



# **Medical Simulation and Training (MST) Program Management Office (PMO)**

Robert E. Bell, Program Manager

# Robert Bell - Introduction/Background

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- PM Medical Simulation and Training PMO
  - Selected to replace Mr. Jude Tomasello who retired in OCT 2024
- Key to my success is continued support via MST's talented DPMs: Ms. Fabiloa Stevens and Mr. Brett Lord
- DHA and SDD "Plankholder" .... ~17 years as a DOD Civilian
- MHS Team Member since 2002
- Former Principal Deputy PM of Clinical Support PMO
  - Scope: 12 Programs, \$75M annual budget including: DOEHRS-IH, JPSR, PCOS, DMHRSi, and ILER
  - Through the ranks specialized in programs supporting Public Health and Readiness, most recently including progressing the Individual Longitudinal Exposure Record (ILER) from a JIF Pilot to full operational capabilities
- DAWIA Advanced Certified in Program Management-Advanced
- PMP Certified since 2006
- Studied at: Marymount University, Marshall University, Duke University
- Former U.S. Army Combat Arms Officer- Branched Field Artillery
- Aviation Enthusiast: Instrument Rated Private Pilot



*Improving Health and Building Readiness. Anytime, Anywhere — Always*



# MST PMO

## Mission

Improve Healthcare and Build Readiness through Simulation, Modeling, Training, and Education Solutions

## Vision

The Military Health System's recognized center of excellence for acquisition and management of medical simulation, training, modeling, and education solutions.



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# Defense Health Agency (DHA)

## OUR MISSION

DHA is a Combat Support Agency (CSA), serving as a force multiplier for the joint services by optimizing lethality through warfighter medical readiness.

## END STATE

DHA consistently delivers intended outcomes across all four Lines of Effort at a success rate of 90% or higher, directly enhancing the DoW ability to prevent conflict and prevail in combat.

## OUR PROMISE



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# MST PMO Origins & triple Charter

Originally created in 2013 by the Assistant Secretary of Defense for Health Affairs as a Joint Program Office under the U.S. Army to:

- Transition medical training science and technology projects.
- Support both Operational and Clinical medical training requirements.
- Standardize medical training solutions.
- Centralize the sustainment of medical training solutions.

Our focus today is  
Lifecycle “Big A”  
Acquisition solutions

Second Charter 2021: MST Officially moved to DHA and was chartered by the DHA CAE to provide Total Lifecycle Systems Management of Military Health System (MHS) training aids, devices, simulations, simulators, and services for advanced development, prototyping, production, fielding, sustainment, and disposal.

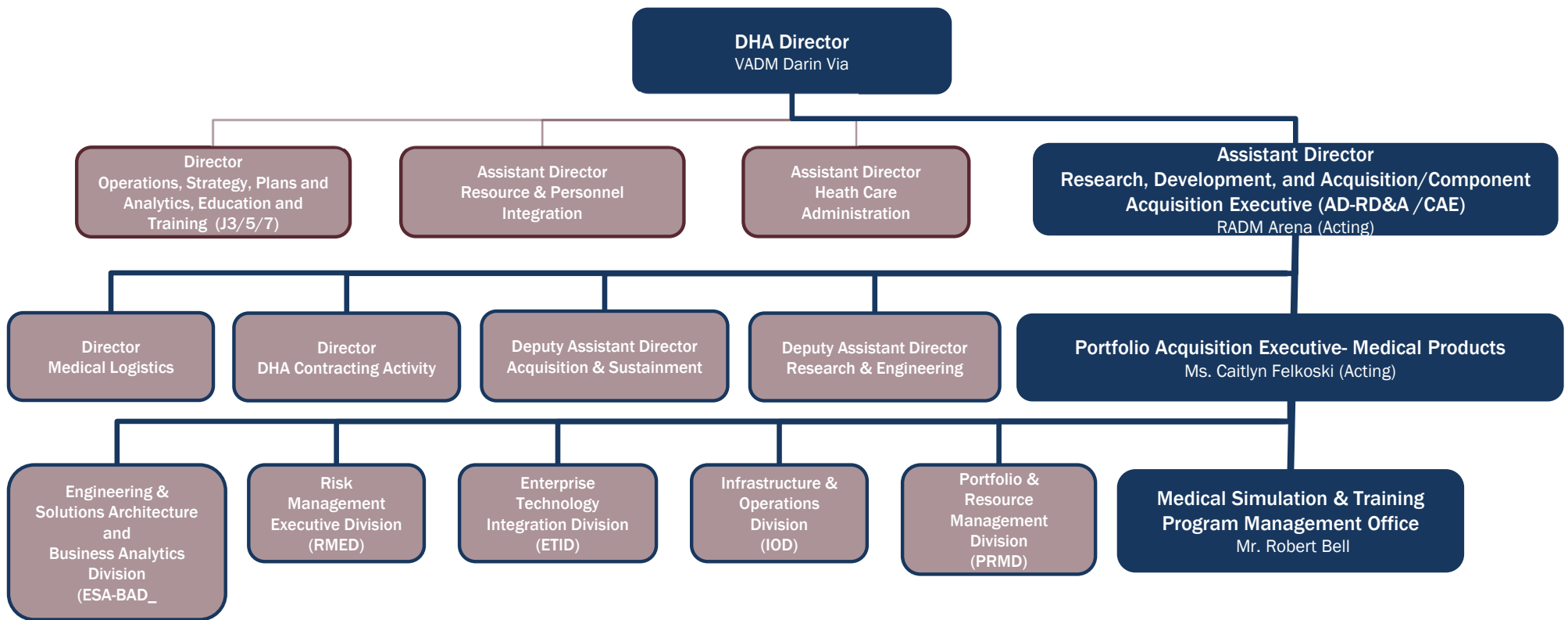
Third Charter 2026: Chartered under the DHA CIO/ PEO Medical Systems



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# MST PMO Relationship to “Big” Defense Health Agency



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# An Acquisition Workforce Multiplier

- Our capabilities....
  - Tailored material development simulation solutions
  - Learning Management Solutions
  - Technology Demonstrations and Assessments
  - Technology transition to advanced development
  - Training Facility Design
  - System Integration and Services
  - Commercial Off The Shelf (COTS) Configuration and Integration
  - Medical Modeling – Operational, Environmental, and Physiological
  - Machine Learning, Artificial Intelligence Integration
  - Biomechanics, Bio-fidelity testing, Injury Prevention and Reduction

Utilization of “Non-traditional” Rapid Acquisition Methods to accelerate delivery to medical warfighters...**OTA Awards, Phase III SBIR, Commercial Solutions Openings, 8(A) Direct Award, Super 8(A) Direct Award**

Partnership with DOD/ Service Laboratories and Academia if appropriate



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## DHA is undergoing a reorganization...

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- 3 Portfolio Acquisition Executives reporting to a Component Acquisition Executive
- PAE- Medical Products, PAE-Services, PAE- Digital Solutions
- MST PMO aligns to PAE- Medical Products
- What has NOT changed....next slide

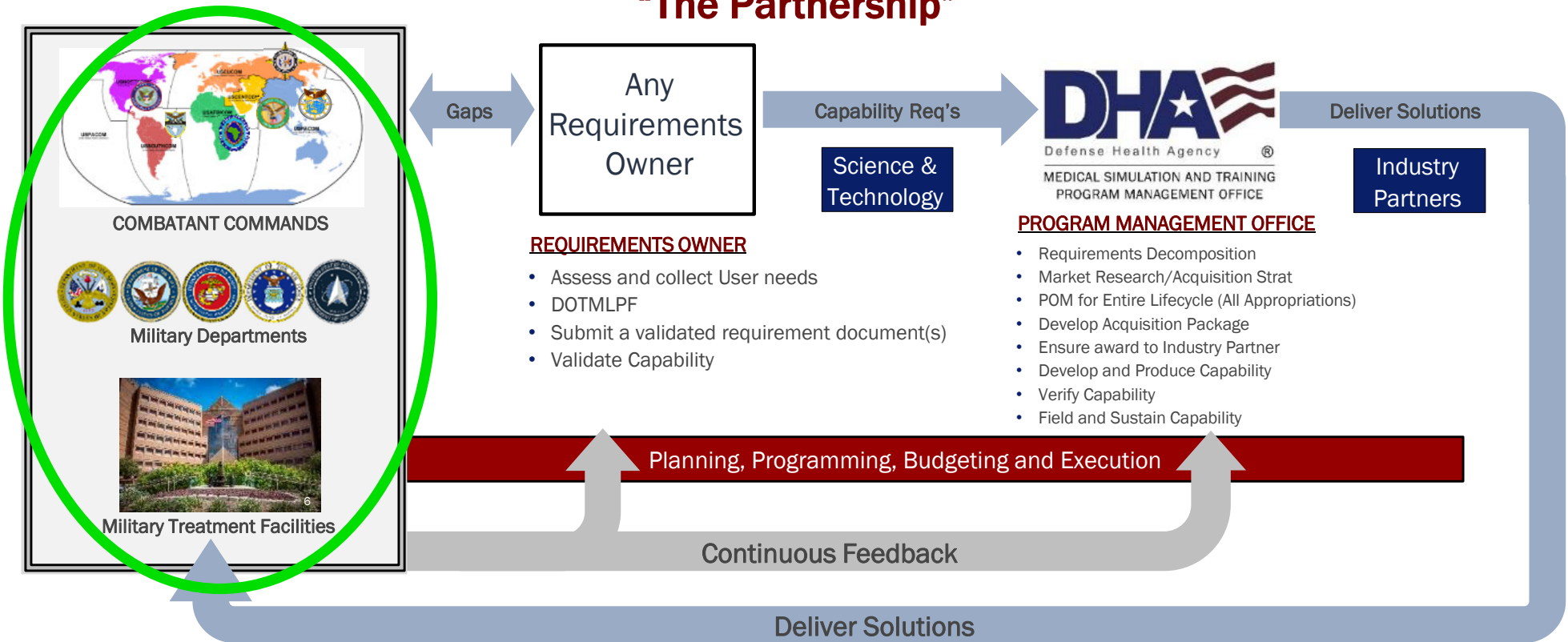


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# Acquisition Roles & Responsibilities

## “The Partnership”



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# How to engage MST PMO

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- Robert Bell: [robert.e.bell94.civ@health.mil](mailto:robert.e.bell94.civ@health.mil)
- Assessment of the “fit”:
  - How does initiative move the needle for the: Warfighter, Department of War, DHA Lines of Effort?
  - How does the initiative fit with MSTs Mission/ Charter?
  - Do we have CCMD Functional Sponsor?
  - Is funding available?...or do we need to pursue through Governance?
  - Do we already have requirements, or do they need to be developed?
  - What is the concept of MST’s management scope (ie. Dev Only vs. Total Lifecycle)



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## Future Opportunities in the “Pipeline”



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## Joint Trauma System (JTS) Training Risk Assurance, Compliance, and Evaluation (TRACE) System

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- TRACE must provide a unified enterprise platform that enables JTS to monitor compliance, manage safety, assess quality, and ensure standardized execution across all Valkyrie curricula and operational environments.
- The system must support structured capture of safety incidents, adverse reactions, equipment failures, workflow deviations, and compliance obligations
- TRACE must analyze and present this information in intuitive, role-based dashboards tailored to instructors, Directors, laboratory leads, B.E.A.R.S teams, Service Leads, and JTS headquarters.
- MST PMO is targeting acquiring a: turnkey COTS adoption, or extensible configurable solution, or no code solution. This effort will NOT include a traditional development phase due to available appropriation type.
- MST PMO is targeting an award via TRES OTA in late FY26



# Advanced Joint Operational Medicine Simulator (AJOMS)

- Need: The DOW lacks an interoperable, enterprise-wide capability to objectively collect, standardize, aggregate, and analyze medical training performance data across the combat casualty care enterprise.
- Notional High Level Capabilities Desired:
  - Passive collection of medical training performance data with minimal instructor or operator input
  - Aggregation of data across:
    - ✓ Simulators
    - ✓ Field training exercises
    - ✓ Live, Virtual, and Constructive (LVC) environments
  - Standardized and objective data capture across training systems and organizations
  - Real-time performance feedback for students, instructors, evaluators, and leadership
  - Advanced analytics capable of identifying:
    - ✓ Performance trends
    - ✓ Readiness gaps
    - ✓ Causative factors
- Requirements desired continue to evolve
- Targeted Award: Unknown, Rob Bell would conjecture late FY27/early FY28



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