

DISTINGUISHED VISITOR TOWN HALL
YOKOTA BASE THEATRE
30 JAN 23 AT 1600

Paraphrased Summary

Opening remarks:

- 2 big ongoing changes with DHA which will take time, including taking over the health system and transitioning to electronic health records (finish EOY 2023 CONUS, OCONUS in 2024).

Q&A

1. Need for medical care for civilian hires – I'm losing 2 new-hires due to lack of medical resources because of policy change. A third is planning to leave early. We believe many will leave while others will no longer come, and it will greatly impact the mission. We must prepare those who are applying. Please address this.

Answer:

- a. This is the primary reason we are here today. We understand that civilians are a critical part of the mission. The DHA memo came out in October. New and existing Access to Care metrics for Active Duty were not being met. By fixing that, Space A got squeezed unintentionally. It didn't change access to Space A, but it reiterated categories of care that always existed.
- b. Rahm Emmanuel talked to our boss, the Secretary. We realized it was time to pay attention to what is happening in Japan. Working groups are meeting to address this. No permanent solutions yet, however, this meeting is to listen to you and find out more.
- c. We understand that while the Japanese healthcare system is excellent it does not always meet the needs or wants of your family.

2. EFMP – OSS Key Spouses noted common denominators including problems with HIPPA. If HIPPA is not being violated, why can't the service member be CC'd on emails between bases for PCSing? Service members need to be involved for smooth services, without this involvement they are experiencing delays and cancellations.

Answer: Working to improve the EFMP process. New instruction is coming out (no date). Want to consolidate & streamline method for all services.

3. CDC: Where does the price bracket for service members paying for CDC come from?

Answer:

- a. There is a team that studies and develops price brackets. Studied & updated annually.
- b. Childcare is a national problem and readiness issue. Struggle to hire and build CDCs. Incentive: 50% discount for first child and services can offer more. We are working to build more CDCs.

4. Why does the MDG have a lack of testing supplies for COVID during peak season? Asked for RSV test but not enough supplies.

Answer: I have no idea. That's a supply chain issue, we can take that down to look into it.

5. We are forced to live on base, but we don't receive OHA, and we cannot control anything in our house (e.g. controlling heat/air, new thermostats don't allow the house to actually heat up) – what can we do?

Answer: Need to take question back to counterparts who handle housing. You should be able to control your head. Living on the base is a chain of command issue.

6. Is it accurate that the Space A restrictions happened because civilians were taking space and resources from active duty? Is it true that funding for MTFs is based on Active duty patients only? Why can we not fund the actual population, when civilians are necessary for the mission?

a. Depends on the MTF. Sometimes it's a staffing issue because members who PCS are not backfilled.

b. Yes, MTF funding is based on active duty patients only based on congress, on law.

c. To make DOD civilians a beneficiary of DoD/TRICARE is an act of Congress. To give them more space available with current resources is an act of regulation. If it takes legislation to change things we will advocate for that too. But that will take a long time. To make everyone a tricare beneficiary is a big ask with a big pricetag because then why only implement it in Japan? Why not all overseas locations? Why not in the states? Our goal is to make tweaks to increase Space A. Just so you know the ambassador and your leadership spoke to us from the moment we arrived about the importance of these issues. We hear you.

7. DoDEA Question: why are there extra requirements for OCONUS students? Why is DoDEA cutting teachers instead of cutting extra unnecessary required classes?

Answer:

a. DoDEA is not cutting teachers, we are trying to hire.

b. DoDEA scores have risen. We offer AP classes. We want to challenge students and help them succeed.

b. Pushing for universal Pre-K in our schools.

8. We want to ensure you receive accurate information that reflects what's happening on the ground. Though you mentioned Space A hasn't changed, how we experience it has changed radically. No more chronic or routine care, etc.

Answer: meant to say the policy has not changed but I absolutely understand the changes you are referencing.

9. a. Denials of care are a problem. Lists recent examples - woman denied by 50 birth clinics because she takes mental health medication. An injured child of an active duty family and a civilian heart attack victim both denied emergency care. This endangers active duty too. Noted that it is not just an inconvenience to go off base; U.S. standard care is often not available, spanning EpiPens, asthma, ADHD medication, thyroid, etc. 10 people have died in the last 2 years because of access to healthcare issues. People come uninformed with expectations that emergency care is available.

-Answer: I don't disagree with anything you just said. There's a lot of cultural barriers we're learning about. The ability to deny an emergency is beyond me. That's why we're here – to

listen, to make changes when we go back. You're right this affects active duty as well. We have a working group

b. Suggestion: the last GAO study about obstacles to care in the pacific was in 2000. It describes the same issues we are describing today. If you need new data to confirm the old data, a new GAO study might help with legislation proposal.

-Answer: We can hire people to do the research and make the recommendations for changes that need to be made. Some of it will need to come from working with the Japanese government.

c. audience member: It's not a GOJ problem it's a US problem.

Answer: I hear what you're saying, but to her point if there's an accident off base they need to get help.

d: Audience member: what about on base?

Answer: well on base hopefully they will be treated at the MTF.

Audience: that's the problem, they can't treat us in emergencies.

Answer: I hear you.

e. Original speaker: There is warranted frustration in the audience, however I want you to know about the many hopeful messages we've received because of your visit as well.

9. COLA: Why the fluctuations?

Answer:

a. COLA is focused on the strength of the dollar in the community. Compared to the yen, dollar is doing very well. I put in a request for president to look into Quarterly Review for Military Compensation. Look at housing allowance and COLA.

b. To help, put a 90 day freeze at EOY on COLA; NDAA also noted that COLA can be adjusted only 2x a year for downward adjustments (anytime for upward adjustments)

c. Inflation also impacts how we determine COLA. We need to determine how to add that.

10. a. Why wasn't OPM involved in informing all of the tenant commands, employers, and HR? No one received accurate or timely information.

Answer: The roll-out could have been done better, it should not have been so immediately implemented.

b. GAO report: Is one being worked on by your working group?

Answer: Must be asked for by Congress. Contact your representatives.

c. Did this rollout include a risk assessment of Japan's medical capabilities? Were you aware of these issues beforehand?

Answer: this is unique to japan. We haven't had this problem elsewhere. It didn't really come to our attention until the fall, now here we are in January with a working group.

d. Our SOFA status does not guarantee healthcare. We do not have a trauma certified MTF. Is your working group considering freezing or rolling back the directive?

Answer: I can't promise anything but there a lot of things on the table and we will take that suggestion too.

e. Working group minutes are regularly received by Yokosuka – do other commands get that too?

Answer: It's DoD internal.

f. Are DoD civilians part of the total force?

Answer: Yes.

11. I understand that the intent of this policy is to preserve access to care and readiness for military members but are the second and third order effects being considered? For example when military members kids can't get speech therapy because you cannot hire DoDEA teachers because they can't get healthcare?

Answer: a. We understand that. A lot of these issues have existed before – as mentioned earlier, it has existed for 20 years. This won't be solved by our working group. We can try, we can think of some short term and long term solutions but it won't fix everything.

12. I have lived in Japan for 12 years, with many experiences with the Japanese medical system and it's still confusing. Suggestion – outreach to Japanese medical professionals to speak at Newcomer's training.

Answer: Col Roddan will take this suggestion and look in to it.

13. Housing: Quality of buildings – no insulation,, can hear people walking above you. Affects readiness because of shift work.

Answer: Housing doesn't fall under these guests. Will take it back to counterparts.

14. Retiree: I have TRICARE but Dental is very difficult. I schedule vacation back to Hawaii to take care of Dental needs even though I pay for dental with Tricare. Can you make dental available on base for paying patients?

Answer: a. Services own the personnel, and DHA owns the system. We work together to meet goals.

b. Would you feel comfortable if you had a translator?

Retiree: No, the dental service is not the same off base.

15. There has been a military presence in Japan since the 1940s but it seems that there are knowledge gaps in these policies and these issues are a surprise to decision makers. Are any members of working groups/teams that have Japan experience or on the ground information?

a. Yes. Time difference, language difference are difficulties, you are far from the flagpole. But those on the working group are from INDOPACOM. If no one on the list is from Japan, we could perhaps volunteer someone.

16. How do we volunteer for the Working Group? No answer

Closing remarks, expressed thanks, reassurance that solutions are in the works and Japan concerns have been heard.