



Navy Medicine Defense Health Cooperation Strategy

January 2026



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Forward

Shipmates,

We are living in a pivotal moment in our nation's history. The global landscape is defined by relentless strategic competition. As the 2025 National Security Strategy (NSS) makes clear, our guiding principle is "America First," and we will achieve "Peace Through Strength." We are in an era that demands a focused, powerful, and lethal military force, ready to defend our homeland, deter our adversaries, and win our nation's wars. The Secretary of War charged the Department to get back to basics: "restoring the warrior ethos, readiness, accountability, standards, discipline, and lethality."

Navy Medicine is not a supporting element in this fight; we are an essential and core component of the lethal force. Our mission is to forge a dominant and resilient Naval Medical Force that preserves and restores the health of our warfighters, enabling them to project power and secure American interests and Department of War (DoW) strategic objectives globally. We are the guardians of the Navy and Marine Corps' most precious asset: the human weapon system—our Sailors and Marines.

Navy Medicine's Defense Health Cooperation (DHC) Strategy is not merely a plan; it is our commitment to action, and are health- or medical-related operations, activities, and investments (OAI) with allies, partner nations, and Non-Government International Organizations (e.g., NATO, ASEAN-Plus). It is our answer to the challenges of Distributed Maritime Operations (DMO) and the tyranny of distance. It is how we will build a network of strong, capable allies and partners who can share the burden of collective defense, a core tenet of our NSS and National Defense Strategy (NDS). Health security is national security. An ally or partner nation that can defend itself and respond to a health crisis—whether a naturally occurring disaster, infectious disease outbreak, pandemic, or a kinetic, chemical, biological, radiological, or nuclear (CBRN) attack—is a more resilient and reliable partner in a military conflict and in preserving our shared values and interests.

This strategy is our roadmap. It is directive, it is clear, and it is aligned from the tactical edge to the highest levels of our government. It is designed to empower every Sailor and civilian in our enterprise, to focus our collective energy on what matters most: building a ready, partnered, and lethal joint force. As Secretary Hegseth stated, "We're reviving the warrior ethos, we're rebuilding our great military, and every day -- our warriors are reestablishing [deterrence]."
Navy Medicine will do its part. We will deliver.



D. K. VIA
Rear Admiral, U.S. Navy
Surgeon General

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1. Introduction: A New Imperative for a New Era

This strategy is a direct response to the new American defense posture articulated in the 2025 NSS and NDS. It is no longer enough to simply engage with partners; we must forge them into resilient, capable, and interoperable allies who contribute to our collective security and share the burdens of defending freedom. Given the operational realities of DMO and the challenges of distance, particularly in the Indo-Pacific, this strategy outlines how Navy Medicine will leverage DHC as a strategic enabler to build enduring partnerships, guarantee force health protection, and dominate in contested environments.

All Navy Medicine supported DHC operations, activities, and investments (OAIs) will be laser-focused to support the NSS and NDS by adhering to the following DoW lines of effort (LOE):

- **LOE 1** - Improve Military Readiness. Sharpen the lethality and survivability of our own forces and those of our allies and partner nations through realistic, integrated medical training, force health protection, and interoperability, and by strengthening health and medical capabilities of allies and partners for military and other contingencies.
- **LOE 2** - Protect the Homeland and Force from National Security Threats Arising from Health Incidents. For mission assurance, harden the Joint Force against CBRN threats, pandemics, and other health crises that can be exploited by our adversaries; and enable allies and partners to contain health threats at their international source, mitigating their health impacts to Americans.
- **LOE 3** - Empower Partners to Independently Prepare for and Respond to Contingencies. Build ally and partner nation capacity and self-reliance, creating a global network of partners who can stand on their own and fight alongside us.

These priorities directly support the NDS core objectives: *Defend the Homeland, Deter China in the Indo-Pacific Region, and Increase Burden Sharing*.

2. Strategic Vision: Our North Star - A Force Generation Imperative

This DHC Strategy serves as a foundational component of the BUMED Campaign Plan and supports the Navy Medicine Enterprise (NME), directly enabling their

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integrated objectives. It is designed to be a primary force-generation driver toward our ‘North Star’: to deliver agile, scalable, trained, and certified medical units that provide enduring support to the Fleet, Fleet Marine Force, and Joint Forces in high-end competition, crisis, and combat.

The pathway to this North Star is charted through five strategic LOEs. This document demonstrates how DHC OAI are fundamentally nested:

- LOE 1 – Deliver and Sustain Ready Naval Medical Forces
- LOE 2 – Deliver and Sustain Medically Ready Naval Forces via Optimized Physical and Mental Health Readiness
- LOE 3 – Ensure Quality Healthcare and Patient Safety Programs
- LOE 4 – Assemble and Retain Talented Navy Medical Forces
- LOE 5 – Design and Deliver the Future Naval Medical Force

By integrating DHC into the fabric of our force generation, leadership development, and operational readiness, we ensure that every activity is a deliberate step toward achieving our ultimate warfighting purpose. This strategy outlines that imperative, builds a dominant and secure global health environment that ensures the medical readiness and lethality of U.S. Naval and Joint Forces, protects the homeland, and forges resilient, interoperable allies and partner nations capable of sharing the burden of collective defense in any environment.

3. Guiding Principles: The Warfighter’s Edge

a. Aligned for Lethality: Every DHC supported OAI will be rigorously planned and executed to directly support NSS, NDS, Geographic Combatant Command (CCMD) priorities, and NME. We will measure success by our contribution to the fight.

b. Partnerships for Burden Sharing: We will cultivate deep, reciprocal partnerships with nations who are committed to the principles of freedom and sovereignty. These alliances extend naval power and are critical for overcoming the tyranny of distance, enabling distributed logistics, and ensuring we and our partners can sustain the fight.

c. Building Self-Reliance: We will empower our partners, not create dependencies. Our goal is to build their strength and independence, enabling them

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to secure their own nations and contribute to regional stability. Train-the-trainer models and institutional and capacity development are paramount.

- d. Readiness Through Engagement: DHC OAs include advanced training opportunities. They will harden our Sailors by exposing them to austere environments, complex health threats, proven best practices for medical planning, medical supply chain management, and diverse cultures, making them more adaptive, resilient, and ready for crisis response.
- e. Innovation for Dominance: We will relentlessly seek and deploy cutting-edge technologies—artificial intelligence (AI), advanced analytics, and autonomous systems—to gain a decisive advantage in health surveillance, casualty care, patient movement, and medical planning and logistics, posturing our Naval Medical Forces and international partners for future all domain, warfighting environments.

4. Implementation Framework

- a. BUMED N52 - The Nexus of DHC for military contingencies and hazards: Successful implementation requires absolute unity of effort. BUMED N52, DHC Office, is Navy Medicine's designated lead and central coordinator for all DHC efforts. It serves as the single hub for providing guidance, synchronization, and ensuring supported OAs—including our involvement in NATO medical efforts—align with the CCMDs, Naval Components, NSS, and NDS. BUMED N52 is charged with enabling efforts to support DoW build partner capacity, strengthen our alliances, and ensure every supported OA contributes directly to force readiness and health protection.

- b. Community Management - Forging DHC Professionals: A world-class strategy requires a world-class workforce. To professionalize our cadre of DHC experts and meet the intent of the 2024 National Defense Authorization Act (NDAA), to improve the training, management, and effectiveness of personnel involved in security cooperation activities with foreign partners, we will establish and enforce rigorous standards for our DHC community. Our goal is to create a corps of credentialed experts who are doctrinally aligned with the Joint Security Cooperation Enterprise. BUMED N52 is designated as Navy Medicine's DHC Community Manager.

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Effective immediately, in alignment with DoW Global Health Engagement Council guidance, the following standards are mandated:

(1) DHC Officer Additional Qualification Designator (AQD) is the Standard: The 68M AQD is the standard for any individual filling a DHC Officer role. This requirement applies across the total force, signifying a validated baseline of foundational knowledge. A separate 68M AQD (Professional Level) will identify personnel who exceed the minimum standards and possess the qualities to fill identified key leadership roles.

(2) Mandatory Professional Development: All personnel awarded the 68M AQD are required to complete foundational Defense Security Cooperation University courses.

(3) Strategic Billeting and Talent Management: To project this expertise forward, we will re-establish dedicated DHC Officer billets, strategically placed in priority theaters, such as the U.S. Indo-Pacific Combatant Command (INDOPACOM) and U.S. Southern Command (SOUTHCOM), including within CCMD staff. These billets may be filled by qualified members who possess the appropriate training and experience. The Community Manager will centrally manage these billets in partnership with the Corps Chiefs' Offices, Specialty Leaders, and Navy Personnel Command (PERS).

(4) Command and Key Leadership Selection for Premier DHC Missions: Our premier DHC missions, such as our medical lines of efforts in the Pacific Partnership and Continuing Promise missions, are far more than medical operations; they are sophisticated acts of maritime diplomacy. The leaders we select for these roles spend a significant amount of their time in direct engagements with allies, partners, and foreign dignitaries, serving as the face of the U.S. Navy on the global stage. Given the immense strategic importance of these interactions, we must ensure these leaders are exceptionally prepared.

(a) The 68M AQD will be a preferred qualification prerequisite for command of our hospital ship's military treatment facilities and for key leadership billets, including Executive Officer and Director for Medical Operations. This qualification certifies their expertise not just in executive medicine, but in the art of building trust and interoperability with our partners.

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(b) Selection for these strategic, ambassadorial roles (if not selected through the Executive Medicine or Milestone selection process) will be earned through a competitive board process. Convened by Medical Type Commands, this transparent, merit-based system will guarantee that our most demanding missions are led by proven professionals who possess the unique blend of leadership, diplomatic acumen, and strategic foresight required.

(c) DHC Community Manager will be an integral part of any DHC leadership selection process.

We will entrust these critical engagements only to those best equipped to advance our nation's interests and strengthen our alliances, while ensuring these vital missions never degrade our core war-fighting medical readiness or diminish the capabilities of our homeport military treatment facilities that serve our fleet concentration areas. – RADM Via, Navy Surgeon General

c. Defeating the Tyranny of Distance: A core component of our implementation will be strengthening strategic partnerships with allies and partners to leverage their geographic locations, medical facilities, research facilities, and transportation assets as vital nodes for patient movement, staging, and provision of health services support (HSS), including through deployable assets, forward positioning and sustainment of medical materiel, and other essential HSS resources and functions. In coordination with CCMDs and Naval Components, DHC supported OAIs will be specifically designed to exercise and war-game these critical support functions in realistic DMO scenarios with our allies and partner nations, ensuring we can deliver patient evacuation and life-saving trauma and critical care, and maintain force health protection across a distributed and contested battlespace.

5. Regional Alignment: CCMD Priorities Focused

These are CCMD-informed focus areas:

a. INDOPACOM: This is the priority theater. All DHC OAIs will be focused on preparing and enhancing our U.S. competitive advantage across the competition continuum. To that end, our mission is to enable an overwhelming force health protection and medical advantage. We will achieve this by building unprecedented interoperability and true interchangeability with our most critical partners. This seamless medical alliance is not a 'nice-to-have', it is the bedrock of our strategy to

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counter peer adversaries, guarantee access for our distributed naval forces, and ensure our dominance across the maritime domain. This medical alliance also guarantees available medical treatment for Joint Forces and our partners' military casualties, improves survivability, and enhances timely combat power restoration. Our OAIs will be rigorous and purpose-driven, centered on mastering combined medical logistics, executing patient movement under contested conditions, and perfecting trauma care in any environment. This is our mandate, as directed by the 2025 NDAA, Section 735, and it is the only way we will ensure our Sailors and Marines have the decisive medical advantage to fight, win, and return home.

- b. SOUTHCOM: In alignment with the "Trump Corollary to the Monroe Doctrine," our efforts will focus on ensuring a stable and secure Western Hemisphere, free from hostile foreign influence. We will empower regional partners to counter transnational criminal organizations, secure their borders, and build resilience against health crises that create instability.
- c. U.S. Central Command: We will maintain security partnerships that support regional stability and counter violent extremism. DHC will focus on building partner self-sufficiency in combat casualty care and force health protection, enabling them to secure their own nations and reduce the burden on U.S. forces.
- d. U.S. European Command / U.S. Africa Command: We will strengthen the NATO alliance by demanding and facilitating increased partner medical readiness and burden-sharing. We will build partner capacity to counter violent extremism and health threats that can be exploited by our adversaries, ensuring we maintain partnerships, access, and interoperability.
- e. U.S. Northern Command: The defense of the Western Hemisphere and Homeland is our paramount mission. We will guarantee national resilience by being prepared to execute Defense Support of Civil Authorities (DSCA) on a massive scale, reinforcing our Homeland's health infrastructure against any threat, from pandemics to mass casualty events. Our DHC posture will directly support the CCMD's priorities to include the sealing of our borders and countering the instability caused by health crises and transnational threats.

6. Navy Medicine Enterprise Alignment

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This DHC strategy is not a standalone effort; it is a primary force-generation and strategic driver for achieving the NME LOEs and Navy Medicine Campaign Plan goals. These LOEs are the pathways to realizing our ‘North Star.’ Every global health OAI is an opportunity to generate readiness and advance our strategic goals.

- LOE 1: Deliver and Sustain Whole Ready Naval Medical Forces: DHC missions are treated as advanced training events that expose Navy medical personnel to complex and contested environments. DHC activities are not just opportunities; they are the essential training and readiness platforms required to meet mission critical knowledge, skills, and abilities and build and validate advanced capabilities. By immersing our personnel in austere and resource-limited environments, we forge them into combat-effective teams. These activities demand that HSS elements learn to work as a single, integrated unit with both U.S. and partner personnel. This real-world experience in multinational operations builds the mentally tough, culturally aware, and medically and operationally proficient leaders who are prepared to deploy into any contested environment on short notice. Furthermore, by operating as a cohesive unit alongside allies and partner nations, we stress-test our command, control, communications, and computer systems, healthcare and patient movement processes, and medical logistics in complex, multinational scenarios. This moves beyond basic cooperation to true interoperability and interchangeability with our allies and partner nations, ensuring our medical platforms are proven to function as an integrated fighting force at the point of need.
- LOE 2: Deliver and Sustain Medically Ready Naval Forces via Optimized Physical and Mental Health Readiness: Deployability is the ultimate measure of readiness. DHC activities are a force multiplier for developing adaptable and resilient leaders and enhancing situational awareness within each theater. Our DHC activities nurture mutual support partnerships and build host nation capacity. Therefore, an active and theater-aligned DHC agenda cultivates relationships and facilitates access to host nation medical and health services infrastructure, enabling our Naval Forces to sustain their medical readiness forward and retain mission critical combat power.
- LOE 3: Ensure Quality Healthcare and Patient Safety Programs: Our standard is excellence, and DHC activities are a critical tool for achieving it in an operational context. The pursuit of quality care in a joint, multinational environment forces us to standardize procedures and establish common protocols

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with our partners. This drive for clinical excellence becomes a vehicle for achieving higher levels of interoperability and interchangeability, ensuring a consistent and high standard of care can be delivered to all forces—allied and domestic—in a combined operational environment.

- LOE 4: Assemble and Retain Talented Navy Medical Forces: Our people are our decisive advantage, and DHC activities offer a clear and compelling leadership development path. These dynamic assignments provide unparalleled opportunities for independent duty and direct contributions to national security objectives, making them a powerful tool for retaining our best and brightest. Critically, these activities serve as a vital component of our leadership development continuum. Thus, DHC policy and operational art must be integrated into all Navy Medicine leadership courses, to include the Prospective Commanding Officer/Executive Officer (PCO/PXO) course, the Advanced Readiness Officer Course (AROC), and other foundational Navy Medicine programs. This ensures our future leaders are equipped with the knowledge, strategic planning, diplomacy, and operational execution skills essential for operational and strategic level leadership roles.
- LOE 5: Design and Deliver the Future Naval Medical Force: The warfighting ecosystem continues to evolve with continual advances in technology and innovation. Our partnership and collaboration with allies and partner nations will leverage our collective pioneering efforts to inform our future force development. Our DHC OAIs focused on bio-surveillance; patient movement, joint trauma systems, and casualty care; automated healthcare delivery; predictive modeling; and future weapons systems will enhance our ability to maximize survivability and return to duty rates in the future contested, degraded, contaminated, or manipulated security environment.

This Strategy will undergo a rigorous annual review to ensure its continued alignment with our national security and national defense objectives and its effectiveness in preparing Navy Medicine for the challenges ahead. We will remain agile, we will remain focused, and we will win.



D. K. VIA
Rear Admiral, United States Navy
Surgeon General