose** our most critical readiness and performance gaps using data and analytics.
- **Prototype and Build** novel solutions through empowered, cross-functional teams
- **Deploy, Scale, Optimize, and Maintain** these capabilities, ensuring adoption and delivering measurable impact.



CDR John de Geus
OWHA, DHA

- *“Fail Fast, Field Faster: Driving Combat Innovation at the Speed of Relevance”*
- *“OWHA Advantage Engine: Driving Performance and Innovation for a Decisive Edge”*

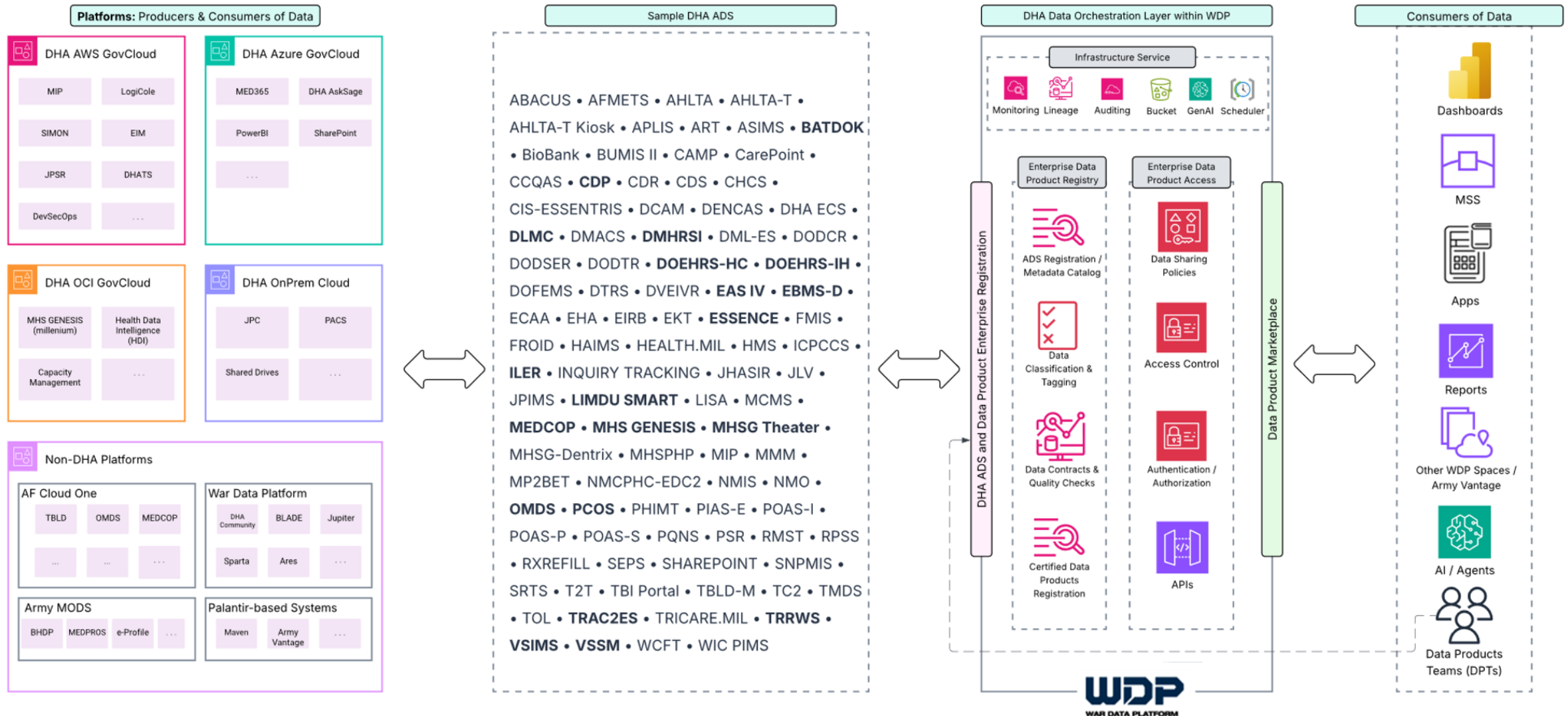


Mr. Matt Motley
OWHA, DHA

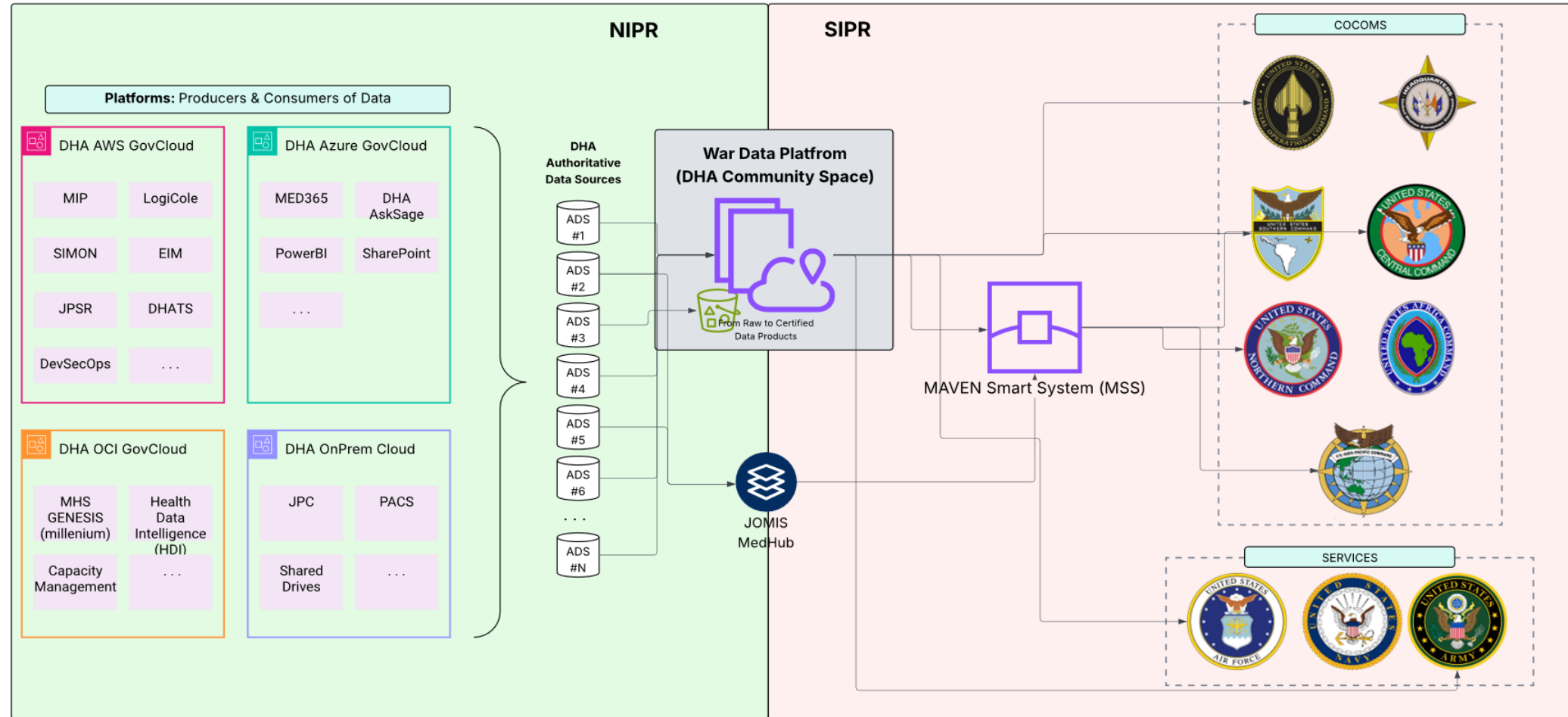
- *“OWHA Advantage Engine: Driving Performance and Innovation for a Decisive Edge”*

To learn more about the impactful work the OWHA is advancing, be sure to attend these breakout sessions

DHA Data Orchestration – War Data Platform (WDP)



DHA Data Orchestration – Maven - COCOMs



For additional information attend Dr Caban's sessions:

- "Operationalizing DHA's LOEs: Enterprise Dashboards for Real-Time Decision-Making"
- "The Data Foundations for Responsible AI: From Strategy to Decision Advantage"
- "AI First! Preparing the DHA Workforce for Responsible AI Adoption"

DHAs Ask Sage

- Launched Ask Sage AI Platform - Dec 8, 2025
- DHAs Ask Sage – Authorized for use with Controlled Unclassified Information (CUI), Personally Identifiable Information (PII), and Protected Health Information (PHI) data
- Since launch date – Reached 32,000 users.

Snapshot of Solutions in Production:

- Eight active instances of SharePoint FAQ bots.
- Multiple MTFs – Streamlined medical board narrative summaries.
- WRNMMC – Centralized hospital contract data for optimized analysis.
- MAMC – Improved patient outcomes by optimizing patient order checks.
- Ability to create custom personas to fit mission needs.

New Development Initiatives:

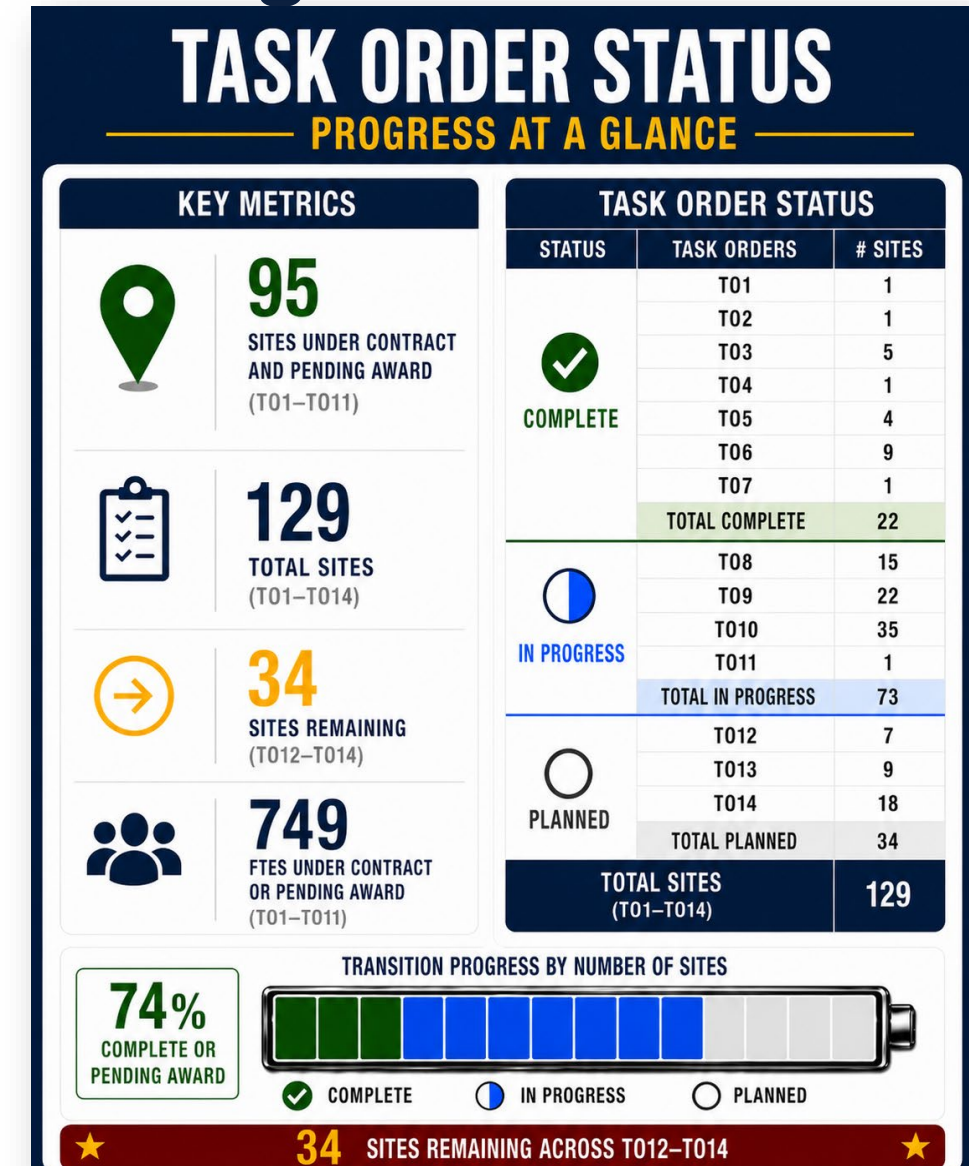
- Medical Affairs – 10 U.S.C. § 1102 data isolation and analysis.
- Office of Inspector General - Interface for transcript intake, review, and analysis.



Visit Kiosk #14 to view DHAs Ask Sage Platform

Geographic Service Providers (GSP) – Background

Contract Vehicle	- Multiple Award IDIQ – Competitively Awarded January 2024 – 33 Contract Holders - Services Category I under DoDI 5000.74 Acquisition of Services
Overview	- Consolidates ~200 Legacy Contracts – Mandatory use for DHA local IT site support - No GAO protest reviews or resulting schedule delays - SECWAR selected DOGE to conduct review - IDIQ provides value to customer
Competition Approach	100% Small Business Set-Aside
Ceiling	\$2.4B
Period of Performance	10 Years - Last date to order: Jan 2034
Evaluation Approach	- On-going competition at Task Order (TO) - Modernized acquisition techniques – in line with Revolutionary FAR Overhaul



GSP Target Award Schedule – Remaining Legacy Contracts

T012	T013	T014
JULY 2027	SEPT 2027	
1. NMC Camp Lejeune 2. McDonald AHC 3. NHC Patuxent River 4. Eglin AFB 5. Moody AFB 6. Hurlburt Field 7. NH Jacksonville <i>Initial Site Engagement:</i> OCT 2026	1. Whiteman AFB 2. Tripler AMC 3. Dover AFB 4. Travis AFB 5. Hill AFB 6. Vance AFB 7. Keesler AFB 8. Tinker AFB 9. Vandenberg SFB <i>Initial Site Engagement:</i> JAN 2027	1. NH Okinawa 2. NH Guam 3. Aviano AFB 4. Incirlik AB 5. Spangdahlem AB 6. Ramstein AB 7. RAF Lakenheath 8. RAF Alconbury 9. RAF Croughton 10. Eielson AFB 11. JB Pearl Harbor-Hickam 12. Yokota AB 13. Andersen AFB 14. Kadena AB 15. Misawa AB 16. Kunsan AB 17. Osan AB 18. JB Elmendorf-Richardson AFB <i>Initial Site Engagement:</i> JAN 2027 Legacy Contracts Transition Complete

Getting LogiCole to the Fight - Minimum Viable Capabilities

Minimum Viable Capability (MVC)	MVC Implementation Start/End	Impacted DMLSS User Base	Capability Value Points	Examples of Enabled Efficiencies
MVC 1 Customer Ordering and Inventory Management	March to August 2026	Customer Area Inventory Module (CAIM)	Standardized Customer ID (utilizing MEPRS) Standardized Product ID (EPI) Standardized Jobs/Roles (ICAM)	Track expense trends at the clinic level Increase confidence in product selection & buying power Eliminate all audit findings related to access management
MVC 2 Asset Management and Maintenance	January to September 2027	Equipment Management (EM) Equipment Maintenance (MA) Facility Management (FM)	Standard Maintenance Processes Enhanced Reporting & Analytics Simplified Compliance	Reduce training & increase operational clarity Enterprise equipment condition, utilization, & forecasting Eliminate need to manually curate and consolidate from various sources
MVC 3 Assemblage Management	May to November 2027	Assemblage Management (AM)	Increased Inventory Visibility & Sourcing Unified Processes Authoritative Data Management	NSN alignment to EPI with commercial sourcing & Enterprise priority allocation Reduce variance in crisis response across Service, Reserve, DHA Critical inventory identified at Enterprise level
FOC Full Operating Capability	November 2027 to DMLSS Decommission NLT May 2028	Inventory Management (IM) CAIM Source of Supply (SOS) Finance (FI) System Administration (SA) System Services (SS)	POU interface consolidation 508 Conformance Alignment to NARA data retention standards	Enable agnostic POU exchanges, optimizing communication with LogiCole Increasing the accessibility to broaden the talent pool Cost avoidance on data storage and application performance

Enterprise Clinical Voice Communications (ECVC)

- ECVC uses the Vocera application **Equipment Infrastructure Gap:** Existing analog infrastructure requires complete replacement with VoIP-compatible equipment and systems
- Provides secure messaging and collaboration with off-site users
- Provides secure, encrypted and traceable HIPAA-compliant text messaging (does NOT share / depict medical records)
- Delivers patient events, and care team actions/treatment/events via text messages, notifications, and calls
- Permits device of choice: PC, iPhone
- Utilizes V5000 badges to communicate



ECVC Current Status

- Upgrading 41 customer sites by 1 AUG 2027 for V5000 device use
 - Sites migrated to date: Madigan AMC, NHC Oak Harbor, Wilford Hall ASC, Presidio of Monterey AHC, Weed ACH, WRNMMC, ATAMMC, Kimbrough ACC, Landstuhl RMC / Vilseck AHC (Bavaria)
 - Q4FY26 targets:
 - 20 AUG 2026 – C. R. Darnall AMC scheduled to Go-Live
 - 26 AUG 2026 – Reynolds AHC scheduled to Go-Live
 - 10 SEP 2026 – Evans ACH scheduled to Go-Live
 - 24 SEP 2026 – USAFA estimated Go-Live
- Efforts underway to add Vocera app to GFE iPhones by 1 OCT 2026
 - Collaborating with vendor to test and prepare for final cyber security approval and release
 - Added capability will result in cost avoidance due to less reliance on V5000s and will meet clinical personnel requests for iPhone usage

Hypori Application & Capabilities

The Hypori Secure Workspace Ecosystem

(Powered by Virtual Mobile Infrastructure)

- Zero-Trust Security & Privacy: Secures clinical data (no local Protected Health Information [PHI] storage) on personal devices, eliminating spillage risks and user privacy concerns that hindered legacy Bring Your Own Device (BYOD)
- Single-Device Convenience: Eliminates the need to carry two phones, driving higher user adoption and immediate responsiveness for on-the-go clinicians
- Modernization & Rapid Application Deployment: Establishes a secure pipeline to instantly deploy modern capabilities like CAA Ambient Dictation and mobile enterprise applications
- Phased Enterprise Rollout: Controlled 2,000-user pilot to validate performance and adoption before executing a data-driven enterprise-wide expansion
- Rapid Workforce Onboarding: Enables immediate provisioning of secure virtual workspaces to new staff in minutes rather than weeks of Government Furnished Equipment (GFE) procurement
- Reduced IT Overhead: Eliminates the need for IT staff to provision, patch, or physically manage personal devices, slashing administrative helpdesk workloads

Phones

- iPhone
- Android

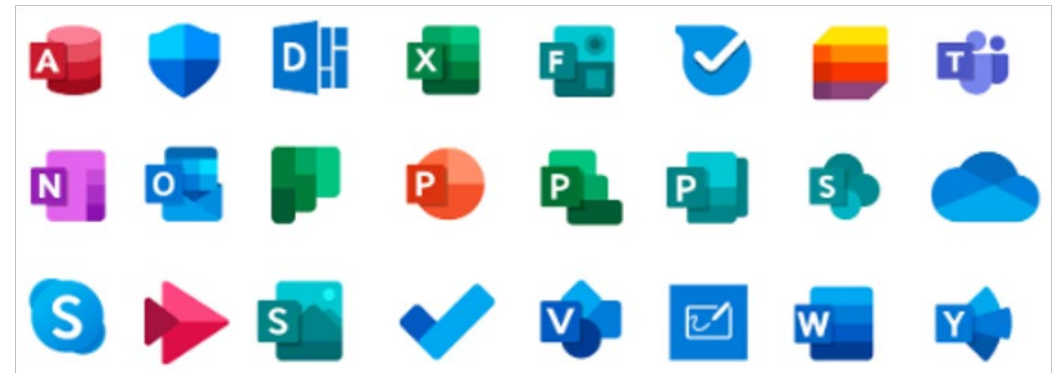
Tablets

- iPad
- Android Tablet
- ChromeBooks



NOTE: Ability to have operating system minimum requirements

MED365 Applications + More



Fiscal Year 2026 (FY26) CIO Achievement Awards



Cybersecurity Award

- Given to the site that excels in all aspects of cybersecurity, or has made the most significant strides in cybersecurity
- 2025 Award Winner: **27th Special Operations Medical Group (Cannon AFB)**
 - Represented by Mr. Ivan Brown and Mr. Anthony Hackney



Auditability Compliance Award

- Given to the site that complies best with monthly reporting requirements as laid out in DHA PI 8100.01, “Information Security Compliance for DHA Financially Auditable Information Systems”
- 2025 Award Winner: **Kenner Army Health Clinic (AHC) (Ft Lee)**
 - Represented by Mr. Calvin Carter and Mr. Michael Losoya



Rationalization/Alignment of Resources Award

- Given to the site that complies best (consistency and timeliness) in supporting site Ektropy reporting requirements
- 2025 Award Winner: **Raymond W. Bliss AHC (Ft Huachuca)**
 - Represented by: Mr. Louis Sueing



Special Award –

- The person who keeps the DHHQ running

... and the winner is Mr. David “Dave” Mills



In Conclusion ...

How To Stay Informed:

- Weekly CIO Work Group meetings
- Daily Report of the Day
- Know who your Geographic Service Lead (GSL) is ...
- Monthly – DHA Market MTF CIO Standup
- CIO/J-6 Tool Kit
 - <https://militaryhealth.sharepoint-mil.us/sites/J6/SitePages/ToolKit.aspx>

Contact

For additional information please visit the CIO J-6 Website at:
<https://militaryhealth.sharepoint-mil.us/sites/J6/>

 Thomas.p.flanders2.civ@health.mil

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Thank You!



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