



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

FEB 14 2025

Dear Mr. Chairman:

The Department's response to House Report 117-397, pages 208-209, accompanying H.R. 7900, the National Defense Authorization Act for Fiscal Year 2023, "Use of Department of Defense Health Facilities on Guam," is enclosed.

The report provides information related to the current challenges for the Department of Defense (DoD) to provide medical care to Federal Aviation Administration (FAA) employees at military medical treatment facilities on the island of Guam. Information included in this report addresses DoD facilities medical care capabilities for current and potential military personnel and dependents, and the impact of FAA employee access to these facilities on military families.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending similar letters to the other congressional defense committees and the Committee on Transportation and Infrastructure of the House of Representatives.

Sincerely,



Darin S. Selnick
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member





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

FEB 14 2025

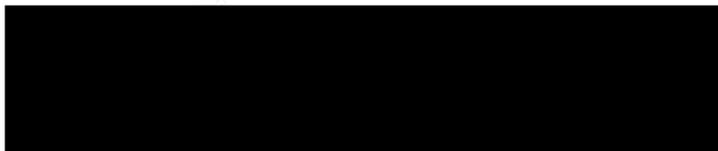
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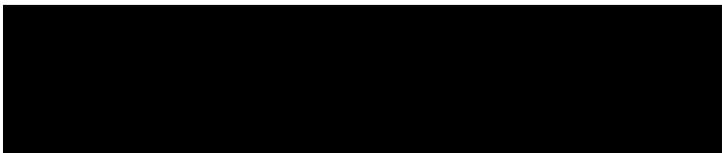
Sincerely,



Darin S. Selnick
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member





OFFICE OF THE UNDER SECRETARY OF DEFENSE

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

PERSONNEL AND
READINESS

The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

FEB 14 2025

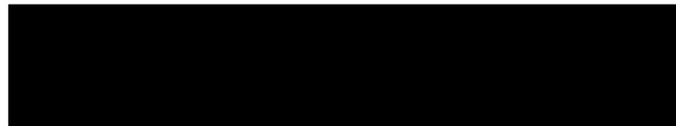
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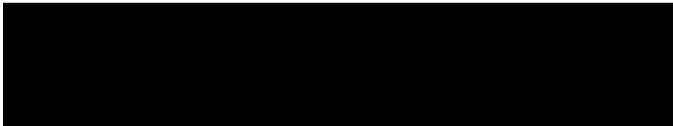
Sincerely,



Darin S. Selnick
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Patty Murray
Vice Chair





OFFICE OF THE UNDER SECRETARY OF DEFENSE

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

PERSONNEL AND
READINESS

The Honorable Tom Cole
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

FEB 14 2025

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Darin S. Selnick
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Rosa L. DeLauro
Ranking Member





OFFICE OF THE UNDER SECRETARY OF DEFENSE

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

**PERSONNEL AND
READINESS**

The Honorable Sam Graves
Chairman
Committee on Transportation and Infrastructure
U.S. House of Representatives
Washington, DC 20515

FEB 14 2025

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Sincerely,



Darin S. Selnick
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Rick Larsen
Ranking Member



Report to the Congressional Defense Committees and the Committee on Transportation and Infrastructure of the House of Representatives



Use of Department of Defense Health Facilities on Guam

February 2025

The estimated cost of this report or study for the Department of Defense is approximately \$2,670,000 for the 2023 Fiscal Year. This includes \$0.00 in expenses and \$2,670,000 in DoD labor.

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EXECUTIVE SUMMARY

This report responds to House Report 117–397, pages 208-209, accompanying H.R. 7900, the National Defense Authorization Act for Fiscal Year (FY) 2023, on the use of Department of Defense (DoD) health facilities on Guam for the provision of medical care to Federal Aviation Administration (FAA) employees in the U.S. territory of Guam. The committee stated that it remains concerned that the Secretary of Defense and the Secretary of Transportation have not executed section 574 of Public Law 115–254 regarding the provision of medical care to FAA employees, their spouses, and their dependent children who are assigned to Guam.

The committee seeks to evaluate the ability of DoD support facilities in Guam to adequately serve current FAA personnel and dependent populations and requested the Secretary of Defense to submit a report no later than June 22, 2023, on the eligibility for and access to DoD support facilities by FAA employees in Guam. The report includes nine requirements such as the evaluation of the ability of DoD support facilities in Guam to sufficiently serve the current military personnel and dependent populations as well as a determination of the impact of any substantial increases to these populations on the existing DoD personnel and dependents stationed in Guam. The report requests recommendations on necessary improvements to these facilities to ensure they can support an increased population as well as a consideration of the impact of expanded access to DoD support facilities in Guam to FAA employees and their families on the ability of those facilities to provide services to military personnel and their families.

Since FY 2018, DoD has engaged in discussions on requirements from the Department of Transportation regarding providing care on a space-available basis to FAA employees and their families in Guam. Topics included the definition of space-available care, which is healthcare available in DoD military medical treatment facilities (MTFs) after the needs of active duty Service members (ADSMs) and active duty family members (ADFMs) are met and if the MTF has the capability to provide needed care. Included in those discussions was an understanding that ADSMs and ADFMs are pre-screened before assignment to overseas locations such as Guam and that ADSMs and ADFMs with complex conditions are not approved for assignments overseas, including in the U.S. territory of Guam.

Finally, since FY 2021, DoD has worked to identify additional medical requirements at the MTFs to support an over 88 percent growth in the number ADSMs and ADFMs in Guam, secondary to strategic military requirements. From FY 2024 to FY 2028, the population in Guam will grow by approximately 15,053 Marine Corps, Air Force and Army ADSMs and their families. DoD is developing a recommendation on the growth in medical resources needed to support the increased ADSM and ADFM population.

SECTION A: EVALUATION AND ABILITY OF DOD SUPPORT FACILITIES IN GUAM TO ADEQUATELY SERVE CURRENT MILITARY PERSONNEL AND DEPENDENT POPULATIONS

Guam MTFs are staffed to a size and scope that provide primary and specialty care for medically pre-screened ADSMs and ADFMs. All other personnel, including retirees and their family members, DoD civilian employees, and contractors, are seen on a space-available basis subject to the appropriate approvals. In general, space-available care is meant for acute, episodic medical needs only. Presently, Guam has two DoD MTFs, Naval Hospital (NH) Guam and the 36th Medical Group (36 MDG) at Andersen Air Force Base. NH Guam is a small, 39-bed hospital. The 36 MDG is an outpatient clinic with only primary care services and limited behavioral health and physical therapy.

SECTION B: IMPACT OF CURRENT ACCESS TO CARE AT DOD FACILITIES IN GUAM IF THERE ARE SUBSTANTIAL INCREASES IN MILITARY PERSONNEL AND DEPENDENT POPULATIONS

High-quality access to care is achieved when the supply of appointments meets the patient demand; appointment supply is determined by the number of providers available offering a standardized number of appointments; and patient demand is dictated by the utilization rate of the assigned population. Since FY 2021, DoD has worked to identify additional medical requirements at the MTFs to support an over 88 percent growth in the number ADSMs and ADFMs in Guam, secondary to strategic military requirements. Starting in FY 2024, the MTFs in Guam will be required to provide care to over 15,000 Marine Corps, Air Force, and Army ADSMs and their families. Substantial increases in military personnel or dependent populations with no additional resources will negatively impact access to care by increasing patient demand without a commensurate increase in supply of appointment offerings. This will lead to increased wait times for patients as appointments become filled and will result in increased reliance on private sector care resources, which are limited in Guam.

SECTION C: RECOMMENDATIONS ON IMPROVEMENTS TO EXISTING DOD FACILITIES THAT MAY BE NEEDED TO ENSURE THOSE FACILITIES IN GUAM CAN SUPPORT AN INCREASED POPULATION OF MILITARY PERSONNEL AND DEPENDENT POPULATION IN GUAM

DoD estimates approximately 15,053 new beneficiaries on the island over the next 1 to 5 years. The current healthcare infrastructure is at or near capacity with existing demand. A land-use study has been initiated with the Military Departments and Defense Health Agency (DHA) to determine needed upgrades to existing infrastructure such as MTFs, housing, schools, and law enforcement. DoD continues to meet to define construction timelines, required services, and housing for construction workers. The estimated completion date for this project is around mid-2025.

SECTION D: IMPACT OF EXPANDED ACCESS TO DOD SUPPORT FACILITIES IN GUAM TO FAA EMPLOYEES

NH Guam and the 36 MDG are staffed with the capabilities to address the healthcare needs of pre-screened ADSMs and ADFMs and to meet Combatant Command-specific operational mission requirements. Non-TRICARE-eligible DoD civilian employees, contractors, and their families (collectively “non-TRICARE patients”) are eligible for care on a reimbursable, space-available basis. The current rate of space-available appointments is minimal, with 2 percent in primary care, 2 percent in specialty care, 0.8 percent in behavioral health, and 0.4 percent in physical therapy. In an emergency, non-TRICARE patients who present to the NH Guam emergency department are stabilized and transferred to a local private sector hospital in Guam.

A substantial increase of patients in Guam would place additional strain on the existing medical facilities and healthcare services on the island, to include the private sector. Some potential impacts on medical facilities are as follows:

1. **Increased Patient Load:** With more patients, the demand for medical services would rise, leading to longer appointment wait times, increased clinic patient load, and potentially overcrowded facilities. Medical staff will have to handle a larger volume of patients, which could impact the quality and timeliness of care.
2. **Resource Allocation:** Additional personnel and dependents would require adequate medical resources, including healthcare professionals, equipment, medications, and supplies. The existing medical facilities in Guam would need to expand their capacity to meet the increased demand by hiring more healthcare providers, acquiring additional medical equipment, and ensuring a sufficient supply chain for medicines and supplies.
3. **Infrastructure Expansion:** There would be a need to expand existing medical facilities or construct new ones to accommodate the increased population.
4. **Healthcare Workforce:** A substantial increase in patients would require an expanded healthcare workforce to provide adequate care. Recruiting and retaining healthcare professionals, including doctors, nurses, technicians, and support staff, could become more challenging.

SECTION E: DOD RECOGNITION OF FAA’S VITAL ROLE TO MILITARY OPERATIONS AS THE SOLE PROVIDER FOR AIR TRAFFIC CONTROL SERVICES IN GUAM

The FAA plays a vital role as the sole provider of air traffic control coverage in Guam and directly supports military operations. The FAA’s air traffic controllers in Guam work closely with DoD officials to ensure all aircraft are safely managed to meet military and civilian air space requirements.

SECTION F: EXISTING AUTHORITIES AUTHORIZING ELIGIBILITY AND ACCESS FOR NONMILITARY PERSONNEL AND THEIR DEPENDENTS

There are multiple existing authorities governing eligibility and access for nonmilitary personnel and their dependents to DoD support facilities (including healthcare facilities, commissaries, and exchanges) outside the continental United States (OCONUS). In general, as stated in Department of Defense Manual (DoDM) 1000.13, Volume 2, “DoD Identification (ID) Cards: Benefits for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals,” January 23, 2014, as amended, “[t]he benefits population is defined by roles.” Part 161 of title 32, Code of Federal Regulations (CFR), prescribes the benefits (including benefits at commissaries, exchanges, and healthcare facilities) for certain eligible nonmilitary individuals.

Civilian employees of U.S. Government Agencies are eligible for MTF care to the extent provided in Department of Defense Instruction (DoDI) 1000.13, “Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals,” January 23, 2014, as amended. This eligibility to receive healthcare is further discussed in DoDI 6025.23, “Health Care Eligibility Under the Secretarial Designee (SECDES) Program and Related Special Authorities,” September 16, 2011, as amended.

SECTION G: APPLICABILITY OF EXISTING AUTHORITIES TO DOD SUPPORT FACILITIES IN THE U.S. TERRITORY OF GUAM

The above authorities governing access for nonmilitary medical personnel and their dependents apply to DoD support facilities in Guam. Specifically, DoDM 1000.13, Volume 2, describes benefits for civilian personnel employed OCONUS and their accompanying dependents. Non-DoD civilian employees who are employed OCONUS and their dependents may receive direct care at an MTF on a space-available, fully reimbursable basis.

In addition, to the extent provided in DoDI 1000.13, civilian employees of the DoD and other Government Agencies (including those residing in Guam) may be eligible for healthcare at MTFs pursuant to the Secretarial Designee Program.

SECTION H: SPECIFIC CONDITIONS THAT MAY NECESSITATE ACCESS TO DOD SUPPORT FACILITIES IN GUAM BY FAA PERSONNEL AND THEIR FAMILIES

Aside from medical emergencies, the authorizations contemplated in the authorities discussed above in Section F, and the potential impacts discussed above in Section D, DoD is unaware of any additional specific conditions on Guam that may necessitate access to DoD support facilities by FAA personnel and their families.

SECTION I: CHANGES IN LAWS OR REGULATIONS THAT MAY BE NECESSARY TO AUTHORIZE FAA EMPLOYEES AND THEIR FAMILIES ACCESS TO DOD FACILITIES IN GUAM.

Coordination and agreement between the FAA and DoD would be required to appropriately size and scope the requirement to provide health care of FAA personnel and their family members as well as to negotiate a payment schedule and method similar to existing DHA agreements with the U.S. Coast Guard and the Department of Veterans Affairs. DoD recommends no changes to law or regulation.

CONCLUSION

MTFs overseas are staffed to address the healthcare needs of assigned ADSM and ADFM populations and meet Combatant Command-specific operational mission requirements. NH Guam and the 36 MDG are equipped to provide healthcare services to pre-screened ADSMs and ADFMs, with non-TRICARE-eligible DoD civilians, contractors, and their families receiving space-limited care. In emergencies, non-TRICARE-eligible DoD civilians, contractors, and their families are stabilized and transferred to local private hospitals. However, a significant increase in patients in Guam could strain medical facilities and services, leading to longer wait times, resource allocation challenges, a need for infrastructure expansion, and difficulties in maintaining an adequate healthcare workforce. Accordingly, Guam MTFs may have challenges providing FAA employees consistent medical care with current staffing and space. Section 199.17(d) of title 32, CFR, describes priority of care at MTF as ADSMs, ADFMs, and retirees before other patient categories. Other patient categories include non-TRICARE-eligible patients such as Government employees and contractors' overseas access is restricted to space available care only. Coordination between the Department of Transportation, FAA, and DoD is necessary to establish similar healthcare services for FAA personnel and their families, including determining the scope, size, payment schedule, and method.

As discussed above and to overcome these challenges, DoD is presently developing an assessment on the growth in medical resources needed to support the increased population.

DHA takes great pride in providing high-reliability healthcare to our ADSMs, ADFMs, and TRICARE-enrolled beneficiaries. Our Government civilian employees and contractors are critically important to the readiness of our military. We recognize the importance of our military community partners, including those from the FAA, in accomplishing the mission and extend care to them on a space available basis.