

# GAO Highlights

Highlights of [GAO-23-106094](#), a report to congressional committees.

## Why GAO Did This Study

DOD relies on more than 108,000 active duty personnel to provide both operational medical care in support of war and other contingencies and beneficiary medical care within the department's hospitals. In 2021, DOD proposed to reduce the number of military medical personnel to increase positions for other missions.

The National Defense Authorization Act for Fiscal Year 2022 included a provision for GAO to review DOD's analyses in support of the reduction or realignment of military medical personnel. This report evaluates the extent to which DOD (1) identified reductions or realignment of active duty medical personnel and strategies to mitigate any potential gaps in health care services at MTFs and assessed any effects; (2) assessed the ability of TRICARE networks to absorb the additional workload that may be caused by reductions; and (3) used wartime scenarios and identified medical capability deficiencies, if any, to determine active duty medical personnel requirements.

GAO analyzed DOD documentation about reduction assessments and medical personnel requirements. GAO also met with cognizant DOD officials.

## What GAO Recommends

GAO is making nine recommendations, including that DOD (1) develop and use guidance to assess the effects of military medical personnel reductions on MTFs and the ability of TRICARE networks to absorb additional workload resulting from reductions and (2) fully define requirements before deciding on reductions. DOD concurred with all nine recommendations.

View [GAO-23-106094](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or [farrellb@gao.gov](mailto:farrellb@gao.gov).

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## DEFENSE HEALTH CARE

### Additional Assessments Needed to Determine Effects of Active Duty Medical Personnel Reductions

## What GAO Found

The Department of Defense (DOD) has not fully or consistently assessed the effects of potential reductions of active duty medical personnel. DOD identified 12,801 military positions to reduce or realign, of which the majority are medical positions. Various medical specialties were selected for reduction, including about 1,000 positions for specialties that are critical for wartime or behavioral health. To mitigate the effect these reductions may have on military medical treatment facilities (MTFs), DOD developed mitigation strategies. These include hiring civilian or contractor replacements, relying on remaining staff to absorb the workload, and sending patients to civilian provider networks under its TRICARE health plan. DOD performed limited assessments on the effect these reductions may have on MTFs. However, DOD did not always consider the feasibility of its mitigation strategies—such as the ability of TRICARE networks to meet any increase in demand for healthcare—because it did not have guidance about how to assess these effects on MTFs. Until DOD develops and uses guidance to comprehensively assess the potential effect that reductions may have on MTFs, it risks taking actions that could decrease the ability of the military health system to achieve its mission of ensuring the medical readiness of the force and caring for military service members and their families.

Proposed Military Positions to Reduce or Realign by Type, Fiscal Years 2020-2027



Source: GAO analysis of Department of Defense information. | [GAO-23-106094](#)

DOD developed a methodology for evaluating the adequacy of TRICARE networks, but did not use it to assess the ability of these networks to absorb the potential additional patient workload resulting from MTF medical personnel reductions. Instead, DOD reported the results of a population assessment that did not use its methodology. Moreover, DOD did not provide guidance for using its methodology, such as by defining specific measurable objectives that can facilitate consistent assessment of the TRICARE networks surrounding the 215 MTFs affected by the reductions. Until DOD develops and implements such guidance, decision makers risk not knowing the effect, if any, reductions may have on the TRICARE networks.

The military departments used wartime scenarios to determine active duty medical personnel requirements, but did not fully define such requirements prior to determining military medical personnel reductions. Specifically, deficiencies in medical capability exist, in part, because DOD has experienced challenges with recruitment and retention and has undefined medical personnel requirements. For example, DOD has not fully determined the medical personnel needed to support casualties returning from an overseas large-scale conflict. Without fully defined requirements, DOD will not have all relevant information to make decisions regarding the reduction of military medical personnel.