UNDER SECRETARY OF WAR
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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

OCT 29 2026

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DIRECTORS OF THE DEFENSE AGENCIES

SUBJECT: Department of War Implementation Guidance for Modernization of the Cognitive Monitoring Program

References: (a) Department of Defense Warfighter Brain Health Initiative: Strategy and Action Plan, June 8, 2022
(b) Under Secretary of War for Personnel and Readiness Memorandum, "Modernization of the Department of War Cognitive Monitoring Program," June 9, 2026

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. Consistent with reference (a), cognitive monitoring delivers objective, actionable data across the human performance and clinical continuum, directly supporting Line of Effort 1: Optimize Cognitive and Physical Performance.

The Department is executing an accelerated modernization of its Cognitive Monitoring Program (CMP), transitioning from legacy capabilities to next-generation, operationally relevant solutions that meet the demands of the current and future warfighting environment. This memorandum establishes required actions and timelines for the DoW Components to implement the cognitive monitoring modernization guidance in reference (b). It directs the Department to phase out use of the Automated Neuropsychological Assessment Metrics and transition to Cognitron, a modern cognitive monitoring tool capable of supporting cognitive baseline screening, periodic monitoring, pre-deployment screening, clinical evaluations, and post deployment assessment, when indicated. These capabilities will protect brain health, sustain cognitive performance, support Warfighter performance optimization, and strengthen long-term readiness of the Total Force.

The required actions for transitioning to Department-wide implementation of the new designated cognitive monitoring are detailed in the attachment and support the screening of all Service members across the Total Force using the new tool not later than March 31, 2027. Waivers to this March 31, 2027, suspense will be considered by exception and approved by the Assistant Secretary of War for Health Affairs.

All activities will be executed with urgency and a focus on long-term sustainment. Specified timelines are no later than dates. Implementing offices will coordinate with DoW Components, as appropriate, and seek guidance from the Office of the Assistant Secretary of War for Health Affairs (OASW(HA)), as necessary.

Questions concerning this memorandum should be directed to Ms. Kathy Lee, OASW(HA), at (571) 562-2904 or katherine.m.lee34.civ@health.mil.

Anthony J. Tata

Attachment:
As stated

Attachment

Department of War Implementation Guidance and Actions for Modernization of the Cognitive Monitoring Program

References: (a) Department of Defense Warfighter Brain Health Initiative: Strategy and Action Plan, June 8, 2022
(b) Under Secretary of War for Personnel and Readiness Memorandum, "Modernization of the Department of War Cognitive Monitoring Program," June 9, 2026
(c) Deputy Secretary of Defense Memorandum, "Department of Defense, Requirements for Managing Brain Health Risks from Blast Overpressure," August 8, 2024
(d) Under Secretary of Defense for Personnel and Readiness Memorandum, "Department of Defense Implementations Guidance for Managing Brain Health Risks from Blast Overpressure," December 12, 2024

Overview. This Implementation Guidance defines the phased transition from the Automated Neuropsychological Assessment Metrics (ANAM) to the Department's new designated cognitive monitoring tool, Cognitron, establishing a comprehensive cognitive monitoring capability for the Total Force, aligned with reference (a), which addresses brain health threats such as blast overpressure (BOP). Furthermore, it establishes required activities, responsibilities, timelines, oversight, and programmatic mechanisms for the Department of War (DoW) Component heads to implement reference (b).

Goal. Transition the Department from ANAM to the new designated cognitive monitoring tool, establishing a comprehensive, enterprise-wide cognitive monitoring capability for all Service members.

End-State:

- Every Service member across the Total Force and high-risk DoW civilians in occupations that present a risk to brain health completes baseline cognitive screening using the new designated tool not later than March 31, 2027; timeline waivers will be considered by exception and approved by the Assistant Secretary of War for Health Affairs (ASW(HA)).

- The ANAM is decommissioned Department-wide no later than March 31, 2027.

- Cognitive monitoring data flows are interoperable with the Individual Longitudinal Exposure Record (ILER), Defense Occupational and Environmental Health Readiness System-Industrial Hygiene (DOEHRS-IH), and the Military Health System (MHS) GENESIS.

- Providers use the new tool as a cognitive assessment aid, along with clinical assessment results, health and performance data, integrated with exposure records, to inform clinical decisions.

- Commanders and leaders leverage cognitive health and performance data, integrated with exposure records, to make informed risk management decisions, driving proactive force health protection and sustaining operational readiness across the Total Force.

Reference (b) granted a 1-year exception from June 9, 2026, to Department of Defense Instruction 6490.13, "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services," September 11, 2015, as amended, to allow for immediate implementation of the new tool.

Key Facts:

- The Cognitive Monitoring Program (CMP) is Defense Health Program funded.

- The Defense Health Agency (DHA), as the Office of Primary Responsibility, serves as the MHS Lead Component for the DoW CMP, consistent with reference (b).

- The CMP modernization supports reference (a) Line of Effort 1, Optimize Cognitive and Physical Performance, in reference (a); reference (c); and Risk Management Action (RMA) 8 in reference (d).

Assumptions:

- Successful procurement of the new designated cognitive monitoring tool no later than June 1, 2026.

- DHA achieves initial operational capability (workflow model developed, tool procured, data architecture and interoperability established, Service member and senior leader education materials distributed) within 90 days of tool procurement.

Implementation Priority:

- Phase 1: Service members currently deployed in support of Operation EPIC FURY.

- Phase 2: Service members preparing for deployment (within 12 months).

- Phase 3: The Military Departments and National Guard Bureau (NGB) will prioritize the remaining Total Force, which is inclusive of the Active and Reserve Component (NGB and Reserve Forces) and Initial Military Training Sites.

Waiver Process: If DoW Components are unable to screen all members by March 31, 2027, they may request a timeline waiver. The request must include justification, including an analysis of the risk associated with not granting the waiver. Waiver requests must be formally submitted to the ASW(HA) for review and determination.

Post-Implementation Periodicity: Cognitive screening will be conducted at a minimum of every 3 years. Military Departments may direct more frequent screening, particularly for Service members and high-risk DoW civilians in occupational specialties or performing duties that present an elevated risk for brain exposure and brain injury, including those covered under BOP safety protocols.

Cognitive Monitoring Program-Modernization Required Activities (CMP-MRAs):

- **CMP-MRA 1. Program Implementation Working Group and Governance Reporting (October 30, 2026). OPR – Office of the Assistant Secretary of War for Health Affairs (OASW(HA)).** Establish the Cognitive Monitoring Program Modernization Working Group (CMP-MWG) to support and synchronize program implementation across the DoW. Convene the CMP-MWG with defined membership, responsibilities, and reporting requirements. The CMP-MWG will meet biweekly during the transition period. The ASW(HA) will chair the CMP-MWG, with membership including representatives from the Office of the Assistant Secretary of War for Readiness (OASW(R)); the Military Departments; NGB; DHA; Office of the Joint Staff Surgeon (with U.S. Central Command representation); and Special Operations (U.S. Special Operations Command/Office of the Assistant Secretary of War for Special Operations/Low Intensity Conflict).

  - Develop a comprehensive implementation plan of action with milestones for the designated cognitive monitoring tool.

  - Establish performance metrics for implementation success, including fielding rates, baseline screening completion percentages, and data integration benchmarks.

  - Publish reporting requirements for Military Departments, specifying format, frequency, and required data elements.

  Governance and Reporting. Issues requiring resolution or decision support will be referred to either MHS or Defense Safety Oversight Council Governance bodies, as appropriate. The CMP-MWG Chair will provide monthly progress reports to the ASW(HA), including metrics on fielding progress, Service compliance, data integration milestones, and risk assessment.

- **CMP-MRA 2. Develop Operational Workflow Model (October 30, 2026). OPR – DHA.** Develop and publish a comprehensive workflow model describing and illustrating:

  - Sequencing and scheduling of cognitive screening events.

  - Workflows will be needed for Military Departments (e.g., a commander or designated medical authority) to identify, notify, and direct Service members to the new designated tool, in consideration of each phase of the implementation priority groups.

  - Access provisions for the designated tool.

  - Documentation of results in ILER with interoperability with MHS GENESIS.

  - Processes to address results outside of normative range and/or with atypical response patterns.

  - The parameters and pathways for clinical personnel notification and review when a clinical evaluation would be warranted.

- Provider guidance for interpreting cognitive monitoring data and integrating results with exposure history and clinical assessments.

- Data access permissions by role (e.g., commander, provider, individual Service member).

- Documentation of screening completion in the MHS Information Portal for export and integration in Service specific medical readiness reporting systems (e.g., MEDPROS, ASIMs, MRRS).

- **CMP-MRA 3. Establish Data Architecture and Interoperability Plan (December 31, 2026). OPR – DHA.**

  - Identify data interfaces with current systems of record, including ILER, DOEHRS-IH, MHS GENESIS, and other authorized platforms.

  - Validate data interfaces with current systems of record, including ILER, DOEHRS-IH, MHS GENESIS, and other authorized platforms

  - Complete end-to-end testing of the data flow from the designated tool.

  - Assess data storage requirements and develop cost estimates for sustainment.

  - Assess feasibility of developing an offline cognitive screening capability to support operations in disconnected, intermittent, and limited bandwidth environments.

- **CMP-MRA 4. Develop Training and Education Materials (December 31, 2026). OPR – DHA.**

  - Develop role-based training and education materials:

    - Leaders: How to request access, complete screening, and interpret unit-level readiness dashboards.

    - Service members: Role and Component based self-administration guidance and understanding of results.

    - Providers: Clinical interpretation of cognitive monitoring data, integration of cognitive monitoring data with clinical evaluation protocols (i.e., potentially concussive events protocols), and referral pathways.

    - Program administrators: Supervised administration (when needed), troubleshooting, and quality assurance.

  - CMP-MWG provides input and approval of training and education materials developed in support of phased implementation as outlined in reference (b).

- Services and components disseminate tools through appropriate channels.

- DHA will post tools to appropriate online platforms.

- **CMP-MRA 5. BOP Integration and High-risk Occupational Monitoring (December 31, 2026). OPR – OASW(R).**

  - Establish protocols for enhanced cognitive monitoring frequency for Service members in blast-exposed occupational specialties, aligned with reference (c).

  - Align cognitive monitoring procedures and results with BOP safety requirements per RMA 8 in reference (d) to enable tracking of blast exposure and cognitive performance.

- **CMP-MRA 6. Develop Implementation Procedures for Applicable DoW Civilians (December 31, 2026). OPR – Office of the Assistant Secretary of War for Manpower and Reserve Affairs.**

  - Establish processes to implement the new designated tool for cognitive monitoring for DoW civilians who deploy or are in occupations or performing duties that present a risk to brain health (e.g., routine exposure to blast) in the same manner as Service members to the extent practical.

  - Deploying DoW civilians will be screened within 12 months of deployment.

  - DoW civilians working in occupations that present a risk to brain health will be screened every 3 years, at a minimum.

- **CMP-MRA 7. Integrate with the DoW's Warfighter Performance Optimization (WPO) Program (March 31, 2027). OPR – OASW(R).**

  - Integrate with the WPO Program to ensure cognitive monitoring data supports broader force optimization objectives, including the cognitive domain in WPO.

- **CMP-MRA 8. Coordinate Initial Military Training Integration (March 31, 2027). OPR – DHA.**

  - Ensure internet connectivity available at 15 Initial Military Training (IMT) sites.

  - Conduct comprehensive resource assessment to determine what GFE makes the most sense for conducting cognitive screening at IMT sites, e.g., repurposed laptop, cell phones or new tablets.

  - Develop a standardized plan for the integration of cognitive screening at all IMT sites, in coordination with the Military Departments.

- Develop and distribute training materials for IMT personnel on the administration and interpretation of cognitive screening tools.

- Establish a reporting mechanism to track the progress of implementation across all IMT locations.

- **CMP-MRA 9. Preservation of Historical Cognitive Assessment Data (March 31, 2027). OPR – DHA.**

  - Develop a comprehensive plan for the preservation and archiving of all historical ANAM data in a secure and accessible format.

- **CMP-MRA-10. Decommissioning of ANAM (March 31, 2027). OPR – OASW(HA).**

  - Establish terminal end date for ANAM testing across the force, coordinating with the Military Departments to ensure a smooth transition.

  - Create a detailed plan for the re-purposing or disposal of all physical assets associated with the ANAM program, including laptops, testing equipment, and dedicated facilities.

  - Identify, develop, and implement an interoperability solution for Special Operations Forces (SOF) to ensure data from cognitive monitoring tools can be securely transferred and accessed while accommodating the unique data sensitivity requirements of the SOF community.

- **CMP-MRA 11. Execute Strategic Communication Campaign (March 31, 2027). OPR – OASW(HA).**

  - Develop and execute a strategic communications plan with tailored messaging related to modernization efforts

  - Senior Leaders: Emphasize readiness impact, governance accountability, and Warfighter Brain Health (WBH) alignment.

  - Service members: Communicate purpose, privacy protections, individual health value, self-administration guidance, and understanding of results.

  - Military Departments and implementing commands: Provide operational guidance and fielding expectations.

  - Congress: Frame modernization within WBH Initiative.

  - Public: Communicate the Department's commitment to warfighter brain health and cognitive readiness.

  - Providers: Communicate purpose of program and where to find resources for patient evaluation and care.