DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF FOR PERSONNEL
ARMY RETIREE COUNCIL
300 ARMY PENTAGON
WASHINGTON DC 20310-0300

Army Retirement Services 6 April 2001

MEMORANDUM FOR SEE DISTRIBUTION:

SUBJECT: Chief of Staff, Army Retiree Council Report

1. The forty-first meeting of the Chief of Staff, Army (CSA) Retiree Council was held in the Pentagon during the period 2 - 6 April 2001.

2. The Council members reviewed and discussed 60 issues submitted by 16 installation retiree councils. All issues submitted by Installation Retiree Councils, with CSA Council comments, are at enclosure 1.

3. The Council's Report to the Chief of Staff, Army is at enclosure 2.

JOHN A. DUBIA
Lieutenant General
U. S. Army Retired
Co-Chairman

RICHARD A. KIDD
Sergeant Major of
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U. S. Army Retired
Co-Chairman

2 Enclosures

DISTRIBUTION:
SPECIAL

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-01-01
MACOM: USAREUR
INSTALLATION: USAREUR
SUBJECT: Grandfathering of the Medicare Part B Premium Increase for Overseas Retirees
DISCUSSION: A substantial percentage of OCONUS retirees elected not to enroll in Medicare Part B upon reaching age 65 because Medicare benefits are not available overseas. Despite the unavailability of Medicare benefits to most OCONUS retirees, Medicare taxes were continually deducted from their pay while they were employed.

Now, in order to qualify for Tricare-for-Life under the Fiscal Year 2001 National Defense Authorization Act (NDAAFY01), those Medicare OCONUS retirees face prohibitively high premiums for Part B enrollment today.

Standard procedures require Medicare eligibles who did not elect Medicare Part B at age 65 - and who have been without a current employment-based group health plan - to pay a 10% premium for every 12 months elapsed since age 65 in order to participate in Part B. That means a retiree age 75 who did not enroll in Part B at age 65 will have to pay double the Part B premium in order to benefit from Tricare-for-Life. Should that retiree reside overseas, the fact that Medicare taxes were paid for which no service was ever rendered is totally ignored.

Under the procedures established for the pharmacy benefits provision of the NDAAFY01, a person who turns 65 before the effective date of the benefit may participate in the program without having to be enrolled Medicare Part B.

A reasonable parallel procedure for the Tricare-for-Life benefit would be to permit a retiree residing overseas who turns 65 before the effective date of the benefit to enroll in Part B at the standard rate, i.e. without the 10% per 12-month penalty surcharge. To do otherwise would effectively deny this earned and long-awaited benefit to some of our most senior retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: We estimate 5-6% of military Medicare eligible beneficiaries opted to not enroll in Medicare Part B for various reasons. Some reside in OCONUS locations and the Medicare program is not implemented overseas. Others may have received adequate health care services from military facilities or may have had other health insurance. Purchase of Medicare Part B may not have appeared to be a cost efficient option for these beneficiaries. Still others may not have been aware of the requirement to enroll in Medicare Part B at age 65 to preclude the payment of a late enrollment penalty in later years.

DOD and the military services are working vigorously to ensure each Medicare eligible family is aware of the requirement for Part B enrollment to participate in TRICARE for Life and the new TRICARE Senior Pharmacy benefit. Letters have been mailed to all such families and current efforts are on-going to reach hard to find beneficiary families associated with scores of returned letters to ensure they are able to enroll during the current open enrollment period. In any event, as indicated in this set of papers, DOD is permitting those not enrolled in Medicare Part B prior to 1 April 2001 to enroll in the new TRICARE Pharmacy program. However, those personnel reaching age 65 after 2 April 2001 must be enrolled in Medicare Part B to participate

in the Pharmacy program. We note also, that HCFA administers the Medicare program, thus DOD does not have the authority to extend the Part B enrollment period for beneficiaries in overseas location.

To the extent that DOD does not incur additional expenses, we agree with a waiver of the Medicare Part B premium penalty for those persons not enrolling in Medicare Part B by 1 April 2001. With the on-going extensive DOD marketing campaign associated with TRICARE for Life and implementation of the new TRICARE Seniors Pharmacy benefit, eligible beneficiaries should now be aware of the early Part B enrollment requirement.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-02-01
MACOM: USAREUR
INSTALLATION: USAREUR
SUBJECT: Open Season for Enrollment in Medicare Part B for Overseas Retirees
DISCUSSION: The Fiscal Year 2001 National Defense Authorization Act (NDAAFY01) provides for Tricare-for-Life (TFL) effective 1 October 2001. To be eligible, all retirees to be enrolled in Medicare Part B.

However, a substantial percentage of OCONUS retirees elected not to enroll in Medicare Part B upon reaching age 65 because Medicare benefits are not available overseas.

The Social Security Administration open season for enrollment in Medicare Part B runs from 1 January to 31 March annually.
However, it is anticipated OSD will not have sufficient information in the hands of retirees by that time for them to make an informed decision.

This is especially critical to those Medicare-eligible overseas retirees who are not enrolled in Medicare Part B for they must pay a substantial premium to become enrolled.

The open season for enrollment in Medicare Part B should be extended so overseas retirees have more time to receive OSD implementing instruction for TFL and to make a informed decision. A simplified procedure could be instituted to enroll overseas retirees between 1 March and 1 October 2001.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: We estimate 5-6% of military Medicare eligible beneficiaries opted to not enroll in Medicare Part B for various reasons. Some reside in OCONUS locations and the Medicare program is not implemented overseas. Others may have received adequate health care services from military facilities or may have had other health insurance. Purchase of Medicare Part B may not have appeared to be a cost efficient option for these beneficiaries. Still others may not have been aware of the requirement to enroll in Medicare Part B at age 65 to preclude the payment of a late enrollment penalty in later years.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-03-01
MACOM: MDW
INSTALLATION: Fort Myer, Virginia
SUBJECT: Medicare Part B for Military Retirees
DISCUSSION: The new law authorizing TRICARE Senior for all retirees 65 years and older requires participation in Medicare Part B. While many retirees have opted for this insurance when they reached 65, there are others who thought that they could rely on promised military health care and failed to take this option. Since the current requirement was not clearly visible before the present law was enacted, some concession ought to be made for those retirees who failed to opt for this requirement. Under current law, the late buy-in into Medicare Part B becomes prohibitively expensive the further your age beyond 65. In view of this retroactive requirement, a more favorable buy-in for older military retirees should be enacted into law.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-04-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Waiver of the Medicare Part B Enrollment Penalty for Those Retirees Planning to Enroll in TRICARE
DISCUSSION: For various reasons, many MEDICARE eligible retirees did not enroll in MEDICARE Part B, never expecting that it might be a requirement for participation in TRICARE FOR LIFE. Some of the reasons include affordability, lack of knowledge or understanding and/ or participation in other second payer health plans. It is recommended that these retires and their families be afforded the opportunity by exception to enroll in MEDICARE Part B in order for them to be eligible for enrollment in the TRICARE FOR LIFE second payer privilege to be made available to retirees at the age of 65 or over.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-05-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Opportunity to Have Access to the Same Medical Benefits to Military Retirees as Retired Federal Employees
DISCUSSION: This council supports the current study to provide the same medical benefits to military retirees as retired federal employees. Our study indicates that in light of the continuing reduction of medical benefits to military retirees, providing this benefit is at the present time, the only feasible and best program that could be made available. However, the sites selected for the tests were poorly chosen in that those who are in the greatest need live great distances from the these sites. Therefore, they cannot and do not participate in the tests. A much more meaningful study would have resulted if those who are not in the immediate area of the test sites had been made eligible. Also, losing certain benefits such as prescription availability has reduced the number who are willing to participate in the test.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Active duty have the highest priority of care in the Military Health System. A TRICARE Prime Remote program has been established to provide a TRICARE Prime benefit to Active duty regardless of duty station. If a TRICARE provider is not available the government will reimburse all authorized care at the prevailing rate. The TRICARE Prime Remote Program will be expanded to Active Duty Family Members starting 1 October 2001. This will preclude any need for a FEHB program for Active duty or their family members. Retirees and their family members, regardless of location, are eligible for the TRICARE Standard program. This is a robust benefit that offers outpatient, inpatient and pharmacy services. The TRICARE program provides a more cost-effective benefit for the government.

The CSA Retiree Council believes this optional program, if approved, would be a health-care alternative to TRICARE for Life for Medicare-eligible retirees. For many Medicare-eligible retirees who reside outside of a catchment area of military medical treatment facilities, it may be the only program that would restore equity and keep the health care promise.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-06-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Provide the FEHBP (Federal Employees Health Benefits Plan) as an Option for Enrollment for All Active and Retired Military Beneficiaries and Their Families
DISCUSSION: Active and retired military are the only classes of federal employees not entitled to enrollment in FEHBP. Even though legislation has been enacted to utilize TRICARE as the secondary provider to MEDICARE, not all will be eligible. Those military families who wish to do so or have a particular need should be permitted to enroll in the FEHBP. This enrollment would be especially desirable for those living in remote locations not

serviced by approved TRICARE physicians or for those under care of a medical practitioner where specialization is important or a long term doctor/patient relationship has been established. Approval of this option will also provide those retired members and their families who are already participating in an FEHBP approved health plan as a result of retirement from other branches of federal service the option to continue in their present plan.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-07-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Ensure Timely and Comprehensive Implementation of TRICARE for Life
DISCUSSION: TRICARE FOR LIFE is legislated to become effective on 1 October 2001. The administrative and legislative processes must be closely monitored between now and the implementation date to ensure that the intent of the legislation is accurately achieved. The publication of accurately and timely information regarding the enrollment to the providers, physicians and the entire retiree community is critical to the successful implementation of the program.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The implementation of the two principle components of TRICARE for Life, Pharmacy (1 April 2001) and 2d payer (1 October 2001) are underway. Pharmacy's interim final rule was published February 9th and started 1 April 2001. Beneficiary education has been a priority as evidenced by: active coordination with and providing information to fraternal organizations; distribution of pamphlets; network provider directory, NMOP materials and education materials have been sent to each over age 65 household; and creation of DOD Meds Help Line whose call volume has increased from 500 to over 3,000 calls per day.

Beneficiary education has initially focused on DEERS accuracy and Medicare Part B, an initial mailing to teach TFL household was completed in January 2001. Much work remains to be done to fully implement TFL; however, the key concern is that adequate funding must be allocated so that the program is fully resourced.

Communication distribution of information will be one of the major key points highlighted in the CSA Retiree Council Report.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-08-01
MACOM: TRADOC
INSTALLATION: Fort Benning, Georgia
SUBJECT: Health Care
DISCUSSION: This issue resulted from a Town Hall meeting held in Columbus, Georgia, in November, by Congressman Mac Collins. As the healthcare dilemma continues, it is affecting a significant number of soldiers who are seeking care from both Department of Defense, through their nearest MTF, under TRICARE initiatives, and the Department of Veterans Affairs. Those most affected by dual care are retirees who are receiving some sort of disability.

Recommend the Department of Veterans Affairs form a council that performs a similar function to the Army Retiree Council, and that their council leaders join with our council to share information. This should increase awareness of issues that affect soldiers who are receiving care from both, and possibly lead to some solutions. If it does not lead to some solutions at least it will provide another avenue for concerns and problems to be surfaced for assistance.

The provision of medical care often blurs as a veteran/retiree goes from the DOD to the VA, and the issue is left for the soldier to resolve. This warrants some kind of action.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This is an issue not within the preview of the CSA Retiree Council however it is important to point out that we have tremendous VA experience currently on the CSA Retiree Council.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-09-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Improve TRICARE Management and Availability of Services
DISCUSSION: TRICARE receives numerous complaints about the quality and responsiveness of their services. These include delays in physician certification, claim processing and billing. In addition, TRICARE'S low reimbursable rates and poor coordination between regions and unnecessary and duplicate scheduling on the art of participating medical practitioners often result in hardships to the military family. It is the recommendation of this Council that a continuing and priority effort must be initiated and maintained by all the services to bring TRICARE problems to the attention of the correcting agency with expeditious follow through until these problems might be solved.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The senior leadership within the Military Health System has been committed to develop viable initiatives that continually improve healthcare support to our beneficiaries under the TRICARE Program. In fact, the DOD recently announced results of a comprehensive study on TRICARE conducted by the Center for Naval

Analyses/Institute for Defenses Analyses (CAN/IDA). Their study clearly indicated an overall increase in customer satisfaction with military healthcare, especially since the implementation of TRICREE. The study showed that the most significant increases in beneficiary satisfaction occurred in the areas of access and quality of care, particularly among TRICARE Prime enrollees. The percent of all TRICARE Prime enrollees who are satisfied with their access to care when needed in 1998 was 74% compared to only 63% pre-TRICARE. The percentage satisfied with the overall quality of care was 82%, compared to 73% before TRICARE. The CAN/IDA review also determined that out-of-pocket costs were lower for most active duty families, especially those enrolled in TRICARE Prime with a military primary care manager.

Furthermore, CAN/IDA's evaluation of data from TMA's Annual 1994-1998 Healthcare Surveys of DOD beneficiaries indicated that beneficiaries enrolled at an MTF tend to report greater levels of satisfaction with access that those enrolled with civilian primary managers. TRICARE beneficiaries also reported that their use of preventative care generally increased and their use of emergency rooms decreased. Their satisfaction with access to care when they needed it, their access to emergency and specialty care, and their access to telephone advice, all increased. Their ease in making appointments increased, and their self-reported wait times for appointments decreased. In the area of claims filing, which is a primary cause of dissatisfaction with a health plan, the CAN/IDA evaluation determined that fewer people have to file claims under TRICARE than under the old system. TRICARE currently receives more than 32 million claims per year, and 96% of these are being processed within 30 days. Claims processing delays have plummeted during the past years as a result of a claims re-engineer initiative.

We also encourage beneficiaries to continue to provide constructive criticism on the care they receive via the TRICARE Program. The more specifics that can be provided from the beneficiaries about the care rendered, the greater chances that the senior MHS leadership will have to develop a system-wide resolution to the overall problem. Also, to provide our beneficiaries with greater access to evaluating their complaints and for obtaining timely answers to their healthcare concerns, improved marketing efforts by the military and the TRICARE Contractors have been implemented. These initiatives are especially important in light of the significant new benefits to be incorporated into the Military Health System resulting from the recent enactment of the National Defense Authorization Act of FY 01. For example, military installations have now incorporated TRICARE education initiatives into their in and out processing programs to assist service members and their family with making more informed decisions about choosing the appropriate TRICARE options. Furthermore, the Command Sergeant Major of the US Army Medical Department has been proactively conducting a series of comprehensive TRICARE education briefings to all senior enlisted personnel to ensure that vital health care benefit information and Command assistance with the TRICARE program can be readily provided to all service members at the unit level. Also, concerted efforts have been made to provide the Reserve, National Guard and military unit especially located in remote areas of operation with TRICARE information briefings to keep these personnel abreast of evolving changes with respect to the TRICARE program. In addition, the TRICARE Management Agency established a TRICARE Website (http://www.tricare.osd.mil) to provide beneficiaries with easy access to current information and projected healthcare policy changes. A 1-800-DOD-MEDS phone line has also recently been

established by the DOD to assist the over-65 year Medicare eligible beneficiaries with receiving timely answers to any healthcare related questions pertaining to the TRICARE for Life Program. The Army Medical Department established a TRICARE Help-E-Mail Services (THEMS). This is a customer assistance program initiative whereby beneficiaries obtain timely and informative answers to questions or concerns pertaining to the TRICARE Program by sending an Email message to: TRICARE-help@amedd.army.mil.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-10-01
MACOM: TRADOC
INSTALLATION: FORT LEE, VIRGINIA
SUBJECT: MEDICAL CARE - "BROKEN PROMISES"
DISCUSSION: Assuming that the Warner Hutchinson Amendment to the Defense Authorization Act is approved and signed into law, it is a definite step in the right direction to repair those "broken promises". It is greatly appreciated by all military retirees. However, these retirees would still be paying a large portion of their medical care (social security reduction). We feel very strongly that America has broken its' commitment to military retirees to provide health care at no cost. Congress needs to look at suspending the cost of Medicare for military retirees over 65. Once a soldier is convinced that a promise made is a promise kept, retention would become less a problem.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: We estimate 5-6% of military Medicare eligible beneficiaries opted to not enroll in Medicare Part B for various reasons. Some reside in OCONUS locations and the Medicare program is not implemented overseas. Others may have received adequate health care services from military facilities or may have had other health insurance. Purchase of Medicare Part B may not have appeared to be a cost efficient option for these beneficiaries. Still others may not have been aware of the requirement to enroll in Medicare Part B at age 65 to preclude the payment of a late enrollment penalty in later years.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-11-01
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, Missouri
SUBJECT: Military Retiree Health Care
DISCUSSION: With the passage of The National Defense Authorization Act 2001, which contained the Senator Warner TRICARE for life amendment, the Congress of the United States took a giant step in restoring to military retirees the lifetime medical care that they were promised. However, since retirees under age 65 were not included in the bill for medical care at government expense and Federal Employees Health Benefit Plan was not included as an option.

Pass legislation that will include military retirees under age 65 in TRICARE for life. Give all military retirees the option of signing up for Federal Employees Health Benefit Plan and eliminate the provision under TRICARE for life which causes the retirees to have to continue to pay the monthly premium for MEDICARE Part B.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: We estimate 5-6% of military Medicare eligible beneficiaries opted to not enroll in Medicare Part B for various reasons. Some reside in OCONUS locations and the Medicare program is not implemented overseas. Others may have received adequate health care services from military facilities or may have had other health insurance. Purchase of Medicare Part B may not have appeared to be a cost efficient option for these beneficiaries. Still others may not have been aware of the requirement to enroll in Medicare Part B at age 65 to preclude the payment of a late enrollment penalty in later years.

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-12-01
MACOM: TRADOC
INSTALLATION: Carlisle Barracks, Carlisle PA
SUBJECT: Tricare for Life
DISCUSSION: Recommendation to the Chief of Staff Retiree Council, please express thanks and appreciation from the military retiree community to all coalitions who worked tirelessly and diligently for the enactment of Tricare for Life and National Mail Order Pharmacy Program.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Carlisle Barracks comments are appreciated and noted. Their recommendation had been completed prior to receipt. A letter for the DCSPER signature was prepared and dispatched to all organizations on 1, 14 November and 26 December 2000.

However, there is nothing to prevent installation retiree councils from also dispatching letter expressing their appreciation. Should installation councils decide to do this, copies should be forwarded to the CSA Retiree Council.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-13-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Reduced Staff At Army Hospitals
DISCUSSION: Military medical staffing has been greatly reduced at many army medical facilities. Recruiting contract medical personnel has been and continues to be difficult if not impossible. The cost is too high and funds are not budgeted. While this reduces the ability to provide physical and mental health services to retirees, more importantly, there is a concern that our active duty soldiers have the services which are needed to keep them mentally alert and physically capable. The finest and most sophisticated equipment in the world lacks efficient utilization if the soldier who must use the equipment are not in the be physical and mental health.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The staffing of our medical facilities is comprised of military Department of Defense civilians and contract personnel. The reduced staff in some cases is the result of our requirement to continue to support our divisional warfighting units. The Army

Medical Department has been working very diligently with the US Army Recruiting Command to improve the incentives, which will eventually lead to improved staffing. The Services are working collaboratively to ensure that appropriate recruiting and retention tools are available. Detailed analysis of the opportunities provided by the legislative authorities offered under the Critical Skills Retention Bonus program is underway. Additional proposals for implementation over the POM are being considered to ensure training and compensation is appropriate to the goal of attracting and retaining uniformed health care providers.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-14-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Outdated Medical Facilities
DISCUSSION: Hospitals need renovation to bring them up to modern day standards. Some of today's army hospitals are still built to old ward 8 bed and more standards requiring ill soldiers to leave their beds and walk to toilet facilities. At times, individuals are too ill or find it physically difficult to walk to remotely located multiple use bathrooms. Not only does it affect morale and healing but it leaves the feeling that the army doesn't really care about its soldiers. Again, the last sentence of the previous subject applies to this concern.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The OTSG is aware of the need for renovation in some twenty three (23) of the Army's twenty eight (28) hospitals that were built before 1980, including Fort Knox's Ireland Army Community Hospital, built in 1955. The health care environment and the practice of medicine during that time was in-patient focus, unlike the current outpatient, prevention oriented medicine environment of today. The Army's Health Care Infrastructure has been underfunded for many years. Most of the funding available is being spent on regulator requirements and failing mission essential infrastructure. There is little funding remaining to modernize/renovating aging infrastructure to modern day standards. New hospital construction funding has also been reduced, with one new hospital currently planned for the Army through 2008. This has resulted in a 125-year replacement cycle for Army hospitals. In spite of the funding challenges, the OTSG is dedicated to providing the best health care environment possible for our beneficiaries within the resources available. OTSG is also making a concerted effort to increase facilities funding so we can modernize our older hospitals such as Ireland Army Community Hospital. Our newer facilities, which include Ft Bragg, Ft Sill, Ft Sam Houston, Ft Campbell and Ft Lewis, are recognized as state of the art medical centers comparable to the best civilian hospitals. Ireland Army Community Hospital is an integral part of the direct health care system at Ft Knox. OTSG, through the US Army Health Facility Planning Agency, has completed a master plan for the facility. This assessment helped identify critical infrastructure requirements that will be addressed when funding becomes available.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-15-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Shortage of State of the Army Medical Equipment

DISCUSSION: There is a shortage of state of the art medical equipment in some army hospitals. In a real emergency, patients must be sent to civilian facilities in order to get needed tests and/or treatment. This applies to both physical and mental health needs. It is understood that funds have been inadequate to support all the needs. It is also understood that military equipment must be constantly developed and updated in order to meet a potential enemy successfully and with the least number of casualties. However, this equipment can only be as efficient as the soldier who operates it. The success found in using the best equipment available can only be at the same level as the soldier operating it. An individual who is not at a peak, both physically and mentally lowers the success potential of the best of equipment. Unfortunately, there is a general feeling that the focus on health is not of the highest priority.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Army Medical Department consistently invests in the modernization of medical equipment, as well as in maintenance, to the highest standards. In general, Army medical facilities are properly equipped to the level of care they are intended to provide. It is true that funding is constrained within the Medical Department and commands at all levels must carefully prioritize their requirements to compete for available funds. The Army Medical Department, in fact, has been a leader within the Military Medical Services in establishing a process to assess advances biomedical equipment technology through its Technology Assessment and Requirements Analysis (TARA) and advances in Medical Practice (AMP) programs.

Equipment acquisition also routinely includes training for both operator and biomedical maintenance personnel, and the provision of appropriate training is a critical areas that is evaluated during Army Medical Department personnel are well prepared and focused to provide the best possible care.

The staffing of our medical facilities is comprised of military Department of Defense civilians and contract personnel. The reduced staff in some cases is the result of our requirement to continue to support our divisional warfighting units. The Army Medical Department has been working very diligently with the US Army Recruiting Command to improve the incentives, which will eventually lead to improved staffing. The Services are working collaboratively to ensure that appropriate recruiting and retention tools are available. Detailed analysis of the opportunities provided by the legislative authorities offered under the Critical Skills Retention Bonus program is underway. Additional proposals for implementation over the POM are being considered to ensure training and compensation is appropriate to the goal of attracting and retaining uniformed health care providers.

The OTSG is aware of the need for renovation in some twenty three (23) of the Army’s twenty eight (28) hospitals that were built before 1980, including Fort Knox's Ireland Army Community Hospital, built in 1955. The health care environment and the practice of medicine during that time was in-patient focus, unlike the current outpatient, prevention oriented medicine environment of today. The Army’s Health Care Infrastructure has been underfunded for many years. Most of the funding available is being spent on regulator requirements and failing mission essential infrastructure. There is little funding remaining to modernize/renovating aging infrastructure to modern day standards. New hospital construction funding has also been reduced, with one new hospital currently planned for the Army through 2008.

This has resulted in a 125-year replacement cycle for Army hospitals. In spite of the funding challenges, the OTSG is dedicated to providing the best health care environment possible for our beneficiaries within the resources available. OTSG is also making a concerted effort to increase facilities funding so we can modernize our older hospitals such as Ireland Army Community Hospital. Our newer facilities, which include Ft Bragg, Ft Sill, Ft Sam Houston, Ft Campbell and Ft Lewis, are recognized as state of the art medical centers comparable to the best civilian hospitals. Ireland Army Community Hospital is an integral part of the direct health care system at Ft Knox. OTSG, through the US Army Health Facility Planning Agency, has completed a master plan for the facility. This assessment helped identify critical infrastructure requirements that will be addressed when funding becomes available.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-16-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Agent Orange
DISCUSSION: This is another topic with which this Council has continuing concern. Direct contact by many Council members with Viet Nam veterans reveals frustration and anger suggesting that not enough is being done to provide assistance to those who have been exposed to Agent Orange. It is enough to have suffered through the war without continuing to suffer as a result of exposure to this chemical. It's time to put into effect the saying that the army takes care of its own.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: All Army veterans of the Vietnam conflict who are concerned about any possible connection between their service in Vietnam and their health should be advised to seek information and assistance from the Department of Veterans Affairs (DVA). They should do this regardless of whether they feel they were exposed to the herbicide "Agent Orange". Since 1978 the VA has operated the Agent Orange Registry health examination program. Veterans participating in this program receive a medical history and physical examination with appropriate laboratory and x-ray tests. All results are explained to the participant, and when medically necessary, follow-up examination or additional laboratory tests are scheduled. Vietnam veterans are entitled to medical care and other benefits for some illnesses and medical conditions thought to be associated with exposure to Agent Orange. The DVA operates a very helpful web site at http://www.va.gov/agentorange/default.htm.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-17-01
MACOM: TRADOC
INSTALLATION: FORT KNOX, KY
SUBJECT: Medical Benefits and Retention
DISCUSSION: Medical benefits continues to be a topic of major concern for retirees. Each year, the medical benefits for Retirees continue to erode. Military medical facilities are being reduced or eliminated which not only impacts on retirees but also those on Active Duty. In addition, medical benefits which are available to Retirees are not the same for all the services. Indeed, they are not even consistent throughout the Army. A better case of forgotten promises should be made to our Congress. The bottom line is

that until the soldier feels that promises made will be promises kept, a strong incentive for retention is being overlooked.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The medical benefits are getting better. Numerous health care initiatives as stated in the most recent National Defense Authorization Act such as TRICARE For Life and our pharmacy benefits will continue to emphasize the importance our benefits are to us. Retention of our active and reserve medical providers is always a challenge in respect to the opportunities on the civilian market. We are constantly seeking measures to enhance pay and benefits for our health care provides so as to remain a positive force in the recruitment and retention of our providers.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-18-01
MACOM: MDW
INSTALLATION: Fort Myer, Virginia
SUBJECT: Cost of Pharmaceuticals
DISCUSSION: The new pharmaceutical benefit which permits the filling of prescriptions at either military treatment facilities or through mail order is a very significant benefit for retirees. Many retirees may not realize how significant a benefit they have received. It would seem beneficial to post the retail price of the filled prescription on the label as each prescription is filled. This will alert retirees of the extent of their benefit and should help curb waste as it becomes clearly visible how much money is involved.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council non-concurs with the recommendation to print the retail price of prescriptions on each label when filled. The “retail” price of drugs varies widely and the TRICARE Senior Pharmacy Benefit which on 1 April has three separate components or points of service of which the Medical Treatment Facility (MTF) pharmacies are managed directly by the Department of Defense (DOD). The retail pharmacy networks are managed regionally by five (5) separate TRICARE Managed Care Support Contractors and the National Mail Order Pharmacy is managed by Merck-Medco. Any change to the contract (i.e. new requirements to include the cost of the drug on the label) would require a major contract modification and could cost the government additional dollars. The MTF Pharmacy computer systems would require a system of change request to modify the label print parameters, which again would cost the government additional dollars. Potential cost of implement this recommendation far outweighs the potential benefit.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-19-01
MACOM: MDW
INSTALLATION: Fort Myer, Virginia
SUBJECT: Pharmaceutical Formulary
DISCUSSION: Currently, the formulary in military treatment facilities appears to be assembled based mainly on the needs of active duty personnel. With the oncoming universal coverage for medications by older retirees, both at military treatment facilities and through mail order, an effort should be made to also include the needs of the older retirees by expanding the existing the formulary. For example, the drug Prozac is widely used by the older generation but it is not available at the military pharmacy. If such

medications can only be obtained through mail order, the pharmacists at military treatment facilities should have the mail order formulary available to advise retirees to fill the prescription in that fashion.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports appropriately expanding our Military Medical Treatment Facility (MTF) formularies to provide cost effective and appropriate drug therapy for our patients based on the availability of resources to appropriately fund such expansion. The Basic Core Formulary (BCF) concept was established in 1998 as a means of providing uniform and consistent availability of a "basic core" listing of drugs at all MTFs, which were selected to meet the majority of our beneficiaries' primary care needs. The BCF concept and subsequent policies for implementation of this formulary was designed with all beneficiaries in mind, and not just the active duty population. The BCF does not preclude a local MTF through its Pharmacy and Therapeutics Committee from adding additional drugs to the formally based on the scope and level of care provided at that facility. The BCF, which currently provides over 165 individual drugs, was recently expanded by an additional twelve medications. The BCF is reviewed and updated quarterly by the Department of Defense Pharmacy and Therapeutics Committee. Additionally, the National Defense Authorization Acts of 2000 and 2001 have enacted sweeping legislative changes which have dramatically enhanced the pharmacy benefit for particularly the over age 65 beneficiaries. This includes continued access free of charge to the MRTF pharmacies as well as expanded access to the National Mail Order Pharmacy (NMOP), and the retail pharmacy networks for very minimal co-pays. Therefore, as of 1 April 2001 uniformed services beneficiaries 65 years of age and older have access to one of the best pharmacy benefits available in the United States to older Americans. This expanded benefit will provide access to not only the BCF drugs, but also a majority of the thousands of FDA approved drugs through one of the three DOD pharmacy points of service from the MTF, the NMOP or the retail pharmacy network. Information as to the specific availability of medications from the NMOP or the retail pharmacy network by calling the NMOP at 1-800-903-4680 or via Email at http://www.merckmedco.com.

Additional information as to the availability of medications of other DOD Pharmacy Benefits related questions might be obtained by all the toll-free DOD Pharmacy Help Line at 1-877-363-6337, or by contacting your local TRICARE Service Center.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-20-01
MACOM: TRADOC
INSTALLATION: Carlisle Barracks, Carlisle PA
SUBJECT: Medical Care - Hearing Aid Assistance
DISCUSSION: Many retirees have encountered hearing loss in one or both ears. This may or may not be attributable to service, but hearing loss is a fact and some of these retirees would like to obtain an appropriate hearing aid. Numerous advertisements and claims appear in the media for various devices. Few of the retirees have expertise to sort through these claims for man appropriate and affordable device. We recommend that medical assistance to the need for a certain type of device and the recommended vendor or manufacturer. Perhaps a government office could negotiate purchase of these devices at a reduced cost to the retiree.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Retired service members have several options for the procurement of hearing aids, to include establishing service-connected eligibility through the Department of Veterans Affairs (VA), or, as TRICARE enrollee purchasing hearing aids through the Retiree At-Cost Health Aid Program (RACHAP).

The Retiree At-Cost Hearing Aid Program (RACHAP) established in the mid/late 1990s, is a cost-sharing initiative that splits the cost of hearing aids for retirees between the patient (who pays for the hearing aids) and the government (which provides the clinical services.) The consultation to determine the type of hearing aid required and subsequent fitting are provided according to TRICARE access guidelines through the military treatment facility or TRICARE provider. The audiologist and physicians usually recommend certain types of hearing aids based on the type and degree of hearing loss of the patient. Patients are counseled regarding the benefits of the different brands and models of hearing aids dependent upon the type and degree of hearing loss, which should assist in helping the patient in determining the best aid for the type and degree of hearing loss at the most reasonable price.

Under the RACHAP, patients purchase their hearing aids, directly from the contractors, at government contracted cost, generally 25-40% of the commercial price. Most military facilities will have agreements with all major hearing aid vendors, but it is possible that smaller companies will not have agreements in place. Under RACHAP, patients have a 45-day free trial period for hearing aid usage and a two-year full warranty is provided. These benefits far exceed services available in the commercial sector. Furthermore, patients participating in RACHAP have access to a greater variety of technological choices, such as programmable or digital completely-in-the-canal hearing aids.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-21-01
MACOM: Military District of Washington
INSTALLATION: Fort George G. Meade, MD
SUBJECT: Medical Care (Hearing Aid Devices)
DISCUSSION: Retirees suffer hearing loss at a rate equal to or greater than the general elderly population due to the nature of the environment in which they served during a military career. However, once the hearing loss is accurately confirmed, the real problems begin. Retirees are experiencing difficulty in acquiring reliable, reasonably priced hearing aid devices. Reports are that many have purchased costly hearing aid devices only to learn, after the fact, that they either did not function as advertised or were so uncomfortable to wear that many retirees have discontinued using them.

CHIEF OF STAFF ARMY RETIRE COUNCIL COMMENTS: Retired service members have several options for the procurement of hearing aids, to include establishing service-connected eligibility through the Department of Veterans Affairs (VA), or, as TRICARE enrollee purchasing hearing aids through the Retiree At-Cost Health Aid Program (RACHAP).

The Retiree At-Cost Hearing Aid Program (RACHAP) established in the mid/late 1990s, is a cost-sharing initiative that splits the cost of hearing aids for retirees between the patient (who pays for the hearing aids) and the government (which provides the clinical services.) The consultation to

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CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-22-01
MACOM: FORSCOM
INSTALLATION: Fort Campbell, KY
SUBJECT: Office of the Surgeon General Frames of Choice Spectacles Program
DISCUSSION: In January 2000, the Army made all active duty soldiers eligible to receive one pair of unisex civilian style nonstandard frame spectacles at no cost. Eligibility for the Frames of Choice (FOC) Program is restricted to active duty personnel only. Retirees continue to be limited to one pair of standard frame spectacles at no charge. Information issued by the Surgeon General stated that the Frames of Choice Program is a soldier quality of life issue and will save soldiers an average of $100.00 on the purchase of civilian spectacles. Since the same quality of life issues and monetary savings in the procurement and use of spectacles affecting active duty soldiers apply equally to retirees, the Surgeon General's Frames of Choice Program should be made available to Army retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Army FOC Program has readiness implications since the FOC spectacle can be used as one of the two pair required for deployment readiness. FOC spectacles also reduce the visibility of our service members when they are overseas. Providing FOC to active duty Army personnel will encourage them to retain their military-issued eyewear for a longer time and reduce the overall number of spectacles provided.

IAW AR 40-63, Optical Clinic services, “Retired military personnel who require vision correction are authorized one pair of standard issue spectacles.” Thus, retirees can obtain a spectacle prescription from either the military health care system or civilian sources and then present it to any military optometry clinic to obtain one pair of standard issues frames.

Although arguably the Army FOC Program is a quality of life issue with equal application for both retirees and active duty personnel, the relevancy

implication for active duty personnel does not carry over to retirees. The estimated cost of expanding the Army FOC program to Army retirees is in excess of $8 million per year and the associated estimated cost of expanding the program to all service retirees would be in excess of $23 million per years. Although it would be nice to have the FOC program for retirees, the cost and other retiree health priorities make it inappropriate at this time.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-23-01
MACOM: TRADOC
INSTALLATION: Fort Lee VA
SUBJECT: Payment of Transportation Remains of Eligible Retirees
DISCUSSION: A deceased retiree's eligibility for reimbursement of transportation cost is contingent upon being properly admitted to a Military Medical Treatment Facility within the US according to the current AR 638-2. With the advent of Tricare, and the downsizing of military installation medical facilities, more and more soldiers and retirees are being transferred to a local hospital for treatment. According to the glossary of AR 638-2, the definition of a medical facility of the armed forces of the US is as follows:

"A hospital owned and operated by the federal government to include armed forces, Public Health Service, and Department of Veterans' Affairs facilities. Also includes instances where the soldier's care is transferred by a federally owned or operated hospital to a hospital not owned or operated by the federal government. This definition does not include Tricare hospitals when treatment is being provided under the Tricare Health Program."

This definition needs to be amended to add Tricare hospitals and payment for transportation of remains should be granted.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council addressed this question last year and referred it to the Army Staff for resolution. The Council does not believe it is feasible to designate all hospitals as TRICARE Prime Hospitals. A possible solution would be to allow the Primary Care Manager at the Military Treatment Facility or the Primary Care Manager who is treating the retiree under TRICARE Prime, to be designated as the referring agent. This procedure would address the issue of designation of a medical facility as “approved” to meet the criteria as outlined in AR 638-2 as an “other army facility”. If the retiree is a disabled veteran, paragraph 1-14b(2) of AR 638-2 applies. The regulation states: “When retiree qualifies for transportation by the VA under Chapter 23, Title 38, United States Code, the retiree’s VA program will take precedence….” This would provide an avenue not usually used by retirees. The council will again refer this issue to the Army Staff for resolution. The council will also propose that Army Staff explore the feasibility of designating the Primary Care Manager at the Military Treatment Facility, or the Primary Care Manager who is treating the retiree under TRICARE Prime to be designated as the “referring agent.”

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-24-01

MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Flu Shots
DISCUSSION: Flu vaccine is usually available in early September or October each year. Retiree Appreciation Days RAD) at many installations schedule their RAD in late fall so that retirees can schedule their flu shots with the RAD at this installation some travel 600 miles round trip to the RAD.) Last year there were over 1000 shots given at the RAD. This year flu vaccine did not arrive at many installations until December, maybe later. Shots were available for a price at local grocery stores, drug stores, and civilian doctors in September (the VA also had the flu vaccine in September.)

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The one time shortage of flue vaccine may not be repeated in the future.

The Army and the AMEDD is committed to the Influenza Vaccine as an important preventive measure for soldiers, retirees, and their families. Unfortunately, the Army and DOD Influenza Vaccine Programs for the 2000-2001 season were adversely affected by what is hoped to have been a one-time nationwide shortage of influenza vaccine. This shortage was caused by technical problems in the production of last year's vaccine and delays attributed to FDA review and compliance. These programs affected all vaccine producers, but had the most impact on the largest manufacturer, from which DOD contracted for most of its supply. All public health agencies, including DOD and the Army, as well as the general public, were notified about this delay in mid-summer. By mid-August, all Army medical treatment facilities were formally notified of the delay and shortage. The Army message included specific guidance to prioritize influenza immunization to protect those patients with the greatest need. In addition, all health care providers in the US were requested to delay immunizations given to the general public, including "health days" or health fairs, in order to conserve vaccine until supplies were adequate. Local physicians and clinics, whom the writer (above) notes were distributing vaccine, most likely had obtained vaccine from another manufacturer, and thus had some vaccine available for general use sooner.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-25-01
MACOM: TRADOC
INSTALLATION: Carlisle Barracks, Carlisle PA
SUBJECT: Concurrent Receipt for Disabled Retirees
DISCUSSION: We now have concurrent receipt of between $100 & $300 if a disability is awarded of at least 70% within 4 years of retirement with 20 or more years of active federal service. We recommend that the Chief of Staff Retiree Council continue its fight for total concurrent receipt of military and Veterans Administration disability compensation.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support the concept of concurrent receipt of military retired pay and VA disability compensation. The council will continue its efforts to support this concept by working with the military related private associations; i.e., The Military Alliance/Coalition to keep emphasis on this important issue.

The constitutionality of prohibiting concurrent receipt has been tested in the courts and the courts have ruled that it is not unconstitutional. Over the years, numerous proposals to permit concurrent receipt have been introduced in Congress. Last year, during the 106th Congress, HR 303 and S2357 were introduced to permit concurrent receipt. The Senate placed a provision in the National Defense Authorization Act permitting concurrent receipt. The House did not have such a provision. During Conference Committee deliberations, the Senate receded to the House and the issue died. This year, during the 107th Congress, two bills (HR 303 and S 170) have again been introduced that would provide full concurrent receipt.

Money is the primary problem. The Congressional Budget Office estimated that the cost of concurrent receipt would be $1.8 billion in 2001, $4.6 billion for the period 2001-2004, and $10 billion for the period 2001-2009.

Having said this, CSA Retiree Council will continue to work toward the concurrent receipt of VA service-connected disability ratings for all retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-26-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Restore Concurrent Receipt of Military Retired Pay and VA Disability Compensation
DISCUSSION: Uniformed service retirees with service connected disabilities are required to forfeit a dollar of their military retired pay for every dollar received in VA disability compensation. This council supports legislative efforts to restore fairness to the VA disability compensation program.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: It should be noted, that the recommendation to “restore” concurrent receipt of military retired pay and VA compensation is not the issue, since it has never been authorized.

The CSA Retiree Council continues to support the concept of concurrent receipt of military retired pay and VA disability compensation. The council will continue its efforts to support this concept by working with the military related private associations; i.e., The Military Alliance/Coalition to keep emphasis on this important issue.

The constitutionality of prohibiting concurrent receipt has been tested in the courts and the courts have ruled that it is not unconstitutional. Over the years, numerous proposals to permit concurrent receipt have been introduced in Congress. Last year, during the 106th Congress, HR 303 and S2357 were introduced to permit concurrent receipt. The Senate placed a provision in the National Defense Authorization Act permitting concurrent receipt. The House did not have such a provision. During Conference Committee deliberations, the Senate receded to the House and the issue died. This year, during the 107th Congress, two bills (HR 303 and S 170) have again been introduced that would provide full concurrent receipt.

Money is the primary problem. The Congressional Budget Office estimated that the cost of concurrent receipt would be $1.8 billion in 2001, $4.6 billion for the period 2001-2004, and $10 billion for the period 2001-2009.

Having said this, CSA Retiree Council will continue to work toward the concurrent receipt of VA service-connected disability ratings for all retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-27-01
MACOM: TRADOC
INSTALLATION: Fort Lee VA
SUBJECT: Concurrent Receipt of Military Retirement Pay and Disability Compensation
DISCUSSION: We know this subject has been presented many times before, but we believe that with the support of the DA Council and all military retirees that sometime in the future this will be resolved. Currently, military retirement pay is the only type of Government pension or distribution that is offset by disability compensation. There is no fair explanation or just reason for retirees, determined to be partially or fully disabled, to not receive full retirement pay and concurrent receipt of compensation awarded based on the percentage of their disability. Non-retired uniform services members who are later awarded disability compensation for service-connected illnesses or injuries will never have future pensions, either private industry or government, offset by the amount of their disability compensation.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support the concept of concurrent receipt of military retired pay and VA disability compensation. The council will continue its efforts to support this concept by working with the military related private associations; i.e., The Military Alliance/Coalition to keep emphasis on this important issue.

The constitutionality of prohibiting concurrent receipt has been tested in the courts and the courts have ruled that it is not unconstitutional. Over the years, numerous proposals to permit concurrent receipt have been introduced in Congress. Last year, during the 106th Congress, HR 303 and S2357 were introduced to permit concurrent receipt. The Senate placed a provision in the National Defense Authorization Act permitting concurrent receipt. The House did not have such a provision. During Conference Committee deliberations, the Senate receded to the House and the issue died. This year, during the 107th Congress, two bills (HR 303 and S 170) have again been introduced that would provide full concurrent receipt.

Money is the primary problem. The Congressional Budget Office estimated that the cost of concurrent receipt would be $1.8 billion in 2001, $4.6 billion for the period 2001-2004, and $10 billion for the period 2001-2009.

Having said this, CSA Retiree Council will continue to work toward the concurrent receipt of VA service-connected disability ratings for all retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-28-01
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, Missouri
SUBJECT: Concurrent Receipt of Retired Pay and VA Disability Compensation
DISCUSSION: Military retirees of the United States Military Services come under a law that is over 100 years old. It states that military retirees who have service connected disabilities and who are awarded disability compensation from the Department of Veterans Affairs are required to waive the portion of their retirement pay equal to the amount of their disability compensation.

Military retirees are the only class of citizen of the United States who are required to waive retirement pay earned for years of service in order to receive VA disability compensation.

Pass legislation that will allow military retirees to receive military retired pay and VA disability compensation concurrently, without deduction from either. Wording contained in HR303 and S2357.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council continues to support the concept of concurrent receipt of military retired pay and VA disability compensation. The council will continue its efforts to support this concept by working with the military related private associations; i.e., The Military Alliance/Coalition to keep emphasis on this important issue.

The constitutionality of prohibiting concurrent receipt has been tested in the courts and the courts have ruled that it is not unconstitutional. Over the years, numerous proposals to permit concurrent receipt have been introduced in Congress. Last year, during the 106th Congress, HR 303 and S2357 were introduced to permit concurrent receipt. The Senate placed a provision in the National Defense Authorization Act permitting concurrent receipt. The House did not have such a provision. During Conference Committee deliberations, the Senate receded to the House and the issue died. This year, during the 107th Congress, two bills (HR 303 and S 170) have again been introduced that would provide full concurrent receipt.

Money is the primary problem. The Congressional Budget Office estimated that the cost of concurrent receipt would be $1.8 billion in 2001, $4.6 billion for the period 2001-2004, and $10 billion for the period 2001-2009.

Having said this, CSA Retiree Council will continue to work toward the concurrent receipt of VA service-connected disability ratings for all retirees.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-29-01
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, Missouri
SUBJECT: Survivors Benefit Plan
DISCUSSION: There are provisions of the Survivors Benefit Plan (SBP) which call for a benefit reduction or Social Security Offsets for survivors of military retirees. These offsets or reduction of SBP occur when the survivor reaches the age of 62 and takes effect whether or not the survivor is

currently receiving Social Security Benefits or whether they are receiving Social Security on their own account.

The benefit reduction is from 55% to 35% of the base amount and puts a definite hardship on the survivor.

Pass legislation that will eliminate the age 62-benefit reduction. We further support legislation which will provide paid-up SBP after payment of premiums for 30 years and the retiree reaches the age of 70, and that it be made effective upon reaching that milestone and not delayed until the year 2008.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: If the retiree desired to ensure that the spouse would receive 55% of retired pay after age 62, the option to elect Supplemental SBP was available at the time SBP was selected if retired after 1992, or if retired prior to 1992 an "open season" to enroll in Supplemental SBP was available from 1992 – 1993.

With regard to paid up SBP, a legislative proposal (HR 699) has been introduced in the 107th Congress to move the effective date from 2008 to 2002.

The issue of the SBP offset has been presented to the CSA Retiree Council for resolution for many years. The perception of some retirees, and the basis for most issues, is that retired service members and/or their surviving spouse are not getting what they pay for from SBP benefits. Nothing could be further from the truth.

The following facts are presented in an effort to demonstrate that retired service members and/or their surviving spouses are getting more from SBP than they are paying for:

1. The cost of SBP (6.5% for spouse coverage) is based on actuary tables and the provision of 35% of retired pay for the life of the surviving spouse. The cost of SBP is NOT based on paying 55% of base pay to a surviving spouse for any period of time. In fact, the difference between the 35% which the retired service member pays for, and the 55% which the surviving spouse receives before they reach age 62, is paid for by the US Government (see 2 below) in a good faith effort by the Government to help the surviving spouses until they reach 62 and are eligible for Social Security benefits.

2. On an annual basis the benefits paid to a surviving spouse are a combination of costs deducted from retired pay for SBP coverage and contributions by the US Government to pay the difference. For example, in FY 1999 of the $1,720,042,000 paid to surviving spouses, $955,618,000 came from money collected from retirees payments for SBP, the remaining $764,424,000 came from the US Government.

3. In FY 1999, the average annual costs deducted from retired pay of retirees enrolled in SBP was $1,035. At the same time, the average annual payment made to SBP surviving spouses was $7,502.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-30-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY

SUBJECT: SBP Contributions
DISCUSSION: This continues to be an area of concern for this council. Retirees feel that the possible benefits that might be derived from SBP are not consistent with the amount of contributions which will be paid by the retiree. This council feels that while there is now a date certain for vesting, it does not come soon enough.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: With regard to paid up SBP, a legislative proposal (HR 699) has been introduced in the 107th Congress to move the effective date from 2008 to 2002.

The issue of the SBP offset has been presented to the CSA Retiree Council for resolution for many years. The perception of some retirees, and the basis for most issues, is that retired service members and/or their surviving spouse are not getting what they pay for from SBP benefits. Nothing could be further from the truth.

The following facts are presented in an effort to demonstrate that retired service members and/or their surviving spouses are getting more from SBP than they are paying for:

1. The cost of SBP (6.5% for spouse coverage) is based on actuary tables and the provision of 35% of retired pay for the life of the surviving spouse. The cost of SBP is NOT based on paying 55% of base pay to a surviving spouse for any period of time. In fact, the difference between the 35% which the retired service member pays for, and the 55% which the surviving spouse receives before they reach age 62, is paid for by the US Government (see 2 below) in a good faith effort by the Government to help the surviving spouses until they reach 62 and are eligible for Social Security benefits.

2. On an annual basis the benefits paid to surviving a spouse are a combination of costs deducted from retired pay for SBP coverage and contributions by the US Government to pay the difference. For example, in FY 1999 of the $1,720,042,000 paid to surviving spouses, $955,618,000 came from money collected from retirees payments for SBP, the remaining $764,424,000 came from the US Government.

3. In FY 1999, the average annual costs deducted from retired pay of retirees enrolled in SBP was $1,035. At the same time, the average annual payment made to SBP surviving spouses was $7,502.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-31-01
MACOM: MEDCOM
INSTALLATION: Fort Sam Houston, Texas
SUBJECT: The two-tier method in computing SBP for annuitants
DISCUSSION: The provision of the SBP law that reduces the amount of SBP from 55% to 35% after age 62 did not take into consideration those spouses of retirees who have a pension for work not covered under Social Security, i.e. school teachers and federal employees retiring under the Civil Service Retirement System (CSRS). Prior to the 1 October 1985 law, spouses who would not receive Social Security benefits would not receive a reduction in the SBP annuity. However, with the new two-tier method of computing SBP annuity, the spouse is offset twice; once by Social Security and then also by Survivor

Benefit Plan. The old Social Security Offset law which provided for no offset for those spouses who receive no Social Security, should be reinstated so that those spouses are treated fairly.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The surviving spouse is entitled to Social Security benefits based on the retiree's earnings. The fact that the spouse does not have any Social Security entitlement in their own right is not a factor.

If the retiree desired to ensure that the spouse would receive 55% of retired pay after age 62, the option to elect Supplemental SBP was available at the time SBP was selected if retired after 1992 or if retired prior to 1992 an "open season" to enroll in Supplemental SBP was available from 1992 – 1993.

The issue of the SBP offset has been presented to the CSA Retiree Council for resolution for many years. The perception of some retirees, and the basis for most issues, is that retired service members and/or their surviving spouse are not getting what they pay for from SBP benefits. Nothing could be further from the truth.

The following facts are presented in an effort to demonstrate that retired service members and/or their surviving spouses are getting more from SBP than they are paying for:

1. The cost of SBP (6.5% for spouse coverage) is based on actuary tables and the provision of 35% of retired pay for the life of the surviving spouse. The cost of SBP is NOT based on paying 55% of base pay to a surviving spouse for any period of time. In fact, the difference between the 35% which the retired service member pays for, and the 55% which the surviving spouse receives before they reach age 62, is paid for by the US Government (see 2 below) in a good faith effort by the Government to help the surviving spouses until they reach 62 and are eligible for Social Security benefits.

2. On an annual basis the benefits paid to surviving a spouse are a combination of costs deducted from retired pay for SBP coverage and contributions by the US Government to pay the difference. For example, in FY 1999 of the $1,720,042,000 paid to surviving spouses, $955,618,000 came from money collected from retirees payments for SBP, the remaining $764,424,000 came from the US Government.

3. In FY 1999, the average annual costs deducted from retired pay of retirees enrolled in SBP was $1,035. At the same time, the average annual payment made to SBP surviving spouses was $7,502.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-32-01
MACOM: TRADOC
INSTALLATION: Fort Rucker, Alabama
SUBJECT: SBP/Social Security Offset
DISCUSSION: The SBP/Social Security offset at age 62 should be eliminated. Retirees enroll in SBP at a 55% annuity rate and pay premiums for many years to ensure the welfare of their spouse. At age 62, when the annuity

rate is reduced to 35%, many surviving spouses find themselves in financial difficulty. Retirees have paid both SBP and Social Security and there should be no offset of either. To do so punishes the retiree for having paid into both systems.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The issue of the SBP offset has been presented to the CSA Retiree Council for resolution for many years. The perception of some retirees, and the basis for most issues, is that retired service members and/or their surviving spouse are not getting what they pay for from SBP benefits. Nothing could be further from the truth.

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3. In FY 1999, the average annual costs deducted from retired pay of retirees enrolled in SBP was $1,035. At the same time, the average annual payment made to SBP surviving spouses was $7,502.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-33-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Eliminate the Age 62 Survivors Benefit Plan (SBP) Offset
DISCUSSION: In 1972 when SBP was enacted, retirees generally believed that they were insuring their spouses for an amount equal to 55% of their retirement pay for life. Although the offset or reduction at the age of 62 was part of the plan, little if any publicity was given to the fact that post age 62 retirement would be reduced to 35% of retired pay. The total retiree benefit is further reduced by additional reduction of retiree social security benefits accumulated through the retirees military earnings. This reduction also applies to widow/widowers whose social security benefits were accumulated through their own work history. Furthermore, the DoD contribution through their own effectively reduced from 40% to 27% over time. It is recommended that actions be taken to correct these glaring deficiencies in the SBP and also the adoption of the paid up benefit for those who have paid premiums for over thirty years with an effective date prior to 2008 - the date projected in the current RSFPP legislation. Council should also support efforts to align

the government's contribution to SBP from the present 27% to 50% or the amount of government contribution to the Civil Service retirement annuity plans.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: With regard to surviving spouses Social Security benefits accumulated through their own work history, the surviving spouse is entitled to the larger dollar amount of Social Security payment, be it the retiree's or the surviving spouses' whichever is greater. Regardless of the amount of Social Security paid, the amount of retired pay received will never be less than 35%.

On the issue of the Government's contribution, the government subsidy for all Survivor Benefit annuities is 42% (Non disability 31%; disability 62%; Retired Reserve 62%; active duty 100%).

If the retiree desired to ensure that the spouse would receive 55% of retired pay after age 62, the option to elect Supplemental SBP was available at the time SBP was selected if retired after 1992, or if retired prior to 1992 an "open season" to enroll in Supplemental SBP was available from 1992 – 1993.

The issue of the SBP offset has been presented to the CSA Retiree Council for resolution for many years. The perception of some retirees, and the basis for most issues, is that retired service members and/or their surviving spouses are not getting what they pay for from SBP benefits. Nothing could be further from the truth.

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3. In FY 1999, the average annual costs deducted from retired pay of retirees enrolled in SBP was $1,035. At the same time, the average annual payment made to SBP surviving spouses was $7,502.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-34-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Social Security Offset

DISCUSSION: We continue to feel that the Social Security Offset is unfair and especially penalizes the spouse who has earned a Social Security Benefit on his or her own employment. The contributions made into SBP should be sufficient to continue a reasonable benefit to the spouse of the retiree. Most retirees who are in the program will contribute much more than the souse will ever realize. In many cases, investing the contributions in an insurance policy rather than SBP would have been financially more rewarding.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The comparison of SBP to commercial insurance is one of personal opinion. Based upon information presented to the Chief of Staff Army Retiree Council, SBP is a much better investment than investing the same amount of money in an insurance policy. The primary reason for this is the annual cost of living adjustment (COLA) which increases retired pay making SBP superior to insurance policies which do not have COLA.

With regard to surviving spouses Social Security benefits accumulated through their own work history, the surviving spouse is entitled to the larger dollar amount of Social Security payment, be it the retiree's or the surviving spouses' whichever is greater. Regardless of the amount of Social Security paid, the amount of retired pay received will never be less than 35%.

On the issue of the Government's contribution, the government subsidy for all Survivor Benefit annuities is 42% (Non disability 31%; disability 62%; Retired Reserve 62%; active duty 100%).

If the retiree desired to ensure that the spouse would receive 55% of retired pay after age 62, the option to elect Supplemental SBP was available at the time SBP was selected if retired after 1992, or if retired prior to 1992 an "open season" to enroll in Supplemental SBP was available from 1992 – 1993.

The issue of the SBP offset has been presented to the CSA Retiree Council for resolution for many years. The perception of some retirees, and the basis for most issues, is that retired service members and/or their surviving spouses are not getting what they pay for from SBP benefits. Nothing could be further from the truth.

The following facts are presented in an effort to demonstrate that retired service members and/or their surviving spouses are getting more from SBP than they are paying for:

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money collected from retirees payments for SBP, the remaining $764,424,000 came from the US Government.

3. In FY 1999, the average annual costs deducted from retired pay of retirees enrolled in SBP was $1,035. At the same time, the average annual payment made to SBP surviving spouses was $7,502.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-35-01
MACOM: TRADOC
INSTALLATION: Fort Rucker, Alabama
SUBJECT: Space A Travel of Surviving Spouses
DISCUSSION: Currently, regulations prohibit retirees' spouses from traveling Space A without the sponsor. In cases of surviving spouses, this prohibits their use of Space A travel altogether. Regulations should be changed to allow surviving spouses to travel unaccompanied in government aircraft on a Space Available basis. ID Cards are issued to surviving spouses with full rights and benefits afforded the retiree prior to his/her death. These benefits should also include Space A travel.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This type of request has been reviewed and rejected by the CSA Retiree Council many times in the past. The eligibility for travel on a space available basis is a privilege (not a benefit or entitlement) provided to the retiree and not his spouse. The spouse of a retiree is not eligible to travel on a space available basis, unless the spouse accompanies their eligible retired spouse.

Underlining the CSA Retiree Councils reluctance to pursue this matter is the fact that any recommendation to expand the current authorizations for space available travel would require a complete review of space available travel criteria. Such a review could put in jeopardy the current system of providing space available travel privileges and could adversely effect this privilege for all retirees and active duty personnel. The Council believes such a risk is not warranted.

Additional rationale considered by the CSA Retiree Council in arriving at this position, and included in previous Council reports, is as follows:

The General Officer Steering Committee of the Army Family Action Plan has also addressed this issue and determined it to be "unattainable". In addition, the Air Force Retiree Council has considered this issue and decided not to pursue it. In every review of this issue and other requests to expand the eligibility for Space "A" travel, it has been determined to be in the best overall interest of the military and the retired community to not seek change to the eligibility criteria.

A summary of the rationale for these decisions follows:

a. Including spouses of deceased retirees would open the door for inclusion of many other categories of personnel which would reduce (even at a lower priority than active duty) the Space "A" opportunity for active duty members and retirees, who are intended to be the primary beneficiaries of the Space "A" program. Three examples follow:

(1) Retired Reservists, not yet age 60 and not in receipt of retired pay, can utilize Space "A" travel within CONUS. Their spouses and children are not authorized such travel. Therefore, Space "A" travel, CONUS and OCONUS, could be supported for these individuals also.

(2) Former spouses are entitled to a military ID card but are also denied Space "A" travel privileges. These military ID cardholders, along with their children with military ID cards, could also be supported for Space "A" travel eligibility.

(3) Partially or totally disabled veterans, retired DOD civil servants, Reservists and their dependents, etc., whose requests for Space "A" privileges also have some merit.

b. We should not raise the expectation of yet another group of Space "A" travelers when the system is essentially short the capacity to meet current expectations.

c. To support expansion of Space "A" travel privileges for one category of military ID card holders, without expanding it to all military ID card holders, may, by some, be interpreted as discriminatory.

d. The current policy is consistent with the intent of Congress.

e. Use by retirees was challenged in the past, but DOD was successful in retaining retiree use.

f. Past GAO criticism of DOD use of airlift has resulted in maximum utilization of seats and cargo space with revenue traffic and has diminished excess capability.

g. Proposals to Congress for approval to revise regulations on Space "A" travel could jeopardize the existing Space "A" program.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-36-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Space “A” Travel for Surviving Spouses
DISCUSSION: The CSA Retiree Council has rejected this subject in the past. Yet, the plight of the surviving spouse remains. We believe that as long as the spouse does not remarry and if a spouse is eligible during the life of the Retiree, then there is no valid reason why this benefit should not continue after the death of the Retiree. Again, an incentive for retention is being overlooked. This subject is again submitted as the council has again discussed the matter.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: As the Fort Knox Retiree Council has pointed out, this type of request has been reviewed and rejected by the CSA Retiree Council many times in the past.

The Fort Knox recommendation is based on the erroneous rational that “if a spouse is eligible during the life of the Retiree, then there is no valid

reason why this benefit should not continue after the death of the Retiree." The fact is that a spouse of a retiree is not eligible to travel on a space available basis, unless the spouse accompanies their eligible retired spouse. The eligibility for travel on a space available basis is a privilege (not a benefit or entitlement) provided to the retiree and not his spouse.

Underlining the CSA Retiree Council's reluctance to pursue this matter is the fact that any recommendation to expand the current authorizations for space available travel would require a complete review of space available travel criteria. Such a review could put in jeopardy the current system of providing space available travel and could adversely effect this privilege for all retirees and active duty personnel. The Council believes such a risk is not warranted.

Additional rationale considered by the CSA Retiree Council in arriving at this position, and included in previous Council reports, is as follows:

The General Officer Steering Committee of the Army Family Action Plan has also addressed this issue and determined it to be "unattainable". In addition, the Air Force Retiree Council has considered this issue and decided not to pursue it. In every review of this issue and other requests to expand the eligibility for Space "A" travel, it has been determined to be in the best overall interest of the military and the retired community to not seek change to the eligibility criteria.

A summary of the rationale for these decisions follows:

a. Including spouses of deceased retirees would open the door for inclusion of many other categories of personnel which would reduce (even at a lower priority than active duty) the Space "A" opportunity for active duty members and retirees, who are intended to be the primary beneficiaries of the Space "A" program. Three examples follow:

(1) Retired Reservists, not yet age 60 and not in receipt of retired pay, can utilize Space "A" travel within CONUS. Their spouses and children are not authorized such travel. Therefore, Space "A" travel, CONUS and OCONUS, could be supported for these individuals also.

(2) Former spouses are entitled to a military ID card but are also denied Space "A" travel privileges. These military ID cardholders, along with their children with military ID cards, could also be supported for Space "A" travel eligibility.

(3) Partially or totally disabled veterans, retired DOD civil servants, Reservists and their dependents, etc., whose requests for Space "A" privileges also have some merit.

b. We should not raise the expectation of yet another group of Space "A" travelers when the system is essentially short the capacity to meet current expectations.

c. To support expansion of Space "A" travel privileges for one category of military ID card holders, without expanding it to all military ID card holders, may, by some, be interpreted as discriminatory.

d. The current policy is consistent with the intent of Congress.

e. Use by retirees was challenged in the past, but DOD was successful in retaining retiree use.

f. Past GAO criticism of DOD use of airlift has resulted in maximum utilization of seats and cargo space with revenue traffic and has diminished excess capability.

g. Proposals to Congress for approval to revise regulations on Space "A" travel could jeopardize the existing Space "A" program.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-37-01
MACOM: USAREUR
INSTALLATION: USAREUR
SUBJECT: Visa Waiver Permanent Program
DISCUSSION: This recent law makes permanent an earlier test program and allows aliens with valid passports to travel on aircraft of participating airlines from an overseas location to the United States without a US visa. In order to participate in the program, the commercial air carrier agrees to return to the point of departure an alien traveler who is refused entry to the United Sates.

In 1997, the Joint Travel Regulation (JTR) was changed to require all non-US citizen family member living overseas to obtain a visa prior to traveling to the US aboard US military aircraft.

The time and expense required for a military service member or retiree living overseas to obtain for his or her non-US citizen spouse and children a visa for a flight on which they may or may not get seats is burdensome, unnecessary and costly to both the member and the Government. Furthermore, the provision ignores the fact the all of the family members have U.S. military identifications cards.

Non-US citizen family members should be allowed to travel on US military and US military-chartered aircraft to the US without a visa and OSD should remove the requirement for the visa from the JTR.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports this issue. The issue was investigated in coordination with the USAF. During the investigation, several associated questions surfaced which necessitate coordination with several other agencies. Because of the complexity of the issue, it will be referred to the Foreign Clearance section of the USAF for resolution.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-38-01
MACOM: MDW
INSTALLATION: Fort George G. Meade, MD
SUBJECT: Retired Reserve Component Commissary Privileges
DISCUSSION: The “gray-area” Reserve and National Guard retirees are limited to 24 annual commissary visits. This past year the Chief of Staff Retiree Council considered this issue as 02-32-00. It was submitted last year by

Carlisle Barracks, Pennsylvania. The Fort Meade Retiree Council has had several discussions regarding this issue and feels that it is sufficiently important to merit further consideration and support of the Chief of Staff Retiree Council. As an example, in response to the grocery association's concerns and influence on Congress, in just the past three years, five large grocery chain stores have been built within a four mile radius of the Fort Meade commissary (two Weis, one Food Lion, one Safeway and one Superfresh). The influence and complaints of the grocery association regarding the competition of commissaries is clearly a smoke screen and has no basis in fact.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council and the Army Family Action Plan (AFAP) committee have both supported unlimited use of the commissary by "gray-area" retirees. Prior support from these two organizations helped bring about the current 24 annual commissary visits. There is a lack of congressional support for unlimited usage and this issue was not included in the FY 2002 Unified Legislative Budget (ULB); however, this will remain an active issue with the AFAP and the Chief of Staff Army Retiree Council.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-39-01
MACOM: USARPAC
INSTALLATION: Schofield Barracks, Hawaii
SUBJECT: Payments for Pets
DISCUSSION: The latest Defense Appropriations Bill allows up to $275.00 for quarantine fees for military personnel transferring and bringing pets to Hawaii. This is a good start but the actual fees are much higher. The total cost should be covered as pets are family members. Also, there is a $2.00 service charge for any purchases made at military vets offices on a military base with the monies going not to the military budget but to the general fund. This fee needs to be discontinued.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The issue of reimbursement for the cost of pet quarantine for military personnel transferring to Hawaii is not really a retiree issue; however, there are a number of actions underway to help defray the cost for military personnel who elect to ship their pets when they are ordered to duty in locations (Hawaii, England, Guam and Iceland) which are rabies free and which require the quarantine of pets.

As was pointed out by the Hawaii Retiree Council, the recent Defense Appropriations Bill allows up to $275 per PCS to help defray the cost of pet quarantine for service members bringing pets to Hawaii, and the other countries listed above. In addition, there have been several proposals by the Hawaii State Legislature in recent years (including this year's session) to help reduce the cost of pet quarantine. All of these proposals by the Hawaii State Legislature have been initiated as the result of a desire to help service members (particularly junior service members) defray the cost of pet quarantine.

The Headquarters of the US Pacific Command is working on a legislative proposal for the Department of Defense (DOD) that would pay full reimbursement for the cost of pet quarantine for service members ordered to duty in rabies

free locations. Because of other more pressing Quality of Life issues in the current DOD legislative package, the proposal on pet quarantine has been deferred until 2002. The proposal is being prepared and will be submitted in 2002, with a recommended effective date in 2003.

The $2 surcharge for sales at animal disease prevention and control centers (military veterinarian clinics) was directed by the FY 1986 DOD Authorization Act. The Act charged the Secretary of Defense to require that each time a sale is recorded at a military animal disease prevention and control center the person to whom the sale is made shall be charged a surcharge of $2. It appears that the $2 surcharge is an effort to partially pay for the cost of the benefit provided by the military services.

After reviewing this issue, the CSA Retiree Council has concluded that the $2 surcharge for purchases of medication and other pet supplies is a reasonable and justifiable charge in view of the great benefit which service personnel and retirees gain from the privilege of having their pets treated, free of charge, by military veterinarians. Raising the issue of the surcharge to OSD would require a complete review of the privilege of free veterinarian care. Such a review could put in jeopardy the current system of providing free veterinarian service and could adversely effect this privilege. The Council believes such a risk is not warranted and that the $2 fee is a small price to pay for such a valuable privilege. In view of this, the Council does not support action to seek relief from the $2 surcharge.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-40-01
MACOM: USARPAC
INSTALLATION: Schofield Barracks, Hawaii
SUBJECT: Retiree Use of APO/FPO
DISCUSSION: Retirees visiting or residing overseas are not always authorized to utilize military postal services at APO/FPO facilities. The APO/FPO mailing restrictions often presents a big problem when shopping in certain foreign countries, since using the mail system on the local economy is very expensive.

Recommend that overseas commanders allow retired military members to utilize APO/FPO facilities, unless specifically prohibited by existence of a Status Of Forces Agreement (SOFA). It is understandable that APO/FPO are established to serve the Armed Forces members assigned overseas for the defense and security of the host country. However, many retirees visit or reside in a country they once served to defend. A proposal is submitted to review the agreements in areas where the use of APO/FPO facilities are not permitted by military retirees, with a view toward seeking mailing authorization up to a specified weight limit per letter or parcel.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council supports the recommendation that overseas commanders allow retired military members to utilize APO/FPO facilities unless specifically prohibited by existence of a Status Of Forces Agreement (SOFA), and the proposal for a review of the agreements in areas where the use of APO/FPO facilities is not permitted for military retirees, with a view toward seeking mailing authorizations up to a specific weight limit per letter or article.

The recommendation and proposal by the Hawaii Retiree Council are already under review by the DOD. As the result of a letter from the Commander-in-Chief of United States Forces Korea, the Executive Director of the Military Postal Service Agency has initiated an OSD-level review of the entire issue. The review is to include a DOD General Council opinion on the legality of extending military postal service access and an OSD policy review on the costs and benefits associated with full military postal service access for military retirees.

The CSA Retiree position is that we should wait for these reviews to be completed before taking any additional action.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-41-01
MACOM: USAARPAC
INSTALLATION: Schofield Barracks, Hawaii
SUBJECT: Benefits for USSAH Residents
DISCUSSION: All residents of the U.S. Soldiers' and Airmen's Home are permitted to shop at the exchange facility and have access to recreational facilities available on-site. However, not all residents are authorized to be issued a military ID card and, consequently, do not have access to other off-site military exchanges, commissaries, and MWR facilities. In addition, USSAH residents who do not have a military ID card do not have the opportunity to travel via space-available military aircraft.

Recommend that all residents of the USSAH be issued an Armed Forces military ID card, to include residents who are not currently authorized to be issued one. This would allow all of the members to utilize space-available air travel and would afford them an opportunity to shop in an exchange or commissary on their annual vacation to visit their family. This policy could be restricted to current residents only, to be valid only as long as the individual remains a resident.

Most of the USSAH residents are military retirees who are already authorized to be issued an ID card. About 93 percent of residents at the home are retirees with 20 or more years of service, and more than 95 percent of them served in at least one war. However, other veterans of the home could be granted almost the same privileges with only a minimal impact on resources. The benefits, if extended, would be similar to that allowed for veterans who are rated by the VA as being 100 percent disabled due to service-connected causes. Veterans who are rated by the VA as being totally disabled for service-connected conditions, and (surviving) spouses of such veterans, are authorized to be issued an ID card with all privileges except medical care.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Army Retiree Council does not support this issue. Membership of the USSAH is made up of veterans from the Armed Forces whose active duty service was at least 50 percent enlisted or warrant officer and who are in the following categories: 1. Retirees at least 60 years of age; 2. Veterans unable to earn a livelihood due to service-connected disability; or 3. Veterans unable to earn a livelihood due to non service disability and who served in a war theater.

As was pointed out by the Schofield Barracks Retiree Council, veterans who are rated by the VA as being totally disabled for service-connected conditions (which includes most of category two above) are issued an ID card with all privileges except medical. All residents of the USSAH are eligible for priority care at Walter Reed Army Medical Center.

As was also pointed out by the Schofield Barracks Retiree Council, all residents of the USSAH, including all category two and three veterans, are granted the privileges of shopping at the exchange and have access to recreational facilities onsite. These are privileges not normally granted to non-Armed Forces ID card holders. To expand their privileges by issuing an Armed Forces military ID card to category two and three veterans, because they are residents of the USSAH, would put into question why such privileges are not granted to all category two and three personnel, many of whom cannot get into the USSAH due to space limitations. The regulations governing the issue of Armed Forces ID cards are designed to provide privileges to those who have earned them based on specific criteria. To waive the criteria, for a select few, would be a disservice to those who have earned the privileges by fully meeting the criteria.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-42-01
MACOM: FORSCOM
INSTALLATION: Fort Lewis, WA
SUBJECT: Transportation of Remains for Military Retirees
DISCUSSION: Army Regulation 638-2, (Care and Disposition of Remains and Disposition of Personal Affects), paragraph 2-8c (Retired Military Personnel), and Table 2-1 (Mortuary Affairs Benefit for Eligible Decedents) states that a military retiree must be a properly admitted inpatient of a medical facility of the Armed Forces located in the United States before any mortuary affairs benefits are provided. The definition of a medical facility of the armed forces located in the United States, does not include TriCare Hospitals or treatment facilities. Accordingly, transportation of the decedents remains from a TriCare treatment facility is not authorized. Since the Department of Defense TriCare program is the military health maintenance program for it’s members and the military medical treatment facilities are unable to provide health care for all retirees due to location and population, it is an injustice to deny transportation of their remains when they die as an inpatient of a TriCare contracted civilian facility. With the expansion of TriCare for life for retirees and their family members over age 65 effective 1 October 2001, it is recommended that the mortuary affairs benefits be changed to authorize transportation of remains for those retirees who die while being treated as an inpatient through a Tricare contracted civilian facility under the TriCare Program.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council addressed this question last year and referred it to the Army Staff for resolution. The Council does not believe it is feasible to designate all hospitals as TRICARE Prime Hospitals. A possible solution would be to allow the Primary Care Manager at the Military Treatment Facility or the Primary Care Manager who is treating the retiree under TRICARE Prime, to be designated as the referring agent. This procedure would address the issue of designation of a medical facility as “approved” to meet the criteria as outlined in AR 638-2 as an “other army facility”. If the retiree is a disabled veteran,

paragraph 1-14b(2) of AR 638-2 applies. The regulation states: “When retiree qualifies for transportation by the VA under Chapter 23, Title 38, United States Code, the retiree’s VA program will take precedence….” This would provide an avenue not usually used by retirees. The council will again refer this issue to the Army Staff for resolution. The council will also propose that Army Staff explore the feasibility of designating the Primary Care Manager at the Military Treatment Facility, or the Primary Care Manager who is treating the retiree under TRICARE Prime to be designated as the “referring agent.”

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 02-43-01
MACOM: TRADOC
INSTALLATION: Fort Leonard Wood, Missouri
SUBJECT: Uniformed Services Former Spouses Protection Act
DISCUSSION: According to Public Law 97-252 enacted on September 8, 1982 known as Uniformed Services Former Spouses Protection Act (USFSPA) a portion of a retired service member's retirement check may be awarded to former spouses of the retiree. The former spouse may be awarded the money regardless of need, earning potential and whether or not the former spouse remarries (no difference is made on who is at fault in the divorce).

Although it is agreed that former spouses are entitled to something for the time spent in a military marriage the amount should be severely restricted and not involve money from benefits that come after the divorce and under no circumstances should it include disability received from Department of Veterans Affairs.

Pass legislation that will revise Public Law 97-252 making dissolution of assets in a divorce involving military retirees more equitable.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council realizes that some service members and retirees are not satisfied with the provisions of the Uniformed Services Former Spouse Protection Act (PL 97-252); however, the recommendation to revise PL 97-252
to make “dissolution of assets in a divorce involving military retirees more equitable” is a very general recommendation and difficult to adequately address.

It should be noted that there is nothing in PL 97-252 that grants automatic entitlement to military retired pay. The law does authorize state courts to award portions of a service members pay to a former spouse. The issue of how much, is left to the discretion of the court of the states where the divorce is filed. The issues of the former spouses need, earnings potential, marital status, and who is at fault are basically resolved by the state courts.

Military service members and retirees, and their former spouses, have been lobbying Congress for years on both sides of the issue. Both have strong arguments. In the past, Congress has asked the two sides to get together and come up with solutions both could support. This has not happened and it is unlikely that it will happen in the future. It is doubtful that Congress will, or can, do much because the emotions are high on both sides.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-44-01

MACOM: FORSCOM
INSTALLATION: Fort Lewis, WA
SUBJECT: Installation RSO Insert to "Army Echoes," Issue 03-35-00
DISCUSSION: Chief of Staff Army Retiree Council Comments to issue 03-35-00, requested that Fort Lewis further develop their 1999 proposal to determine its technical feasibility and the mechanism to provide funding support. A survey of major printing companies within the Washington State Puget Sound Region reveals that the feasibility of integrating an installation's insert into "Army Echoes" and printing a given populations total of "Army Echoes" with insert for distribution to retirees, within that installations zip code service area, is not a major problem. Printing has evolved to a state where major companies have both a physical presence and an internet presence in which they do business and parties to a printing contract may never see one another in the course of doing business. Fort Lewis' proposal is that installation RSO's prepare a regional insert formatted in a "camera ready" print or digital media format and provided to Army Retirement Services to print and distribute with "Army Echoes." There are several courses of action that could be followed: (1) The installation RSO's prepare their newsletter insert in a standard, commercial software program. They then mail or e-mail (a printed copy) of that insert to the Army Retirement Services Office where it would be examined and passed to the printer for action. (2) The installation RSO's prepare the insert and e-mail it to the contracted printer for inclusion in "Army Echoes." (3) The installation RSO send it to the electronic mailbox of the contract printer or use a file transfer protocol (FTP) to send the document to the printer's web page or server, as requested. Generic to all of the above options is the requirement to provide demarcations to the printer. That is, to define based on retiree populations, the number of inserted versions to prepare. Zip codes provide the key to these numbers. Using a machine count, the numbers can be produced for the printing of each regional insert to "Army Echoes." Once received at the printer, a master would be prepared and a plate made to reproduce the insert. Depending on the size and type of press the contractor uses – a sheet-fed press or a web press (using large rolls of paper like a news printer), the printer would prepare the plates to include the insert or merge it later with the "Army Echoes." In most cases it could be printed right along with the "Army Echoes", folded, cut, and prepared for mailing. In the case of a small contractor with limited presses, there would have to be a second limited printing of the insert to merge or collate with the "Army Echoes" for the regional population served. Contract printers know how to do these things, they only need to be contracted to do it for fee. Many large printers handle their own addressing and mailing from their operations floor. Using a CD-ROM –or- a 9mm tape of the 600,000 plus Army retirees, the printed documents will be addressed. If a commercial "Mailing House" is used, the addresses will be applied to the newsletter in a similar procedure. Newspapers, Magazines, Catalogue Houses, and local weeklies all use these well-established procedures to accomplish what is being suggested. These processes and procedures are widely used today. It is not that these techniques will break new boundaries at the printer. Rather we will be breaking new ground at HQ DA, Army Retirement Services. In regard to the funding, the Army already has a line item in the budget to produce "Army Echoes." The cost of adding regional inserts will be minor compared to the cost of each RSO contracting a printer to produce their obligatory one issue per year. Considering that the cost of producing an insert is a sunk cost in the RSO's operating funds, the cost to e-mail or FTP a camera-ready insert to

Army Retirement Services or the printer is sunk in automation cost of the installation. The only cost remaining is the setup at the contracted printer's site. Preparation of masters and plates is an automated process touched by few human hands. The cost of large sheets or rolls of paper to feed a press is inexpensive. Estimates by printers indicate that the cost of producing the insert at HQ DA Army Retirement Services would be less than a third of the cost to print local newsletters. The cost for local installation mailings would be eliminated. Recommend that the Army Retirement Services be encouraged to at least "pilot", an inserted "Army Echoes" newsletter using Fort Lewis as the inputting RSO. From this "pilot" costs could be developed and factored to develop a cost matrix for the Army Retirement Services and other RSO's to examine for possible Army wide implementation. The result will be an overall dollar savings to the Army with a better informed retired community.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Army Echoes affects all Army retirees. Every retiree should receive a copy. Each retiree falls into an installation area of responsibility. The printer of Army Echoes should be able to program the printing run to accept installation inserts that have been electronically transmitted through the Echoes editor. These would be sorted by zip code, thus resulting in a customized publication for each participating installation. It is expected that this method would allow RSO's to reach local retirees on a more frequent basis than their own installation publications. DCSPER and DCSRM working with MACOM's, installation, the NG and USAR should be able to provide the additional funding to make this endeavor happen. This could be a key element in providing information to all retirees under the new Army's well-being initiative. It is paramount to have a cost analysis to determine the feasibility of this project. The council recommends that this initiative be tried as a pilot for one or two installations, one of them being Fort Lewis this was the suggestion's originator.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-45-01
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Publication – Army Echoes
DISCUSSION: Army Echoes was published 6 times a year prior to 1991. Then publication was reduced to 4 times a year. Due to "lack of funds" publication was cut back to 3 times a year and this year issue 2 came out in Oct 2000. It looks like 2 issues as this is written. A proposal is being made to send it out email to those with that capability or find someone with that capability. The Echoes goes to soldiers with 19 years service as well as all retirees and widows/widowers. Recommend that ODCSPER return to 4 issues a year. It should be published and mailed to the authorized mailing list. Only about 10% of retirees and widows/widowers in this area have access to email.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Editor of *Army Echoes* would like to be able to publish A*rmy Echoes* four times a year; however, current FY funding will not fund four issues. In an effort to conserve resources, soldiers with 19+ years service have been eliminated from the mailing list effective with Issue 1, 2001. However, cutting about 35,000 active duty soldiers from the mailing list of about 850,000 will save only about 4 percent. About 2,500 responses have been received from retirees willing to

sacrifice their printed *Army Echoes* to help save the publication; a small savings if the programmers can accomplish this, but a noble gesture on the part of the retirees. The Retiree Services Office will continue to pursue alternative funding resources and/or reinstatement of funding to publish additional issues of *Army Echoes*.

The CSA Council has been advised that there will, in fact, be three (3) Army Echoes published this year.

The Council is also incorporating this issue as part of a broader recommendation to the Chief of Staff for enhanced communication to the retiree community.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-46-01
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Update Videotapes
DISCUSSION: There are a number of videotapes, which have specifically been issued for potential retirees. They are:

TVT 12-25 – Making the Right Decision
Survivor Benefit Plan 1991

TVT 135-5 – Military Pre Retirement

VP-254 – "AAFES: The First Choice" Aug 92

TVT 61-288 – Army Reserve Retirement Title III

TVT 140-8 – The Reserve Component Survivor Benefit
Plan 1991

TVT 61-245 – Survivor Benefit Plan 1987

MF 12-13079 – Separating from the Army
Pt.8 – The Benefits of Retirement

There are probably copies in the Post library also. These are very old and not up to date and they are probably misleading. These videos are in need of complete revision or discarding.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: These videos should be discarded as they will not be revised nor reissued. There are a significant number of alternative information channels to include *Army Echoes*, *Max Facts*, and several association publications. In addition, the Army's Transition Assistance Offices at the installation provide a wealth of materials; as do the periodic briefings by the Retirement Services Offices provided to prospective retirees and those already retired. Other videos are in the visionary stage and will be distributed when completed.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-47-01
MACOM: TRADOC

INSTALLATION: Fort Knox KY
SUBJECT: Service Retiree Concerns
DISCUSSION: Contact in the field with other services reveals that there is little or no communications among services. We recognize that communications exists at the CSA level but this does not continue down to the installation level or the retiree. The problems of retired military personnel are not unique to the Army. Each service is in contact only with its own retirees. Thus, in any specific area, a military installation is in contact only with retirees of that particular service. Members of other services are left uninformed. This very obvious void is a disservice to retirees and the problem should be recognized. Ask the retiree who lives any distance away from a military installation. This council is looking into the possibility of developing a method utilizing the state veterans' coordinators within the area of responsibility assigned to this installation.

CHIEF OF STAFF ARMY RETIREE COMMENTS: The CSA Retiree Council fully supports the initiatives taken by the Fort Knox Retiree Council. Many installations have reached out to members of all services and have council membership comprised of all services – thus embracing retirees of any service who have settled in or around an installation.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-48-01
MACOM: FORSCOM
INSTALLATION: Fort Bragg, NC
SUBJECT: High-3 Earnings Amount Added to Individual LES
DISCUSSION: Changes in the Retired Pay System requires service members who first entered military service between September 8,1980 and
July 31, 1986 to average basic pay for the highest three earning years before calculating retired pay. When a service member completes 14 – 15 years of active duty, the LES should reflect the average basic pay for the highest three earning years. This figure can be automatically updated as changes occur. The service member needs this figure to calculate the potential retirement pay, as does those in the immediate chain of command. The figures are all readily available; therefore, there should be little to no problem for DFAS in creating the formula to keep the figure updated on the individual LES. This quick-glance data provides the service member and others (Supervisors, Commanders, Retention Counselors, Pay Clerks, etc.) with this vital information required when making future career decisions.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This issue affects all soldiers, and members of the other services. Soldiers would benefit from the inclusion of their potential retirement, high three, projection on their LES. It would potentially allow for easier counseling on benefits of reenlistment and retention based on current and projected retirement entitlement. This entry becomes beneficial following the six years of service point. This was discussed with members of two other service retiree councils and they believe it would be beneficial. The Council recommends this action be favorably considered and implemented.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-49-01
MACOM: MDW
INSTALLATION: Fort Myer, VA

SUBJECT: E-mail Addresses
DISCUSSION: E-mail addresses for Army offices provided to retirees should reflect the office function rather than the name of the person in charge. A recent listing of individual names with their e-mail addresses in "Army Echoes" illustrates the problem. Suggest that e-mail addresses with titles such as "RSO" be listed instead of names of incumbents that often change over time be provided.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: Most Information Management Officers (IMOs) assign Email addresses to individuals rather than a position or an agency for various reasons; one is security, as well as fraud and abuse. This is an issue that can be resolved at the installation. The Fort Myer Retiree Council should contact their installation IMO to set up a special Email address for their RSO, if that is their preference. That address will, however, go to an individual's computer rather than an office. The international Email system is based on traffic going to an individual's computer.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-50-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Travel Pay and Per Diem
DISCUSSION: This has been previously submitted. Several Councils provide travel Pay and Per Diem for their members. Perhaps a standard policy could be formulated that would apply to all Councils. For those who reside only a short distance from the military post, there are benefits that would be derived from being placed on orders without pay. The expense for members who travel hundreds of miles to attend meetings is substantial when the cost of travel, lodging and meals are calculated. The establishment of a uniform policy would provide basic guidance for all military installations which maintain Retiree Councils.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This is an installation issue and must be resolved at that level. The CSA Retiree Council is not a policy-making body and has no authority to impose any requirements or policy on an installation commander. The installation retiree council belongs to the installation commander and, as such, is resourced by that local commander. The council recommends that both Fort Knox and Fort Polk contact the installation commander and make their case stating reasons why they should receive travel pay and per diem.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-51-01
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Retiree Council Travel Pay
DISCUSSION: Retiree Council members are volunteers and in many cases are not reimbursed for travel to and from retiree council meetings. Some of this travel involves up to 500 miles or more round trip. Currently it is up to each installation to budget for travel if authorized. The Chief of Staff's Retiree Council meets for several days and the council members are put back on active duty and as such travel and per diem are paid. Several installations did pay travel for their retiree council but have stopped budgeting for travel

or severely reduced it for their retiree councils. Recommend that installations be authorized and encouraged to budget for pay travel for retiree council members attending their semi-annual meetings.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This is an installation issue and must be resolved at that level. The CSA Retiree Council is not a policy-making body and has no authority to impose any requirements or policy on an installation commander. The installation retiree council belongs to the installation commander and, as such, is resourced by that local commander. The council recommends that both Fort Knox and Fort Polk contact the installation commander and make their case stating reasons why they should receive travel pay and per diem.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-52-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Force Structure Needs
DISCUSSION: This topic has been submitted annually for the last several years. It recurs necessarily if only to state the support of Retirees. The Mission of the Defense and Security of our Nation must never be superseded by any other priorities. All who are retired understand this. To this end, the Retired Community continues to feel that we need to be better informed in order that maximum assistance and support can be provided. The weight of Retirees can only be effective if the needs of our military services are better communicated. While the US Army cannot become involved in politics, Retirees are not subject to this restriction. But concern with National Security is always a top priority and there is a continuing and pressing desire to provide what the active force cannot. It is understood also that those who are currently on active duty must not officially ask for political assistance. However, keeping retirees up to date on developments is all that is necessary to determine where assistance is needed.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Chief of Staff Army (CSA) Retiree Council applauds the continuing support of the Fort Knox Retiree Council for national security, force structure needs, training policy and defense funding issues. However, force structure needs, training policy and defense funding issues are beyond the scope, purpose and charter of the CSA Retiree Council. The Association of the U.S. Army (AUSA) and several other organizations provide information and developments on force structure needs, training policies and defense funding issues. The DCSPER RSO is continually improving the Website to provide additional information, as is the Surgeon General’s staff improving their site on TFL and other health care initiatives. The Retirement Services Office will publish three Army Echoes this year. In addition, recommend the Fort Knox Retiree Council work closely with the Fort Knox AUSA Chapter to obtain this additional information.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-53-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Army Retiree Designation
DISCUSSSION: This item is submitted again for consideration. It is proposed that all retirees who are on a pay status be designated as Retired, US Army.

After retirement, all are part of the same army and receive the same benefits. There is a time when the philosophy of the One Army concept should be implemented in total. This would be a tremendous step forward to implement the spirit of the concept and to show that the US Army is a total family of all its components. Competition and rivalry can be beneficial but not if they produce something less than a team.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council has not supported this issue the last two times it was submitted by Fort Knox. There does not appear to be support within the Reserve and National Guard communities for them to drop their AUS designation. While it is one Army, Reserves and National Guard personnel seem to enjoy this special designation that sets them apart from the Regular Army. Absent that designation, they would lose this distinct and special identifier that they are the true "citizen soldier" or "two-times the soldier."

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-54-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: US Army Training Policy
DISCUSSION: This council again strongly recommends that the US Army adopt a training policy similar to that of the United States Marine Corps in order to minimize the current problems of sexual misconduct which embarrass the army and reduces its effectiveness and that the general recommendations as determined by the committee headed by Senator Nancy Kassebaum be adopted as US Army training standards.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Chief of Staff Army (CSA) Retiree Council applauds the continuing support of the Fort Knox Retiree Council for national security, force structure needs, training policy and defense funding issues. However, force structure needs, training policy and defense funding issues are beyond the scope, purpose and charter of the CSA Retiree Council. The Association of the U.S. Army (AUSA) and several other organizations provide information and developments on force structure needs, training policies and defense funding issues. Recommend the Fort Knox Retiree Council work closely with the Fort Knox AUSA Chapter to obtain this information and provide necessary support and assistance.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-55-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Restoration of Defense Funding
DISCUSSION: This subject is a resubmission from last year. This council has again resolved that our leadership, both civilian and military of our armed forces take immediate action to recommend to the Congress to provide funding to restore the viability, morale and readiness to our fighting forces. This subject is included as an indication of the support of the Retired Community and as recognition of the deterioration of our ability to fight two major wars at the same time in two different parts of the world. The current focus on peace keeping missions as well as a never ending demand for military involvement has resulted in a redirection of organization and training. Worse, it has had a debilitating effect on troop morale.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Chief of Staff Army (CSA) Retiree Council applauds the continuing support of the Fort Knox Retiree Council for national security, force structure needs, training policy and defense funding issues. However, force structure needs, training policy and defense funding issues are beyond the scope, purpose and charter of the CSA Retiree Council. The Association of the U.S. Army (AUSA) and several other organizations provide information and developments on force structure needs, training policies and defense funding issues. Recommend the Fort Knox Retiree Council work closely with the Fort Knox AUSA Chapter to obtain this information and provide necessary support and assistance.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-56-01
MACOM: TRADOC
INSTALLATION: Fort Knox KY
SUBJECT: Restoration of Compulsary Service
DISCUSSION: It is recommended that consideration be given that the Department of Defense adopt a positive stance toward a program of Universal National Service. The title of a program to replace the draft is not important and UNS is a title used only for the purpose of this submission. The number of new recruits who do not complete the first 90 days of basic training is alarming. In addition, the idea of military service being a job rather than a service has caused a deterioration in the sense of citizen responsibility. There is too much of an attitude today that others should be defending the freedom and security of the majority of our citizens. Thus, in effect, we have created two classes of citizens, the defended and the defenders. Since both males and females would have to be considered under any plan and obviously, not all will want to serve in our armed forces, other forms of service such as the Peace Corps, etc., would be available.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENT: Reinstatement of the draft, which was terminated 25 years ago, is beyond the scope, purpose and charter of the CSA Retiree Council. The Association of the U.S. Army (AUSA) provides information and developments on the support and opposition to a military draft. Recommend the Fort Knox Retiree Council work closely with the Fort Knox AUSA Chapter to obtain this information and provide necessary support and assistance. It is also recommended that individual Council members work through their local legislators if they feel strongly about this issue.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-57-01
MACOM: TRADOC
INSTALLATION: Fort Lee VA
SUBJECT: Lack of Timeliness in Actions of CofS Retiree Council
DISCUSSION: The Retiree Council of Fort Lee strongly requests that the CofS Retiree Council look at its current schedule of meeting once per year. When the CofS Council was established, it met twice per year. Currently, if the installation council has an item it feels very strongly about, it is often a year or more before it is acted upon by the CofS Council. Usually by that time it is a dead item, having already been acted upon by the appropriate authority. In the event the appropriate authority does not see fit to have the DA Council meet twice per year, some method should be established to get "hot" subjects to the approval authority in a timely manner.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The Chief of Staff of the Army made the decision in 1984 to reduce the Council meetings to an annual basis rather than every six months. By 1984 it had been demonstrated that meeting every 6 months served no practical purpose, nor did it illustrate any improvement in the scope of issues submitted by installation retiree councils. A review of issues submitted this year demonstrate that few, if any, have an immediate urgency. Many submitted issues are repeat submissions. Some are beyond the scope, purpose and charter of the Council and some have been overcome by events.

When this concern has surfaced in the past, Installation Councils were informed that should they have a "hot" subject, it may be forwarded to the CSA Retiree Council and it will be reviewed and action taken, if warranted. To date, there has been no submission of such an issue.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-58-01
MACOM: TRADOC
INSTALLATION: Fort Sill OK
SUBJECT: AAFES Dividend for Installation Retiree Councils
DISCUSSION: AAFES provides an annual dividend from sales to installations. These funds are distributed among MWR activities and soldier unit funds as determined by the installation. At least half of all sales within the Exchange System comes from the patronage of retirees and their family members and survivors. Installation Retiree Councils need additional funds to perform their function of assisting retirees and keeping them informed. Recommend that an additional annual AAFES dividend be allocated directly to Installation Retiree Councils for support of mission essential activities.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: This issue was raised at the AAFES Retiree Advisory Council in their Nov 2000 meeting. MG Wax, Commander AAFES, indicated that current laws would not allow AAFES to direct money to specific groups and that AAFES is required by law to remit the dividend money directly to the Army through the Community and Family Support Center (CFSC). The services distribute the dividend; much of the dividend distribution goes through installation Morale, Welfare and Recreation (MWR) funds and is used at the discretion of the installation commanders. Bottom line – the dividends are used to support MWR facilities which are utilized by both the active component and retiree populations.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-59-01
MACOM: TRADOC
INSTALLATION: Fort Sill OK
SUBJECT: Retired Veterans Have No Veterans Preference Benefit During a RIF
DISCUSSION: In a RIF situation, military veterans have veterans preference over other non-veteran employees. The exception to this law is the retired veteran does not have this benefit. In the interest of fairness, the length-of-service retiree should have the same rights and benefits as any other veteran. Recommend the CSA Council consider working through Department of the Army and the Department of Veteran Affairs to change this law so that all veterans will be treated equally in RIF situations.

CHIEF OF STAFF ARMY RETIREE COUNCIL COMMENTS: The CSA Retiree Council appreciates the continued interest of the Fort Sill Retiree Council. Concerning the issue of veterans' preference, it is incumbent on the Fort Sill Retiree Council to establish a clear inequity in the law.

By way of background, the reason retired veterans only receive extra credit for war time service in computing length of service for RIF purposes is because they have already received a substantial retirement based on their military years. The veteran who didn't retire is credited with his/her years of military service as federal employment time as if it were civil service time for RIF purposes. Indeed, they can also "buy" their military time for civilian retirement purposes. The military retiree, on the other hand, is already drawing a federal retirement and thus has not been disadvantaged in deferring work on a civilian career by serving their country in the military.

Other veterans get RIF protection but NO retirement, unless they stay in the Reserves and wait until age sixty. Retired active duty veterans draw their retired pay immediately while starting a new career.

It may be difficult based on the above to establish an inequity.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-60-01
MACOM: FORSCOM
INSTALLATION: Fort Polk, LA
SUBJECT: Emergency Data - Spouse
DISCUSSION: The current system does not provide a service members spouse's family members to be contacted in the event the spouse has died or is involved in an emergency when the soldier is deployed or unavailable. The DOD Form 93 and the new common access card/ID card could be revised to include the spouse's family information.

CHIEF OF STAFF ARMY RETIRE COUNCIL COMMENTS: The DD Form 93 is to notify the next of kin of the soldier, not family members of a spouse. The service's primary responsibility is to notify the individual listed on the service member's DD Form 93. It would be unworkable and ill advised to have everyone listed that a service member wishes to be notified in an emergency. The responsibility to notify in-laws, brothers, sisters, uncles, aunts, etc., should not rest with the service, unless listed on the DD Form 93. In addition, this would require more casualty assistance officers and would delay notification of other individuals because of excessive time spent on notifying multiple individuals of an emergency for one individual.

If the spouse dies or has an emergency while a soldier is deployed, the service will notify that soldier. That is the service's responsibility. However, to make the service responsible for notifying family members of that spouse stretches the service's responsibility. Often a unit's family support system will take responsibility to assist; as would most casualty assistance offices on a case by case basis.

DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF FOR PERSONNEL
ARMY RETIREE COUNCIL
300 ARMY PENTAGON
WASHINGTON DC 20310-0300

Army Retirement Services 6 April 2001

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The forty-first meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 2-6 April 2001.

2. The Council gratefully acknowledges the enactment of TRICARE for Life and other military health care benefits provided by the FY01 National Defense Authorization Act - *the most significant changes to military health benefits since the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) was established by Congress in 1966*. The provisions of the Act have the potential to improve significantly the military health care available to military retirees.

3. While the Council and the entire retiree community are greatly encouraged by the new entitlements of the TRICARE for Life program, they are deeply concerned over the lack of appropriations to fully fund these entitlements. The commitment of the necessary funds is essential to ensuring the successful implementation of these new benefits and the execution of new programs to fulfill the promise of lifetime health care.

4. *Communications with and education of participants are essential* in ensuring the successful implementation and maintenance of viable programs. As our Army is transforming and becoming a technically focused, mobile, and more lethal force, it is imperative that the Army also focus on those who laid the groundwork for the present and are inextricably involved in the future. The Council is pleased to see that the Army of One, with its Well-Being Program, is investing in those who served in order to demonstrate that it will take care of its own from cradle to grave. This will send a clear message to Active, Reserve, and

National Guard soldiers – and future soldiers - and will influence their decisions to remain in the force.

5. The Council urges the Chief of Staff to further the concept of equity between military retirees and other federal retirees by supporting the concurrent receipt of military retired pay and Department of Veterans Affairs disability compensation.

6. The hallmark of the Army taking care of its own is a Retirement Services Program, imbedded in the Active Army chain of command and consisting of full-time employees who, through their dedication and commitment, provide essential services to soldiers and family members from pre-retirement planning through transition to taps. This concept has proved invaluable to the legacy force and will be even more critical to the objective force. Retirement Service Officer positions should be exempted from outsourcing.

7. The Council conveys its deep appreciation to the Association of the United States Army, The Military Coalition, The National Military and Veterans Alliance, and the distinguished guest speakers listed at Enclosure 3. Their record of championing issues that impact our Army is well-documented and respected and their efforts have made a major contribution toward ensuring that the members of the retired community are treated with the dignity and respect they earned and deserve.

8. The members of the Council participating in the meeting are listed at Enclosure 4.

JOHN A. DUBIA
Lieutenant General
U.S. Army, Retired
Co-Chairman

RICHARD A. KIDD
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman

Enclosures
1. Issue: Military Health Care
2. Issue: Communications
3. Guest Speakers
4. Council Members

SITUATION:

1. Restoration of promised lifetime health care for military beneficiaries continues to be the single greatest issue affecting the well-being of the 685,000 Army retirees. Of the 60 issues submitted by major Army installations worldwide, 23 were concerned with the accessibility, quality and affordability of the Military Health Service System (MHSS).

2. TRICARE for Life and the other benefits authorized by the FY01 National Defense Authorization Act (NDAA01) have created the framework and potential to live up to that promise.

3. A significant amount of confusion existed among retired beneficiaries and their family members on the provisions of the ever-changing components of MHSS that prevented them from making informed health care decisions. The enactment of NDAA01 mandates renewed aggressive communications and education efforts, relying not only on new technology, but on the traditional, as well.

4. Although TRICARE for Life has the potential for becoming the overwhelming health care program of choice, options must be provided to allow the retired beneficiaries to select the one that meets their health care needs, is within their means, and provides locally accessible quality health care.

5. The bottom-line criterion for the development of options for keeping America's health care promise to military retirees is equity – equity within the military retired community and equity between military retirees and other federal retirees.

COUNCIL COMMENTS:

Objective 1: Continuation of TRICARE Improvement. Despite the substantial progress that has been made in improving TRICARE and especially in response to the enactment of TRICARE for Life, much more still needs to be accomplished since TRICARE is, and must remain, the cornerstone of the Military Health Service System (MHSS). Accordingly, the Council advocates the following TRICARE improvements:

Improvement 1: TRICARE Standard Reimbursement Level in Remote Areas. Raise the TRICARE Standard reimbursement levels in remote areas, as necessary, to attract and retain a network of

physicians needed to provide accessible health care services to all military beneficiaries.

Improvement 2: TRICARE Standard Claims Processing. Building on recent progress, continue to streamline the procedure for the processing of claims making it less complex and more timely, thereby eliminating a major disincentive for physicians to participate in the program. An essential element of improvement would be the increase in the automated/electronic processing of claims.

Improvement 3: TRICARE Prime Remote Expansion (CONUS). Expand eligibility for TRICARE Prime Remote to military retirees at locations where the TRICARE Prime Remote program has been implemented for active-duty soldiers and their families. Increased reimbursement levels and improved claims processing must be fixed first for expansion efforts to be successful.

Improvement 4: TRICARE Prime Enrollment (OCONUS). Expedite TRICARE Prime enrollment of OCONUS CHAMPUS eligible retirees. The Council strongly encourages the DOD to resolve the enrollment problems that have produced unwarranted delays in the delivery of this much-desired health care alternative for CHAMPUS-eligible retirees residing outside the United States.

Improvement 5: Protect Enrollees in TRICARE Senior Prime Test Program. Ensure that the almost 34,000 retiree beneficiaries who are currently enrolled in the Medicare-Subvention test program are accorded the same level of benefits as the test expires and the beneficiaries are integrated into TRICARE for Life.

Improvement 6: TRICARE Communications Initiative. Continue to expand and focus a coordinated, targeted campaign to put in the hands of all beneficiaries, both current and future, clear and concise information necessary to assist retirees in navigating health care complexities so they can make informed health care decisions for themselves and their families. In addition, enhanced communications provide retirees with the information to speak out authoritatively on retiree health care matters. Efforts to date have been helpful but continue to fall short of the target.

The enactment of TRICARE for Life and other military health care benefits provided by the NDAA01 make effective communications even more essential.

Objective 2: Adoption of FEHBP-65. The Council believes this optional program, if approved, would be a health-care alternative to TRICARE for Life for Medicare-eligible retirees. For many Medicare-eligible retirees who reside outside of the catchment areas of military medical treatment facilities, it may be the only program that would restore equity and keep the health care promise.

The argument that FEHBP-65 would degrade medical readiness by removing the over 65 population from the MHSS is disingenuous. As improvements are made to the direct care system and as TRICARE for Life comes on line, the number of retirees considering FEHBP-65 as their health care option would be greatly reduced since most retirees prefer MHSS as their primary care provider.

Objective 3: Expansion of Retiree Dental Insurance Program to OCONUS. In most overseas locations, retirees are able to obtain only emergency care on a space-available basis in a military dental treatment facility because the available capacity is consumed taking care of active-duty soldiers. Moreover, the cost of health insurance in many of those locations is prohibitive while military retirees residing elsewhere have enjoyed for years the security of the non-subsidized, and recently enhanced, TRICARE Retiree Dental Insurance program.

The dental insurance program for active-duty family members has been implemented in many locations overseas, areas in which significant numbers of military retirees live and work. The experience gained provides virtually all of the groundwork necessary to expand expeditiously the TRICARE Retiree Dental Insurance program and restore a modicum of equity to OCONUS retirees, the only category of military beneficiary not now covered.

The expiration of the current contract in 2002 and the re-solicitation of a successor contractor provide the opportunity to test the business viability of this program in selected overseas areas.

Objective 4: Grandfather FEHBP-65 Demonstration Program Enrollees. Some 7,500 Medicare-eligible military retirees and their family members made personal health care decisions in response to their Army's invitation to participate in the demonstration of the Federal Employee Health Benefit Program.

In the eventuality that legislation extending permanent eligibility is not forthcoming, those demonstration participants who desire to continue in FEHBP should be integrated into the currently authorized program at conditions no less favorable than those provided under the demonstration program, even if legislation is required to accomplish this goal.

SITUATION:

Communication with and education of participants are essential in insuring the successful development and maintenance of viable programs. As our Army is transforming and becoming a technically focused, mobile, and more lethal force, it is imperative that it focuses on those who laid the groundwork for the present and are inextricably involved in the future. The Army of One, with its Well-Being Program, must invest in those who served in order to demonstrate that it will take care of its own from cradle to grave. This will send a clear message to the Active, Reserve, and National Guard soldier - and future soldier - and will influence their decisions to remain in the force. Remembering that this is not only an Army of One, but also One Army will ensure that retirees and family members in all components have equal access to essential information.

COUNCIL COMMENTS:

Objective 1: Quarterly Funding of Army Echoes. The Army Echoes is the principal Army publication that keeps retirees and their surviving family members in touch with the ever-changing benefits and entitlements. Funding for this publication has fluctuated, creating a challenge to its timing and a public affairs challenge as retirees and their family members perceive a lack of commitment and support from their Army.

Improvement: Reinstatement of Army Echoes Funding. Reinstate funding for four issues per year. This quarterly publication is augmented for those who have access to the Internet through the informal HQDA Retirement Services Office electronic newsletter called Max Facts.

Objective 2: Communication and Information sharing through diverse media. It is no longer practical to rely on live presentations because of the small contingent of RSO staff compared to the large geographical areas for which they are responsible. The use of presentations through videotape and CD-ROM will enhance the RSO's ability to export information to remote areas and also allows prospective retirees to explore their options at their own pace and ensure that they are aware of all their potential benefits such as SBP, early retirement, "high three" computation, etc.

Improvement: Continue with sufficient resources the educational effort necessary to address programs such as TRICARE for Life, separation incentives, Survivor Benefit Plan, and bonuses. This effort should be part of the training programs for commanders and senior non-commissioned officers. The CSA should reinforce this Army-wide and encourage the incorporation of information packets and allocation of time for RSO staff to address units on these important matters. The use of the electronic media will also make convenient the dissemination of information to Active, USAR, and National Guard Units.

GUEST SPEAKERS

GEN Eric K. Shinseki, Chief of Staff, United States Army

LTG Timothy J. Maude, Deputy Chief of Staff for Personnel, United States Army

LTG James B. Peake, The Surgeon General, United States Army

LTG Theodore G. Stroup, Jr. (USA, Retired), Vice President, Education, Association of the United States Army

BG William P. Heilman, Director of Human Resources, Office of the Deputy Chief of Staff for Personnel, United States Army

RADM (Dr.) Michael Cowan (USN), Deputy Executive Director, TRICARE Management Activity, Office of the Assistant Secretary of Defense for Health Affairs

SMA Jack L. Tilley, The Sergeant Major, United States Army

CAPT (Dr.) Paul Thomas McDavid (USN, Retired), Director of Federal Marketing, Delta Dental Plan of California (TRICARE Retiree Dental Program)

COL Charles Partridge (USA, Retired), Legislative Counsel, National Association of Uniformed Services, representing The National Military/Veterans Alliance

COL Frank Rohrbough (USAF, Retired), Director of Government Relations, The Retired Officer Association, representing The Military Coalition

CPT Bradley J. Snyder (USA, Retired), President & CEO, Armed Forces Services Corporation

CMS Mark Olanoff (USAFR, Retired), Legislative Director, The Retired Enlisted Association, representing The National Military/ Veterans Alliance

GUEST SPEAKERS

RANK/NAME	INSTALLATION	MACOM
LTG John A. Dubia Co-Chairman	At Large	
SMA Richard A. Kidd Co-Chairman	At Large	
COL Kenneth R. Bailey	Fort Shafter	USARPAC
COL Thomas M. Driskill, Jr.	Fort Shafter	MEDCOM
COL Mayo A. Hadden III	Fort Benning	TRADOC
COL Robert A. Mentell	USAREUR	USAREUR
COL J. Brian Morrissey	Fort Leonard Wood	TRADOC
COL Felix Peterson, Jr.	Fort Sill	TRADOC
CSM Robert L. Adams	Fort Belvoir	MEDCOM
CSM Lourdes E. Alvarado-Ramos	Fort Lewis	FORSCOM
CSM James W. Hardin	Fort Sam Houston	MEDCOM
CSM John E. Lee	Fort Lewis	FORSCOM
SGM Lawrence L. Law	Fort Bragg	FORSCOM
MSG Dorothy R. Hayner	Fort Hood	FORSCOM