

MSMR



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Medical Surveillance for Military Readiness

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Absolute and Relative Morbidity Burdens Attributable to Various Illnesses and Injuries Among Active Component Members of the U.S. Armed Forces, 2025

Since 2001, *MSMR* has published annual reports describing the morbidity burden among U.S. military personnel,¹ using a classification system derived from the Global Burden of Disease (GBD) Study.^{2,3} The GBD is a global, comprehensive epidemiological effort that systematically quantifies the magnitude of hundreds of diseases, injuries, and associated risk factors.⁴ By measuring disease incidence and prevalence in a highly standardized manner, the GBD framework establishes a vital methodological standard that enables robust health comparisons among diverse populations as well as over time.⁵

To employ the global GBD standard within a military population, *MSMR* adapts GBD's operational framework to adjust for the unique occupational realities and readiness requirements of the U.S. Armed Forces. While the GBD framework relies on the International Classification of Diseases, 10th Revision (ICD-10), Clinical Modification, the standard chapter-based ICD-10 organization of more than 68,000 codes is not suitably structured for a description of specific functional burdens affecting military service members. Consequently, *MSMR* refines the ICD-10 code groupings into a custom framework that prioritizes the conditions and non-battle injuries with the most impacts on mission readiness.

This specialized framework is fundamentally shaped by the unique demographic composition and occupational requirements of active component service members (ACSMs). As a cohort defined by relative youth and baseline physical fitness, the force primarily consists of individuals who enlist or are commissioned between the ages of 17 and 25 years, with the vast majority concluding service by age 50 years. According to 2025 Defense Medical Surveillance System (DMSS) data,

the ages 20-24 years and 25-29 years cohorts remain the largest segments of the force, while women now account for 19.9% of the active component.

Beyond these demographics, the health of the force is driven by systemic military factors that differentiate it from the general population. Rigorous pre-accession medical screening establishes a high baseline of health, while mandatory periodic health assessments facilitate the early detection and management of clinical conditions. Furthermore, the combination of high-intensity training, unique lifestyle stressors, and universal access to no-direct cost health care may concentrate morbidity within specific clinical areas. Collectively, these factors result in a morbidity profile dominated by conditions prevalent in young, physically active populations, most notably injuries, behavioral health conditions, and musculoskeletal disorders.⁶

Prior *MSMR* reports indicate that categories of illness and injury requiring hospitalization have historically differed from illness and injury categories that result in the most outpatient visits.^{7,8} Added requirements for military readiness are likely a major factor in outpatient health care provision, but rarely for hospitalization. The categories of medical conditions that account for the most medical encounters overall may differ from those that affect the most individuals or have the most debilitating or long-lasting effects.²

This annual summary uses 3 health care burden measures to quantify the impacts of various illnesses and injuries among members of the active component of the U.S. Armed Forces in 2025, including the total number of medical encounters, the number of individuals affected, and total hospital bed days. A consistent and comparative description of the burden of diseases and injuries, and sub-populations

What are the new findings?

In 2025, the burden of health care for U.S. service members in the active component was determined by medical diagnostic categories within a limited range: Injuries, mental health disorders, and musculoskeletal diseases accounted for the vast majority of health care provided. This concentration was most evident in ambulatory, or outpatient, care, to which only 5 specific conditions constituted one-third of all outpatient medical encounters. Inpatient treatment for mental health-related disorders comprised 51.0% of all hospital bed days for active component service member health care.

What is the impact on readiness and force health protection?

The persistent dominance of injuries, mental health disorders, and musculoskeletal diseases in Military Health System provision of care demonstrates a critical, ongoing vulnerability in force health protection that also requires sustained preventive and rehabilitative care. Addressing these outpatient and inpatient health care burdens is essential for minimizing lost duty time and optimizing the operational readiness of the force.

affected, provides valuable information to inform policy or preventive measures to sustain the medical readiness of the force.

Methods

The population for this analysis included all individuals who served in the active components of the Army, Navy, Air Force, Marine Corps, or Space Force at any time during the surveillance period of January 1, 2025 through December 31, 2025. Each service member contributed encounters and person-time only for actual months served during the surveillance period.

All data in this analysis were derived from records maintained in the DMSS, which documents both ambulatory care encounters and hospitalizations of active component members of the U.S. Armed Forces. DMSS contains all encounters in military medical and civilian treatment facilities when reimbursed through the Military Health System (MHS). Encounters not routinely and completely documented within fixed military and non-military hospitals and medical clinics (e.g., during deployments, field training exercises, or at sea) were excluded from these analyses.

DMSS data for all inpatient and outpatient medical encounters of ACSMs during the surveillance period were summarized according to the primary (i.e., first-listed) diagnosis if documented with an ICD-10 code between A00 and T88, in addition to an ICD-10 code beginning with Z37 (“outcome of delivery”) or U.S. Department of War (DOW) unique personal history codes DOD0101–DOD0105 (“personal history of traumatic brain injury”).

All illness- and injury-specific diagnoses, as defined by ICD-10 codes, are grouped into 25 burden of disease-related categories, comprising 157 medical conditions, based on a modified version of the classification system developed for the GBD Study.² This classification system was developed by the *MSMR* editorial staff in 2001 and is updated annually. The GBD system groups diagnoses with common pathophysiological or etiological bases or significant DOW health policy importance. In this report, some diagnoses grouped into single categories in the GBD system (e.g., mental health disorders) were disaggregated to increase military relevance. In addition, injuries are now classified by affected anatomical site rather than by cause, as external causes of injuries are not required to be documented by health care providers.

The morbidity burdens attributable to various conditions were estimated based on the total number of medical encounters associated with each condition, i.e., total hospitalizations and ambulatory visits for the condition, with a limit of 1 encounter for an individual per condition each day; and numbers of service members affected by each condition, i.e., individuals with at

least 1 medical encounter for the condition during the year; as well as total bed days during hospitalizations for each condition.

Results

Morbidity burden, by category

In 2025, U.S. ACSMs (n=561,410) experienced medical encounters due to injury more than any other morbidity-related category (**Figure 1a**). Ranking third in terms of hospital bed days, injuries accounted for about one-tenth (10.4%) of all hospitalizations (**Figure 1b**). The injury category combines ICD-10 ‘S’ (“injury”) and ‘T’ codes (“burns and poisonings”), but injuries account for about 98.1% of ambulatory encounters within the category (data not shown).

Mental health disorders accounted for more hospital bed days (n=197,442) than any other morbidity-related category, contributing over half (51.0%) of all hospital bed days, ranking fifth for individuals affected (**Figures 1a, 1b**). Together, the injury and mental health disorder categories accounted for over two-thirds (61.4%) of all hospital bed days and 42.8% of all medical encounters in 2025.

Maternal conditions (pregnancy complications, delivery) accounted for a relatively large proportion of all hospital bed days (n=56,746, 14.7%) but a much smaller proportion of medical encounters overall (n=203,023, 1.5%) (**Figures 1a, 1b**). As women comprised only 19.9% of the active component in 2025, these aggregated statistics understate the impact of maternal health within the force.

Medical encounters, by condition

In 2025, almost one-third (33.3%) of all illness- and injury-related medical encounters resulted from 5 medical conditions: other back problems (lower back pain, other dorsalgia), knee injuries, arm and shoulder injuries, organic sleep disorders (insomnia, obstructive sleep apnea), and anxiety (**Figure 2**). Moreover, the 10 conditions associated with the most medical encounters constituted more than half (55.1%) of all illness- and injury-related medical encounters.

The categories of major medical conditions that accounted for the most health care encounters by ACSMs in 2025 were predominantly injuries, mental health disorders, and musculoskeletal diseases. The most frequent injury-related medical encounters involved the knee (6.5%), arm or shoulder (6.2%), foot or ankle (3.7%), and leg (3.2%) (**Table**). Mental health-related disorder diagnoses resulted most frequently from anxiety (5.9%), adjustment (4.3%), mood (4.2%), and substance abuse disorders (2.9%). Other back problems (8.6%), all other musculoskeletal diseases (4.3%), and cervicgia (1.6%) generated the most medical encounters caused by musculoskeletal diseases. COVID-19 accounted for just 0.1% of total medical encounters by ACSMs in 2025, ranking eighty-first.

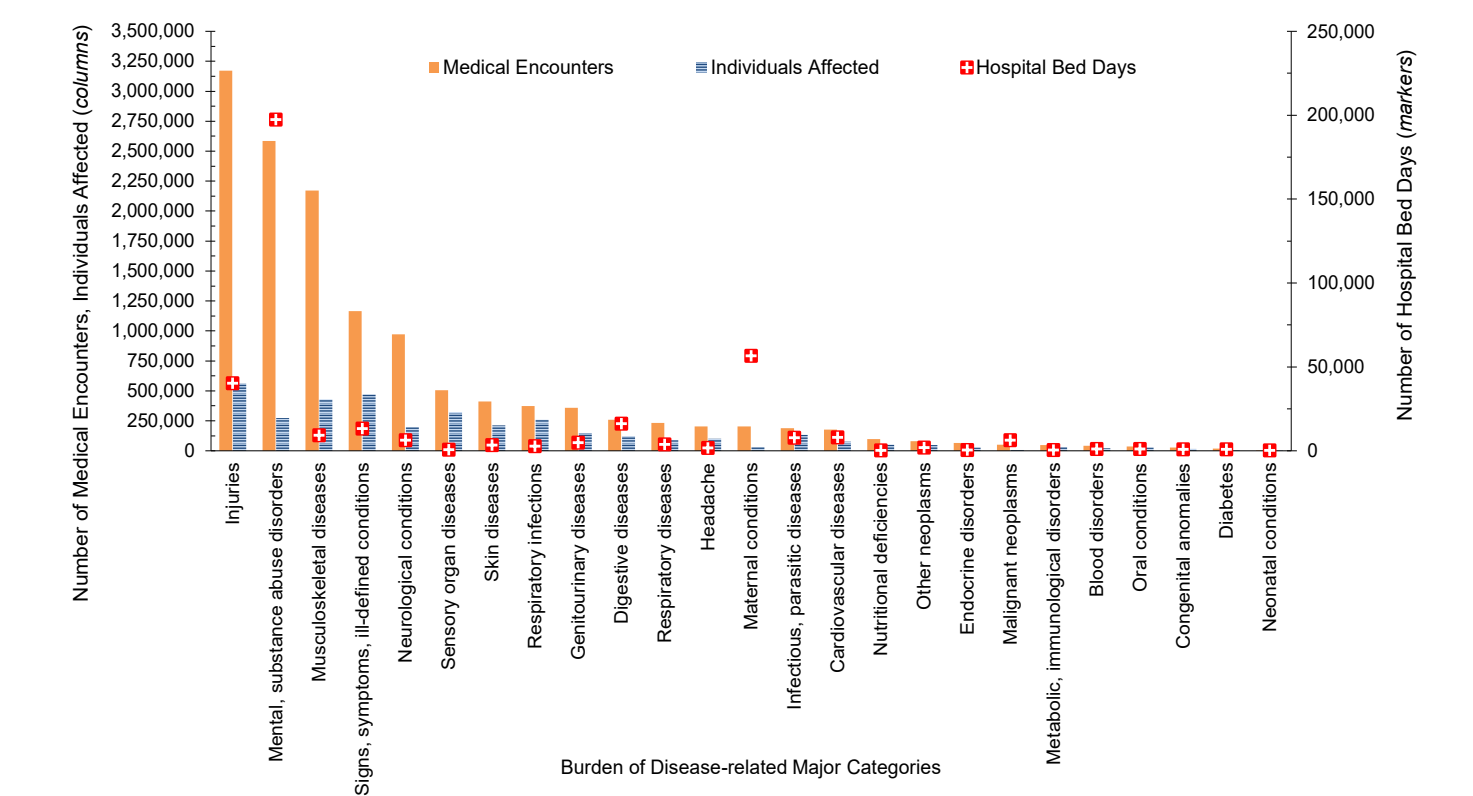
Individuals affected, by category

In 2025, the 10 categories of conditions that affected the most service members were injuries (knee, arm/shoulder); symptoms, signs, and other ill-defined conditions (all other symptoms, signs); musculoskeletal diseases (other back problems, all other musculoskeletal diseases); respiratory infections (upper respiratory infections); sensory organ diseases (refraction, accommodation); neurological conditions (organic sleep disorders); skin diseases (all other skin diseases); and respiratory diseases. COVID-19 affected 10,414 service members and ranked sixty-ninth for members affected, a considerable decrease in rank from forty-seventh in 2024.

Hospital bed days, by condition

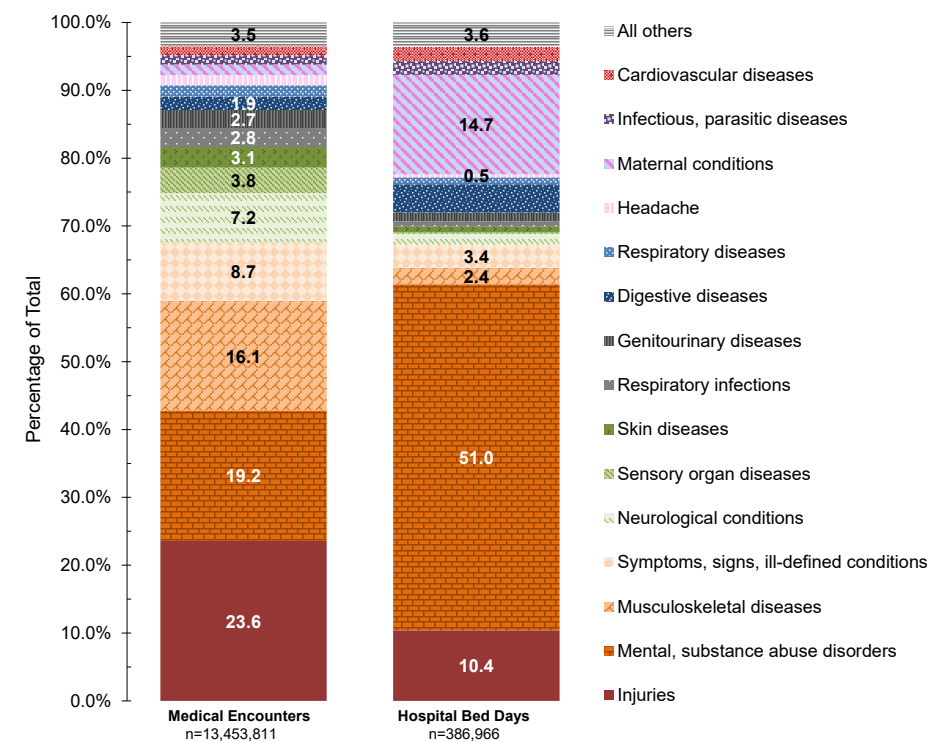
Substance abuse and mood disorders accounted for nearly one-third (31.9%) of all hospital bed days in 2025 (**Figure 3**). Four mental health disorders (substance abuse, mood, adjustment, anxiety) and 2 maternal conditions (pregnancy complications, delivery) accounted for almost two-thirds (60.2%) of all hospital bed days in 2025 (**Table, Figure 3**). About 10.4% of all hospital bed days in 2025 were attributable to injury or poisoning. COVID-19 accounted for only 0.05% of total hospital bed days for ACSMs in 2025 (**Table**).

FIGURE 1a. Numbers of Medical Encounters^a, Individuals Affected^b and Hospital Bed Days by Burden of Disease Major Category^c, Active Component, U.S. Armed Forces, 2025



^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.
^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease Study.^{2,3}

FIGURE 1b. Percentages of Medical Encounters^a and Hospital Bed Days Attributable to Burden of Disease Major Categories^b, Active Component, U.S. Armed Forces, 2025

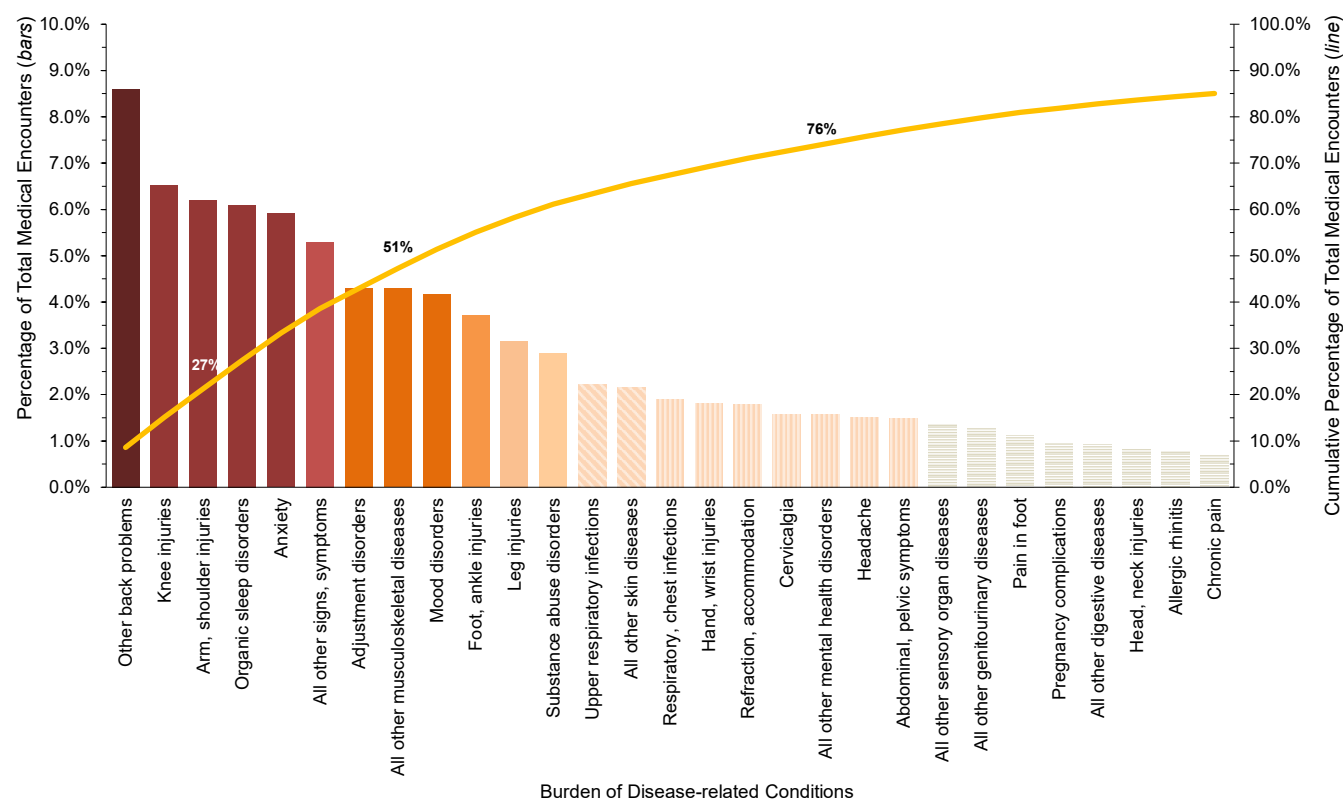


Relationships between indicators of health care

There was a strong positive correlation between numbers of medical encounters attributable to various conditions with numbers of individuals affected by those conditions ($r=0.85$) (data not shown). The 3 leading causes of medical encounters were among the 5 conditions that most affected individuals (Table), while weak-to-moderate positive relationships were detected between positive numbers of hospital bed days attributable to conditions with numbers of individuals affected by those conditions ($r=0.21$), or numbers of medical encounters related to a medical condition ($r=0.41$). For example, substance abuse disorders and labor and delivery ranked high in terms of total bed days, but these conditions had relatively small impacts on ACSMs in 2025.

^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Burden of disease major categories based on modified version of those defined in Global Burden of Disease Study.^{2,3}

FIGURE 2. Percentages and Cumulative Percentage Distribution, Burden of Disease-related Conditions^a that Accounted for the Most Medical Encounters, Active Component, U.S. Armed Forces, 2025



^a Burden of disease-related conditions based on modified version of those defined in Global Burden of Disease Study.^{2,3}

Discussion

Diagnostic category conditions for injuries, mental health disorders, and musculoskeletal diseases continue to represent a collective majority of morbidity burden among ACSMs. In 2025, injuries alone surpassed 3.1 million medical encounters, representing the largest single proportion of the ambulatory care burden; this high frequency of health care provision underscores the persistent challenge of physical trauma to force health protection and readiness.

Analysis of diagnostic distributions reveals a stark divergence between ambulatory medical encounters and inpatient care requirements. While injuries command the largest share of outpatient encounters, mental health disorders impose a disproportionately higher gross burden on both inpatient resources and the force population. In 2025, mental health conditions

affected nearly 275,000 ACSMs and resulted in 197,442 hospital bed days. Despite ranking second in total encounters, at approximately 2.6 million, the inpatient burden of mental health care was more than 4 times that of injuries. This disparity indicates that mental health conditions—mood disorders, adjustment disorders, and substance abuse—represent a highly intensive, long-term resource requirement for a substantial portion of the military population. Intensive inpatient provision of care contrasts with the broader, enduring operational impact of physical trauma. As a previous study reported,⁹ injuries are historically the single leading cause of death, disability, and loss of person-time among U.S. military service members. This sustained ambulatory burden is largely driven by exposure to intense physical demands during training and within operational environments, which continually increases risk of musculoskeletal injury and significant morbidity among military personnel.¹⁰

Musculoskeletal diseases also maintain a highly disproportionate impact on overall operational readiness. Ranking third in terms of total medical encounters (approximately 2.2 million encounters), musculoskeletal diseases conditions—such as back problems, knee injuries, and arm/shoulder issues—constitute a major relative share of the daily health strain on the force. While these conditions do not represent a dominant share of hospital bed days, the high volume in ambulatory settings highlights the need for continuous, rehabilitative care to ensure force readiness.

A comparison of proportional health care burdens reveals that medical resource usage remained stable between 2024 and 2025, with only a few notable shifts. In ambulatory care, the most prominent change was a proportional decrease in musculoskeletal disease encounters—falling from 17.1% in the 2024 report⁶ to 16.1% in 2025—concurrent with a slight increase in mental health disorder encounters

TABLE. Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Armed Forces, 2025

Major Category Condition ^a	Medical Encounters ^b		Individuals Affected ^c		Hospital Bed Days	
	No.	Rank ^d	No.	Rank ^d	No.	Rank ^d
Total	13,453,811				386,966	
Injury, poisoning	3,171,783				40,208	
Knee injuries	877,933	2	170,764	6	1,142	38
Arm, shoulder injuries	833,966	3	153,116	9	3,439	21
Foot, ankle injuries	498,572	10	146,334	11	2,031	29
Leg injuries	425,595	11	104,470	16	5,946	14
Hand, wrist injuries	243,880	16	85,931	18	1,081	40
Head, neck injuries	108,598	27	53,972	26	9,370	9
Back, abdomen injuries	53,681	37	30,722	35	4,011	20
Other complications not otherwise specified	37,025	46	20,996	46	7,791	10
Unspecified injuries	27,887	51	18,867	52	981	41
Other harm from external causes	25,599	55	16,295	59	411	64
Environmental injuries	22,345	60	16,811	57	924	44
Poisoning, non-drug	5,803	106	4,436	93	318	68
Poisoning, drug	4,357	112	1,534	111	2,530	25
All other injuries	3,101	119	2,612	105	126	94
Other superficial injuries	1,865	125	851	121	5	145
Other burns	1,547	129	1,036	118	90	98
Under-dosing	29	157	17	156	12	138
Mental health disorders	2,585,663				197,442	
Anxiety	795,196	5	124,190	13	20,599	5
Adjustment disorders	578,881	7	110,452	15	40,085	3
Mood disorders	561,371	9	71,117	20	61,187	2
Substance abuse disorders	390,508	12	30,277	37	62,096	1
All other mental health disorders	210,432	19	64,129	23	4,340	16
Personality disorders	19,348	67	3,437	97	2,291	26
Psychotic disorders	15,785	72	1,448	112	6,304	11
Somatoform disorders	9,522	90	3,125	100	523	59
Tobacco dependence	4,620	111	2,871	104	17	131
Musculoskeletal diseases	2,170,706				9,244	
Other back problems	1,156,517	1	240,130	2	4,101	19
All other musculoskeletal diseases	577,168	8	189,654	5	4,204	17
Cervicalgia	212,076	18	57,838	24	45	110
Pain in foot	151,592	24	69,360	21	14	135
Osteoarthritis	43,136	43	20,399	48	440	62
Other knee disorders	14,902	74	6,501	76	323	67
Other shoulder disorders	11,802	83	5,593	82	53	103
Rheumatoid arthritis	3,513	117	1,271	115	64	100
Signs, symptoms, ill-defined conditions	1,166,567				13,264	
All other signs, symptoms	711,930	6	320,165	1	11,434	7
Respiratory, chest	253,618	15	152,535	10	875	46
Abdomen, pelvis	201,019	21	126,655	12	955	42
Neurological conditions	972,935				6,268	
Organic sleep disorders	820,430	4	165,694	7	509	61
Chronic pain	90,942	29	29,748	38	192	84
All other neurologic conditions	41,827	45	16,317	58	4,513	15
Other mononeuritis, upper and lower limbs	10,657	86	5,298	85	58	102
Epilepsy	6,420	103	1,950	110	803	48
Multiple sclerosis	2,435	123	438	131	191	85
Parkinson's disease	224	150	51	148	2	151

TABLE (cont). Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Armed Forces, 2025

Major Category Condition ^a	Medical Encounters ^b		Individuals Affected ^c		Hospital Bed Days	
	No.	Rank ^d	No.	Rank ^d	No.	Rank ^d
Sensory organ diseases	506,209				750	
Refraction, accommodation	239,456	17	202,138	4	0	154
All other sense organ diseases	181,530	22	113,468	14	716	50
Hearing disorders	67,062	35	41,321	27	27	119
Glaucoma	16,426	70	11,140	68	3	148
Cataracts	1,735	128	984	119	4	146
Skin diseases	410,974				3,498	
All other skin diseases	290,903	14	162,270	8	3,437	22
Sebaceous gland diseases	74,380	33	40,950	29	14	135
Contact dermatitis	45,691	41	34,145	32	47	107
Infectious, parasitic diseases	189,595				7,833	
All other infectious, parasitic diseases	84,880	31	56,583	25	6,270	12
Unspecified viral infection	26,523	52	24,605	43	21	123
Tinea skin infections	24,964	56	19,582	49	0	154
Diarrheal diseases	20,429	63	17,867	55	871	47
STDs	13,144	80	9,868	70	148	90
COVID-19	12,139	81	10,414	69	210	81
Chlamydia	5,158	110	4,620	92	38	113
Hepatitis B, C	1,326	131	543	128	20	127
Tuberculosis	449	143	223	140	119	95
Intestinal nematode infection	282	149	253	138	6	143
Malaria	204	151	92	145	88	99
Tropical cluster	59	155	36	152	8	140
Bacterial meningitis	38	156	20	155	34	114
Respiratory infections	374,206				2,834	
Upper respiratory infections	300,034	13	223,119	3	566	57
Lower respiratory infections	48,119	39	34,249	31	2,247	28
Otitis media	26,053	54	20,864	47	21	123
Respiratory diseases	231,586				3,875	
Allergic rhinitis	103,858	28	33,853	33	7	142
All other respiratory diseases	43,348	42	25,539	40	3,323	24
Asthma	32,255	49	14,780	60	211	80
Chronic sinusitis	19,992	64	13,283	64	43	111
Deviated nasal septum	16,097	71	9,022	71	227	78
Chronic rhinitis	9,213	92	6,939	73	15	133
Chronic obstructive pulmonary disease	6,823	100	5,745	80	49	105
Genitourinary diseases	360,138				4,991	
All other genitourinary diseases	172,295	23	83,806	19	1,857	30
Female genital pain	54,862	36	24,407	44	50	104
Menstrual disorders	35,334	47	21,730	45	294	70
UTI, cystitis	24,434	57	18,405	54	286	72
Other breast disorders	23,083	59	12,119	65	278	74
Vaginitis, vulvitis	18,319	68	13,802	62	33	115
Kidney stones	14,860	75	6,285	78	596	55
Nephritis, nephrosis	13,723	78	4,909	89	1,568	34
Benign prostatic hypertrophy	3,228	118	2,102	109	29	118
Digestive diseases	258,098				16,217	
All other digestive diseases	124,240	26	64,498	22	9,469	8
Esophagus disease	49,177	38	28,905	39	690	51
Other gastroenteritis, colitis	46,561	40	30,697	36	1,735	33
Constipation	19,648	66	13,712	63	174	88
Inguinal hernia	9,416	91	3,813	96	208	82
Appendicitis	7,023	99	2,941	103	3,395	23
Peptic ulcer disease	1,197	133	742	123	289	71
Cirrhosis of liver	836	137	204	142	257	75

TABLE (cont). Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Armed Forces, 2025

Major Category Condition ^a	Medical Encounters ^b		Individuals Affected ^c		Hospital Bed Days	
	No.	Rank ^d	No.	Rank ^d	No.	Rank ^d
Maternal conditions	203,023				56,746	
Pregnancy complications	126,363	25	25,187	42	36,229	4
All other maternal disorders	42,212	44	11,797	67	5,968	13
Delivery	17,846	69	8,414	72	12,644	6
Ectopic pregnancy, miscarriage, abortion	10,525	88	4,654	91	544	58
Puerperium complications	6,077	104	3,346	98	1,361	35
Headache	203,153				1,811	
Headache	203,153	20	99,681	17	1,811	31
Cardiovascular diseases	177,026				7,970	
All other cardiovascular diseases	87,612	30	41,318	28	4,198	18
Essential hypertension	68,504	34	36,574	30	281	73
Cerebrovascular disease	9,076	93	2,291	106	2,282	27
Ischemic heart disease	8,337	95	3,035	102	787	49
Inflammatory heart disease	2,809	121	1,332	113	400	65
Rheumatic heart disease	688	141	617	127	22	122
Other neoplasms	81,138				1,932	
All other neoplasms	30,461	50	19,187	51	1,259	37
Benign skin neoplasm	20,982	62	16,907	56	3	148
Neoplasm of uncertain behavior of skin	14,297	77	11,845	66	4	146
Lipoma	8,855	94	5,342	84	47	107
Uterine leiomyoma	6,543	102	3,091	101	619	54
Endocrine disorders	66,323				567	
Testicular hypofunction	15,550	73	6,399	77	0	154
Other thyroid disorders	14,430	76	5,484	83	314	69
Hypothyroidism	13,394	79	6,786	75	27	119
All other endocrine disorders	10,176	89	4,935	88	221	79
Polycystic ovarian syndrome	7,077	98	4,158	94	2	151
Unspecified disorder of pituitary gland	5,696	107	3,151	99	3	148
Malignant neoplasms	49,756				6,403	
All other malignant neoplasms	8,179	96	1,170	116	1,801	32
Lymphoma, multiple myeloma	6,791	101	623	126	516	60
Breast cancer	5,954	105	503	129	178	87
Melanoma, other skin cancers	5,515	109	2,109	108	46	109
Testicular cancer	4,118	113	643	125	196	83
Leukemia	3,860	114	302	137	937	43
Colon, rectal cancers	3,793	115	309	136	596	55
Brain	3,765	116	224	139	1,301	36
Thyroid	1,790	126	404	132	106	97
Prostate cancer	1,310	132	218	141	134	92
Mouth, oropharynx cancers	1,094	135	126	143	49	105
Cervix uteri cancer	919	136	491	130	18	129
Tracheal, bronchial, lung cancers	747	140	76	146	146	91
Pancreatic cancer	398	144	46	150	64	100
Stomach cancer	316	145	36	152	256	76
Liver cancer	313	146	37	151	14	135
Ovarian cancer	291	147	52	147	17	131
Bladder cancer	288	148	51	148	6	143
Esophageal cancer	188	153	14	157	20	127
Corpus uteri cancer	127	154	27	154	2	151
Metabolic, immunological disorders	47,154				496	
Lipoid metabolism disorders	26,205	53	19,566	50	27	119
Other metabolic disorders	10,592	87	5,758	79	416	63
Gout	7,575	97	3,877	95	32	116
Immunity disorders	2,782	122	928	120	21	123

(rising from 18.7% to 19.2%). Injury-related hospital bed days demonstrated the largest relative decline, dropping from 11.3% in 2024 to 10.4% in 2025. Conversely, the inpatient burden for infectious and parasitic diseases increased from 1.6% to 2.0%,

and maternal conditions rose slightly, from 14.4% to 14.7%.

This analysis, like those of prior years, documents that relatively few illnesses and injury conditions account for most of the morbidity and health care burdens that

affect U.S. military members. Illnesses and injuries that disproportionately contribute to morbidity and health care burdens should be high-priority targets for preventive action, research, and resources.

TABLE (cont). Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Armed Forces, 2025

Major Category Condition ^a	Medical Encounters ^b		Individuals Affected ^c		Hospital Bed Days	
	No.	Rank ^d	No.	Rank ^d	No.	Rank ^d
Nutritional disorders	98,728				284	
Overweight, obesity	74,906	32	33,428	34	21	123
All other nutritional disorders	23,624	58	18,552	53	31	117
Protein-energy malnutrition	198	152	106	144	232	77
Blood disorders	41,609				1,191	
All other blood disorders	11,811	82	5,634	81	648	53
Other non-deficiency anemias	11,750	84	6,815	74	349	66
Iron deficiency anemia	11,726	85	5,255	86	161	89
Hereditary anemias	5,696	107	4,705	90	18	129
Other deficiency anemias	626	142	393	133	15	133
Oral conditions	37,567				1,095	
All other oral conditions	34,415	48	25,497	41	1,086	39
Dental caries	2,344	124	2,247	107	0	154
Periodontal disease	808	138	755	122	9	139
Congenital anomalies	26,536				978	
All other congenital anomalies	21,796	61	13,927	61	680	52
Congenital heart disease	2,965	120	1,314	114	179	86
Other circulatory anomalies	1,775	127	711	124	119	95
Diabetes	19,929				885	
Diabetes mellitus	19,929	65	5,040	87	885	45
Conditions arising during perinatal period ^e	3,409				184	
All other perinatal anomalies	1,478	130	1,068	117	134	92
Low birth weight	1,132	134	345	135	8	140
Birth asphyxia, birth trauma	799	139	359	134	42	112

Abbreviations: No., number; STDs, sexually transmitted diseases; COVID-19, coronavirus 2019; UTI, urinary tract infection.

^a Burden of disease major categories and burden of disease-related conditions based on modified version of those defined in Global Burden of Disease Study.^{2,3}

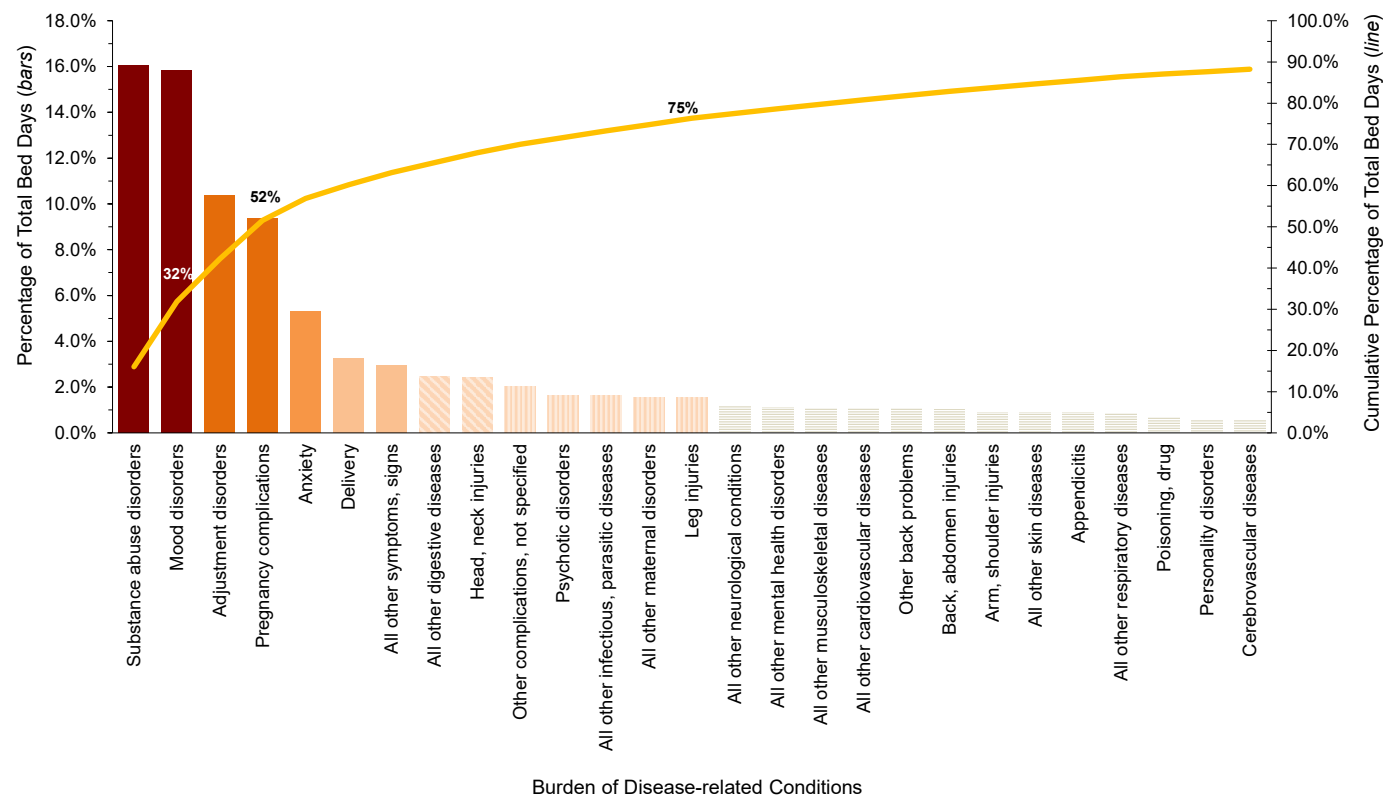
^b Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).

^c Individuals with at least 1 hospitalization or ambulatory visit for the condition.

^d Rank based on number of encounters, individuals affected or hospital bed days in respective columns within listing of 157 burden-related disease conditions. For medical encounters, 1 pair of tied values (n=5,696) given same ranking (107); for individuals affected, 1 pair of tied values (n=51) given same ranking (148); for hospital bed days, 5 pairs of tied values (n=27, n=21, n=14, n=3, n=2) given same ranking (119, 123, 135, 148 and 151); 7 pairs of tied values (n=20, n=18, n=17, n=15, n=8, n=6, n=4) given same ranking (127, 129, 131, 133, 140, 143, 146); 4 conditions ranked 154 (0).

^e Conditions affecting newborns erroneously coded on service member medical records.

FIGURE 3. Percentages and Cumulative Percentage Distribution, Burden of Disease-related Conditions^a that Accounted for the Most Hospital Bed Days, Active Component, U.S. Armed Forces, 2025



^a Burden of disease-related conditions based on modified version of those defined in Global Burden of Disease Study^{2,3}

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Hospitalizations Among Active Component Members of the U.S. Armed Forces, 2025

This report documents the frequencies, rates, trends, and distributions of hospitalizations among active component service members (ACSMs) of the U.S. Army, Navy, Air Force, Space Force, and Marine Corps during calendar year 2025. Summaries are based on standardized hospitalization records at U.S. military and non-military (reimbursed through the Military Health System) medical facilities worldwide that are routinely maintained in the Defense Medical Surveillance System (DMSS).

In this report, primary (i.e., first-listed) discharge diagnoses are considered indicative of the primary cause of hospitalization. As in prior *MSMR* reports, summaries are based on the first 3 digits of the International Classification of Diseases, 10th Revision (ICD-10) codes of the primary discharge diagnoses. Hospitalizations not routinely documented by standardized, automated records, e.g., during field training exercises or while shipboard, are not available in a centralized location for health surveillance purposes and are excluded from this report. Incidence rates were calculated per 1,000 person-years (p-yrs). Percent change in incidence was calculated using unrounded rates.

Frequencies, rates and trends

In 2025, 62,833 hospitalizations were recorded for ACSMs of the U.S. Army, Navy, Air Force, Space Force, and Marine Corps (**Table 1**); of these hospitalizations, 47.3% occurred in non-military facilities (data not shown).

Total crude hospitalization rates declined to a low of 49.2 per 1,000 p-yrs in 2025, from a high of 54.1 per 1,000 p-yrs in 2016 representing a decrease of 9.1% during the 10-year surveillance period. This decline was more pronounced in military

hospitals, falling from 37.2 per 1,000 p-yrs in 2016 to 25.9 per 1,000 p-yrs in 2025, representing approximately a 30% reduction over the same period. Between 2016 and 2019 hospitalization rates were relatively stable, fluctuating within a narrow range, but in 2020 rates dropped more than 10%. In 2021, the total hospitalization rate for military and non-military facilities rebounded to 51.3 per 1,000 p-yrs, approaching pre-pandemic levels. Meanwhile, the rates of hospitalization in military facilities remained stable from 2020 to 2021, declining thereafter through 2025 (**Figure 1**).

Hospitalizations, by ICD-10 major diagnostic categories

In 2025, merely 4 ICD-10 major diagnostic categories accounted for almost three-quarters (71.7%) of all active component hospitalizations: mental health disorders (29.9%), pregnancy and delivery (25.8%), injury and poisoning (8.2%), and digestive system diseases (7.9%) (**Table 1**). Consistent with findings from 2021 and 2023, hospitalizations for mental health disorders in 2025 accounted for more than any other major diagnostic category.

The largest absolute reduction in hospitalizations occurred in the mental health disorders diagnostic category, with 1,013 fewer hospitalizations in 2025 compared to 2023, constituting a 5.1% decline (**Table 1**). Several other categories experienced declines during the same period, including injury and poisoning (-360 hospitalizations, -6.6%), musculoskeletal diseases (-304 hospitalizations, -8.4%), 'other' factors influencing health status and contact with health services (-176 hospitalizations, -15.1%), and COVID-19-related admissions (-25 hospitalizations, -30.9%).

What are the new findings?

In 2025, overall hospitalization rates for U.S. active component service members fell to a 10-year low of 49.2 per 1,000 person-years, driven by a pronounced decline in admissions to military hospitals and clinics. While mental health disorders remained the leading cause of hospitalization, this category experienced the largest absolute decline in admissions compared to 2023, whereas pregnancy and delivery saw the greatest absolute increase.

What is the impact on readiness and force health protection?

The persistent health care burden of mental health disorders and physical injuries, with prolonged hospital stays and high admission rates in specific service branches, affects force readiness directly by increasing lost duty time. These findings suggest that force health protection can be optimized through targeted, service-specific interventions designed to address the distinct occupational hazards and demographic differences identified throughout the Joint Force.

The pregnancy and delivery diagnostic category represented the largest absolute increase when comparing 2023 to 2025, rising by 744 hospitalizations. The largest relative increases in hospitalizations were observed for infectious and parasitic diseases (+352 hospitalizations, +35.2%), nervous system and sensory organ diseases (+282 hospitalizations, +21.5%), respiratory system diseases (+239 hospitalizations, +17.1%), and skin and subcutaneous tissue diseases (+89 hospitalizations, +11.9%) diagnostic categories.

Hospitalizations, by sex

In 2025, the hospitalization rate—for all causes—among active component service women was more than 3 times that of service men (114.6 per 1,000 p-yrs

TABLE 1. Numbers, Rates^a and Rankings^b of Hospitalizations by ICD-9/ICD-10 Major Diagnostic Category, Active Component, U.S. Armed Forces, 2021, 2023 and 2025

Major Diagnostic Category (ICD-10)	2021			2023			2025		
	No.	Rate ^a	Rank ^b	No.	Rate ^a	Rank ^b	No.	Rate ^a	Rank ^b
Mental health disorders (F01–F99)	21,337	16.0	1	19,778	15.5	1	18,765	14.7	1
Pregnancy, delivery (O00–O9A, relevant Z codes)	16,589	12.4	2	15,448	12.1	2	16,192	12.7	2
Pregnancy, delivery (O00–O9A, relevant Z codes) ^c	16,589	71.8	2	15,448	68.9	2	16,192	69.4	2
Injury, poisoning (S00–T88, D0D0101–D0D0105)	5,915	4.4	3	5,490	4.3	3	5,130	4.0	3
Digestive system diseases (K00–K95)	5,288	4.0	4	4,770	3.7	4	4,936	3.9	4
Musculoskeletal system diseases (M00–M99)	3,953	3.0	5	3,598	2.8	5	3,294	2.6	5
Symptoms, signs, ill-defined conditions (R00–R99)	2,696	2.0	6	2,332	1.8	6	2,505	2.0	6
Circulatory system diseases (I00–I99)	1,668	1.3	9	1,668	1.3	7	1,655	1.3	7
Respiratory system diseases (J00–J99, U07.0)	1,251	0.9	12	1,399	1.1	9	1,638	1.3	8
Nervous system, sensory organ diseases (G00–G99, H00–H95)	1,307	1.0	10	1,312	1.0	10	1,594	1.2	9
Genitourinary system diseases (N00–N99)	1,715	1.3	7	1,461	1.1	8	1,580	1.2	10
Infectious, parasitic diseases (A00–B99)	948	0.7	14	999	0.8	13	1,351	1.1	11
Neoplasms (C00–D49)	1,281	1.0	11	1,141	0.9	12	1,228	1.0	12
Other (Z00–Z99, except pregnancy-related) ^d	1,694	1.3	8	1,166	0.9	11	990	0.8	13
Skin, subcutaneous tissue diseases (L00–L99)	718	0.5	15	751	0.6	14	840	0.7	14
Endocrine, nutritional, metabolic diseases (E00–E89)	542	0.4	16	537	0.4	15	555	0.4	15
Blood, immune disorders (D50–D89)	294	0.2	17	262	0.2	16	281	0.2	16
Congenital abnormalities (Q00–Q99)	239	0.2	18	256	0.2	17	243	0.2	17
COVID-19 (U07.1, U09.9)	1,052	0.8	13	81	0.1	18	56	0.0	18
Total	68,487	51.3		62,449	49.1		62,833	49.2	

Abbreviations: ICD, International Classification of Diseases, 10th Revision; No., number; COVID-19, coronavirus 2019.

^a Rate per 1,000 person-years.

^b Ranking of major diagnostic category based on number of hospitalizations.

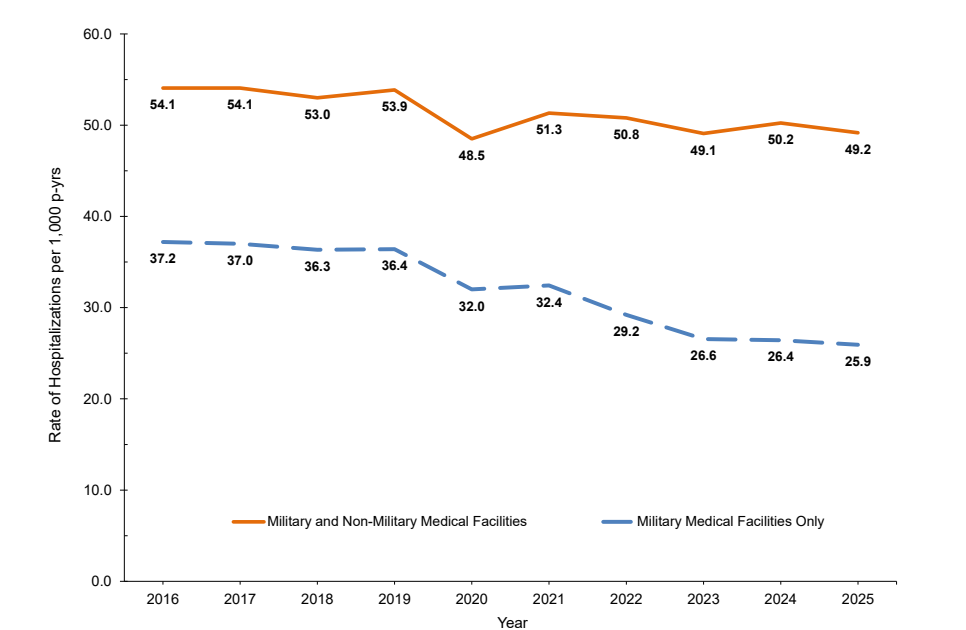
^c Rate of pregnancy and delivery-related hospitalizations among women only.

^d Other factors influencing health status and contact with health services (excluding pregnancy-related).

vs. 34.5 per 1,000 p-yrs, respectively). Excluding pregnancy and delivery, the rate of hospitalizations among women (45.2 per 1,000 p-yrs) was 30.9% higher than among men (34.5 per 1,000 p-yrs) in 2025 (data not shown). This rate difference was primarily due to hospitalizations for mental health disorders (female: male rate difference [RD] 5.8 per 1,000 p-yrs) and genitourinary system diseases (RD 2.2 per 1,000 p-yrs) (data not shown).

Excluding pregnancy and delivery, total hospitalization rates for most major diagnostic categories were comparable between men and women (data not shown), but sex-specific rates varied when stratified by age (**Figure 2**). Rates among women in all age groups were consistently higher for digestive system diseases, genitourinary system diseases, nervous and sensory organ diseases, endocrine and nutritional

FIGURE 1. Rates of Hospitalization, by Type of Medical Facility, Active Component, U.S. Armed Forces, 2016–2025



diseases, and blood and immune diseases. As in prior years, the sex disparity was greatest for conditions in the genitourinary system category, with women admitted at rates 3–5 times those of men of all age groups. Similarly, hospitalizations rates for neoplasms, congenital abnormalities, and blood and immune diseases were more than twice as high among women compared to men. In contrast, rates among men were higher than those among women in all age groups for conditions in the respiratory

system diseases category. Hospitalization rates for mental health disorders were markedly higher for women than men in the younger age groups (< 20 and 20–29 years); the gap narrowed significantly with age, and rates became nearly identical for the 30–39-years age group, after which the male rate was slightly higher.

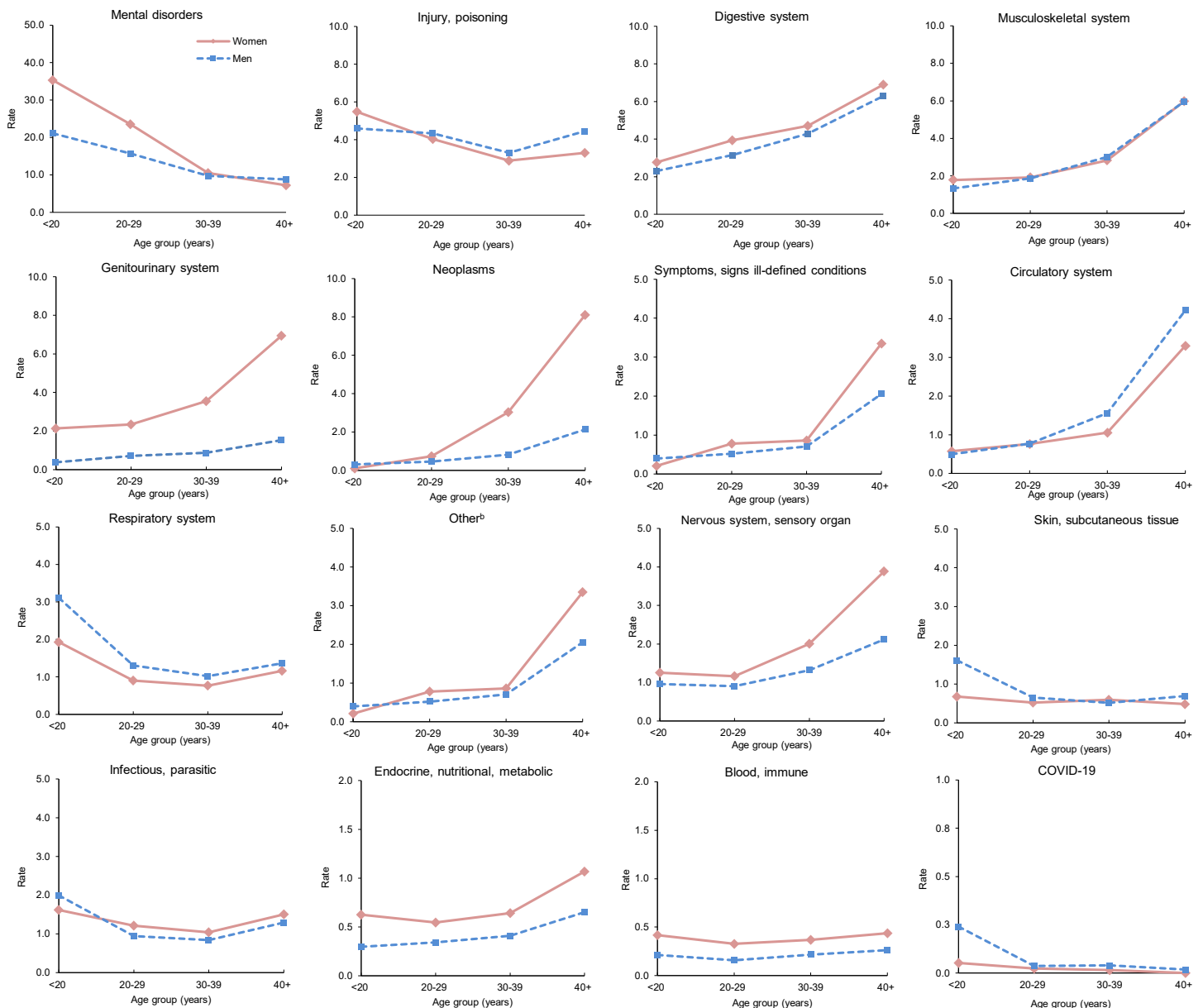
Hospitalization rates among both sexes generally increased with age for most diagnostic categories except mental health disorders, skin and subcutaneous tissue

diseases, and COVID-19. Rates decreased for both sexes with increasing age for mental health disorders and were relatively stable among all age groups for infectious and parasitic disease, skin and subcutaneous tissue disease, and blood and immune disease categories.

Most frequent diagnoses

Mental health disorder diagnoses, collectively, accounted for about 40% of all

FIGURE 2. Rates^a of Hospitalization by ICD-10 Major Diagnostic Category, Age Group and Sex, Active Component, U.S. Armed Forces, 2025



Abbreviations: ICD-10, International Classification of Diseases, 10th Revision; COVID-19, coronavirus 2019.

^aRate per 1,000 person-years

^bOther factors influencing health status and contact with health services (Z00–Z99, excluding pregnancy-related).

hospitalizations among men and—excluding pregnancy and delivery—among women. The pregnancy and delivery category was the leading major diagnostic category for women, accounting for over three-fifths (60.5%) of all female hospitalizations (**Table 3**). Adjustment disorders were the leading discharge diagnosis for mental health disorders among both men (n=4,771) and women (n=1,549) (**Tables 2, 3**) in 2025, accounting for over 30% of total mental health disorder hospitalizations. Besides adjustment disorders, the ranking of other frequent mental health diagnoses varied by sex: For men, the next most common conditions were alcohol dependence, major depressive disorder (recurrent severe without psychotic features), alcohol abuse, and unspecified depression, while, in contrast major depressive disorder was the second most frequent condition for women, followed by post-traumatic stress disorder (PTSD), alcohol dependence, and unspecified depression.

Durations of hospitalizations

When graphically represented, hospitalization durations demonstrate a highly right-skewed (positive) distribution, with the lower limit equal to 1 day and a mode of 3 days. Because hospital stay duration is not normally distributed, the median duration with interquartile range (IQR) was chosen as the best measure of central tendency. The median (IQR) duration of hospital stays (for all causes) has remained generally stable, at 3 (2-5) days, but increased to 4 (2-6) days in 2023 and remained at that level through 2025 (**Figure 3**).

Median duration days of hospitalization varied substantially by major diagnostic category. The shortest durations of stays (median days, IQR) were observed for genitourinary system, musculoskeletal system, and digestive system hospitalizations (2 days, 2-4). The longest stays were for mental health disorders (6 days, 4-10) and ‘other’ (6 days, 3-16) hospitalizations. The remaining categories had a median of 3 (2-7) days.

Five percent of hospitalization stays exceeded 10 days for one half of ICD diagnostic categories: blood and immune disorders (11 days); infectious and parasitic

diseases (13 days); circulatory system diseases (13 days); nervous system and sensory organ diseases (20 days); symptoms, signs and ill-defined conditions (23 days); neoplasms (24 days); injury and poisoning (26 days); mental health disorders (32 days); and ‘other’ (primarily orthopedic aftercare and rehabilitation following prior illness or injury accounted for a majority of these bed days; 46 days) (**Figure 4**).

Hospitalizations, by service

While pregnancy and delivery accounted for more hospitalizations than any other diagnostic category among active component members of the Air Force and Space Force, among ACSMs of the Army, Navy, and Marine Corps, mental health disorders were the leading cause of hospitalization (**Table 4**). Among all the services, the crude hospitalization rate for mental health disorders in 2025 was highest for Army ACSMs (16.3 per 1,000 p-yrs).

Injury was the third leading hospitalization category among Army and Marine Corps ACSMs, at 5.1 per 1,000 p-yrs and 4.6 per 1,000 p-yrs, respectively. Among Navy, Air Force, and Space Force ACSMs, the third highest rate of hospitalization was for the digestive system diseases category: 4.1, 3.3, and 4.2 per 1,000 p-yrs, respectively.

Discussion

The findings of this 2025 surveillance report document an overall decline in hospitalization rates among U.S. ACSMs over the past decade, driven largely by a 30% reduction in admissions to military facilities. Despite this general decline in overall rates, the burden of inpatient care remains heavily concentrated within a few major diagnostic categories, predominantly mental health disorders and pregnancy and delivery. While mental health-related hospitalizations experienced a modest absolute decline when compared to 2023, they continue to account for the largest proportion of admissions overall and constitute the leading cause of hospitalization for Army, Navy, and Marine Corps personnel. The prolonged durations of hospital stays associated with mental health conditions—frequently exceeding 10 days—evidences the substantial health care resources within the Military Health System required to manage conditions such as adjustment disorders, major depressive disorders, and alcohol dependence.

Significant demographic and service-specific variations also persist, most notably the markedly higher overall admission rates among service women (114.6 per 1,000 p-yrs) compared to service men (34.5

FIGURE 3. Durations of Hospital Stays, Active Component, U.S. Armed Forces, 2016–2025

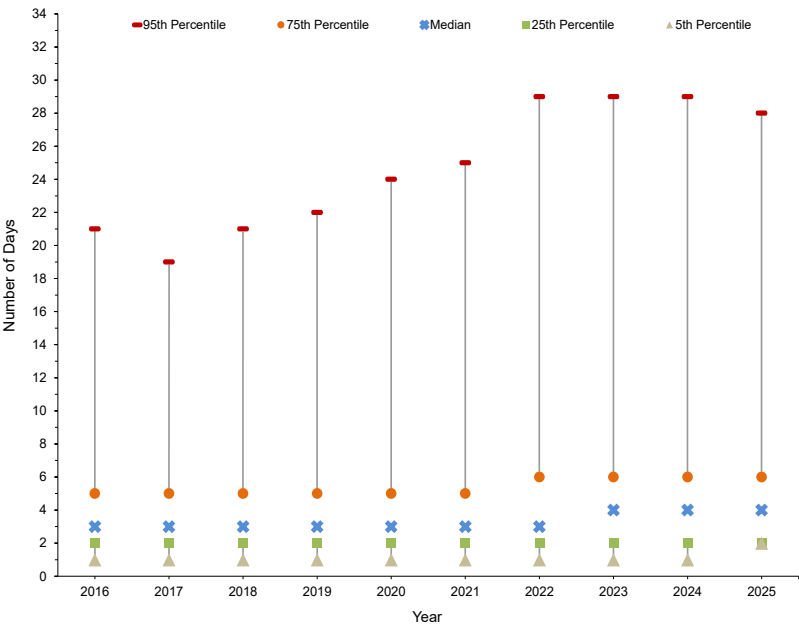


TABLE 2. Numbers and Percentages of the Most Frequent Diagnoses During Hospitalizations of Men by ICD-10 Major Diagnostic Category, Active Component, U.S. Armed Forces, 2025

Diagnostic Category (ICD-10 codes)	No.	% ^a	Diagnostic Category (ICD-10 codes)	No.	% ^a
Mental health disorders (F01–F99)	14,239		Other (Z00–Z99, except pregnancy-related)^b	761	
Adjustment disorders	4771	33.5	Encounter for antineoplastic chemotherapy and immunotherapy	187	24.6
Alcohol dependence	2629	18.5	Aftercare following joint replacement surgery	119	15.6
Major depressive disorder, recurrent, severe without psychotic features	1486	10.4	Encounter for other orthopedic aftercare	116	15.2
Alcohol abuse	520	3.7	Encounter for other specified postprocedural aftercare	68	8.9
Depression, unspecified	513	3.6	Encounter for examination and observation for unspecified reason	52	6.8
Injury, poisoning (S00–T98, DOD0101–DOD0105)	4,250		Infectious, parasitic diseases (A00–B99)	1,066	
Concussion	215	5.1	Sepsis, unspecified organism	434	40.7
Infection following a procedure	187	4.4	Infectious gastroenteritis and colitis, unspecified	71	6.7
Unspecified injury	124	2.9	Other specified sepsis	64	6.0
Other fractures of lower leg	116	2.7	Viral intestinal infection, unspecified	43	4.0
Fracture of shaft of tibia	111	2.6	Infectious mononucleosis, unspecified	34	3.2
Digestive system diseases (K00–K95)	3,929		Genitourinary system diseases (N00–N99)	864	
Other and unspecified acute appendicitis	788	20.1	Acute kidney failure, unspecified	203	23.5
Acute appendicitis with localized peritonitis	298	7.6	Hydronephrosis with renal and ureteral calculous obstruction	106	12.3
Acute pancreatitis, unspecified	164	4.2	Calculus of ureter	36	4.2
Alcohol induced acute pancreatitis	147	3.7	Acute kidney failure with tubular necrosis	35	4.1
Non-infective gastroenteritis and colitis, unspecified	117	3.0	Torsion of testis	27	3.1
Musculoskeletal system diseases (M00–M99)	2,708		Neoplasms (C00–D49)	767	
Other specified disorders of muscle	573	21.2	Malignant neoplasm of brain, unspecified	32	4.2
Thoracic, thoracolumbar, lumbosacral intervertebral disc disorders with radiculopathy	197	7.3	Malignant neoplasm of prostate	27	3.5
Spinal stenosis	184	6.8	Malignant neoplasm of thyroid gland	27	3.5
Anomalies of dental arch relationship	112	4.1	Malignant neoplasm of rectum	23	3.0
Spondylolisthesis	91	3.4	Acute lymphoblastic leukemia, all	19	2.5
Symptoms, signs, ill-defined conditions (R00–R99)	1,956		Skin, subcutaneous tissue diseases (L00–L99)	711	
Other symptoms and signs involving emotional state	511	26.1	Cellulitis and acute lymphangitis of other parts of limb	272	38.3
Syncope and collapse	180	9.2	Cellulitis and acute lymphangitis of face and neck	43	6.0
Other symptoms and signs involving cognitive functions and awareness	156	8.0	Cutaneous abscess, furuncle and carbuncle of limb	40	5.6
Chest pain, unspecified	113	5.8	Cellulitis and acute lymphangitis of finger and toe	36	5.1
Other chest pain	92	4.7	Pilonidal cyst and sinus with abscess	32	4.5
Circulatory system diseases (I00–I99)	1,409		Endocrine, nutritional, metabolic diseases (E00–E89)	409	
Pulmonary embolism without acute cor pulmonale	136	9.7	Type 2 diabetes mellitus with ketoacidosis	50	12.2
Non-ST elevation myocardial infarction (NSTEMI)	74	5.3	Type 1 diabetes mellitus with ketoacidosis	41	10.0
Paroxysmal atrial fibrillation	65	4.6	Type 2 diabetes mellitus with other specified complications	40	9.8
Unspecified atrial fibrillation and atrial flutter	57	4.0	Dehydration	39	9.5
Atherosclerotic heart disease of native coronary artery	43	3.1	Hypokalemia	28	6.8
Respiratory system diseases (J00–J99, U07.0)	1,411		Blood, immune disorders (D50–D89)	198	
Pneumonia, unspecified organism	214	15.2	Neutropenia, unspecified	29	14.6
Peritonsillar abscess	162	11.5	Other specified aplastic anemias and other bone marrow failure syndromes	19	9.6
Deviated nasal septum	76	5.4	Immune thrombocytopenic purpura	18	9.1
Acute respiratory failure	64	4.5	Iron deficiency anemia secondary to blood loss, chronic	15	7.6
Other pneumothorax and air leak	58	4.1	Acute posthemorrhagic anemia	14	7.1
Nervous system, sensory organ diseases (G00–G99, H00–H95)	1,210		Congenital abnormalities (Q00–Q99)	150	
Sleep apnea	101	8.3	Other congenital deformities of hip	19	12.7
Epilepsy, unspecified	56	4.6	Atrial septal defect	16	10.7
Acute pain, not elsewhere classified	46	3.8	Meckel's diverticulum, displaced, hypertrophic	11	7.3
Migraine with aura	41	3.4	Pectus excavatum	9	6.0
Migraine, unspecified	34	2.8	Malformation of coronary vessels	8	5.3
			COVID-19 (ICD-10: U07.1, U09.9)	51	
			COVID-19	51	100

Abbreviations: ICD, International Classification of Diseases, 10th Revision; No., number; NSTEMI, non-ST [segment] elevation myocardial infarction; NEC, not elsewhere classified; COVID-19, coronavirus 2019.

^a Percentage of total number of hospitalizations within diagnostic category.

^b Other factors influencing health status and contact with health services (excluding pregnancy-related).

TABLE 3. Numbers and Percentages of the Most Frequent Diagnoses During Hospitalizations of Women by ICD-10 Major Diagnostic Category, Active Component, U.S. Armed Forces, 2025

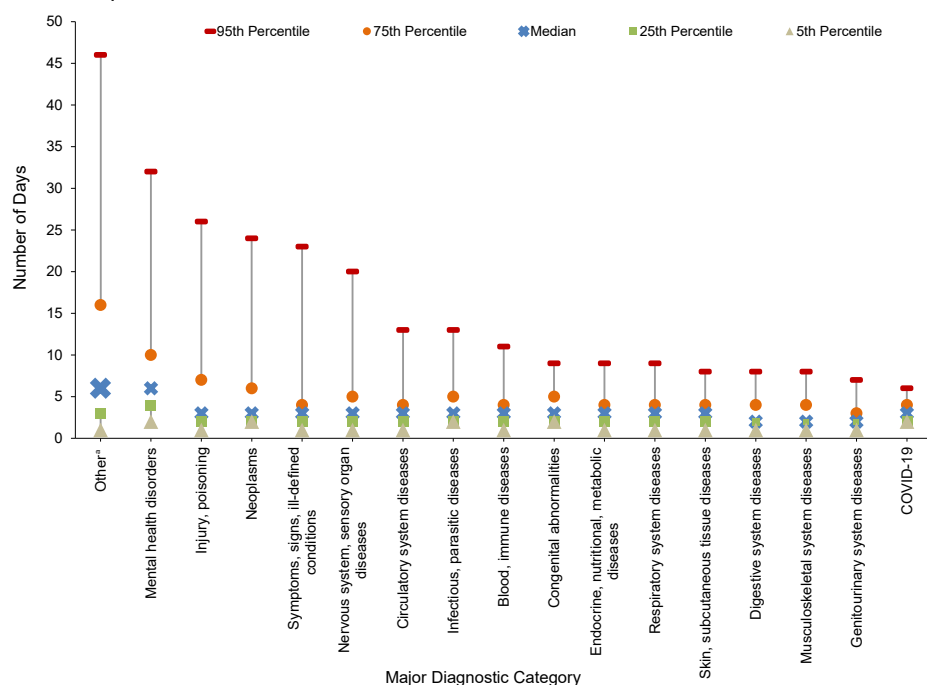
Diagnostic Category (ICD-10-CM codes)	No.	% ^a	Diagnostic Category (ICD-10-CM codes)	No.	% ^a
Pregnancy, delivery (O00–O99, relevant Z codes)	16,192		Other (Z00–Z99, except pregnancy-related)^b	229	
Post-term pregnancy	1583	9.8	Aftercare following joint replacement surgery	48	21.0
Maternal care due to uterine scar from previous surgery	983	6.1	Encounter for other orthopedic aftercare	33	14.4
Premature rupture of membranes, onset of labor within 24 hours of rupture	905	5.6	Encounter for examination and observation, unspecified reason	25	10.9
Abnormality in fetal heart rate and rhythm complicating labor and delivery	861	5.3	Encounter for antineoplastic chemotherapy and immunotherapy	21	9.2
Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth	769	4.7	Encounter for other specified postprocedural aftercare	12	5.2
Mental health disorders (F01–F99)	4,526		Infectious, parasitic diseases (A00–B99)	285	
Adjustment disorders	1549	34.2	Sepsis, unspecified organism	112	39.3
Major depressive disorder, recurrent, severe without psychotic features	601	13.3	Infectious gastroenteritis and colitis, unspecified	23	8.1
Post-traumatic stress disorder (PTSD)	386	8.5	Sepsis due to other Gram-negative organisms	22	7.7
Alcohol dependence	357	7.9	Viral intestinal infection, unspecified	10	3.5
Depression, unspecified	154	3.4	Other specified sepsis	9	3.2
Digestive system diseases (K00–K95)	1,007		Circulatory system diseases (I00–I99)	246	
Other and unspecified acute appendicitis	188	18.7	Pulmonary embolism without acute cor pulmonale	37	15.0
Calculus of gallbladder with acute cholecystitis	85	8.4	Supraventricular tachycardia	14	5.7
Calculus of gallbladder with other cholecystitis	47	4.7	Non-ST elevation myocardial infarction (NSTEMI)	7	2.8
Acute cholecystitis	46	4.6	Other specified disorders of arteries and arterioles	7	2.8
Acute appendicitis with localized peritonitis	39	3.9	Acute embolism and thrombosis of deep veins of lower extremity	7	2.8
Injury, poisoning (S00–T98, D0D0101–D0D0105)	880		Respiratory system diseases (J00–J99, U07.0)	227	
Infection following a procedure	55	6.3	Pneumonia, unspecified organism	31	13.7
Poisoning by, adverse effect of and underdosing of other and unspecified antidepressants	54	6.1	Peritonsillar abscess	26	11.5
Poisoning by, adverse effect of and underdosing of 4-Aminophenol derivatives	50	5.7	Deviated nasal septum	13	5.7
Unspecified injury	40	4.5	Acute respiratory failure	12	5.3
Concussion	29	3.3	Other, unspecified asthma	10	4.4
Genitourinary system diseases (N00–N99)	716		Endocrine, nutritional, metabolic diseases (E00–E89)	146	
Abnormal uterine and vaginal bleeding, unspecified	87	12.2	Thyrotoxicosis with diffuse goiter	23	15.8
Other and unspecified ovarian cysts	74	10.3	Dehydration	15	10.3
Acute pyelonephritis	45	6.3	Type 2 diabetes mellitus with ketoacidosis	8	5.5
Hypertrophy of breast	45	6.3	Hypokalemia	8	5.5
Other specified abnormal uterine and vaginal bleeding	33	4.6	Thyrotoxicosis, unspecified	6	4.1
Musculoskeletal system diseases (M00–M99)	586		Skin, subcutaneous tissue diseases (L00–L99)	129	
Other specified disorders of muscle	61	10.4	Cellulitis and acute lymphangitis of other parts of limb	27	20.9
Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy	34	5.8	Cutaneous abscess, furuncle and carbuncle of trunk	11	8.5
Stress fracture	34	5.8	Cutaneous abscess, furuncle and carbuncle of limb	10	7.8
Anomalies of dental arch relationship	33	5.6	Cutaneous abscess, furuncle and carbuncle of hand	7	5.4
Spinal stenosis	23	3.9	Cellulitis and acute lymphangitis of face and neck	7	5.4
Symptoms, signs, ill-defined conditions (R00–R99)	549		Congenital abnormalities (Q00–Q99)	93	
Other symptoms and signs involving emotional state	161	29.3	Other congenital deformities of hip	52	55.9
Syncope and collapse	41	7.5	Atrial septal defect	5	5.4
Unspecified convulsions	32	5.8	Arteriovenous malformation (peripheral)	3	3.2
Unspecified abdominal pain	30	5.5	Pectus excavatum	3	3.2
Pain localized to other parts of lower abdomen	24	4.4	Arnold-Chiari syndrome	2	2.2
Neoplasms (C00–D49)	461		Blood, immune disorders (D50–D89)	83	
Leiomyoma of uterus, unspecified	124	26.9	Iron deficiency anemia, unspecified	16	19.3
Intramural leiomyoma of uterus	58	12.6	Acute posthemorrhagic anemia	12	14.5
Subserosal leiomyoma of uterus	29	6.3	Iron deficiency anemia secondary to blood loss (chronic)	10	12.0
Malignant neoplasm of breast of unspecified site	26	5.6	Anemia, unspecified	8	9.6
Submucous leiomyoma of uterus	18	3.9	Neutropenia, unspecified	7	8.4
Nervous system, sensory organ diseases (G00–G99, H00–H95)	384		COVID-19 (U07.1, U09.9)	5	
Acute pain, not elsewhere classified	27	7.0	COVID-19	5	100
Migraine with aura	24	6.3			
Migraine, unspecified	23	6.0			
Epilepsy, unspecified	21	5.5			
Benign intracranial hypertension	19	4.9			

Abbreviations: ICD, International Classification of Diseases, 10th Revision; No., number; NSTEMI, non-ST [segment] elevation myocardial infarction; NEC, not elsewhere classified; COVID-19, coronavirus disease 2019.

^aPercentage of total number of hospitalizations within diagnostic category.

^bOther factors influencing health status and contact with health services (excluding pregnancy-related).

FIGURE 4. Durations of Hospital Stays by ICD-10 Major Diagnostic Category, Active Component, U.S. Armed Forces, 2016–2025



Abbreviations: No., number ; ICD, International Classification of Diseases, 10th Revision.

^a Other factors influencing health status and contact with health services (excluding pregnancy-related).

per 1,000 p-yrs). These data are consistent with national hospitalization rate trends published in 2022 for women and men ages 18–44 years (95 per 1,000 p-yrs and 37 per 1,000 p-yrs, respectively) in the general U.S. population.¹ Even when excluding pregnancy and delivery, female service members required hospitalization at higher rates than their male counterparts, largely driven by mental health and genitourinary conditions. Furthermore, variations in leading causes of hospitalization among the service branches—with injury ranking high in the Army and Marine Corps, and digestive issues more prominent in the Air Force, Space Force, and Navy—highlights the diverse occupational exposures and physical demands inherent to different service environments. Continued surveillance and targeted, service-specific preventive interventions remain essential to address these vulnerabilities, optimize force readiness, and effectively allocate specialized medical resources.

TABLE 4. Numbers and Rates^a of Hospitalizations, by Service and ICD-10 Diagnostic Category, Active Component, U.S. Armed Forces, 2025

Major Diagnostic Category (ICD-10 codes)	Army		Navy		Air Force		Marine Corps		Space Force	
	No.	Rate ^a	No.	Rate ^a	No.	Rate ^a	No.	Rate ^a	No.	Rate ^a
Mental health disorders (F01–F99)	7,307	16.3	5,044	15.1	3,719	11.8	2,617	15.3	78	7.9
Pregnancy, delivery (O00–O9A, relevant Z codes)	5,523	12.3	4,603	13.8	4,515	14.3	1,448	8.5	103	10.4
Injury, poisoning (S00–T88, DOD0101–DOD0105)	2,272	5.1	1,173	3.5	866	2.7	790	4.6	29	2.9
Digestive system diseases (K00–K95)	1,987	4.4	1,374	4.1	1,025	3.3	509	3.0	41	4.2
Musculoskeletal system diseases (M00–M99)	1,568	3.5	738	2.2	604	1.9	371	2.2	13	1.3
Symptoms, signs, ill-defined conditions (R00–R99)	1,101	2.5	648	1.9	454	1.4	296	1.7	6	0.6
Nervous system, sensory organ diseases (G00–G99, H00–H95)	708	1.6	394	1.2	316	1.0	168	1.0	8	0.8
Circulatory system diseases (I00–I99)	699	1.6	457	1.4	346	1.1	140	0.8	13	1.3
Genitourinary system diseases (N00–N99)	680	1.5	393	1.2	357	1.1	144	0.8	6	0.6
Respiratory system diseases (J00–J99, U07.0)	651	1.5	352	1.1	293	0.9	334	2.0	8	0.8
Neoplasms (C00–D49)	507	1.1	309	0.9	307	1.0	97	0.6	8	0.8
Infectious, parasitic diseases (A00–B99)	498	1.1	358	1.1	287	0.9	201	1.2	7	0.7
Other (Z00–Z99, except pregnancy-related) ^b	401	0.9	225	0.7	249	0.8	100	0.6	15	1.5
Skin, subcutaneous tissue diseases (L00–L99)	346	0.8	165	0.5	129	0.4	199	1.2	1	0.1
Endocrine, nutritional, metabolic diseases (E00–E89)	239	0.5	157	0.5	100	0.3	53	0.3	6	0.6
Blood, immune disorders (D50–D89)	124	0.3	73	0.2	52	0.2	31	0.2	1	0.1
Congenital abnormalities (Q00–Q99)	109	0.2	51	0.2	46	0.1	34	0.2	3	0.2
COVID-19 (U07.1, U09.9)	20	0.0	10	0.0	18	0.1	8	0.0		
Total	24,740	55.2	16,524	49.5	13,683	43.4	7,540	44.1	346	35.1

Abbreviations: ICD, International Classification of Diseases; No., number; COVID-19, coronavirus disease 2019.

^a Rates based on 1,000 person-years.

^b Other factors influencing health status and contact with health services (excluding pregnancy-related).

Certain limitations should be considered when interpreting these results. This summary is based on primary (first-listed) discharge diagnoses only, but in many hospitalized cases multiple conditions can be present; for example, joint pain (musculoskeletal disease category) may be co-listed with an injury (injury category). In such cases, only the first-listed discharge diagnosis would be accounted in this report, which could under-estimate hospitalization rates for common conditions by bifurcating them into 2 or more sub-categories.

Since 2022, DMSS data have been housed in and analyzed from the Military Health System Information Platform

(MIP). All military treatment facilities are now using GENESIS software to electronically capture medical care. Data completeness issues related to data transfers from GENESIS to the Medical Data Store (MDR) to DMSS have improved significantly. Regardless of the electronic system used to capture hospitalizations, every hospitalization record requires completion of a discharge summary before the event record is reported in the system. The data presented in this report were extracted from DMSS on April 20, 2026. Consequently, timeliness of reporting can still be an issue that may lead to underestimates of true counts and rates of hospitalizations for the most

recent year of reporting. As a result, direct comparison of data reported in the current report with prior year publications should be interpreted with caution.

Reference

1. National Center for Health Statistics, Centers for Disease Control and Prevention. Table: people with hospital stays in the past year, by selected characteristics—United States, selected years 1997–2019. National Hospital Care Survey. U.S. Dept. of Health and Human Services. Accessed May 26, 2026. <https://www.cdc.gov/nchs/data/hs/2020-2021/hospstay.pdf>

Ambulatory Health Care Visits Among Active Component Members of the U.S. Armed Forces, 2025

This report documents the frequencies, rates, trends, and characteristics of ambulatory, or outpatient, health care visits in 2025 of active component members of the U.S. Army, Navy, Air Force, Marine Corps, and Space Force. Ambulatory hospital and clinic visits by U.S. service members in fixed military and non-military (reimbursed through the Military Health System) facilities are documented by standardized records that are routinely archived in the Defense Medical Surveillance System (DMSS) for health surveillance purposes. Ambulatory visits not routinely and completely documented within fixed military and non-military hospitals and clinics (e.g., during deployments, field training exercises, or at sea) are not included in this analysis.

As in prior *MSMR* reports, all records of ambulatory health care visits by active component service members (ACSMs) were categorized according to the International Classification of Diseases, 10th Revision (ICD-10) codes entered in the primary (i.e., first-listed) diagnostic position of the visit records. Incidence rates were calculated per 1,000 person-years (p-yrs). Percent change in incidence was calculated using unrounded rates.

Frequencies, rates and trends

In 2025, U.S. ACSMs completed 17,478,210 ambulatory visits for medical care, resulting in an unadjusted annual rate—for all causes—of 13,674.4 visits per 1,000 p-yrs, or 13.7 visits per p-yr (**Table 1**). The observed rate represents an 8.3% decrease compared to 2024. Excluding the slight increase (1.6%) recorded in 2024, the rates have shown a continuous downward trend since 2021 (**Figure 1**). Excluding the ‘other’ major diagnostic category, there were 13,964,855 documented ambulatory visits for illnesses and injuries (ICD-10

A00–T88, including relevant pregnancy ‘Z’ codes) in 2025, corresponding to an unadjusted rate of 10.9 visits per p-yr, which is 6.3% lower than in 2023 (11.7 per p-yr) and 9.0% higher than in 2021 (10.0 per p-yr).

A ‘Z’ code in the first diagnostic position identifies administrative visits within the ‘other’ category for visits related to other factors influencing health status and contacts with health services (excluding pregnancy). After a sharp decline (55.7%) observed for Z-coded encounters from 2021 to 2023, in 2025 the frequency remained relatively stable, with only an 8.5% rate decrease compared to 2023 (**Table 1**).

Ambulatory visits, by ICD-10 major diagnostic categories

The leading 5 major diagnostic categories in 2025 remained consistent, accounting for almost four-fifths (79.6%) of all ambulatory visits among ACSMs. Musculoskeletal system and connective tissue disorders (26.8%) were the leading category in 2025, surpassing ‘other’ (20.1%), which was the dominant category in 2021. Mental health disorders (15.0%); disorders of the nervous system and sensory organs (9.8%); and symptoms, signs, and ill-defined conditions (7.8%) maintained stable rankings (**Table 1**). Rankings for other diagnostic categories were also largely stable.

From 2021 through 2025, the categories of ‘other’, pregnancy and delivery, infectious and parasitic diseases, and COVID-19 exhibited a continuous downward trend, while the categories of skin and subcutaneous tissue diseases and endocrine, nutritional and metabolic diseases as well as categories both continuously increased. The remaining categories exhibited fluctuating patterns. The COVID-19 diagnostic category demonstrated the largest decline in both numbers and rates, with the rate of visits decreasing by 91.3%,

What are the new findings?

In 2025, U.S. active component service members (ACSMs) completed 17,478,210 ambulatory, or outpatient, visits for health care, yielding an annual rate of 13.7 visits per person-year (p-yr). Over the previous 4 years the rate of ambulatory health care encounters steadily declined, driven primarily by sharp post-pandemic reductions in COVID-19 and ‘other’ administrative health care encounters. Five major categories of diagnosis from ACSM ambulatory care visits in 2025 accounted for almost four-fifths (79.6%) of all ACSM outpatient care: musculoskeletal system diseases, ‘other’ (administrative) encounters, mental health disorders, nervous system and sensory organ diseases, and symptoms, signs and ill-defined conditions; this is consistent with previous years. While the most frequent diagnoses of specific conditions for both male and female ACSMs were joint pain, lower back pain, and adjustment disorders, men had higher rates of sleep apnea and alcohol dependence, while women had higher rates of generalized anxiety and anemia due to iron deficiency.

What is the impact on readiness and force health protection?

The operational burdens of mental health and musculoskeletal disorders pose a critical challenge to force readiness, as these chronic conditions both directly degrade individual deployability and require sustained, resource-intensive medical care. The sex disparity in care provision compounds this challenge, as service women receive ambulatory care for illnesses and injuries at a rate 62.8% higher than service men. Addressing these shared leading diagnoses alongside sex-specific health care needs will be vital for optimizing medical resource allocation, improving military health system capacity, and sustaining overall force readiness.

followed by ‘other’ (-59.5%), infectious and parasitic diseases (-16.5%), and pregnancy and delivery (-2.3%).

In a departure from last year’s findings,¹ mental health disorders evinced the highest growth rate during the prior 5 years, rather than musculoskeletal system diseases.

TABLE 1. Numbers, Rates^a and Rankings^b of Ambulatory Visits by ICD-10 Major Diagnostic Category, Active Component, U.S. Armed Forces, 2021, 2023 and 2025

ICD-10 Major Diagnostic Category	2021			2023			2025		
	No.	Rate	Rank	No.	Rate	Rank	No.	Rate	Rank
Musculoskeletal system diseases (M00–M99)	4,488,467	3,363.8	2	5,178,362	4,070.3	1	4,689,018	3,668.5	1
Other (Z00–Z99, except pregnancy-related) ^c	9,047,223	6,780.3	1	3,824,008	3,005.7	2	3,513,355	2,748.7	2
Mental health disorders (F01–F99)	2,369,903	1,776.1	3	2,681,845	2,108.0	3	2,630,151	2,057.7	3
Nervous system, sensory organ diseases (G00–G99, H00–H95)	1,527,454	1,144.7	4	1,777,043	1,396.8	4	1,714,945	1,341.7	4
Symptoms, signs, ill-defined conditions (R00–R99)	1,444,458	1,082.5	5	1,479,632	1,163.0	5	1,361,928	1,065.5	5
Injury, poisoning (S00–T88, D0D0101–D0D0105)	780,678	585.1	6	848,328	666.8	6	767,123	600.2	6
Respiratory system diseases (J00–J99, U07.0)	481,156	360.6	7	603,922	474.7	7	589,160	460.9	7
Skin, subcutaneous tissue diseases (L00–L99)	404,255	303.0	9	414,878	326.1	8	428,012	334.9	8
Pregnancy, delivery (O00–O9A, relevant Z codes) ^d	406,847	304.9	8	385,833	303.3	9	380,708	297.9	9
Pregnancy and delivery, female rate only	.	1,759.9	.	.	1,719.7	.	.	1,631.7	.
Genitourinary system diseases (N00–N99)	325,818	244.2	10	340,831	267.9	10	326,376	255.3	10
Digestive system diseases (K00–K95)	269,697	202.1	11	309,172	243.0	11	304,249	238.0	11
Endocrine, nutritional, metabolic diseases (E00–E89)	159,993	119.9	13	192,511	151.3	12	226,479	177.2	12
Infectious, parasitic diseases (A00–B99)	211,977	158.9	12	191,849	150.8	13	169,473	132.6	13
Circulatory system diseases (I00–I 99)	156,559	117.3	14	169,450	133.2	14	159,256	124.6	14
Neoplasms (C00–D49)	135,190	101.3	16	147,951	116.3	15	134,117	104.9	15
Blood, immune diseases (D50–D89)	45,343	34.0	17	51,192	40.2	16	45,047	35.2	16
Congenital abnormalities (Q00–Q99)	23,090	17.3	18	28,651	22.5	18	26,690	20.9	17
COVID-19 (U07.1, U09.9)	146,204	109.6	15	37,592	29.5	17	12,123	9.5	18
Total	22,424,312	16,805.5	.	18,663,050	14,669.4	.	17,478,210	13,674.4	.

Abbreviations: ICD, International Classification of Diseases; No., number; COVID-19, coronavirus disease 2019.

^a Rate per 1,000 person-years.

^b Rank of major diagnostic category based on number of ambulatory visits.

^c Other factors influencing health status and contact with health services (excluding pregnancy-related).

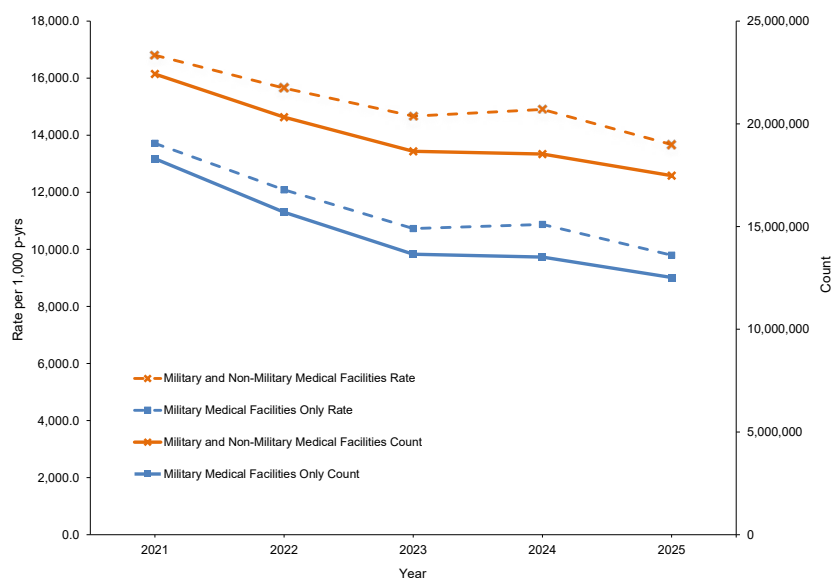
^d Rate of pregnancy and delivery-related hospitalizations among women only.

Ambulatory visits for mental health-related disorders increased by 260,248 visits (a growth rate of 15.9%), followed by musculoskeletal system diseases, which recorded an increase of 200,551 visits (a growth rate of 9.1%). With the exception of endocrine, nutritional and metabolic diseases, which increased by 47.8%, all other categories with rises in rates exhibited rate increases within the range of 2.6–27.8% (**Figure 3**).

Ambulatory visits, by sex

For both male and female ACSMs, joint pain contributed to over 44% of all musculoskeletal system diseases category diagnoses. Adjustment disorder was the leading diagnosis in the mental health category for both men and women, representing approximately 20% of mental health diagnoses for both sexes (**Tables 2, 3**).

FIGURE 1. Counts and Rates of Ambulatory Visits by Year, Active Component, U.S. Armed Forces, 2021–2025



Abbreviation: p-yrs, person-years.

TABLE 2. Numbers and Percentages of the Most Frequent Diagnoses During Ambulatory Visits by Men, by ICD-10 Major Diagnostic Category, Active Component, U.S. Armed Forces, 2025

Diagnostic Category (ICD-10 codes)	No.	% ^a	Diagnostic Category (ICD-10 codes)	No.	% ^a
Infectious and parasitic diseases (A00–B99)	123,883		Digestive system diseases (K00–K95)	232,545	
Viral infection, unspecified	18,591	15.0	Gastro-esophageal reflux disease without esophagitis	27,544	11.8
Viral intestinal infection, unspecified	8,888	7.2	Non-infective gastroenteritis and colitis, unspecified	24,461	10.5
Tinea unguium	7,646	6.2	Constipation	9,356	4.0
Viral wart, unspecified	7,042	5.7	Melena	9,291	4.0
Plantar wart	6,445	5.2	Hemorrhage of anus and rectum	8,931	3.8
Neoplasms (C00–D49)	94,854		Genitourinary system diseases (N00–N99)	119,358	
Neoplasm of uncertain behavior of skin	11,051	11.7	Other specified disorders of male genital organs	23,675	19.8
Melanocytic nevi, unspecified	5,922	6.2	Male erectile dysfunction, unspecified	12,727	10.7
Melanocytic nevi of trunk	3,788	4.0	Calculus of kidney	7,873	6.6
Malignant neoplasm of testis, unspecified whether descended or undescended	3,082	3.2	Hypertrophy of breast	5,706	4.8
Benign lipomatous neoplasm, unspecified	2,656	2.8	Male infertility, unspecified	5,264	4.4
Endocrine, nutrition, metabolic diseases (E00–E89)	149,755		Skin, subcutaneous tissue diseases (L00–L99)	318,479	
Obesity, unspecified	25,593	17.1	Pseudofolliculitis barbae	61,813	19.4
Hyperlipidemia, unspecified	16,024	10.7	Acne vulgaris	22,719	7.1
Testicular hypofunction	15,545	10.4	Dermatitis, unspecified	19,514	6.1
Vitamin D deficiency, unspecified	11,456	7.6	Ingrowing nail	16,238	5.1
Type 2 diabetes mellitus without complications	10,032	6.7	Pilonidal cyst and sinus without abscess	8,885	2.8
Blood, immune diseases (D50–D89)	24,393		Musculoskeletal system diseases (M00–M99)	3,528,775	
Anemia, unspecified	4,786	19.6	Pain in joint	1,558,680	44.2
Iron deficiency anemia, unspecified	2,511	10.3	Low back pain	528,782	15.0
Other specified disorders of white blood cells	2,484	10.2	Pain in limb, hand, foot, fingers and toes	289,694	8.2
Sickle cell trait	1,955	8.0	Cervicalgia	153,758	4.4
Secondary polycythemia	1,164	4.8	Radiculopathy	74,249	2.1
Mental health disorders (F01–F99)	1,817,807		Congenital abnormalities (Q00–Q99)	19,373	
Adjustment disorders	337,750	18.6	Congenital pes planus	3,210	16.6
Alcohol dependence	245,281	13.5	Other specified congenital malformations of skin	2,147	11.1
Post-traumatic stress disorder (PTSD)	224,576	12.4	Congenital pes cavus	1,494	7.7
Anxiety disorder, unspecified	123,999	6.8	Atrial septal defect	841	4.3
Generalized anxiety disorder	123,849	6.8	Other congenital deformities of feet	807	4.2
Nervous system, sensory organ diseases (G00–G99, H00–H95)	1,391,087		Symptoms, signs, ill-defined conditions (R00–R99)	954,657	
Sleep apnea	639,484	46.0	Other symptoms and signs involving emotional state	66,653	7.0
Myopia	104,453	7.5	Headache, unspecified	52,391	5.5
Chronic pain, not elsewhere classified	59,567	4.3	Chest pain, unspecified	48,888	5.1
Insomnia	38,992	2.8	Other symptoms and signs involving cognitive functions and awareness	34,957	3.7
Astigmatism	38,413	2.8	Other abnormalities of breathing	33,606	3.5
Circulatory system diseases (I00–I99)	131,791		Injury, poisoning (S00–T98, D0D0101–D0D0105)	621,595	
Essential (primary) hypertension	59,231	44.9	Sprain of ankle	34,642	5.6
Scrotal varices	4,317	3.3	Concussion	27,760	4.5
Atherosclerotic heart disease of native coronary artery	3,453	2.6	Sprain of shoulder joint	23,407	3.8
Pulmonary embolism without acute cor pulmonale	2,668	2.0	Sprain of cruciate ligament of knee	21,132	3.4
Acute embolism and thrombosis of deep veins of lower extremity	2,636	2.0	Tear of meniscus, current injury	15,177	2.4
Respiratory system diseases (J00–J99)	426,020		Other (Z00–Z99, except pregnancy-related)^b	2,599,628	
Acute upper respiratory infection, unspecified	122,060	28.7	Encounter for issue of medical certificate	293,594	11.3
Acute pharyngitis, unspecified	40,621	9.5	Encounter for other specified special examinations	259,943	10.0
Allergic rhinitis due to pollen	32,812	7.7	Encounter for administrative examinations, unspecified	194,776	7.5
Allergic rhinitis, unspecified	19,819	4.7	Encounter for other administrative examinations	177,961	6.8
Pneumonia, unspecified organism	16,402	3.9	Encounter for examination of ears and hearing	138,292	5.3
			COVID-19 (ICD-10: U07.1, U09.9)	8,245	
			COVID-19	7,982	96.8
			Post-COVID-19 condition, unspecified	263	3.2

Abbreviations: ICD, International Classification of Diseases, 10th Revision; No., number; PTSD, post-traumatic stress disorder; COVID-19, coronavirus disease 2019.

^a Percentage of total number of hospitalizations within diagnostic category.

^b Other factors influencing health status and contact with health services (excluding pregnancy-related).

TABLE 3. Numbers and Percentages of the Most Frequent Diagnoses During Ambulatory Visits by Women, by ICD-10 Major Diagnostic Category, Active Component, U.S. Armed Forces, 2025

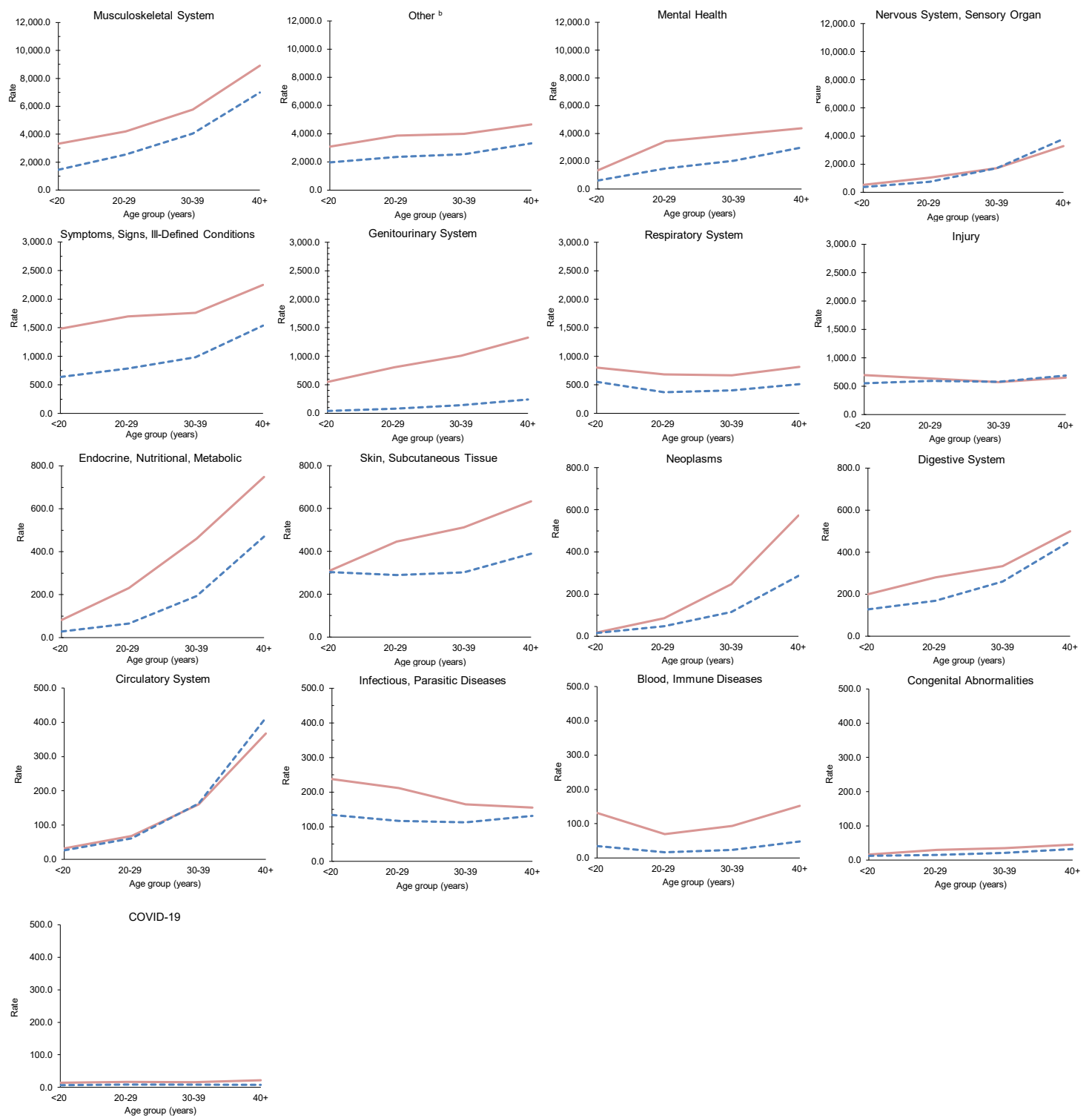
Diagnostic Category (ICD-10 codes)	No.	% ^a	Diagnostic Category (ICD-10 codes)	No.	% ^a
Infectious, parasitic diseases (A00–B99)	45,590		Digestive system diseases (K00–K95)	71,704	
Viral infection, unspecified	7,931	17.4	Constipation	10,438	14.6
Candidiasis of vulva and vagina	5,001	11.0	Noninfective gastroenteritis and colitis, unspecified	8,496	11.8
Viral intestinal infection, unspecified	3,025	6.6	Gastro-esophageal reflux disease without esophagitis	7,005	9.8
Tinea unguium	1,886	4.1	Hemorrhage of anus and rectum	2,287	3.2
Herpes viral infection, unspecified	1,702	3.7	Unspecified hemorrhoids	2,136	3.0
Neoplasms (C00–D49)	39,263		Genitourinary system diseases (N00–N99)	207,018	
Leiomyoma of uterus, unspecified	4,978	12.7	Acute vaginitis	17,059	8.2
Malignant neoplasm of breast of unspecified site	3,458	8.8	Urinary tract infection, site not specified	15,395	7.4
Neoplasm of uncertain behavior of skin	3,246	8.3	Abnormal uterine and vaginal bleeding, unspecified	15,189	7.3
Melanocytic nevi, unspecified	1,972	5.0	Other specified noninflammatory disorders of vagina	14,786	7.1
Benign neoplasm of pituitary gland	1,330	3.4	Stress incontinence, female, male	14,271	6.9
Endocrine, nutrition, metabolic diseases (E00–E89)	76,724		Pregnancy, childbirth (O00–O99, relevant Z codes)	380,708	
Obesity, unspecified	18,060	23.5	Encounter for care and examination of lactating mother	55,514	14.6
Polycystic ovarian syndrome	7,067	9.2	Pregnant state, incidental	28,418	7.5
Vitamin D deficiency, unspecified	6,568	8.6	Other specified pregnancy related conditions	17,332	4.6
Overweight	5,342	7.0	Encounter for supervision of normal first pregnancy	17,255	4.5
Hypothyroidism, unspecified	4,994	6.5	Encounter for supervision of other normal pregnancy	15,880	4.2
Blood, immune diseases (D50–D89)	20,654		Skin, subcutaneous tissue diseases (L00–L99)	109,533	
Iron deficiency anemia, unspecified	6,649	32.2	Acne vulgaris	19,503	17.8
Anemia, unspecified	5,538	26.8	Dermatitis, unspecified	7,823	7.1
Iron deficiency anemia secondary to blood loss, chronic	1,299	6.3	Urticaria, unspecified	3,475	3.2
Sickle cell trait	952	4.6	Nonscarring hair loss, unspecified	3,452	3.2
Other specified disorders of white blood cells	893	4.3	Ingrowing nail	3,169	2.9
Mental health disorders (F01–F99)	812,344		Musculoskeletal system diseases (M00–M99)	1,160,243	
Adjustment disorders	170,452	21.0	Pain in joint	514,694	44.4
Post-traumatic stress disorder (PTSD)	116,217	14.3	Low back pain	167,098	14.4
Generalized anxiety disorder	82,945	10.2	Pain in limb, hand, foot, fingers and toes	96,244	8.3
Anxiety disorder, unspecified	71,201	8.8	Cervicalgia	58,319	5.0
Major depressive disorder, recurrent, moderate	45,211	5.6	Dorsalgia, unspecified	25,093	2.2
Nervous system, sensory organ diseases (G00–G99, H00–H95)	323,858		Symptoms, signs, ill-defined conditions (R00–R99)	407,271	
Sleep apnea	59,644	18.4	Pelvic and perineal pain	28,484	7.0
Myopia	37,302	11.5	Headache, unspecified	26,004	6.4
Chronic pain, not elsewhere classified	20,818	6.4	Other symptoms and signs involving emotional state	24,271	6.0
Migraine, unspecified	17,597	5.4	Unspecified abdominal pain	17,824	4.4
Insomnia	12,145	3.8	Chest pain, unspecified	14,238	3.5
Circulatory system diseases (I00–I99)	27,465		Injury, poisoning (S00–T98, D0D0101–D0D0105)	145,528	
Essential (primary) hypertension	8,964	32.6	Sprain of ankle	10,377	7.1
Varicose veins of lower extremities with other complications	1,178	4.3	Concussion	7,290	5.0
Supraventricular tachycardia	1,072	3.9	Sprain of cruciate ligament of knee	5,593	3.8
Lymphedema, not elsewhere classified	922	3.4	Unspecified injury of ankle and foot	3,914	2.7
Venous insufficiency, chronic, peripheral	912	3.3	Injury of muscle, fascia and tendon of abdomen, lower back and pelvis	3,468	2.4
Respiratory system diseases (J00–J99)	163,140		Other (Z00–Z99, except pregnancy-related)^b	913,727	
Acute upper respiratory infection, unspecified	49,640	30.4	Encounter for issue of medical certificate	71,303	7.8
Acute pharyngitis, unspecified	18,924	11.6	Encounter for administrative examinations, unspecified	57,638	6.3
Allergic rhinitis due to pollen	11,775	7.2	Encounter for other specified special examinations	56,640	6.2
Allergic rhinitis, unspecified	8,524	5.2	Encounter for other administrative examinations	50,720	5.6
Other allergic rhinitis	7,023	4.3	Other specified counseling	45,290	5.0
Congenital abnormalities (ICD-10: Q00–Q99)	7,317		COVID-19 (ICD-10: U07.1, U09.9)	3,878	
Congenital pes planus	866	11.8	COVID-19	3,652	94.2
Other congenital deformities of hip	742	10.1	Post-COVID-19 condition, unspecified	226	5.8
Other specified congenital malformations of skin	677	9.3			
Congenital pes cavus	320	4.4			
Atrial septal defect	307	4.2			

Abbreviations: ICD, International Classification of Diseases, 10th Revision; No., number; COVID-19, coronavirus disease 2019.

^a Percentage of the total number of hospitalizations within diagnostic category.

^b Other factors influencing health status and contact with health services (excluding pregnancy-related).

FIGURE 2. Rates^a of Ambulatory Visits by ICD-10 Major Diagnostic Category, Age Group, and Sex, Active Component, U.S. Armed Forces, 2025

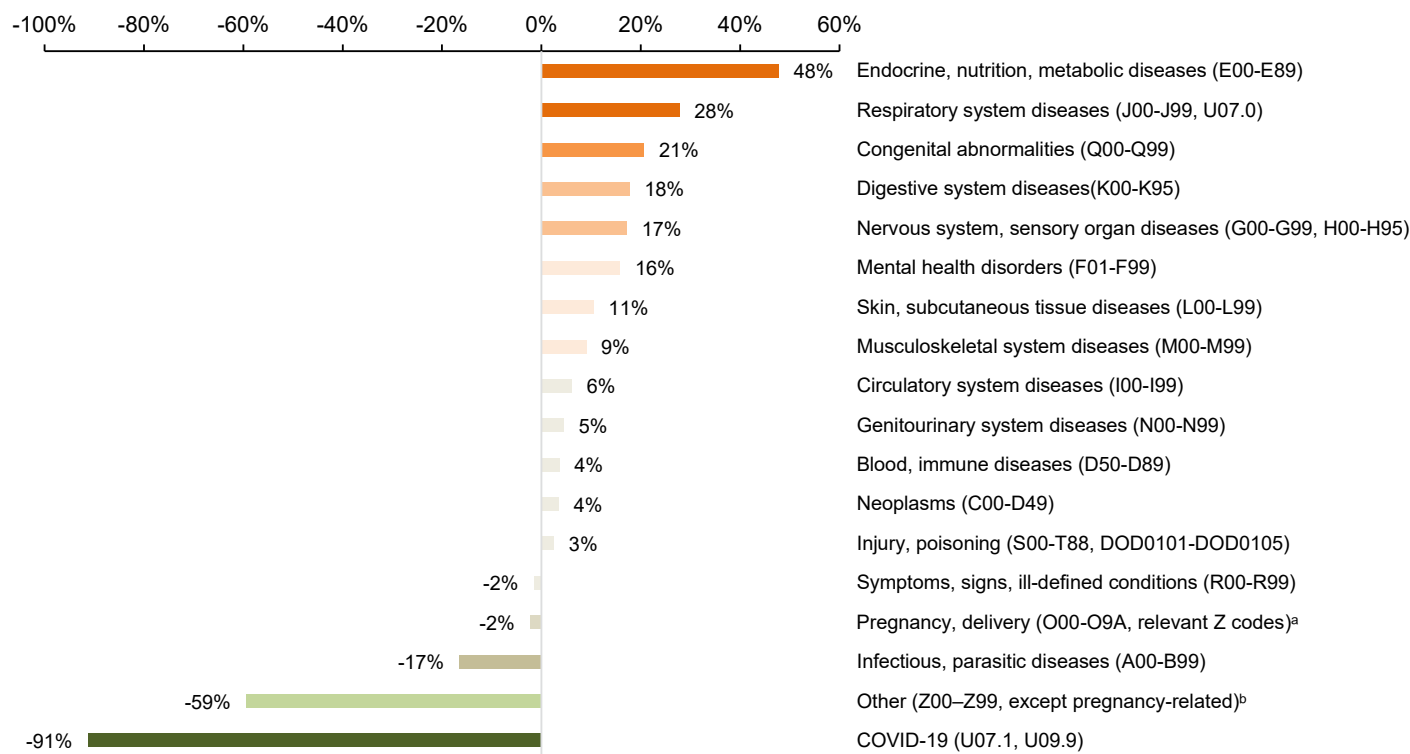


Abbreviations: ICD, International Classification of Diseases, 10th Revision; COVID-19, coronavirus disease 2019.

^aRate per 1,000 person-years.

^bOther factors influencing health status and contact with health services (excluding pregnancy-related).

FIGURE 3. Rate Changes in Ambulatory Visits by ICD-10 Major Diagnostic Category, U.S. Armed Forces, 2021–2025



Abbreviations: ICD-10, International Classification of Diseases, 10th Revision; COVID-19, coronavirus disease 2019.
^aRate of pregnancy and delivery-related hospitalizations among women only.
^bOther factors influencing health status and contact with health services (excluding pregnancy-related).

“Anemia, unspecified” emerged as the most frequent diagnosis among service men within the major diagnostic category of blood and immune disorders, accounting for 19.6% of ambulatory visits by male ACSMs; conversely, “iron-deficiency anemia, unspecified” was the most frequent diagnosis among service women, accounting for 32.2% of their outpatient visits (Tables 2, 3). Unspecified viral infection and unspecified acute upper respiratory infection were the leading diagnoses in 2025 for infectious and parasitic diseases and diseases of the respiratory system, respectively, in both men and women (Tables 2, 3). In 2025, service men accounted for nearly three-fourths (71.3%) of all illness- and injury-related visits, but excluding ‘other’ diagnoses, the annual rate (17.2 visits per p-yr) of all encounters for service women was 79.9% higher than among service men (9.5 visits per p-yr) (data not shown). Excluding pregnancy and delivery visits, which accounted for 9.5% of

all non-Z-coded (‘other’) ambulatory visits among service women, the illness and injury ambulatory visit rate was 15.5 visits per p-yr, 62.8% higher than among service men. Rates of illness- and injury-specific diagnoses among service women exceeded male rates by over 50% in all major diagnostic categories except diagnoses for nervous system and sensory organ diseases, circulatory system diseases, digestive system diseases, and injury (data not shown). Female rates were more than twice male rates for blood and immune diseases, mental health disorders, genitourinary system diseases, COVID-19, and endocrine, nutritional and metabolic diseases. Relationships between age group and ambulatory visit rates were broadly similar among men and women within all diagnostic categories (Figure 2). Ambulatory rates for musculoskeletal system diseases, neoplasms, nervous system and sensory organ diseases, digestive system diseases,

circulatory system diseases, and endocrine, nutritional and metabolic diseases rose more steeply with advancing age than other categories of illness or injury (Figure 2). Seven of the 10 leading diagnoses during ambulatory visits were the same for male and female service members: pain in joint; low back pain; adjustment disorders; pain in limb, hand, foot, fingers or toes; post-traumatic stress disorder (PTSD); sleep apnea; and encounter for issue of medical certificate. Sleep apnea was the second-most frequent illness- or injury-specific primary diagnosis for men, while ninth for women. The difference in the rate rank order of mental health disorders is also worth noting. Alcohol dependence was the eighth most frequent diagnosis for men but was not identified among the leading 10 causes of ambulatory visits for women, while generalized anxiety disorder, anxiety disorder (unspecified), and cervicgia were among the 10 most common diagnoses for women (Tables 2, 3).

Discussion

In 2025, ambulatory health care visits among active component service members (ACSMs) decreased by 8.3% compared to 2024, declining to 13.7 visits per person-year (p-yr)—the lowest level since the 2021 peak. This overall decline was largely driven by a continuous downward trend in 4 major diagnostic categories: ‘other’ administrative encounters, pregnancy and delivery, infectious and parasitic diseases, and COVID-19. The rate of encounters for COVID-19, which peaked in 2021, declined to last place in 2025, correlating to the waning of the pandemic.

Despite these declines in ambulatory visits, the unadjusted annual rate of visits for illness- and injury-related conditions among ACSMs remains elevated, at 13.4 visits per p-yr, far exceeding the rate among civilian adults ages 18–44 years: 324.6 visits per 1,000 persons, or approximately 0.3 visits per p-yr.² This elevated rate of ambulatory care visits by ACSMs underscores the intense physiological demands of military service. Future analyses comparing specific major diagnostic category rates to civilian counterparts may help further elucidate these medical costs of readiness.

Analysis of illness- and injury-specific health care encounters among ACSMs by sex reveals marked differences: Female service members receive outpatient care at nearly double the rate of male service members (17.2 vs. 9.5 visits per p-yr, respectively). This difference aligns with data from the 2022 National Ambulatory Medical Care Survey, which indicates that civilian women procure health care services at approximately 1.8 times the rate

of civilian men.² Within the U.S. military, female ACSM health care encounter rates in specific diagnostic categories were more than double those of male ACSMs, including blood and immune diseases, mental health disorders, and endocrine, nutritional and metabolic diseases.

While joint pain and adjustment disorders remain the leading diagnoses for both sexes throughout the U.S. Armed Forces, distinct secondary health risks highlight need for nuanced, targeted interventions. Men exhibit a high prevalence of sleep apnea (their second-most frequent illness-specific diagnosis) and alcohol dependence, contrasting with significantly higher rates of generalized anxiety and cervicalgia among women. Addressing these shared occupational burdens along with sex-specific diagnostic trends will be critical for optimizing military health system capacity.

Several limitations should be considered when interpreting these findings. Unit level ambulatory care, care by non-credentialed providers (e.g., medics, corpsmen), and at deployed medical treatment facilities (including ships at sea) were not included. This summary does not reflect the fact that the types and rates of illnesses and injuries may vary between deployed and non-deployed ACSMs.

This summary is based on primary (i.e., first-listed) diagnosis codes reported on ambulatory visit records; the current summary discounts morbidity related to co-morbid and complicating conditions that may have been documented in secondary diagnostic positions of health care records. The accuracy of reported diagnoses likely varies according to medical condition, clinical setting, care provider, and

treatment facility, as diagnostic information is collected for non-surveillance purposes. Although specific diagnoses during individual encounters were potentially not definitive, final, or even correct, summaries of the frequencies, trends, and natures of ambulatory health care encounters among ACSMs provide descriptive evidence to inform further research and evaluation.

Rates and frequencies reported do not reflect unique individuals, but a rate of total ambulatory visits per person-year. The data presented in this report were extracted from DMSS on May 1, 2026. This report documents all ambulatory health care visits but does not estimate incidence rates for the diagnoses described. These data provide descriptors of health care provision, which elevate rates for disorders requiring increased numbers of ambulatory visits. In contrast to common, self-limited, and minor illnesses and injuries that require little, if any, follow-up or continuing care, illnesses and injuries necessitating multiple ambulatory visits for evaluation, treatment, and rehabilitation are over-represented in this summary.

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2. Santo L, Peters ZJ, Guluma L, Ashman JJ. Visits to health centers among adults, by selected characteristics: United States, 2022. *Natl Health Stat Report*. 2024;22(211):cS353454. doi:10.15620/cdc/59282

Morbidity Burdens Attributable to Various Illnesses and Injuries Among Deployed Active and Reserve Component Members of the U.S. Armed Forces, 2025

Each year, *MSMR* estimates illness- and injury-related morbidity and health care burdens within the U.S. Armed Forces and Military Health System (MHS). This report updates prior analyses of the distributions of the burdens of health care for active and reserve component service members in deployed settings. While deployed service members are selected primarily from the active component of the U.S. Armed Forces, the reserve component contributes a substantial portion of U.S. deployed forces.

This report employs data from the Theater Medical Data Store (TMDS), which documents service members' inpatient and outpatient medical encounters during treatment in an operational environment. TMDS receives medical data from Theater Medical Information Program-Joint (TMIP-J) applications, including AHLTA-Theater (AHLTA-T), TMIP-Composite Health Care System Cache (TC2), Mobile Computing Capability (MCC), Maritime Medical Modules (MMM), and the U.S. Transportation Command Regulating and Command and Control Evacuation System (TRAC2ES).¹

While the U.S. Africa Command (AFRICOM) area of responsibility (AOR) was first included in this annual report in 2021, this year's iteration presents the first comprehensive inclusion of 4 major geographic combatant commands. To accurately reflect the geographic distribution of U.S. force deployment, medical evacuation surveillance has expanded. In accordance with the National Defense Strategy's focus on global strategic competition, operational tempos remain high, with U.S. forces increasingly dispersed in multiple theaters to deter aggression and build regional alliances.² Following the reduction of large-scale U.S. combat operations in the U.S. Central Command (CENTCOM) AOR

in late 2021, the global geographic distribution of U.S. military operations shifted significantly, but in order to sustain counterterrorism successes, global force deployments continue to assist, advise, and accompany allied security forces.³

Methods

The surveillance population included all individuals who served in the active or reserve components of the U.S. Army, Navy, Air Force, Marine Corps, or Space Force with health care encounters captured in the TMDS during the surveillance period. Analysis was restricted to encounters where the theater of care was specified as AFRICOM, CENTCOM, U.S. Pacific Command (PACOM, formerly Indo-Pacific Command or INDOPACOM), or U.S. Southern Command (SOUTHCOM), or where the name of the theater of operation was missing or null; by default, this excluded encounters in U.S. Northern Command (NORTHCOM) and U.S. European Command (EUCOM). In addition, TMDS-recorded medical encounters where the data source was identified as Shipboard Automated Medical System (SAMS), or where the military facility descriptor indicated that care was provided aboard ship, were excluded from this analysis. Encounters from aeromedical staging facilities outside AFRICOM, CENTCOM, PACOM, or SOUTHCOM were also excluded.

Morbidity burdens attributable to various conditions were estimated by distributions of diagnoses according to the 17 traditional categories of the International Classification of Diseases (ICD) system, with an 18th category for COVID-19. Extended ICD-10 (10th Revision) code groupings were also reviewed for the most

What are the new findings?

In 2025, musculoskeletal system conditions were the leading cause of in-theater medical care in U.S. Africa Command (AFRICOM), U.S. Central Command (CENTCOM), and U.S. Southern Command (SOUTHCOM), while in U.S. Pacific Command (PACOM) mental health disorders were the leading cause of medical care. This year's expanded analysis, including 4 combatant commands, of deployed service member health care, reveals that CENTCOM accounted for almost 90% of all in-theater medical encounters in 2025.

What is the impact on readiness and force health protection?

Optimization of operational readiness and the minimization of preventable lost duty time each requires the prioritization of robust, in-theater mental health assets and targeted musculoskeletal injury prevention programs. Thorough examination of the most common causes of injury and illness during deployment can assist senior leaders in developing and implementing strategies to reduce preventable medical issues, enhance force readiness, and ensure fighting strength.

common diagnoses. The TMDS has not fully transitioned to ICD-10 codes, so some ICD-9 (9th Revision) codes were included. Primary diagnoses that did not correspond to an ICD-9 or ICD-10 code are not reported in this burden analysis.

Results

Among the 75,204 U.S. service members deployed in 2025 to AFRICOM, CENTCOM, PACOM, and SOUTHCOM, in total 172,878 medical encounters occurred. Of those documented medical encounters among deployed service members in 2025, 466 (0.27%) were recorded as hospitalizations. Most medical encounters

(n=129,822, 75.0%), individuals affected (n=40,596, 80.6%), and hospitalizations (n=363, 78.0%) occurred among male service members (data not shown). In 2025, CENTCOM evinced the highest overall volume of in-theater medical encounters, far exceeding other combatant commands (**Table 1**), with over 152,000 total recorded diagnoses among all ICD categories.

In 2025, the largest percentages of medical encounters attributed to a major ICD-10 diagnostic category were coded as musculoskeletal system diseases, followed by ‘other’ or administrative health services (‘Z’ codes, include factors influencing health status and health service contact) (**Figure**). The most common diagnosis within the musculoskeletal system diseases category was for lower back pain (ICD-10 code M545) (**Table 2**). The percentage of total medical encounters attributed

to ‘other’ health services decreased from 44.0% in 2021 to 23.3% in 2025. COVID-19 accounted for only 0.2% of deployed service members’ total medical encounters in 2025.

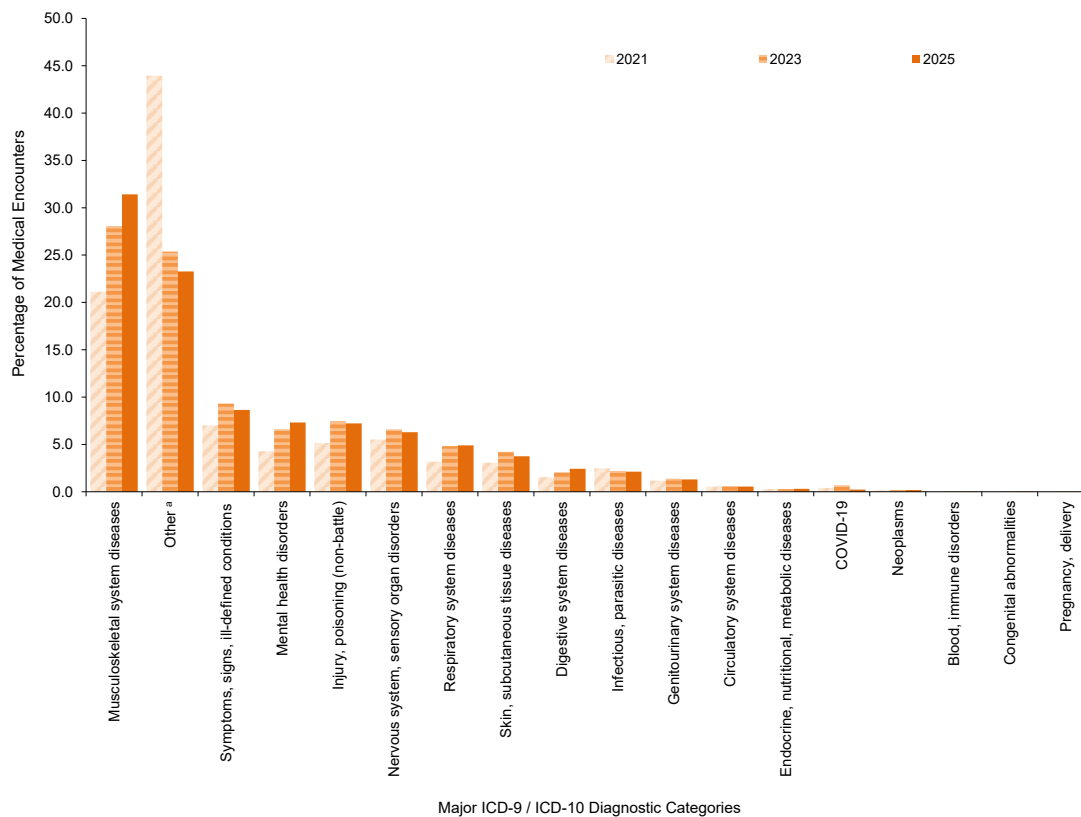
The percentages of in-theater medical encounters attributed to musculoskeletal system diseases increased (21.1% to 31.4%) from 2021 to 2025 (**Figure**). Lower back pain was the most frequent ICD-10 diagnostic code (M545) for musculoskeletal disease encounters for both men and women (**Table 2**). The second-most frequent ICD-10 diagnostic code (M25511) for musculoskeletal medical encounters by male service members was pain in the right shoulder, while for female service members it was pain in the right knee (M25561).

The percentages of in-theater medical encounters attributed to mental health disorders increased slightly, from 4.3%

to 7.3%, during the surveillance period (**Figure**). Adjustment disorder with mixed anxiety and depressed mood (‘F4323’) accounted for the most frequent mental health disorder diagnosis, with a slightly higher percentage of in-theater encounters for this disorder among women (2.0%) than men (1.1%) (**Table 2**).

While musculoskeletal system conditions ranked first in AFRICOM (35.1%), CENTCOM (31.0%), and SOUTHCOM (33.5%), mental health disorders ranked first among PACOM medical encounters (40.2%). While mental health disorders presented a notable burden elsewhere, they ranked fourth in CENTCOM (7.5%), fourth in SOUTHCOM (9.6%), and seventh in AFRICOM (4.5%). Furthermore, in PACOM physical injuries were the second-most common cause of medical encounters (15.7%),

FIGURE. Major ICD-9/ICD-10 Diagnostic Categories of In-Theater Medical Encounters, Active Component, U.S. Armed Forces, 2021, 2023 and 2025



Abbreviations: ICD-9, International Classification of Diseases, 9th Revision; ICD-10, International Classification of Diseases, 10th Revision; COVID-19, coronavirus disease 2019.

^a Other factors influencing health status and contact with health services (excluding pregnancy-related).

TABLE 1. Major ICD-9/ICD-10 Diagnostic Categories of In-Theater Medical Encounters by Area of Operation, Active Component, U.S. Armed Forces, 2025

Major ICD Diagnostic Category	AFRICOM			CENTCOM			PACOM			SOUTHCOM		
	No.	%	Rank	No.	%	Rank	No.	%	Rank	No.	%	Rank
Musculoskeletal system diseases	5,565	35.1	1	47,177	31.0	1	6	5.9	5	1,339	33.5	1
Other ^a	3,564	22.5	2	35,775	23.5	2				819	20.5	2
Symptom, signs, ill-defined conditions	1,707	10.8	3	12,912	8.5	3	12	11.8	3	238	6.0	5
Mental health disorders	707	4.5	7	11,482	7.5	4	41	40.2	1	383	9.6	4
Injury, poisoning (non-battle)	1,133	7.1	4	10,837	7.1	5	16	15.7	2	430	10.8	3
Nervous system, sensory organ diseases	906	5.7	5	9,728	6.4	6	5	4.9	6	172	4.3	7
Respiratory system diseases	760	4.8	6	7,383	4.9	7	4	3.9	7	222	5.6	6
Skin, subcutaneous tissue diseases	561	3.5	8	5,768	3.8	8	2	2.0	10	109	2.7	8
Digestive system diseases	279	1.8	10	3,808	2.5	9	8	7.8	4	66	1.7	10
Infectious, parasitic diseases	327	2.1	9	3,225	2.1	10	2	2.0	10	83	2.1	9
Genitourinary system diseases	203	1.3	11	2,000	1.3	11	1	1.0	12	49	1.2	11
Circulatory system diseases	70	0.4	12	835	0.5	12	3	2.9	8	25	0.6	13
Endocrine, nutritional, metabolic diseases	29	0.2	13	474	0.3	13				14	0.4	14
COVID-19	17	0.1	14	348	0.2	14				37	0.9	12
Neoplasms	11	0.1	15	281	0.2	15	2	2.0	10	5	0.1	15
Blood, immune disorders	3	0.0	17	70	0.0	16						
Congenital abnormalities	6	0.0	16	55	0.0	17						
Pregnancy, delivery	2	0.0	18	47	0.0	18				3	0.1	16

Abbreviations: AFRICOM, U.S. Africa Central Command; CENTCOM, U.S. Central Command; PACOM, U.S. Pacific Command; SOUTHCOM, U.S. Southern Command; ICD-9, International Classification of Diseases, 9th Revision; ICD-10, International Classification of Diseases, 10th Revision; COVID-19, coronavirus disease 2019.

^a Other factors influencing health status and contact with health services (excluding pregnancy-related).

while musculoskeletal conditions—the leading cause of visits in all other regions—ranked much lower, fifth, at 5.9%. In all AORs, severe, systemic, or chronic conditions consistently ranked at the bottom of the medical encounter spectrum, confirming that the deployed environment primarily sees acute or strain-related injuries rather than chronic disease management.

Discussion

The results of this analysis of in-theater medical encounters correspond with the broader trends of medical evacuations in the U.S. military observed during the same period.⁴ In both localized clinical settings and out-of-theater evacuations, the health care burden on deployed forces is overwhelmingly caused by disease and non-battle injury (DNBI) rather than combat

trauma or severe, chronic illness. Musculoskeletal conditions, particularly lower back and joint pain, consistently rank as the primary physical health challenge, precipitating both the majority of routine in-theater care as well as the need for higher-echelon medical transportation.

The highest volumes of both in-theater health care encounters and medical evacuations in 2025 were in CENTCOM,⁴ reflecting its sustained operational tempo and troop density. U.S. Pacific Command, meanwhile, presented a unique operational health profile, with mental health disorders the leading cause of both localized medical encounters and subsequent evacuations. These distinct AOR findings underscore the fact that optimization of force readiness requires differentiated and targeted approaches to force health protection. To minimize preventable personnel losses, robust musculoskeletal injury prevention programs and deployed behavioral health

assets are essential to meeting the readiness demands of each combatant command.

These 2025 data also reflect a continued decline in some routine medical administration codes. In prior reports, mandatory COVID-19 screening artificially inflated the volume of ‘other’ and administrative health services. Specifically, the Z-code (Z1152) for COVID-19 screening accounted for almost 5% of all in-theater medical encounters in 2022⁵; by 2025, this specific Z-code declined to just 0.2% of in-theater encounters.

Conditions such as diabetes, pregnancy, and congenital abnormalities often preclude deployment. Because of rigorous medical pre-screening, deployed service members may demonstrate a lower risk of conditions that could interfere with operations compared to non-deployed counterparts, drastically reducing the in-theater requirement for complex disease management.

TABLE 2. Most Frequent ICD-10 Diagnostic Codes for In-Theater Medical Encounters by Sex, Active Component, U.S. Armed Forces, 2025

Total				Men				Women			
ICD-10 Code ^a	Code Description	No.	%	ICD-10 Code ^a	Code Description	No.	%	ICD-10 Code ^a	Code Description	No.	%
M5450	Low back pain, unspecified	8,900	5.2	M5450	Low back pain, unspecified	7,119	5.5	M5450	Low back pain, unspecified	1,781	4.2
Z029	Encounter for administrative examinations, unspecified	6,310	3.7	Z029	Encounter for administrative examinations, unspecified	4,731	3.7	Z029	Encounter for administrative examinations, unspecified	1,579	3.7
Z5682	Military deployment status	5,441	3.2	Z5682	Military deployment status	4,040	3.1	Z5682	Military deployment status	1,401	3.3
Z23	Encounter for immunization	4,049	2.4	Z23	Encounter for immunization	3,231	2.5	M25561	Pain in right knee	924	2.2
M25511	Pain in right shoulder	3,933	2.3	M25511	Pain in right shoulder	3,149	2.4	J069	Acute upper respiratory infection, unspecified	859	2.0
M25561	Pain in right knee	3,524	2.1	M25512	Pain in left shoulder	2,813	2.2	F4323	Adjustment disorder with mixed anxiety and depressed mood	845	2.0
M25512	Pain in left shoulder	3,314	1.9	Z9182	Personal history of military deployment	2,626	2.0	Z23	Encounter for immunization	818	1.9
M25562	Pain in left knee	3,312	1.9	M25561	Pain in right knee	2,600	2.0	M25511	Pain in right shoulder	784	1.8
Z0289	Encounter for other administrative examinations	3,299	1.9	M25562	Pain in left knee	2,580	2.0	Z0289	Encounter for other administrative examinations	771	1.8
J069	Acute upper respiratory infection, unspecified	3,196	1.9	Z0289	Encounter for other administrative examinations	2,528	2.0	M542	Cervicalgia	736	1.7
Z9182	Personal history of military deployment	3,105	1.8	J069	Acute upper respiratory infection, unspecified	2,337	1.8	M25562	Pain in left knee	732	1.7
M542	Cervicalgia	2,877	1.7	M542	Cervicalgia	2,141	1.7	Z733	Stress, not elsewhere classified	624	1.5
F4323	Adjustment disorder with mixed anxiety and depressed mood	2,320	1.3	Z760	Encounter for issue of repeat prescription	1,709	1.3	M25551	Pain in right hip	586	1.4
Z760	Encounter for issue of repeat prescription	2,138	1.2	M545	Low back pain	1,600	1.2	M25512	Pain in left shoulder	501	1.2
R197	Diarrhea, unspecified	1,972	1.1	R197	Diarrhea, unspecified	1,530	1.2	Z9182	Personal history of military deployment	479	1.1
M545	Low back pain	1,916	1.1	F4323	Adjustment disorder with mixed anxiety and depressed mood	1,475	1.1	R197	Diarrhea, unspecified	442	1.0
Z733	Stress, not elsewhere classified	1,598	0.9	L731	Pseudofolliculitis barbae	1,472	1.1	R519	Headache, unspecified	439	1.0
J00	Acute nasopharyngitis [common cold]	1,564	0.9	J00	Acute nasopharyngitis [common cold]	1,170	0.9	Z760	Encounter for issue of repeat prescription	429	1.0
M25571	Pain in right ankle and joints of right foot	1,529	0.9	M25571	Pain in right ankle and joints of right foot	1,123	0.9	M25552	Pain in left hip	421	1.0
M25551	Pain in right hip	1,496	0.9	M25572	Pain in left ankle and joints of left foot	1,048	0.8	M25571	Pain in right ankle and joints of right foot	406	1.0
L731	Pseudofolliculitis barbae	1,475	0.9	G4726	Circadian rhythm sleep disorder, shift work type	990	0.8	J00	Acute nasopharyngitis [common cold]	394	0.9
M25572	Pain in left ankle and joints of left foot	1,439	0.8	Z733	Stress, not elsewhere classified	974	0.8	M25572	Pain in left ankle and joints of left foot	391	0.9
R519	Headache, unspecified	1,371	0.8	R519	Headache, unspecified	932	0.7	Z7189	Other specified counseling	375	0.9
Z7189	Other specified counseling	1,229	0.7	M25551	Pain in right hip	910	0.7	F419	Anxiety disorder, unspecified	343	0.8
F4322	Adjustment disorder with anxiety	1,129	0.7	Z7189	Other specified counseling	854	0.7	F4322	Adjustment disorder with anxiety	338	0.8
G4726	Circadian rhythm sleep disorder, shift work type	1,121	0.7	M546	Pain in thoracic spine	834	0.6	M545	Low back pain	316	0.7
R21	Rash and other non-specific skin eruption	1,086	0.6	M549	Dorsalgia, unspecified	813	0.6	R109	Unspecified abdominal pain	307	0.7
M25552	Pain in left hip	1,084	0.6	R21	Rash and other non-specific skin eruption	794	0.6	R21	Rash and other non-specific skin eruption	292	0.7
M546	Pain in thoracic spine	1,081	0.6	F4322	Adjustment disorder with anxiety	791	0.6	N760	Acute vaginitis	264	0.6
M549	Dorsalgia, unspecified	1,026	0.6	G4729	Other circadian rhythm sleep disorder	777	0.6	M546	Pain in thoracic spine	247	0.6
F419	Anxiety disorder, unspecified	971	0.6	F5102	Adjustment insomnia	670	0.5	R300	Dysuria	246	0.6
G4729	Other circadian rhythm sleep disorder	937	0.5	M25552	Pain in left hip	663	0.5	F5102	Adjustment insomnia	235	0.6
F5102	Adjustment insomnia	905	0.5	M79672	Pain in left foot	649	0.5	M79671	Pain in right foot	232	0.5
M79672	Pain in left foot	861	0.5	F419	Anxiety disorder, unspecified	628	0.5	Z719	Counseling, unspecified	225	0.5
R109	Unspecified abdominal pain	813	0.5	M79671	Pain in right foot	570	0.4	J029	Acute pharyngitis, unspecified	218	0.5
M79671	Pain in right foot	802	0.5		Encounter for general adult medical examination without abnormal findings	543	0.4	F4320	Adjustment disorder, unspecified	216	0.5
Z0000	Encounter for general adult medical examination without abnormal findings	739	0.4	I10	Essential (primary) hypertension	535	0.4	M549	Dorsalgia, unspecified	213	0.5
M5459	Other low back pain	717	0.4	M5459	Other low back pain	525	0.4	M79672	Pain in left foot	212	0.5
Z719	Counseling, unspecified	689	0.4	R109	Unspecified abdominal pain	506	0.4	F4321	Adjustment disorder with depressed mood	199	0.5
F4320	Adjustment disorder, unspecified	665	0.4	G4700	Insomnia, unspecified	505	0.4	Z0000	Encounter for general adult medical examination without abnormal findings	196	0.5

Abbreviations: ICD-10, International Classification of Diseases, 10th Revision; No., number; TMDS, Theater Medical Data Store.

^a Some ICD-9 codes still appear in TMDS. While medical encounters documented with ICD-9 codes were included in the overall analysis for major diagnostic category analysis, the summary of those codes are excluded from this table.

When interpreting these results and analyses, several limitations must be considered. First, the findings in this report are derived from data extracted from the Defense Medical Surveillance System (DMSS) on May 14, 2026, and any delayed record transmissions or retrospective updates entered after that date will not be reflected. Furthermore, not all operational medical encounters are successfully recorded in TMDS. Health care provided at small, austere forward locations often precludes immediate electronic documentation. Additionally, emergency interventions required to stabilize combat-injured service members prior to rapid evacuation may bypass routine TMDS entry. Consequently, this report may underestimate the true volume of health care provided in these areas of operation. Second, as with any review relying on ICD coding, some diagnostic misclassification should be expected due to electronic health record coding errors. Although the aggregated

distributions of illnesses and injuries presented in this report are compatible with assessments derived from other examinations of morbidity in military populations (both deployed and non-deployed), instances of highly unlikely diagnostic codes for a deployed population have been observed.

Finally, because this report focuses exclusively on AFRICOM, CENTCOM, PACOM, and SOUTHCOM, it does not capture medical encounters from recent troop deployments to EUCOM. Each operational theater presents a unique environment with vastly different medical assets, evacuation capabilities, and population demographics. Furthermore, person-time denominators for individuals eligible for time in-theater are not readily available. This lack of deployed person-time data prevents calculation of stratified and overall medical encounter rates for the direct comparison of populations and combatant commands.

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Medical Evacuations Among Active and Reserve Component Members of the U.S. Armed Forces, 2025

This report summarizes the nature, numbers, and trends of conditions for medical evacuations of U.S. service members in 2025 from U.S. areas of responsibility (AORs) U.S. Africa Command (AFRICOM), U.S. Central Command (CENTCOM), U.S. Pacific Command (PACOM, formerly U.S. Indo-Pacific Command or INDOPACOM), and U.S. Southern Command (SOUTHCOM), with historical comparisons to the prior 4 years. During deployment operations, initial medical care is provided by military medical personnel in the operational theater, but some injuries and illnesses require treatment outside the theater of operation. Individuals may be transported to a permanent military medical facility, usually in Europe or the U.S., for definitive diagnosis or care. Because medical evacuations are resource-intensive, they are initiated for serious conditions, some directly related to participation in, or support of, military operations. Conditions unrelated to operational activities but which necessitate medical evacuation may be preventable.

To accurately reflect the geographic distribution of U.S. force deployment, medical evacuation surveillance has expanded. In 2021 AFRICOM was first included in this report; after the reduction of large-scale U.S. combat operations in CENTCOM in late 2021, global distribution of U.S. military operations shifted significantly, but to sustain counterterrorism successes, force deployments continue to assist, advise, and accompany allied security forces.¹ In accordance with the National Defense Strategy's focus on global strategic competition, operational tempos remain high, with U.S. forces increasingly dispersed in multiple theaters to deter aggression and build regional alliances.² Consequently, this year's report includes 4 geographic combatant commands.

Methods

The surveillance population for this analysis includes all members of the active and reserve components of the U.S. Army, Navy, Air Force, Marine Corps, and Space Force deployed to AFRICOM, CENTCOM, PACOM, or SOUTHCOM for any duration from January 1, 2021 through December 31, 2025. Medical evacuations by the U.S. Transportation Command (TRANSCOM) were assessed in records maintained in the TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES). Combatant command evacuation data are presented separately.

Specific constraints were applied to AOR origin and destination pairings. For movements originating in AFRICOM, CENTCOM, and SOUTHCOM, the destination theater had to be distinct from the origin theater, to filter for inter-theater transportation. Conversely, a destination restriction was omitted for movements originating in PACOM; given the vast geographic distribution and operational necessity of intra-theater transportation within PACOM, evacuation destinations within the same theater of origin were permitted for that AOR.

Medical evacuations were classified by cause and nature of the precipitating medical condition, based on relevant evacuation and medical records. All medical evacuations were classified as battle- or non-battle injuries and illnesses, based on TRAC2ES evacuation record entries. Evacuations due to non-battle injuries and illnesses were further classified into 18 illness and injury categories based on International Classification of Diseases, 9th and 10th revisions (ICD-9 and ICD-10, respectively) diagnostic codes reported in medical records following evacuation.

What are the new findings?

From 2021 to 2025, disease and non-battle injuries, rather than combat trauma, led to nearly all medical evacuations within 4 U.S. combatant commands: U.S. Africa Command (AFRICOM), U.S. Central Command (CENTCOM), U.S. Pacific Command (PACOM), and U.S. Southern Command (SOUTHCOM). In 2025 CENTCOM and PACOM had the highest volumes of medical evacuations, with mental health disorders the leading cause in both theaters of operations.

What is the impact on readiness and force health protection?

Optimization of operational readiness and the minimization of preventable lost duty time each requires the prioritization of robust, in-theater mental health assets and targeted musculoskeletal injury prevention programs. In addition, the adaptation of force health protection strategies to the unique logistical and demographic challenges of each combatant command remains essential.

All records of hospitalizations and ambulatory visits at a military medical facility in the U.S. or Europe, within 5 days preceding to 10 days following the reported date of each medical evacuation, were identified from Defense Medical Surveillance System (DMSS) data. The primary (i.e., first-listed) diagnosis for either hospitalization or earliest ambulatory visit after evacuation was used to classify the condition that necessitated evacuation. If the first-listed diagnostic code specified an external cause of injury (ICD-9 'E' code, ICD-10 'V', 'W', 'X', 'Y' codes) or an encounter for a condition other than a current illness or injury, the secondary diagnosis code (ICD-9, 001–999; ICD-10, A00–T88, U07.1, U09.9) was used. If no secondary diagnosis was provided, or if the secondary diagnosis also was an external cause code, the first-listed code of a subsequent encounter was used.

TABLE 1. Numbers and Percentages of Medical Encounters Following Medical Evacuation^a from Theater by Area of Responsibility and Major ICD-10 Diagnostic Category, U.S. Armed Forces, 2025

Diagnostic Category	AFRICOM						CENTCOM					
	Total		Men		Women		Total		Men		Women	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Battle injury (from TRAC2ES records)	0	0.0	0	0.0	0	0.0	5	0.8	5	1.1	0	0.0
ICD-10 Major Diagnostic Category												
Injury, poisoning (non-battle) (ICD-10: S00–T88, D0D0101–D0D0105)	31	21.8	29	24.4	2	8.7	153	25.1	123	26.0	30	22.1
Musculoskeletal system diseases (ICD-10: M00–M99)	16	11.3	15	12.6	1	4.3	57	9.4	50	10.6	7	5.1
Mental health disorders (ICD-10: F01–F99)	20	14.1	16	13.4	4	17.4	182	29.9	134	28.3	48	35.3
Digestive system diseases (ICD-10: K00–K95)	19	13.4	16	13.4	3	13.0	49	8.0	41	8.7	8	5.9
Symptoms, signs, ill-defined conditions (ICD-10: R00–R99)	15	10.6	12	10.1	3	13.0	69	11.3	52	11.0	17	12.5
Respiratory system diseases (ICD-10: J00–J99, U07.0)	2	1.4	2	1.7	0	0.0	12	2.0	10	2.1	2	1.5
Circulatory system diseases (ICD-10: I00–I99)	2	1.4	2	1.7	0	0.0	19	3.1	18	3.8	1	0.7
Genitourinary system diseases (ICD-10: N00–N99)	6	4.2	3	2.5	3	13.0	10	1.6	6	1.3	4	2.9
Skin, subcutaneous tissue diseases (ICD-10: L00–L99)	1	0.7	1	0.8	0	0.0	4	0.7	2	0.4	2	1.5
Neoplasms (ICD-10: C00–D49)	0	0.0	0	0.0	0	0.0	4	0.7	1	0.2	3	2.2
Nervous system, sensory organ diseases (ICD-10: G00–G99, H00–H95)	12	8.5	9	7.6	3	13.0	24	3.9	17	3.6	7	5.1
Pregnancy, childbirth (ICD-10: O00–O9A, relevant Z codes)	1	0.7		0.0	1	4.3	2	0.3		0.0	2	1.5
Infectious, parasitic diseases (ICD-10: A00–B99)	0	0.0	0	0.0	0	0.0	1	0.2	1	0.2	0	0.0
Endocrine, nutritional, metabolic diseases (ICD-10: E00–E89)	1	0.7	1	0.8	0	0.0	6	1.0	4	0.8	2	1.5
Congenital abnormalities (ICD-10: Q00–Q99)	0	0.0	0	0.0	0	0.0	3	0.5	3	0.6	0	0.0
Blood, immune disorders (ICD-10: D50–D89)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other (ICD-10: Z00–Z99, except pregnancy-related)	16	11.3	13	10.9	3	13.0	9	1.5	6	1.3	3	2.2
COVID-19 (U07.1, U09.9)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Totals	142	100	119	100	23	100	609	100	473	100	136	100

Results

In 2025, the U.S. Armed Forces recorded a total of 1,107 medical evacuations in the 4 combatant commands, with the majority originating from CENTCOM (n=609) and PACOM (n=336). AFRICOM and SOUTHCOM accounted for substantially lower operational volumes in 2025, reporting 142 and 20 evacuations, respectively. Service men comprised most evacuated personnel, reflecting the broader demographic composition of deployed

forces, although proportional trends within specific diagnostic categories varied by sex.

Only 5 battle injuries were recorded in total, in all 4 AORs—with all 5 originating in CENTCOM—representing less than 1% of specific in-theater evacuations (**Table 1**). Mental health disorders constituted the leading cause of evacuation in PACOM (39.9% of total) and CENTCOM (29.9%). Conversely, non-battle injuries and poisonings were the leading cause for evacuations out of SOUTHCOM (40.0%) and AFRICOM (21.8%), which also represented the secondary cause of evacuations from

CENTCOM (25.1%). In PACOM, diagnoses related to the musculoskeletal system accounted for the secondary cause (21.1%) of medical evacuation.

CENTCOM evacuations for disease and non-battle injury (DNBI) peaked in the third quarter of 2021, with 297 evacuations, before declining to 148 quarterly evacuations at the end of 2025 (**Figure**). Evacuations due to DNBI from PACOM peaked in the first quarter of 2022, at 190 evacuations, thereafter declining to 64 evacuations in the final quarter of 2025. Annual medical evacuations

TABLE 1 (cont). Numbers and Percentages of Medical Encounters Following Medical Evacuation^a from Theater by Area of Responsibility and Major ICD-10 Diagnostic Category, U.S. Armed Forces, 2025

Diagnostic Category	PACOM						SOUTHCOM					
	Total		Men		Women		Total		Men		Women	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Battle injury (from TRAC2ES records)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
ICD-10 Major Diagnostic Category												
Injury, poisoning (non-battle) (ICD-10: S00–T88, D0D0101–D0D0105)	39	11.6	31	11.9	8	10.5	8	40.0	6	40.0	2	40.0
Musculoskeletal system diseases (ICD-10: M00–M99)	71	21.1	50	19.2	21	27.6	1	5.0	1	6.7	0	0.0
Mental health disorders (ICD-10: F01–F99)	134	39.9	105	40.4	29	38.2	4	20.0	3	20.0	1	20.0
Digestive system diseases (ICD-10: K00–K95)	11	3.3	9	3.5	2	2.6	0	0.0	0	0.0	0	0.0
Symptoms, signs, ill-defined conditions (ICD-10: R00–R99)	24	7.1	20	7.7	4	5.3	1	5.0	1	6.7	0	0.0
Respiratory system diseases (ICD-10: J00–J99, U07.0)	5	1.5	5	1.9	0	0.0	0	0.0	0	0.0	0	0.0
Circulatory system diseases (ICD-10: I00–I99)	9	2.7	9	3.5	0	0.0	2	10.0	1	6.7	1	20.0
Genitourinary system diseases (ICD-10: N00–N99)	6	1.8	4	1.5	2	2.6	0	0.0	0	0.0	0	0.0
Skin, subcutaneous tissue diseases (ICD-10: L00–L99)	1	0.3	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Neoplasms (ICD-10: C00–D49)	10	3.0	10	3.8	0	0.0	0	0.0	0	0.0	0	0.0
Nervous system, sensory organ diseases (ICD-10: G00–G99, H00–H95)	10	3.0	8	3.1	2	2.6	3	15.0	3	20.0	0	0.0
Pregnancy, childbirth (ICD-10: O00–O9A, relevant Z codes)	3	0.9		0.0	3	3.9	0	0.0		0.0	0	0.0
Infectious, parasitic diseases (ICD-10: A00–B99)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Endocrine, nutritional, metabolic diseases (ICD-10: E00–E89)	3	0.9	1	0.4	2	2.6	1	5.0	0	0.0	1	20.0
Congenital abnormalities (ICD-10: Q00–Q99)	1	0.3	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0
Blood, immune disorders (ICD-10: D50–D89)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other (ICD-10: Z00–Z99, except pregnancy-related)	9	2.7	6	2.3	3	3.9	0	0.0	0	0.0	0	0.0
COVID-19 (U07.1, U09.9)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Totals	336	100	260	100	76	100	20	100	15	100	5	100

Abbreviations: AFRICOM, U.S. Africa Command; CENTCOM, U.S. Central Command; PACOM, U.S. Pacific Command; SOUTHCOM, U.S. Southern Command; ICD-10, International Classification of Diseases, 10th Revision; No., number; TRAC2ES, U.S. Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System; COVID-19, coronavirus disease 2019.

^aClassified as “Disease and Non-Battle Injury” from ‘injury type’ field in TRAC2ES.

from AFRICOM exceeded 200 during the first 3 years of the surveillance period but in 2025 declined to less than 150. During the entire surveillance period, total quarterly numbers of SOUTHCOM medical evacuations rarely exceeded double digits.

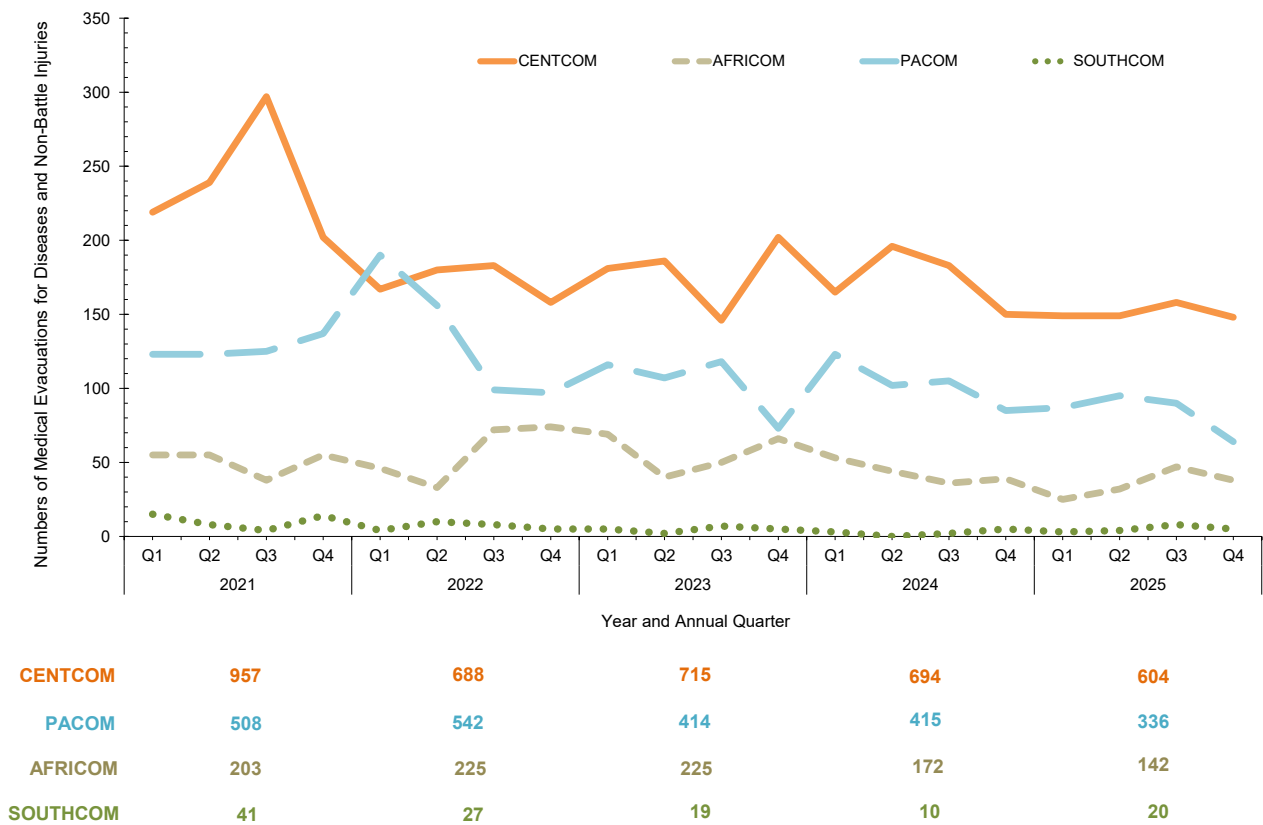
Demographic and military characteristics

Evacuees were predominantly male (75–84%), ages 20–29 years, and typically

among the enlisted ranks (**Table 2**). The Army accounted for the most medical evacuations, by branch of service, in every region except SOUTHCOM, where Navy personnel represented 40% of all medical evacuations. A notable regional difference emerged by component stratification: While active duty service members accounted for most evacuations in CENTCOM, PACOM, and SOUTHCOM, Guard and reserve personnel made up nearly 70% of AFRICOM evacuations.

Service members in communications and intelligence as well as repair and engineering occupations experienced the highest numbers of medical evacuations. While most evacuations in AFRICOM, CENTCOM, and PACOM (77–88%) were classified as “Routine” and primarily involved military transportation, SOUTHCOM handled a distinctly higher proportion of “Priority” (35%) and “Urgent” (30%) evacuations that largely relied on non-military or unknown transportation modes.

FIGURE. Numbers of Medical Evacuations of U.S. Service Members for Disease and Non-Battle Injuries, by Area of Responsibility and Year Quarter, 2021–2025^a



Abbreviations: AFRICOM, U.S. Africa Command; CENTCOM, U.S. Central Command; PACOM, U.S. Pacific Command; SOUTHCOM, U.S. Southern Command; No., number; Q1, first quarter; Q2, second quarter; Q3, third quarter; Q4, fourth quarter.
^aClassifications based on causal event of medical evacuation-linked medical encounters and do not include battle injuries; quarterly totals displayed on line graph with annual totals summed below for each area of responsibility.

Most frequent specific diagnoses

In CENTCOM, stress and adjustment disorders were the most frequent diagnoses by a wide margin, accounting for 102 male and 35 female evacuations (**Table 3**). This diagnosis similarly led AFRICOM’s list for both sexes, followed closely by “administrative examinations and lower-extremity injuries.” In PACOM, the most frequent diagnostic codes demonstrated slight differences by sex. Alcohol-related disorders led among service men, with 32 evacuations, while joint disorders represented the leading diagnosis (n=17) for evacuations of service women. In all combatant commands, musculoskeletal ailments, such as joint disorders, dorsalgia and back pain, and knee injuries, consistently ranked as the most common physical causes of medical evacuation.

Discussion

This surveillance report reveals that disease and non-battle injuries, rather than combat trauma, accounted for nearly all 2021–2025 medical evacuations from AFRICOM, CENTCOM, PACOM, and SOUTHCOM AORs. With battle injuries accounting for less than 1% of total evacuations, these data emphasize the continued need for focused force health protection efforts on prevention and treatment of mental health and musculoskeletal conditions. While the general decline in quarterly evacuation volumes in CENTCOM and PACOM, following peaks in 2021 and 2022, likely reflects broader shifts in force posture, the persistent average numbers of DNBI evacuations evidences the continuous physical and psychological demands on deployed service members.

These distinct regional and demographic profiles reported suggest that mission-specific operational tempos and environments significantly influence medical readiness. The predominance of mental health conditions—specifically, stress, adjustment, and alcohol-related disorders—as leading causes for evacuation in CENTCOM and PACOM reveals a critical need for robust, in-theater psychological support. Notably, the proportions of medical evacuations due to mental health disorders are now considerably higher than the proportion (11.6%) described by a *MSMR* report of evacuations from Iraq during a 9-year period, 2003–2011.³ Furthermore, theater-specific distinctions highlight unique logistical and personnel challenges, such as AFRICOM’s heavy reliance on National Guard and reserve personnel and SOUTHCOM’s elevated rate of urgent, high-priority evacuations

TABLE 2. Demographic and Military Characteristics of Service Members Medically Evacuated from AFRICOM, CENTCOM, PACOM and SOUTHCOM, U.S. Armed Forces, 2025

	AFRICOM		CENTCOM		PACOM		SOUTHCOM	
	No.	%	No.	%	No.	%	No.	%
Total	142	100	609	100	336	100	20	100
Sex								
Male	119	83.8	473	77.7	260	77.4	15	75.0
Female	23	16.2	136	22.3	76	22.6	5	25.0
Age, y								
<20	3	2.1	17	2.8	11	3.3	1	5.0
20–24	31	21.8	176	28.9	112	33.3	6	30.0
25–29	31	21.8	145	23.8	65	19.3	4	20.0
30–34	28	19.7	112	18.4	59	17.6	2	10.0
35–39	24	16.9	71	11.7	43	12.8	3	15.0
40–44	11	7.7	47	7.7	19	5.7	1	5.0
45+	14	9.9	41	6.7	27	8.0	3	15.0
Race and ethnicity								
White, non-Hispanic	68	47.9	295	48.4	135	40.2	8	40.0
Black, non-Hispanic	22	15.5	131	21.5	81	24.1	3	15.0
Hispanic	38	26.8	126	20.7	56	16.7	4	20.0
Other, unknown	14	9.9	57	9.4	64	19.0	5	25.0
Branch of service								
Army	86	60.6	393	64.5	174	51.8	7	35.0
Navy	21	14.8	79	13.0	68	20.2	8	40.0
Air Force	28	19.7	134	22.0	18	5.4	3	15.0
Marine Corps	7	4.9	3	0.5	76	22.6	2	10.0
Component								0.0
Active	43	30.3	323	53.0	331	98.5	15	75.0
Guard, reserve	99	69.7	286	47.0	5	1.5	5	25.0
Rank or grade								
Junior enlisted (E1–E4)	41	28.9	243	39.9	152	45.2	9	45.0
Senior enlisted (E5–E9)	80	56.3	277	45.5	141	42.0	7	35.0
Junior officer (O1–O3; W1–W3)	9	6.3	55	9.0	28	8.3	2	10.0
Senior officer (O4–O10; W4–W5)	12	8.5	34	5.6	15	4.5	2	10.0
Military occupation								
Combat-specific ^a	31	21.8	88	14.4	34	10.1	2	10.0
Motor transport	3	2.1	22	3.6	18	5.4	1	5.0
Pilot, air crew	5	3.5	14	2.3	5	1.5	0	0.0
Repair, engineering	24	16.9	158	25.9	96	28.6	2	10.0
Communications, intelligence	37	26.1	168	27.6	94	28.0	2	10.0
Health care	10	7.0	42	6.9	35	10.4	9	45.0
Other, unknown	32	22.5	117	19.2	54	16.1	4	20.0
Marital status								
Married	70	49.3	262	43.0	159	47.3	9	45.0
Single, never married	60	42.3	296	48.6	153	45.5	11	55.0
Other, unknown	12	8.5	51	8.4	24	7.1	0	0.0
Education								
High school or less	67	47.2	380	62.4	214	63.7	13	65.0
Some college	25	17.6	73	12.0	38	11.3	1	5.0
College	41	28.9	126	20.7	69	20.5	6	30.0
Other, unknown	9	6.3	30	4.9	15	4.5	0	0.0
Precedence^b								
Routine	125	88.0	538	88.3	261	77.7	7	35.0
Priority	14	9.9	57	9.4	67	19.9	7	35.0
Urgent	3	2.1	14	2.3	8	2.4	6	30.0
Transport mode								
Military	92	64.8	389	63.9	88	26.2	2	10.0
Commercial	7	4.9	48	7.9	102	30.4	1	5.0
Other, unknown	43	30.3	172	28.2	146	43.5	17	85.0

Abbreviations: AFRICOM, U.S. Africa Command; CENTCOM, U.S. Central Command; PACOM, U.S. Pacific Command; SOUTHCOM, U.S. Southern Command; No., number; y, years; TRAC2ES, U.S. Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System.

^a Includes infantry, artillery, combat engineering, armor.

^b Data field within TRAC2ES.

TABLE 3. Most Frequent Three-Digit ICD-10 Diagnoses Associated with Medical Evacuations by Area of Responsibility^a and Sex, U.S. Armed Forces, 2025

AFRICOM					
Men			Women		
ICD-10 3-Digit Code	Code Description	No.	ICD-10 3-Digit Code	Code Description	No.
F43	Reaction to severe stress, and adjustment disorders	8			
Z02	Encounter for administrative examination	7			
S86	Injury of muscle, fascia and tendon at lower leg level	6			
M25	Other joint disorder, not elsewhere classified	5			
S83	Dislocation and sprain of joints and ligaments of knee	5			
CENTCOM					
Men			Women		
ICD-10 3-Digit Code	Code Description	No.	ICD-10 3-Digit Code	Code Description	No.
F43	Reaction to severe stress, and adjustment disorders	102	F43	Reaction to severe stress, and adjustment disorders	35
M54	Dorsalgia	18	F41	Other anxiety disorders	5
R07	Pain in throat and chest	14	S83	Dislocation and sprain of joints and ligaments of knee	5
M25	Other joint disorder, not elsewhere classified	13			
S29	Other and unspecified injuries of thorax	12			
PACOM					
Men			Women		
ICD-10 3-Digit Code	Code Description	No.	ICD-10 3-Digit Code	Code Description	No.
F10	Alcohol related disorders	32	M25	Other joint disorder, not elsewhere classified	17
F43	Reaction to severe stress, and adjustment disorders	26	F43	Reaction to severe stress, and adjustment disorders	12
M25	Other joint disorder, not elsewhere classified	22	F32	Depressive episode	5
M54	Dorsalgia	14			
F32	Depressive episode	12			

Abbreviations: AFRICOM, U.S. Africa Command; CENTCOM, U.S. Central Command; PACOM, U.S. Pacific Command; SOUTHCOM, U.S. Southern Command; ICD-10, International Classification of Diseases, 10th Revision; No., number.
^a Table details diagnostic codes responsible for 5 or more evacuations; because SOUTHCOM recorded a low volume, specific diagnostic data for that command have been suppressed.

requiring non-military transportation.

The concentration of evacuations among communications and intelligence as well as repair and engineering personnel suggests that these essential support roles may involve substantial, perhaps under-recognized, occupational health risks; the data are not presented in proportion to the populations at risk, however, so these results should be interpreted with caution. Demographic data for the deployed population, i.e., person-time for individuals eligible for medical evacuation, are not readily available. The lack of deployed individual person-time data precludes calculation of stratified and overall rates for medical evacuations.

Additional limitations should be considered when interpreting these results. Most causes of medical evacuations were estimated for this report from primary (i.e., first-listed) diagnoses in DMSS recorded during hospitalizations or initial outpatient encounters following evacuation, based on DMSS data extracted on May 26, 2026. Diagnoses recorded in-theater through the Theater Medical Data Store (TMDS) are not represented in this analysis. In some cases, clinical evaluations at permanent treatment facilities following evacuation may have eliminated serious conditions that were clinically suspected while in the-ater, resulting in possible misclassification errors. When interpreting these evacuation

metrics, methodological inclusion of intra-theater movements within PACOM should also be considered. While PACOM intra-theater inclusion reflects the vast geography and operational realities of the Indo-Pacific region, it distinguishes PACOM’s data from the inter-theater evacuations recorded for the other combatant commands. Finally, battle injuries rely on proper classification in TRAC2ES, but misclassification errors may occur. Due to the small number of battle injuries, any misclassification will have a disproportionate effect.

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Absolute and Relative Morbidity Burdens Attributable to Various Illnesses and Injuries Among Active Component Members of the U.S. Coast Guard, 2025

Operating under the authority of the U.S. Department of Homeland Security, the U.S. Coast Guard is a branch of the military tasked with maritime safety, law enforcement, and environmental protection, as well as support of naval operations.^{1,2} As the second smallest branch of the U.S. Armed Forces, comprising roughly 47,568 active component members, the Coast Guard is the sole military service functioning outside the direct purview of the Department of War (DOW).

While Coast Guard personnel are authorized to access Military Health System (MHS) hospitals and clinics, their bases are often not located near MHS facilities. Consequently, the Coast Guard maintains its own network of clinics in high Coast Guard-population areas, but those facilities are strictly limited to primary care.¹ This structural limitation contributes to significant health care access challenges for Coast Guard beneficiaries—including active duty members, eligible reservists, retirees, and dependents. Recent assessments of Coast Guard health care provision have underscored systemic issues such as clinic staffing deficits and critical data gaps, among others.¹

In recent years, missing and disparate data that precluded comprehensive Coast Guard morbidity surveillance led to its excision from *MSMR* annual morbidity burden analyses from 2016 through 2021.^{3,4} A 2021 report on Coast Guard active duty hospitalizations underscored those data issues, reporting a 40% lower observed hospitalization rate than among DOW active component service members.³ To address those gaps in the data and ensure continuous, reliable morbidity surveillance, in 2022 *MSMR* reinstated separate analyses for the Coast Guard. This report employs the standardized disease classifications and morbidity burden methodologies established

for the greater U.S. Armed Forces to quantify the health impacts of various illnesses and injuries on the Coast Guard's active component in 2025.

Methods

The population for this analysis included all individuals who served in the active component of the U.S. Coast Guard at any time during the surveillance period of January 1, 2025 through November 30, 2025. The methodology used to determine the absolute and relative morbidity burdens for the Coast Guard active component in 2025 is identical to the approach described on page 5 of this issue for the greater U.S. Armed Forces.

Results

In 2025, a total of 37,477 Coast Guard service members required 475,658 total medical encounters, which included 9,695 reported hospital bed days, with a rate of 0.26 hospital bed days per Coast Guard member who received either outpatient or inpatient medical care in 2025.

Morbidity burden, by category

In 2025, injury represented the leading cause of all medical encounters for the Coast Guard active component, affecting 17,034 service members (**Figure 1a**). In addition to driving 22.0% of all medical encounters, injuries ranked third overall in total hospital bed days (**Figure 1b**).

Mental health disorders accounted for more hospital bed days (n=5,444) than any other morbidity-related category, constituting over half (56.2%) of all hospital

What are the new findings?

In 2025, injuries, mental health disorders, and musculoskeletal system diseases were the categories of medical conditions associated with the most medical encounters, greatest numbers of members affected, and largest numbers of hospital days among active duty U.S. Coast Guard members. The morbidity burdens of Coast Guard members in 2025 are similar to those reported for Department of War active component service members. Mental health diagnoses, particularly mood and substance abuse disorders, in 2025 disproportionately accounted for more than half of all hospital bed days of Coast Guard members.

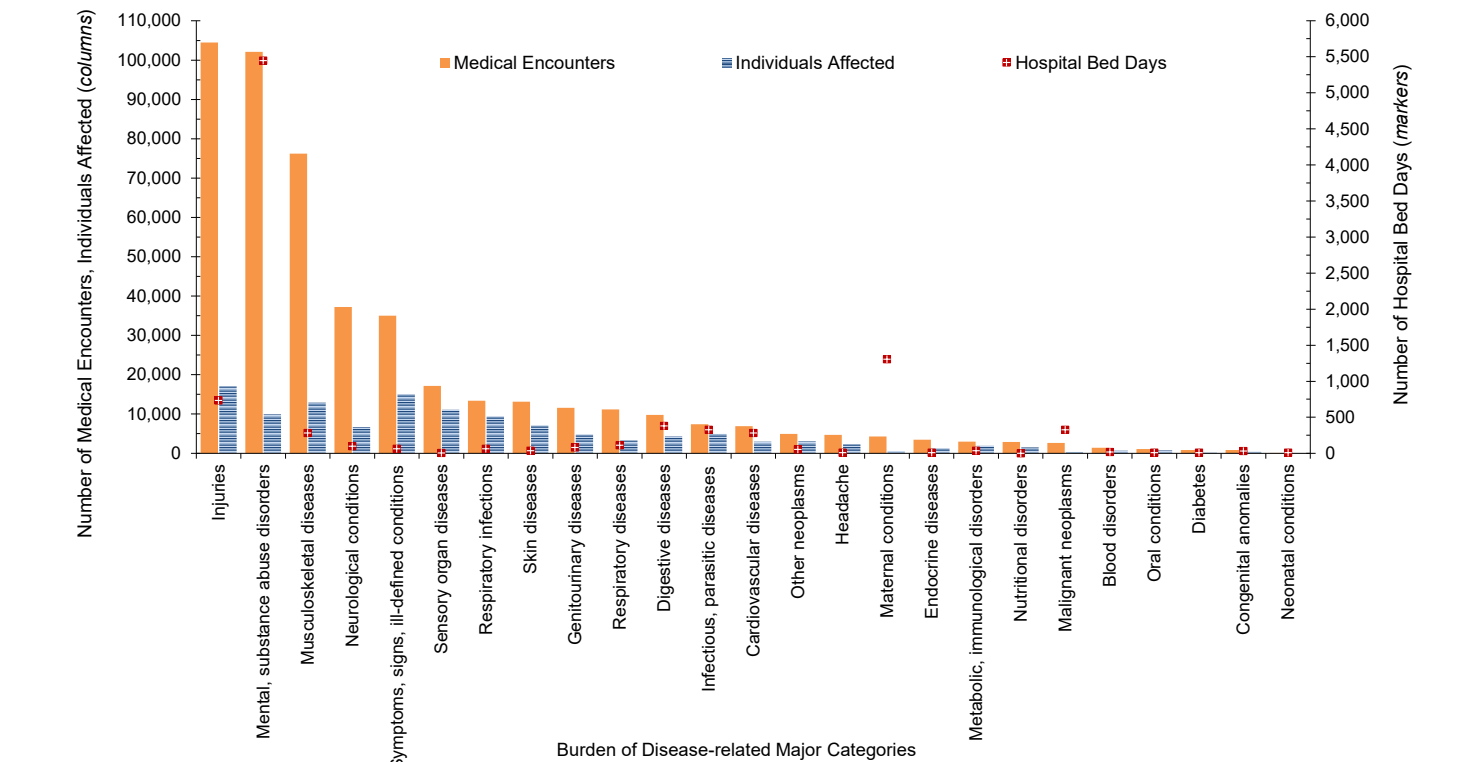
What is the impact on readiness and force health protection?

The concentrated morbidity burden for mental health disorders, injuries, and musculoskeletal conditions may degrade the operational readiness of the Coast Guard by removing its members from duty for extended inpatient treatment and prolonged recovery periods. This dual burden emphasizes the physical and psychological demands placed on U.S. Coast Guard personnel and indicates critical areas where preventive health measures could substantially improve mission readiness and reduce lost duty time.

bed days and ranked fifth in terms of numbers of individuals affected (**Figures 1a, 1b**). Combined, injury and mental health disorders accounted for over three-fifths (63.7%) of all hospital bed days and more than two-fifths (43.4%) of all medical encounters.

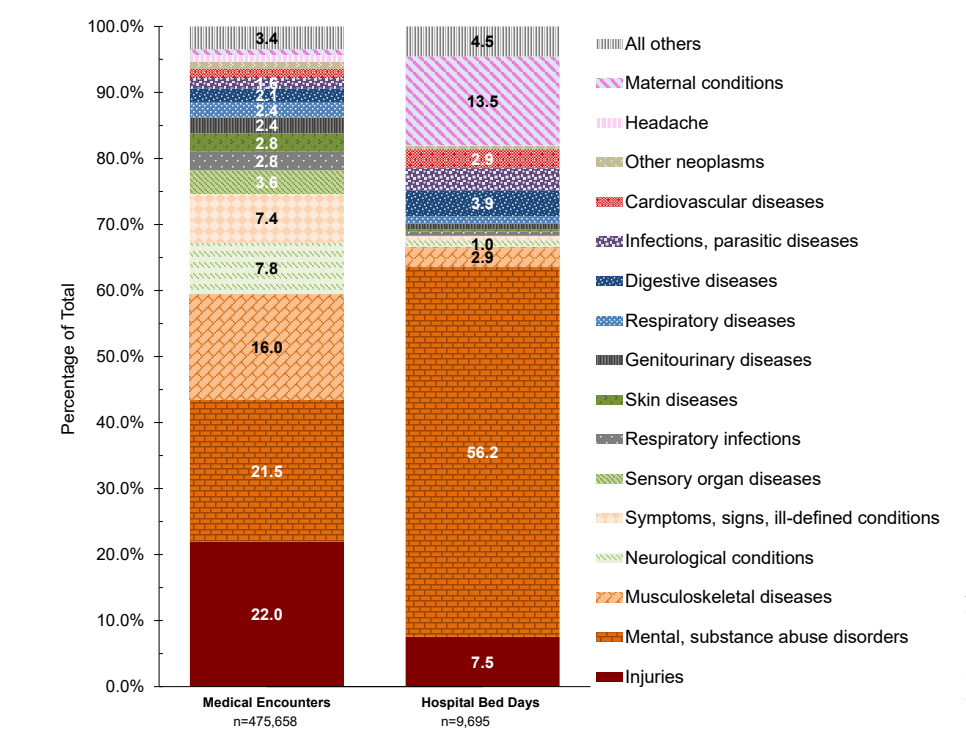
Maternal conditions (e.g., pregnancy complications, delivery, all other maternal disorders, puerperium complications, and ectopic pregnancy, miscarriage, abortion), accounted for a relatively large proportion of all hospital bed days (n=1,304, 13.5%) but a much smaller proportion of total medical encounters (n=4,281, 0.9%) (**Figures 1a, 1b**). Maternal conditions were

FIGURE 1a. Numbers of Medical Encounters^a, Individuals Affected^b and Hospital Bed Days by Burden of Disease Major Category^c, Active Component, U.S. Coast Guard, 2025



^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.
^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease Study.^{8,9}

FIGURE 1b. Percentages of Medical Encounters^a and Hospital Bed Days Attributable to Burden of Disease Major Categories^b, Active Component, U.S. Coast Guard, 2025



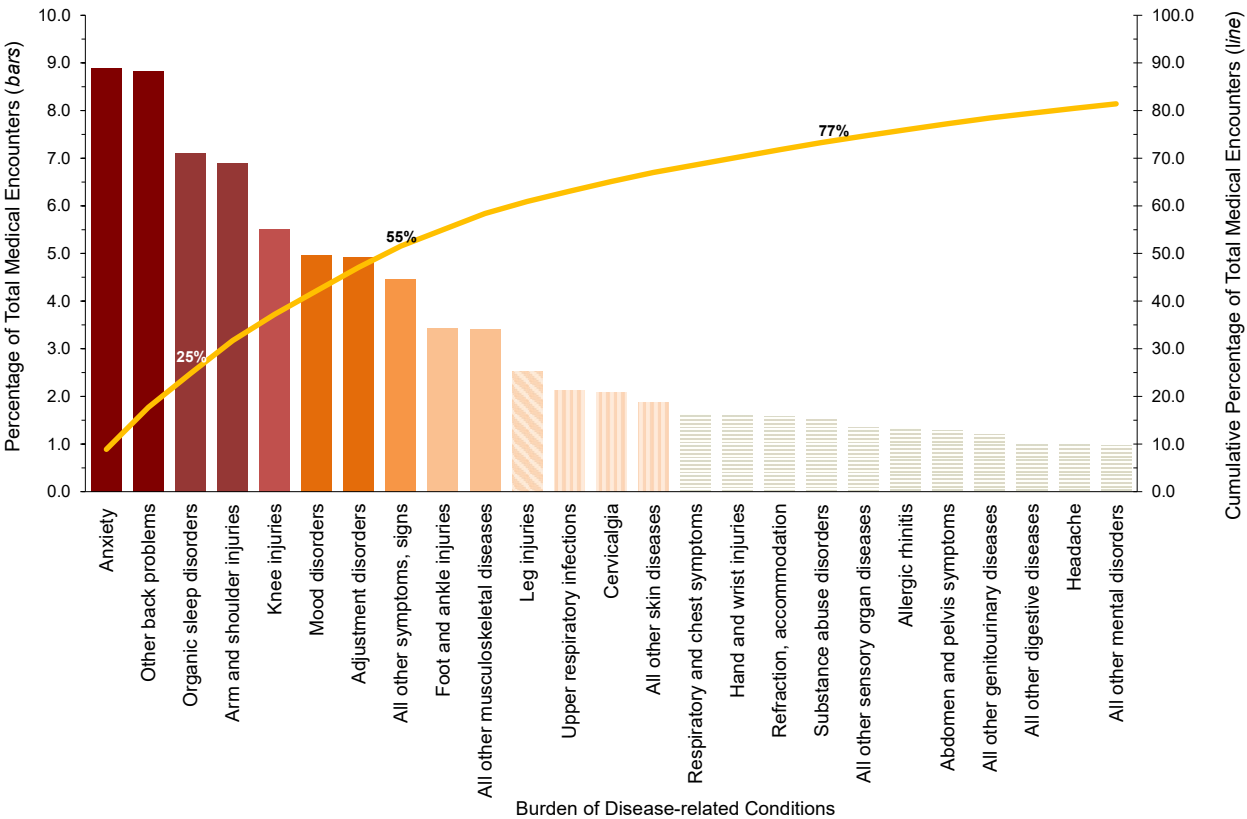
the most prevalent medical condition among female active component Coast Guard members. Women comprised approximately one-sixth (16.4%) of the active duty Coast Guard in 2025.

Medical encounters, by condition

In 2025, 5 disease-related conditions accounted for more than one-third (37.2%) of all illness- and injury-related medical encounters among active component Coast Guard members: anxiety disorders, other back problems (including lower back pain, other dorsalgia), organic sleep disorders (e.g., obstructive sleep apnea, insomnia), arm and shoulder injuries, and knee injuries (**Figure 2**). Moreover, the 10 conditions

Abbreviation: n, number.
^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Burden of disease major categories based on modified version of those defined in Global Burden of Disease Study.^{8,9}

FIGURE 2. Percentages and Cumulative Percentage Distribution, Burden of Disease-related Conditions^a that Accounted for the Most Medical Encounters, Active Component, U.S. Coast Guard, 2025



^a Burden of disease-related conditions based on modified version of those defined in Global Burden of Disease Study^{8,9}

associated with the most medical encounters constituted more than half (58.4%) of all illness- and injury-related medical encounters.

The major category conditions in 2025 that predominantly accounted for medical encounters among active component Coast Guard members included injuries, mental health disorders, and musculoskeletal conditions. Among reported injuries, arm and shoulder (6.9%), knee (5.5%), foot and ankle (3.4%), and leg (2.5%) injuries accounted for the most medical encounters (**Figure 2, Table**). The 4 most frequent mental health diagnoses were for anxiety (8.9%), mood (5.0%), adjustment (4.9%), and substance abuse (1.5%) disorders. Other back problems (8.8%), all other musculoskeletal diseases (3.4%), and cervicalgia (2.1%) constituted the most medical encounters among musculoskeletal disorders. COVID-19 accounted for 0.2% of total medical encounters in 2025.

Individuals affected, by condition

The 10 categories of conditions that affected the most Coast Guard members in 2025 were all other signs and symptoms, upper respiratory infections, other back problems, refraction and accommodation, organic sleep disorders, anxiety, all other musculoskeletal diseases, all other skin diseases, arm and shoulder conditions, and respiratory and chest issues. COVID-19 affected 683 Coast Guard members, ranking fiftieth for number of individuals affected, a modest decline from thirty-sixth in 2024.

Hospital bed days, by condition

In 2025, substance abuse and mood disorders accounted for about two-fifths (45.0%) of all hospital bed days (**Figure 3**) among Coast Guard members. Four mental health disorders (mood, substance abuse, adjustment, anxiety) and 2 maternal conditions (pregnancy complications, delivery)

combined accounted for more than three-fifths (64.8%) of all hospital bed days (**Table, Figure 3**). About 7.5% of all hospital bed days were attributable to injuries, declining from 12.8% in 2024.⁵ In 2025, 0.3% hospitalizations of active component Coast Guard members were due to COVID-19 (**Table**).

Discussion

In 2025, mental health disorders and injuries presented a major burden to force readiness and health care provision among the active component U.S. Coast Guard; together, those 2 categories accounted for nearly two-thirds (63.7%) of all hospital bed days and more than 43% of all medical encounters. This finding highlights the physical and psychological demands on Coast Guard personnel and reveals critical opportunities for targeted preventive health

TABLE. Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Coast Guard, 2025^a

Major Category Condition ^b	Medical Encounters ^c		Individuals Affected ^d		Hospital Bed Days	
	No.	Rank ^e	No.	Rank ^e	No.	Rank ^e
Total	475,658				9,695	
Injury, poisoning	104,448				731	
Arm, shoulder injuries	32,783	4	5,097	9	12	50
Knee injuries	26,204	5	4,332	11	12	50
Foot, ankle injuries	16,284	9	4,174	12	14	47
Leg injuries	11,963	11	2,478	20	85	21
Hand, wrist	7,600	16	2,824	17	22	38
Head, neck injuries	2,845	29	1,584	28	287	6
Back, abdomen injuries	2,212	35	1,096	38	30	34
Other complications not otherwise specified	1,304	46	613	55	224	8
Environmental injuries	1,025	56	847	45	9	56
Unspecified injuries	931	57	659	52	0	90
Other harm from external causes	775	64	642	53	7	60
Poisoning, non-drug	281	99	193	86	0	90
All other injuries	102	121	88	103	0	90
Poisoning, drugs	84	124	33	121	29	36
Other burns	45	131	36	118	0	90
Other superficial injuries	9	148	8	138	0	90
Under-dosing	1	151	1	149	0	90
Mental, substance abuse disorders	102,133				5,444	
Anxiety	42,283	1	5,777	6	389	5
Mood disorders	23,657	6	2,580	18	2,217	1
Adjustment disorders	23,432	7	3,961	14	447	4
Substance abuse disorders	7,250	18	541	59	2,141	2
All other mental disorders	4,564	25	1,289	34	69	24
Psychotic disorders	331	87	47	113	106	15
Personality disorders	283	98	37	117	44	27
Somatoform disorders	216	108	78	106	31	33
Tobacco dependence	117	119	90	102	0	90
Musculoskeletal diseases	76,172				282	
Other back problems	41,998	2	7,151	3	217	10
All other musculoskeletal diseases	16,240	10	5,419	7	53	26
Cervicalgia	9,853	13	2,019	23	0	90
Pain in foot	4,172	26	1,712	24	0	90
Osteoarthritis	2,157	37	973	41	7	60
Other knee disorders	820	61	249	79	5	71
Other shoulder disorders	714	70	277	75	0	90
Rheumatoid arthritis	218	107	66	107	0	90
Symptoms, signs, ill-defined conditions	34,971				62	
All other symptoms, signs	21,196	8	10,343	1	42	28
Respiratory, chest	7,668	15	4,848	10	6	67
Abdomen, pelvis	6,107	21	3,702	15	14	47
Neurological diseases	37,177				98	
Organic sleep disorders	33,760	3	5,848	5	3	80
All other neurologic conditions	1,466	45	596	56	88	20
Chronic pain	1,093	54	443	62	0	90
Other mononeuritis, upper and lower limbs	479	78	212	84	1	88
Multiple sclerosis	202	111	21	129	0	90
Epilepsy	166	113	58	108	6	67
Parkinson's disease	11	146	2	148	0	90
Sensory organ diseases	17,140				4	
Refraction, accommodation	7,465	17	6,484	4	0	90
All other sense organ diseases	6,392	19	4,171	13	4	74
Hearing disorders	2,465	31	1,590	27	0	90
Glaucoma	742	67	466	61	0	90
Cataracts	76	127	54	111	0	90

TABLE (cont). Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Coast Guard, 2025^a

Major Category Condition ^b	Medical Encounters ^c		Individuals Affected ^d		Hospital Bed Days	
	No.	Rank ^e	No.	Rank ^e	No.	Rank ^e
Infectious, parasitic diseases	7,379				325	
All other infectious, parasitic diseases	3,818	27	2,418	21	266	7
Tinea skin infections	1,161	51	849	44	0	90
COVID-19	776	63	683	50	26	37
Unspecified viral infection	746	66	712	47	2	83
Diarrheal diseases	471	79	408	66	21	41
STDs	305	93	244	80	0	90
Chlamydia	67	128	58	108	0	90
Intestinal nematode infection	14	144	12	134	0	90
Bacterial meningitis	10	147	3	145	10	53
Hepatitis B, C	9	148	3	145	0	90
Tropical cluster	1	151	1	149	0	90
Tuberculosis	1	151	1	149	0	90
Skin diseases	13,111				34	
All other skin diseases	8,923	14	5,216	8	34	32
Sebaceous gland diseases	2,560	30	1,548	30	0	90
Contact dermatitis	1,628	44	1,247	36	0	90
Respiratory diseases	11,190				110	
Allergic rhinitis	6,325	20	1,370	33	0	90
All other respiratory diseases	1,810	41	1,072	39	104	17
Chronic sinusitis	1,148	52	666	51	2	83
Deviated nasal septum	727	69	420	65	4	74
Asthma	573	75	270	77	0	90
Chronic obstructive pulmonary disease	314	90	280	74	0	90
Chronic rhinitis	293	97	216	83	0	90
Genitourinary diseases	11,597				82	
All other genitourinary diseases	5,752	22	2,907	16	37	31
Menstrual disorders	1,178	49	697	49	7	60
Female genital pain	1,173	50	569	57	0	90
UTI, cystitis	870	58	622	54	0	90
Other breast disorders	786	62	434	63	4	74
Kidney stones	749	65	289	71	21	41
Nephritis, nephrosis	513	76	149	93	13	49
Vaginitis, vulvitis	311	91	239	81	0	90
Benign prostatic hypertrophy	265	101	154	92	0	90
Digestive diseases	9,779				380	
All other digestive diseases	4,734	23	2,494	19	181	11
Esophagus disease	2,204	36	1,263	35	8	58
Other gastroenteritis, colitis	1,747	42	896	42	107	14
Constipation	455	81	314	69	5	71
Inguinal hernia	316	88	141	94	0	90
Appendicitis	260	103	105	100	70	23
Peptic ulcer disease	33	135	27	126	4	74
Cirrhosis of liver	30	138	10	136	5	71
Respiratory infections	13,348				62	
Upper respiratory infections	10,089	12	7,702	2	4	74
Lower respiratory infections	2,113	38	1,611	26	58	25
Otitis media	1,146	53	872	43	0	90
Cardiovascular diseases	6,919				279	
All other cardiovascular diseases	3,601	28	1,635	25	106	15
Essential hypertension	2,381	32	1,378	32	2	83
Cerebrovascular disease	424	82	88	103	124	13
Ischemic heart disease	361	85	163	90	30	34
Inflammatory heart disease	121	117	57	110	17	45
Rheumatic heart disease	31	137	29	124	0	90

TABLE (cont). Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Coast Guard, 2025^a

Major Category Condition ^b	Medical Encounters ^c		Individuals Affected ^d		Hospital Bed Days	
	No.	Rank ^e	No.	Rank ^e	No.	Rank ^e
Other neoplasms	4,979				51	
Benign skin neoplasm	1,905	40	1,551	29	0	90
All other neoplasms	1,735	43	1,131	37	42	28
Neoplasm of uncertain behavior of skin	861	59	702	48	0	90
Lipoma	306	92	190	87	0	90
Uterine leiomyoma	172	112	99	101	9	56
Headache	4,728				7	
Headache	4,728	24	2,335	22	7	60
Maternal conditions	4,281				1,304	
Pregnancy complications	2,285	34	546	58	871	3
All other maternal disorders	1,236	48	335	68	168	12
Delivery	392	84	258	78	218	9
Ectopic pregnancy, miscarriage, abortion	244	104	106	99	8	58
Puerperium complications	124	116	80	105	39	30
Metabolic, immunological disorders	3,125				34	
Unspecified disorder of pituitary gland	158	114	107	98	0	90
Lipoid metabolism disorders	2,032	39	1,465	31	0	90
Other metabolic disorders	499	77	272	76	22	38
Gout	315	89	165	89	0	90
Immunity disorders	121	117	47	113	12	50
Endocrine disorders	3,275				9	
Testicular hypofunction	1,264	47	421	64	0	90
Other thyroid disorders	739	68	301	70	2	83
Hypothyroidism	610	73	281	73	0	90
All other endocrine disorders	420	83	204	85	7	60
Polycystic ovarian syndrome	242	105	127	96	0	90
Malignant neoplasms	2,679				324	
Melanoma, other skin cancers	463	80	170	88	0	90
Testicular cancer	303	94	34	120	90	19
Leukemia	295	96	26	127	94	18
Colon, rectum cancers	270	100	15	131	22	38
All other malignant neoplasms	263	102	45	115	21	41
Brain cancer	225	106	12	134	76	22
Breast cancer	209	109	20	130	3	80
Lymphoma, multiple myeloma	208	110	29	124	0	90
Prostate cancer	106	120	7	139	0	90
Thyroid cancer	101	122	15	131	4	74
Mouth, oropharynx cancers	78	125	9	137	1	88
Cervix uteri cancer	37	132	7	139	0	90
Corpus uteri cancer	32	136	1	149	0	90
Bladder cancer	23	140	4	143	0	90
Trachea, bronchus, lung cancers	23	140	5	142	0	90
Pancreas cancer	22	142	4	143	10	53
Ovary cancer	20	143	3	145	3	80
Liver cancer	1	151	1	149	0	90
Nutritional deficiencies	2,918				0	
Overweight, obesity	2,288	33	979	40	0	90
All other nutritional disorders	623	72	518	60	0	90
Protein-energy malnutrition	7	150	1	149	0	90
Blood disorders	1,443				19	
All other blood disorders	609	74	286	72	17	45
Iron deficiency anemia	352	86	132	95	0	90
Other non-deficiency anemias	297	95	163	90	2	83
Hereditary anemias	135	115	108	97	0	90
Other deficiency anemias	50	130	31	123	0	90

TABLE (cont). Health Care Burdens Attributable to Various Diseases and Injuries, Active Component, U.S. Coast Guard, 2025^a

Major Category Condition ^b	Medical Encounters ^c		Individuals Affected ^d		Hospital Bed Days	
	No.	Rank ^e	No.	Rank ^e	No.	Rank ^e
Diabetes	843				7	
Diabetes mellitus	843	60	223	82	7	60
Oral conditions	1,099				10	
All other oral conditions	1,037	55	716	46	10	53
Dental caries	37	132	35	119	0	90
Periodontal disease	25	139	25	128	0	90
Congenital anomalies	811				30	
All other congenital anomalies	646	71	391	67	18	44
Other circulatory anomalies	87	123	32	122	6	67
Congenital heart disease	78	125	38	116	6	67
Neonatal conditions	113				7	
All other perinatal anomalies	62	129	49	112	7	60
Birth asphyxia, birth trauma	37	132	14	133	0	90
Low birth weight	14	144	7	139	0	90

Abbreviations: No., number; UTI, urinary tract infection; STDs, sexually transmitted diseases.

^a Burden of disease major categories and burden of disease-related conditions based on modified version of those defined in Global Burden of Disease Study.^{8,9}

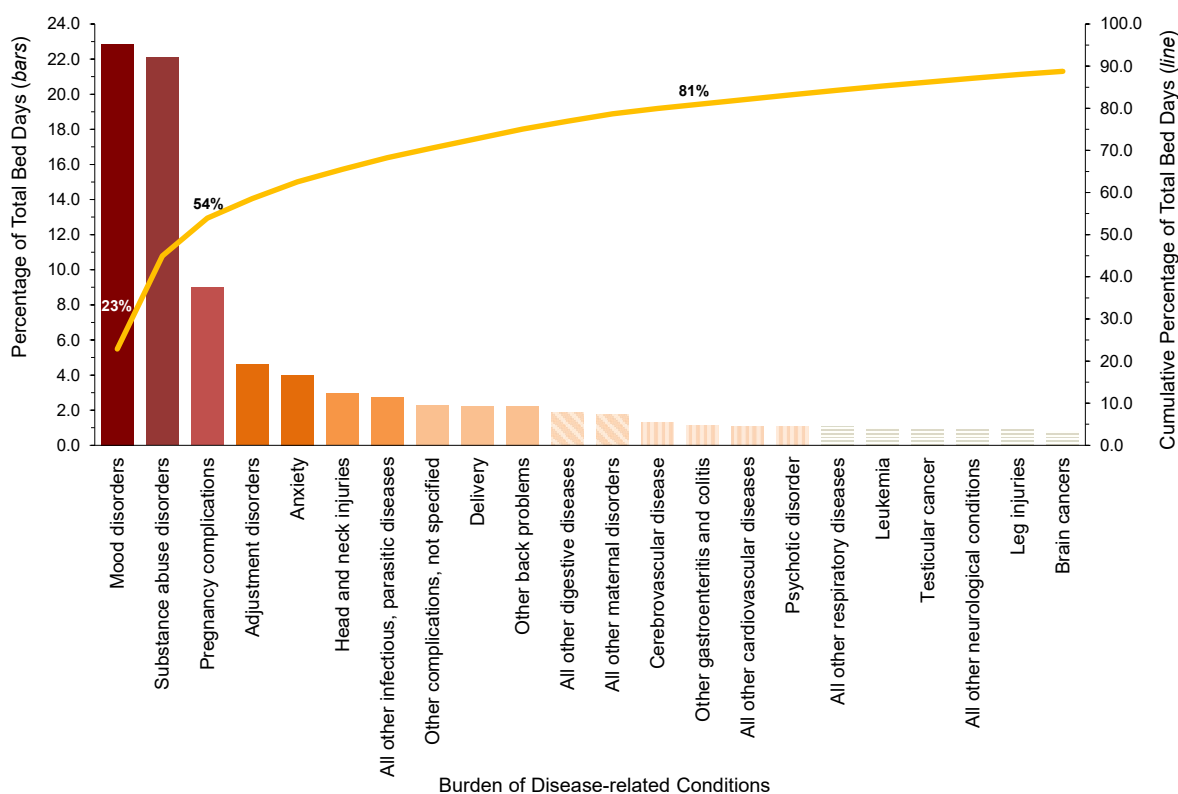
^b Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).

^c Individuals with at least 1 hospitalization or ambulatory visit for the condition.

^d Rank based on numbers of encounters, individuals affected or hospital bed days in respective columns within listing of 154 burden-related disease conditions. Esophageal cancer, malaria and stomach cancer excluded from major disease categories due to no recorded cases. Same ranking given to 7 pairs of tied values for medical encounters, 11 pairs of tied values for individuals affected and 17 pairs of tied values for hospital bed days.

^e Conditions affecting newborns erroneously coded on service member medical records.

FIGURE 3. Percentages and Cumulative Percentage Distribution, Burden of Disease-related Conditions^a that Accounted for the Most Hospital Bed Days, Active Component, U.S. Coast Guard, 2025



^a Burden of disease-related conditions based on modified version of those defined in Global Burden of Disease Study.^{8,9}

measures to improve mission readiness.

Musculoskeletal conditions, together with injuries, represented primary causes of ambulatory health care for Coast Guard personnel. The high prevalence of conditions affecting the back, arms, shoulders, and knees likely reflects the physically taxing nature of Coast Guard operations. Notably, more Coast Guard members were affected by other back conditions (n=7,151) than by the top-ranked injury categories of arm and shoulder (n=5,097) and knee injuries (n=4,332), underscoring the widespread impact of musculoskeletal strain.

While mental health disorders ranked fifth in the total number of individuals affected, they constituted the most severe inpatient medical burden for the Coast Guard. Specifically, conditions such as mood, substance abuse, adjustment, and anxiety disorders were responsible for over 56% of all hospital bed days. Such a disproportionate ratio suggests that when Coast Guard members require inpatient care for mental health, the acuity of those conditions necessitates extended, resource-intensive treatment. These clinical findings also align with self-reported data from the 2018 Health Related Behaviors Survey of the Coast Guard, which highlighted significant behavioral and psychological challenges for Coast Guard members: 33.9% had engaged in binge drinking in the past 30 days; 10.6% met the criteria for serious psychological distress in the past year; 4.3% needed mental health services in the past year but did not receive them; 21.9% were moderately or severely bothered by sleep-related lack of energy; 35.4% reported current tobacco or nicotine use; and 4.7% had thought about attempting suicide in the past year.⁶

This report's findings are consistent with prior morbidity reports for active component U.S. service members, with the leading categories of medical conditions involving injury, mental health disorders, and musculoskeletal conditions.⁷ Furthermore, both Coast Guard and DOW service members shared diagnoses for many specific and prevalent conditions, including back problems, arm, shoulder and knee injuries, anxiety disorders, and organic sleep disorders. In comparison with 2025 health care encounter data for DOW active component personnel, the Coast Guard experienced a similar rate of medical encounters per person but a lower rate of hospitalization. In 2025 the Coast Guard recorded 12.7 encounters and 0.26 hospital bed days per service member, whereas the DOW reported 11.7 encounters and 0.34 bed days per service member.

In conclusion, the health of the active duty Coast Guard in 2025 was defined by the significant and sustained impact of mental health disorders, injuries, and musculoskeletal conditions. While injuries and musculoskeletal conditions drove a high volume of outpatient care, mental health disorders were the primary contributor to inpatient hospital stays, indicating a need for robust and accessible mental health services. The similarities in morbidity trends with the greater DOW underscore the shared health challenges facing the U.S. military. Future efforts to maintain force readiness should focus on targeted injury prevention programs, proactive mental health support, and ergonomic interventions to mitigate the physical and psychological stressors inherent to military service.

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Illness and Injury Burdens Among Recruit Trainees of the Active Component of the U.S. Armed Forces, 2025

FIGURE 1. Numbers of Medical Encounters^a, Individuals Affected^b and Hospital Bed Days by Burden of Disease Major Category^c, Recruit Trainees^d, Active Component, U.S. Armed Forces, 2025

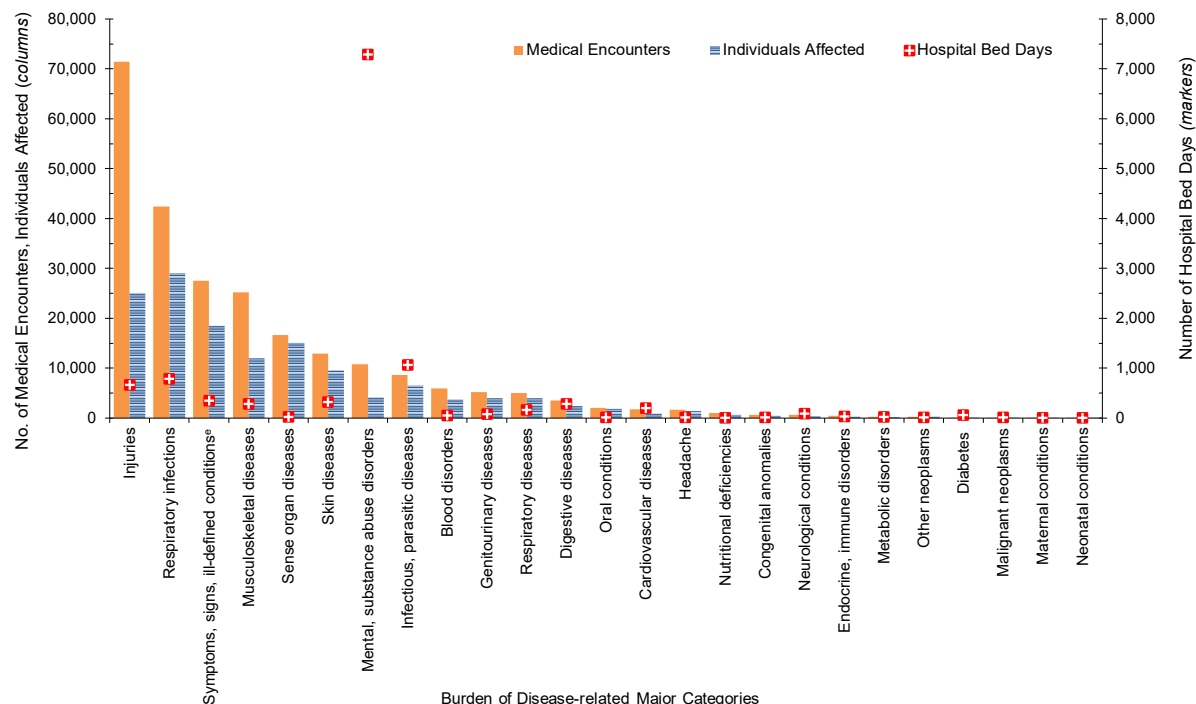
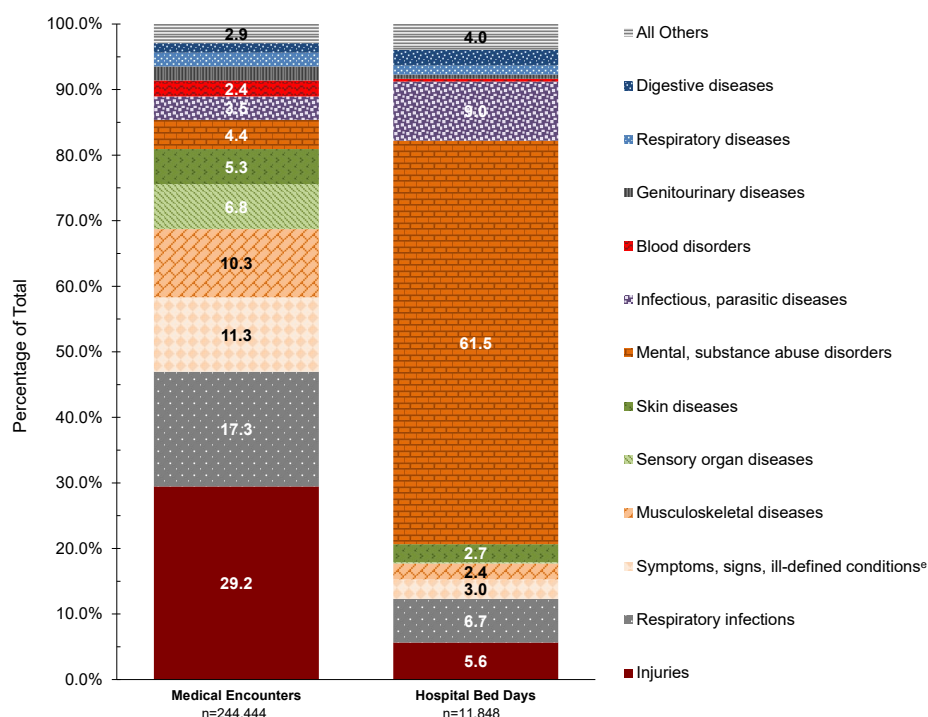


FIGURE 2. Percentages of Medical Encounters^a and Hospital Bed Days by Burden of Disease Major Category^c, Recruit Trainees^d, Active Component, U.S. Armed Forces, 2025



Abbreviation: n, number.

^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).

^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.

^c Burden of disease categories same as those used for analyses of morbidity burdens in active component overall (see pp. 4-12).

^d Recruit trainees defined as active component members of the Army, Navy, Air Force, Marine Corps or Coast Guard with rank of E1-E4 who served at 1 of the 11 basic training locations during a service-specific training period following a first-ever personnel record. Data shown are subset of active component data in pp. 4-12.

TABLE. Numbers of Medical Encounters^a, Individuals Affected^b and Hospital Bed Days for Leading Five Burden of Disease Major Categories by Branch of Service^c, Recruit Trainees^d, Active Component, U.S. Armed Forces, 2025

Service Branch	Leading 5 Disease Categories for Each Branch of Service	Medical Encounters	Individuals Affected	Hospital Bed Days
		No.	No.	No.
Army				
	Injuries	32,570	11,200	303
	Sensory organ diseases	11,276	10,580	8
	Respiratory infections	11,206	8,034	213
	Musculoskeletal diseases	9,735	4,942	100
	Symptoms, signs, ill-defined conditions	8,734	5,536	60
Navy				
	Respiratory infections	12,627	9,937	8
	Symptoms, signs, ill-defined conditions	8,568	6,564	22
	Injuries	8,298	3,665	24
	Musculoskeletal diseases	5,428	2,471	66
	Mental, substance abuse disorders	4,568	1,986	3,467
Air Force				
	Injuries	10,988	3,702	51
	Respiratory infections	5,246	4,193	60
	Symptoms, signs, ill-defined conditions	4,272	2,497	178
	Musculoskeletal diseases	3,505	1,602	30
	Mental, substance abuse disorders	1,959	533	1,358
Marine Corps				
	Injuries	15,591	5,551	273
	Respiratory infections	11,419	5,438	476
	Musculoskeletal diseases	4,816	2,353	80
	Symptoms, signs, ill-defined conditions	4,562	3,067	82
	Skin diseases	2,973	1,697	168
Coast Guard				
	Injuries	3,971	1,019	17
	Respiratory infections	1,871	1,449	31
	Musculoskeletal diseases	1,756	621	11
	Symptoms, signs, ill-defined conditions	1,392	861	10
	Sensory organ diseases	564	501	0

Abbreviation: No., number.

^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).

^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.

^c Burden of disease categories same as those used for analyses of morbidity burdens in active component overall (see pp. 4-12).

^d Recruit trainees defined as active component members of the Army, Navy, Air Force, Marine Corps or Coast Guard with rank of E1–E4 who served at 1 of the 11 basic training locations during a service-specific training period following a first-ever personnel record. Data shown are a subset of active component data in pp. 4-12.

Absolute and Relative Morbidity Burdens Attributable to Various Illnesses and Injuries Among Non-Service Member Beneficiaries of the Military Health System, 2025

Operating as a globally integrated health delivery network, the Military Health System (MHS) executes a dual mandate: ensuring the operational medical readiness of the U.S. Armed Forces and providing comprehensive health care to eligible personnel and their dependents.¹ This system relies on a hybrid model, balancing care delivered at military hospitals and clinics, known as the direct care system, with civilian care facilitated by the TRICARE network. Fulfilling its commitment to service members, retirees, and their families, the MHS provided TRICARE eligibility to approximately 9.4 million beneficiaries in fiscal year 2024.²

Due to the diversity of this beneficiary population, health care enrollment and provision patterns vary significantly among different demographic categories.² To optimize this complex network, the current Department of War (DOW) strategy, guided by the MHS Strategy for Fiscal Years 2024-2029 and recent stabilization directives, heavily prioritizes rebuilding direct care capacity.³ A central objective of this strategy is to “attract and reattract beneficiaries to military treatment facilities,” a shift designed to maximize system efficiency, enrich clinical case diversity, and sustain the medical proficiency of the Ready Medical Force.^{4,5}

When interpreting these usage patterns, the structural transition of health benefits at age 65 years is a critical factor. For beneficiaries younger than age 65 years, care is distributed between military hospitals and clinics and civilian providers. Upon reaching age 65 years and gaining Medicare eligibility, standard TRICARE coverage converts to TRICARE for Life (TFL), a Medicare supplement funded independently of the Defense Health Program. While Medicare-eligible individuals can still access military hospitals and clinics,

depending on space availability, their care is predominantly outsourced via the civilian health care system. Consequently, morbidity burdens must be analyzed within specific age cohorts and care settings to accurately reflect their true impacts on MHS resources.

Building on prior annual analyses, this report quantifies the health care burdens of non-service member MHS beneficiaries during calendar year 2025. Morbidity was assessed using a modified Global Burden of Disease (GBD) classification framework⁶⁻⁹ in conjunction with standard International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnostic groupings for both hospitalizations, or inpatient visits, and ambulatory care, or outpatient visits. To account for the distinct health care provision differences driven by the TRICARE-to-Medicare transition, the resulting estimates are stratified by 4 age categories, with beneficiaries ages 65 years and older analyzed separately.

Methods

The surveillance population included all non-service member MHS beneficiaries who had at least 1 hospitalization or outpatient medical encounter from January 1 through December 31, 2025, with either a military hospital, clinic, or health care provider, or through a civilian facility or provider (if reimbursed through TRICARE or through Medicare with a co-payment by TFL). All inpatient and outpatient medical encounters for this analysis were summarized according to the primary (i.e., first-listed) ICD-10-CM codes that indicate the nature of illnesses or injuries (A00–T88). Nearly all records of encounters with

What are the new findings?

Analysis of 2025 data reveals that non-service member beneficiaries of the Military Health System remain overwhelmingly reliant upon outsourced care: Roughly 70% of TRICARE-eligible and more than 91% of Medicare-eligible individuals received their health care exclusively from civilian providers. The 2025 data also reveal distinct, age-related burdens of morbidity. While both mental health and developmental disorders dominate provision of care for beneficiaries under age 45 years, musculoskeletal system and cardiovascular conditions constitute the primary health care encounters for older adults.

What is the impact on readiness and force health protection?

The 2024-2029 Military Health System (MHS) Strategy aims to attract as well as re-attract beneficiaries to MHS medical facilities, not only to improve System efficiency but to purposely fulfill the nation's promise to care for its military beneficiaries, as well as enriching the clinical experience for the ready military medical force. Continued evaluation of health care provision and diagnostic patterns may aid senior leaders' resource allocation to realize current MHS strategy and goals.

first-listed diagnoses coded with ‘Z’ (“care other than for a current illness or injury,” e.g., general medical examinations, after care, vaccinations) or ‘V’, ‘W’, ‘X’, or ‘Y’ (“indicators of the external causes but not the nature of injuries”) were excluded from the analysis; encounters with a code of Z37 (“outcome of delivery”) in the primary position were retained.

For summary purposes, all illness- and injury-specific diagnoses (as defined by ICD-10) were grouped into 157 burden of disease-related conditions and 25 major morbidity categories, based upon a modified version of the classification system developed for the GBD Study. The methodology for summarizing absolute

and relative morbidity has been used annually since 2014 and is described elsewhere.⁸ Results were stratified by source of health care (direct care [i.e., military hospitals and clinics] vs. civilian facilities) and by age group (0-17 years, 18-44 years, 45-64 years, 65 years and older). For analysis of morbidity burdens within the youngest age group, developmental disorders were included in the general category of mental health disorders.

Results

In 2025, the population of non-service member MHS care recipients included more female (57.3%) than male (42.7%) beneficiaries. Adults ages 65 years or older accounted for the highest number of individuals receiving health care (n=2.06 million, 33.5%), followed by pediatric beneficiaries ages 0-17 years (n=1.44 million, 23.3%), adults ages 18-44 years (n=1.37 million, 22.1%), and older adults ages 45-64 years (n=1.30 million, 21.1%) (Table 1).

In 2025, a total of 6,166,782 non-service member MHS beneficiaries had 93,079,550 recorded medical encounters. Over half (52.9%) of those medical encounters were among 2,063,683 MHS beneficiaries ages 65 years and older (Table 1). Provision of care for the oldest age group was almost exclusively from civilian providers, with 91.2% of individuals ages 65 years or older having medical encounters or hospital bed days documented only from reimbursements processed for care at civilian facilities (Table 2). Among TRICARE-eligible beneficiaries (younger than age 65 years), health care was also almost exclusively from civilian facilities. Adults ages 18-44 years received approximately one-third of their care exclusively from military hospitals and clinics (11.4%) or a combination of direct and outsourced care (19.4%) (Table 2).

The 3 most frequent morbidity-related categories accounting for the most medical encounters among TRICARE-eligible beneficiaries included mental health disorders, injuries, and symptoms, signs and ill-defined conditions (Figure 1a). Mental health disorders also represented the

leading category for hospital bed days for beneficiaries younger than age 65 years, followed by maternal conditions (Figure 1b).

Pediatric beneficiaries younger than age 18 years

Pediatric patients accounted for 14.4% of all medical encounters, 23.3% of all individuals affected, and 9.6% of all hospital bed days among non-service member MHS beneficiaries in 2025 (Table 1). On average, each pediatric beneficiary experienced 9.3 medical encounters during the year. Provision of care for pediatric patients was primarily through reimbursement for care in civilian facilities (70.4%), followed by a combination of direct and outsourced care (18.8%). Only 10.8% of pediatric patients received all medical encounters or hospital bed days directly from MHS providers (Table 2).

In 2025, mental health disorders represented the largest burden of disease among pediatric beneficiary medical encounters (40.2%, n=5,374,051) and contributed to the greatest number of hospital bed days (58.3%, n=334,980) (Figures 2a, 2b). On average, pediatric beneficiaries affected by a mental health disorder had 16.2 medical encounters during the year specifically related to this morbidity category (data not shown). More than two-thirds (70.3%) of all medical encounters for mental health disorders among pediatric beneficiaries were attributed to 3 groups of disorders: autistic disorders and pervasive developmental disorders (35.4%), developmental disorders of speech and language (23.6%), and attention-deficit hyperactivity disorders (11.4%) (Figure 2c). Pediatric patients affected by an autistic disorder had, on average, 41.4 autism-related encounters per individual (data not shown).

Over two-thirds (64.5%) of hospital bed days related to mental health disorders among pediatric beneficiaries were attributable to mood disorders. Among all mood disorder-related hospital bed days, over 60% were attributed to 2 diagnostic categories: recurrent severe major depressive disorder without psychotic features (30.8%, ICD-10 F332) and disruptive mood dysregulation disorder (31.7%, ICD-10 F3481) (data not shown).

Perinatal conditions, or medical issues occurring within 1 year of birth, accounted for the second highest number of hospital bed days (n=47,254, 8.2%) in 2025 among pediatric beneficiaries, after mental health disorders (Figures 2a, 2b). Pediatric beneficiaries affected by malignant neoplasms had, on average, 13.5 neoplasm-related encounters per individual. The highest numbers of malignant neoplasm-related encounters and hospital bed days were attributable to leukemias (data not shown).

Respiratory infections (including upper and lower respiratory infections and otitis media) accounted for more medical encounters (8.9%) among pediatric beneficiaries compared to any older age group of beneficiaries (Figures 2b, 3b, 4b, 5b).

Beneficiaries ages 18–44 years

Individuals ages 18-44 years accounted for 14.4% of all medical encounters, 22.1% of all individuals affected, and 10.6% of hospital bed days among non-service member MHS beneficiaries in 2025 (Table 1). On average, each individual ages 18-44 years affected with an illness or injury (of any cause) had 9.8 medical encounters during the year. Provision of care for beneficiaries ages 18-44 years was primarily (69.2%) through reimbursement for care in civilian facilities, followed by a combination of direct and outsourced care (19.4%). Only 11.4% of beneficiaries ages 18-44 years received all medical encounters or hospital bed days directly from MHS providers (Table 2).

Mental health disorders accounted for the most medical encounters (n=3,444,190, 25.6%) among adult MHS beneficiaries ages 18-44 years in 2025 (Figures 3a, 3b), also representing about one-fifth (19.9%) of total hospital bed days, and on average, 8.8 mental health-related encounters per individual. Anxiety disorders (37.1%), mood disorders (28.9%), and adjustment disorders (14.2%) accounted for over three-quarters (80.2%) of all medical mental health care encounters (data not shown). Mood and substance abuse disorders accounted for over three-quarters (48.6% and 26.7%, respectively) of hospital bed days required for mental health disorders.

TABLE 1. Medical Encounters^a, Individuals Affected^b and Hospital Bed Days, by Source of Care and Age Group, Non-Service Member Military Health System Beneficiaries, 2025

	Medical Encounters		Individuals Affected		Hospital Bed Days		Medical Encounters per Individual Affected
	No.	%	No.	%	No.	%	
All non-service member beneficiaries	93,079,550	—	6,166,782	—	5,999,015	—	15.1
Source of care							
Direct care only	6,276,411	6.7	449,659	7.3	300,864	5.0	14.0
Outsourced care only ^c	86,803,139	93.3	4,795,289	77.8	5,698,151	95.0	18.1
Direct and outsourced care ^d	N/A	N/A	921,834	14.9	N/A	N/A	N/A
Age, y							
0–17	13,384,662	14.4	1,438,629	23.3	574,603	9.6	9.3
18–44	13,438,671	14.4	1,365,358	22.1	634,855	10.6	9.8
45–64	17,010,713	18.3	1,298,807	21.1	757,945	12.6	13.1
65+	49,243,796	52.9	2,063,683	33.5	4,031,499	67.2	23.9
Unknown	1,708	0	305	0	113	0	6

Abbreviations: MHS, Military Health System; No., number; N/A, not applicable; y, years.

^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).

^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.

^c Represents encounters and hospital bed days through civilian care or Medicare benefit.

^d Represents combination of care received directly at military hospitals and clinics and civilian facilities.

TABLE 2. Individuals Affected^a, by Age Group and Source of Care, Non-Service Member Military Health System Beneficiaries, 2025

Age, y	Direct Care Only		Outsourced Care Only ^b		Direct and Outsourced Care ^c		Total
	No.	%	No.	%	No.	%	
0–17	154,720	10.8	1,013,421	70.4	270,488	18.8	1,438,629
18–44	155,198	11.4	945,382	69.2	264,778	19.4	1,365,358
45–64	97,949	7.5	954,111	73.5	246,747	19.0	1,298,807
65+	41,522	2.0	1,882,374	91.2	139,787	6.8	2,063,683
Unknown	270		1		34		305

Abbreviations: y, years; No., number.

^a Individuals with at least 1 hospitalization or ambulatory visit for the condition.

^b Represents encounters and hospital bed days through civilian care or Medicare benefit.

^c Represents combination of care received directly at military hospitals and clinics and civilian facilities.

Maternal conditions accounted for more than two-fifths (n=282,691, 44.5%) of all hospital bed days among adults ages 18–44 years, as well as, on average, 6.7 medical encounters per affected individual (**Figures 3a, 3b**). Of the 282,691 hospital bed days for maternal conditions, 64.0% were attributed to pregnancy complications, with 18.9% due to infant deliveries (data not shown).

Malignant neoplasms, as a diagnostic group, resulted in 7.0 encounters, on average, per individual in 2025. Of the 106,604 medical encounters for malignant

neoplasms among adults ages 18–44 years, 32.9% were attributed to malignant neoplasm of the breast (data not shown).

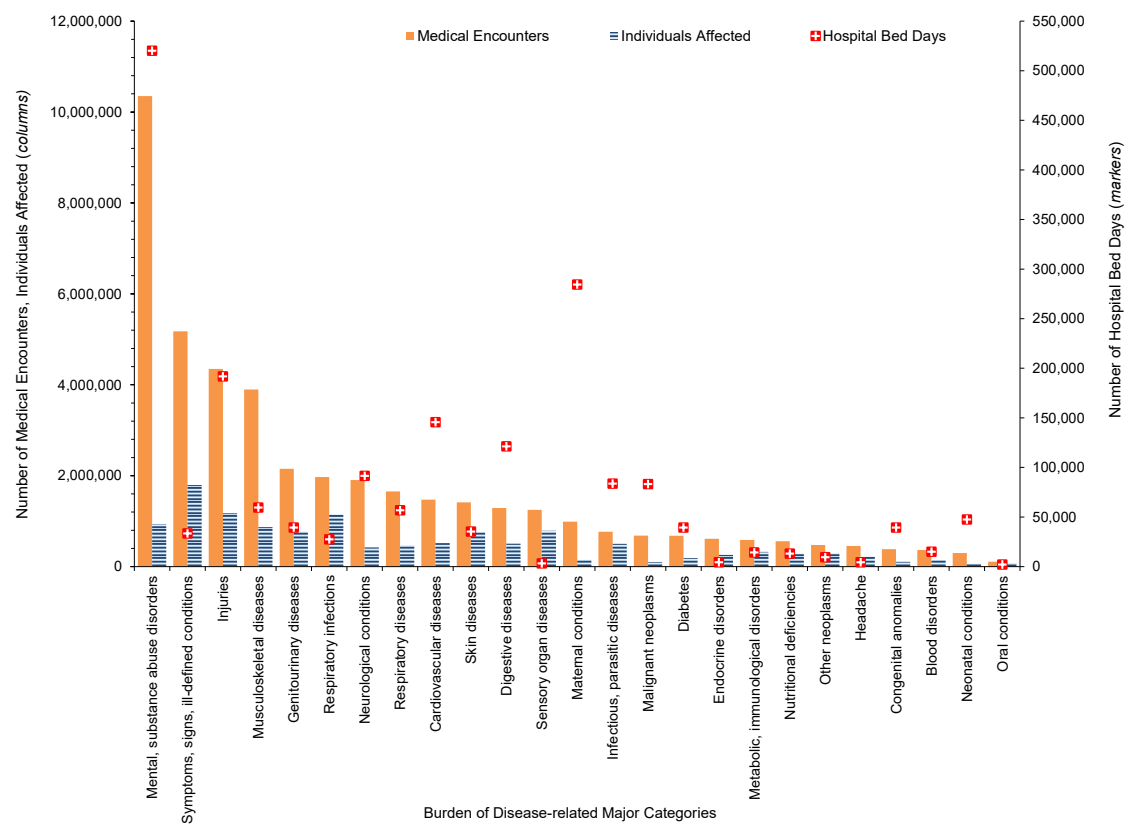
Beneficiaries ages 45–64 years

Non-service member beneficiaries ages 45–64 years constituted approximately one-fifth (18.3%) of all medical encounters, 21.1% of all individuals affected, and 12.6% of hospital bed days in 2025 (**Table 1**). Each affected individual ages 45–64 years had, on average, 13.1 medical encounters during the year. Provision of care for beneficiaries

ages 45–64 years was primarily (73.5%) through reimbursement for care in civilian facilities, followed by a combination of direct and outsourced care (19.0%). Only 7.5% of beneficiaries ages 45–64 years received all medical encounters or hospital bed days directly from MHS providers (**Table 2**).

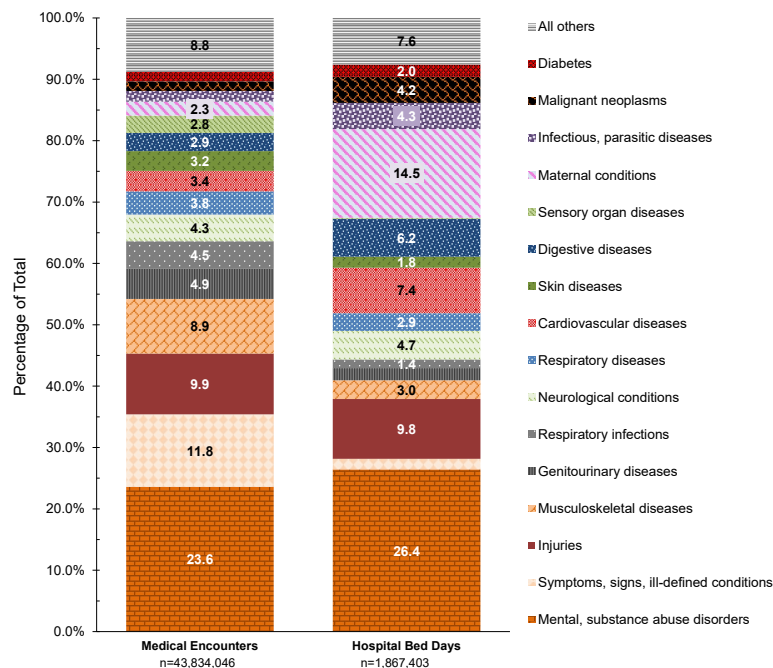
Of all morbidity-related categories, musculoskeletal diseases accounted for the most medical encounters (n=2,409,259, 14.2%) among older adult beneficiaries ages 45–64 years (**Figures 4a, 4b**); back problems accounted for 41.7% of those

FIGURE 1a. Numbers of Medical Encounters^a, Individuals Affected^b and Hospital Bed Days, by Burden of Disease Major Category^c, Non-Service Member Military Health System Beneficiaries^d Younger than Age 65 Years, 2025



^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.
^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶
^d Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

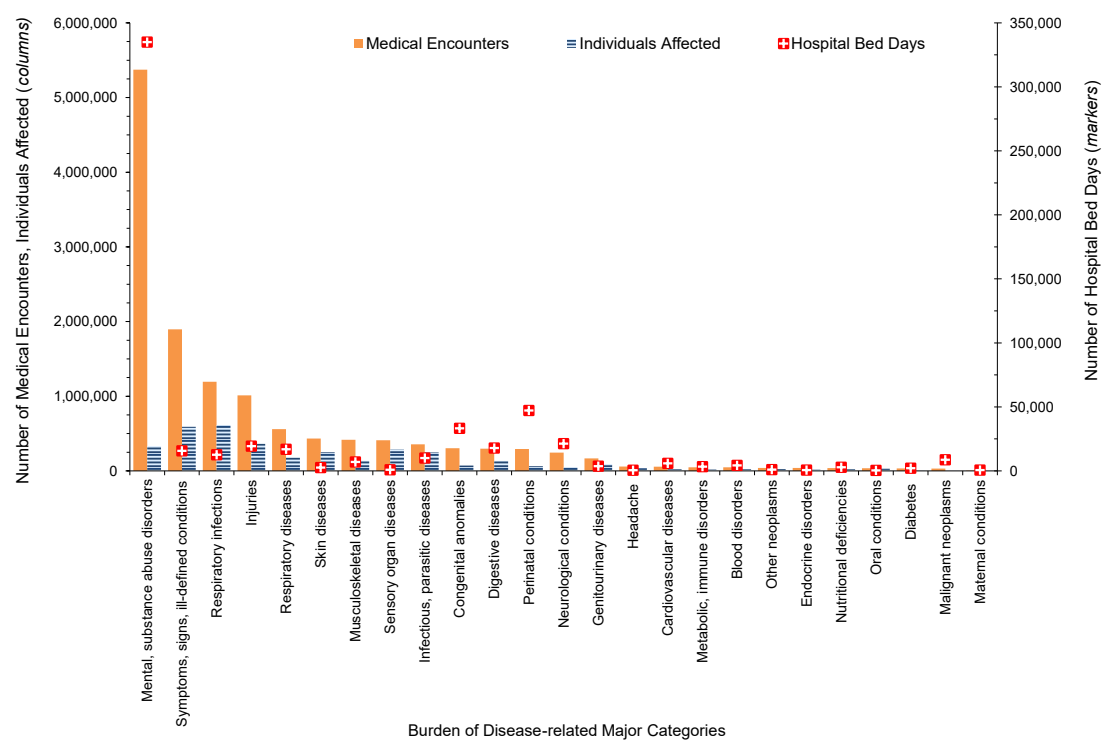
FIGURE 1b. Percentages of Medical Encounters^a and Hospital Bed Days, by Burden of Disease Major Category^b, Non-Service Member Military Health System Beneficiaries^c Younger than Age 65 Years, 2025



musculoskeletal disease-related encounters (data not shown). Injuries represented the highest proportion of hospital bed days (16.9%) among adults ages 45-64 years, followed by cardiovascular diseases (16.0%). Digestive diseases (9.4%) and malignant neoplasms (8.1%) accounted for larger percentages of total hospital bed days among beneficiaries of this age group compared to other age groups.

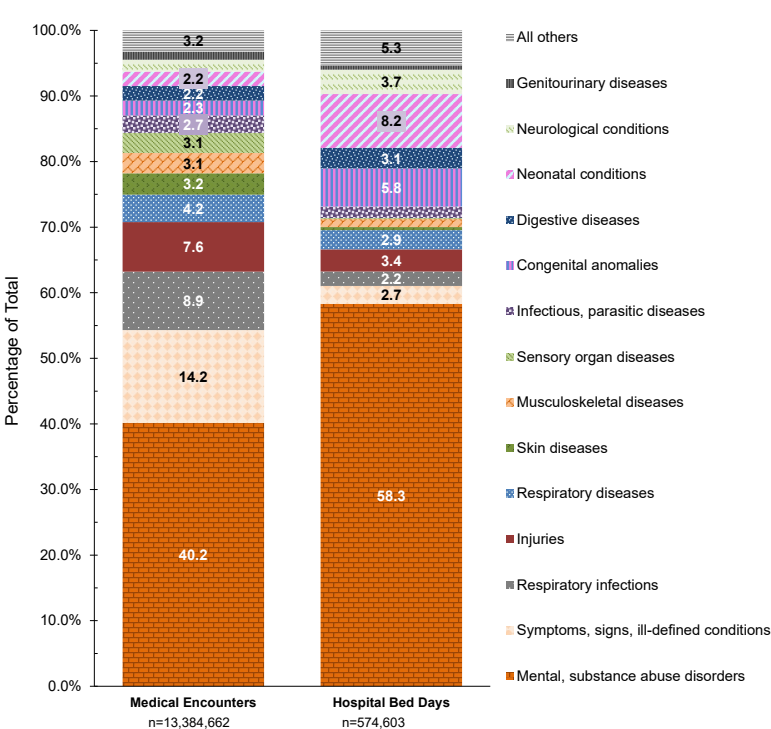
Abbreviation: n, number.
^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶
^c The 15 categories with highest percentages of medical encounters depicted; additional categories collapsed into 'all others' grouping.
^d Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

FIGURE 2a. Medical Encounters^a, Individuals Affected^b and Hospital Bed Days, by Burden of Disease Major Category^c, Pediatric Non-Service Member Military Health System Beneficiaries^d, Ages 0–17 Years, 2025



^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.
^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶
^d Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

FIGURE 2b. Percentages of Medical Encounters^a and Hospital Bed Days, by Burden of Disease Category^b, Pediatric Non-Service Member Military Health System Beneficiaries^c, Ages 0–17 Years, 2025



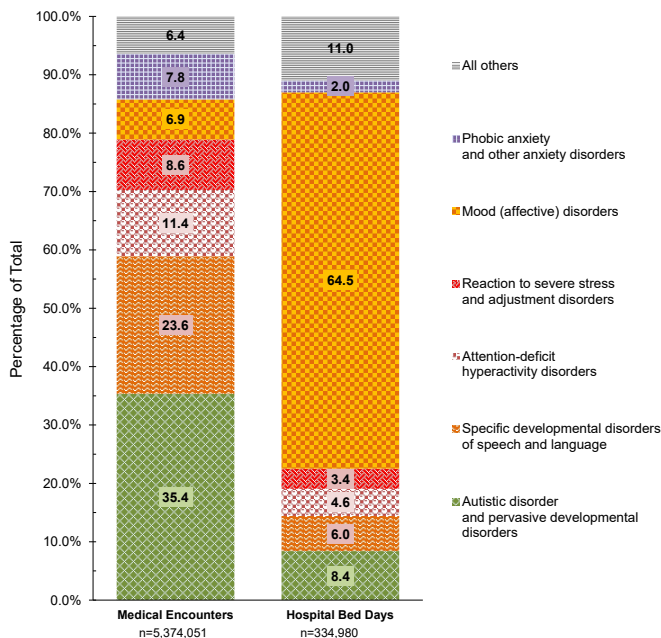
Malignant neoplasm of the breast represented the leading cause of neoplasm-related encounters (26.3%) in adult beneficiaries ages 45-64 years (data not shown).

Medicare-eligible beneficiaries, ages 65 years and older

In 2025, non-service member beneficiaries ages 65 years or older accounted for the largest proportion (52.9%) of medical encounters, and their hospital bed days were more than double all other age groups

Abbreviation: n, number.
^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶ The 14 categories with highest percentages of medical encounters depicted; additional categories collapsed into 'all others' grouping; data labels provided for categories with more than 2% of medical encounters or hospitalizations.
^c Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

FIGURE 2c. Percentages of Medical Encounters^a and Hospital Bed Days for Major Diagnostic Code Groupings^b Under Mental Health Disorder Burden of Disease Category^c, Pediatric Non-Service Member Military Health System Beneficiaries, Ages 0–17 Years, 2025



Abbreviation: n, number.

^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).

^b Major diagnostic code groupings defined as: autistic disorder and pervasive developmental disorders (F840, F843, F845, F848, F849); specific developmental disorders of speech and language (F80); attention-deficit hyperactivity disorders (F90); reaction to severe stress and adjustment disorders (F43); mood disorders (F30, F31, F32, F33, F34, F39); phobic anxiety and other anxiety disorders (F40, F41).

^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶

combined. On average, each affected individual in Medicare-eligible age group had 23.9 medical encounters during the year (Table 1). Provision of care for Medicare-eligible beneficiaries was primarily through reimbursement of care from civilian facilities (91.2%); only 2% received all medical encounters or hospital bed days directly from MHS providers (Table 2).

Musculoskeletal diseases (n=7,371,419, 15.0%) and cardiovascular diseases (n=6,846,617, 13.9%) together represented the leading causes for medical encounters among beneficiaries ages 65 years or older, while injury (n=875,871, 21.7%) and cardiovascular diseases (816,180 days, 20.2%) were the leading diagnostic categories for their hospital bed days (Figures 5a, 5b). Back problems accounted for a little more than one-third (35.0%) of all musculoskeletal disease-related medical encounters among individuals ages 65 years and older (data not shown).

Discussion

These findings from calendar year 2025 reveal a continued reliance on civilian care among all age groups of non-service member MHS beneficiaries. To improve access and sustain clinical readiness, DOW’s strategy for fiscal years 2024–2029 prioritizes “attracting and reattracting” beneficiaries to military hospitals and clinics. These data, however, demonstrate that most care is still nearly exclusively civilian for TRICARE-eligible beneficiaries (younger than age 65 years): 70.4% for those ages 0-17 years, 69.2% for those ages 18-44 years, and 73.5% for those ages 45-64 years.

Notably, MHS beneficiaries receive higher health care provision compared to the general U.S. population. Compared to the National Ambulatory Medical Care Survey of 2019, which documented 3.2 ambulatory visits per person-year among

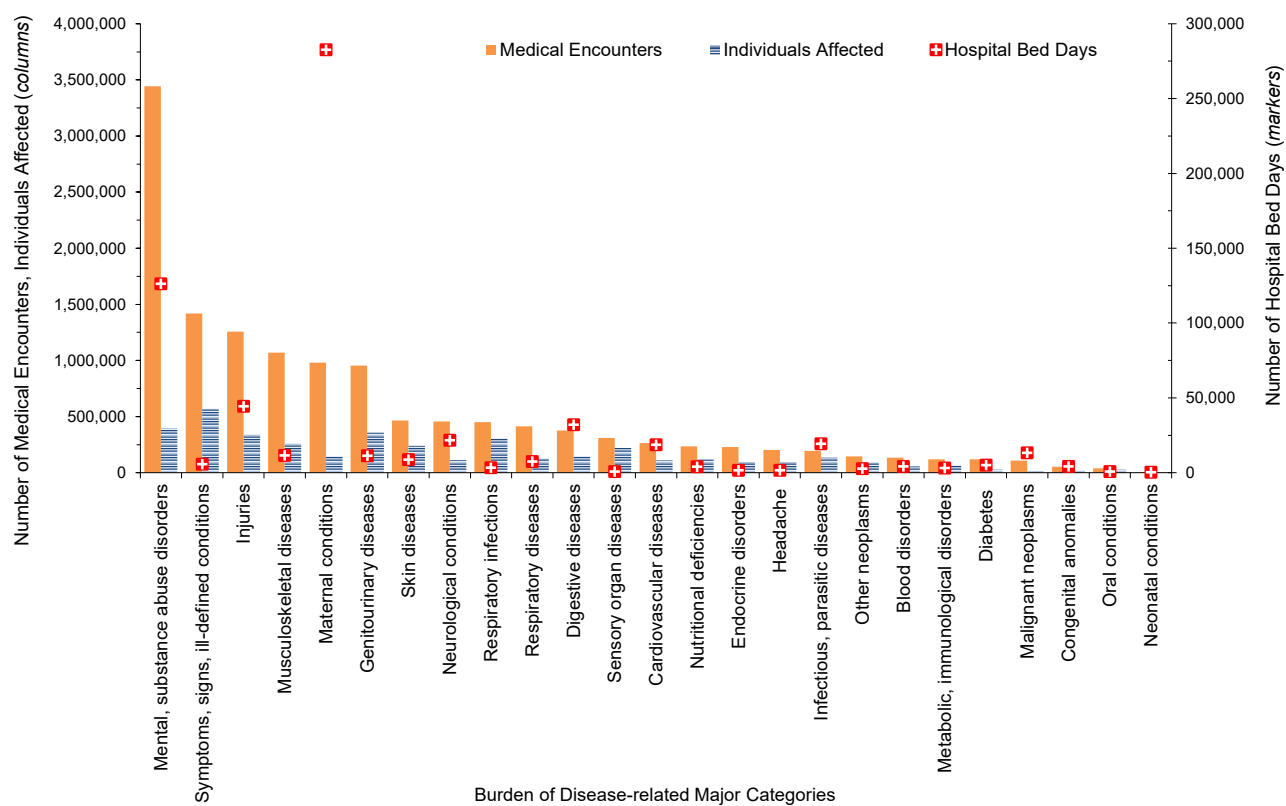
the civilian population, non-service member MHS beneficiaries had 14.6 ambulatory health care visits per person-year.¹⁰ Since the National Ambulatory Medical Care survey includes uninsured individuals, financial barriers to care may explain a portion of the lower overall use rate among the general U.S. population. Conversely, MHS beneficiaries benefit from comprehensive coverage with minimal direct payment, or out-of-pocket costs, which drives higher general provision of care, while the unique stressors of military life may also generate significant demand for specific services, particularly mental health care.^{11,12}

Consistent with prior years, this analysis reveals age-related contrasts in morbidity burdens. For pediatric (ages 0-17 years) and younger adult (ages 18-44 years) populations, mental health disorders remain the overwhelming cause of health care. In pediatric patients, outpatient mental health services are primarily influenced by developmental disorders, with nearly 70% of mental health encounters attributable to autistic disorders, developmental speech and language disorders, or attention-deficit hyperactivity disorders. Similarly, young adults seek extensive outpatient care for anxiety and mood disorders, while maternal conditions continue to account for the highest proportion of hospital bed days for the ages 18-44 years group.

In older MHS beneficiaries, the burden of health care shifts to chronic physical conditions and injuries, continuing trends consistent with 2024 data.¹⁴ Individuals ages 45 or older account for the highest volume of medical encounters, predominantly due to musculoskeletal conditions. Furthermore, injuries and cardiovascular diseases constitute the leading causes of hospital bed days for both the ages 45-64 years and Medicare-eligible (ages 65+ years) populations. Because the Medicare-eligible demographic generates the highest care provision rates but relies almost exclusively on non-MHS resources via Medicare and TFL, their direct impact on military hospital capacity remains mitigated.

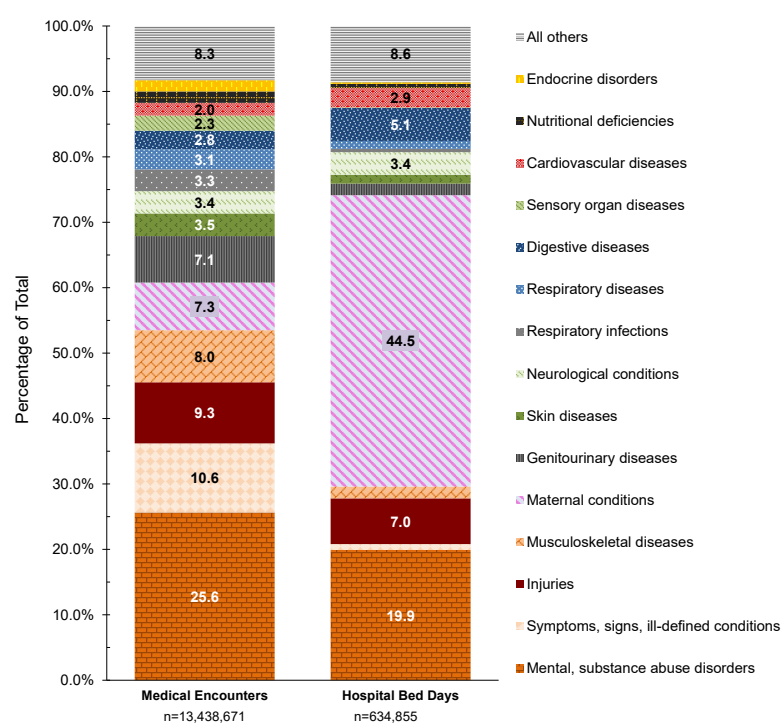
While this report provides a comprehensive overview of morbidity-related diagnoses, it is inherently limited to care billed through TRICARE or Medicare (with TFL). Care paid for directly,

FIGURE 3a. Medical Encounters^a, Individuals Affected^b and Hospital Bed Days, by Burden of Disease Major Category^c, Non-Service Member Military Health System Beneficiaries^d Ages 18–44 Years, 2025



^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.
^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶
^d Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

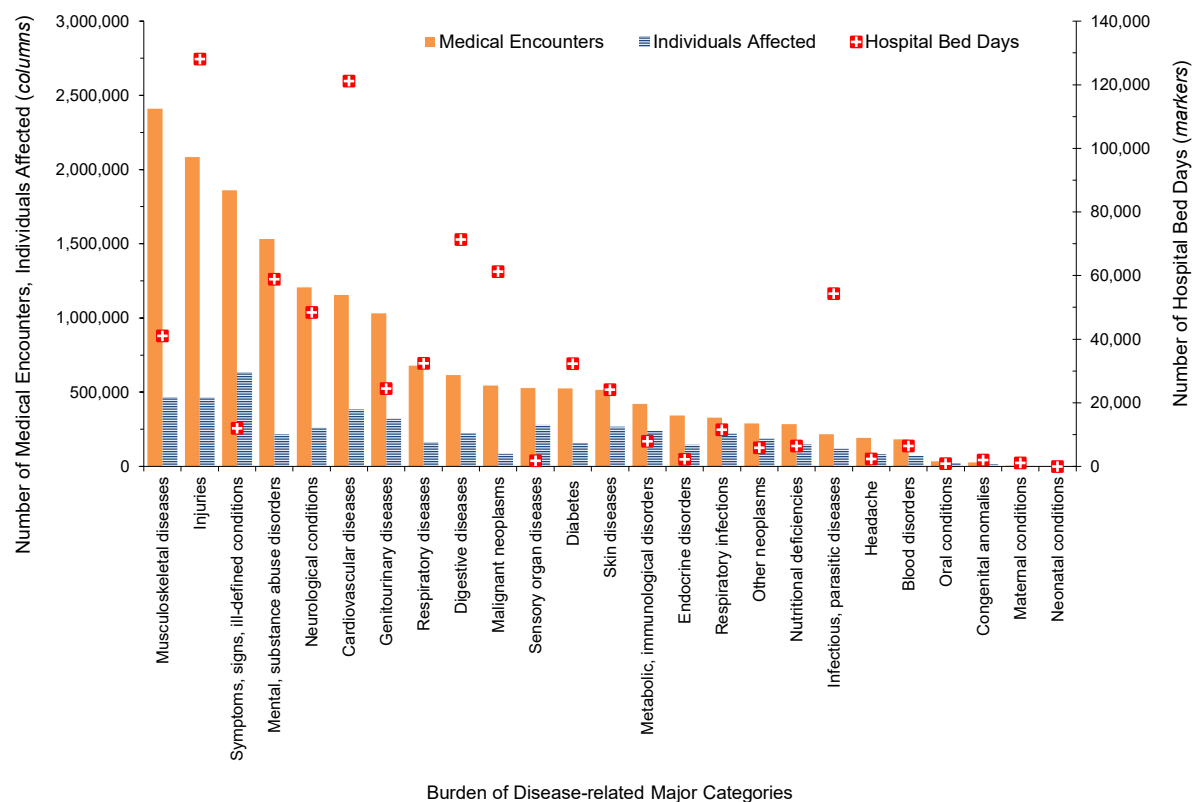
FIGURE 3b. Percentages of Medical Encounters^a and Hospital Bed Days, by Burden of Disease Major Category^b, Non-Service Member Military Health System Beneficiaries^c Ages 18–44 Years, 2025



or out-of-pocket, or through other unbilled primary health insurance, is not captured. This summary is based on primary (i.e., first-listed) diagnosis codes reported on ambulatory visit records and discharge diagnoses for hospitalizations; this summary discounts morbidity related to comorbid and complicating conditions that may have been documented in secondary diagnostic positions. The accuracy of reported diagnoses likely varies according to medical condition, clinical setting, care provider, and health care facility,

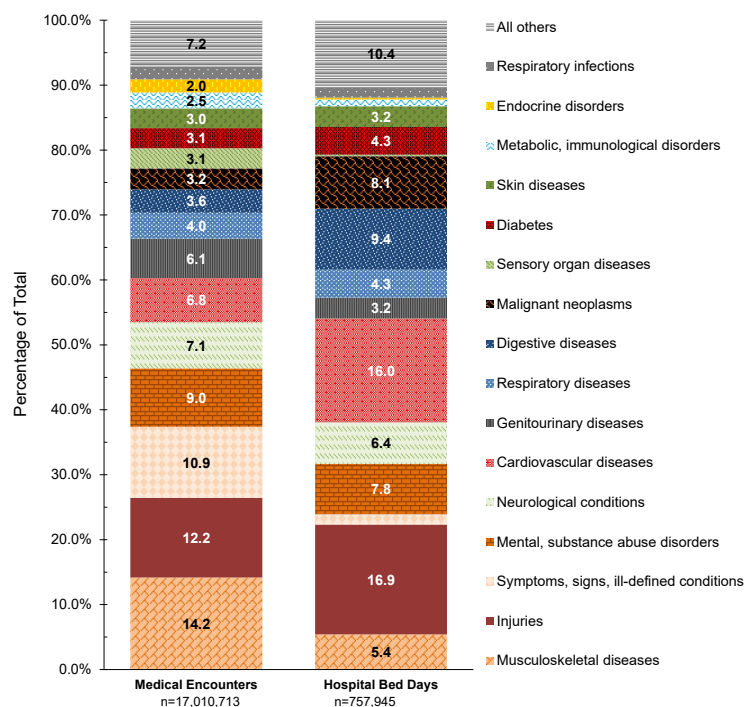
Abbreviation: n, number.
^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶ The 15 categories with highest percentages of medical encounters depicted; additional categories collapsed into 'all others' grouping; data labels provided for categories with more than 2% of medical encounters or hospitalizations.
^c Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

FIGURE 4a. Medical Encounters^a, Individuals Affected^b and Hospital Bed Days, by Burden of Disease Major Category^c, Non-Service Member Military Health System Beneficiaries^d Ages 45–64 Years, 2025



^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.
^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶
^d Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

FIGURE 4b. Percentages of Medical Encounters^a and Hospital Bed Days, by Burden of Disease Major Category^b, Non-Service Member Military Health System Beneficiaries^c Ages 45–64 Years, 2025

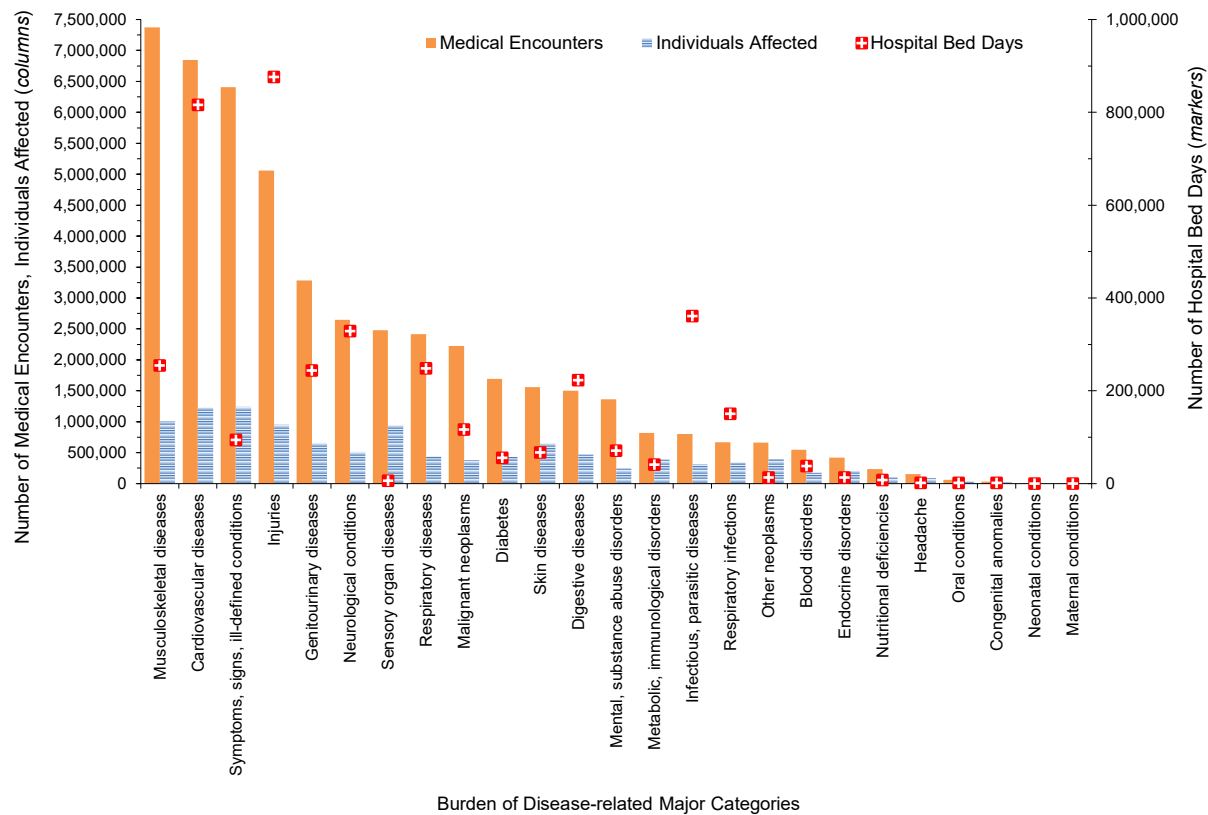


as the data were collected for non-surveillance purposes. The data presented in this report were extracted from DMSS on May 1, 2026.

Continued evaluation of health care provision and diagnostic patterns may aid senior leaders' allocation of resources for realization of the current MHS strategy and goals. The gap between the reliance on civilian care and the strategic vision for the MHS is actively being addressed at the highest levels of the DOW.

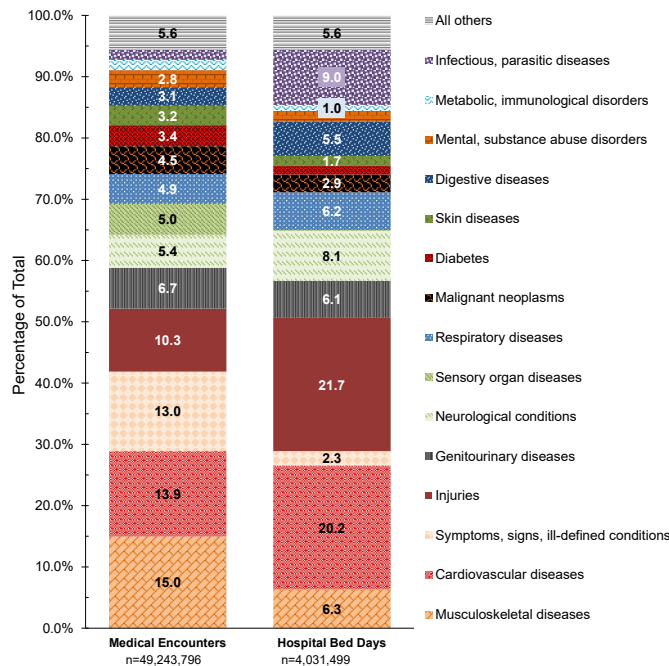
Abbreviation: n, number.
^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶ The 16 categories with highest percentages of medical encounters depicted; additional categories collapsed into 'all others' grouping; data labels provided for categories with more than 2% of medical encounters or hospitalizations.
^c Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

FIGURE 5a. Medical Encounters^a, Individuals Affected^b and Hospital Bed Days by Burden of Disease Major Category^c, Non-Service Member Military Health System Beneficiaries^d Age 65 Years or Older, 2025



^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Individuals with at least 1 hospitalization or ambulatory visit for the condition.
^c Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶
^d Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

FIGURE 5b. Percentages of Medical Encounters^a and Hospital Bed Days, by Burden of Disease Major Category^b, Non-Service Member Military Health System Beneficiaries^c Age 65 Years or Older, 2025



Ultimately, reversing the trend of out-sourced care is not merely an administrative goal but strategic imperative: As noted by Defense Health leadership, providing accessible, high-quality care within the MHS directly sustains medical proficiency, ensuring that when military medical personnel take care of beneficiaries, they inherently increase the readiness of the total force.¹⁵

Abbreviation: n, number.
^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition).
^b Burden of disease major categories based on modified version of those defined in Global Burden of Disease study.⁶ The 15 categories with highest percentages of medical encounters depicted; additional categories collapsed into 'all others' grouping; data labels provided for categories with more than 2% of medical encounters or hospitalizations.
^c Source of care includes medical encounters and hospitalizations at military hospitals and clinics and civilian facilities.

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Illness and Injury Burdens Among Reserve Component Members of the U.S. Armed Forces, 2025

FIGURE 1. Numbers of Medical Encounters^a, Individuals Affected and Hospital Bed Days by Burden of Disease Major Category^b, Reserve Component^c, U.S. Armed Forces, 2025

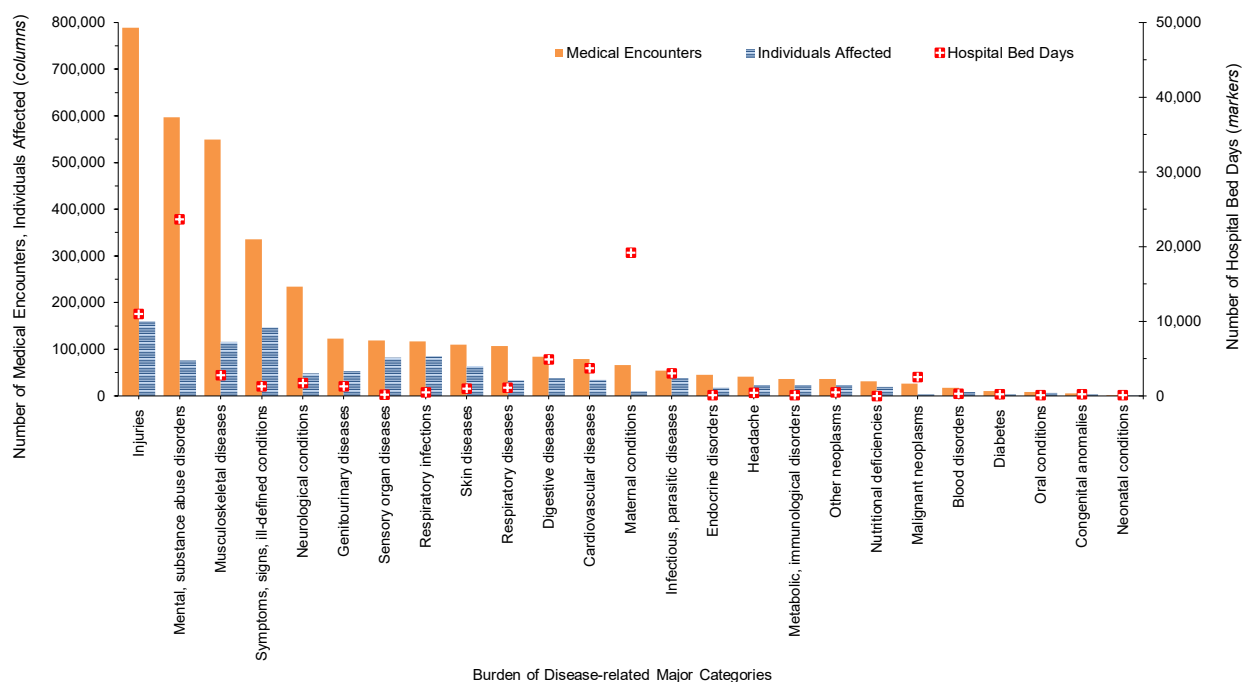
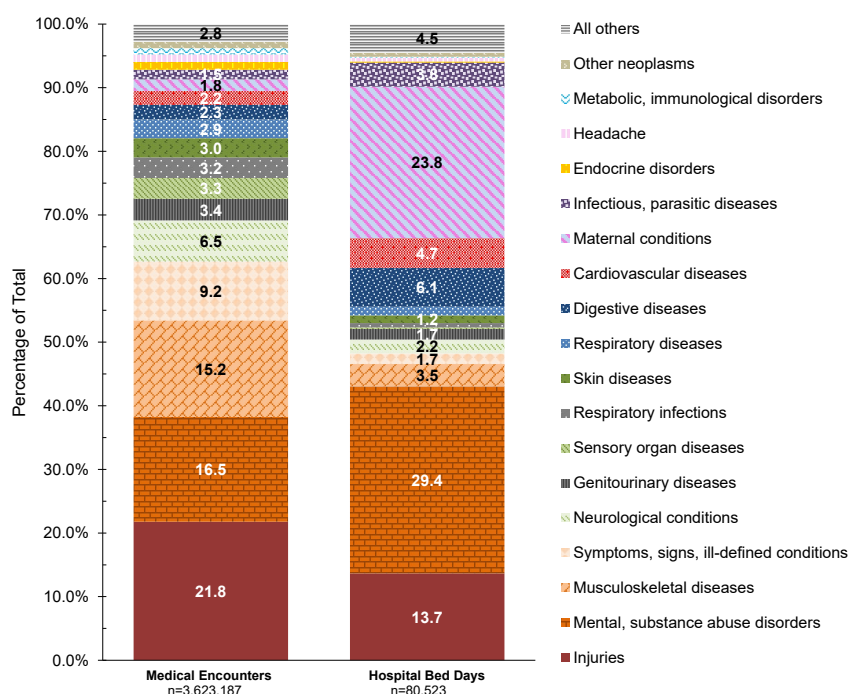


FIGURE 2. Percentages of Medical Encounters^a and Hospital Bed Days by Burden of Disease Category^b, Reserve Component^c, U.S. Armed Forces, 2025



Abbreviation: n, number.

^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition) in U.S. military and non-military medical facilities.

^b Burden of disease categories are the same as those used for analyses of morbidity burdens in active component overall (see pp. 4-12).

^c Reserve component is comprised of National Guard and reserve members of each service.

Illness and Injury Burdens Among Reserve Component Members of the U.S. Coast Guard, 2025

FIGURE 1. Numbers of Medical Encounters^a, Individuals Affected and Hospital Bed Days, by Burden of Disease Major Category^b, Coast Guard Reserve Component, U.S. Armed Forces, 2025

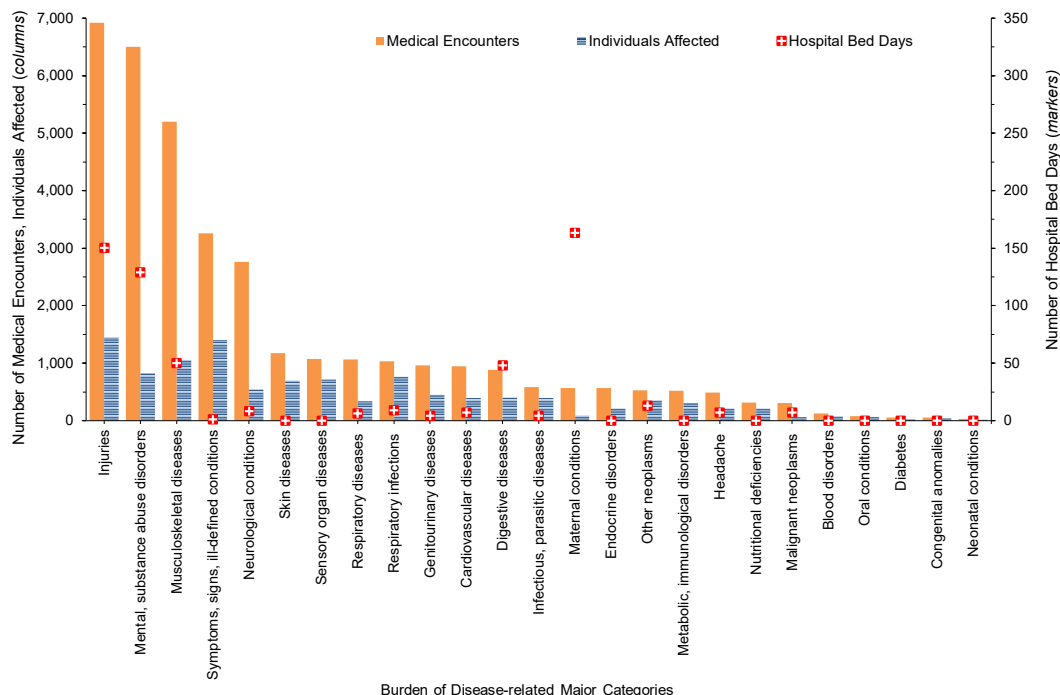
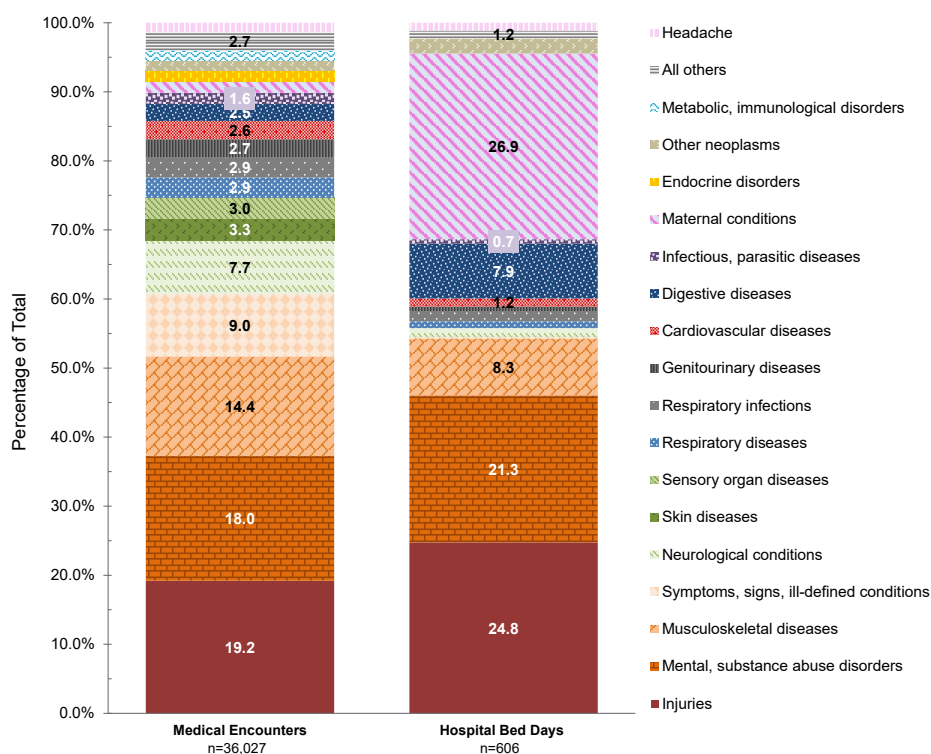


FIGURE 2. Percentages of Medical Encounters^a and Hospital Bed Days by Burden of Disease Category^b, Coast Guard Reserve Component, U.S. Armed Forces, 2025



Abbreviation: n. number.

^a Medical encounters include total hospitalizations and ambulatory visits for the condition (with no more than 1 encounter per individual per day per condition) occurring in U.S. military and non-military medical facilities.

^b Burden of disease categories same as those used for analyses of morbidity burdens in active component overall (see pp. 4-12).

Telehealth Services Among Active Component Members of the U.S. Armed Forces, 2021-2025

Adewumi Adegboye, MPH; Sithembile L. Mabila, PhD, MSc

Telehealth in the Military Health System (MHS) has long been an important tool for providing care in deployed and non-deployed settings.¹ The U.S. Department of War uses telehealth for primary care, medication management,² and other services including outpatient care. Certain types of care provided at fixed military hospitals and clinics, as well as health care encounters outside the military medical system that are billed to TRICARE, are also provided through telehealth.³

This Surveillance Snapshot presents trends in telehealth service use and identifies the 10 most frequent diagnoses addressed via telehealth among U.S. active component service members (ACSMs) using Defense Medical Surveillance System (DMSS) outpatient and demographic records from January 2021 through December 2025. Telehealth services were identified by a virtual appointment type through video visit or My Military Health Virtual (MMH VIDEO) or by Common Procedural Terminology (CPT) codes 98966–98969, 99374–99380, 99339–99444, 99421–99423, 98000–98007, G0320–G0321, G0425–G0427, G0459, G0508–G0509, D9995, G2061–G2063, C7900–C7902, and T1014.

TABLE. Rates of Telehealth Services^a by Year, Active Component, U.S. Armed Forces, 2021–2025

Variable	Year					Total
	2021	2022	2023	2024	2025	
Overall rate	242.3	299.3	386.3	511.0	633.4	402.6
Sex						
Male	221.7	287.9	383.7	518.1	641.2	396.6
Female	302.0	330.7	393.4	491.5	612.9	419.4
Age, y						
<20	120.2	180.5	242.7	361.0	474.9	252.7
20–24	249.8	308.0	392.0	510.9	619.0	396.8
25–29	268.3	321.3	412.0	546.9	674.8	432.5
30–34	263.2	325.4	421.5	555.6	678.6	439.9
35–39	249.2	304.3	395.3	520.8	645.2	417.3
≥40	212.5	260.4	340.2	453.9	587.8	366.8
Race and ethnicity						
White, non-Hispanic	238.6	297.6	391.8	520.6	643.9	401.8
Black, non-Hispanic	243.9	278.4	352.3	467.5	587.5	376.8
Hispanic	245.1	309.5	385.2	502.4	622.6	408.7
Other	252.2	323.8	416.3	551.6	682.0	436.9
Branch of service						
Army	176.7	215.9	256.1	363.3	447.7	281.7
Navy	157.2	213.6	326.6	403.2	559.6	325.1
Air Force	486.6	514.6	626.0	862.2	1027.6	683.8
Marine Corps	144.5	257.3	387.8	476.7	625.1	359.8
Coast Guard	141.6	389.6	413.6	415.2	480.2	376.7
Space Force ^b		683.0	1092.3	1194.2	1227.2	1161.0
Source of care						
Military hospital or clinic	302.0	399.0	559.8	758.4	953.2	559.1
Civilian care	13.6	11.5	10.5	9.1	4.9	9.7

^a Unadjusted rates calculated per 10,000 medical encounters.

^b Space Force data available starting in 2022.

Use of telehealth was defined as having at least 1 telehealth encounter per patient per day; if a patient had multiple telehealth encounters per day, the first record was retained as the qualifying encounter. Reasons for telehealth encounters among ACSMs were determined using International Classification of Diseases, 10th Revision codes associated with each telehealth visit. The rate of telehealth encounters was calculated per 10,000 encounter records and stratified by year, patient demographics, and type of care (e.g., military hospitals and clinics or civilian care). Because the underlying database is static yet constantly updated, the quantitative figures presented in this report differ slightly from data reported for the same periods in prior analyses.

A total of 3,694,460 telehealth encounters were provided to over 1,147,951 ACSMs during the 5-year period. The overall unadjusted rate of telehealth per 10,000 encounters evinces an upward trajectory from 2021 through 2025, rising from 242.3 to 633.4 per 10,000 encounters (**Table**). Over the 5-year period, women used telehealth at a higher overall rate than men (419.4 and 396.6 per 10,000 encounters, respectively), although this trend inverted in 2024 and 2025, with men availing telehealth services at higher rates.

The leading 10 reasons for telehealth encounters from 2021 through 2025 were other general symptoms and signs, obstructive sleep apnea, encounter for other administrative examinations, occupational Health Periodic Health Assessment examination, encounter for immunization, lower back pain, pain in right knee, pain in left knee, adjustment disorder with mixed anxiety and depressed mood, and pain in right shoulder (data not shown).

The highest rates were observed in 2025 among male service members (641.2 per 10,000 encounters), those ages 30-34 years (678.6 per 10,000 encounters), Space Force ACSMs (1,227.2 per 10,000 encounters), individuals treated by a military hospital or clinic (953.2 per 10,000 encounters), and ACSMs of 'other' races and ethnicities (682.0 per 10,000 encounters) (**Table**).

The steady increase of telehealth encounter rates from 2021 through 2025 indicates a growing role for virtual care among ACSMs.

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