

MHSRS 2026

Data to Decision: Optimizing Cognitive Performance for the Operational Environment



Ms. Kathy Lee, MS, CRNP

Director, Warfighter Brain Health Policy
Health Readiness Policy and Oversight
Office of the Assistant Secretary of War (Health Affairs)

August 4, 2026



- Kathy Lee, MS, CRNP has no conflicts to report

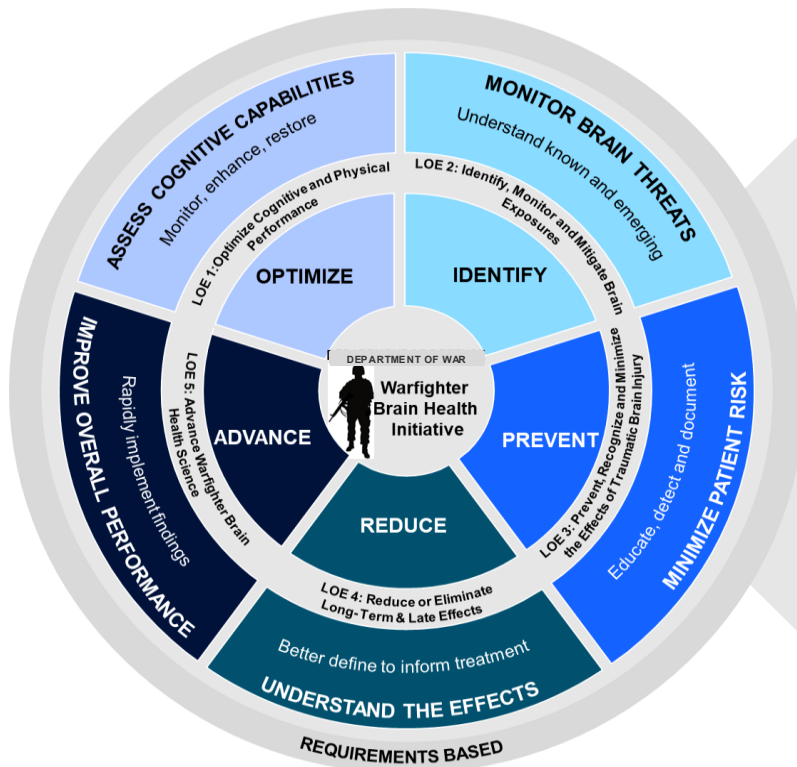
Optimizing Brain Health Through Five Lines of Effort

MISSION

Act rapidly to provide products, practices, and policies to directly impact warfighter brain health and performance

END STATE

Optimize warfighter brain health and performance to maximize Joint Force superiority and lethality in all operating environments



LOE 1

Optimize Cognitive and Physical Performance
(Cognitive Monitoring)

LOE 2

Identify, Monitor, and Mitigate Brain Exposures
(Blast Overpressure (BOP), Anomalous Health Incidents (AHI), Head Impact Exposures (HIE))

LOE 3

Prevent, Recognize and Minimize the Effects of TBI
(Traumatic Brain Injury)

LOE 4

Reduce or Eliminate Long-Term & Late Effects

LOE 5

Advance Warfighter Brain Health Science

*[Department of Defense Warfighter Brain Health Initiative: Strategy and Action Plan 2022](#).

Factors That May Negatively Impact Cognition

UNCLASSIFIED



Source:

Traumatic Brain Injury Center of Excellence, March 2026, Draft Service Member Fact Sheet

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LOE 1-Optimize Cognitive & Physical Performance

The Department of War (DoW) monitors cognitive health and performance across the Total Force to ensure **cognitive dominance, protect brain health, and maintain decisive advantage in training and combat**

The cognitive monitoring program goal is to obtain a cognitive baseline to **determine the need to restore** cognitive health and performance and **to facilitate Warfighter Performance Optimization.**

In support of the 8 August 2024 Deputy Secretary of War memorandum, *Requirements for Managing Brain Health Risks from Blast Overpressure*:

- **351,342** Initial Military Training **baselines** (as of May 31, 2026)
- **96%** of Service members identified as high-risk to blast overpressure baselined (as of May 31, 2026)

Modernization of the Cognitive Monitoring Program (slide 1 of 2)



Background

- 2008 - the Department began pre-deployment Neurocognitive Assessment using the Automated Neuropsychological Assessment Metrics (ANAM)
- 2024 - transitioned to Department-wide Cognitive Monitoring Program (CMP)
- 2026 - designated a **new tool**

Rationale

- **Improve accessibility and interoperability** of cognitive baseline screening results
- By strengthening the early identification and management of brain-health impacts, the new tool ensures commanders have accurate, timely, and actionable information to support operational decision-making

Policy

- The Under Secretary of War for Personnel and Readiness (USW (P&R)), Honorable Anthony J. Tata, signed the memorandum, "Modernization of the Department of War Cognitive Monitoring Program" on June 9, 2026, authorizing modernization activities and prioritizing testing of those in the current AOR
- Implementation Guidance



OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

JUN - 9 2026

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOW FIELD ACTIVITY DIRECTORS

SUBJECT: Modernization of the Department of War Cognitive Monitoring Program

The Department of War (DoW) remains unwavering in its commitment to protecting the brain health, cognitive performance, and long-term readiness of every member of the Total Force to enhance warfighter lethality. Building on ongoing Department-wide actions to strengthen early identification and management of brain-health impacts—especially the mitigation of adverse effects of blast overpressure exposure across training and operational environments—DoW continues to advance a science-driven and data-informed approach to warfighter protection. These efforts reflect our enduring pledge to optimize cognitive performance and readiness and to ensure commanders have accurate, timely, and actionable information to support operational decision-making.

In alignment with this commitment, and consistent with the Department's modernization priorities, DoW is updating its cognitive monitoring program to reflect maturing science, improved operational relevance, and the evolving demands of today's warfighting environment. Paragraph 3.e. of Department of Defense Instruction (DoDI) 6490.13, "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services," September 11, 2015, as amended, identifies the Automated Neuropsychological Assessment Metrics (ANAM) as the Department's designated neurocognitive assessment tool until evolving science and medical best practices inform a change in policy.

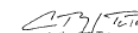
While ANAM provided an early foundation for cognitive baseline collection, the operational requirements, and technological landscape have advanced significantly. The Department's sustained research investments, combined with emerging clinical insights and the evolution of neurocognitive and neurological assessment capabilities, now support a transition from ANAM to a more modern, scalable, and operationally aligned solution. Accordingly, DoW is initiating a phased implementation of an improved capability that will replace the use of ANAM as the Department's cognitive monitoring tool. Effective immediately, DoW will execute a phased implementation of this improved capability that will incrementally replace ANAM for cognitive baselining, periodic monitoring, pre-deployment screening and clinical evaluations, and post-deployment assessment, when indicated. During this phased implementation, ANAM will continue to be used to meet cognitive monitoring requirements until the improved capability is fielded across the Total Force. This phased implementation will prioritize deployed and pre-deployment populations, followed by remaining Service members and high-risk civilian personnel.

I grant a 1-year exception to Paragraph 3.e. of DoDI 6490.13 to allow for implementation of an improved capability pending an update to DoDI 6490.13.

The Office of the Under Secretary of War for Personnel and Readiness will issue implementation guidance, in coordination with relevant Component stakeholders, to ensure a smooth transition and to support commanders, medical personnel, and readiness stakeholders across the Total Force.

The Department's commitment to brain health is unwavering and enduring. This modernization ensures that our cognitive monitoring enterprise reflects evolving science, operational needs, and our responsibility to protect those who defend our great Nation.

Should you have any questions concerning this memorandum, my point of contact is Dr. Maurice "Lin" Todd, Office of the Assistant Secretary of War for Readiness, at maurice.l.todd.civ@mail.mil.


Anthony J. Tata

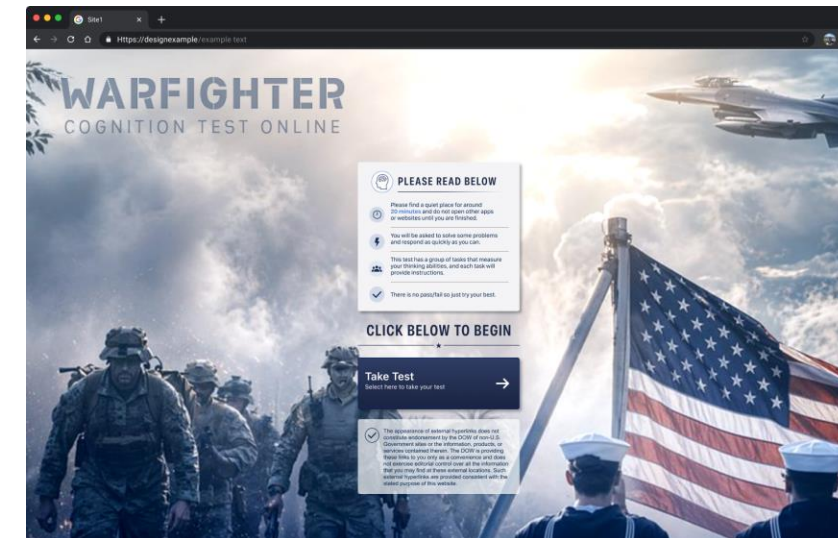
Modernization of the Cognitive Monitoring Program (slide 2 of 2)

New Tool

- Accessed through the Department's Warfighter Cognitive Test Online (WCTO) website
- 6 modules, 12-15 minutes to complete
- Self-administered – can be done anywhere with a wi-fi connection using a government or personal computer, phone, or tablet
- **Domain-Specific Battery:** leverages public-domain tests with existing strong scientific support; tests were selected to cover cognitive functions sensitive to cognitive changes.
- Attention, Memory, Processing Speed

2026 Timeline

- June/July - a 'soft launch' served as proof of concept-assessing the feasibility, practicality, and effectiveness of the proposed solution
- July/August - Phase 1b testing deployed Service members
- September - Phase 2 will focus on Service members preparing to deploy
- NLT October - Phase 3 will test the remaining Force
- *December - Full Operational Capability (Tentative)*



Offers a deployable, scientifically sound, scalable alternative to legacy tools

- **Current Use:**

- Ministry of Defence in UK using for multiple research projects and will begin cognitive monitoring
- Ministry of Defence in AUS just finished pilot for accession and selection
- Extensive research application across diverse populations and settings

- **Preservation of Investment:** Anticipated ability to leverage legacy ANAM results for population-specific norms and individual test comparisons based off evolving data architecture that supports development of an ANAM database of results

- **Advanced and Adaptable Platform:**

- **Scalability:** system capability of testing 50K Service members (SM) daily, remotely, and efficiently.
- **Cross-Device Compatibility:** secure website from any personal or government device (smartphone, computer, tablet-device agnostic with **no client-side software** downloads required) with advanced data modeling to control for hardware latency.
- **Automated Quality & Compliance Tracking:** mitigates concerns of unsupervised, remote administration.
- **User-Based Results:** automatic generation of reports displaying results for SMs, Primary Care, and Specialists via the Individual Longitudinal Exposure Record (ILER) while providing Command with need-to-know readiness status.
- **Validity and Reliability:** demonstrated user-engagement, psychometric properties, comparable to traditional paper-and-pencil tests, and automatic algorithms to prevent practice effects.
- **FDA Regulatory Status:** registered and listed with the US FDA and the device is permitted for US distribution ([Product Code: PTY](#)).
- **Customizable:** contract gives access to 100+ batteries/tests that have applications beyond cognitive screening.



Data to Decision: Optimizing Cognitive Performance for the Operational Environment

- Optimizing Warfighter Readiness: Cognitive, Physiological, and Therapeutic Innovations
- Integrating advanced monitoring, targeted interventions, and novel therapeutics to maximize human weapon system performance and ensure rapid recovery across the operational spectrum.
- Performance & Optimization
- Diagnostics & Feedback
- Recovery