



PERSONNEL AND  
READINESS

**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

**DEC 21 2021**

The Honorable Jack Reed  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2021 (Public Law 116-260), is enclosed. The report provides the status of installation of remaining information technology and related infrastructure required to complete the deployment of the electronic health record system, Military Health System (MHS) GENESIS.

The Defense Health Agency continues to make significant progress toward "MHS GENESIS-ready" military medical treatment facilities 6 months (or sooner) in advance of their planned go live date for MHS GENESIS. A total of 122 sites are MHS GENESIS-ready and activities remain in progress at 11 others. While the majority of this effort was completed by the end of Fiscal Year (FY) 2021, the schedule has been impacted due to the ongoing pandemic. Activities at the remaining 11 sites will continue into the third quarter of FY 2022.

Thank you for your continued strong support for our Service members, veterans, and families. I am sending similar letters to the other congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:  
As stated

cc:  
The Honorable James M. Inhofe  
Ranking Member



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**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

DEC 21 2021

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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Enclosure:  
As stated

cc:  
The Honorable Mike D. Rogers  
Ranking Member



PERSONNEL AND  
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**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

**DEC 21 2021**

The Honorable Jon Tester  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

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Enclosure:  
As stated

cc:  
The Honorable Richard C. Shelby  
Vice Chairman



PERSONNEL AND  
READINESS

**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

**DEC 21 2021**

The Honorable Betty McCollum  
Chair  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Madam Chair:

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Gilbert R. Cisneros, Jr.

Enclosure:  
As stated

cc:  
The Honorable Ken Calvert  
Ranking Member

# Report to Congress



## Electronic Health Records December 2021

The Joint Explanatory Statement 116-68, Pages 334-335, Accompanying H.R. 133, the Consolidated Appropriations Act, 2021 (Public Law 116-260)

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$2,700.00 for the 2021 Fiscal Year. This includes \$1,800.00 in expenses and \$900.00 in DoD labor.

Generated on December 6, 2021

Report/Study Cost Estimate  
[\(A-9864A96\)](#)

## **EXECUTIVE SUMMARY**

This report is in response to the Joint Explanatory Statement 116-68, pages 334-335, accompanying H.R. 133, the Consolidated Appropriations Act, 2021. The data presented below are reported by the Defense Health Agency (DHA) Deputy Assistant Director for Information Operations, the official responsible for policies, management, and execution of information technology (IT) operations at, and between, the military medical treatment facilities (MTFs), and is accurate as of December 6, 2021.

The ongoing transformation of DHA's health IT environment ensures the Military Health System (MHS) has a common, secure, agile, and cost-effective infrastructure required to support MHS personnel. This fulfills a core requirement of DHA's health care mission to support military health IT requirements, including those of MHS GENESIS, the next generation electronic health record (EHR). The DHA continues to make significant progress toward ensuring MTFs are "MHS GENESIS-ready" 6 months in advance of their go live date. A total of 122 sites are MHS GENESIS-ready and activities remain in progress at 11 others. This effort was originally scheduled for completion by the end of Fiscal Year (FY) 2020, but was delayed by coronavirus disease 2019 (COVID-19) impacts. While the majority of the planned effort was completed in FY 2021, activities at the remaining 11 sites will continue into the Third Quarter of FY 2022.

## **BACKGROUND**

The disparate medical IT infrastructures in place with the Military Departments are not suited to the requirements of the MHS today. Thus, DHA undertook efforts to build a single modern central consolidated network known as the DHA Medical Community of Interest (Med-COI), which will replace the existing medical IT infrastructures of the Army, Navy, and Air Force. Med-COI will standardize and centralize the enterprise health IT infrastructure, enhance cyber security protections, and fulfill the technical requirements of MHS GENESIS. This shared network environment also permits the implementation of the single, common EHR solution adopted across the Department of Defense (DoD), the Department of Veterans Affairs, and the U.S. Coast Guard.

In conjunction with Med-COI, implementation of a larger program called Desktop to Datacenter (D2D) will standardize delivery of enterprise services, including desktop systems and applications, network management, and end-point protections. Together, the full implementation of D2D and Med-COI provides a secure IT platform for the secure exchange of health information and seamless transitions between MTFs around the globe for health care providers and beneficiaries. In support of MHS reform efforts directed in law and DoD policy, this consolidated infrastructure and enhanced enterprise-wide shared services promotes more effective and efficient health care operations and greater MHS integration.

## **PROJECT STATUS**

A total of 122 sites are fully migrated to Med-COI while activities remain in progress at 11 main MTFs to ensure facilities are "MHS GENESIS-ready." A multi-phased effort is

required to complete infrastructure hardware and configuration activities, which establishes the Med-COI enclave and enterprise services. Deployment, installation, and configuration of all Med-COI and D2D components is followed by end-to-end testing. The installation and testing phase is followed by the migration of end user devices (EUDs), systems, and medical devices to the Med-COI enclave. The migration sequence is prioritized so EUDs and any MHS GENESIS-interfacing systems are migrated to the Med-COI enclave before any site-owned systems and medical devices. As devices are migrated to the Med-COI enclave, the Med-COI zone architecture, standard desktop configuration, and computing environment are then applied.

As a result of the Third Quarter FY 2020 programmatic pause of onsite migration activities due to COVID-19, and the subsequent impact of pandemic-related travel restrictions, the DoD global transition to D2D and Med-COI was delayed. While the majority of the transition was completed by the end of FY 2021, DoD, State, or municipal travel restrictions and/or DoD installation access restrictions inhibited progress and the timeline for completion will extend into the third quarter of FY 2022. Sites where installation of remaining IT and infrastructure required to complete MHS GENESIS deployment is in progress or has been completed are shown below (Figure 1).

In Progress	*Fully Migrated to Med-COI / MHS GENESIS Ready					
<b>WAVE BRAGG</b> <ul style="list-style-type: none"> <li>NHC Cherry Point</li> <li>NMC Camp Lejeune</li> </ul>	<ul style="list-style-type: none"> <li>Fairchild (IOC)</li> <li>Oak Harbor (IOC)</li> <li>Bremerton (IOC)</li> <li>Madigan (IOC)</li> </ul>	<b>WAVE CARSON+</b> <ul style="list-style-type: none"> <li>Minot AFB</li> <li>Cannon AFB</li> <li>Hill AFB</li> <li>Ft Huachuca</li> <li>Grand Forks AFB</li> <li>Luke AFB</li> <li>Davis-Monthan AFB</li> <li>Malmstrom AFB</li> <li>Buckley AFB</li> <li>Peterson AFB</li> <li>Ft Leavenworth</li> <li>Ellsworth AFB</li> <li>F.E. Warren AFB</li> <li>Whiteman AFB</li> <li>McConnell AFB</li> <li>Kirtland AFB</li> <li>Offutt AFB</li> <li>Ft Riley</li> <li>AF Academy</li> <li>Ft Leonard Wood</li> <li>Ft Carson</li> </ul>	<ul style="list-style-type: none"> <li>NHC Hawaii</li> </ul> <b>WAVE BAMC</b> <ul style="list-style-type: none"> <li>Brooke AMC (SAMC)</li> </ul> <b>WAVE WALTER REED</b> <ul style="list-style-type: none"> <li>WRNMMC</li> </ul> <b>WAVE LACKLAND</b> <ul style="list-style-type: none"> <li>Lackland AFB</li> <li>Randolph AFB</li> <li>Goodfellow AFB</li> <li>NHC Corpus Christi</li> <li>Sheppard AFB</li> <li>Laughlin AFB</li> <li>Dyess AFB</li> </ul> <b>WAVE HOOD</b> <ul style="list-style-type: none"> <li>Tinker AFB</li> <li>Barksdale AFB</li> <li>Vance AFB</li> <li>Altus AFB</li> <li>Little Rock AFB</li> <li>Ft Sill</li> <li>Ft Polk</li> <li>Ft Hood</li> </ul> <b>WAVE BRAGG</b> <ul style="list-style-type: none"> <li>Seymour Johnson AFB</li> <li>Ft Bragg</li> </ul>	<b>WAVE GORDON</b> <ul style="list-style-type: none"> <li>Holloman AFB</li> <li>Ft Stewart</li> </ul> <b>WAVE JACKSONVILLE</b> <ul style="list-style-type: none"> <li>Robins AFB</li> <li>Shaw AFB</li> <li>Moody AFB</li> <li>Charleston AFB</li> <li>MacDill AFB</li> <li>NHC Charleston (Goose Creek)</li> <li>Ft Jackson</li> <li>NH Beaufort</li> </ul> <b>WAVE EGLIN</b> <ul style="list-style-type: none"> <li>Keesler AFB</li> <li>Hurlburt Field AFB</li> <li>Patrick AFB</li> <li>Ft Rucker</li> <li>Maxwell AFB</li> <li>Columbus AFB</li> <li>Redstone Arsenal</li> <li>NH Pensacola</li> <li>Eglin AFB</li> </ul>	<b>WAVE PORTSMOUTH</b> <ul style="list-style-type: none"> <li>Langley AFB</li> <li>Scott AFB</li> </ul> <b>WAVE DRUM</b> <ul style="list-style-type: none"> <li>Dover AFB</li> <li>Hanscom AFB</li> <li>Ft Drum</li> <li>JB McGuire-Dix-Lakehurst</li> <li>NH Guantanamo Bay</li> <li>NHC New England</li> <li>West Point</li> </ul> <b>WAVE BELVOIR</b> <ul style="list-style-type: none"> <li>NHC Quantico</li> <li>Andrews AFB</li> <li>Bolling AFB</li> <li>NHC Patuxent River</li> <li>NHC Annapolis</li> </ul> <b>WAVE WRIGHT-PATTERSON</b> <ul style="list-style-type: none"> <li>NH Great Lakes</li> <li>Ft Lee</li> <li>Wright-Patterson AFB</li> <li>Ft Knox</li> <li>Ft Campbell</li> </ul>	<b>WAVE LANDSTUHL</b> <ul style="list-style-type: none"> <li>Spangdahlem AB</li> <li>Ramstein AB</li> <li>Landstuhl RMC</li> </ul> <b>WAVE LAKENHEATH</b> <ul style="list-style-type: none"> <li>Incirlik AB</li> <li>NH Rota</li> <li>NH Sigonella</li> <li>RAF Lakenheath</li> <li>Aviano AB</li> </ul> <b>WAVE OKINAWA</b> <ul style="list-style-type: none"> <li>Yokota AB</li> <li>Camp Zama</li> <li>Kadena AB</li> <li>Misawa AB</li> <li>NH Okinawa</li> <li>NH Yokosuka</li> </ul> <b>WAVE SOUTH KOREA</b> <ul style="list-style-type: none"> <li>Andersen AFB</li> <li>Kunsan AB</li> <li>Osan AB</li> <li>NH Guam</li> <li>Seoul/ Camp Humphreys</li> </ul>
<b>WAVE GORDON</b> <ul style="list-style-type: none"> <li>Ft Gordon</li> </ul>	<b>WAVE TRAVIS</b> <ul style="list-style-type: none"> <li>NH Lemoore</li> <li>Monterey</li> <li>Mt. Home AFB</li> <li>Travis AFB</li> </ul>	<ul style="list-style-type: none"> <li>Grand Forks AFB</li> <li>Luke AFB</li> <li>Davis-Monthan AFB</li> <li>Malmstrom AFB</li> <li>Buckley AFB</li> <li>Peterson AFB</li> <li>Ft Leavenworth</li> <li>Ellsworth AFB</li> <li>F.E. Warren AFB</li> <li>Whiteman AFB</li> <li>McConnell AFB</li> <li>Kirtland AFB</li> <li>Offutt AFB</li> <li>Ft Riley</li> <li>AF Academy</li> <li>Ft Leonard Wood</li> <li>Ft Carson</li> </ul>	<ul style="list-style-type: none"> <li>NHC Hawaii</li> </ul>	<ul style="list-style-type: none"> <li>Holloman AFB</li> <li>Ft Stewart</li> </ul>	<ul style="list-style-type: none"> <li>Dover AFB</li> <li>Hanscom AFB</li> <li>Ft Drum</li> <li>JB McGuire-Dix-Lakehurst</li> <li>NH Guantanamo Bay</li> <li>NHC New England</li> <li>West Point</li> </ul>	<ul style="list-style-type: none"> <li>Spangdahlem AB</li> <li>Ramstein AB</li> <li>Landstuhl RMC</li> </ul>
<b>WAVE JACKSONVILLE</b> <ul style="list-style-type: none"> <li>NH Jacksonville</li> </ul>	<ul style="list-style-type: none"> <li>NH Lemoore</li> <li>Monterey</li> <li>Mt. Home AFB</li> <li>Travis AFB</li> </ul>	<ul style="list-style-type: none"> <li>Grand Forks AFB</li> <li>Luke AFB</li> <li>Davis-Monthan AFB</li> <li>Malmstrom AFB</li> <li>Buckley AFB</li> <li>Peterson AFB</li> <li>Ft Leavenworth</li> <li>Ellsworth AFB</li> <li>F.E. Warren AFB</li> <li>Whiteman AFB</li> <li>McConnell AFB</li> <li>Kirtland AFB</li> <li>Offutt AFB</li> <li>Ft Riley</li> <li>AF Academy</li> <li>Ft Leonard Wood</li> <li>Ft Carson</li> </ul>	<ul style="list-style-type: none"> <li>NHC Hawaii</li> </ul>	<ul style="list-style-type: none"> <li>Holloman AFB</li> <li>Ft Stewart</li> </ul>	<ul style="list-style-type: none"> <li>Dover AFB</li> <li>Hanscom AFB</li> <li>Ft Drum</li> <li>JB McGuire-Dix-Lakehurst</li> <li>NH Guantanamo Bay</li> <li>NHC New England</li> <li>West Point</li> </ul>	<ul style="list-style-type: none"> <li>Spangdahlem AB</li> <li>Ramstein AB</li> <li>Landstuhl RMC</li> </ul>
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**Figure 1: Sites in Progress and Sites Fully Migrated to Med-COI/MHS GENESIS Ready**

For onsite work, past and present COVID-19 impact mitigation efforts enabled continued progress in the transition of sites to DHA’s enterprise services, enterprise-wide network and ensured sites are “MHS GENESIS-ready” 6 months prior to MHS GENESIS go live, as planned. DHA, in conjunction with onsite MTF IT personnel, maximize progress through completion of activities that can be performed remotely, including ongoing coordination efforts by deployed teams during the quarantine period following arrival. At a limited number of sites, impact mitigation efforts may reduce the lead time to four months prior to MHS GENESIS go live.

D2D/Med-COI project funding expired in March 2021. DHA reprioritized requirements to fund the remaining implementation activities and address the impacts of a \$53M reduction in FY 2021 Defense Health Program Information Management and IT appropriations. The DoD focused upon resource realignment to achieve the current schedule. Given the level of risk associated with schedule acceleration when travel restrictions were increasingly likely, acceleration of the schedule was not attempted.

## **CONCLUSION**

The DoD remains fully committed to the timely implementation of standardized infrastructure capabilities ahead of MHS GENESIS deployment. The full implementation of the D2D program and the Med-COI network will provide the infrastructure to effectively manage information operations across the MHS, minimize risk, and maximize efficiency and confidentiality of information transport. This critical infrastructure provides for the interoperability essential to an integrated health record system and incorporates data exchange between DoD and its mission partners, TRICARE private sector care partners, and state and local health information exchanges.