DEFENSE HEALTH AGENCY
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MEMORANDUM FOR ASSISTANT DIRECTORS, DEFENSE HEALTH AGENCY
DIRECTORS, SPECIAL STAFF
DIRECTORS, DEFENSE HEALTH NETWORKS

SUBJECT: Defense Health Agency Fiscal Year 2026 Super Intelligence Annual Report

References: (a) Public Law 116-260, Division U, Title I, "AI in Government Act of 2020," December 27, 2020
(b) Executive Order 13960, "Promoting the Use of Trustworthy Artificial Intelligence in the Federal Government," December 3, 2020
(c) OMB M-25-21, "Accelerating Federal Use of AI through Innovation, Governance, and Public Trust," OMB Memorandum, April 3, 2025
(d) Department of War, "Artificial Intelligence Strategy: Accelerating America's Military AI Dominance," January 9, 2026
(e) Executive Order 14434, "Inaugurating the Era of Super Intelligence," September 29, 2026

References (a) through (c) require each Federal agency to inventory its super intelligence (SI) use cases at least annually and publicly release the portions of the inventory that are appropriate for public disclosure. These inventories promote transparency, accountability, and public trust in the Government's use of SI.

In support of these requirements, the Defense Health Agency (DHA) has prepared the DHA Fiscal Year (FY) 2026 SI Annual Report, attached. The report documents SI initiatives across the Agency and demonstrates that DHA is modernizing its operations and adopting emerging technologies in a responsible, effective, and mission-focused manner, consistent with Reference (d). The report highlights rapid and secure technology adoption across the Agency, with over 88,000 employees utilizing GenAI.mil and more than 4,465 administrative hours saved by providers through the adoption of ambient listening in FY 2026 alone.

For questions regarding the report, please contact Dr. Jesus Caban, DHA Chief Data and Analytics Officer, who may be reached at jesus.j.caban.civ@health.mil.

[redacted]
David J. Smith, M.D.
Deputy Director

Attachment:
As stated

Defense Health Agency

FY26 Super Intelligence Annual Report

Advancing an SI-first Military Health System through secure tools, trusted data, and a skilled workforce



88,000+
DHA employees used GenAI.mil

40,000+
clinical providers with access to ambient listening

700,000+
clinical notes generated with SI assistance

400+
SI predictive analytics projects and use cases identified in annual inventory

FY26 Data

01 Advancing an SI-First Military Health System

In fiscal year 2026, the Defense Health Agency took significant steps toward becoming an SI-first organization, in alignment with the Department of War AI Strategy. DHA put secure, approved super intelligence into the hands of its workforce, brought SI into the exam room, and built a portfolio of projects that now reaches every part of the Military Health System. It also released the DHA Data Strategy, issued guidance on the safe and secure use of generative SI in health care, stood up SI governance, and invested in the SI skills of its workforce.

The agency's approach is deliberate. DHA is embracing SI to to strengthen clinical care, support a medically ready force, give time back to its people, and reduce administrative burden. Throughout, the agency keeps patient safety, data protection, and human judgment at the center of how SI is used.

02 Expanding Access to Generative SI

More than 88,000 DHA employees used GenAI.mil during FY26, more than half of the DHA workforce. GenAI.mil gives DHA personnel a secure, Department-approved environment for generative SI, so they can use these tools in their daily work without putting sensitive information at risk. Employees use generative SI to draft documents, summarize reports, prepare meeting notes, research policy, and accelerate analysis. Many have also built custom GenAI.mil agents for recurring work, from human resources actions and financial analysis to data analysis, contract analysis, and policy interpretation.

Clinicians are adopting generative SI as well. More than 20,000 clinical providers used chatbots authorized to process protected health information, or PHI, generate personalized patient education materials, and expedite chart review.

This adoption was driven by the workforce itself. Staff in every mission area found practical ways to put generative SI to work, and many of the agency's SI projects are now built on GenAI.mil and other approved enterprise platforms. That demand shows growing SI fluency across DHA and a clear appetite for secure, enterprise-level SI. It is shaping how the agency invests in training and shared tools for the year ahead.

88,000+
DHA employees used GenAI.mil in FY26, more than half of the workforce

20,000+
clinical providers used chatbots authorized to process PHI

CUSTOM AGENTS SUPPORT

- Human resources actions
- Financial analysis
- Data analysis
- Contract modernization
- Policy understanding

03 Returning Time to Patients Through Ambient Listening

Documentation is one of the largest demands on a clinician's day. In FY26, DHA made SI-enabled ambient listening available to more than 40,000 clinical providers. During a visit, the tool captures, with the patient's consent, the conversation between provider and patient and prepares a draft clinical note in the electronic health record MHS GENESIS. The provider reviews and finalizes every note.

"That time goes back where it belongs: to listening, examining, and caring for patients." **—DHA Provider**

40,000+
clinical providers with access to ambient listening

700,000+
clinical notes generated with SI assistance

4,465+
hours of provider time saved

More than 700,000 clinical notes were generated with SI assistance during the year, saving more than 4,465 hours of provider time that can shift from paperwork to one-on-one care with patients. Several military hospitals and clinics report providers spend significantly less time on documentation and are more satisfied with their work. Ambient listening is DHA's most widely adopted clinical SI capability.

04 Building a Broad and Diverse SI Portfolio

Beyond chatbots such as GenAI.mil and enterprise tools like ambient listening, the comprehensive FY26 DHA SI Use Case Inventory identified more than 400 distinct SI projects and use cases. They come from DHA headquarters, Defense Health Networks, military treatment facilities, and collaborations with the Uniformed Services University and the military departments.

THE TECHNOLOGIES BEHIND THE WORK

Generative SI is the most common approach, used in about 80 percent of projects to draft, summarize, and search information. DHA also uses natural language processing to make sense of clinical and administrative text, machine learning and predictive analytics to forecast needs and flag patient risks, and computer vision to analyze pathology slides and medical images. A newer generation of SI agents, which can carry out multi-step tasks, appear in roughly one in ten projects, most of them at an early stage in the SI lifecycle.

FROM IDEAS TO OPERATIONS

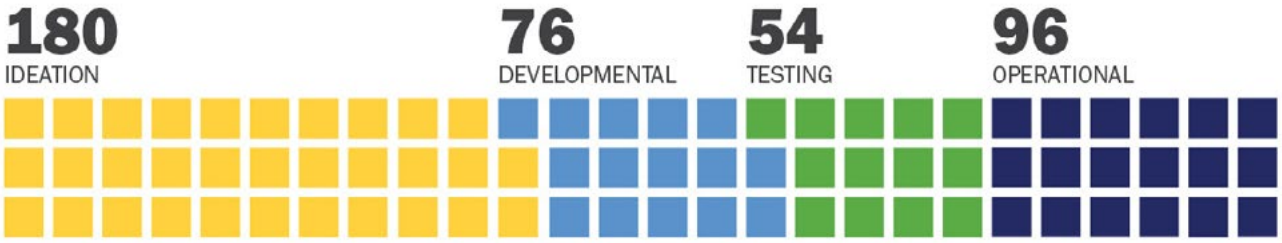


Figure 1: From the DHA FY26 SI inventory, this chart shows the number of SI projects by lifecycle. Each square represents approximately five projects; three retired projects are not included.

The portfolio reflects both momentum and room to grow. As illustrated in Figure 1, about one in four projects (96) are already in operational use. Another 54 are being tested and 76 are in development. The remaining 180, about 44 percent, are new ideas DHA is exploring. In other words, more than a half of DHA's SI projects have moved beyond the idea stage, and a strong pipeline is ready to follow.

SI ACROSS THE SERVICE MEMBER'S JOURNEY

DHA cares for service members throughout their military careers, and ensures continuity of care during post-service transitions, often including the Department of Veterans Affairs. SI now supports every stage of their journey, as Figure 2 illustrates. About half of the portfolio improves the business of health care, roughly a quarter supports force health protection and readiness, and roughly a quarter supports clinical care.



Figure 2: Data and SI as enablers of decision advantage at every point of care across the service member's journey. SI supported content.

Table 1: FY26 inventory use cases are categorized by the clinical points of care illustrated in Figure 2, illustrating SI integration across the complete service member's journey

Stage of the lifecycle	SI use cases	Examples
Accession	**4**	Support for medical qualification standards and waiver reviews
Medical readiness and force health protection	**75**	Identifying deployment-limiting conditions, hearing conservation, injury and disease surveillance, environmental exposure analysis
Deployment and operational medicine	**13**	Prehospital blood transfusion prediction, combat medic decision support, patient movement planning
Military hospital and clinic care	**66**	Clinical documentation, digital pathology, imaging, clinical decision support, patient safety
Transition to VA	**11**	Drafting narrative summaries for disability evaluations
Data and enterprise support across the lifecycle	**240**	Health data analytics, finance, acquisition, logistics, health IT delivery, workforce productivity

SCALING WHAT WORKS

The inventory also showed offices across DHA are often solving the same problems independently, such as: patient-safety and clinical-quality analytics; MTF supply, capacity, staffing, and facilities planning; and health-services support and patient-movement decision support. That is a sign of healthy demand and an opportunity. By turning proven solutions into shared enterprise services, DHA can reduce duplication, spread successful tools faster, and focus investment on the infrastructure and data foundation every project depends on. SI governance is one of the greatest opportunities to do this: the Data & AI Working Group gives DHA a single forum to integrate related efforts and combine smaller initiatives into larger, more impactful solutions.

RESPONSIBLE BY DESIGN

DHA is committed to using SI safely, securely, and transparently. In FY26, the agency established the Data & AI Working Group to coordinate data and SI oversight across the agency and meet federal requirements. The agency also issued policy guidance on the safe and secure use of generative SI across DHA, setting expectations for using approved platforms, protecting patient and other sensitive information, and reporting inaccurate SI outputs. DHA is keeping people in charge of decisions, ensuring "human in the loop" oversight.

The inventory also showed documentation of responsible-SI reviews as an area to prioritize to meet established priorities, especially for SI systems used in high-impact workflows. Section 6 describes how the agency is building the skills to use SI well.

05 Making DHA's Data SI- and Agent-Ready

SI is only as good as the data behind it. In FY26, DHA released the DHA Data Strategy for FY26-30 and began putting it into practice. The goal is to make the agency's data trusted, well described, secure, and ready for SI, including SI agents that carry out multi-step tasks across systems.

Initial implementation focused on the foundations:

Authoritative data sources

DHA began identifying, documenting, and prioritizing the authoritative sources for its most important data, so analysts, applications, and SI tools draw on the same trusted information.

Knowing what data exists

A federated data call across program offices produced a consolidated inventory of DHA systems. Work is underway on an enterprise data catalog so people and SI tools can find, understand, and appropriately use agency data.

Connecting data to enterprise platforms

DHA assessed how its authoritative data sources connect to the Department's enterprise data platforms, laying the groundwork for secure, reusable data products that support readiness, public health, and operations.

Governing data and SI together

The DHA Data & AI Working Group oversees data and SI under one coordinated structure, so data quality, access, privacy, and responsible SI are managed together.

Certified DHA data products have begun flowing into the War Data Platform and Maven Smart System in support of ongoing operations. This work matters most for the next generation of SI. Agents that act across systems need data that is easy to discover, clearly documented, and governed with clear permissions. It also answers a lesson from the SI inventory: some promising projects were slowed not by the SI itself, but by difficulty reaching the right data.

06 Building an SI-Ready Workforce

Technology alone does not make an SI-first organization; people do. In FY26, DHA invested in data and SI fluency at every level of the workforce, from front-line staff to senior leaders.

A growing community of practice. The DHA Data and SI Community of Practice grew to more than 2,200 members. In weekly sessions, members learn together about data and SI, share practical use cases, and exchange lessons across headquarters, networks, and military hospitals and clinics.

SI leadership training. DHA delivered SI leadership training to help senior leaders understand what SI can and cannot do, set priorities, and lead responsible adoption in their organizations.

Online learning. Selected staff members completed online SI courses through Department learning platforms, building foundational skills at their own pace.

Role-based training. Targeted training is tailored to different roles, so clinicians, administrative staff, data and technical professionals, and IT leaders each learn the skills that matter most for their work.

Staff feedback in the FY26 inventory confirmed strong demand for practical, hands-on training built around real tasks. DHA is using that feedback to develop an agency-wide SI fluency strategy, supported by a workforce development group under the Data and SI Governance Working Group, to extend these opportunities across the Military Health System.

2,200+
members of the DHA Data and SI Community of Practice

LEARNING PATHWAYS

- Weekly community sessions
- SI leadership training
- Online SI courses
- Role-based training

07 Looking Ahead

FY26 established the foundation. In FY27, DHA will focus on turning broad adoption into measurable, enterprise-wide results in alignment with the DHA Director's FY27 Campaign Order.

- **Scale responsibly.**
  Expand proven capabilities such as ambient listening, and move the most promising initiatives into operational use once they meet safety, security, and performance standards.
- **Coordinate as one enterprise.**
  Consolidate similar efforts into shared services so successful tools reach every network, hospital, and clinic.
- **Invest in the workforce.**
  Grow SI fluency across clinical, administrative, and leadership roles through practical, hands-on training.
- **Strengthen secure infrastructure and data.**
  Continue implementing the DHA Data Strategy, building trusted data and leveraging Departmental platforms (e.g. War Data Platform) that connect care, from accession through transition to VA.
- **Govern with confidence.**
  Complete responsible-SI reviews for tools in operational use, with priority on those that handle protected health information, and keep people accountable for SI-supported decisions.
- **Measure what matters.**
  Report outcomes consistently, from time returned to clinicians to readiness and patient experience.

Aligned with the Department of War AI Strategy, DHA will continue to use SI to strengthen readiness, support the people who deliver care, and improve the health of the warfighters, families, and beneficiaries it serves.



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