

Published by:



Summary of the Military Health System Research Symposium (MHSRS)



Questions?

Liz Powell, Esq., MPH: lpowell@G2Gconsulting.com

Aditya Girish, PhD: agirish@G2Gconsulting.com

[in](#) @G2Gconsulting | www.G2Gconsulting.com





Summary of the Military Health System Research Symposium (MHSRS) August 3-6, 2026, in Kissimmee, FL

OVERVIEW

The G2G team attended the 2026 Military Health System Research Symposium (MHSRS), where we participated in meetings and sessions with military health system (MHS) stakeholders. Below, we have summarized insights from the conference, whose theme this year was **Harnessing the Power of Military Medical Research**. It featured over 500 oral and 1,400 poster presentations spanning 60+ scientific topic areas, and 400+ vendors in the Exhibit Hall, including G2G's. Attendance decreased from 4,300+ in 2024 and was about equal with last year's attendance of 3,000+ people. The conference was dominated by Department of War (DoW) and Defense Health Agency (DHA) leaders and researchers. It was also well attended by affiliates of the Department of Veterans Affairs (VA), the Department of Health and Human Services (HHS), as well as private sector researchers, industry, and academia. If you have questions or would like additional information, please reach out to Liz Powell (lpowell@G2Gconsulting.com) and Aditya Girish (agirish@G2Gconsulting.com)

PLENARY SESSION

The plenary kicked off with **MG Clinton K. Murray, Joint Staff Surgeon**, who shared insights on combat-casualty care, and its evolution from primitive methods to FDA-approved therapies and devices for battlefield point of care. Despite these advances, infection and antimicrobial resistance (AMR) remain intractable challenges. These issues will only be amplified in emerging combat paradigms where the rapid evacuation of wounded Warfighters to fixed facilities will not be possible.

As in prior years, **Terry Rauch, PhD, Director of Research & Development at DoW**, moderated a panel featuring subject matter experts in military medical care. Several Ukrainian providers and stakeholders were participants. In alignment with MG Murray's remarks, the session focused on multidrug resistant organisms and cellular therapy for battlefield trauma. Key takeaways include:

- Tracking patient journeys through Roles 1-4 of the continuum of care is vital to understanding the evolution of pathogens and AMR. Additionally, infection prevention and control measures must be fully integrated into trauma care and should not be treated as ancillary activities.
- Extensive combat trauma case registries are a critical resource for providers to pursue best practices and avoid repeating mistakes.
- Military medicine must shift towards a strategy that integrates prevention, detection, control and targeted treatment of infection closer to the point of injury.
- The development 'dry' cell-based therapies that are shelf stable and can be dispensed at the point of injury are a key long-term goal of DHA investments in regenerative medicine.



G2G'S MEETINGS WITH PROGRAM MANAGERS AND DIRECTORS

G2G met with several program managers who discussed their portfolios and high-level DHA leaders who outlined policy priorities within DoW, upcoming agency structural changes, and the outlook for future research funding. Some key meetings include:

Deputy Assistant Secretary, DHA: The intramural R&D strategy at DHA continues under the structure of Strategic Research Plans (SRPs). However, up to 70% of the priorities outlined in these plans are not expected to receive funding this year. A congressionally directed research funding program from prior years that peaked at \$300 million is no longer available, which limits the pursuit of specialized projects. The Warfighter Combat Casualty Care SRP receives the most support, with blood products and other hemorrhage control technologies remaining the number one priority under this umbrella. A new priorities list from the Joint Staff Surgeon will be released soon, which may direct revisions to the SRPs.

Leadership of the Congressionally Directed Medical Research Programs (CDMRP): We met the CDMRP director who is retiring at the end of the year, as well his deputy who is his designated successor. We discussed how CDMRP is recovering from the massive funding cut in FY 2025, with programs now funded at \$1.27 billion for FY 2026. They noted that this remains well below the \$1.51 billion funding level enacted in FY 2024, and that they are continuing to educate lawmakers on the innovative, high-impact, and non-redundant research these programs fund. We discussed some specific programs, including those on breast cancer, and orthopedics. Interest in these programs remains high, with applications this cycle estimated to be around 10,000. While most FY 2026 deadlines have passed, or are approaching soon, they advised that for FY 2027, prospective applicants should study not just individual solicitations, but also the overall strategy for the CDMRP program they are applying for and directly use or reference verbiage in those strategy documents in their submissions.

Research Lead, Organ Support & Automation, U.S. Army Institute of Surgical Research (USAISR): We discussed how best to pursue intramural funding with military partners. The conventional set-up for collaboration is where the intramural DoW investigator gets 51% of an approved project's funding, while the extramural partner receives the remainder. In the current environment where intramural funding is limited or capped, alternative routes can potentially be pursued if an intramural investigator can get projects included as 'Topics' on the DoW SBIR or Medical Technology Enterprise Consortium (MTEC) announcements. However, he cautioned that this requires buy-in and approval from multiple layers of institutional leadership. He also noted intramural research activities for 2027 have been all but determined, and that they are starting to plan for 2028. In terms of key challenges, he echoed remarks made at the plenary on AMR, particularly in the context of biofilms, fungal infections and sepsis emanating from burn cases that are seen at the USAISR Burn Center. They are interested in versatile, advanced materials that can be utilized in prolonged field care to mitigate these issues.

Senior Scientists, Extremity Trauma & Amputation Center of Excellence (EACE): We discussed ongoing workstreams at EACE, including mitigating phantom limb pain and optimizing osseointegrated implants. EACE investigators often pursue funding for their projects through the CDMRP programs. The Henry M Jackson Foundation for the Advancement of Military Medicine (HJF)



is the primary organ used by EACE to facilitate its work, including its external collaborations with civilian stakeholders. We also discussed how they partner with other DHA entities like USAISR.

Research Leadership, TBI Centers of Excellence: The National Intrepid Center of Excellence (NICoE) at the Watler Reed Army Institute of Research (WRAIR) is the premier military TBI research and care center and has strong institutional overlap with Uniformed Services University (USU), which houses the Military Traumatic Brain Injury Initiative (MTBI²). We connected with the Deputy Director of MTBI² and his colleagues. Their research portfolio is divided across a few divisions. The operational research division is focused on optimizing Warfighter health in prolonged field care environments, and particularly on mitigating the impacts of blast overpressure. The clinical research division, which he indicated is now the bulk of the MTBI² footprint, is currently enrolling patients for a study focused on reducing intracranial pressure among TBI patients. We also connected with the Director of Clinical Research at the Navy Medical Research Center, where the focus of TBI studies includes diagnostics, mitigating post injury symptoms like concussion and insomnia, and facilitating return to duty for impacted servicemembers. Lastly, we connected with the Senior Clinical Research Director at Womack Medical Center at Ft. Bragg. She discussed the logistical challenges in recruiting and consenting subjects for TBI studies, and potential vehicles for external collaborations in this space.

Research Leadership, Pain Management: We connected with head of USAISR's Pain and Sensory Trauma Department. She noted that opioids are being completely phased out in pain management strategy in military medicine. Ketamine is now the analgesic agent of choice, although there are challenges with available formulations, and leadership is interested in alternative delivery mechanisms. We also discussed her work in development of animal models for the study of acute pain. We later connected with the Director of the Defense and Veterans Consortium for Integrative Pain Management (DVCIPM) at USU. He discussed ongoing efforts that leverage atomizers and sublingual wafers for drug delivery at the point of injury.

Program Manager, BioFabUSA: This public private partnership works with its academic and industry member organizations to advance reliable, scalable, and secure production of regenerative medicine technologies aligned with DoW priorities. He discussed their in-house consulting services that help companies navigate the constantly evolving regulatory landscape surrounding cell and tissue therapies. This group also supports manufacturing and commercialization efforts, including through partnership with other consortia like BIOMADE. He highlighted the value of the upcoming BioFab membership meeting this fall, which will feature subject matter experts from across DoW, as well as from FDA.

Head of Women's Health Research: We discussed the impacts of cuts to research funding on women's health initiatives. The leadership of women's health research at USU is changing, which may stall future efforts, but the policy lead for this area is remaining in place. Additionally, key clinician stakeholders in maternal health, gynecological surgery and obstetrics will continue in their roles, given the increasing number of women of childbearing age joining military service. Lastly, she noted that CDMRP will continue to fund breast cancer, ovarian cancer, and related areas that impact the health of women for the foreseeable future.



BREAKOUT SESSIONS

The most interesting breakout session G2G attended was on *'Leveraging Venture Models to Advance Military Health System Capabilities'*. This topic has not previously been elevated at MHSRS. It featured a panel of speakers from the Defense Innovation Unit (DIU), the Biological Technologies Office (BTO) at DARPA, the Global Health Investment Corporation (GHIC) and IQT. Takeaways include:

- Military health spending (\$61B) is dwarfed by venture funding (\$6 trillion). For more venture support to go to military health tech, there needs to be a shift in perspective among investors and companies seeking funding, that military use cases are a value add rather than risk.
- Investors are prioritizing investments in health technologies that have broad civilian use and can be modified for military medical applications. This runs counter to the entrenched perspective that DoW challenges require bespoke solutions.
- DIU will be advancing strategic investments in six critical technology areas (CTAs) outlined by DoW earlier this year, with the three of them – Applied Artificial Intelligence, Biomanufacturing, and Contested Logistics Technologies – having relevance to military medical applications.
- DARPA BTO is undergoing organizational changes, in part to align with the CTA roadmaps. However, they will continue to support high-risk, high-reward efforts in areas such as optimizing Warfighter cognitive and physical performance, leveraging biological systems to provide far-forward capabilities and supporting advanced triage decision making through evaluation of injury signatures in mass casualty events.

Other Breakout Sessions of Interest:

- Optimizing Medical Readiness, MHS Resilience and Biodefense
- Additive Manufacturing in Support of Theater Care
- Interventions to Address PTSD Linked Mental Health Challenges
- Blood, Blood Products, and Novel Strategies for Treatment of Blood Failure
- Big Data, AI & ML in Military Research
- Military Injury Biomechanics
- Fatigue Mitigation for Medical & Operational Readiness
- Broad Spectrum Anti-Viral Countermeasures
- Warfighter Exertional Illness & Operations in Environmental Extremes
- VR/AR/MR Applications for Training & Patient Care in the MHS
- Use of Drones for Care Delivery

In closing, participating at MHSRS provides a unique opportunity to gain insights on the latest military medical priorities and requirements, through direct engagement with DoW researchers, program and project managers, and leadership. Presenting at the conference is a great way to raise visibility of your R&D efforts, innovation, and/or new products with key DoW decision-makers. The deadline to submit an abstract to be considered to present at next year's conference is expected to be in early 2027. If you have any questions or would like additional information, please reach out to Liz Powell (lpowell@G2Gconsulting.com) and Aditya Girish (agirish@G2Gconsulting.com).

