(U) The Defense Health Agency: Integrating Readiness and Health to Battle COVID-19
Secretary of Defense Mark Esper continues to reinforce a steadfast commitment to protect the American people regardless of the enemy. Today, we are in an unprecedented fight against an infectious disease, COVID-19, requiring a joint, synchronized effort across DoD. The Military Health System is serving on the front lines of this fight, enlisting our brightest medical experts and researchers and bringing to bear our vast, world-class system of health care and unique medical combat support capabilities.

The Defense Health Agency (DHA) is prepared for this mission. We exist to ensure every Soldier, Sailor, Airman, and Marine is medically ready to fight tonight and to provide platforms for the uniformed medical force to sustain their medical skills. Along the way, we embrace our responsibility to care for military families so they can focus on the mission. All told, we serve 9.5 million service members, retirees, and family members every day across the globe.

The fight against COVID-19 has sharpened the focus on our military medical enterprise, revealing both where we are excelling and where we need to improve. DHA and the entire military health system are equally committed to providing real-time care to millions of patients while we support the national pandemic response. At the same time, we are working tirelessly to standardize processes and protocols across the military medical enterprise to be more operationally responsive and capable of meeting patient needs. Through an enduring initiative to modernize military medicine, we provide a more united and integrated system of readiness and health. How we employ our medical capabilities to protect the force and advance DoD’s priorities is being tested in ways never before experienced. Our people are meeting these new challenges with agility and ingenuity, just as they have since the inception of military medicine.

Much remains for us to accomplish. This pandemic requires all of DoD’s elements, including the Defense Technical Information Center (DTIC) and its tremendous capabilities, to work together to optimize our collective response. DHA certainly needs the strongest data and information sharing mechanisms and the best knowledge management processes to fully apply lessons learned. I see an unequivocal necessity to expand collaboration with all of our stakeholders: inside the DoD, across the interagency, and including academia and industry. Being better prepared to monitor trends, analyze data, and evaluate the effectiveness of practices and decision-making in real time will benefit our beneficiaries, DoD, and the nation.

The talented staff of DTIC has done the seemingly impossible under the burden of COVID restrictions, as has DHA. Since March, we have dramatically increased DoD laboratory testing capacity and are collaborating across DoD’s expansive research network to pursue other COVID-related testing possibilities. The DHA spearheaded the COVID-19 Hospital Impact Model for Epidemics (CHIME), a tool that uses real-time data to predict surges in cases that could strain hospital resources. CHIME helps inform decisions, like moving clinicians from the USNS Comfort to community hospitals when data showed where our medical support in New York City would be most effective. The data repository also is working in lockstep with military medical logistics, ensuring we have the right medical equipment where we need it most.

Simultaneously, we are finding ways to meet the challenges presented by COVID-19, providing ongoing quality health care by ramping up virtual health capabilities, establishing drive-up testing sites, and putting in place the right measures to minimize exposure risk to both patients and providers, including pharmacy drive-thru and curbside delivery service. We have expanded our Nurse Advice Line capacity and implemented an over-the-phone screening tool to meet the exponential increases in needs for medical consultation. In locations where we have already deployed DoD’s new electronic health record, MHS GENESIS, we are leveraging data to better project, monitor, and proactively engage with patients.
Amidst the challenges and uncertainties this virus presents, we continue to meet our responsibility to provide military medical support to the Warfighter. We have full-time liaisons at combatant and geographic commands who work with our combat support team at the DHA headquarters, ensuring we meet the readiness needs of operational commanders, such as health surveillance and outbreak monitoring, blood supply preservation, and combat casualty care, to name a few.

Every day, the men and women of military medicine are delivering on the frontlines in hospitals and clinics, in labs, and behind the scenes, bringing a complex and vast range of resources to combat the threat at hand. We are system-trained to be agile and adaptable. Thank you for all you do to support the technical data and information sharing requirements at the core of so many critical medical readiness decisions we make every day. I am confident we can meet the challenges of an uncertain future knowing we have the full complement of DoD’s assets, including the tremendous capabilities of the DTIC team. Together we are better.

**Biography**

**Lt. General Ronald J. Place**

Lieutenant General Ronald J. Place is the Director, Defense Health Agency (DHA), Defense Health Headquarters, Falls Church, Virginia. He leads a joint, integrated Combat Support Agency enabling the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime. In support of an integrated, affordable, and high quality military health service, the DHA directs the execution of ten joint shared services to include the TRICARE health plan, pharmacy, health information technology, research & acquisition, education & training, public health, medical logistics, facility management, budget resource management, and contracting. The DHA administers the TRICARE Health Plan providing worldwide medical, dental and pharmacy programs to more than 9.5 million uniformed service members, retirees and their families.

LTG Place hails from South Dakota, graduating from the University of South Dakota with a Chemistry Degree, a member of the Phi Beta Kappa Honor Society and ROTC commission. A member of Alpha Omega Alpha honor medical society, he then graduated from Creighton University School of Medicine. LTG Place completed his General Surgery internship and residency training at Madigan Army Medical Center (MAMC) and fellowship training in Colon and Rectal Surgery at the University of Texas Southwestern in Dallas.

LTG Place’s staff surgical assignments include Martin Army Community Hospital, Ft. Benning, GA and MAMC. His combat surgical experiences began in October 2001 when he deployed as a General Surgeon with the 250th Forward Surgical Team (FST-Airborne) to Afghanistan. He subsequently deployed with the 67th FST during OIF I, Task Force Med Falcon IX to Kosovo, and “A Detach” 249th General Hospital (OPCON to the 173rd Support BN) for OEF VI.