



**OFFICE OF THE UNDER SECRETARY OF DEFENSE**

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

PERSONNEL AND  
READINESS

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

**APR 1 1 2025**

Dear Mr. Chairman:

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

This second annual report provides the updated number and description of medical positions above grade O-6 and the number of medical personnel below grade O-7. As indicated in the report, the Department of Defense does not plan to reduce or eliminate medical general or flag officer positions. Summaries of current position descriptions and details regarding senior medical officers above the grade of O-6 assigned to the Military Departments are available in the previously provided report.

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

Sincerely,

A large black rectangular redaction box covering the signature area.

Jules W. Hurst  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member

A large black rectangular redaction box covering the footer area.



OFFICE OF THE UNDER SECRETARY OF DEFENSE

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

PERSONNEL AND  
READINESS

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

APR 11 2025

Dear Mr. Chairman:

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

This second annual report provides the updated number and description of medical positions above grade O-6 and the number of medical personnel below grade O-7. As indicated in the report, the Department of Defense does not plan to reduce or eliminate medical general or flag officer positions. Summaries of current position descriptions and details regarding senior medical officers above the grade of O-6 assigned to the Military Departments are available in the previously provided report.

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

Sincerely,

A large black rectangular redaction box covering the signature area.

Jules W. Hurst  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

The Honorable Adam Smith  
Ranking Member

A black rectangular redaction box at the bottom left of the page.

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



## **Second Annual Report on Composition of Medical Personnel of Each Military Department and Related Matters**

**April 2025**

The estimated cost of this report or study for the Department of Defense is approximately \$46,000 for the 2024 Fiscal Year. This includes \$20,000 in expenses and \$26,000 in DoD labor.  
Generated on 2024Apr16      RefID: 2-80A147F

## **Executive Summary**

The Department of Defense (DoD) submits this annually updated report in response to section 746 of the James M. Inhofe National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023 (Public Law 117–263), “Composition of Medical Personnel in each Military Department and Related Matters.” This second annual report provides information regarding the number and description of medical positions above grade O-6; the number of medical personnel below grade O-7; and any plans to reduce positions since the original response. DoD does not plan to further reduce or eliminate medical officer positions below the grade of O-7. This report also provides updated information about the Medical Officer of the Marine Corps position.

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

## **Introduction**

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

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

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

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

## Military Medical Personnel Composition

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

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

**Table 1**

<b>Component</b>	<b>Enlisted</b>	<b>Warrant Officers</b>	<b>Officers &lt;O-7</b>
Department of the Army	29,155	150	14,980
Department of the Navy	23,763	---	9,785
Department of the Air Force	17,715	---	10,948

Table 2 below describes Reserve and Guard health profession force end strength <O-7 in FY 2023 by Component.

**Table 2**

<b>Component</b>	<b>Enlisted</b>	<b>Warrant Officers</b>	<b>Officers &lt;O-7</b>
Army National Guard	14,396	6	5,064
Army Reserve	15,435	57	8,541
Navy Reserve	4,185	---	2,273
Air National Guard	4,807	---	2,845
Air Force Reserve	5,488	---	2,933

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

Since the last report, the number of medical positions above the grade of O-6 in the Department of the Army is unchanged at 14 for the Army Active Component and decreased from 13 to 12 in the Army Reserve Component. There were no other changes to position descriptions, span of control, or location of these officers.

- From FY 2022 to FY 2023 the number of Major General (O-8) requirements increased from four to five, while the number of Brigadier General (O-7) requirements decreased from nine to eight. The increase in O-8 positions was a result of the activation of the new 68th Medical Command for Deployment Support in Germany. The reduction in O-7

positions was the result of changing the Director, Brooke Army Medical Center from a Brigadier General to a Colonel to create parity with other MTFs.

- There is one vacant Army Reserve position within the 807th Medical Command Deployment Support, pending a promotion nomination.
- On October 1, 2023, the Army's Regional Health Commands Atlantic, Central, Europe, and Pacific were retitled as Medical Readiness Commands East, West, Europe, and Pacific, respectively.
- The Army does not recommend a specific number of general officers to serve in Army medical positions. The Army annually reassesses requirements for medical general officers to inform general board selection requirements and assignments.

Since the FY 2022-2023 report, the number of medical positions above the grade of O-6 in the Navy is unchanged at 11 for the Active Component and 9 in the Reserve Component. There were otherwise no changes to position descriptions, span of control, or location of these officers.

- There are 11 active duty billets with 5 unfilled at the end of FY 2023.
- Four out of nine of the Reserve Component authorizations have been filled at the end of FY 2023.

Since the FY 2022-2023 report, the Air Force had no changes in either the Active or Reserve Component. There were no changes to position descriptions, span of control, or location of these officers.

The Defense Health Agency reports no change in the number of FY 2023 covered positions assigned to it, however the following title changes were made:

- The position, "Deputy Assistant Director, Research & Development (J-9)," is now "Deputy to the Assistant Director, Health Care Administration."
- The position, "Director of Staff," is now "Chief of Staff."
- The position, "Market Director, National Capital Region," is now "Director, Defense Health Network National Capital Region."

Table 3 below describes health profession general and flag officers (> O-6) assigned outside their respective Military Department or to non-medical billets.

**Table 3**

<b>Position Title</b>	<b>Service</b>	<b>Assigned to</b>	<b>Grade</b>
Director, Defense Health Agency	Army	Defense Health Agency	O-9
Director, Small Market and Stand Alone MTF	Army	Defense Health Agency	O-8
Deputy to the Assistant Director, Health Care Administration	Public Health	Defense Health Agency	O-8
Deputy Surgeon and Director, Joint Reserve Medical Readiness Operations and Affairs	Army	Joint Staff	O-7
Director, Office of the Joint Surgeon General	Army	National Guard Bureau	O-8
Director, Defense Health Network National Capital Region	Army	Defense Health Agency	O-7
Joint Surgeon General	Air Force	Joint Staff	O-8
Chief of Staff	Air Force	Defense Health Agency	O-8

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

The DoD does not recommend increasing the number of medical general officers in the Army or Air Force at present. If unconstrained by statutory grade limitations, the Department of the Navy would reinstate the position of Surgeon General to O-9 and increase the number of flag officers by three, to provide parity with the Army and the Air Force.

### **The Medical Officer of the Marine Corps**

Section 509B of the NDAA for FY 2025 created a new statutory section, 10 U.S.C. § 8048, which states, “There is a Medical Officer of the Marine Corps who shall be appointed from among flag officers of the Navy. . . . The Medical Officer of the Marine Corps, while so serving, shall hold the grade of rear admiral (lower half).”

### **Conclusion**

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

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