



OFFICE OF THE UNDER SECRETARY OF WAR  
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

MAY 15 2026

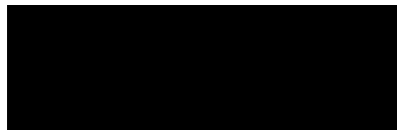
Dear Mr. Chairman:

The Department's response to House Report 119-231, page 194, accompanying H.R. 3838, the Streamlining Procurement for Effective Execution and Delivery and National Defense Authorization Act for Fiscal Year 2026, "Defense Health Agency Staffing Plan," is enclosed.

This report provides an explanation of the Defense Health Agency's (DHA) personnel requirements for its network management structure, the plan to use continuous process improvement to analyze workload, and the utilization of the Fourth Estate Manpower Tracking System to track personnel requirements throughout the enterprise. Manpower requirements are reviewed triennially with the next review for DHA Networks scheduled for October 1, 2027.

Thank you for your continued strong support for the health and well-being of our Service members and their families.

Sincerely,



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

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



# Report to the Committee on Armed Services of the House of Representatives



## Defense Health Agency Staffing Plan

**May 2026**

The estimated cost of this report or study for the Department of War (DoW) is approximately \$2,900 in Fiscal Year 2025. This includes \$0 in expenses and \$2,900 in DoW labor.

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## EXECUTIVE SUMMARY

This report is in response to House Report 119–231, page 194, accompanying H.R. 3838, the Streamlining Procurement for Effective Execution and Delivery and National Defense Authorization Act for Fiscal Year 2026, “Defense Health Agency Staffing Plan.” The Defense Health Agency (DHA) was requested to provide the House Armed Services Committee with information on what resources the Department needs to ensure DHA is adequately staffed.

## BACKGROUND

The House Armed Service Committee commended DHA for the progress it has made in transitioning the management of medical facilities into the network structure. The committee also acknowledged that more work needed to be done to ensure the Agency’s management offices have adequate staffing to manage and support its medical facilities in their mission of providing health care to active duty Service members and their beneficiaries. The committee further commended the Government Accountability Office on its April 10, 2025 report outlining the actions needed to address challenges the Agency has experienced as it modified its management of medical facilities.

*(1) The Department’s plan, with timelines, key milestones, and deliverables, to establish personnel requirements for DHA’s network management structure.*

DHA transitioned from Markets to Networks, on October 1, 2024. Using lessons learned from the initial market model, DHA streamlined processes and aligned similar functions to strengthen our system to improve oversight and management of military medical treatment facilities (MTFs) and coordination with Military Departments in support of medical readiness requirements. Every MTF is aligned to a general officer/flag officer (GO/FO)-led Defense Health Network (DHN), which eliminates stand-alone MTFs and supports every MTF with GO/FO level authority and decision making. This structure improves communication lines from former markets to DHA Headquarters. An initial operating capability (IOC) of 9 functions with an additional 15 functions totaling 24 functions for full operating capability (FOC) was established:

**Table 1: IOC (9) Functions**

Assistant Director (AD) for Healthcare Operations	AD for Medical Affairs/Chief Medical Officer
AD for Resource Operations	Chief of Staff
AD for Support Operations	Legal
Communications and Public Affairs	Operations Cell
Personnel	

**Table 2: FOC (15) Functions**

Administrative Support	Analytics & Evaluation
Chief Dental Officer	Chief Health Informatics Officer
Clinical Optimization	Clinical Quality Improvement
Clinical Quality Management	Emergency Management
GENESIS Issue Resolution Lead	GENESIS Training Lead
Patient Safety	Public Health
Manpower	Patient Administration (PAD)/Health Insurance Portability and Accountability Act (HIPAA) Lead
Chief Nursing Officer	

Manpower requirements are evaluated triennially. However, due to the nature of DHN workload, DHN manpower is evaluated as mission changes or on an as needed basis to eliminate adverse risk to current and future operations. DHA manpower will use the Continuous Process Improvement (CPI) Model and assessment of mission directed requirements articulated by the Combatant Commands, Joint Staff, and Office of the Secretary of War to evaluate current DHN structure and personnel requirements. The AD, Resources and Personnel will: 1) define Network mission/processes with functional area managers; 2) measure defined workload using manpower and strategic workforce planning tools/methodology; and 3) convert the workload to manpower requirements and codify findings in a formal report. The Director, DHA validates the requirements for incorporation into the DHA Planning, Programming, Budgeting and Execution process including annual Program Objective Memorandum (POM) submissions.

**Plan:** CPI Model

**Timelines:** FOC October 1, 2024. Next review required October 1, 2027.

**Key Milestones:** Define Mission/Processes  Measure Workload  convert to manpower requirements

**Deliverable:** Formal report to Director, DHA for validation and POM submission.

**Table 3: Current DHN Network Requirements**

Central	80 Full-Time Equivalent (FTEs)
Continental	49 FTEs
Atlantic	68 FTEs
East	35 FTEs
Pacific Rim	41 FTEs
West	43 FTEs
Europe	69 FTEs
Indo-Pacific	60 FTEs
National Capital Region	61 FTEs

*(2) The Department's plan to track its progress in determining and validating the number of personnel required to manage and support its medical facilities.*

DHA tracks validated manpower requirements using the Fourth Estate Manpower Tracking System. DHA conducts an annual manpower requirements determination as part of POM programming and adjusts requirements as applicable. Networks utilize the DHA's Manpower Change Request processes to update attributes of positions and to redistribute available authorizations to the documented requirements based on mission priorities and to ensure effective and efficient use of DHA manpower authorizations.

*(3) The Department's current practices to adequately analyze workload for personnel at Defense Health Agency's network.*

To enable standardization throughout the DHA enterprise, the Agency employs CPI strategies, which include benchmarking, and ongoing assessments to ensure all networks are operating as effectively and efficiently as possible.

## **CONCLUSION**

In conclusion, DHA's reliance on the CPI Model provides a data-driven and repeatable methodology for defining missions, measuring workload, and validating personnel requirements. This process, combined with regular reviews and annual evaluations as part of the budget cycle, ensures that staffing levels remain aligned with evolving mission demands. The Agency's use of the Fourth Estate Manpower Tracking System provides a reliable mechanism for tracking and adjusting manpower authorizations.