



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

The Honorable Mitch McConnell  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

AUG - 6 2025

Dear Mr. Chairman:

The Department's response to Senate Report 118-81, page 266, accompanying S. 2587, Department of Defense Appropriations Bill, 2024, "Health Care in Japan," is enclosed.

This report identifies barriers to health care for Department of Defense (DoD) personnel and their dependents in Japan. Identified barriers include cultural differences, limited military medical treatment facility (MTF) capabilities, eligibility issues, equipment gaps, and lack of awareness of healthcare services overseas. This report also outlines short- and long-term actions taken by the Defense Health Agency and the Military Departments to address the barriers and improve access to health care.

Actions taken by the DoD have strengthened the relationship and mutual understanding between MTFs and local healthcare providers, and have enhanced the MTFs' ability to deliver care on-site and coordinate more effectively when external care is needed. DoD installations are better equipped to respond to emergency medical calls and facilitate inter-facility transport. The procurement of additional supplies and medical equipment will expand services offered and assignment of additional medical personnel will further contribute to emergency medical operations and reduce risks associated with patient stabilization. The Department continues implementation efforts on several longer-term initiatives to enhance access to health care for Service members, civilians, contractors, and their family members in Japan.

Thank you for your continued strong support for the health and well-being of our Service members, DoD civilian workforce, and their families. I am sending similar letters to the other congressional defense committees.

Sincerely,



Merlynn Carson, MD  
Performing the Duties of the Deputy Under  
Secretary of Defense for Personnel and  
Readiness

Enclosure:  
As stated

cc:

The Honorable Chris Coons



OFFICE OF THE UNDER SECRETARY OF DEFENSE

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

PERSONNEL AND  
READINESS

The Honorable Ken Calvert  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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Performing the Duties of the Deputy Under  
Secretary of Defense for Personnel and  
Readiness

Enclosure:  
As stated

cc:

The Honorable Betty McCollum



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

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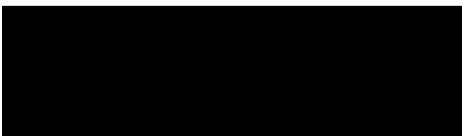
Sincerely,



Merrilyn Carson, MD  
Performing the Duties of the Deputy 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

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Mertynn Carson, MD  
Performing the Duties of the Deputy Under  
Secretary of Defense for Personnel and  
Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith



# Report to the Congressional Defense Committees



## Health Care in Japan

**August 2025**

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$1,900 in Fiscal Years 2024 - 2025. This includes \$0 in expenses and \$1,900 in DoD labor.

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## **INTRODUCTION**

This report is in response to Senate Report 118–81, page 266, accompanying S. 2587, the Department of Defense (DoD) Appropriations Bill, 2024, which requests a report on access to health care for Service members, dependents, civilians, and contractors in Japan. Specifically, the report should identify:

(1) the existing barriers to health care for Department of Defense servicemembers, civilians, contractors and their dependents in Japan; (2) the short and long-term actions being taken to address each barrier and increase access to health care by DHA and the military services; (3) the costs associated with the implementation of these measures; and (4) what funding is available within the Department of Defense and military services' fiscal year 2024 budget and the President's budget request for fiscal year 2025 to cover these costs.

In response to committee concerns about the barriers to health care for DoD Service members, civilians, contractors, and their dependents in Japan, the Department completed a comprehensive assessment of current emergency care capabilities in Japan in January 2024. This assessment included a review of capability, capacity, and quality of care available at each military medical treatment facility (MTF); a review of manning at all MTFs across Japan; and MTF and local host-network capability and capacity to provide emergency, routine, and specialty healthcare services. This report identifies barriers to health care in Japan, ongoing efforts to mitigate these barriers and associated costs of implementing measures to improve access to health care for all DoD personnel assigned to Japan.

### **1. EXISTING BARRIERS TO HEALTH CARE FOR DOD SERVICE MEMBERS, CIVILIANS, CONTRACTORS, AND THEIR DEPENDENTS IN JAPAN**

The Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)), with support from the Defense Health Agency (DHA), completed a comprehensive assessment of the DoD's current emergency care capabilities in January 2024 and identified barriers to health care in Japan for DoD Service members, civilians, contractors, and their dependents in Japan. The identified barriers are:

- **Limited MTF Capabilities:** MTFs in Japan have limited capabilities to provide comprehensive emergency and specialty medical care to personnel on DoD installations in Japan, which requires the DoD to rely on the Japanese healthcare system for advanced care.
- **Cultural Differences:** While Japan's healthcare system consistently ranks among the top 10 internationally and local host-nation network capability and capacity to provide emergency healthcare services to TRICARE beneficiaries is generally sufficient, cultural differences, language barriers, and unique host-nation processes hindered access and potentially delayed care.

- Ineligible for TRICARE: DoD civilians, contractors, and their dependents in Japan do not have access to the patient-centered care coordination, cash-less/claim-less billing system, and translation services available to TRICARE-eligible beneficiaries in Japan through the international TRICARE regional contractor, International SOS.
- Lack of Awareness: DoD civilians, contractors, and their dependents lack awareness that care in MTFs may be limited in capability in some locations and may be available on a space-available and reimbursable basis, only.
- MTF Equipment Gaps: Staff training and equipment gaps at MTFs in Japan.

## **2. SHORT- AND LONG-TERM ACTIONS BEING TAKEN TO ADDRESS EACH BARRIER AND INCREASE ACCESS TO HEALTH CARE BY DHA AND THE MILITARY SERVICES**

The Department identified short- and long-term initiatives to resolve identified barriers. DHA implemented several initiatives within six months to mitigate identified barriers.

- Actions addressing limited MTF capabilities:
  - a. DHA supplemented care available in MTFs by providing additional behavioral health (BH) support via telehealth capabilities from contiguous United States resources. The DHA BH Resources and Virtual Experience program has expanded its hours of operation to provide BH services to active duty Service members and their adult family members.
  - b. Continuing the response actions for increased emergency medical response, the Air Force expanded trauma support with additional staff at each Air Force MTF in Japan. DHA MTFs at Misawa and Yokota Air Bases (ABs) implemented a plan to rotate emergency room physicians to augment emergency medical response capabilities. In addition, the Air Force Medical Service implemented a phased plan to increase the number of trauma nurses over the next three assignment cycles. Finally, nine active duty paramedic billets were added to Misawa, Yokota, and Kadena ABs' personnel manning requirement to provide emergency medical and transport operations.
- Actions addressing cultural differences:
  - a. MTF leadership and local Japanese hospital leaders began to meet monthly to foster a collaborative relationship of support and mutual understanding of care coordination to support health care in Japan for DoD personnel.
  - b. International SOS conducted a comprehensive review of host nation providers that require translation services in the coordination of patient care referrals to the local Japanese healthcare system. International SOS' identification of translation

needs by provider allowed International SOS to enhance translation services and better support TRICARE-eligible beneficiaries' healthcare needs.

- c. DHA prioritized hiring master labor contract personnel at primary installations to aid in translation services and care coordination, to provide additional translation capabilities to supplement translation services arranged by International SOS.
- Actions addressing lack of awareness:
  - a. On April 4, 2024, the then-Acting Under Secretary of Defense for Personnel and Readiness signed a memorandum directing civilian appointing authorities use a template statement of understanding to provide written notice to selectees on health care at MTFs in Japan prior to acceptance of employment offers to ensure they understand the conditions regarding access to medical and dental care and other health-related services in that location. In addition, DoD Components have been instructed to provide comprehensive health care and insurance information to DoD civilian employees who are considering overseas employment.
  - b. DHA and OASD(HA) developed a collaborative communications outreach plan to engage beneficiaries, civilian employees, contractor personnel, and family members to provide information on initiatives to navigate their healthcare options.
- Action addressing MTF equipment gaps: Civilian nurses completed additional trauma training to provide stabilization during emergent, life-threatening events, to enhance emergency response.
- The following actions address MTF equipment gaps and limited MTF capabilities:
  - a. DHA provided healthcare management training to MTF practice managers to enhance access to care and increase capacity to provide care on a space-available basis. DHA training focused on optimization strategies to improve patient utilization rates of existing resources, utilize standard workflows, and review policy guidance to increase functionality with the new electronic health record system, MHS GENESIS.
  - b. DHA streamlined medical logistics processes to facilitate equipment purchases, especially for capabilities to enhance emergency services. Naval Hospital (NH) Okinawa and NH Yokosuka procured emergency medical supplies and equipment to provide increased patient stabilization during trauma cases. Several DoD installations also obtained additional ambulances from United States Army installations in South Korea to expand capabilities or replace older vehicles in their inventory.
  - c. DHA enhanced diagnostic capabilities at MTFs in Japan. NH Okinawa purchased an ultrasound machine to provide expanded functionality and intends to procure an additional magnetic resonance imaging (MRI) machine to enhance imaging

capabilities for its patients. NH Yokosuka is also procuring an MRI machine. The 374th Medical Group at Yokota AB expeditiously replaced its washer/sterilizer to increase sterilization throughput and ensure sustained patient safety efforts. Finally, DHA expanded its tele-critical care program to support NH Yokosuka, which provides reliable, safe, expert advice by connecting the MTF with highly trained intensivists and other specialists at major DoD medical facilities in the United States.

DHA continues implementation efforts on several longer-term initiatives to enhance access to care for DoD personnel in Japan.

- Long term action to address ineligible for TRICARE: DHA is piloting a “wrap around” contract to provide advanced support to civilians accessing Japanese health care through healthcare finder services, direct billing agreements, and reimbursement processes.

**3. ASSOCIATED COSTS FOR SHORT AND LONG-TERM ACTIONS TAKEN**

DHA and the Military Medical Departments funded short and longer-term initiatives through existing budgets allocated for training, equipment, facility maintenance, technology enhancements, and operational expenses. DoD did not make any additional funding requests to resolve or mitigate barriers.

The following table outlines the total cost associated with each of the different action items:

“Wrap Around” Health Services Pilot Contract	\$3,655,000
MRI Machine	\$3,500,000
Emergency Medical Supplies	\$2,006,989
Emergency Medical Equipment	\$1,320,134
Annual Emergency Department Physician Manning Assists	\$108,000
Tele-ICU System	\$85,000
Ultrasound Machine	\$68,623
Washer/Sterilizer	\$63,310
TNCC training	\$2,300
Total	\$10,809,356

**4. AVAILABLE FUNDING WITHIN DOD AND THE MILITARY SERVICES’ FISCAL YEAR (FY) 2024 BUDGET AND THE PRESIDENT’S BUDGET REQUEST FOR FY 2025 TO COVER THESE COSTS**

The DoD and Military Departments’ President’s budget request for FY 2025 includes provisions to sustain these initiatives and ensure continued improvement in access to health care for Service members, dependents, civilians, and contractors in Japan.

## **5. CONCLUSION**

The actions taken by DHA and the Military Services have strengthened the relationship and mutual understanding between MTFs and local healthcare providers. These initiatives have enhanced the MTFs' ability to deliver care on-site and coordinate more effectively when external care is needed. DoD installations are better equipped to respond to emergency medical calls and facilitate inter-facility transport. The procurement of additional supplies and medical equipment will expand services offered and assignment of additional medical personnel will further contribute to emergency medical operations and reduce risks associated with patient stabilization. The Department will continue to work to enhance access to health care for Service members, civilians, contractors, and their family members in Japan.