



DEPARTMENT OF THE ARMY
CHIEF OF STAFF, ARMY, RETIREE COUNCIL
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WASHINGTON, DC 20310-0300

Army Retirement Services

26 April 2007

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army, Retiree Council Report

1. The forty-seventh meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon during the period 23-27 April 2007.
2. The Council members reviewed and discussed 42 issues submitted by 17 installation retiree councils. Issues submitted by installation retiree councils, with Chief of Staff, Army, Retiree Council comments, are at enclosure 1.
3. The Council's Report to the Chief of Staff, Army, is at enclosure 2.


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- 2 Enclosures
1. Installation Report
 2. Annual Report of the CSA Retiree Council

DISTRIBUTION:
SPECIAL

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-01-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Campbell, KY

SUBJECT: Link TRICARE Co-Payment Increases to DoD's Annual COLA Increases

DISCUSSION: In the summer of 2006, Congress stopped the Department of Defense (DoD) from raising prescription drug co-pays for all TRICARE beneficiaries. Pharmacy co-pays remain at the current \$3, \$9, and \$22 schedule. Unfortunately, this provision expires 30 September 2007. Based upon the information currently available, we do not believe that a military health care premium increase is warranted.

Recommendation: At Fort Campbell and elsewhere, many military retirees and their family members believe that all TRICARE co-payment increases should be directly linked to DoD's annual Cost-of-Living Adjustment (COLA) payment and benefit increases, dollar for dollar.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. Specifically, if an increase of TRICARE fees must be implemented by the DoD, the Council recommends it not exceed the annual rate of growth in retired pay.

The FY 2006 President's Sustain the Benefit (STB) proposal contained a provision for linking TRICARE enrollment fees and deductible increases to the annual Federal Employee Health Benefit Program (FEHBP) inflator. Several entities have expressed concern that the FEHBP inflator would cause costs to increase faster than under the annual COLA inflator. DoD is aware of comments from beneficiary associations and others seeking a gradual phase-in rate increase.

The US Congress has commissioned a high level panel which is now meeting to review the STB proposals and the TRICARE program. A report is anticipated on which the Congress will base decisions about how, if and when to proceed with changes to the TRICARE program. The Council looks forward to the Commission's report, which is due by 30 May 2007.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-02-2007

IMCOM REGION: Pacific

INSTALLATION: Fort Wainwright, AK

SUBJECT: Oppose DoD intent to force crippling TRICARE rate hikes for military retirees and family members

DISCUSSION: DoD announced earlier this year (2006) intentions to dramatically raise and “re-norm” TRICARE medical rates. Although, Congress approved to put this action on hold and to not change any rates prior to Sep 07, the rate hike is still very much an issue of discussion. If increased, this initiative would triple the rates for officer retirees and double the rates for enlisted retirees, while also raising other fees, rates and deductibles across the system, well beyond inflation. DoD leadership and staffers have testified before Congress that these rate hikes are necessary because the new TRICARE for Life program and other rising retiree health care costs are directly competing in a zero sum gain with weapons and readiness programs. They claim that these health care programs are dragging down programs that are needed for the War on Terror. However, these new program costs are funded through the Treasury, not on the defense budget, while the other TRICARE retiree health care program costs have only increased at a rate comparable to inflation. In a time of war, this initiative is another blatant attempt to quietly shift the burden for other government costs onto the backs of those whom they called upon to sacrifice, renege on the promises made to our veterans and military retirees after honorably serving their country in full measure.

Recommendation: Oppose TRICARE rate hikes.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. However, if an increase of TRICARE fees must be implemented by the DoD, the Council recommends it not exceed the annual rate of growth in retired pay.

The FY 2006 President's Budget proposed increases to TRICARE fees/other changes mostly applicable to TRICARE-eligible retirees. Because of its stable premiums and low cost shares, TRICARE has become a more attractive benefit for beneficiaries over time. Total beneficiary cost shares declined significantly, from 27% of the benefit in 1995 to only 12% in 2005.

Even though substantial program improvements have been made over the last 11 years, no changes have been made to TRICARE cost shares. However, DoD medical and healthcare expenses increased from \$19B in 2001 to \$34B in 2005. If this trend is allowed to continue, the total annual TRICARE budget could approach \$50B within another 5 years. Further, if no adjustments are made to this trend, DoD's healthcare costs will double by 2015.

Congress has put in place a high level panel to review the entire TRICARE program, including proposals for TRICARE fee increases. Its' report is due by 30 May 2007. DoD's position is that it is looking to both manage and sustain the TRICARE benefit more effectively for the long term. The Council looks forward to the Commission's report, which is due by 30 May 2007.

CHIEF OF STAFF, ARMY, RETIRE COUNCIL ISSUE 01-03-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Campbell, KY

SUBJECT: Link TRICARE Pharmacy Co-Payment Increases to the DoD's Annual COLA Increases

DISCUSSION: In the summer of 2006, Congress stopped the Department of Defense (DoD) from raising prescription drug co-pays for all TRICARE beneficiaries. Pharmacy co-pays remain at the current \$3, \$9, and \$22 schedule. Unfortunately, this provision expires 30 September 2007. Based upon the information currently available, we do not believe that a military health care increase premium is warranted.

Recommendation: At Fort Campbell and elsewhere, many military retirees and their family members believe that all TRICARE co-payment increases should be directly linked to the DoD's annual Cost of Living Adjustment (COLA) payment and benefit increases, dollar for dollar.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue in principle. If an increase of TRICARE pharmacy fees must be implemented by the DoD, the Council recommends it not exceed the annual rate of growth in retired pay.

DoD is aware of comments from military service organizations, congressional staff persons and others who recommend seeking ways to gradually phase in TRICARE rate increases. It is also noted that any co-payment increase at this time is presumptive.

We believe that prudent, measured adjustments to the current co-payment structure will place the pharmacy benefit on firm financial footing for current and future TRICARE beneficiaries. DoD has indicated plans to consider various cost index inflators as it continues to review TRICARE program cost specifics. This issue will no doubt be addressed by the high level panel commissioned by Congress. This report is due 30 May 2007. The Council looks forward to the Commission's report.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Eliminate TRICARE Mail Order Pharmacy Co-Pay

DISCUSSION: Elimination of the TRICARE Mail Order Pharmacy co-pay would encourage larger numbers of TRICARE and TRICARE for Life enrollees to use the mail order program rather than retail or installation pharmacies. This would produce a significant cost savings to DoD and reduce the workload for installation pharmacies, far outweighing the loss of co-pay revenue and increased mailing costs to support a larger user population. Further, it would save retirees and surviving spouses travel time and money.

Recommendation: Eliminate TRICARE Mail Order Pharmacy co-pays.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. However, the Council favors all reasonable incentives that encourage use of The TRICARE Mail Order Pharmacy (TMOP).

Compared to the Retail Pharmacy, TMOP currently offers beneficiaries a 66% savings. Complete elimination of all co-payments could lead to a significant financial burden on the system. Therefore, we do not endorse complete elimination of co-payments for use of TMOP, but we are highly supportive of restructuring co-payments to encourage wider participation in TMOP. The initial Sustain the Benefit (STB) proposal would have eliminated the current TMOP co-payment for generic drugs while retaining current Brand and Non-Formulary co-payments. This would certainly be an incentive if it could be sustained.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Inadequate Medicare/TRICARE Funding

DISCUSSION: Senior citizens and military beneficiaries continue to have a difficult time securing quality health care. Physicians limit or exclude patients with Medicare/TRICARE coverage because the compensation they receive under these programs is meager.

Recommendation: Compensate physicians commensurate with their level of education/training. Quality health care providers should receive sufficient compensation from the government insurance programs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. Changes will require legislative action.

The TRICARE Management Activity (TMA) is implementing a Congressional directive for TRICARE Standard Surveys to identify and subsequently resolve issues surrounding provider acceptance of TRICARE. Of those physician practices surveyed in 2005, an average of 81% was accepting new TRICARE Standard patients for all claims. Two rounds of the Surveys (2005 and 2006) have found that one of the top reasons for providers' non-acceptance of TRICARE patients relates to reimbursement issues.

TMA has authority for and is implementing several initiatives to improve provider reimbursement rates to enhance both physician compensation and TRICARE beneficiary access to care. The TRICARE Maximum Allowable Charge (TMAC) locality-based waiver program allows TMA to provide higher provider payments in areas with severe access to care issues for certain healthcare provider services. TRICARE providers are aware of locality-based waivers, and are working with TRICARE Regional Offices (TROs) and contractors to identify requirements and implement the program. The waivers have been used in Alaska, Idaho, Wyoming, Missouri, Virginia, and in Florida. TMA also implements several provider incentive bonuses: (1) quarterly 10% bonus incentive payments to providers in health provider shortage areas (HPSAs); (2) 10% incentive payments to psychiatrists providing services in mental health HPSAs; and (3) an additional 5% bonus to primary/specialty providers who provide services in the HPSA areas nationally with the lowest 20% of physician to beneficiary ratios. Additionally, TMA has initiated a demonstration project for the entire state of Alaska that increases TRICARE reimbursement rates (35%) to the same as implemented in the Department of Veterans Affairs.

TMA will continue its implementation of the TRICARE Standard Surveys in 2007 to continue its assessment of civilian provider issues with TRICARE. In addition to an enhanced focus on current reimbursement authorities to improve physician reimbursements, TMA, the TROs and TRICARE contractors are working to enhance beneficiary and provider awareness of TRICARE and how to access/use the TRICARE benefit. These entities also continue to monitor the status of civilian provider acceptance of TRICARE eligibles as patients.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2007

IMCOM REGION: Pacific; **INSTALLATION:** Ft Wainwright, AK

IMCOM REGION: Southwest; **INSTALLATION:** Ft Sam Houston, TX

SUBJECT: Reduction of Payments to Medicare and TRICARE Providers

DISCUSSIONS: (Ft Wainwright, AK) Reducing Medicare and TRICARE payments to providers will have a tremendous effect on the military retired population. These cuts will cause thousands of doctors to stop taking Medicare and TRICARE patients or decrease the number of new patients they will accept because their operating budgets will be at a significant loss. It would merely cost doctors more to see a patient than they would get paid. Retirees relocating into an area will have a hard time finding a physician that would take Medicare. Medicare and TRICARE are virtually the lowest paying insurance plans in the country today. In Alaska, this reduction in payments will have an even greater affect on retirees and military beneficiaries. There are only a small number of providers willing to accept Medicare and TRICARE and with the payment rate cuts coupled with the high amounts providers have to pay to keep in practice, they will have to stop seeing patients due to the loss in money when taking TRICARE, Medicare and the military. When the rate cut was placed before Congress, living in Alaska and other areas had not been looked at. Reducing payment rates could have a devastating effect on health care access for military beneficiaries and we surely would not want our Soldiers to have to worry about whether their families will be able to find a TRICARE doctor or whether their current doctor will stop seeing them when we send them in harm's way.

(Ft Sam Houston, TX): What the US government pays physicians to provide care to Medicare patients is scheduled to be reduced (written in 2006). There is a large and aging military retiree population that is being required to utilize civilian health care providers upon reaching age 65 and becoming Medicare eligible. A reduction in Medicare reimbursement fees will result in driving physicians out of the Medicare program and TRICARE network.

Recommendation: Do not reduce reimbursement rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. The Council favors the continual review and updating of reimbursement rates for all military beneficiaries. Changes, however, require legislative action.

In December 06, the President signed a bill that suspended the anticipated 5.1% cut to the Medicare Physician Fee Schedule that was to take effect 1 January 07. It also resulted in a freeze of Medicare physician payments at the 2006 rates. In lieu of the decreased payments, the law puts in place a 1.5% bonus payment to physicians who report required quality data starting in July 07.

Many entities, including the American Medical Association, were very vocal in their concerns that the planned FY 2007 5.1% physician pay cut would cause many physicians to reduce/end services to Medicare (and TRICARE) eligible persons.

The current Congress is discussing possible changes to the way Medicare physician fee schedule payments are implemented under the Sustainable Growth Rate (SGR) formula, a complex formula created in 1997. Under the SGR, rates generally have been scheduled to decline each year. There is widespread concern that physicians will turn away from Medicare (and thus TRICARE) patients if physician payment rates continue to decline. Over each of the last five years, the Congress has acted to reverse the cuts for the very same reason.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: TRICARE reimbursement rate should be comparable to Blue Cross/Blue Shield Standard Plan under the Federal Employee Health Benefit Program (FEHBP)

DISCUSSION: One of the significant weaknesses of TRICARE is the unwillingness of many health care providers to accept TRICARE patients. This undesirable situation is principally caused by the linking of TRICARE reimbursement rates to MEDICARE rates which are lower than insurance industry standards. As a matter of fact, even though medical costs continue to escalate, Congress is poised to cut the current MEDICARE reimbursement rate.

Recommendation: Link TRICARE rates to Blue Cross/Blue Shield rates under the Federal Employee Health Benefit Program (FEHBP) to afford a realistic reimbursement rate that would encourage more health care providers to participate in TRICARE. This would improve the availability and quality of health care provided to TRICARE patients.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports competitive reimbursement for beneficiary health care. The issue, however, is legislative in nature. Congress must make the changes necessary to accomplish this goal.

TRICARE reimbursement rates are aligned with Medicare rates as established by law [10 USC 1079 (h) (1)]. Therefore, TRICARE rates cannot be linked to Blue Cross/Blue Shield rates under the FEHBP without a change in legislation. In comparison to Blue Cross/Blue Shield and other civilian healthcare plans, TRICARE currently offers the lowest premium rates.

TRICARE has some flexibility to pay more for specific services in certain locations [32 CFR 199.17 (p) (6)], to ensure access to care for beneficiaries and to ensure providers are available to compose an adequate network. The TRICARE Management Activity (TMA) is conducting a three-year, state-wide demonstration project in Alaska to improve access to care for TRICARE eligible beneficiaries. Effective 1 Feb 07, physicians and other non-institutional, individual professional providers in Alaska will receive payment at a rate higher than the Medicare rate. TRICARE is raising the reimbursement rates in response to several challenges associated with delivery of healthcare in Alaska.

TMA and the TRICARE contractors are continuously working initiatives to sustain and improve healthcare benefits for our beneficiaries, and to encourage more healthcare providers to participate in TRICARE. TRICARE has posted its maximum allowable charges on line at www.tricare.mil/allowablecharges in an effort to educate our beneficiaries. Medical costs vary across the country, and most hospitals/doctors' offices do not post their charges for various procedures. TRICARE provides this information so beneficiaries and the public may be aware of what TRICARE is currently allowed to pay for various medical procedures or services before they see a provider. Beneficiaries may also view the updated reimbursement rates on the TRICARE web site at www.tricare.mil/tricarecost.cfm. This information explains the cost shares for families using the TRICARE programs.

In December 06, the President signed a provision that prevented the 5.1% cut in Medicare (and TRICARE) payments to doctors which was scheduled for Jan 07. This is an important milestone for TRICARE beneficiaries, since TRICARE payment rates are linked to Medicare rates. This provision also gives doctors a 1.5% payment increase in Jul 07 if they report data on a select set of quality measures. This agreement will provide doctors an opportunity to receive a modest increase.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2007

IMCOM REGION: Korea

INSTALLATION: US Forces Korea

SUBJECT: Dental Insurance Program for Retirees Residing Overseas

DISCUSSION: Retirees living overseas, including many who work as civil servants or as contractors for the Army, are not eligible for the TRICARE Retiree Dental Program (TRDP). Other dental insurance is extremely limited. The Army pays for active duty dependents to receive dental care at certain off-post Korean dental clinics.

Recommendation: That the TRICARE Retiree Dental Program be expanded to those overseas areas where the retiree population is of a size sufficient to support such expansion, and where off-post dental clinics are considered adequate in regard to professional credentials and professional care.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue with the specific recommendation to implement in late 2007. The TRDP recompetes in progress with the bids due 1 May 2007. DoD regulatory guidance governing the possibility of this change are being reviewed at this time.

Although 10 U.S.C., 1076c does not restrict the geographic availability of the TRDP, per 32 CFR 199.22(b)(3), the TRDP is currently limited to the 50 states and the District of Columbia, Canada, Puerto Rico, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands.

To ensure that all TRICARE-eligible retirees are eligible for the same dental benefits regardless of their location, the Office of Assistant Secretary of Defense for Health Affairs (OASD-HA) has begun the process of expanding the geographic scope of the program. A proposed rule has been written to modify 32 CFR 199.22 to expand the TRDP to overseas locations not currently covered by the program. Neither the current TRDP contract nor future TRDP contracts can include the overseas expansion until the regulation has been finalized in the Federal Register. Upon finalization of the rule change, OASD-HA will modify the TRDP contract to expand overseas eligibility. Unfortunately, the proposed rule change process can be very time consuming. Given that the proposed rule package was received by the Office of Management and Budget (OMB) in mid-Dec 06, OASD-HA is predicting that the TRDP will be expanded to overseas locations in late 2008 or early 2009.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2007

IMCOM REGION: Northwest

INSTALLATION: Fort McCoy, WI (California/Nevada Retiree Council)

SUBJECT: Military Hospital Outsourcing Process

DISCUSSION: Due to a shortage of medical staff, Military Treatment Facilities (MTF) are disengaging patients to civilian hospitals for special tests such as MRIs, colonoscopies and others. Information provided for beneficiaries to locate civilian facilities by MTFs is not sufficient.

Recommendation: Establish a "hot-line" system at all MTFs, staffed by military (volunteers) retirees, to assist in locating civilian facilities to perform necessary tests. This system would coordinate with local facilities and the retiree in scheduling appointments and ensuring that results are forwarded to the MTF.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue, and recommends that beneficiaries utilize the process in place at each facility and report problems promptly through the hospital command structure and local retiree council. The Council further recommends that this process be published in the "Army Echoes," in local newsletters, and other available media.

The process of assisting patients with locating civilian providers is a TRICARE contractual responsibility. The three TRICARE contractors have web pages, telephone services and, at many MTFs, TRICARE Service Centers that assist patients with locating civilian providers. These three venues will have the most accurate information to assist the patient. Additionally, the TRICARE contractors are contractually responsible for returning results from a specialty referral or test to the originating MTF provider.

As indicated above, these services are the responsibility of the TRICARE contractors. Establishing an MTF-based secondary system would bypass the contractual obligations already in place and paid for by the government. A second system would cause overlap and confusion for the patients resulting in the potential for errors and unpaid claims.

The Council recommends that local retiree councils work with the MTFs in identifying specific cases where the TRICARE contractors are not meeting their contractual responsibilities. MTFs have avenues to address these issues. They work directly with the TRICARE contractors and can address problems as they occur. If the MTF identifies systemic or recurring problems, they can address them with the applicable TRICARE Regional Office (TRO). The TROs are government offices that have contractual oversight of the three TRICARE contracts, and which ensure TRICARE contractors are executing their contract responsibilities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Patient Verification of Medical Record Entries

DISCUSSION: Historically the patient care provider entries into the patient care record has never been reviewed by the patient prior to that entry becoming part of the patient's "official" medical record. This has caused many problems for the patient; misunderstanding of what the patient thought he said and what the provider thought he heard; misunderstanding of verbal treatment orders; incorrect data never verified by the patient; problems with VA disability ratings, etc. The patient has a right to know what is going in his medical record before it is "official". After it is "official" the patient bears the burden of correcting the record. Many times the provider has been transferred or retired or just doesn't remember.

Recommendation: Permit/facilitate patient verification of data, either handwritten or electronically. It is technically possible.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue, and agrees that patient/health care provider communication is critical to the healing process and should not contain surprises. This does not mean the patient will always agree with what the physician has written, but every effort should be made to ensure the entry is understood and the patient understands his or her rights regarding chart entries, inpatient or outpatient.

Current processes dictate that patient appointments (visits) are managed differently at each Medical Treatment Facility (MTF), but they all follow time standards for the type of patient visit made. During the visit, physicians are responsible for reviewing the patient's medical record to include labs, x-rays, physical exams and any other required information. Patients are then screened for current ailments, and at the conclusion of the visit, they are provided a summary with a treatment plan. The Army Medical Department holds MTFs to a 95% or greater standard for closing out outpatient treatment episodes before the end of each business day. Each treatment episode must be clinically diagnosed, properly coded and any/all treatment plans and/or notes have been annotated. Only a healthcare provider familiar with the patient may complete medical record entries.

As stated in the discussion, patients do have a right to request that their medical record be amended as outlined in Army Regulations 40-66 and 340-21. AR 40-66 also describes the process for correcting erroneous entries made in the medical record. As such, an entry made in error may be changed, by the provider, to reflect the correct entry.

DoD Directive 6000.14, The Patient Bill of Rights in the Military Health System, outlines the patient's right to be a part of the treatment decision process. Physicians will keep patients informed of all decisions, treatment plans, and medical/physical readiness when it is not medically detrimental. Patients then have the responsibility to ask questions, seek guidance and address concerns to the provider during the patient visit. Patients not satisfied should then address concerns through the MTF leadership or the commander's patient representative.

Soldiers, prior to discharge from Active Duty, will complete a physical exam. This exam is held in two parts. During this process, Soldiers have time to openly present any/all medical issues to the healthcare provider. Issues not already part of the health record will be pursued by the provider and findings will be properly annotated in the physical exam to be inserted into the member's health record. Member's presenting a claim to the VA will undergo an additional physical exam conducted by that member's servicing VA office to establish the appropriate rating.

The Council recommends that the Office of The Surgeon General ensures that patients' rights and the processes outlined for use by patients and care providers, in regard to this issue, are posted conspicuously in units and clinics.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2007

IMCOM REGION: Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: Influenza Inoculations

DISCUSSION: For the past several years, "flu shots" provided by the Walter Reed Army Medical Center and DC area Army medical facilities have not been available to retirees until the month of December. This year, in 2006, the same holds true, although "flu shots" were provided in the September – October time frame at Andrews Air Force Base and Department of Veterans Affairs Medical Center in Washington, DC, as well as in commercial establishments such as supermarkets. Since older retirees are particularly vulnerable to influenza and its complications, and since there is no assurance that influenza will not strike before the onset of winter, and since so many other medical and commercial facilities are able to provide the influenza vaccine before November.

Recommendation: Take steps to procure the influenza vaccine early enough to provide retirees the option to be inoculated in all Army medical facilities before the month of November each year.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue within the following framework: Active Duty, deployed/deploying, CONUS-based military and all other high risk beneficiaries receive the vaccine first. In addition, it must be said that Retired Soldiers on Medicare Part B are eligible to receive the vaccine, at no cost, from virtually all sources, and need not rely solely on military treatment facilities.

The military receives two types of influenza vaccines every year, the live attenuated vaccine (administered by an intranasal mist) and the inactivated vaccine (which is administered by injection). The intranasal influenza vaccine is only approved for healthy children and adults from 5 through 49 years of age. For that reason, those over 49 years of age must receive the inactivated injectable vaccine. Additionally, the live, intranasal influenza vaccine was required to be shipped and stored frozen, precluding the Department of Defense (DoD) from distributing this vaccine to service members at most overseas locations.

DoD and the civilian community receive the injectable vaccine at the same time. However, the military must first vaccinate the thousands of deployed service members around the globe, following a detailed prioritization list (USCENTCOM, US Forces Korea, deployed naval vessels, USEUCOM, etc.). This year, Walter Reed Army Medical Center started receiving the intranasal vaccine in August, but did not receive the injectable vaccine until mid-October, with the majority being delivered in late November. Since the hospital must vaccinate deploying service members first, the main "flu drives" were unable to begin until the hospital received enough injectable vaccine to facilitate the other high priority groups, such as retirees.

Since some area clinics, especially civilian establishments, do not have the same number of deploying Service Members, they are able to conduct flu drives earlier than others. The Defense Supply Center, Philadelphia, who contracts with manufacturers, acquires, and distributes the influenza vaccines each year. DoD has already started to work with those manufacturers to receive the military's vaccine shipment earlier for the coming influenza season. Within DoD, the Services will coordinate to make sure there is a regional emphasis on vaccine distribution consistency.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Refundable Credit for Premiums Paid Under MEDICARE Part B

DISCUSSION: Most military retirees over 65 years old are on a fixed income. Under TRICARE Prime they paid \$460.00 per year, per family. The increase to \$2112.00 for MEDICARE Part B for a family of two hurts the retiree and these fees are increasing.

Recommendations: (1) CSA Retiree Council support bill HR 322 to amend the Internal Revenue Service Code of 1986 to allow a refundable credit to military retirees for premiums paid for coverage under MEDICARE Part B. (2) Also, have all increases grandfathered so already retirees would not be affected. In other words have it applicable only to the year group in which the person retires.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the concept of "Refundable Credit for Premiums Paid Under Medicare Part B" in theory but realizes that such action requires congressional involvement with changes in the laws governing the 1986 Medicare Act.

To date, three bills have been introduced in the 110th Congress to amend the Internal Revenue Code of 1986. These bills are:

- H.R. 343: Military Retiree Health Care Relief Act of 2007 introduced on 18 January 2007. The bill was referred to the Subcommittee on Health.
- H.R. 1110: To amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums, introduced on 14 March 2007. The bill was referred to the House Armed Services: Subcommittee on Military Personnel.
- S. 773: A bill to amend the Internal Revenue Code of 1986 to allow Federal civilian and military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums, introduced on 6 March 2007. The bill was referred to the Committee on Finance.

Bills introduced in the 109th Congress were referred to committee and did not progress to enactment. The Council encourages Retired Soldiers to contact their respective congressional representatives and solicit support for passage of these bills.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2007

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Seamless Military/VA Health Care System

DISCUSSION: Compartmentalized health care delivery programs such as TRICARE, TRICARE for Life and VA have resulted in some military retirees "Falling through the cracks" due to the non-availability of military treatment facilities (MTF), VA treatment facilities or TRICARE providers in their geographical area of residence.

Recommendation: That a more effective and efficient single, seamless system be established, with enrollees issued a standardized health card. This would help fill the "cracks" by enabling military retirees to use the most available health care delivery program that best meets their medical and financial needs. Reimbursement to the VA for medical treatment provided military retirees 65 and over could be accomplished by MEDICARE subvention, as currently enjoyed by TRICARE for Life participants.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports a seamless health care delivery system between the VA and military treatment facilities.

The author is absolutely correct to describe the health care structure that supports our veterans as highly compartmentalized and difficult to traverse. Title 38, United States Code (USC) governs the healthcare system for veterans and Title 10 USC governs TRICARE for military retirees. A seamless system is a vision for the future. Yes, the technology may be available in general concept, but the capability and monies to handle such a large, highly diverse and widely distributed workload is not state-of-the-art.

Exceptions may be possible in the current system; however, for veterans enrolled in the Veterans Health Administration (VHA), a fee basis program may be used if the beneficiary is too ill or too far away to travel to the VHA facilities. Individual factors are considered when determining fee basis authorizations.

Senate Bill S.2433 to amend title 38 U.S.C. and enhance veteran healthcare was introduced in the 109th Congress. One aspect of the bill would address improving healthcare for veterans living in rural areas. This Bill, also known as the Rural Veterans Care Act of 2006, would establish an Assistant Secretary for Rural Affairs in the Department of Veterans Affairs in order to attend to the following: (1) formulate and implement all Department policies and procedures that affect veterans living in rural areas; (2) carry out demonstration projects to examine alternatives for expanding veterans' care in rural areas; (3) re-evaluate, and revise as necessary, Department guidance and procedures related to the use of fee basis care nationwide; and (4) and, establish and operate at least one, and up to five, centers of excellence for rural health research, education, and clinical activities. The bill also would direct the Secretary to conduct a pilot program for improving access to certain healthcare services of veterans who reside in highly rural or geographically remote areas. S. 2433 was introduced/referred to the Senate Veterans Affairs Committee, but never became law.

On 22 Dec 06, the President signed into law S.3421, The Veterans Benefits, Healthcare, and Information Technology Act of 2006, a \$3.2B comprehensive benefits/healthcare plan for veterans. Among other items, the legislation requires the VA to establish an Office of Rural Health to focus on the needs and challenges of veterans who live in rural areas. The new law should also help rural states by allowing VA to create a pilot program that makes non-VA facilities, such as private nursing homes or community hospitals eligible for state veterans' home per diem payments. Some veterans will now be able to obtain medical treatment closer to home.

Also, VA/DoD healthcare resources sharing agreements between the VA and military hospitals could potentially fill the healthcare delivery gaps for VA-eligible military retirees/family members within geographical areas with sufficient demands. As citizens, Retired Soldiers are encouraged to keep abreast of progress and to let their representatives know what they recommend.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-14-2007

IMCOM REGION: Northeast

INSTALLATION: Carlisle Barracks, PA

SUBJECT: Allow Reserve/National Guard members eligibility in the Armed Forces Retirement Homes (AFRH) System

DISCUSSION: Currently, the Reserves and NG members are not eligible to reside at the AFRH because they do not donate 50 cents per month toward AFRH through their monthly reserve drill pay. Many Reserve and NG members were active duty, are veterans based on their DD Form 214, and paid the 50 cents per month during that period, making the amount owed less. Recommendation: Reserve and National Guard retirees should be eligible for the AFRH at the age of 60, and if they have acquired the status as a military veteran by being honorably discharged or separated from the active military. Reserve and National Guard members should have 50 cents automatically deducted from their drill pay, and have the ability to pay throughout their "gray area" years to offset any discrepancies, as needed. This will ensure the continuation and expansion of the AFRH System.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supported a similar issue when it was previously submitted by Carlisle Barracks in 2004. It recommends the 2004 action be reviewed and follow-up action taken. The Chief Operating Officer presently has the authority to admit certain qualifying Reserve and National Guard members.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-15-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Reserve Component Retirement System

DISCUSSION: Our proposal is to allow retired pay of Reservists and Guardsmen earlier than age 60, specifically for Soldiers with more than 20 years of qualifying service. With the rapid transformation of the total Army and the seamless integration of Active and Reserve Components, it is time to lower the age to less than age 60. A study on this was due for release on 1 June, 2006 but has not been seen.

Recommendation: Allow retired pay to be paid to Reservists and Guardsmen earlier than age 60, specifically for Soldiers with more than 20 years of qualifying service.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports efforts to provide for earlier receipt of retired pay for those members of the US Army Reserve and the National Guard who have been in active federal status or on active duty for significant periods.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-16-2007

IMCOM REGION: Northwest

INSTALLATION: Fort Leavenworth, KS

SUBJECT: "Gray Area" Retiree Benefits at Retiree Appreciation Days (RAD)

DISCUSSION: Retired Reservists awaiting pay at age 60 are referred to as "Gray Area" retirees. This category consists of Reservists who have completed 20 years of qualifying service required for eligibility for retired pay, and who have requested transfer to the Retired Reserve. "Gray Area" retirees retain their rank as a member of the reserve component; may wear the prescribed uniform on appropriate occasions; are eligible for a Reserve Retired ID card; have unlimited access to military exchanges, MWR facilities, and commissaries. They may also use space-available transportation within the continental United States on DoD aircraft. Pay and some other benefits, (including medical/legal), do not begin until age 60.

Currently, even though "gray area" retirees are invited to and may attend Retiree Appreciation Day (RAD) annual events, they are denied medical/legal services offered at these occasions. Recommendation: At a minimum, request an exception to policy that allows "gray area" retirees to partake of all one-day services offered at installation Retiree Appreciation Day (RAD) annual events, including medical/legal.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports efforts to include gray area retirees in all RAD events. Medical and legal services provided at installation RADs are subject to local availability. The Installation Retiree Councils, working with their Retirement Service Officers, are encouraged to request this RAD support from their service providers.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-17-2007

IMCOM REGION: Northwest

INSTALLATION: Fort Leavenworth, KS

SUBJECT: Reserve Retirees – All Benefits Immediately Upon Retirement

DISCUSSION: Retired Reservists awaiting pay at age 60 are referred to as “Gray Area” retirees. This category consists of Reservists who have completed 20 years of qualifying service required for eligibility for retired pay, and who have requested transfer to the Retired Reserve. “Gray Area” retirees retain their rank as a member of the reserve component; may wear the prescribed uniform on appropriate occasions; are eligible for a Reserve Retired ID card; have unlimited access to military exchanges, MWR facilities, and commissaries. They may also use space-available transportation within the continental United States on DoD aircraft. Pay and some other benefits, (including medical/legal), do not begin until age 60.

Recommendation: Grant “Gray Area” retirees all benefits (minus pay) immediately upon retirement. The GWOT has redefined the value of the Reserve/Guard. They have earned it.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. However, the Council does support ongoing efforts to review the entire compensation package for the Reserve and Guard forces in light of extended and repeated deployments.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-18-2007

IMCOM REGION: Southeast; **INSTALLATION:** Fort Campbell, KY (two issues)

IMCOM REGION: Southeast; **INSTALLATION:** Fort Knox, KY

IMCOM REGION: Southeast; **INSTALLATION:** Fort Stewart, GA

IMCOM REGION: Northwest; **INSTALLATION:** Fort Leonard Wood, MO

SUBJECT: Full Concurrent Receipt

DISCUSSION:

(Fort Campbell, KY): Concurrent Retirement and Disability Payments (CRDP) program currently restores retirement pay to those retirees with 20 or more years of active federal service, and 50 percent or higher VA disability rating. Recommendations: (1) Support legislation that makes any individual having a VA disability determination of less than 50 percent that are retired or separated from military service, with twenty years or more of active duty eligible for CRDP. (2) Support legislation that makes those individuals who were retired or separated from military service due to a service-connected disability eligible for full concurrent receipt of both veterans' disability compensation and either military retired pay or combat related special compensation.

(Fort Knox, KY): Under current law, most veterans who are retired from the military cannot receive both full retirement annuities from the Department of Defense (DOD) and disability compensation from the Department of Veterans Affairs (VA). Recent legislation has begun to correct this inequity for veterans with disability ratings of 50 percent or greater by gradually restoring their retired pay. According to current law, offsets for these veterans will be eliminated by 2014. Today, veterans rated 100 percent service-connected disabled receive both full retirement annuities and full disability compensation. However, certain veterans paid at the 100 percent rate because they are judged to be unemployable due to their service-connected conditions still have their military longevity pay offset by their disability compensation. The retirement benefits that military retirees receive are but a small portion of the debt this nation owes them. Recognizing the intent of the VA to fairly compensate veterans for their disabilities to the extent to which they impair their earning capacity, we do not believe disability compensation should be offset against military longevity retired pay for those veterans judged unemployable. Recommendation: CSA Retiree Council should support efforts to have Congress eliminate the phase-in and provide immediate concurrent receipt for those retirees rated by VA as unemployable.

(Fort Stewart, GA): Recommendation: Provide full concurrent receipt to all active duty and reserve component disabled retirees regardless of disability rating. This legislation will correct a 100 year disparity between a military retiree's retirement pay, which is earned as a result of longevity of service and concurrent disability pay which is awarded to a veteran for service connected disability. There are proposed Bills in both Houses but not passed to date (refers to the 109th Congress).

(Fort Leonard Wood, MO): Recommendation: All military retirees should be entitled to full concurrent receipt of their retired pay and their VA disability entitlement. Twenty years of active duty service should not be required for those soldiers who were medically retired because of service-connected disabilities. Many military members are forced to retire even after completing less than 20 years of service.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support full concurrent receipt of military retired pay and VA disability compensation regardless of the circumstances or severity of the disability. There are proposed bills in both houses of the 100th Congress that, if enacted, would grant concurrent receipt to all disabled Retired Soldiers.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-19-2007

IMCOM REGION: Southeast; **INSTALLATION:** Fort Knox, KY

IMCOM REGION: Southeast; **INSTALLATION:** Fort Stewart, GA

SUBJECT: Repeal the VA Dependency and Indemnity Compensation (DIC) program's offset of Survivor Benefit Plan (SBP) annuities

DISCUSSION:

(Ft Knox, KY): This is an issue that needs to remain as one of the top concerns by the CSA Retiree Council. The surviving spouse of a military retiree who dies of a service-connected cause is entitled to DIC from the Department of Veterans Affairs (VA). If the retired member was also enrolled in SBP, the surviving spouse's SBP benefits are reduced by the amount of DIC. SBP and DIC benefits are paid for different reasons. SBP is a premium-based purchase by the retiree intended to provide a portion of retired pay to the survivor, whereas DIC is a special indemnity compensation paid to the survivor when a member's service causes premature death. The VA's indemnity compensation should be added to the SBP, not substituted for it. The offset also affects all survivors of members who are killed on active duty. There is also a matter of equity, wherein surviving spouses of federal civilian retirees who are disabled veterans and die of military service-connected causes can receive DIC without losing any of their purchased federal civilian SBP benefits. Recommendation: The CSA Retiree Council should support efforts to have Congress repeal the DIC offset and make provisions to compensate past victims of this unfair procedure.

(Ft Stewart, GA): SBP and DIC are paid for different reasons and should not conflict with each other. This should be introduced in both Houses again. It would take a vote of 218 House members to move the proposed legislation out of committee for debate onto the House floor, but only 168 members have signed the petition. It is also a bill in the Senate.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. This is an issue that must be solved through a change in legislation. During the 109th congress, bills were introduced to eliminate the offset; however, they were not enacted. H.R. 1589 and S. 935 have been recently introduced in the 110th Congress. Both bills would mandate DIC and SBP be paid concurrently. SBP and DIC are paid for different reasons and should not be tied to each other in any way.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-20-2007

IMCOM REGION: Northwest; **INSTALLATION:** Fort Leonard Wood, MO

IMCOM REGION: Southeast; **INSTALLATION:** Fort Campbell, KY

IMCOM REGION: Southeast; **INSTALLATION:** Fort Stewart, GA

SUBJECT: Paid-Up SBP

DISCUSSION:

(Fort Leonard Wood, MO): Current law provides that retirees who have paid SBP premiums for at least 30 years and have reached the age of 70 no longer have to pay SBP premiums effective October 1, 2008. The effective date of the SBP "paid up" provision should be immediately upon the retiree becoming eligible at the age of 70 and being retired for 30 years. Many retirees have already completed 30 years of premium payments and are well past the age of 70. They should not have to continue paying until the plan's effective date of October 1, 2008. Older retirees should receive the same entitlements as our younger retirees. Recommendation: Support moving ahead the effective date.

(Fort Campbell, KY): About 275,000 retired career veterans, who have aged at least 70 years and who have made at least 30 years of Survivor Benefit Plan (SBP) premium payments are denied "paid in full" status. With the current effective date of 1 October 2008, those who enrolled in 1972 will have made 36 years of payments, a 20% overpayment. Recommendation: Support future legislation that accelerates the effective date of paid-up SBP from 1 October 2008, to an earlier date.

(Fort Stewart, GA): There were bills in Congress to move the implementation date from 2008 to 2005, and later amended to October 2006 but they were not passed (HR 968 and S 185). Acceleration of the implementation date for 30 year paid up Survivor Benefit Plan (SBP), by amending Title 10, U.S. Code, is desired. Recommendation: Bills be resubmitted again to be introduced by the 110th Congress.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support this issue; however, no action is needed at this time. Even though legislation to move the date forward has been introduced in Congress, by the time it could become law the implementation date would already be here. The CSA Retiree Council is very pleased that we have, at least, been able to get paid up SBP approved.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-21-2007

IMCOM: Northeast

INSTALLATION: Carlisle Barracks, PA

SUBJECT: Survivor Benefit Plan (SBP) cost refund to next of kin (NOK)

DISCUSSION: The Survivor Benefit Plan (SBP) is an excellent program. We applaud the recent change to the straight 55% annuity program. However, another change that would be advantageous to both the retiree and families of the retiree would be the ability of a partial cost refund for a Designated NOK. This would only be in the cases when the military retiree paid into the SBP for the full 30 years (360 monthly payments) and the spouse of the member passes away before the retiree. If the retiree subsequently passes away without a surviving spouse, a designated NOK would be eligible for a partial cost refund of an amount to be designated, 25 to 50% of what the retiree paid into the program. Recommendation: That the retiree would have to declare a designated NOK in order for the cost refund to be made. This refund may be from 25% to 50% of the amount paid into SBP during the member's retirement.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. SBP is a voluntary form of income protection intended to provide an annuity for a qualified family member upon the death of the Retired Soldier. The cost of SBP is shared by the US government and the Retired Soldier. The proposed action would significantly change the nature of the SBP by providing for a refund of premiums paid for protection already received. This would require either an increase in SBP premiums paid by Retired Soldiers or an increase in the government subsidy amount.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-22-2007

IMCOM REGION: Europe

INSTALLATION: Army in Europe

SUBJECT: DFAS Toll-Free Telephone Service for Retirees and Annuitants OCONUS

DISCUSSION: The Defense Finance and Accounting Service—Cleveland Center (DFAS-CL) currently operates a toll-free call center for military retirees and annuitants. However, this toll-free service cannot be accessed from outside the United States. Extending this toll-free capability to the fifteen thousand retirees and annuitants in the European theater would provide for delivery of more efficient and higher quality service, as the overseas calls could be integrated into the current phone center operations. Further it would reduce the costs borne by the customer in both time and money. As a matter of comparison, the TRICARE program provides toll-free telephone numbers from most OCONUS locations.

Recommendation: The Chief of Staff, Army, urge the Director, Defense Finance and Accounting Service, to take all necessary actions to put into place a toll-free telephone number for use by retirees and annuitants residing in the European theater.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. Matters concerning pay and other monetary benefits for the retiree beneficiary population are quite arcane. Given the level of complexity and confidentiality involved, frequently the only efficient method to resolve such matters is by personal telephone conversation between the beneficiary and the DFAS expert. Establishing a toll-free number, similar to the TRICARE system, would result in a savings in time for both parties.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-23-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Elimination of the 1 January decision point for CRSC versus CRDP

DISCUSSION: Currently, recipients of concurrent receipt are forced to wait until 1 January of each year to make a decision as to whether the Combat-Related Special Compensation (CRSC) or Concurrent Retirement and Disability Payments (CRDP) program is more beneficial. If the CRSC benefit is indeed more beneficial than CRDP for a non-combat disability, then the Retired Soldier is penalized substantially by waiting months to render their decision. Recommendation: That an Open Season is eliminated as the method for a Retired Soldier to choose which plan under which to receive benefits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue, and recommends allowing changes to be made throughout the year.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-24-2007

IMCOM REGION: Northwest

INSTALLATION: Fort McCoy, WI (California/Nevada Retiree Council)

SUBJECT: Recall of Deceased Sponsor's Retirement Pay during Month of Death

DISCUSSION: Current regulations call for the recoupment of retired pay entitlement for the entire month of the death of a military retiree, and that a request be completed by the identified beneficiary to recover retired pay for that portion of the month in for which the retiree was living and entitled to pay.

Recommendation: That the regulation be changed to allow that retired pay be stopped on the last day of the month during which the retirees death occurs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. However, the Council does support efforts to minimize the unseemly burden currently placed on the survivor to reclaim the authorized retirement pay. Accordingly, the Council supports a change to the retired pay system which would allow for a change to recoup only that portion of the retired pay for those days in the month following the death of the Retired Soldier.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-25-2007

IMCOM REGION: Europe

INSTALLATION: Army in Europe

SUBJECT: Direct deposit of veterans benefits to foreign bank accounts

DISCUSSION: The Department of Veterans Affairs (VA), unlike the Defense Finance and Accounting Service (DFAS), the Social Security Administration (SSA) and the Office of Management and Budget (OMB), has not yet implemented procedures for direct deposit to foreign banks. Retired Soldiers and annuitants residing OCONUS who do not have an account with a US bank must receive their benefits from VA by check. Additionally, due to international agreements and banking laws in many foreign countries, surviving spouses of US military retirees often lose their privilege to utilize military banks when the sponsor dies. The practice of payment by check is not only costly to both the Government and the recipient, it is also very often extremely burdensome for OCONUS beneficiaries. For some, the burden is simply the cost of processing the check and having to convert the US dollars into foreign currency, which can cost up to 15 percent of the amount of each check in fees and commissions. For many others, the burdens imposed do not end with the cost of conversion. Many surviving spouses face challenges of physical disability and/or of obtaining transportation in order to cash and convert the annuity payments. With the drawdown of US forces, closure of US military installations, and implementation of increasingly strict security measures on those that remain, the option of using a US military finance office on an installation to cash annuity checks and convert the proceeds has become less viable. Ironically, many annuitants reside within a short walking distance to a non-US bank.

The International Direct Deposit (IDD) procedure currently used by DFAS-CL, SSA and OMB provides for the conversion to the foreign currency at commercial rates, which are much more beneficial to the recipient, and the deposit of the foreign currency in the foreign bank without any additional charge to the government or the beneficiary.

Retirees and annuitants are still part of the Army family. In the case of annuitants, they have sacrificed just as much as their deceased spouses to our country and our Army. They should not be denied the full amount of their benefits because of bureaucracy.

Recommendation: Chief of Staff, Army, urge the Secretary of Veterans Affairs to establish without delay procedures for direct deposit of VA compensation by retirees and annuitants residing in foreign countries.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue, and recommends that the Department of Veterans Affairs establish procedures for direct deposit of benefits checks to foreign bank accounts similar to the procedures adopted by the Social Security Administration and the Defense Finance & Accounting Service – Cleveland Center.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-26-2007

IMCOM REGION: Korea; **INSTALLATION:** US Forces Korea

IMCOM REGION: Southeast; **INSTALLATION:** Fort Stewart (2)

SUBJECT: Tax-free healthcare-related premiums

DISCUSSION:

(Korea): *Ref Medicare Part B premiums:* Legislation was introduced in 2006 in both the Senate and the House of Representatives to make Federal Employees Health Benefit Plan (FEHBP) and TRICARE Prime healthcare premiums tax-free for federal employees and military retirees. Recommendations: That (1) DFAS incorporates the capability to deduct Medicare Part B premiums from military retired pay; and (2) those premiums are tax-free. Implementation of these recommendations would establish tax equality for military retirees living overseas, where TRICARE for Life is often the only non-commercial healthcare coverage available.

(Fort Stewart): *Ref healthcare premiums:* Passage of H.R. 994 and S. 484 (refers to 109th Congress) would allow military retirees to pay for health insurance premiums on a pre-tax basis when those premiums are paid through a pension reduction arrangement. It also would allow active duty and retired military personnel to deduct certain supplemental premiums or enrollment fees for TRICARE from their taxable income. Recommendation: Modify the tax treatment of health insurance premiums paid by active duty and retired military personnel so as to lessen their premium burden and afford them the tax advantage available in the civilian sector.

(Fort Stewart): *Ref dental plan premiums:* Many civilian businesses use the pre-tax option for both medical and dental coverage. Recommendation: That the federal government follows the civilian sector's lead and eliminates the disparity between government and civilian sectors by allowing active duty personnel and military retirees to pay for their dental insurance premiums on a tax-free basis.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. On 9 January 2007, H.R. 343 was introduced to amend the Internal Revenue Code of 1986 to allow a refundable credit to military retirees for premiums paid for coverage under Medicare Part B. H.R. 1110 was introduced on 16 February 2007 to allow Federal civilian and military retirees to pay health insurance premiums on a pre-tax basis and to allow a deduction for TRICARE supplemental premiums.

The Council supports legislative changes that would allow Retired Soldiers to pay their health care premiums on a pre-tax basis. The Council further encourages DFAS-Cleveland to coordinate with the Social Security Administration to accept allotments for the payment of Medicare Part B.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-27-2007

IMCOM REGION: Korea

INSTALLATION: US Forces Korea Combined Councils

SUBJECT: Military postal limits for overseas retirees

DISCUSSION: Fully retired retirees -- those not working as civil servants or contractors for DoD, and thus not covered by the Status of Forces Agreement (SOFA) in Korea -- are limited to one pound for mail sent or received through military APOs/FPOs. The only exception is for TRICARE Mail Order Pharmacy (TMOP) packages. For other health and welfare needs, fully retired retirees must use the Korean mail facilities, notorious for high expense and poor service. We estimate that approximately 70 percent of the approximate 2,000 retirees (from all Services) residing in Korea are civil servants or contractors, so this expansion of APO/FPO mail service to military retirees would encompass about 600 retirees. It should be noted that many of those fully retired retirees provide significant volunteer support to military communities.

Recommendation: DoD change the policy to raise the postal limits for non-SOFA military retirees in overseas areas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support this issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-28-2007

IMCOM REGION: Southwest

INSTALLATION: Fort Hood, TX

SUBJECT: Commissary Closure and Surcharges

DISCUSSION: When so many of the retiree benefits are being attacked, the increased cost of food through increased surcharges is absolutely beyond comprehension. Many retirees deliberately settle near installations with commissaries to be able to have access to this benefit. Probably many found it necessary to do this just to be able to maintain a reasonable lifestyle, even though it meant giving up that final move to a location more to their liking. Then to have to face the possibility of loss of the benefit entirely through Base Realignment and Closure (BRAC) is a severe penalty for retirees. The estimated savings of 30 percent at commissaries is a significant savings for retirees. Recommendation: Any action to raise the surcharge for retirees must be strongly rejected. There must be a strong resistance to any proposed changes in the Defense Commissary Agency (DeCA).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council recommends no action at this time. There is no legislation pending to increase the surcharge. Any proposed increase would have to go through the Commissary Operating Board, a group of senior service and defense officials, and then the Board's recommendation would be staffed through the Defense Department.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-29-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Campbell, KY

SUBJECT: Establish an Under Secretary of Defense for Retiree Affairs

DISCUSSION: Creation of an Under Secretary of Defense for Retiree Affairs would establish the means and ways to finally collect and address the numerous military concerns and issues that require inter-service coordination and resource. In addition, an Under Secretary of Defense for Retiree Affairs position could encourage members of the media, our nation's many retiree organizations and associations and the American people to actually learn the true intentions of the Department of Defense (DoD) in regards to our nation's retirees and their survivors. This individual could also help dispel the growing misinformation campaigns that are routinely associated with the DoD bean counters, which sadly attempt to pit the needs of the active forces against the military retiree community and their supporters in concerns such as health care, TRICARE premiums, and Survivor Benefit Plan (SBP) grievances. Recommendation: Establish an Under Secretary of Defense for Retiree Affairs position.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. The Council agrees that an Under Secretary of Defense for Retiree Affairs could be another worthwhile bridge between the retiree population of all services and citizens of the US, but given the scope of the Global War on Terrorism, budget constraints, and current priorities, the concept is not feasible at this time.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-30-2007

IMCOM REGION: Southwest

INSTALLATION: Fort Hood, TX

SUBJECT: Joint Services Retiree Council

DISCUSSION: Retiree and family member issues are not Service specific. A military retiree is a military retiree.

Recommendation: That a Joint Service Retiree Council be established so that a united voice of all retirees and their family member concerns can be heard.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. The Council agrees that a Joint Services Retiree Council would help to unite the retiree voice. But given the scope of the Global War on Terrorism, budget constraints, and current priorities, the concept is not feasible at this time. Dialogue does occur between service department retiree councils and service retirement program headquarters. Also, it is not unusual for joint service representatives to attend the annual Chief of Staff, Army, Retiree Council meeting and vice versa. The Council recommends DoD pursue an annual meeting with the chairmen/co-chairmen of all service department retiree councils to discuss issues of the highest priority among the entire military retired community.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-31-2007

IMCOM REGION: Northeast

INSTALLATION: Fort Eustis, VA

SUBJECT: Widows/Widowers Representation on the Chief of Staff Army Retiree Council

DISCUSSION: According to a briefing presented by Col (Ret) Radke, DA RSO, at the Fort Monroe Retiree Day in October 2006, there are 720,000 Army retirees. Of that number, 126,000 are surviving widows/widowers of retirees. That is 17.5 percent, or slightly more than 1/6th of the entire retiree population. The Fort Eustis Retiree Council took the initiative a few years ago to add a slot on their council for an Army widow/widower. This person is a full voting member and has made a huge positive impact in our community. Recommendation: That the Army, Chief of Staff Retiree Council put a position on its Council for a widow/widower to provide representation for this 17.5 percent of the population it serves.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council will take no action on this issue at this time. The Co-Chairmen have tasked each Council member to research the concept of adding an additional member to the makeup of the Chief of Staff, Army, Retiree Council. The Council will reevaluate the issue at the 2008 meeting. The Council believes the current structure of the Chief of Staff, Army, Retiree Council provides representation of all Retired Soldiers, family members, and widows/widowers within the Army family.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-32-2007

IMCOM: Southwest

INSTALLATION: Fort Hood, TX

SUBJECT: Format Change for Submission of CSA Retiree Council Issues

DISCUSSION: AR 600-8-7 (Retirement Services Program) governs submission of issues to the CSA Retiree Council. AR 608-47 (Army Family Action Plan) governs the implementation of that program. The Retiree Council system provides little feedback on a timely basis of the issues at different levels of command. A mid-year review is held at the DA level only. AFAP employs a formal General Officer Steering Committee at HQDA that meets semi-annually to receive report status, discuss issues, establish priorities, etc. A steering committee also meets semi-annually at the MACOM and installation level. The AFAP system continuously reviews issues at all levels and feedback is shared up and down at each level of command.

Recommendation: That the CSA Retiree Council process for submission and feedback of issues be changed to more closely reflect the AFAP process.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. The AFAP program has a much larger population to service and is staffed for that population and their mission. A semiannual review by Council co-chairmen and end of year submission date for council issues allows adequate staffing / reaction time. Also, current staffing and mission requirements for the Army Retirement Services Office does not allow for additional taskings at this time.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-33-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Rucker, AL

SUBJECT: Allow Commercial Sponsorship for Retiree Appreciation Days (RAD)

DISCUSSION: Under Secretary of Defense Memorandum 1015.1.0 does not allow for commercial sponsorship of installation Retiree Appreciation Days (RAD). Many of our junior retirees cannot afford to attend all of the RAD functions such as dinners, lunches and breakfast due to cost. Referenced DoD memorandum does provide waivers to the prohibition of the use of commercial sponsorship for the Army Family Action Plan (AFAP) and Army Family Team Building (AFTB) programs. Recommendation: That a waiver to policy is initiated to also allow for commercial sponsorship of RAD activities. This will allow full participation in the RAD by all retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support the sole commercial sponsorship for RAD because it conflicts with joint ethics regulations and Army Regulation 215-1. The Council does, however, support the concept of combining RAD and Morale, Welfare and Recreation events, permitting MWR to seek commercial sponsorship and providing a greater benefit for Retired Soldiers attending the annual retiree activities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-34-2007

IMCOM REGION: Pacific

INSTALLATION: Schofield Barracks, HI

SUBJECT: Continuation of Installation Retiree Appreciation Days (RAD)

DISCUSSION: Retiree Appreciation Day (RAD) programs are valuable events that update and provide information to retirees and their spouses or widow(er)s once a year. The programs provide a needed venue to discuss topics of interest, e.g., health and medical services; MWR programs; privileges to exchanges, commissaries, and post facilities; and other benefits and entitlements related to retired pay, VA, Social Security, survivor benefits, and other qualified compensations. Recently, we have heard (from various sources) of proposals to discontinue these annual events. Although information for retirees is available through publications such as *Army Echoes*, installation retiree bulletins and post newspapers, the most effective means to foster goodwill and maintain good relations between the retired and active duty community is by proactive participation between installations and the communities they serve. The hard work and efforts to conduct such programs are recognized and appreciated by the retiree community. They are keenly aware that RADs are conducted solely with their interests in mind. Recommendation: That in view of the important goal of building and maintaining a close relationship between the active and retired family, the Army continues the policy of conducting the annual RAD program.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the Army policy of conducting annual Retiree Appreciation Day (RAD) events as outlined in Army Regulation 600-8-7. The requirement to conduct an annual RAD has been most recently reinforced at a Garrison Pre-command Course which all new Garrison Commanders, Deputies to the Garrison Commander, and Garrison Command Sergeants Major attend. The council understands the importance of these events in bringing Retired Soldiers and their families up-to-date on the myriad of retirement benefits and services available to them, and in keeping them connected to their active duty communities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-35-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Continued appropriated funding of installation Retirement Services Officers (RSO)

DISCUSSION: This is a resubmission of this issue by Fort Stewart. The Army retiree community is very appreciative of the US Army's proud tradition of being the only military service that supports its retired community through use of installation RSOs paid with appropriated funds. This level of commitment by the Army's senior leadership has contributed greatly to making installation RSOs effective service-providers and able advocates for Army retiree community. Continuation of this proud tradition is essential to sustaining installation RSOs as visible and viable resources for the retiree community.

Recommendation: Do not eliminate or reduce appropriated funding for installation RSOs, or outsource the RSO function as a cost-saving measure. To do so would diminish the existing bond between the active and retired Army communities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support the sustainment of a full-time installation Retirement Services Officer (RSO) whose position is staffed and funded to properly implement the Army Retirement Services program within their areas of responsibility. The Installation Management Command (IMCOM) is committed to providing a high, world-wide standard of service for retiring and Retired Soldiers and their families. During the 2007 meeting of the Chief of Staff, Army, Retiree Council, the Commanding General, IMCOM, briefed the Council on a proposed standardized GS-11 position description for all Retirement Services Officers. Funding for retirement services is currently included in the overall "QPSG" Management Decision Package (MDEP). Per IMCOM, there are no plans to move retirement services to any other MDEP or funding source.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-36-2007

IMCOM REGION: Pacific

INSTALLATION: Schofield Barracks, HI

SUBJECT: Retirement Services Office Staffing

DISCUSSION: The US Army Retiree Council, Hawaii, considers the installation Retirement Services Office to be extraordinarily valuable as a service provider to our active and Retired Soldiers and their families. The office serves as a convenient and official organization to answer questions and for dissemination of procedures, policies, and benefits, to alleviate misunderstanding on the wide variety of programs that exist. The local VA office in Honolulu has recognized that, among the services, the Army RSO program is the most effective in providing assistance, especially when new programs are enacted by public law, i.e. Combat-Related Special Compensation and Concurrent Retirement and Disability Payments (CRDP). The Retiree Council is aware of the support by the Army G-1 in sustaining and maintaining the functions of retirement services. However, the issue of A-76 studies and competitive outsourcing does and will continue to arise as performance work statements are subject to review. As government employees, the RSO staff at all Army installations has undergone many years of training and hands-on experience. If a decision is made to use a commercial source to perform these functions, the high quality of service and performance standards available with the existing staff will be seriously impaired. The value of an experienced and well-trained staff is indispensable. Employees in the retirement services office are tasked to provide advice and assistance on issues affecting entitlements and monetary benefits, often governed by public laws enacted by Congress.

Recommendation: Propose that consideration is given to declaring formally that the RSO staff positions are "inherently governmental" which mandates performance by Federal employees only. A description of Inherently Governmental follows: *Inherently Governmental:* An inherently governmental activity is a function so intimately related to the public interest that it mandates performance by Federal employees. These functions include those activities that require either the exercise of discretion in applying Government authority or the making of value judgments in making decisions for the Government. Governmental functions normally fall into two categories: 1) the act of governing, i.e., the discretionary exercise of government authority, and 2) monetary transactions and entitlements. OMB OFPP Letter 92-1 contains further details regarding the definition of an inherently governmental activity.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. An inherently governmental activity is an activity that is so intimately related to the public interest as to mandate performance by government personnel. These activities require the exercise of substantial discretion in applying government authority and/or in making decisions for the government. Inherently governmental activities normally fall into two categories: the exercise of sovereign government authority or the establishment of procedures and processes related to the oversight of monetary transactions or entitlements. Under the current definition, the interpretation is that RSOs do indeed make decisions on behalf of the government. The RSO commits the government to paying thousands of dollars to a Retired Soldier and his or her beneficiaries. The federal government potentially faces civil suits involving claims of government error in SBP counseling, which is one of the principle duties of an RSO. Clearly, the RSO provides guidance which obligates the government to financial entitlements. Every RSO is charged to protect both the Retired Soldier and the interests of the United States government. Accordingly, IMCOM should declare installation RSO positions "inherently governmental" which mandates performance by Federal employees only.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-37-2007

IMCOM: Northeast

INSTALLATION: Carlisle Barracks, PA

SUBJECT: Create Army Reserve Retirement Services Officers (RSO)

DISCUSSION: Army Reserve “gray area” retirees are basically left on their own to learn about their gray area and retirement benefits. Other than receiving *Army Echoes*, they are without any guidance on their benefits. The Installation Retirement Services Officers (RSO) are now being called on to provide benefit briefings for all Reserve and National Guard retirees turning age 60. To assist the gray area retirees, the Carlisle Barracks RSO will be conducting monthly “pre-60 retiree group briefings” for all Reserve and National Guard gray area retirees who receive their retirement orders, and has also included all the gray area Army retirees on the mailing list for the Carlisle Barracks retiree bulletin. Recommendation: We believe that the Army Reserves Commands should also have a full-time RSO located in the Reserve Commands who can assist gray area retirees with retirement and gray area retiree issues, or at least publish a quarterly newsletter that could be developed and mailed to gray area retirees through the Army Reserve Commands or the US Army Human Resources Command—St Louis.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the concept of authorizing a Retirement Services Officer (RSO) at each Regional Readiness Command (RRC). U.S. Army Human Resources Command (HRC)-St. Louis has developed a plan to create a RSO branch at HRC-St. Louis to provide support to each RRC. The plan included one RSO position supporting each RRC, AR-MEDCOM, and other Army Reserve agencies not aligned under a RRC. There would be a Program Manager position created to provide management and oversight for the RSOs. HRC-St. Louis is currently pursuing three possible courses of action: 1) hire civilian employees to provide the services, 2) outsource this service, or 3) pursue incorporating these services within an Army Benefits Center. An RSO, with in-depth knowledge of the USAR retirement system, would greatly enhance Reserve Component Soldiers’ ability to make timely and accurate decisions regarding their retirement entitlements and benefits. The Council supports the plan developed by HRC-St. Louis.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-38-2007

IMCOM REGION: Southeast

INSTALLATION: Fort Campbell, KY

SUBJECT: Keeping the retiree community informed by providing statistics

DISCUSSION: Statistics which would be of interest and use to the military retired community are not readily available. The following statistics would be of interest and value to the Army military retired community particularly in discussion with government officials.

- Number of officer, non-commissioned officers and enlisted retirees
- Total value of monthly retired military pay and total by Veterans Administration
- Past year's deaths, and projected deaths for the next two years
- Cost to Department of the Army for burials by year for the last two years
- Number of retirees contributing to Survivor Benefit Plan (SBP)
- Annual receipt of funds for SBP and annual outlay for past two years
- Current SBP reserve
- Number of widows receiving SBP and monthly value (or average individual monthly amount) for present and past year

Recommendation: These could be included in every other issue of *Army Echoes* and would provide useful information for retirees. Retirement Services Officers (RSO) should publish the same information geared towards their specific areas of responsibility in their periodic publications.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support requiring "Army Echoes" or Retirement Services Officers to publish statistical information in their respective publications due to critical space limitations and possible additional costs. The Council's position is that DoD statistics are readily available. The DoD Office of the Actuary, Statistical Report can be accessed online and The Defense Manpower and Data Center (DMDC) can also run queries from their very comprehensive data base at the request of an installation RSO. For non-DoD statistics, there are many VA and other government websites that can be utilized to obtain necessary information. "Army Echoes" will try to include "short shots" of statistics of interest to its readers as space permits.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-39-2007

IMCOM REGION: Southeast

INSTALLATION: Redstone Arsenal, AL

SUBJECT: Negative impact of underreporting installations' retiree/annuitant populations

DISCUSSION: *Note: Redstone Arsenal (RSA) statistics will be used as an example for this proposal. We are confident that our information parallels many other military installations world-wide.*

RSA is the only full-service military base within the region and therefore provides services to active duty, National Guard, Reserve, retired military, and their respective family members from across northern and central Alabama, northeastern Mississippi, southern Tennessee, and northwest Georgia. Recent Base Realignment and Closure (BRAC) projections show a net gain of over 4,000 Department of Army (DA) civilians and contractors, arriving by 2011--many of which are also military retirees accompanied by family members. Consequently, retiree patronage of installation facilities and services is expected to substantially increase, and the need to improve and/or expand services will accompany the swell of new employees in conjunction with support improvements or expansion of facilities and services on an installation.

ASIP data is filtered using a formula that only captures information for the allowed 40-mile radius around an installation. Defense Commissary Agency (DeCA) only uses data for a 20-mile radius. Due to our location, RSA realistically provides services to the active, reserve, and retired military populations in an 80-plus mile radius. As a result, the surrounding population on RSA's 2006 ASIP is 41,143. Statistics provided by the Redstone Garrison Installation Manpower Status Report (IMSR) in Sep. 2006 reflect that RSA actually supports approximately 191,301 members -- 74,449 of whom are military retirees or annuitants. This data does not even begin to capture the 100 percent disabled veterans who are also authorized patrons. RSA Retiree Appreciation Day (RAD) 2006 had approximately 3,000 attendees, many from locations as far away as Chattanooga and Memphis, Tennessee.

This underreporting of our retiree/annuitant population has already resulted in negative consequences for quality of life issues for retirees patronizing RSA. Last January we were informed that our population was "insufficient" to support several MWR infrastructure improvements needed on the installation. Funding to build a new commissary has not been approved due to similar reasons.

Recommendation: Respectfully request that the system be changed to include retirees, retired family members, and annuitant statistics for funding of base operations and staffing of these services.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the review and update of the methods used to assign the retiree population to installations. Currently, IMCOM HQ, the proponent for the Army Stationing and Installation Plan (ASIP), is examining and assessing the methods to be used to align the retiree population to various installations.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-40-2007

IMCOM REGION: Southwest

INSTALLATION: Fort Hood, TX

SUBJECT: Awareness of Military Retirement Benefits

DISCUSSION: Many young people who are joining the military and those who are reenlisting do not realize the retirement benefits they would receive if they stay at least 20 years. Young adults and Soldiers who reenlist should be given a listing of the benefits that will be afforded to them if they stay long enough to retire. Putting the benefits on paper will make the Soldier aware and also put Congress on notice to uphold retirement benefits and will not afford Congress the opportunity to whittle away at retirement benefits. This would also help increase longevity for Soldiers because they will see on paper what they will receive if they stay to retirement and what they are giving up if they do not. Recommendation: A list of benefits should be provided at initial entry and before every reenlistment.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support responsible initiatives to enhance awareness and understanding of military retirement benefits. However, with the Army's total commitment to the Global War On Terrorism issues coupled with the existing comprehensive programs and tools that explain retirement benefits and entitlements, the Council does not support the recommendation to provide a list of benefits at initial entry and before every reenlistment. Many existing programs including the HQ ARSO website that offers many comprehensive tools that explain retirement benefits and entitlements and their linking of that website with the LES twice a year are several indications that there are many sources available to the Soldier and family members. However, it should be remembered that it is the ultimate responsibility of the individual Soldier and their leaders at all levels to use the existing tools available to become more knowledgeable on all retirement and related matters.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-41-2007

IMCOM REGION: Southeast; **INSTALLATION:** Fort Stewart, GA

IMCOM REGION: Southwest; **INSTALLATION:** Fort Hood, TX

SUBJECT: Identity theft – use of SSNs on ID cards

DISCUSSION:

(Fort Stewart, GA): *Ref dependent ID cards:* Family member ID cards have both the family member and sponsor's full SSN on the ID card. Identity theft is prevalent in today's society. This being the case, all active duty and retiree family members are easy targets for identity theft. DoD can minimize identity theft and better protect military family members by mandating the removal of the family member's SSN from the ID card. This proposal can be accomplished by using the current ID cards. The utilization of the current ID card makes this proposal extremely advantageous with no associated cost. Additionally, there will be no additional costs associated with manpower, programmatic changes, and/or reissuing of ID cards. Removing the full SSN from family member ID cards can be accomplished during the initial issue of the ID card and at renewal. There is no need to immediately change all family member ID cards.

Although on the family member ID cards there currently exists the option not to have the family member's SSN printed on the card, this does not resolve the prevalent issue of identity theft. Family members are unaware that this option currently exists. Therefore, ID card issuing facilities should notify family members at the time their ID cards are being issued. Additionally, there should be awareness posters posted in the ID card issuing facilities for family members to read. The removal of the family member SSN on the ID card is a big step in better protecting them from identity theft. Recommendation: DoD should look at this as a partial fix since the sponsor's SSN is still on the family member ID card.

(Fort Hood, TX): *Ref retiree ID cards:* Due to recent severe breaches of security at the VA and other agencies, there is a heightened awareness of the need to protect personal data. Military retiree ID cards contain the complete social security number (SSN), birth date, and other personnel information which if lost would make it easy for someone to steal the identity of a military retiree. By only having the last 4 of the SSN on the retiree ID card this would alleviate some instances of identity theft. The complete SSN could be embedded in the magnetic strip (bar code) on the back of the card. This would help protect retirees and family member from having their identification stolen. Recommendation: Show only the last four digits of a retiree's SSN on their military ID card.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council continues to support the importance of the need to deter identity theft wherever possible. This issue was considered by the Council last year (03-37-2006) and rejected for two reasons: 1) to meet the requirements of the Geneva accord; and 2) to facilitate legislatively mandated DoD benefits and entitlements. While these two reasons still exist, Congress has asked DoD to report on the feasibility and cost implications associated with the removing the SSN from the ID card.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-42-2007

IMCOM REGION: Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: Identity Theft -- SSNs and Installation Facilities

DISCUSSION: At a variety of facilities on military installations, military retiree ID card holders are required to show/use their SSN, thereby enabling those wishing to steal one's identity. Examples where installation occasions that require use of a retiree's full SSN include: medical prescription orders, financial transactions, sign-in rosters, applications for vehicle stickers, and club memberships. Recommendation: Installations should require only the last four SSN numbers for retiree users of services, whenever feasible, to lessen opportunities for identity theft.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. The Council recognizes that there is an Army-wide initiative to eliminate the use of SSNs to identify patrons and service eligibility. The Army understands that it has a need to protect the personal data of our Soldiers, Retired Soldiers and family members. With the implementation of Defense Integrated Military Human Resources System (DIMHRS) SSNs will not be used to identify or qualify patrons for benefits and services. Until such time as DIMHRS is operational, the Council urges IMCOM to stress to Garrison Commanders that they must ensure measures are in place to protect the privacy of individuals by providing use of private rooms when available, adding privacy screens to computers, and eliminating sign-in rosters that require recording one's full SSN.



DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1
CHIEF OF STAFF, ARMY, RETIREE COUNCIL
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Army Retirement Services

26 April 2007

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The forty-seventh meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 23-27 April 2007.
2. The Council extends its gratitude to General George W. Casey, Jr., for making time to meet with the Council and to Lieutenant General James L. Campbell, Sergeant Major of the Army Kenneth O. Preston, and Lieutenant General Michael D. Rochelle for their continuing support of Retired Soldiers while The Army and our Nation are at war. It would also like to thank General Peter J. Schoomaker for his active support in making the Retired Soldier pin a reality.
3. Health Care: Health care remains the single greatest issue for military beneficiaries, affecting the well-being of the more than 900,000 Retired Soldiers, Wounded Warriors, and surviving spouses worldwide. Of the 42 issues submitted by major Army installations worldwide, 13 address the quality, accessibility, availability, and affordability of the Military Health Service System. Despite the significant, positive changes to military health care in recent years that resulted from the realization of TRICARE-for-Life and other programs and improvements already implemented, more still needs to be accomplished.

Improvement a: Sustain the viability of the military health care program by continuing to support the full resourcing of high-quality health care.

Improvement b: If an increase of TRICARE fees must be implemented by the DoD, increases should not exceed the annual rate of growth in retired pay.

Improvement c: Raise the TRICARE provider reimbursement levels, as necessary, to attract and retain a network of physicians needed to provide accessible health care services to all beneficiaries.

Improvement d: Incorporate improvements and refinements to the non-subsidized Retiree Dental Program during the ongoing procurement cycle by providing the ability to buy higher levels of services, and by expanding the Retiree Dental Program to countries where there is a sufficient population to make it commercially viable, such as Germany and Korea, to permit beneficiaries to receive care in the country of residence.

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

Improvement 5: Continue to support collaborative efforts between the Department of Defense and the Department of Veterans Affairs to enhance the two health care systems that preserve and improve the benefits for all beneficiary groups including military retirees and to ensure seamless transition, especially for Wounded Warriors.

4. Strategic Communications: Retired Soldiers constitute an operational reserve of potential force-multipliers available to the Army for use in the Persistent Conflict that defines the worlds of today and tomorrow. Properly armed with talking points and support material (such as DVD and handouts), their effectiveness in telling the Army story can be enhanced. Communications with and education of retiring and Retired Soldiers, their family members, and their surviving spouses continue to be essential to ensuring their own well-being and critical to marshalling support for our Army.

Improvement a: Tailor a section of the Strategic Communications Guide to Retired Soldiers to provide them with topical subjects they can use in their everyday interactions with citizens in their local communities.

Improvement b: Communicate personally with all Retired Soldiers at least annually sharing with them your priorities and providing them with the messages you want them to pass on.

Improvement c: Include in every issue of Army Echoes - the principal Army publication that keeps Retired Soldiers, their families and their surviving spouses in touch with ever-changing retiree benefits and entitlements – a section containing talking points for telling the Army story.

Improvement d: Continue to provide funding for three issues per year of “Army Echoes.” Although efforts continue to maximize the use of the electronic version, known as “E-Echoes,” recipients should not be forced to forego receiving a hardcopy version.

Improvement e: Continue to provide sufficient resources to support the educational efforts necessary to address retirement and retiree programs, i.e., Retiree Appreciation Days; Retirement Services Officer training; and full, un-sponsored access to Army Knowledge Online (AKO) by Retired Soldiers, their family members and surviving spouses.

Improvement f: Include the DA Retirement Services Office on selected distributions list for Office of the Chief of Public Affairs press releases, to facilitate the inclusion of current topics in the “Army Echoes” and their distribution to current and former members of the Chief of Staff, Army, Retiree Council

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

5. In addition, the Council urges the Chief of Staff, Army, to:

a. Now that the job description and grade of installation Retirement Services Officers have been standardized, fund and implement them expeditiously to ensure common levels of support across the Army.

b. Support efforts to take care of surviving spouses by eliminating the Dependency and Indemnity Compensation offset to the Survivor Benefit Plan annuity.

c. Continue to support ongoing programs leading to full concurrent receipt of military retired pay and VA disability compensation for all eligible military retirees.

d. Further the concept of equity for retired Army Reserve and National Guard Soldiers by supporting the transformation of the Reserve Component retirement system to recognize the hardship and risks of multiple deployments to retain and encourage those who serve to complete their reserve component careers.

e. Urge DoD to support legislation to authorize pretax payment of TRICARE Prime enrollment fees and premiums for TRICARE supplemental, long-term care, and TRICARE dental insurance.

f. Support the amendment of military postal system rules to authorize mail privileges for Box R patrons (Retirees) for parcels up to five pounds, unless further restricted by host governments.

6. The Council extends its thanks to the distinguished guest speakers listed at Enclosure 1 for the invaluable information and insight they provided.

7. The members of the Council participating in the meeting are listed at Enclosure 2.


JACK L. TILLEY
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman


FREDERICK E. VOLLRATH
Lieutenant General
U.S. Army, Retired
Co-Chairman

Enclosures

1. Guest Speakers
2. Council Members

GUEST SPEAKERS

HON Pete Geren, Acting Secretary of the Army

GEN George W. Casey, Jr., Chief of Staff, United States Army

GEN Gordon R. Sullivan, USA (Retired), President and Chief Operating Officer,
Association of the United States Army

HON Ronald J. James, Assistant Secretary of the Army (Manpower & Reserve
Affairs)

LTG James L. Campbell, Director of the Army Staff, United States Army

SMA Kenneth O. Preston, Sergeant Major of the Army

LTG Michael D. Rochelle, Deputy Chief of Staff, G-1, United States Army

Dr. Stephen L. Jones, Principal Deputy Assistant Secretary of Defense for Health
Affairs, Department of Defense

VADM Norbert R. Ryan, Jr., USN (Retired), President, Military Officers
Association of America

MG Herbert L. Altshuler, Commander, United States Army Civil Affairs and
Psychological Operations Command, United States Army, representing the
Chief of Army Reserve, United States Army

MG Raymond W. Carpenter, Special Assistant to the Director, Army National
Guard

MG William M. Matz, Jr. USA (Retired), President, National Association of the
Uniformed Services, representing the National Veterans Alliance

MG Gale S. Pollock, Acting The Surgeon General/Commander, United States
Army Medical Command, United States Army

BG Anthony A. Cucolo III, Chief, Public Affairs, United States Army

BG David D. Halverson, Director of Operations, Readiness and Mobilization,
Office of the Deputy Chief of Staff, G-3/5/7

BG John A. Macdonald, Deputy Commanding General, U.S. Army Installation
Management Command, United States Army

Mr. William Carr, Acting Deputy Under Secretary (Military Personnel Policy),
Department of Defense

Mr. Joseph F. Guzowski, Principal Deputy Chief of Legislative Liaison, Office of
the Secretary of the Army

GUEST SPEAKERS

Mr. Mark R. Lewis, Assistant Deputy Chief of Staff, G-3/5/7

Mr. William Tyminski, Director, Retired and Annuitant Pay, Defense Finance and Accounting Service-Cleveland Center

COL Robert Norton, USA (Retired), Deputy Director, Government Relations, Military Officers Association of America, representing the Military Coalition

LTC William Loper, USA (Retired), Director, Government Affairs, Association of the United States Army, representing the Military Coalition

MEMBERS OF THE CHIEF OF STAFF, ARMY, RETIREE COUNCIL

<u>RANK/NAME</u>	<u>INSTALLATION</u>	<u>IMCOM REGION</u>
LTG Frederick E. Vollrath Co-Chairman	At Large	At Large
SMA Jack L. Tilley Co-Chairman	At Large	At Large
BG Barton J. Gilbert	Fort McCoy	Northwest
COL Robert A. Mentell	Army in Europe	Europe
COL Mary L. Messerschmidt	Fort Sam Houston	Southwest
COL Alan B. Phillips	Army in Europe	Europe
COL Arlene F. Greenfield	Fort Myer	Northeast
LTC Charles R. Hunsaker	Fort Benning	Southeast
CSM Lonny L. Cupp	Fort Carson	Northwest
CSM G. Frank Minosky	Fort Hood	Southwest
SGM Steven R. Davis	EUSA	Korea
SGM Clifford M. Lovett II	Fort Leavenworth	Northwest
MSG James C. Elliott	Fort Sill	Southwest
MSG Della L. Hodges	Fort Monmouth	Northeast