

## Why GAO Did This Study

In 2023, DOD announced that its roughly 700 medical facilities have been chronically understaffed in recent years. The facilities are staffed primarily with military medical personnel and augmented with DOD civilian employees and private contractor employees.

Senate Report 118-58 includes a provision for GAO to review military medical personnel staffing at DOD medical facilities. This report describes (1) trends in military medical personnel staffing at the facilities from fiscal year 2015 through fiscal year 2023; and evaluates the extent to which DOD has (2) a collaborative facility staffing process, and (3) taken steps to monitor the availability of personnel to work in medical facilities, among other things.

GAO reviewed DOD guidance and documentation and analyzed personnel data for fiscal years 2015 through 2023 and timecard data for fiscal year 2023. GAO also interviewed DOD officials and nearly 350 personnel from six medical facilities selected for site visits based on military department affiliation, location, and size.

## What GAO Recommends

GAO is making seven recommendations, including that DOD evaluate which activities count as medical facility work time and communicate to military medical personnel the importance of timecard data and how it is used. DOD concurred with GAO's recommendations.

For more information, contact Rashmi Agarwal at [agarwalr@gao.gov](mailto:agarwalr@gao.gov).

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## DEFENSE HEALTH CARE

### Information Needed to Improve Monitoring of Military Personnel Staffing at Medical Facilities









## What GAO Found

The number of military medical positions and assigned personnel in Department of Defense (DOD) medical facilities has declined over time. Specifically, the number of authorized positions for military medical personnel declined by nearly 7 percent (63,179 to 58,945) from fiscal year 2015 through fiscal year 2023. Likewise, assigned personnel declined by about 16 percent (60,479 to 50,590) during the same time. The decline in assigned personnel is in part attributable to fewer medical personnel in the Army, Navy, and Air Force (military departments). Senior leaders from the Defense Health Agency (DHA), which manages medical facilities, stated they anticipate substantial shortfalls in military medical personnel until at least 2027 when personnel levels may increase.

To help address facility staffing challenges, DHA and the military departments implemented a collaborative process to staff medical facilities with military medical personnel. Pursuant to 2024 guidance from the Office of the Assistant Secretary of Defense for Health Affairs (Health Affairs), DHA prioritized vacancies by facility and occupation, and the military departments identified personnel to fill them in 2025. DHA and the military departments are also collaborating to update medical facility personnel requirements for future years.

Health Affairs, DHA, and the military departments have taken steps to monitor the available work time of military medical personnel in medical facilities. The parties also agreed on how much time personnel would be expected to work in a facility as opposed to other military duties. These expectations vary depending on whether personnel are assigned exclusively to a facility.

#### Military Medical Personnel Categories and Annual Expected Medical Facility Work Time

		
<b>Exclusive</b> Assigned to a medical facility and no other unit.  <b>Officer:</b> 192 days  <b>Enlisted:</b> 169 days	<b>Dual-assigned</b> Assigned to an operational unit and to a medical facility, or with duty at a medical facility.  <b>Officer:</b> 169 days  <b>Enlisted:</b> 149 days	<b>Periodic-intermittent</b> Assigned to an operational unit with periodic or intermittent medical facility duty.  <b>10% over a baseline to be determined</b>

Source: GAO analysis of Department of Defense information; GAO (icons). | GAO-25-106988

To help ensure DOD meets these expectations, Health Affairs developed a monitoring tool that compares actual and expected work time by using medical facility timecard data from DHA. However, the monitoring tool is missing key information and relies on inaccurate and incomplete data. Specifically, the tool does not make key distinctions between facility work time and other time (e.g., deployments) or among personnel categories (e.g., exclusive vs. dual-assigned). Further, the tool relies on inaccurate and incomplete timecard data because DHA does not have a communication strategy, geared toward military medical personnel, that clarifies the importance of filling out timecards accurately, among other things. Until Health Affairs evaluates which activities count as facility work time in the tool and DHA communicates the importance of accurate timecard data, DOD will not have complete information to better monitor military medical personnel staffing at facilities.