DEPARTMENT OF THE ARMY
CHIEF OF STAFF, ARMY RETIREE COUNCIL
OFFICE OF THE DEPUTY CHIEF OF STAFF G-1
300 ARMY PENTAGON
WASHINGTON, DC 20310-0300

DAPE-HRR 26 April 2013

MEMORANDUM FOR CHIEF OF STAFF, ARMY

SUBJECT: Annual Report of the Chief of Staff, Army Retiree Council

1. The fifty-third meeting of the Chief of Staff, Army Retiree Council was held at the Pentagon, 22-26 April 2013. The Council is established in accordance with Army Regulation 600-8-7, *Retirement Services Program*, and administered under a charter approved by the Secretary of the Army. The Council represents slightly over one million Retired Soldiers and Surviving Spouses.

2. The Council extends its gratitude to the Honorable Frederick Vollrath, Assistant Secretary of Defense for Readiness and Force Management, the Honorable Jose Riojas, Interim Chief of Staff and Assistant Secretary for Operations, Security and Preparedness, Department of Veterans Affairs, GEN John Campbell, Vice Chief of Staff, U.S. Army, and SMA Raymond Chandler III for their strong support of the Retiree Council and their update on issues impacting current and future Retired Soldiers and their Families. Our thanks, also, to LTG Howard Bromberg, the Deputy Chief of Staff, G-1, U.S. Army, whose discussion of current personnel and resource challenges provided Council members with timely information on critical Soldier issues and programs. Finally, our thanks again this year to MG Thomas Vandal, Director of Operations, Readiness and Mobilization, Army G-3/5/7, for another superb update on current Army operational issues.

3. **Health Care**: Council members greatly appreciate the ongoing health care initiatives briefed by LTG Patricia Horoho, Army Surgeon General, and Ms. Mary Kaye Justis, Acting Deputy Director, TRICARE Management Activity. Their thorough overview of key ongoing health care actions will enable Council Members to articulate adequately many of the concerns expressed by Retired Soldiers and their Families. This is particularly significant as health care continues to be the highest priority issue and greatest concern for Retired Soldiers.

Recommendation a: If an increase of TRICARE fees must be implemented by the DOD, increases should not, under any circumstances, be tied to the annual health care inflation rate. We appreciate the fact that fees have remained and continue to be tied to the retired pay cost of living adjustment in the FY14 DOD budget proposal and believe it must continue that way to ensure special consideration is given to not overburdening Retired Soldiers on fixed incomes, the vast majority of whom are E7 and below.

Recommendation b: Regarding the proposal to change TRICARE Prime services for Military Retirees and their dependents living more than 40 miles from a military treatment facility, the Council recognizes this change was placed in the TRICARE contract approximately three years ago. The Council believes that disenfranchising 171,000 Retirees/Families from TRICARE Prime, further causing them a loss of discretionary income and continuity of care, is not in keeping with the intent of the Soldier for Life Program.

Recommendation c: Support legislation to authorize pretax payment of TRICARE enrollment fees and premiums for TRICARE supplemental, long-term care, and TRICARE dental insurance.

4. **Retirement Services, Strategic Communications and Education**: Council members would like to thank LTG Michael Ferriter, CG, Installation Management Command (IMCOM), for taking the time to brief ongoing initiatives, issues and his standards of service regarding Retired Soldiers and their Families. We fully appreciate the current resource environment and the attendant challenges. However, it is the opinion of the Council that due to competing demands and continued budget shortfalls, the installation standard of service has been diffused as priorities and resources are interpreted at installation level. Therefore, actual service ranges from excellent to needs improvement.

Importantly, consistent day to day quality support of our Retiree constituency across the Army's components is critical. To accomplish this requires experienced professionals and adequate uninterrupted resourcing. We believe it essential and strongly recommend that Retiree Services be prioritized and resourced as a "must fund" program at Department of the Army level and resources fenced to ensure execution is not impacted at lower levels by sequestration or other resourcing shortfalls. To justify requirements and document results, the Council believes all Components should establish measurable Standards of Service at the point of execution and a process to track them. Your Retiree Council volunteers to work with IMCOM and the appropriate Department of the Army Staffs to assist them with task identification and process establishment. Retired Soldiers and their Families are being asked to be lifelong Ambassadors for our Army, most recently, in the Soldier for Life program. To enable that effort, support of Retired Soldiers and their Families must have a *human face* on it and be viewed as an asset, not a liability or just another resource consumer.

The achievements of the past year and the ongoing initiatives to strengthen the Reserve Component retirement program briefed by LTG William Ingram, Director, Army National Guard and CSM Brunk Conley, Army National Guard and by MG Marcia Anderson, Deputy Chief, Army Reserve will provide the initial foundation for Reserve Component

Soldiers' informative and positive transition into retirement. The ongoing collaboration in the retirement transition process among the DA Retirement Services Office, the Army National Guard, and the Army Reserve is invaluable for all Soldiers and their Families as they start their retirement planning. We greatly appreciate the outstanding effort and applaud the results made over the past year.

We also want to thank BG Gary J. Volesky, Chief of Public Affairs, for his comments regarding the Army's current strategic messaging and support of Retired Soldiers. He solicited our support to reach out, make contact, tell the Army story and provide feedback. We agree that current and future Retired Soldiers are potentially the most credible ambassadors of our Army. The Council is prepared to partner as another of your assets to ensure the Army story is accurately told and disseminated across America, especially regarding initiatives affecting Retired Soldiers and their Families.

Recommendation a: Support the Retiree Council co-chairs work with IMCOM and the Army Staff to develop and put in place measurable Standards of Service at the installation point of execution and a process to track them.

Recommendation b: That Retiree Services be prioritized as a "must fund" program at Department of the Army level and resourcing fenced to ensure execution is not impacted at lower levels by sequestration or other resourcing shortfalls. Focus will be standardization of Retiree Services execution for all installations/garrisons worldwide, to include, pre- and post-retirement services, funding/support of Retiree Council/ Appreciation events, management of Gray Area Retirees (those retired from the Reserve Components, but not yet eligible to draw retired pay) and general outreach and engagement of the Army's Retiree community.

Recommendation c: That IMCOM resource and require all Army installations to standardize RSO positions IAW Army standards at the grade of GS13. In addition, complete the formal establishment and documentation/authorization of Retirement Services Offices and their positions at major Army Reserve and Army National Guard commands to ensure all retiring (regular and Gray Area), Retired Army Reserve and National Guard Soldiers, their Families, and survivors are properly informed about retirement-related benefits and entitlements prior to retirement and tracked until retired pay begins.

Recommendation d: That HRC reviews the process for adding retiring Soldiers to its Gray Area Retiree database to ensure these Soldiers are properly <u>identified</u>, <u>integrated</u>, and <u>tracked</u> until their retired pay begins. In addition, recommend HRC scrubs their current data base to ensure only those eligible for retired pay receive an application for retired pay. If HRC is unable to execute this recommendation, the Army should request

Defense Finance and Accounting Service (DFAS) establish files on all Gray Area Retirees.

Recommendation e: Review impacts at joint base locations to ensure the transition of mission command to "other than Army control" has not adversely affected delivery of retirement services and reduced it below Army standards.

Recommendation f: In support of your Soldier for Life program, recommend clearly identifying the importance of Retired Soldiers by including them in senior leader talking points, Leader Courses (e.g. Garrison Leaders Course, Commanders and Command Sergeants Major Pre-Command Course (Ft Leavenworth), Warrant Officer Career College, and the Sergeants Major Course), the IMCOM CG's Top 10 priorities and the Army Family and Community Covenants. We believe this action will foster a stronger culture of Retired Soldier support with higher priorities at every garrison.

Recommendation g: Sustain Army funding for printing three editions of Army *Echoes* each year. This is essential for keeping Retired Soldiers and Surviving Spouses informed and current on legal and entitlement/benefit issues as well as Army programs, initiatives, and policy changes. Significant progress continues in migrating Retired Soldiers to *e-Echoes*. As a result, the Army's bill has been reduced from $2M to $750K. To sustain progress, the Army should expand efforts to create and maintain electronic media that will maximize electronic delivery of *Echoes* and reduce the costs of the hard copy publication.

Recommendation h: Add the value and contributions of Retired Soldiers to DA-developed senior leadership materials and talking points that tell the Army story. We believe doing so will provide better visibility of what Retired Soldiers provide to our Army, reinforce and encourage subordinate commanders to engage, support, and involve Retired Soldiers within their communities, and educate external audiences that Retired Soldiers are not a corporate resource, but an integral part of the institutional fabric of America's Army.

Recommendation i: The CSA Retiree Council recommends allowing Military Retirees to use Military One Source, which is an internet based information and referral service that provides access to many resources, including referrals for tutoring services for children, counseling services, and financial services.

5. **Benefits**: Council members appreciate the significant amount of work that the DFAS continues to do in the area of customer service. Mr. Tom McKenna, Deputy Director, Retiree and Annuitant Pay, and his team have implemented process improvements which clearly focus on best practices in customer support and efficient customer service. We appreciate him taking time to update us.

Recommendation a: Acknowledge spouses' long-term commitment to the Army by issuing them an indefinite ID card at age 65. The CSA Retiree Council recommends the issuance of permanent IDs for spouses and surviving spouses IAW the June 2012 Joint Uniformed Services Personnel Advisory Committee recommendation to OSD allowing Retired Soldiers' spouses and surviving spouses to obtain a permanent ID cards at age sixty-five if they purchase Medicare Part B. Those spouses and surviving spouses who do not purchase Medicare Part B at age sixty-five will still have to renew their ID cards until they reach age seventy-five because the recertification process decreases the probability and extent of fraud.

Recommendation b: Recognize the contributions of Surviving Spouses by authorizing space available air travel. This will send a strong message that their support of the Army will not be forgotten after the deaths of their Soldiers. Congress has directed DOD in the FY13 NDAA to do a Space A Travel Study, in which surviving spouses were specifically required to be addressed. We are hopeful this foretells a positive result.

6. Council members recognize the significant resource challenges facing our Army due to sequestration, the resultant declining budget, and the resulting impact on personnel and programs. In this environment, Retired Soldiers recognize they are Soldiers for Life and will be needed more than ever. As part of the Army team, we will continue to do our part in telling the Army story and providing support wherever and whenever needed. The ongoing contributions and volunteer service of so many of the one million plus Retired Soldiers and Surviving Spouses demonstrates our commitment to our Army, its active duty force, its Retired Soldiers, and Family Members.

7. Council Members extend their thanks and appreciation for the outstanding support and assistance provided by Mr. John Radke, Department of Army Retirement Services Office, and his staff during the Council meeting. We also extend our thanks to the distinguished guest speakers listed at Enclosure 1 for the invaluable information and insight they provided.

8. Council members participating in the meeting are listed at Enclosure 2.

9. Ongoing issues from previous sessions the Council supports and recommends continued Army engagement are listed at Enclosure 3.

SUBJECT: Annual Report of the Chief of Staff, Army Retiree Council

10. CSA Retiree Council Installation Report at Enclosure 4.

KENNETH O. PRESTON
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman

JAMES J. LOVELACE, JR.
Lieutenant General
U.S. Army, Retired
Co-Chairman

Enclosures
1. Guest Speakers
2. Council Members
3. Unresolved Issues
4. CSA Retiree Council Installation Report

STILL PROUD - STILL SERVING - STILL SALUTING

GUEST SPEAKERS

Honorable Frederick E. Vollrath, Asst Sec of Def for Readiness and Force Management

Honorable Jose D. Riojas, Interim Chief of Staff & Asst. Sec for Ops, Sec, and Prep, Department of Veterans Affairs

General John F. Campbell, Vice Chief of Staff, United States Army

Mr. Mark Lewis, Deputy Chief Management Officer, United States Army

Lieutenant General Howard B. Bromberg, Deputy Chief of Staff, G-1, United States Army

Lieutenant General William E. Ingram, Jr., Director, Army National Guard, United States Army

Lieutenant General Michael Ferriter, CG, Installation Management Command

Lieutenant General Patricia Horoho, Surgeon General, United States Army

Lieutenant General Robert F. Foley, USA (Retired), Director, Army Emergency Relief

Major General Thomas S. Vandal, Director of Operations, Readiness and Mobilization

Major General Marcia M. Anderson, Deputy Chief, Army Reserve, Office of the Chief, Army Reserve

Brigadier General Gary J. Volesky, Chief of Public Affairs, United States Army

Mr. Michael P. Howard, Chief Operating Officer, AAFES

Colonel Michael A. Coss, Director, Soldier of Life Program

Mr. John W. Radke, Chief, Army Retirement Services, Office of the Deputy Chief of Staff, G-1, United States Army

Sergeant Major of the Army Raymond F. Chandler III, Sergeant Major of the Army, United States Army

Command Sergeant Major Brunk W. Conley, Command Sergeant Major, Army National Guard, United States Army

GUEST SPEAKERS (cont)

Ms. Mary Kaye Justis, Acting Deputy Director, TRICARE Management Activity, Office of the Assistant Secretary of Defense for Health Affairs

Mr. Mark Overberg, Deputy Chief, Army Retirement Services, Office of the Deputy Chief of Staff, G-1, United States Army

Mr. William Hursh, SBP Policy and Program Manager, Army Retirement Services, Office of the Deputy Chief of Staff, G1, United States Army

Mr. John Angler, My Army Benefits Program Manager, Army Retirement Services, Office of the Deputy Chief of Staff, G1, United States Army

Mr. Thomas McKenna, Deputy Director, Retired and Annuity Pay, Defense Finance and Accounting Service

2013 CSA RETIREE COUNCIL ROSTER

CURRENT MEMBERS

NAME	***IMCOM REGION***	***INSTALLATION***
Co-Chairmen:		
LTG James J. Lovelace, Jr.	At-Large	At-Large
SMA Kenneth O. Preston	At-Large	At-Large
Members:		
COL Michael R. Molosso	Atlantic	Fort Jackson
COL Eileen K. Watson	Atlantic	Fort Stewart
COL Alphonso W. Knight, Jr.	Central	JB Lewis-McChord
MAJ Edwin S. Stone	Central	Fort Bliss
MAJ James R. Cunningham	Central	Fort Sam Houston
CW5 Robert L. Huffman	Atlantic	Fort Campbell
CSM Elijah King, Jr.	Central	Fort Hood
CSM Jackie Moore	Central	Fort Huachuca
CSM Robert Henault	Korea	Korea
CSM William E. Hoffer	Atlantic	Carlisle Barracks
SGM David B. Stewart	Europe	USAREUR HQs
SFC Susan J. Woods	Central	JB Lewis-McChord

Encl 2

ONGOING INITIATIVES

1. Continue to support the ongoing efforts between the Department of Defense and the Department of Veterans Affairs to improve the compatibility of the two health care systems to preserve and improve the benefits for all beneficiary groups.

2. Support efforts to provide full concurrent receipt of military retired pay and disability compensation to all eligible military retirees regardless of disability rating or years of service.

3. Support the DFAS initiative to forgive any overpayment of retired pay for any period after the date of death of a Retiree through the last day of the month in which death occurs.

4. Support a test program under which Retired Soldiers who are supported by APOs in Germany be allowed to send and receive parcels weighing up to 5 pounds, for the purpose of quantifying impacts. The three Service Retiree Councils have repeatedly supported a test program and senior leaders in Europe (USAREUR and USEUCOM) and Korea (USFK) have requested the amendment of Military Postal System (MPS) rules to authorize mail privileges for Box R (military retirees) for parcels up to 5 pounds. However, OSD has disapproved those requests citing assumed increases in cost and workload. This issue remains the top quality of life issue, after health care, for military retirees residing in Europe and the Pacific.

DEPARTMENT OF THE ARMY
CHIEF OF STAFF, ARMY RETIREE COUNCIL
OFFICE OF THE DEPUTY CHIEF OF STAFF G-1
300 ARMY PENTAGON
WASHINGTON, DC 20310-0300

DAPE-HRR

26 April 2013

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army Retiree Council Report

1. The fifty-third meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 22-26 April 2013. The Council is established in accordance with Army Regulation 600-8-7, "Retirement Services Program" and is administered in accordance with its charter, which is approved by the Secretary of the Army. The Council represents slightly over one million Retirees and Surviving Spouses.

2. The Council members reviewed and discussed 20 issues submitted by 12 Installation Retiree Councils. The issues submitted with Chief of Staff, Army Retiree Council comments are at Enclosure 1.

KENNETH O. PRESTON
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman

JAMES J. LOVELACE, JR.
Lieutenant General
U.S. Army, Retired
Co-Chairman

Enclosures
1. Installation Report

DISTRIBUTION:
SPECIAL

Encl 4

ISSUE: 01-01-2013

INSTALLATION/GARRISON/ASCC Council: Fort Drum, NY Retiree Council

SUBJECT: Contemplated Healthcare Cost Increases

DISCUSSION: The budget proposal envisions raising healthcare fees by $1,000 to $2,000 per year for retired military Families. Retirees oppose this as an unfair change after the promises of current benefits induced generations of service members to pursue arduous careers in uniform. Career military people prepay a very steep premium for their healthcare in retirement through decades of service and sacrifice unparalleled in the civilian work sector.

The budget proposal also includes an annual enrollment fee for TRICARE for Life (TFL). In addition to the normal Medicare Part B premium, Retirees would be asked to pay TFL premiums. Associated cost increases will affect those that can least afford it. An elderly Retiree is no longer part of the work force and has no reasonable means to offset these increases. The COLA increases, if any, are helpful and are used to finance the increases that they were designed for: food, clothing, fuel, housing, etc. not the unexpected cost of a staggering increase in health insurance.

Proposed increases would far outstrip annual retired pay increases and greatly erode retired compensation value. The FY2012 Defense Authorization Act established that annual fee increases should not exceed the percentage growth in military retired pay. Fee hikes of up to $2,000 a year for those who served decades are inappropriate.

A crucial element to sustaining a high-quality, career military force is establishing a strong bond of reciprocal commitment between the service member and the government. If that reciprocity is not honored, eroding trust will inevitably impact retention and readiness.

RECOMMENDATION: We understand that the DoD budget must play a role in helping to solve the nation's budget crisis and that military personnel will play a role in that sacrifice. We must remind all parties concerned that military health care is NOT an entitlement but an earned benefit. This is a key differentiator from entitlement programs and should be explained to all our elected officials as they examine possible budget cuts.

There are far more effective and appropriate ways to control military health care costs than massive beneficiary fee increases that break faith with long-serving families and reduce career service incentives. The military retirement and health insurance package is the primary offset for the extraordinary demands and sacrifices inherent in a multi-decade military career. The decades of service and sacrifice constitute a very large, pre-paid premium for Retirees' health insurance in retirement, over and above what they pay in cash. Limit the percentage growth in TRICARE fees in any year to the percentage growth in military retired pay.

APPROVED BY INSTALLATION RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) William Murphy, Officer Co-Chair

CSA RETIREE COUNCIL COMMENTS: The Council agrees that Military Retirees paid a huge upfront premium of service to earn their health coverage in retirement. We stand ready to support our Army and are aware of its fiscal challenges. MEDICARE eligible Soldiers and spouses are required to pay for Medicare Plan B which is about $1300 per year per Retiree ($2600 with spouse) as a prerequisite to receiving TRICARE For Life. Placing an additional financial burden on Retired Soldiers at a time in life when they are living on fixed incomes is unacceptable.

Using a 4 Tier System is another name for "Means Testing" which is used in various welfare programs, social insurance programs and other UNEARNED benefits provided as a government gift or safety net for those in need. Military health care benefits are EARNED benefits. Service and sacrifice constitute the military's (enormous) prepaid premiums. Tiering is punishing those who served the longest and most successfully.

Enrollment fees should never be tied to medical inflation. Doing so does not provide an incentive for the medical system to cut costs, streamline performance and improve prevention programs.

Should an increase in TRICARE fees be unavoidable, these fees should be based on the retired pay COLA.

ISSUE: 01-02-2013

INSTALLATION/GARRISON/ASCC Council: Fort Leonard Wood, Missouri Retiree Council

SUBJECT: $708 million TRICARE Surplus

DISCUSSION: Defense officials had projected big increases in TRICARE cost in the current fiscal year. However, in the first six months of the fiscal year private sector care cost for retirees actually fell 2.7 percent. This $708 million surplus indicates that there was no reason to increase individual and family TRICARE fees.

RECOMMENDATION: Senior leadership of the Army must be very vocal against balancing the budget on the backs of military retirees.

APPROVED BY INSTALLATION RETIREE COUNCILCHAIRPERSON: CSM (Ret) Julius Nutter

CSA RETIREE COUNCIL COMMENTS: The Chief of Staff, Army Retiree Council agrees with this issue. It disagrees with the "DoD view that the reprogramming request is a separate issue from TRICARE fees increase request". The TRICARE Management Activity should be able to explain to Retirees, in language they can understand, the reasons for the TRICARE surplus. Programming is currently based on the Medical Inflation Index rather than a 5 year rolling experience rate (an average of the previous five years experience on a continuing basis).

As an incentive TRICARE should pass the "surplus" to TRICARE members, the true stake holders, by not continuing to request an increase in fees.

The Council also recommends DOD officials continue to review ways to reduce the Defense healthcare cost growth.

ISSUE: 01-03-2013

INSTALLATION/GARRISON/ASCC Council: Fort Leonard Wood, Missouri Retiree Council

SUBJECT: Proposal to change TRICARE Prime services for military Retirees and their dependents living more than 40 miles from a military treatment facility.

DISCUSSION: A total of 171,000 retirees and dependents are expected to have to shift their TRICARE Prime coverage when remote Prime networks go away. This change would cause military retirees and their dependents to incur more out-of- pocket expenses and longer drive times for their medical treatment. In addition, drilling National Guardsmen and Reservists living far from military bases could see increases to their health care cost if they use TRICARE Select when network providers are used.

RECOMMENDATION: Senior leadership of the Army must be very vocal against these types of healthcare changes that impact on the quality of life for military retirees.

APPROVED BY INSTALLATION RETIREE COUNCILCHAIRPERSON: CSM (Ret) Julius Nutter

CSA RETIREE COUNCIL COMMENTS: The Council recognizes this change was placed in the TRICARE contract approximately three years ago. The Council believes that disenfranchising 171,000 Retirees/Families from TRICARE Prime, causing them a loss of discretionary income and continuity of care, is not in keeping with the intent of the Soldier for Life Program.

ISSUE: 01-04-2013

INSTALLATION/GARRISON/ASCC Council: Fort Stewart, GA Retiree Council

SUBJECT: Addition to Next TRICARE for Life Contract Negotiation

DISCUSSION: With base closures, reduction in force, and personnel preference, over half of military Retirees live more than 50 miles from the nearest military installation. This distance makes the use of military facilities for the maintenance of good health difficult to impossible. Many other current MEDICARE supplements offer programs like "Silver Sneakers" to assist in the maintenance of good health for their retirees. For example, programs like "Silver Sneakers" offer gym memberships at no additional cost to their supplemental plan. On the other hand, military Retirees spend 20-30 years doing almost daily PT. Upon retirement, this opportunity is greatly diminished for a great majority of Retirees. If a program similar to "Silver Sneakers" were to become a part of TRICARE, it would provide an opportunity for all Retirees to have free access to a local gym, thus promoting healthy physical training. A return to the strong weekly PT of their active duty days, would surely rebuild resiliency; thus resulting in long term health care cost benefits to the Department of the Army.

RECOMMENDATION: TRICARE should include a program similar to "Silver Sneakers" to all Retirees at the next contract negotiation.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) Eileen K. Watson, Co-Chairperson, Ft. Stewart, GA Retiree Council
CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIREE COUNCIL COMMENTS: TRICARE for Life is not a contract, it is a secondary payer for Medicare Part B. The Council does not support this issue. The Council does recognize that it's cost effective to prevent illness rather than treat it, but questions the number of Retirees/Families who would use this program. The Council also is concerned any additional costs to the TRICARE for Life program would be passed onto all TFL members.

ISSUE: 01-05-2013

INSTALLATION/GARRISON/ASCC Council: Fort Stewart, GA Retiree Council

SUBJECT: Proposed Fee for TRICARE for Life (TFL)

DISCUSSION: A current proposal offered in order to help balance the national budget would charge TFL recipients a fee. Presently, TFL requires military Retirees eligible for MEDICARE coverage to select/maintain MEDICARE Part B in order to receive TFL coverage. Medicare Part B is not free. The average fee for MEDICARE Part B is $99.00, which is deducted from military Retirees' monthly Social Security payments. Retirees of upper income levels are subjected to higher payments. The mandate to purchase MEDICARE Part B in order to receive TFL means that TFL is also not free. If the proposal to charge TFL recipients a fee is passed, it will create an undue hardship. Paying a fee for both MEDICARE Part B and TFL medical coverage will not only cause financial hardships, but will also further erode an earned military benefit associated with military service and commitment.

RECOMMENDATION: Do not support the proposed fee for TFL. Military Retirees should not be subjected to double payments for health care.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) Eileen K. Watson, Co-Chairperson, Ft. Stewart, GA Retiree Council
CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIREE COUNCIL COMMENTS: The Council supports maintaining a fee-less TRICARE for Life. TFL acts as a secondary payer after Medicare. Medicare Part B's annual cost is four times more than the TRICARE Prime's annual cost. When Retirees reach age 65 and live on fixed incomes, they are already required to pay more for health care.

If an increase of TRICARE fees must be implemented by the DoD, increases should not, under any circumstances, be tied to the annual health care inflation rate. We appreciate the fact that fees have remained tied to Retiree COLA and believe it must continue that way to ensure special consideration is given to not overburdening Soldiers on fixed incomes, the vast majority being E7 and below.

ISSUE: 01-06-2013

INSTALLATION/GARRISON/ASCC Council: Joint Base Lewis McChord, WA Retiree Council

SUBJECT: Allow retirees to be seen at Satellite Medical Clinics who are within the designated driving distance of the Satellite Medical Clinics. This would increase the number of Retirees seen by the Military Treatment Facilities (MTF) doctors

DISCUSSION: Retirees outside the designated driving distance of a Military Treatment Facility are not allowed to be seen at the Military Treatment Facility. The Satellite Medical Clinics are established normally at the end of these designated driving distances. These Satellite Medical Clinics are already staffed with military doctors, nurses, and staff and may not be operating at full patient capacity. Allowing retirees to be seen would insure the Satellite Medical Clinics' full capacity and extend the designated driving distance without increasing the cost of Staffing.

RECOMMENDATION: Strongly urge a change to the policy which would allow Retirees' access to the Satellite Medical Clinics.

APPROVED BY INSTALLATION RETIREE COUNCILCHAIRPERSON: MG (Ret) Eugene L. Daniel, Fort Lewis Retiree Council Co-Chairman

CSA RETIREE COUNCIL COMMENTS: The Council supports optimal use of military health care facilities. In July 2012, by direction of the Army Surgeon General, enrollment in Community Based Medical Homes was opened to TRICARE Prime/Plus eligible beneficiaries.

The Council further encourages that information on the opening of military health care facilities being opened to TRICARE Prime/Plus eligible beneficiaries be better publicized in Army *Echoes* and other publications focused at Retired Soldiers.

ISSUE: 01-07-2013

INSTALLATION/GARRISON/ASCC Council: Joint Base San Antonio, Ft. Sam Houston Retiree Committee

SUBJECT: Retiree access to Primary Care Physicians (PCP) at Military Medical Facilities after age 65

DISCUSSION: Upon a Retiree's attaining age 65, going onto Medicare and utilizing TRICARE for Life, many are required to go to the civilian market for medical care. Present exceptions to this are those whose PCP is in an internal medicine clinic and who have received an exception and those who are under continued medical care for an existing medical condition. This causes the Retiree, who is forced to leave, excessive stress finding and establishing a relationship with a civilian physician who is not privy to their medical history. This really is probably only applicable to those Retirees who are close to a military medical facility such as SAAMC or BAMC. This also causes additional cost to TRICARE and in turn, DOD for the higher cost of civilian medical care.

RECOMMENDATION: Recommend that DA/DOD conduct a study as to whether it is more cost effective for 65+ retirees to be able to continue using local military medical facilities, their PCPs, and specialists as opposed to being forced to go to the civilian medical community. If this proves to be true, it not only would help those retirees, but would also add to the $1.3B surpluses for TRICARE that DOD has experienced over the past two fiscal years and further reduce TRICARE costs overall.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
BG (Ret) Daniel F. Perugini, Chairman, Ft. Sam Houston Retiree Committee
CSM (Ret) James Hardin, Co-Chairman, Ft. Sam Houston Retiree Committee

CSA RETIREE COUNCIL COMMENTS: The Council recognizes the validity of this issue and strongly supports the Army initiative reviewing options to "recapture" and enroll more Retirees (including over 65 age group) in local military medical facilities.

ISSUE: 02-08-2013

INSTALLATION/GARRISON/ASCC Council: Fort Leavenworth, Kansas Retiree Council

SUBJECT: Allowing military retirees to use Military One Source

DISCUSSION: Military One Source is an online resource for active duty military of all branches of service, National Guard and Reserve, and their Families. It is an Internet based information and referral service. It provides access to many resources: referral to tutoring services for children, counseling services, and financial services, to name a few. Military Retirees, to include recently medically retired personnel, are not eligible for membership with Military One Source but could benefit greatly from the information and referral capabilities.

RECOMMENDATION: That the Chief of Staff's Retiree Council endorse the addition of military retirees to the list of eligible personnel for Military One Source.

APPROVED BY INSTALLATION/GARRISON RETIREE COUNCILCHAIR-PERSON: COL (Ret) Norman Greczyn, Co-Chairman; SGM (Ret) Dennis Paxton, Co-Chairman

CSA RETIREE COUNCILCOMMENTS: The CSA Retiree Council concurs and recommends the endorsement of Military One Source for use by Military Retirees. Importantly, it supports the intentions of the Soldier for Life Program.

ISSUE: 02-09-2013

INSTALLATION/GARRISON/ASCC Council: Fort Leonard Wood, Missouri Retiree Council

SUBJECT: Proposal to change IRS code of 1986 to allow military retirees to get full tax credit for Medicare part "B"

DISCUSSION: Currently, military retirees must have Medicare part "B" in order to qualify for TRICARE For Life. Non-military retirees can get a tax credit for the cost of their Medicare part "B" insurance. The current tax code which does not allow military retirees to get the same tax credit is penalizing military retirees because they made the personal decision to make the military a career.

RECOMMENDATION: Senior leadership of the Army must be very vocal against these types of laws that penalize military retirees.

APPROVED BY INSTALLATION RETIREE COUNCILCHAIRPERSON: CSM (Ret) Julius Nutter

CSA RETIREE COUNCIL COMMENTS: This recommendation is based on an incorrect assumption. There is no difference in how the Internal Revenue Code (IRC) treats military and non-military taxpayers as to the deductibility of Medicare Part B premiums. While there is no "Tax Credit" for Medicare Part B premiums, the IRC allows all taxpayers (military or non-military) who itemize deductions to include a deduction for medical expenses. Authorized deductible medical expenses can include Medicare Part B premiums. However, taxpayers may only claim this medical deduction if their total medical care expenses for the year exceed 7.5% of their adjusted gross income (AGI). If a taxpayer's medical care expenses are relatively low, he or she is unlikely to reach the 7.5% threshold to deduct medical expenses. If the military taxpayer's total medical expenses for the year exceed 7.5% of their AGI, they can deduct their medical expenses, including Medicare Part B premiums. The CSA Retiree Council does not support the recommendation of the Fort Leonard Wood Retiree Council.

ISSUE: 02-10-2013

INSTALLATION/GARRISON/ASCC Council: Fort Stewart, GA Retiree Council

SUBJECT: Support for Senate Bill S. 3457

DISCUSSION: A key component of Senate Bill S. 3457 allows Veterans who have become infertile due to combat injuries to receive fertility treatments from the VA. An additional component of the bill allows the VA to provide adoption assistance to Veterans with infertility conditions incurred in combat. Additionally, the amendment includes a requirement for all Veterans to be provided with a Veterans' ID card regardless of whether the Veteran is receiving care from the VA

Currently, it is estimated that 1,830 Veterans of the wars in Afghanistan and Iraq have suffered genital or pelvic injuries which could affect their ability to conceive a child.

Approval of this bill will authorize the VA to cover the cost of in-vitro fertilization and other advanced reproductive technologies for Veterans and their spouses.

RECOMMENDATION: Express support for Senate Bill S. 3457. Passage of this bill would meet a particular need of war wounded Veterans regarding injuries which prevent them from being able to conceive and/or have viable adoption options...neither of which currently exists. The bill will support a key aspect of quality of life needs for wounded warriors.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) Eileen K. Watson, Co-Chairperson, Ft Stewart, GA Retiree Council
CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft Stewart, GA Retiree Council

CSA RETIREE COUNCIL COMMENTS: This is a legislative issue. The CSA Retiree Council recommends support of any legislation addressing reproductive problems related to injuries received in the line of duty. Furthermore, the CSA Retiree Council recommends that such legislation be extended through the Veterans Administration to incorporate those active duty members who have been similarly injured but remain on active duty.

SB3457 does not address infertility but rather VA jobs. Further research indicates that SB131 and HR958 do address infertility. We support fertility treatment and adoption assistance to include making special coding on Veteran's ID cards to indicate the level or lack of disability.

After briefings and discussion with the VA, it is readily apparent that VA does want to assist Veterans with these issues.

ISSUE: 02-11-2013

INSTALLATION/GARRISON/ASCC Council: Schofield Barracks, HI Retiree Council

SUBJECT: Privatized Army Lodging

DISCUSSION: The trend to convert military lodging to privatized commercial activities has resulted in an enormous increase in the space available charges to retirees. In Hawaii the average Retiree would have to pay about $150 for a one night stay in privatized lodging. The Navy at Joint Base Pearl Harbor Hickam charges $30 for luxurious accommodations.

RECOMMENDATION: Privatized Army Lodging has an adverse effect on military Retirees and the recommendation is that a military Retiree and their immediate family would get an automatic 50% discount from the current exorbitant rates. The Army needs to re-look lodging privatization and put an end to the inequities that have resulted.

APPROVED BY INSTALLATION RETIREE COUNCILCHAIRPERSON:
LTG (Ret) Allen K. Ono, Co-Chairman, U.S. Army Retiree Council Hawaii
CSM (Ret) Donald E. Devaney, Co-Chairman, U.S. Army Retiree Council Hawaii

CSA RETIREE COUNCIL COMMENTS: Army Lodging at Tripler Army Medical Center and Fort Shafter was privatized in August 2009 as part of the Privatization of Army Lodging (PAL) program with ownership transferring to Rest Easy LLC. Rest Easy is responsible for setting rates for unofficial travelers which are based on market conditions. Rates are set to cover expenses and ensure the recapitalization and long-term sustainment of the facilities. All proceeds after expenses are reinvested back in the properties. Rest Easy will invest $1 billion into their 39 privatized on-post lodging operations over the next eight years to renovate and replace the lodging. Tripler AMC and Fort Shafter are currently undergoing a $3 million dollar renovation on the 42 end-state rooms (55 rooms will be returned to the Army in FY14 for conversion to barracks).

Unofficial travel represents a very small percentage of the guests to the 97 rooms at Tripler Amery Medical Center and Fort Shafter. Prior to privatization, Tripler AMC and Fort Shafter averaged slightly less than 4 unofficial guests per night at rates of $71. Today, the average has risen to nearly 5 unofficial guests per night at rates of $142 (a 20% discount to the local $177 lodging Per Diem). While unofficial travelers are welcome to stay in the PAL hotels, the PAL Program's mission is to accommodate official travelers. The Hale Koa, an Armed Forces Recreation Center with retiree rates ranging from $118 to $222, may be better able to meet the needs of traveling retirees.

The CSA Retiree Council does not support this issue as put forward by the Schofield Barracks Retiree Council. Funds generated through Privatized Army Lodging (PAL) provide for capture of capital expenditures for current and future facilities. PAL is for

official travel. We would recommend that the Schofield Barracks Retiree Council see if they can work out a solution with the individual properties listed.

ISSUE: 02-12-2013

INSTALLATION/GARRISON/ASCC Council: Joint Base San Antonio, Ft. Sam Houston Retiree Council; Joint Base Elmendorf-Richardson, AK Retiree Council

SUBJECT: Space A Travel on Military Aircraft for Surviving Spouses

DISCUSSION: Upon a Retiree's death, the surviving spouse is no longer eligible to travel on military aircraft as a Space A traveler

RECOMMENDATION: Request that the policy be changed to allow unremarried surviving spouses of retirees to fly Space A on military aircraft at Category VI.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
BG (Ret) Daniel F. Perugini, Chairman, Ft. Sam Houston Retiree Committee;
CSM (Ret) James Hardin, Co-Chairman, Ft. Sam Houston Retiree Committee.

CSA RETIREE COUNCIL COMMENTS: The National Defense Authorization Act for Fiscal Year 2013 addresses this issue by requiring the Comptroller General of the United States to "conduct a review of the Department of Defense system for space-available travel. The review shall determine the capacity of the system presently and as projected in the future and shall examine the efficiency and usage of space-available travel." The review will include:
"(1) A discussion of the efficiency of the system and data regarding usage of available space by category of passengers under existing regulations; (2) Estimates of the effect on availability based on future projections; (3) A discussion of the logistical and managements problems, including congestion at terminals, waiting times, lodging availability, and personal hardships currently experienced by travelers; (4) An evaluation of the cost of the system and whether space-available travel is and can remain cost-neutral; (5) An evaluation of the feasibility of expanding the categories of passengers eligible for space-available travel to include: (A) in the case of overseas travel, retired members of an active or reserve component, including retired members of reserve components, who, but for being under the eligibility age applicable to the member under section 12731 title 10, United States Code, would be eligible for retired pay under chapter 1223 of such title; and (B) unremarried widows and widowers of active or reserve component members of the Armed Forces; and (6) Other factors relating to the efficiency and cost effectiveness of space-available travel.

CSA Retiree Council supports the recommendation.

ISSUE: 02-13-2013

INSTALLATION/GARRISON/ASCC Council: Fort Stewart, GA Retiree Council

SUBJECT: ID Cards for Retiree Spouses

DISCUSSION: Under current DOD/Army Regulations ID Cards for spouses are issued for a 4 year period. Such short term validity often requires Retirees and Spouses to travel long distances to have ID Cards renewed and frequently at great inconveniences. This is particularly notable in the case of our elderly Retirees. Since ID cards for Retirees are indefinite, it would appear to make sense to have the same expiration date for spouses. Recent budget cuts imposed by DMDC have resulted in fewer facilities available to issue new ID cards thus exacerbating the capabilities of an already over taxed system.

Likewise, disabled dependents must be recertified every few years in order to continue their eligibility for ID Cards.

RECOMMENDATION: ID cards for Spouses and disabled dependents should be issued for an indefinite period of time. Such action would be a tremendous cost saver to both installations and to DMDC. In addition, this is a great time saver for those Retirees and their Spouses that must drive long distances to have a new card issued. This time value is magnified even more for the elderly.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) Eileen K. Watson, Co-Chairperson, Ft Stewart, GA Retiree Council
CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft Stewart, GA Retiree Council

CSA RETIREE COUNCIL COMMENTS: The Army, in partnership with DoD, is committed to providing benefits and privileges to our Retiree population and their Family members.

The CSA Retiree Council notes the Army supports this issue and the issue will be addressed at the next Joint Uniformed Services Personnel Advisory Committee (JUSPAC) in September 2013. Indications are that it is likely to become policy.

ISSUE: 02-14-2013

INSTALLATION/GARRISON/ASCC Council: Joint Base San Antonio, Ft. Sam Houston Retiree Committee

SUBJECT: Permanent IDs for spouses and surviving spouses

DISCUSSION: Present policy allows a spouse or surviving spouse of a Retiree to obtain a permanent ID upon their 75th birthday. Given that most spouses are retiring at age 65, applying for Social Security, Medicare, TRICARE for Life, etc. This would be the logical time for them to also go to a permanent ID.

RECOMMENDATION: ID policy should be changed to allow a spouse or surviving spouse to obtain a permanent ID upon their 65th birthday.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
BG (Ret) Daniel F. Perugini, Chairman, Ft. Sam Houston Retiree Committee
CSM (Ret) James Hardin, Co-Chairman, Ft. Sam Houston Retiree Committee

CSA RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports the recommendation of permanent IDs for spouses and surviving spouses IAW the June 2012 Joint Uniformed Services Personnel Advisory Committee recommendation to OSD allowing Retiree spouses and surviving spouses to obtain a permanent ID card at age sixty-five if they purchased Medicare Part B. Those Retiree spouses and surviving spouses who do not purchase Medicare Part B at age sixty-five will still have to renew their ID cards until they reach age seventy-five because the recertification process decreases the probability and extent of fraud.

ISSUE: 02-15-2013

INSTALLATION/GARRISON/ASCC Council: Fort Detrick, Maryland Retiree Council

SUBJECT: Funding for Armed Forces Retirement Home (AFRH)

DISCUSSION: Current funding for the Armed Forces Retirement Homes in Washington D.C. and Gulfport, Mississippi stems from two sources: enlisted contributions from the Army, Navy, and Air Force (each service member pays .50 cents a month and the Marines contribute fines from UCMJ action) and an existing trust fund. Residents are also required to pay up to 30% of their income to reside in the Retirement Homes. Although the AFRH experienced some savings in FY 11 there is a concern that the Trust Fund Balance decreased in FY 12. Discussions are also underway for possible expansion. One recommendation of the AFRH Advisory Council in their 2011 Annual Report was that "DOD facilitate with DFAS to create "donations" to the Home mechanism."

RECOMMENDATION: Request Senior Enlisted Advisors from all services meet to recommend an increase in the active duty contribution to the AFRH from 50 cents a month to $1.00. Alternative could be to request that enlisted Retirees from all services contribute 50 cents a month to AFRH for additional revenue for expansion or modernization.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) Alan Phillips, Chairman, Ft. Detrick, MD Retiree Council
CSM (Ret) James G. Shaheen, Co-Chairman, Ft. Detrick, MD Retiree Council

CSA RETIREE COUNCIL COMMENTS: The Army, in partnership with all the other Services, is committed to supporting the Armed Forces Retirement Homes. Current funding comes from multiple sources: enlisted contributions from all active duty enlisted and warrant personnel, (50 cents per month), fines and forfeitures from all Services, gifts, leases, interest on the trust fund balance, and resident fees. Current law (37 USC 2007(i)) provides the statutory process and requirement to increase the deduction for the Armed Forces Retirement Home. The deduction may be increased, not to exceed the $1 maximum, provided the Secretary of Defense, in consultation with the Armed Forces Retirement Home Advisory Council, determines a financial need exists. By raising the deduction by an additional fifty cents, Army enlisted members and warrant officers would increase contributions to the homes by approximately $2.9M per year. The CSA Council, based upon briefings that it has received, does not support such an increase at this time. Reductions in the trust fund would appear to be the result of new construction and should recover. If and when the AFRH Advisory Council determines that a true financial need is there, the CSA Council would support an increase as outlined in law.

ISSUE: 03-16-2013

INSTALLATION/GARRISON/ASCC Council: Fort Leavenworth, Kansas Retiree Council.

SUBJECT: Establishing the Funding for RETIREE APPRECIATION DAYS (RAD)

DISCUSSION: At the present time, funding for RETIREE APPRECIATION DAY is not included as a separate line item in the Installation's Budget. Normally, at least at Fort Leavenworth, the money comes out of the Adjutant General's (AG) budget. In the past AG has been able to fund the event by diverting money from other areas. However as installation budgets get reduced in future years, it will become increasingly difficult for AG's to fund the RAD for their respective installations. One significant expenditure is for the guest speaker (s) who brief retirees on things happening up at DA level, in particular with respect to retiree benefits and retired pay increases. These guest speakers generally come from distant locations. However there are many other expenses for manpower, print, mailings, etc.

RECOMMENDATION: The Chief of Staff's Retiree Council should push for the formal establishment of a funding stream for the Retiree Appreciation Days. While it may be possible to save some money by having guest speakers beamed in via Video Teleconference procedures, to include for question and answer sessions, to save money and also to get private sponsorship in some areas (example Armed Forces Bank provides money for coffee and donuts) many other expenses exist, especially in manpower, printed materials, signage, and mailing. Having a budget line item for the RAD for each installation will eliminate the uncertainty of having the event cancelled because of lack of funds.

APPROVED BY INSTALLATION/GARRISON RETIREE COUNCILCHAIR-PERSON:
COL (Ret) Norman Greczyn, Co-Chairman, FLW Retiree Council
SGM (Ret) Dennis Paxton, Co-Chairman, FLW Retiree Council

CSA RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports this issue. We understand budget cuts have put additional constraints on funding. HQ, IMCOM G-1 provides resources to all installations in support of Military Personnel Services which includes the Retirement Services Program to enable RSOs to perform their primary program duties and responsibilities effectively, efficiently, and equitably. However, the Council recommends that vigilance be maintained to ensure Retiree programs are not used to balance garrison budgets. RSOs must have dedicated funding to ensure that critical programs continue to support those who honorably served the nation.

We fully appreciate the current resource environment and the attendant challenges. However, it is the opinion of the Council that due to competing demands and continued budget shortfalls the installation standard of service has been diffused as priorities and resources are interpreted at installation level. Therefore, actual service ranges from excellent to needs improvement. Importantly, consistent day to day quality support of

our Retiree constituency across the Army's components is critical. To accomplish this requires experienced professionals and adequate uninterrupted resourcing. We believe it essential and strongly recommend that Retiree Services be prioritized and resourced as a "must fund" program at Department level and resources fenced to ensure execution is not impacted at lower levels by sequestration or other resourcing shortfalls. Recommend that CG IMCOM reinforce the Army's intent to support the Retiree population by providing guidance to Garrison Commanders to ensure programs are supported IAW AR 600-8-7 and that each Director of Human Resources should prepare a Retiree Appreciation Day budget for their United States Army Garrison Commander listing the costs.

ISSUE: 03-17-2013

INSTALLATION/GARRISON/ASCC Council: Army in Europe; Ft. Hood, TX

SUBJECT: Funding / Filling Retirement Service Officer Positions

DISCUSSION: In April 2007, the standardized job description and grade for garrison retirement services officers (RSOs) was approved as a part of the Common Levels of Service initiative. Since then, the funding and implementation of the standard job description and grade has not been completed.

During that intervening period, the force structure that supports Retired Soldiers and their Families and Survivors has decreased but the number of supported individuals has increased; thereby, exacerbating the supported-to-supporting ratio. For example, Ft. Hood's FY 14 RSO TDA authorization is reduced from 5 to 2 to support 251,104 Retirees and Family members. The office must close weekly for one and a half days in order to process paperwork, complete data entry requirements, prepare for Retiree Appreciation Day, and provide communications with the Fort Hood Retiree Council, causing severe delays in support of the Fort Hood Retirees and Family members.

Even with the prospect of further decreases in funding, Retired Soldiers and those who supported and continue to support them or their memory have earned through their long, dedicated service locally available, accessible, effective, responsive, and reliable access to post-retirement services of a trained Army Retirement Service Officer.

RECOMMENDATION: Chief of Staff, Army, urge Commander, US Army Installation Management Command, to fund and expeditiously implement the standard job description and grade of garrison Retirement Services Officers and to fill at the target grade at least one full-time, primary-duty RSO position at all IMCOM garrisons, including those in OCONUS, and to fill RSO staffs at a level necessary to properly support larger populations.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) Robert Mentell, President, Army in Europe Retiree Council
GEN (Ret) Benjamin Griffin, Co-Chairman, Fort Hood, Texas, Retiree Council
CSM (Ret) Frank Minosky, Co-Chairman, Fort Hood, Texas, Retiree Council

CSA RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports this issue. Each garrison should have at least one full-time, primary-duty RSO at the grade of the standard job description. The Council recommends that IMCOM resource and require all Army Installations to standardize RSO positions IAW Army standards at the grade of GS13. These RSOs have primary dedicated responsibilities as prescribed by AR 600-8-7, and not hold additional staff duties such as Casualty Assistance Officers. Retirees and annuitants have a limited support base to seek resolution for their problems and issues. RSOs have technical, regulatory, and legal compliance responsibilities

associated with their duties and should not be distracted from these requirements. RSOs reconcile retiree pay adjustments and death and allotment adjustments and conduct survivor benefit briefings/entitlements, etc. Vigilance must be maintained to ensure all RSO positions for garrisons remain filled by a full time RSO dedicated to retiree affairs. Strongly urge that any vacancies in these slots be exempted from hiring freeze actions.

Additionally, that the Army complete the formal establishment and documentation/ authorization of Retirement Services Offices and their positions at major Army Reserve and Army National Guard commands to ensure all retiring (regular and Gray Area), Retired Army Reserve and National Guard Soldiers, their Families, and survivors are properly informed about retirement-related benefits and entitlements prior to retirement and tracked until retired pay begins.

ISSUE: 03-18-2013

INSTALLATION/GARRISON/ASCC Council: Army in Europe; Ft. McCoy, WI; Ft. Stewart, GA

SUBJECT: Funding Retirement Service Program Activities

DISCUSSION: The Army Retiree community is very appreciative of the U. S. Army's proud tradition of being the only service that supports its installation RSOs with appropriated funds. This level of commitment by the Army's senior leadership has contributed greatly to making installation RSOs effective providers and able advocates for the Army Retiree community. The Army has an obligation to prepare, Retiring Soldiers and their Families for transition into retirement. It has a similar obligation to Retired Soldiers and their Families after transition.

AR 600-8-7 directs IMCOM to provide resources to support the execution of the Retirement Services Program (for example, RSO training, program implementation, etc). The regulation states that IMCOM "ensure sufficient financial resources, staffing and physical facilities are provided at installations to enable RSOs to perform their primary program duties and responsibilities effectively, efficiently, and equitably".

Retiring Soldiers and their spouses must receive effective and comprehensive training to ensure they understand their entitlement and benefits resulting from their long, dedicated service. Retired Soldiers and their spouses must be kept informed and current on legal changes and entitlement and benefit issues as well as Army programs, initiatives and policy changes.

Despite the prospect of further decreases in funding, the activities of the Retirement Service Program must continue to be sufficiently resourced to ensure that we do not abrogate the Army's obligation. Elimination of or reduction in appropriated funding for installation RSOs or outsourcing of their functions as a cost saving measure would diminish the existing bond between the active and retired Army communities.

RECOMMENDATION: Chief of Staff, Army, urge Commander, US Army Installation Management Command, to maintain the level of funding for pre- and post-retirement activities of the Army Retirement Services Program to include Retirement Services Officers training, Retirement Appreciation Days, Garrison Retiree Bulletin, and Garrison Retiree Council activities. Direct RSO program funding is necessary to make certain that all retiree programs have sufficient funding to provide directed, uniform and adequate services.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCIL CHAIRPERSON(S):
COL (Ret) Robert Mentell, President, Army in Europe Retiree Council
BG (Ret) Willard L. Wallace, President, Ft. McCoy, WI Retiree Council
COL (Ret) Eileen K. Watson, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft. Stewart, GA Retiree Council

CSA RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports this issue. We understand budget cuts have put additional constraints on funding. IMCOM G-1 provides resources to all installations in support of Military Personnel Services which includes the Retirement Services Program to enable RSOs to perform their primary program duties and responsibilities effectively, efficiently, and equitably. Many of these requirements are mandated by Army Regulation 600-8-7. Current IMCOM funding guidance only permits the "fencing" of resources for those programs directly related to sustaining life, health, or safety. However, the Council recommends that HQ IMCOM provide guidance to installation commanders to ensure informational programs and activities are supported in accordance with AR 600-8-7. It is important that military retirees and programs are prioritized so that the retiree is not invisible, nor overlooked in the entire Garrison budget. Funds targeted for Retired Soldiers should not be diverted as a bill payer for other functions. Retiree informational programs have an impact on critical health initiatives and preventive medicine; they also provide significant support during major family events such as death and remarriage. Installation retiree councils should produce a charter under which they operate that requires Garrison Commander approval. The Garrison Commander should re-sign this document annually. This will help promote awareness of the RSO program and the responsibilities. Recommend that CG IMCOM reinforce the Army's intent to support the Retired Soldier population by providing guidance to garrison commanders to ensure programs are supported IAW AR 600-8-7.

ISSUE: 03-19-2013

INSTALLATION/GARRISON/ASCC Council: Fort Stewart, GA; Army in Europe

SUBJECT: Notification of Changes to TRICARE Program and Retiree Health Care Benefits

DISCUSSION: Current health care information affecting military Retirees is often unclear and incomplete. Present Congressional discussions as well as potential fallout from the anticipated "sequestration" of Department of Defense indicate possible reductions in military Retiree health care benefits occurring suddenly and with little time for review. For example, there currently is a void of information provided to retired beneficiaries in the Army in Europe on policy changes and/or new developments in the TRICARE program, especially in the current environment where the future of the TRICARE program is unknown. Changes to the program as it impacts retired beneficiaries appear to be occurring daily. However, the dissemination of these changes is not being made in a timely fashion to allow beneficiaries to make informed decisions with regard to their healthcare and claims processing.

Recent examples of impacting decisions include:
- The termination of the TRICARE Pharmacy Home Delivery program in Germany occurred without affected beneficiaries being informed in advance of the pending termination.
- The requirement of many host nation healthcare providers for beneficiaries to pay in advance for care is another example.
- The requirement to provide specific documentation for TRICARE claims is yet another.

While these changes are not unreasonable, the lack of publicity resulted in many beneficiaries being caught resulting in returned claims. Service members, retired and active, need a clearly defined information source addressing the TRICARE policy changes and developments. Retirement Services Officers and Retiree Councils, as well as Service Public Affairs Internal Information Directorates, can assist in getting important information out to the broadest audience.

Serious consideration must be given to the effects such changes would have on military Retirees; particularly those on strict fixed incomes. Communication with military Retirees to gather their input is vital at all times. It should be noted that many Retirees do not have access to computers and thus cannot receive e-mail which puts them at greater risk of not being heard. It is vital to hear each voice in order to provide fair review and input regarding all Retiree affairs.

RECOMMENDATION: Any proposed change to military Retiree benefits should be thoroughly examined by the Department of the Army (DA) prior to implementation. DA must continue to appraise all Retirees of anything which will affect their benefits or pay; making particular efforts to communicate with Retirees who do not have access to the

internet. Encourage TRICARE Management Agency to make more timely notification of developments and changes, especially those impacting retired beneficiaries residing overseas.

APPROVED BY INSTALLATION/GARRISON/ASCC RETIREE COUNCILCHAIRPERSON(S):
COL (Ret) Eileen K. Watson, Co-Chairperson, Ft Stewart, GA Retiree Council
CSM (Ret) Tommy A. Williams, Co-Chairperson, Ft Stewart, GA Retiree Council
COL (Ret) Robert Mentell, President, Army in Europe Retiree Council

CSA RETIREE COUNCIL COMMENTS: The Chief of Staff, Army Retiree Council supports this issue. The Council supports the extensive distribution of changes regarding claims and benefits, particularly for the TRICARE For Life population. However, recently, the lack of information or forewarning, cited in this issue resulted in many denied or delayed claims. A timely warning of changes in procedures would have significantly minimized the problem. This population is often removed from the current dissemination of important information that affects claims and benefits that is announced over the Internet. TMA must remain cognizant of this population and consider mailings as the primary vehicle and publication in the service retiree publications for this senior audience. We recommend that DFAS Statements be considered as a routine vehicle for information sharing for important TRICARE developments.

ISSUE: 03-20-2013

INSTALLATION/GARRISON/ASCC Council: SCHOFIELD BARRACKS, HI Retiree Council

SUBJECT: Display of the Confederate Flag

DISCUSSION: During the Vietnam War, Military Assistance Command Vietnam issued a directive that prohibited the display of the Confederate flag in barracks and personal rooms because of the racial sensitivity associated with such display. Recently there has been a resurgence of display of the Confederate Flag and hate messages on privately owned vehicles and aboard Army bases that are patronized by Retirees. Such flaunting of the flag is considered by many to still be code for racism and the Army does not provide any guidance on this topic.

RECOMMENDATION: The Hawaii Army Retiree Council urges that the Army provide guidance on the display of flags particularly on Confederate flags.

APPROVED BY INSTALLATION RETIREE COUNCILCHAIRPERSON:
LTG (Ret) Allen K. Ono, Co-Chairman, U.S. Army Retiree Council Hawaii
CSM (Ret) Donald E. Devaney, Co-Chairman, U.S. Army Retiree Council Hawaii

CSA RETIREE COUNCIL COMMENTS: The Council appreciates this issue, however; there is no Army-wide prohibition against the display of the Confederate flag, or any other flag. Soldiers retain their right to free speech until such time their commander determines their actions rise to the level of extremist activity. Despite its historical connotation, current display of the Confederate flag alone does not equate to extremist activity. It is possible that the display of the flag in addition to other actions, such as the hate messages mentioned, could potentially indicate extremist activity; this is a determination to be made at the local level. Retirees should report their concerns regarding possible racist or extremist activity to the installation commander, who will then decide if the conduct in question violates the Army's policy on extremist organizations and activities and/or the Army Equal Opportunity policy, as provided in Army Regulation 600-20, *Army Command Policy*, 18 Mar 08. The Army Retiree Council shares the concern of the Schofield Barracks Council on the open display of hateful messages and symbols. However, the Army position on this issue is clear and provides the appropriate guidance to Commanders to ensure that the Army will not tolerate such activity.