



OFFICE OF THE UNDER SECRETARY OF WAR

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Mike Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JAN 12 2026

Dear Mr. Chairman:

The Department's response to section 746 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 (Public Law 117-263), "Reports on Composition of Medical Personnel of Each Military Department and Related Matters," is enclosed.

This third annual report provides the updated number and description of medical positions above grade O-6 and the number of medical personnel below grade O-7. Summaries of position descriptions that have not changed and details regarding senior medical officers above the grade of O-6 assigned to the Military Departments are available in the first report, which was for Fiscal Year 2024 and sent on April 15, 2025.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the Committee on Armed Services of the Senate.

Sincerely,

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

The Honorable Adam Smith
Ranking Member



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PERSONNEL AND
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The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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Sean O'Keefe
Deputy Under Secretary of War for Personnel
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Enclosure:
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The Honorable Jack Reed
Ranking Member



Report to the Committees on Armed Services of the Senate and the House of Representatives



Reports on Composition of Medical Personnel of Each Military Department and Related Matters

January 2026

The estimated cost of this report or study for the Department of War is approximately \$63,000 for the 2025 Fiscal Year. This includes \$20,000 in expenses and \$43,000 in DoW labor.

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Executive Summary

The Department of War (DoW) submits this annually updated report in response to section 746 of the James M. Inhofe National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023 (Public Law 117-263), “Composition of Medical Personnel in each Military Department and Related Matters.” This third annual report provides information regarding the number and description of medical positions above grade O-6; the number of medical personnel below grade O-7; and any plans to reduce positions since the second-year response. This report also provides updated information about the Medical Officer of the Marine Corps position.

In general, casualty flow estimates and operational requirements continue to determine DoW’s Active Component (AC) and Reserve Component (RC) medical manpower authorizations and force mix. The Military Departments validate manpower to military requirements using operational plans (OPLANS) aligned to the National Defense Strategy.

Introduction

The Military Health System (MHS) ensures medically ready forces, trains, and sustains ready medical forces, and delivers care to over 9.6 million TRICARE beneficiaries. The MHS delivers care worldwide at military medical treatment facilities (MTFs) and through the TRICARE Health Plan private sector care network.

This report fulfills the requirement to provide an annual report to the Committees on Armed Services of the Senate and the House of Representatives on the DoW’s medical force composition, namely the number and description of medical positions above grade O-6 (i.e., general officers (GOs) and flag officers (FOs)); the number of medical personnel below grade O-7; and plans to reduce medical GO/FO positions. This report also provides an updated assessment of the Medical Officer of the Marine Corps position and reconfirms how authorizations are validated against military requirements.

Detailed position descriptions, geographic location, and span of control were compared in the initial report; this report is an annual follow-up, providing a summary of any changes to these covered senior medical officer positions.

The data and findings in this report relate primarily to active duty medical personnel assigned by and within the Army, Navy, and Air Force, although a few of these senior medical officer positions are assigned to joint organizations. The Navy provides medical forces to the Marine Corps, and the Air Force provides medical support to the Space Force.

Military Medical Personnel Composition

In accordance with Department of Defense Instruction 6000.13, “Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOs),” December 20, 2015, as amended, the Office of Assistant Secretary of War for Health Affairs (ASW(HA)) establishes and maintains the Health Manpower and Personnel Data System (HMPDS) — a centralized database of assigned health care personnel authorized positions or billets and end strength by FY. The HMPDS is the primary DoW source for health care personnel data and is used when providing data to organizations outside an individual Military Department.

The medical force composition described herein, as required by section 746(b) of the James M. Inhofe NDAA for FY 2023 (Public Law 117-263), comes primarily from the most recent HMPDS annual report for FY 2024. The HMPDS measures authorizations and end strength, not assignment or clinical availability. Table 1 below describes active duty health profession force end strength <O-7 in FY 2024 by Component, including those that are considered in training.

Table 1

Component	Enlisted	Warrant Officers	Officers <O-7
Department of the Army	30,130	154	15,046
Department of the Navy	23,448	---	9,802
Department of the Air Force	17,354	---	10,988

Table 2 below describes Reserve and Guard health profession force end strength <O-7 in FY 2024 by Component.

Table 2

Component	Enlisted	Warrant Officers	Officers <O-7
Army National Guard	14,319	3	5,040
Army Reserve	13,764	58	7,998
Navy Reserve	4,209	---	2,312
Air National Guard	4,732	---	2,844
Air Force Reserve	5,252	---	2,883

The Military Departments reported the following authorized positions or billets and end strength measurements.

Since FY 2023, the aggregate number of AC Army Medical Department (AMEDD) GO (> O-6 rank) positions in the Department of Army is unchanged at 14. The aggregate number of RC AMEDD GO positions within the Department has also remained constant at 17. The following changes were made to the position description, responsibilities, span of control, or location of these officers.

- No positions were eliminated or downgraded between FY 2023 and FY 2024.

- There were no changes to the title or geographic locations of GOs in medical from FY 2023 to FY 2024.
- Since 2023, the Medical Readiness Command Commanding Generals are also dual hatted as Defense Health Network Directors with extended span of control and responsibility.
- Currently the Army has a total of 15 U.S. Army Reserve and 2 National Guard authorizations and 14 assigned GOs.
- Army Medicine has two GOs who are filling joint billets. The Chief of Staff of the Army sets GO fill priorities.
- The Army is currently transforming in response to the DoW and Army transformation initiatives. At this time, there are no approved plans for reductions to GO force structure.
- The Army does not recommend a specific number of GOs to serve in Army medical positions. The Army annually reassesses requirements for medical GOs to inform general board selection requirements and assignments.

Since the FY 2023-2024 report, no positions above the grade of O-6 in Navy were eliminated nor downgraded/upgraded. The following changes were made to the position description, responsibilities, span of control, or location of these officers.

- Per section 509B of the Servicemember Quality of Life Improvement and NDAA for FY 2025 (Public Law 118-159), the Medical Officer of the Marine Corps is now filled by a Navy FO in the grade of rear admiral (lower half) (RDML) and the officer serving in this position is excluded from the Navy's statutory active duty headspace limitations.
- Title change from, "Commander, Naval Medical Forces Support Command," to, "Commander, Naval Medical Forces Development Command."

Since the FY 2023-2024 report, the number of medical positions above the grade of O-6 in the Air Force has increased by 3. No positions were eliminated. The following changes were made to the position description, span of control, or location of these officers.

- The 59th Medical Wing Commander (MDW/CC) position was downgraded from O-8 to O-7 in FY 2024 to facilitate the required Air Force Medical Command (AFMEDCOM) structure. The 59 MDW/CC position is now dual hatted with Defense Health Network Central, Defense Health Agency.
- The positions of Director of Manpower, Personnel, and Resources; Assistant Surgeon General, Medical Operations; and Commander, Air Force Medical Readiness Agency were repurposed for the establishment of AAFMEDCOM.

- Switch to Senior Executive Service (SES) – The duties of Deputy Surgeon General are unchanged, but the position has converted from military to SES.
- The 4 positions created (Commander (Alpha), AFMEDCOM (AFMEDCOM/CC(A)); Commander (Bravo), AFMEDCOM (AFMEDCOM/CC(B)); Director, Policy & Resources Directorate (SGMED); and Deputy Commander, AFMEDCOM (AFMEDCOM/CD)) have added span of control due to and upon creation. Please see the Appendix for further details.
- In FY 2024, there was one vacant position: AFMEDCOM/CD which was created with the AFMEDCOM stand-up and not filled prior to the end of FY 2024.

The Defense Health Agency reports no changes in the number of covered positions assigned to it; however, the following title changes were made.

- The position title was changed from Director, Small Market and Stand Alone MTF Organization to Assistant Deputy Director, Healthcare Administration.
- The name changed from Defense Health Agency, San Antonio Market to Defense Health Network Central, Defense Health Agency.
- The Chief of Staff position was increased from an O-7 to an O-8.

Each Military Department continually models force structure to develop requirements for GOs/FOs, including the complexity of programs and span of control. Future determinations continue to be informed by global medical risks and take place through the planning and programming processes.

Conclusion

This report provided the updated number of medical positions above grade O-6; the number of medical personnel below grade O-7; and any approved plans to reduce positions.

The Military Departments continue to validate manpower to military requirements using OPLANS, although there is a concerted effort underway to move towards dynamic, scenario-based models to better estimate casualty flows from theater and improve decision making precision for medical force structure.

Appendix

AFMEDCOM Medical Readiness Commands (MRCs) – Alpha and Bravo (AFMEDCOM/CC(A) and AFMEDCOM/CC(B))

The AFMEDCOM/CC(A) and AFMEDCOM/CC(B) support the Commander, AFMEDCOM (AFMEDCOM/CC) in all matters associated with execution of medical operations for the subordinate activities under their purviews. In this capacity, the AFMEDCOM/CC(A) and AFMEDCOM/CC(B) ensure the readiness of Unit Manpower Document-aligned AFMEDCOM medical forces within their commands and prepares forces for deployment and employment. The AFMEDCOM/CC(A) and AFMEDCOM/CC(B) have mission authority to commit resources within their respective MRC constructs, and to make decisions on the placement of military medical personnel in support of medical services/healthcare delivery. For Combatant Commander (CCDR)-assigned AFMEDCOM military medical personnel, the AFMEDCOM/CC(A) and AFMEDCOM/CC(B) will coordinate and gain CCDR approval to move personnel outside the CCDR area of responsibility. The AFMEDCOM/CC(A) and AFMEDCOM/CC(B) will also execute plans, programs, and procedures to support worldwide Department of the Air Force health service support missions at the direction of the AFMEDCOM/CC. Additionally, the AFMEDCOM/CC(A) and AFMEDCOM/CC(B) are designated as the dual-hatted network directors for Defense Health Network Central and Defense Health Network Continental, respectively.

Director, SGMED

A GO director oversees strategy and policy development of Air Force Surgeon General (AF/SG) force development and management of medical community, medical operations, logistics and installation support, strategy and capabilities, medical information, manpower and resources.

Commander, Air Force Medical Command (AFMEDCOM/CC) – dual hat AF/SG

1. AF/SG will retain the position's current duties in addition to those of the AFMEDCOM/CC
2. The AFMEDCOM/CC is the GO commander of all AFMEDCOM personnel. As the commander, it is necessary to retain all manpower and resources in the current Air Force Medical Field Operating Agency to perform medical force management and training; medical operations; medical intelligence, plans, and logistics; medical plans and requirements; medical information operations; medical force structure and resources; and medical research and analytics. The AFMEDCOM/CC, in coordination with the Major Commands Surgeons General, will: oversee and execute aerospace medicine, health service support, medical readiness functions; develop operational medical capabilities; and conduct and support world-wide deployed medical operations. Additionally, the AFMEDCOM/CC is responsible for mobilization and demobilization operations of AFMEDCOM personnel. These functions all have operational and expeditionary applications and do not represent a duplication of Defense Health Agency roles and responsibilities or related Defense Health Agency manpower and resources.

AFMEDCOM/CD

Shares with the AFMEDCOM/CC the full scope of responsibility for directing the activities of AFMEDCOM and, in the AFMEDCOM/CC's absence, possesses the same authority and prerogatives.