

THE ARMY MEDICAL ENTERPRISE

Embracing Decision Advantage

*"Soldiers are our greatest asset, and they alone are the reason we are still the most powerful Army in the world."
— Secretary of the Army Daniel Driscoll at the Association of the U.S. Army Conference, October 13, 2025*



■ By LTG Mary K. Izaguirre

Our nation depends on a strong Army to deter conflict and, if required, fight and win decisively. The foundation of our strong Army is the American Soldier. Whether preparing for large-scale combat, securing the homeland with operations on the southern border, or enhancing interoperability with our allies and partners around the world, the American Soldier trusts that the

best medical care in the world will be on the battlefield at their time of need. To provide optimal medical support to operations and keep faith with Soldiers and their families, the Army Medical Enterprise is transforming from being data driven to embracing data centrality.

Why Decision Advantage Matters

As the integrator of health services and health protection for the total Army, the Office of the Surgeon General published a decision advantage strategy in March 2025 to synchronize, coordinate, and deliver authoritative medical information to support the Army's lethality, agility, and survivability. In the complex environment of multi-domain and large-scale combat operations, decision advantage must enable commanders to visualize operational medical capabilities; clear the battlefield of casualties; prevent and mitigate disease and non-battle injury; return wounded, ill, and injured Soldiers to the fight; and

resupply tactical formations engaged in the close fight.

The practice of evidence-based medicine, whether in military treatment facilities or in tactical units around the world, is inherently data driven. However, data-driven decision making must transform into data centrality for decision advantage to matter. Multi-disciplinary data champions from across Army Medicine are laying the foundation to position medical data as a core asset, supported by systems and technologies integrated with the Army's Next Generation Command and Control (NGC2) efforts, to drive advanced analytics and artificial intelligence (AI). Working with corps and divisions to determine the enterprise requirements for medically informed decisions will conserve the fighting strength. Transforming to a data-centric enterprise will enable Army leaders to analyze the effectiveness of manning, training, and equipping the medical force and to prioritize resources to target desired outcomes.

Commanders must incorporate data beyond Army systems to make holistic Soldier-centric decisions. That is why data from the Department of War's electronic health record, Military Health System (MHS) GENESIS, must integrate with Army readiness, training, operations, and logistics data to unlock decision advantage. Integrating MHS GENESIS with data from Army installation support services will also strengthen the ability of systems, such as the Exceptional Family Member Program, to better support Army families.

Building the Foundation

Data-centric transformation starts by acknowledging that Army Medicine must operate from the Army's primary data platform, Army Vantage, which is a cultural shift from how Army Medicine has traditionally managed enterprise data. Consolidation of trusted and timely data in Vantage enables the development of medical data products, providing leaders at all echelons with actionable insight to enhance mission effectiveness.

Adopting the Scrum framework, with support from the Army's Offices of the Chief Information Officer, the Chief Technology Officer, and the Chief of Staff of the Army, U.S. Army Medical Command (MEDCOM) developed the Medical Roles of Care Dashboard in under five weeks using source system data from Integrated Personnel and Pay System-Army, Global Combat Support System-Army, Defense Readiness Reporting System-Army, and the Army organization server. The Medical Roles

of Care Dashboard provides a holistic overview of active duty, Guard, and Reserve medical personnel assigned to Roles 1 through 4, unit locations, medical evacuation platform slants for the HH60 helicopter, the M1133/M113 personnel carrier, the M997A3 ambulance, and critical medical equipment slants for defibrillators, ventilators, and x-rays. By the time this article is published, the data product for this dashboard should be registered in the Army Data Catalog, reducing duplication of effort to create similar insights across the force.

Vantage data also feeds advanced analytics and frontier algorithms both within and outside the Vantage platform. Integration of personnel and equipment data with live casualty data from the Battlefield Assisted Trauma Distributed Observation Kit-Joint (BATDOK-J) into command-and-control platforms, such as Maven Smart System (MSS), enhances battlefield situational awareness, improving patient regulation, allocation of evacuation assets, and visibility into medical logistics supply chains. Army Medicine embraced continuous transformation throughout 2025 to achieve BATDOK-J integration.

In April 2025, the 101st Airborne Division provided feedback on the shortcomings of BATDOK-J to operate on the Army's Integrated Tactical Network. MEDCOM worked with U.S. Army Western Hemisphere Command (formerly Forces Command), joint, and Army organizations to accelerate a fix. In September 2025, a short five

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months later, MEDCOM and the 82nd Airborne division's successfully transported live BATDOK-J data through the division's Tactical Assault Kit server into MSS at the Joint Readiness Training Center. As BATDOK-J scales across the Army in 2026, further integration with MSS will enable decisions on triage, evacuation, reconstitution, resourcing, and relative combat power.

Complementing MEDCOM-led data efforts is the embrace of advanced analytics and AI by medical leaders across the Army. I Corps developed the Automated Battlefield Trauma System (ABTS) in collaboration with the Department of War's Joint Trauma System. With testing at multiple I Corps exercises and units in the Indo-Pacific, ABTS estimates the number of casualties by severity to perform predictive courses of action recommendations that inform evacuation and resupply decisions. Likewise, the 101st Airborne Division developed a digital medical status reporting system, built on Microsoft Power BI, using real-time operational reports and environmental variables to predict disease and injury trends. Data-centric products from innovative medical leaders are improving corps and division medical support to operations, with lessons, techniques, and processes that can transform the entire Army.

Way Ahead

While the Army Medical Enterprise poured the foundation of our data-centric transformation in 2025, we are poised to accelerate

the adoption of new systems and processes designed to integrate analytics and AI-enabled tools into every medical operation in the years ahead.

As the joint force adopts the Operational Medicine Care Delivery Platform (OpMed CDP) software as a digital-first capture of patient care at joint Roles 1 to 3, the Army is working to automate deployment of OpMed CDP through the Army Unified Directory Services, supporting the Secretary of the Army and Chief of Staff of the Army's initiative to reduce the reliance on contracted field service representatives. OpMed CDP, together with BATDOK-J, will provide medics and clinicians with documentation, clinical decision support, and data transmission capabilities integrated with MHS GENESIS.

The Army partnered in the early 2020s with then Department of Defense's Joint Artificial Intelligence Center to explore the application of AI/ML predictive medical readiness. By alerting clinicians to predictive interventions, entry into the disability evaluation system could be reduced, thereby increasing the readiness of the Army. The Army must work with the other Services and the Defense Health Agency to operationalize AI/ML capabilities to increase the readiness of our forces through predictive preventive treatment.

Finally, continued integration into NGC2 ensures that health service support and force health protection data inform tactical, operational, and

strategic decision making. Exercises such as the 4th Infantry Division's Ivy Sting, the 25th Infantry Division's Lightning Surge series of experimentation, and the 101st Airborne Division's Lethal Eagle will refine the delivery and consumption of medical data in NGC2's data, integration, and application layers.

The Army Medical Enterprise will continue to rapidly advance analytics and AI capabilities in 2026, focused on optimizing medical support to operations. Our agile, adaptive, and innovative Soldiers and civilians are leading both bottom-up and top-down modernization to transform Army Medicine into a data-centric enterprise, earning the trust of the American Soldier and their family to be ready anywhere, always.

Combat Ready Care. This We'll Defend.

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