

Department of the Army
Office of the Deputy Chief of Staff, G-1
Army Retiree Council
300 Army Pentagon
Washington DC 20310-0300

Army Retirement Services

11 April 2003

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The forty-third meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 7-11 April 2003.
2. The Council extends its gratitude to General Eric K. Shinseki, Sergeant Major of the Army Jack L. Tilley, and Lieutenant General John M. Le Moyne for their unwavering support of retirees and their families and surviving spouses. The inclusion of the retirees in the Army Well-Being Program is but one indicator of the depth of that support.
3. Despite the substantial progress being made on a variety of retiree programs, the concerns of the Council continue to fall in two primary areas.
 - a. **Health care** remains the single greatest issue for military beneficiaries, affecting the well-being of more than 700,000 Army retirees worldwide. While TRICARE for Life and the TRICARE Senior Pharmacy Program have gone a long way to meeting many of the expectations of beneficiaries, selected adjustments still need to be made and outstanding gaps must be filled.
 - b. **Communications with and education** of participants continue to be a challenge in providing accurate and up-to-date information by a variety of media. The ever-evolving nature of many retiree programs requires that this be an on-going effort.
4. In addition, the Council urges the Chief of Staff, Army, to:
 - a. Further the concept of equity between military retirees and other federal retirees by supporting 1) the concurrent receipt of military retired pay and disability compensation and 2) the expeditious implementation of Combat-Related Special Compensation, which is but a first step toward achieving the ultimate goal.

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

b. Further efforts to take care of surviving spouses by supporting 1) the elimination of the Social Security Offset to Survivor Benefit Plan benefits at age 62 to the maximum extent allowed by law and legislative language and 2) the acceleration of the implementation date of 2008 for the paid-up provision of the Plan.

c. Further equity for retired reservists by supporting the study group reviewing retirement benefits for U.S. Army National Guard and Reserve soldiers.

d. Further the viability of TRICARE for Life by supporting the continued full-funding of the program.

5. The Council conveys its deep appreciation to the Association of the United States Army, The Military Coalition, and The National Military and Veterans Alliance for their untiring efforts on behalf of not only retirees and their families, but the entire Army, as well.

6. The Council extends its thanks to the distinguished guest speakers listed at Enclosure 3 for the invaluable information and insight they provided.

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

(signed)

(signed)

ROBERT E. HALL
Sergeant Major of the Army
U.S. Army, Retired
Co-Chairman

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

Enclosures

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

CHIEF OF STAFF, ARMY, RETIREE COUNCIL REPORT
ISSUE: MILITARY HEALTH CARE

SITUATION:

1. Health care remains the single greatest issue for military beneficiaries, affecting the well-being of more than 700,000 Army retirees worldwide. Of the 65 issues submitted by major Army installations worldwide, 21 addressed the accessibility, quality, and affordability of the Military Health Service System (MHSS).

2. While TRICARE for Life and the TRICARE Senior Pharmacy Program have gone a long way to meeting many of the health care expectations of beneficiaries, selected adjustments still need to be made and outstanding gaps must be filled.

3. Confusion continues to exist among retirees and their family members on the provisions of the still-evolving components of MHSS. This confusion makes it difficult for them to arrive at informed health care decisions. The Army needs to continue to develop and disseminate simple, clear instructions to all beneficiaries.

COUNCIL COMMENTS:

Objective 1: Continuation of TRICARE Improvement. Despite the significant changes to military health care that resulted from the realization of TRICARE for Life and other programs and the improvements implemented in processing procedures, 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 Provider Reimbursement Levels. Raise the TRICARE reimbursement levels, as necessary, to attract and retain a network of physicians needed to provide accessible health care services to all beneficiaries. Consideration should be given to an enhanced provider reimbursement incentive in geographic areas where the need has been validated.

Improvement 2: TRICARE Prime Co-payments. Eliminate TRICARE Prime co-payments for retirees under 65 and their families. This benefit has been extended to active-duty members and Medicare-eligible retirees and their families, but not to younger retirees and their families and their survivors.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL REPORT
ISSUE: MILITARY HEALTH CARE
(Continued)

Improvement 3: TRICARE Prime Enrollment (OCONUS). Expedite TRICARE Prime enrollment of OCONUS TRICARE-eligible retirees. The Council strongly encourages the DOD to resolve the problems that have prevented the delivery of this much-desired health care alternative for retirees residing outside the United States in geographical areas supported by military health care facilities.

Improvement 4: TRICARE Communications Initiative. Continue to expand and focus a coordinated, targeted information campaign 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 will 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.

Improvement 5: Resourcing of the Direct Care System. Provide adequate resources to the Army Medical Department to deliver the health care benefit and serve as the readiness platform for health service support to the field Army. The alternative jeopardizes the ability of the department to maintain medical readiness and sustain a viable direct care system.

Objective 2: Expansion of Retiree Dental Insurance Program to OCONUS. TRICARE for Life has restored the promise of lifetime medical care for most retirees throughout the world and their families and survivors. However, the combination of access to space-available dental care and the retiree dental insurance program restores the promise for dental care, but only for retirees residing in the United States.

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

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(Continued)

Improvement: Expand the non-subsidized Retiree Dental Insurance Program to countries where there is a sufficient population to make it commercially viable, such as Germany, to permit beneficiaries to receive care in the country of residence.

Objective 3: Waiver of Penalties for Late Enrollment in Medicare

Part B: Individuals who do not enroll in Medicare Part B (Medical Insurance for Outpatient Care) when they first become eligible must pay a late-enrollment penalty of 10% per year.

Many retirees decided not to enroll in Medicare Part B when they were first eligible for a variety of reasons. Some were convinced that they would be able to receive all of their health care from the local military medical treatment facility for the rest of their lives. Base closure and reduced medical force structure have reduced the availability of that space-available health care. Retirees residing in foreign countries decided not to enroll, often on the advice of federal benefits counselors, because of the non-availability of Medicare overseas.

Improvement: Support efforts to waive penalties for late enrollment for those military beneficiaries who were eligible for but not enrolled in Medicare Part B as of 30 October 2000, the enactment date of TRICARE for Life.

Objective 4: Closer Working Relationship between DOD and DVA on Health Care:

The most recent update on Department of Defense (DOD)/Department of Veterans Affairs (DVA) Health Care Partnership is the culmination of the President's Task Force on DOD/DVA sharing. The Commission encouraged greater resource sharing between the two departments. Although the interim report implied that some DAV and DOD facilities could be integrated, it did not recommend the total integration of the two systems.

Improvement: Continue to support on-going efforts to 1) enhance cooperation between the Department of Defense and the Department of Veterans Affairs health care systems that preserve or improve the health care benefits for all beneficiary groups including military retirees and 2) develop effective inter-departmental reimbursement mechanism which would obviate the motivation to restrict beneficiaries to a single health care source.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL REPORT
ISSUE: COMMUNICATION AND EDUCATION**

SITUATION:

Communications with and education of participants continue to be a challenge in providing accurate and up-to-date information by a variety of media. As our Army is transforming and becoming a more lethal, mobile and technically focused force, it is imperative that it focus 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 continue to invest in those who served in order to demonstrate that it will take care of its own. This sends a clear message to Active, Reserve, and National Guard soldiers and future soldiers and will influence their career decisions to remain in or to join the force.

COUNCIL COMMENTS:

Objective 1: Quarterly Funding of "Army Echoes". "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 creating 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 as the initiative to transition to electronic distribution is implemented. This publication is the only communications link that reaches all retirees, their families, and survivors, disseminating current information on the retirement services program. Not only do retirees view "Army Echoes" as absolutely essential to their ability to stay informed, but it also satisfies the requirement for the dissemination of policy changes and interpretations.

Objective 2: Communications and Information sharing through diverse media. It is no longer practical to rely only on live presentations because of the small contingent of Retirement Service Office (RSO) staffs compared to the large geographical areas for which they are responsible. The use of presentations through the internet, videotape and CD-ROM will enhance the ability of RSOs to export information to remote areas and also will allow prospective retirees to explore their options at their own pace, ensuring that they are aware of all their potential benefits under such programs as Survivor Benefit Program (SBP),

CHIEF OF STAFF, ARMY, RETIREE COUNCIL REPORT
ISSUE: COMMUNICATIONS AND EDUCATION
(Continued)

early retirement, career status bonus obligation, and "high three" computation.

Improvement: Continue to support with sufficient resources the educational efforts necessary to address retirement and retiree programs. Target audiences should not only include those who have already retired and those who are about to retire, but also those who are making military career decisions.

This effort should include the professional training programs for commanders and senior non-commissioned officers, most importantly those attending installation command and management courses.

GUEST SPEAKERS

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

The Honorable Mr. Reginald J. Brown, Assistant Secretary of the Army for Manpower and Reserve Affairs

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

LTG John M. Le Moyne, USA, Deputy Chief of Staff, G-1, United States Army

MG Anders B. Aadland, USA, Director, U.S. Army Installation Management Agency

MG Kenneth Farmer, USA, Deputy Surgeon General, United States Army, and Chief of Staff, U.S. Army Medical Command

BG Guy C. Swan III, USA, Chief, Legislative Liaison, Office of the Secretary of the Army

COL Joseph Frankie II, USA, Chief of Staff, Army & Air Force Exchange Services

COL Kenneth M. Younger, USA, Deputy Director, Human Resources Policy Directorate, Deputy Chief of Staff, G1, United States Army

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

COL Frank Rohrbough, USAF (Retired), Deputy Director, Government Relations, Military Officers Association of America, representing the Military Coalition.

CAPT Douglas W. Smith, USN (Retired), Executive Program Manager, Affiliated Computer Services, Military Retired and Annuity Pay, Defense Finance and Accounting Service

GUEST SPEAKERS

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

LTC Tom Tower, USAF (Retired), Assistant Director of
Military Compensation, Retired Pay and Survivor
Benefits, Office of the Deputy Under Secretary of
Defense for Military Personnel Policy

CPT Bradley J. Snyder, USA (Retired), President and
Chief Executive Officer, Armed Forces Services
Corporation

MGySgt Ben Butler, USMC (Retired), Deputy Legislative
Director, National Association of Uniformed
Services, representing the National Military and
Veterans Alliance

Mr. Rex Gilmore, Program Specialist, Chief Business
Office, Veterans Benefits Administration,
Department of Veterans Affairs

Ms. Kaye Kennedy, Chief, Corporate Communications,
Defense Commissary Agency

Mr. Steve Lillie, Director, Program Development
Division, Operations Directorate, TRICARE
Management Activity, Office of the Assistant
Secretary of Defense (Health Affairs)

Mr. Milton O. Maeda, Chief Outreach, Veterans
Benefits Administration, Department of Veterans
Affairs

<u>RANK/NAME</u>	<u>INSTALLATION</u>	<u>MACOM</u>
LTG John A. Dubia, Co-Chairman	At Large	
SMA Robert E. Hall Co-Chairman	At Large	
COL Jerome B. Culbertson	Fort Shafter	USARPAC
COL Thomas M. Driskill, Jr.	Fort Shafter	MEDCOM
COL Robert A. Mentell	USAREUR	USAREUR
*COL Mary L. Messerschmidt	Fort Sam Houston	MEDCOM
COL Joslyn V. Portmann	Fort Hood	FORSCOM
LTC Charles R. Hunsaker	Fort Benning	TRADOC
CW4 Donald E. Hess	Fort Belvoir	MDW
CSM Lourdes E. Alvarado-Ramos	Fort Lewis	FORSCOM
CSM Larry H. Smith	Fort Leavenworth	TRADOC
SGM Robert L. Brown	Fort Myer	MDW
SGM Ray A. Quinn	Fort Stewart	FORSCOM
MSG James C. Elliott	Fort Sill	TRADOC
MSG Della H. Hodges	Fort Monmouth	AMC

* Observer / Council member effective 2004

ISSUES

CHIEF OF STAFF ARMY, RETIREE COUNCIL ISSUE 01-01-2003

MACOM: **TRADOC**

INSTALLATION: **Carlisle Barracks, PA**

SUBJECT: **Pharmacy Oversight**

DISCUSSION: On occasion, military pharmacies have dispensed the wrong medication when filling a prescription. The military should establish a system to ensure that medication is properly dispensed and errors, when discovered are investigated in a timely manner. A response to the patient will be sent. This, we believe will assist in eliminating future mistakes.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council recommends no action. The Army Medical Department (AMEDD) and its US Army Medical Command (MEDCOM) Headquarters already have a system in place that ensures that medications are properly dispensed and errors, when discovered, are investigated in a timely manner. There is a process in place through MEDCOM Quality Management Division and supporting regulations for the reporting of all errors, to include medication errors. The AMEDD primarily utilizes the US Pharmacopoeia (USP) standardized and automated medication error tracking system MedMARx, which allows for the anonymous reporting of all medication errors that occur not just in pharmacies, but in all areas of medical treatment facilities. Please note that medication errors are the result of many factors and are caused by a variety of health care professionals to include, but are not limited to physicians, pharmacists, nurses and others. All medication errors and other adverse medication events are required to be documented and reported at the individual Military Treatment Facility (MTF) through the risk management or quality management division, and are further reviewed by the local Pharmacy and Therapeutics (P&T) committee. The patient is always the focus of any medication error and specifically to ensure that the error is resolved and if appropriate the patient is referred for additional medical evaluation. Although the goal is to eliminate all errors, systems involving humans are never error free and we cannot expect to eliminate all medication errors. Fundamentally, the AMEDD is focusing on patient safety and the reduction in medication errors, particularly those caused by human factors. The AMEDD is developing a corporate pharmacy automation strategy and a standardized approach to medication safety, which will integrate improved systems bar code technology into our medication use practices and improve our existing pharmacy and other drug-related computer systems. This "corporate" approach to medication safety will significantly further reduce medication errors and further enhance safe and appropriate drug safety for all beneficiaries.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 01-02-2003

MACOM: **TRADOC**

INSTALLATION: **Carlisle Barracks, PA**

SUBJECT: **TRICARE For Life (TFL) & Senior Pharmacy Program**

DISCUSSION: **This installation Retiree Council would like to say “HOOAH” to all of those who fought for, created and administered the start-up of both the TRICARE For Life and Senior Pharmacy Programs.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council acknowledges that the success associated with the creation of TRICARE For Life (TFL) and the Senior Pharmacy programs is attributable to many persons and organizations in various settings throughout the federal government and our country. Principals within DOD, including the Office of the Assistant Secretary of the Defense for Health Affairs, and the military services worked with the Office of Management and Budget and the Department of Health and Human Services to support congressional research, and finally legislation, for the TFL benefit. All collaborated to plan and implement TFL with the coordinative assistance of the Centers for Medicare and Medicaid Services. The TRICARE Management Activity and the military services worked together to ensure support of the TRICARE Senior Pharmacy benefit. Members of the Military Beneficiary Coalition/Alliance, who communicate directly with military beneficiaries, were indispensable in communicating information on both of these new programs. They also helped to develop program requirements and monitored the status of implementation of both programs.**

CHIEF OF STAFF ARMY, RETIREE COUNCIL ISSUE 01-03-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Prescribed TRICARE For Life (TFL) Drugs for Retiree in Private Nursing Homes**

DISCUSSION: **All military retirees in private nursing home are entitled to prescription drugs under TFL. All drugs must be individually packaged and delivered by the pharmacies to the nursing home. There is an additional charge (minimal) for packaging. All military retirees as well as private nursing homes should be so informed by DOD.**

CHIEF OF STAFF ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council supports this issue. The AMEDD in coordination with Department of the Army (DA), Department of Defense (DOD) and TRICARE Management Activity (TMA), needs to include this information in their TRICARE benefit education efforts to share information with all military retirees about the benefit opportunities and unique aspects and additional expenses associated with nursing home requirements for unit dose (individually packaged) medications. Nursing homes are subject to laws from the state in which they exist and therefore TRICARE has no authority over the individual nursing home requirements for unit of use packaging for patients who reside in those facilities. There are numerous contracts (currently through the various TRICARE-Managed Support Contractors) whereby civilian retail pharmacies can become authorized TRICARE retail network pharmacy providers and thereby provide up to a 30-day supply of medications to nursing home patients. The patient (beneficiary) would be responsible for the appropriate co-pay of either \$3 or \$9. This information could be of great value to military retirees residing in nursing homes, but does not appear to be widely known. The Chief of Staff, Army, Retiree Council recommends that "Army Echoes" periodically provide this information to its readers.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Leonard Wood, MO**

SUBJECT: **Medicare Reimbursement Rates**

DISCUSSION: Included in the Balanced Budget Act passed by Congress in 1997 were provisions to reduce Medicare reimbursement rates beginning 1 Jan 2002. The reductions will continue through 2005. The schedule of reductions (2002-2005 – 5.4%; 2003-2005 – 5.7%; 2004 – 5.7%; 2005 – 2.8%) added to the already tenuous relationship of doctors and Medicare will no doubt cause more doctors to opt out of the Medicare system. Since TRICARE For Life (TFL) is tied to the Medicare system, the question arises: How long will TFL continue to increase its rates to make up for the reductions in Medicare rates: Because of these cuts in reimbursement rates the military retiree may once again have to depend on supplemental insurance policies to make up the difference. Recommend the Congress of the United States enact HR 3351 and S1707 or similar legislation that would rescind the proposed reductions to Medicare reimbursement rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council is aware that TRICARE reimbursement rates issues persist nationally. The Army has been proactive in supporting efforts to correct this situation. Congress, too, has been addressing the TRICARE reimbursement issues and has provided some authority to increase reimbursement rates and/or implement bonuses in localities where access to health care is severely limited.

Additionally, in NDAA 2003, Section 712, Congress requested that the Comptroller General submit to Congress an evaluation of the nature of, reasons, and extent of trends in TRICARE network provider instability and the effectiveness of the efforts of DOD and TRICARE managed care support contractors to measure and mitigate it. At the end of January 2003, Omnibus Resolution 2 (H.J.) was passed to reverse the 4.4% reduction in physician payments that was implemented 1 March 2003. We believe Congressional action answers this issue. The Army will continue to monitor legislative actions concerning Medicare reimbursement rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2003

MACOM: **MDW**

INSTALLATION: **Fort Myer, VA**

SUBJECT: **Medicare/TRICARE Reimbursement**

DISCUSSION: Medicare is responsible for determining fees for medical interventions. TRICARE reimbursements are limited to the amounts authorized by Medicare. Reports received from retirees indicate that an increasing number of doctors are opting out of Medicare, and thereby out of TRICARE, because they maintain that the set fees are far below market values.

TRICARE should set up a mechanism by which it is able to monitor this manifestation in the various regions, to discern if and where the problem is increasing and if it starts to impact adversely on the availability of medical care for retirees. If such detrimental impact is determined, Medicare must be apprised. Thereafter, in coordination with Medicare, appropriate representation can be formulated for Congressional action, as appropriate.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council is aware that TRICARE reimbursement rates issues persist nationally. The Army has been proactive in supporting efforts to correct this situation. Congress, too, has been addressing the TRICARE reimbursement issues and has provided some authority to increase reimbursement rates and/or implement bonuses in localities where access to health care is severely limited.

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CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Complaint That One Federal Agency Cannot Bill Another for Medical Expenses**

DISCUSSION: **Council was made aware that retirees are being billed for medical service at VA hospitals because a law exists that one federal agency cannot bill another. In discussion, council felt that with TRICARE For Life now in effect that DOD should consider asking Congress to change this provision. Perhaps that answer is to advise retirees to not use facilities that are required to bill the patient. However, it is an area that needs clarification.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council supports this issue.**

First, under TRICARE For Life (TFL), Medicare and TRICARE work synergistically to cover healthcare costs for dually eligible beneficiaries. The two programs do not reimburse each other. Rather, each reimburses the providers who provide medical care to eligible beneficiaries.

Secondly, DOD and the Department of Veterans Affairs (VA) have legislative authority to execute reciprocal reimbursement programs. (1) Currently, several VA Medical Facilities (VAMC) serve as TRICARE network providers. TRICARE managed care support contractors reimburse participating VAMC network providers for healthcare services provided to TRICARE-eligible beneficiaries. This includes those VAMCs that have a provider agreement with a specific TRICARE contractor. The VAMC must submit the individual and/or institutional claim for reimbursement to the applicable TRICARE contractor. Claims submitted by beneficiaries are returned for proper processing. (2) DOD and VA execute reciprocal reimbursements under the myriad of on-going DOD/VA Resources Sharing Agreements. Each has the authority to reimburse the other, as well as other federal agencies, under the Interagency Agreement Initiative.

Military eligible beneficiaries have access to care in DOD medical facilities (MTFs) on a space-available basis without cost to beneficiaries. VA executes an outpatient co-payment system based on a veteran's priority status. In lieu of Memoranda of Understanding (MOU) and other formal reimbursement arrangements, DOD is not involved in these financial arrangements. Patients may experience co-payments for pharmaceuticals received in VA facilities. TRICARE-eligible veterans have access to the TRICARE retail/mail order pharmacies with minimal co-payments. They may also use Military Treatment Facilities pharmacies.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Increased Cost to the Retiree When Converting from TRICARE Prime to Medicare Part B**

DISCUSSION: **TRICARE Prime costs the retiree and Medicare eligible spouse \$460 per year; Medicare Part B costs \$1,296 per year – an increase of \$836 per year incurred by the retiree when his income is usually decreasing. Similarly, TRICARE Prime for the single retiree costs \$230 per year and Medicare Part B costs \$648 per year, costing the retiree an increase of \$418. There should be no increased costs for health care when moving from one government program to another.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council supports this issue. Retirees and spouses over 65 years of age are eligible to participate in TRICARE For Life (TFL) if enrolled in Medicare Part B. TFL supplants TRICARE Prime. *There are no enrollment fees or premiums for TFL.* The only cost is the Medicare Part B monthly premium. If, however, only one spouse is eligible for TFL, the spouse who is not eligible remains in TRICARE Prime until he or she turns 65. At that point, TFL will replace TRICARE Prime, assuming that he/she has purchased Medicare Part B.**

The nature of the health care entitlement has a long legislative history. The US Congress established Medicare in 1965 and the CHAMPUS program in 1966. That Congress and all Services insured that military retirees had a federal health care benefit, but consciously recognized it passed from TRICARE (originally CHAMPUS) to Medicare at age 65. On 30 October 2000, Congress passed legislation that created TRICARE For Life, a program that costs the federal government an additional \$3 billion per year. TFL provides pharmaceuticals and pays the Medicare 20% co pay – features that no other Medicare beneficiary receives. Based upon this legislative history, the only feasible way to reduce the transition cost between TRICARE and Medicare is to seek further Congressional action to allow for the offset.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Reduced Staffing at Army Hospitals**

DISCUSSION: While some improvement has occurred in the past year, military medical staffing continues at greatly reduced levels at many Army medical facilities. Recruiting contract medical personnel has been and continues to be difficult. The cost is high and funds are not budgeted. This reduces the ability to provide physical and mental health services to retirees. More importantly, there is concern that our active duty soldiers have available to them 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 soldiers who must use the equipment are not in the best physical and mental health possible. A major consideration is the care available to family members. If this is lacking, then an unacceptable amount of stress is imposed on the soldier.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. Deployment of military medical personnel from Army Medical Treatment Facilities (MTF) in support of worldwide readiness requirements continues. As military medical personnel deploy from those facilities, medical planners in the Office of The Surgeon General and Headquarters, US Army Medical Command strive to earmark appropriate backfill. In some cases, the backfill is from Troop Program Units and individuals from the Reserve Component. In other cases, Military Treatment Facilities employ civilian contractors as temporary fills until reservists can mobilize. Yet another source of care is the TRICARE network of providers. None of these scenarios should result in a significant change in the care available to active duty service members and their families, or retirees and their families. The sources of the care might be changed, but the quality of care and cost to the beneficiary should be constant. Continuous deployments pose a challenge to this backfill process, but we all share the concern and agree with comments above on the importance of maintaining proper staffing levels.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2003

MACOM: **USAREC**

INSTALLATION: **Columbus Recruiting Battalion, Columbus, Ohio**

SUBJECT: **Medical Care at Military Treatment Facilities (MTF)**

DISCUSSION: **MTFs are not staffed adequately to provide quality services for the military community. The ratio of providers to beneficiaries is too low. Recommend staffing levels be evaluated in terms of providing a higher ratio of providers to improve the quality of care of MTFs.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council supports this issue. Late in fiscal year 02, the US Army Medical Command (MEDCOM) updated its Automated Staffing Assessment Model to use patient population as the driving factor in determining staffing levels in its Medical Treatment Facilities (MTF). Application of the model results in a high ratio of providers and a modest increase in support staff personnel in most Army MTFs. However, this just represents an increase in requirements. To be allocated authorizations and money to resource these requirements, MTFs will present a business case analysis through MEDCOM command channels. If a business plan is approved, an MTF could be allocated additional military or civilian personnel or money to hire contractors. If MEDCOM resources are insufficient to meet the increased demand, an un-financed requirement is developed and submitted during the Program Objective Memorandum process to HQDA or the TRICARE Management Activity in the Office of the Assistant Secretary of Defense for Health Affairs.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Outdated Medical Facilities**

DISCUSSION: This is a continuing problem that was first addressed in last year's submission. Hospitals need renovation to bring them up to modern day standards. Some of today's Army hospitals are basically 8-bed wards requiring ill soldiers to leave their beds and walk some distance 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 mental and physical well being of the soldier determines how well he or she is able to perform.

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

Impact of Aging Medical Facilities on the Military Healthcare System. The age and condition of the Army Medical Department's (AMEDD) medical facilities has a negative impact on the quality of care, patient safety and medical readiness. The AMEDD continues to face significant challenges with regard to the maintenance and upgrade of its medical facilities. Decades of under-funding in operations and maintenance programs have contributed to premature aging of medical facilities and functional deficiencies such as those noted at Fort Knox. This has created a backlog of deferred repair and modernization projects estimated at \$505 million AMEDD-wide, where top priority for limited funding goes to projects that correct serious deficiencies in major building systems and safety features. Given these circumstances, important functional improvements (like correcting the multiple-use bathrooms at IACH) wait in line behind more urgent repairs.

Ireland Army Community Hospital (IACH):

The patient care tower at IACH was built in 1955 and was not designed to modern codes and standards. The hospital leadership is aware of the concerns about multiple-use bathrooms and other facility deficiencies at IACH. While many deficiencies have been addressed, much remains to be done. The hospital spent \$550,000 on repairs in 2002 and has programmed another \$1.7 million for 2003 in order to improve the reliability of building utilities and systems. Currently there is over \$1.8 million in identified operation and maintenance requirements ready for execution this fiscal year should additional funds become available. In 1997 the AMEDD funded a master planning effort to assess overall demand for services as well as the condition and capacity of facilities. The resulting master plan provides a long-term road map for facility improvements. The master plan identified \$8.8 million in validated requirements that will be corrected as funding becomes available. Despite the age and condition of the hospital, the dedicated health care professionals of IACH work diligently to provide the highest quality health care.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2003

MACOM: USAREC

INSTALLATION: Chicago Recruiting Battalion

SUBJECT: Medical and Dental Appointments

DISCUSSION: Retirees should be able to schedule dental and medical appointments without having to wait to be seen on space-available basis. Many retirees are still employed and have to take time off from their jobs to sit and wait for someone to cancel their appointment before they can be seen at a Military Treatment Facility (MTF).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: DOD has established priority for use of military treatment facilities as follows:

- 1) active duty service members;
- 2) active duty service members' family members enrolled in TRICARE Prime;
- 3) retirees, their family members, and survivors enrolled in TRICARE Prime;
- 4) active duty service members' family members not enrolled in TRICARE Prime; and
- 5) retirees, their family members, and survivors who are not enrolled in TRICARE Prime.

With limited available medical and dental resources, the opportunity for retirees and family members to compete for space-available appointments is very limited. Frequently, active duty service members and Prime enrollees consume virtually all scheduled appointments. With the competition for available appointments, most space-available slots are due to cancellations and no-shows. If employment restrictions limit a retiree or family member to appointments outside normal business hours, TRICARE Standard is usually the most flexible alternative for the retiree or family member.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Shortage of State-of-the-art Medical Equipment**

DISCUSSION: The shortage of state-of-the-art medical equipment in some Army hospitals continues. In a real emergency, patients must be sent to civilian facilities many miles away 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 seems to be a general feeling in the field that the focus on health is not of the highest priority. Mission success depends entirely on the ability of troops to perform.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue as it pertains to Fort Knox, KY. The statement in the discussion section of this issue, "The shortage of state-of-the-art medical equipment in some Army hospitals..." leads one to believe the issue exists at all Army hospitals. That is not the case. As noted above, the installation in this issue is Fort Knox, KY, and this response addresses only Fort Knox.

Over the past two years, Fort Knox spent over \$1.7 million for capital investment equipment and \$2.2 million in the capital expense equipment program. Their current capital investment requirement is \$1.1 million, and the capital expense equipment requirement is \$1.8 million of which Fort Knox anticipates spending approximately \$1 million. Fort Knox has replaced more equipment over the past two years than in previous years. Recent buys included replacement equipment for two x-ray systems and a mammography system. The amount of funding to be released this fiscal year for capital investment equipment has yet to be determined. Currently more referrals have been received for diagnostic tests than in the past. Most small Army military community hospitals, like Ireland Army Medical Center at Fort Knox, have an agreement with local hospitals to perform many tests, etc., on a reimbursable basis. In many cases, analysis has proved it is not cost effective to pay for the associated equipment, services and personnel when the procedures and tests can be performed at a more reasonable rate by a local hospital that has the necessary equipment.

The smaller Army military community hospitals are strong advocates of the 5-Year Equipment Replacement Report and programs for funding of replacement equipment according to need and command priorities.

Health care is always the first and highest priority. Our commanders ensure that the best and most efficient medical treatment is managed to TRICARE standards to meet patients' treatment requirements through a combination of on-site care, local agreements with civilian hospitals and through contracts with the TRICARE network.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: Eliminate the 40-Mile Radius for Retirees to be Treated at DOD Military Treatment Facilities (MTF)

DISCUSSION: Any military retiree should be able to be treated at any DOD military medical facility regardless of the distance that he or she lives from the facility. This is total discrimination against the retiree who lives beyond an arbitrary established distance. DOD should treat a retiree just like the Veterans Administration (VA) treats an enrolled veteran, once enrolled; a veteran can be treated in any VA medical facility in the US, regardless of the distance from the facility.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. Military retirees continue to be eligible to receive care in Military Treatment Facilities (MTF) on a space-available basis regardless of the travel time. Many MTFs do not have space for retirees, which is why the TRICARE Prime and TRICARE For Life networks were created. Additionally, retired members who are not eligible for Medicare on the basis of age are eligible to enroll in TRICARE Prime and are eligible to receive care in a MTF. All participants in TRICARE Prime are eligible to receive care in MTFs and have access priority over other beneficiary groups who are not enrolled in TRICARE Prime. Although, under normal circumstances, enrollee travel may not exceed 30 minutes from home to primary care delivery site unless a longer time is necessary because of absence of providers, the beneficiary may waive the access standard. However, TRICARE Plus is a MTF primary care enrollment program that is offered at selected local MTFs. All beneficiaries eligible for care in MTFs (except those enrolled in TRICARE Prime, a civilian HMO, or Medicare HMO) can seek enrollment for primary care at MTFs where enrollment capacity exists.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-14-2003

MACOM: **USARPAC**

INSTALLATION: **Schofield Barracks, HI**

SUBJECT: **Health Care Eligibility**

DISCUSSION: At the present time, Medical Treatment Facilities (MTF) are providing valuable health care space to runaway incorrigible teenagers and imprisoned felons. It is a waste of money and resources to be attending to these individuals who in reality should have their medical care provided by the state or federal authority.

A teenager's removal from the family under state protective authorities does not terminate that person's beneficiary status, unless there is a court order terminating the sponsor's parental rights, duties, and obligations. (Reference AR 600-8-14.)

Our research indicates that the legal statute governing a retiree's entitlement to medical care is binding and remains intact in accordance with DOD Instruction (DODI) 1000.13 and Army Regulation (AR) 600-8-14. The sources do not list any examples where retirees lost eligibility. A retired member is eligible for military benefits when entitled to retired retainer or equivalent pay.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: While the Chief of Staff, Army, Retiree Council agrees that the personal behavior of some eligible beneficiaries is regrettable, that behavior in itself does not eliminate their eligibility under current regulations for health care entitlements. Only a change in beneficiary status could eliminate their eligibility.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 01-15-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Leonard Wood, MO**

SUBJECT: **DOD or VA Health Care, But Not Both**

DISCUSSION: By Executive Order dated May 28, 2001, the President established a Task Force (Commission) to study initiatives for improving health care for veterans. The proviso is that either DOD or the VA should provide health care, but not both. Since military retirees are also veterans, they logically are eligible for medical care in both DOD and VA facilities. Recommend that the President of the United States reconsider this bold move, which would in many cases cause the military retiree to travel long distances to secure medical care in VA facilities or to receive inadequate medical care from DOD providers, who in many cases are not current with the latest medical procedures to treat many service connected illnesses or injuries.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: In the last ten years, several studies conducted by federal agencies and government contractors have recommended the integration or merger of the Military Health Care System and the VA Health Care System. For various reasons, primarily because of "turf wars" between DOD and VA, these recommendations have not been accepted by either Department, as neither Department has been willing to give up control (i.e., chain of command/control) over their health care system to the other Department.

In its interim report, the "President's Commission on How to Improve Health Care for Our Nation's Veterans" encouraged greater resources sharing between the VA and DOD. Although it implied that some VA and DOD facilities and services could be integrated, it did not recommend the total integration or merging of the VA and DOD Health Care Systems. We will have to wait until the Commission's report is finalized before we know what recommendations the Commission will make; and perhaps a few weeks or months after that we will know what direction the President and the Congress will take regarding the implementation of the recommendations made by the Commission.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-16-2003

MACOM: **USAREUR**

INSTALLATION: **USAREUR**

SUBJECT: **Medical Care**

DISCUSSION: Various initiatives, conceived presumably to facilitate the programming and budgeting process within the administration, would compel military retirees who are eligible for medical care from both Department of Defense and Department of Veterans Affairs to give up one or the other. Both the House and Senate Veterans Affairs committees oppose this proposal.

The central issue is that the benefits for the two systems are many times different. An individual who, as a result of his or her service to the nation, has become eligible for these differing types and levels of care should neither be denied the care he or she needs nor be required to assume more of the costs, simply for the furtherance of an administrative process or in the interest of saving costs.

Access to health care in both systems is threatened by base closures and reduced medical staffing. Base closures remove medical treatment facilities and increase the load on existing facilities while increasing travel time and cost for those who are least able to bear those burdens. The scarcity of physicians lengthens waiting time and precludes access to specialty care. Restricting access to the facilities of one system or the other would only serve to further reduce access to care.

The Chief of Staff should support on-going efforts to: 1) enhance cooperation between the Department of Defense and the Department of Veterans Affairs health care systems that preserve or improve the health care benefits for all beneficiary groups including military retirees, without forcing them to make an irrevocable choice between the two systems; and 2) develop effective interdepartmental reimbursement mechanisms which would obviate the motivation to restrict beneficiaries to a single health care source.

Additionally, he should encourage communication with the newly created Presidential Task Force to Improve Health Care Delivery for Our Nation's Veterans for the express purpose of promoting interdepartmental cooperation between DOD and VA.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Final Report of the President's Task Force to Improve Health Care Delivery for our Nations' Veterans is due for release in Spring of 2003. The Chief of Staff and the Army Surgeon General both support the efforts of the President's Task Force. DOD (Health Affairs) and the Deputy Army Surgeon General both support the efforts of the Task Force to promote interdepartmental cooperation between DOD and VA.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-17-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Health Care Funding of the Veterans Administration (VA)**

DISCUSSION: **Funding of veterans health care by the VA should be mandatory and tied to a cost of living index rather than current discretionary funding (support HR 5250). By the same token, a retiree should not be prevented from filing a medical disability claim as proposed by HR 5605.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **Funding for veterans' health care by the VA is entirely under the control and influence of Congress, which determines and establishes the annual appropriations funding for veterans' health care.**

As of this date, the US Government Printing Office has not published copies of HR 5250. Therefore, our comments on the law can only be general in nature. Veterans' health care has been a benefit provided by the VA for many decades. As noted above, the funding provisions and the processes for same have been established by Congress, and are totally within their authority and mandate regarding any needed changes. Likewise, eligibility for medical disability claims is also a veterans benefit that was established by Congress. The Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA) Compensation and Pension (C&P) program was established by Congress to provide benefits (i.e., compensation) to veterans who sustained a military service-connected disability or injury. Again, any decision to add or include additional categories of military veterans/retirees to the list of those eligible for benefits (i.e., compensation) under the current C&P Program is under the authority and responsibility of Congress to make or change.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-18-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Increase the Delta Dental Program (DDP) Coverage and Benefits**

DISCUSSION: Although the current DDP is an improvement from the initial plan, there are still many improvements and benefits needed. For example increase teeth cleaning to four times a year, or as recommended by the primary dentist; decrease or eliminate the waiting time for reimbursement for certain procedures, i.e., crowns; increase the DDP provider network; increase reimbursement allowances for certain procedures, i.e., annual x-rays.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The TRICARE Retiree Dental Program (TRDP) has just completed a contract re-competition cycle. The New TRDP will become effective 1 May 2003. While the current vendor, Delta Dental Plan of California will remain as administrator, the new program has a number of significant enhancements. These enhancements should provide an improved dental benefit for TRDP enrollees as well as decrease their out-of-pocket costs for dental services. For complete details, retirees are referred to the TRDP website.

In the new program, both the annual maximum cap and the lifetime orthodontic maximum cap have been raised to \$1200 each. Also, the \$50 annual deductible fee per enrollee has been capped at \$150 per family, so no family will ever have more than \$150 in deductible expenses annually. Under the new program the mandatory enrollment commitment has been reduced from 24 to 12 months, and new retirees will have 120 days after their retirement from active duty to enroll in order to avoid the 12-month waiting period for certain dental procedures.

Two very significant improvements that will substantially reduce retirees' out-of-pocket expenses for dental treatment are: (1) the percentage of co-pay the insurance company covers for the allowable amount for crowns, bridges and prosthetic coverage after the 12-month waiting period will be raised from 30% to 50%; and (2) the number of network provider locations in the new program will increase to over 67,000 – an increase of about 40,000 locations available to TRDP enrollees.

The new TRDP is a very robust dental insurance program that retirees will find exceeds most other available third party dental plans.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-19-2003

MACOM: **USAREUR**

INSTALLATION: **USAREUR**

SUBJECT: **Dental Insurance for OCONUS Retirees**

DISCUSSION: The health care of OCONUS retirees has been enhanced immeasurably since the passage of the TRICARE For Life (TFL) authorization in FY 01 (P.L. 106-398, 30 Oct 2000). The most serious remaining problem for OCONUS retirees continues to be access to affordable dental care.

In the majority of overseas locations, retirees are able to obtain only emergency care on a space-available basis in a Military Treatment Facility (MTF) because the available capacity is consumed in treating active duty soldiers and their family members, as it should be. Additionally, in many overseas locations, host nation dental standards are less than normal American standards and host nation dental insurance can be prohibitively expensive.

Military retirees in CONUS have been able to benefit from the non-subsidized TRICARE Retiree Dental Insurance Program for a number of years. Civil Service retirees in both CONUS and OCONUS locations have access to insurance plans that provide dental benefits. The TRICARE Family Member Dental Plan (TFMDP) covers the families of active duty service members in both locations. Only military retirees residing OCONUS have no access to any form of dental insurance under this program.

Since the TFMDP has already laid the groundwork by establishing OCONUS Provider Listings of host nation dentists who will accept American insurance and will provide quality care, the next logical step is to extend the provisions of that plan to OCONUS retirees and allow them the opportunity to enroll and receive care.

Contractors who currently work under the program have repeatedly indicated their willingness to have OCONUS areas included in their contracts, either through modification or future solicitations.

The Secretary of Defense should be urged to take all necessary actions to permit the enrollment of OCONUS retirees into this plan.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. Congress established the TRICARE Retiree Dental Program (TRDP) in Title 10 USC. The TRICARE Management Activity (TMA), a Department of Defense level organization, administers the program. Coverage is indeed limited to CONUS, Puerto Rico, Guam, the US Virgin Islands, America Samoa, the Commonwealth of Northern Mariana Islands, and Canada. By law, the TRDP is fully supported by the premium payments of the enrollees. There is no government share of payment for premiums.

If coverage were extended to OCONUS locations, premium levels would most likely increase for ALL retirees. It must be recognized that the significantly increased administrative costs any contractor would bear for the overseas portion of a program would have to be passed on through increased premiums collections for even CONUS retirees. This cost shifting would result in higher premiums for CONUS retirees to cover those increased overseas costs. Many retirees are already concerned about the level of their current TRDP premiums. There is a delicate balance between premium levels and enrollment. If the premiums must be set too high, many may choose not to enroll.

A similar recommendation to investigate inclusion of OCONUS sites in the coverage area of TRDP has already been forwarded by the Army to TMA. Unfortunately, it was not possible to affect the most recent TRDP contract re-competition cycle. The next contract-rebid cycle is estimated to be in 2007. At that time, the Chief of Staff, Army, Retiree Council will ask that TMA investigate to determine if there is any way an OCONUS TRDP is possible.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-20-2003

MACOM: **USARPAC**

INSTALLATION: **Schofield Barracks, HI**

SUBJECT: **TRICARE For Life (TFL) Surcharges**

DISCUSSION:

a. Title 10, United States Code (USC), Chapter 55, Section 1075, addresses subsistence charges for officers and certain enlisted members and directs: "When an officer or former officer of a uniformed service, or an enlisted member of a uniformed service entitled to basic allowance for subsistence, is hospitalized under Section 1074 of this title, he shall pay an amount equal to the part of the charge prescribed under Section 1078 of this title that is attributable to subsistence. An enlisted member, or former enlisted member, of a uniformed service who is entitled to retired or retainer pay, or equivalent pay, may not be so charged."

b. To cease charging for subsistence for retired officers would necessitate a change to Title 10, USC.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: A law change is required to eliminate the charge for subsistence while hospitalized. Other priorities take precedence at this time; therefore, the Chief of Staff, Army, Retiree Council does not support this action.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-21-2003

MACOM: **USARPAC**

INSTALLATION: **Fort Wainwright, AK**

SUBJECT: **Travel of TRICARE For Life (TFL) Patients To Specialty Care Over 100 Miles**

DISCUSSION: Currently, active duty and retired families covered by TRICARE Prime have a transportation entitlement when required to travel more than 100 miles to receive health care recommended by their Primary Care Manager (PCM). This entitlement is lost when the patient reaches age 65 and is covered under TFL. Patients who are covered beneficiaries of TFL, referred by their PCM for specialty care at a location over 100 miles away from the primary care facility, should be authorized transportation to the appropriate specialist. When practical, government transportation should be used. When government transportation is not available or its use is not practical, patients should be transported by one of the following modes:

- Government-procured commercial transportation**
- Personally-procured commercial transportation**
- Privately Owned Conveyance (POC)**

There should be transportation authority for a non-medical attendant or escort. The non-medical attendant or escort should be given the same priority and funding as the patients.

The addition of this entitlement to TFL will benefit military retirees and their families in many overseas areas including Japan, Alaska, Hawaii and the European theater. Military retired families residing in the "Lower 48" will also benefit from the addition of this entitlement since many forms of specialty care require travel to our large military medical centers.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. The TRICARE travel reimbursement benefit applies to specialty care referrals for TRICARE Prime enrollees within the continental United States only. TRICARE Prime, the TRICARE managed care option, supports the management/cost control of this particular provision. TRICARE Standard and TRICARE Extra users do not have access to TRICARE travel reimbursements for out-of-the area specialty care referrals. Technically, as regards TRICARE, beneficiaries who receive care under TFL are not assigned to Primary Care Managers (PCM), thus are comparable to TRICARE Standard and TRICARE Extra users. We do not recommend extension of this benefit to TFL beneficiaries. Since TFL is not a TRICARE managed care program, it would not be feasible to control ensuing costs associated with increased use of the benefit for this population.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 02-22-2003

MACOM: TRADOC

INSTALLATION: Carlisle Barracks, PA

SUBJECT: Survivor Benefit Plan (SBP) Paid-up

DISCUSSION: Originally, retirees who elected the SBP paid into the program indefinitely. The new "paid-up" coverage benefit will terminate payment into the plan after 30 years and attainment of age 70. This will become effective on 1 October 2008. For those who have been paying into SBP since its beginning (1972) this would mean that they would be paying into the program for 36 years.

We request changing the criteria to paying into the program for 30 years, regardless of age.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports the passage of an amendment to change the effective date of the legislation from 1 October 2008 to 1 October 2004. This would considerably reduce the number of years the 70-year old retiree would make payments.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 02-23-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Leonard Wood, MO**

SUBJECT: **Survivor Benefit Plan (SBP) Offset**

DISCUSSION: The Survivor Benefit Plan (SBP) was established by Congress so that the retiring service member could leave a portion of their retirement pay to the surviving spouse. The SBP benefit is automatically reduced from 55% to 35% of the base amount when the survivor reaches age 62, even though the survivor may not be drawing Social Security benefits on the deceased members' account. Pass legislation that will eliminate the age 62 SBP benefit reduction.

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

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: This issue and those similar to it have been submitted to the Chief of Staff, Army, Retiree Council for comments and resolution for several years. Our response remains consistent. Regarding the SBP offset, the Chief of Staff, Army, Retiree Council supports the maximum benefits allowed by law and legislative language. Regarding the "paid-up" provision, we support passage of an amendment to change the effective date from 1 October 2008 to 1 October 2004. This would considerably reduce the number of years the 70-year old retiree would make payments.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 02-24-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Survivor Benefit Plan (SBP)**

DISCUSSION: **The surviving spouse should not be subject to an offset at age 62. This Council supports S.145, which allows for a gradual increase until the offset is eliminated.**

This Council urges the support of S.1506 which would repeal the dollar-for-dollar offset applied to the SBP annuity when the annuitant is also eligible for the VA's Dependency & Indemnity Compensation (DIC).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **This issue and those similar to it have been submitted to the Chief of Staff, Army, Retiree Council for comments and resolution for several years. Our response remains consistent. Regarding the SBP offset, the Chief of Staff, Army, Retiree Council supports the maximum benefits allowed by law and legislative language. Regarding the SBP/DIC offset, we support any legislation that will eliminate it.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-25-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Eliminate the Age 62 Survivor Benefit Plan (SBP) Offset**

DISCUSSION: Council felt that this item should be submitted again. We understand past responses but the problem has not changed. 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 retiree's 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 DOD give consideration to recommending to Congress that corrective legislation be considered 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 also supports 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: This issue and those similar to it have been submitted to the Chief of Staff, Army, Retiree Council for comment and resolution for several years. Our response remains consistent. Regarding the SBP offset, the Chief of Staff, Army, Retiree Council supports the maximum benefits allowed by law and legislative language. Regarding the SBP "paid-up" provision, we support the passage of an amendment to change the effective date of the legislation from 1 October 2008 to 1 October 2004. This would considerably reduce the number of years the 70-year old retiree would make payments.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-26-2003

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 that 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. Also, the surviving spouse is left in a near state of poverty in many instances. Should the council desire, we would be privileged to provide real life examples of the hardships resulting from the present system.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council supports the passage of an amendment to change the effective date of the legislation from 1 October 2008 to 1 October 2004. This would considerably reduce the number of years the 70-year old retiree would make payments.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-27-2003

MACOM: West Point

INSTALLATION: United States Military Academy

SUBJECT: Timeframe for Issuing Cost Refund of Survivor Benefit Plan (SBP) Premiums

DISCUSSION: When Dependency Indemnity Compensation (DIC) is awarded to a surviving spouse and the entitlement to the Survivor Benefit Plan (SBP) annuity is lost due to the SBP/DIC offset, the spouse is entitled to a timely cost refund of the premiums paid for SBP during the retiree's lifetime. There is currently no set timeframe for this to be accomplished, causing the widow(er)s to wait six months or more on the cases processed through this installation. Guidelines need to be established to have DFAS-CL pay these refunds in a timely manner. A modification to the current contract is needed requiring this action to take place within 90 days of the DIC award from the Department of Veterans Affairs (VA).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this recommendation. The Defense Finance & Accounting Service – Cleveland Center (DFAS-CL) reports they have an established goal of paying the cost refund within 30 days of receipt of necessary information from the VA. If the cost refund is not received within 30 days, the annuitant should contact the DFAS-CL toll-free number (1-800-321-1080), or their nearest Army Retirement Services Officer (RSO), as listed in "Army Echoes", for assistance. The Army Retirement Services Office should continue to closely monitor DFAS-CL's performance relative to meeting their stated goal.

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CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-28-2003

MACOM: **West Point**

INSTALLATION: **United States Military Academy**

SUBJECT: **Taxation of Refund of Direct Pay Survivor Benefit Plan (SBP) Premiums**

DISCUSSION: **DFAS-CL's policy is to tax all SBP cost refunds issued to surviving spouses who are in receipt of Dependency Indemnity Compensation (DIC) when the amount of the DIC award makes them ineligible to receive SBP. While SBP premiums collected from a retiree's pay do receive the tax shelter, direct pay SBP premiums do not. The refund amount is normally substantial following years of paying premiums with taxed money (in the case of "direct pay"). This is completely unfair because the widow(er) has no recourse to recoup the money from the Internal Revenue Service.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council recommends that Army urge DOD to pursue the feasibility of gaining tax relief for retirees who make direct payments of their SBP premiums. There appears to be an inequity in the situation whereby SBP premiums of retirees who receive reduced retired pay (i.e., have tax-free SBP premiums withheld from their retired pay account) are tax-free; whereas SBP premiums, when paid directly, are taxed.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 02-29-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Leonard Wood, MO**

SUBJECT: **Concurrent Receipt of Military Retired Pay and VA Disability Compensation**

DISCUSSION: **In the last session of the 107th Congress, legislation was introduced by Congressman Mike Bilirakis R-FL, HR 303, (402 co-sponsors) and Senator Harry Reid D-NV, S 170, (82 co-sponsors) which would eliminate the offset entirely. The Senate version would immediately eliminate the offset for all disabled retirees whereas the House version would eliminate the offset for people with 60% to 100% disabilities but phased in over a five-year period.**

Recommend the President of the United States withdraw his veto threat and the US Congress under the leadership of Speaker of the House Dennis Hastert quit stonewalling this very important bill and allow it to go forward to passage and send it to the President for his signature.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Combat-Related Special Compensation (CRSC) entitlement enacted by Congress in the 2003 National Defense Authorization Act, 2 December 2002, was a step toward obtaining concurrent receipt for disabled military retirees. Notwithstanding this progress, the Chief of Staff, Army, Retiree Council continues to support the concept of full concurrent receipt of military retired pay and VA disability compensation regardless of the circumstances or severity of the disability.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-30-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Receipt of Retired Pay Concurrent with Disability Pay**

DISCUSSION: **Military retirees with over 20 years of service who have service-connected disabilities must be allowed to receive 100% compensation from the VA concurrent with full retired pay. This discrimination should no longer be tolerated.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Combat-Related Special Compensation (CRSC) entitlement enacted by Congress in the 2003 National Defense Authorization Act, 2 December 2002, was a step toward obtaining concurrent receipt for disabled military retirees. Notwithstanding this progress, the Chief of Staff, Army, Retiree Council continues to support the concept of full concurrent receipt of military retired pay and VA disability compensation regardless of the circumstances or severity of the disability.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-31-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Hood, TX**

SUBJECT: **Concurrent Receipt of Military Retired P and VA Disability Compensation.**

DISCUSSION: **Currently, disabled uniformed services retirees must forfeit \$1 of military retired pay for each \$1 received in veterans disability. Other retired federal employees may draw both their retirement benefit and a VA disability benefit. Only career retired military are denied concurrent receipt. This is unfair, and the error should be corrected.**

The Fort Hood retiree council understands that this issue is currently under study and funding is always a problem. However, funding this error for certain veterans with different stages of disability, i.e.. 60 percent or higher, combat related injuries and a Purple Heart recipient is not fair. All veterans with service connected injuries or illness should be funded.

Recommend the CSA Army, Retiree Council continue to pursue this issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Combat-Related Special Compensation (CRSC) entitlement enacted by Congress in the 2003 National Defense Authorization Act, 2 December 2002, was a step toward obtaining concurrent receipt for disabled military retirees. Notwithstanding this progress, the Chief of Staff, Army, Retiree Council continues to support the concept of full concurrent receipt of military retired pay and VA disability compensation regardless of the circumstances or severity of the disability.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-32-2003

MACOM: **USAREUR**

INSTALLATION: **USAREUR**

SUBJECT: **Concurrent Receipt of Department of Defense Retired Pay and Department of Veterans Affairs Disability Compensation**

DISCUSSION: **Despite the overwhelming support of both houses of Congress for full concurrent receipt, the law they recently passed, at the urging of the administration, did not go far enough to recognize the dedication and sacrifices of many retirees during their long, faithful service to country under difficult circumstances and hardships unknown to most in civilian life.**

While retirement pay is an earned and deferred entitlement for, as a rule, length of service, disability compensation is a stipend intended to compensate the member for the pain, anguish, disfigurement, and reduced earning capacity occasioned by the member's service-connected disabilities.

Even under the new law, many military retirees will continue to remain the only federal retirees who will have their retired pay offset by the amount of disability compensation. The obvious unfairness of this situation has drawn national attention and the overwhelming support of the Congress.

The Chief of Staff should urge the expansion of the concurrent receipt concept to include all service members who served our country long and faithfully and suffered disabilities as the result of that service.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Combat-Related Special Compensation (CRSC) entitlement enacted by Congress in the 2003 National Defense Authorization Act, 2 December 2002, was a step toward obtaining concurrent receipt for disabled military retirees. Notwithstanding this progress, the Chief of Staff, Army, Retiree Council continues to support the concept of full concurrent receipt of military retired pay and VA disability compensation regardless of the circumstances or severity of the disability.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-33-2003

MACOM: **USARPAC**

INSTALLATION: **Schofield Barracks, HI**

SUBJECT: **Student Travel**

DISCUSSION: Recently many improvements have been made that allow for generous funding and travel for students to visit their active duty parents almost anyplace in the world. In the past students were only authorized space-available travel and thus many parents on special assignments, such as Australia, South America, South Africa, etc could not have a family reunion.

In Hawaii we have many military ID Card holding students at the various colleges and their parents live overseas. Many times their parents are retired and work for the Department of Defense in such countries in the Pacific Rim as Japan and Korea. The space-available travel rules seem to exclude such family members from the benefits that are afforded active duty personnel. Recommend that any college student that has a DOD Identification Card and is a family member of a parent or parents residing overseas be allowed space-available travel to the overseas destination. Note we are not asking for the funded travel that is now afforded for active duty family members, but just space-available travel to even the playing field.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: As in the past, the Chief of Staff, Army, Retiree Council cannot support this issue. Underlying the Council's reluctance to pursue this matter is that any recommendation to expand the current authorizations for space-available travel could require a complete review of space-available travel criteria and jeopardize the current system of providing such privileges. The Council continues to believe the risk does not warrant adding another claimant to the space-available program.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-34-2003

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 and this council understands the jeopardy this might cause present benefits. 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 but also understands that the subject has many political ramifications.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: As in the past, the Chief of Staff, Army, Retiree Council does not support this issue. Underlying the Council's reluctance to pursue this matter is that any recommendation to expand the current authorizations for space-available travel could require a complete review of space-available travel criteria and jeopardize the current system of providing such privileges.

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CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-35-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Hood, TX**

SUBJECT: **Space "A" Travel for Surviving Spouses**

DISCUSSION: **The current DOD Joint Travel Regulation precludes travel on space-available basis for surviving spouses of military retirees.**

The Fort Hood Retiree Council discussed this issue at length and supports the changing of DOD Joint Travel Regulations to authorize space "A" travel for survivors of military retirees.

The Fort Hood Retiree Council is aware of and respects the CSA Council's previous decisions on this matter, however, requests this issue be re-looked. It is our hope that favorable consideration of this issue will be accomplished at the next CSA Council meeting.

Recommend that the CSA Retiree Council re-consider this issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: As in the past, the Chief of Staff, Army, Retiree Council does not support this issue. Underlying the Council's reluctance to pursue this matter is that any recommendation to expand the current authorizations for space-available travel could require a complete review of space-available travel criteria and jeopardize the current system of providing such privileges.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-36-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Rucker, AL**

SUBJECT: **Degradation of the Commissary Benefit**

DISCUSSION: The Commissary benefit historically has been considered to be one of the top three benefits (the other two are pay and medical) for both active and retired service members. The Commissary has also been a major factor in determining military pay over the years. We now see a continuing threat to the Commissary benefit; while the consideration to privatize the Commissaries is not a current issue, personnel and budget cuts continue on a large scale. Reports are that in addition to major dollar cuts, there may be over 2,000 manpower reductions with the Defense Commissary Agency this fiscal year. These cuts, coupled with budgetary and manpower cuts already taken in recent years, cannot help but reduce the level and quality of services despite the large number of dedicated employees in the Commissary system. These reductions in services can only be viewed in a negative sense by not only retirees, but also by active duty service members and by prospective recruits. The Commissary is more than just a dollar and cents issue; it is a moral and readiness issue. We do not need negative issues such as this at a time when readiness is as important as it has been at any time in our Nation's history. We strongly recommend that the budget and staffing of the Defense Commissary Agency be maintained at a level no lower than that of fiscal year 2002.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council fully supports the recommendation to maintain the budget and staffing level of the Defense Commissary Agency (DeCA) at a level no lower than that of Fiscal Year 2002. To further degrade this benefit will have a negative impact on our soldiers, families and retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-37-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Rucker, AL**

SUBJECT: **Morale, Welfare & Recreation (MWR) Facilities**

DISCUSSION: The MWR facilities within the Army community continue to be degraded by lack of self-generated and appropriated funding. Examples are the closing of Enlisted, NCO and Officers' Clubs, as well as the closing of other facilities such as swimming pools. The opportunities these facilities offered to service personnel and retirees cannot be quantified in dollars, as morale cannot be quantified in dollars. Request the Army conduct a Bottom Up Review of the effect of decreasing MWR facilities on the service retention, and provide clear recommendations for changes if indicated.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council agrees that a "bottom up" review be conducted of Programs Assessment. Upon determination of cost versus funds available, establish a priority list of facilities to be retained/eliminated with upgrades as required. MWR remains an integral part of the well-being of soldiers, families, and our retiree community.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 02-38-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Army-Wide Standardized Reservations Policy**

DISCUSSION: To the best of the Fort Stewart Retiree Council members' knowledge, no standardized Army-wide reservation policy for Army lodging or campground facilities exists. Consequently, reservation policies vary from installation to installation. This makes retiree travel planning and actual use of Army lodging and campground facilities problematic. As a result, these facilities often sit unused when they could have been made available to retirees. The Navy, Air Force and Marine Corps have standardized reservations policies that promote maximum use by retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this initiative. An Army-wide reservation policy for Army lodging facilities does exist. It allows authorized personnel traveling in an unofficial status to occupy these facilities on a space-available basis. This policy is currently being revised and includes language that will permit local managers to make *confirmed* reservations for personnel traveling in an unofficial capacity. The increased occupancy by unofficial travelers will be encouraged to the greatest extent possible within the framework that official travelers should not be displaced to commercial hotels at higher room rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 02-39-2003

MACOM: TRADOC

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: **Uniformed Service Former Spouses' Protection Act (USFSPA)**

DISCUSSION: **The USFSPA was signed into law on Feb. 1, 1983. The former spouse may be awarded the money regardless of need, earning potential, or whether or not the spouse remarries. Also it doesn't take into consideration who was at fault in the divorce. Pass legislation that will revise Public Law 97-252, which would make the dissolution of a military marriage more equitable to the uniform service member.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council agrees that Congress should amend the USFSPA to base all awards of military retired pay on the service member's rank and time served at the time of divorce. Recently, legislation was introduced (HR 1111) which contains such language. This legislation also quantifies the nature of payments to former spouses and relates the period of the payments to the duration of the marriage.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-40-2003

MACOM: **USAREUR**

INSTALLATION: **USAREUR**

SUBJECT: **Troops to Teachers Program Overseas**

DISCUSSION: The Department of Defense (DOD) has obtained authorization and appropriation for the program, which provides incentives to encourage former service members to pursue a career in teaching after leaving the military. This program has been implemented in the Department of Defense Dependent School (DODDS) system, but not in schools overseas.

The program is a win-win arrangement for the former service members, the teaching profession, the future students that former service members will come in contact with in the classroom, and hence our Nation.

Family members stationed overseas are under more stress than their counterparts at stateside stations. These children are especially impacted by not only the absence of a parent due to training or deployments and regular permanent changes of station, but by being in a foreign country, as well.

A former service member as a teacher would have personal experience in the various components of military life and would be a significant help to his or her students in adjusting to the stresses associated with that life.

The Chief of Staff should urge the expansion of the Troops to Teacher program to include DODDS schools overseas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports expanding the Troops to Teachers program to DODDS overseas schools, provided funding arrangements can be negotiated between DOD and the Department of Education.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-41-2003

MACOM: **USAREUR**

INSTALLATION: **USAREUR**

SUBJECT: **Military Postal Support for Retirees Overseas**

DISCUSSION: **A Department of Defense Instruction (DODI) limits retirees residing overseas to receiving and sending mail through the military postal system to mail weighing less than 16-ounces.**

This restriction prevents the receipt and mailing of numerous required and personal items to include prescription medications sent through the TRICARE Mail Order Pharmacy Program.

As a general rule, Status of Forces Agreements or international laws are silent on postal service to retirees and therefore influence neither the limitation contained in the DODI nor any initiative, which would increase that limitation. That is indeed the case with regard to the SOFA with the Federal Republic of Germany.

The CSA should support efforts to raise the DOD-imposed weight limit for sending and receiving mail through the military postal system from less than 16-ounces to five pounds, a reasonable action which would increase significantly the Well-Being of retirees who remain an integral and dedicated part of the Army family.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue. In a recent memorandum, the Executive Director of the Military Postal Service Agency recommended that the Office of the Secretary of Defense approve an exemption to the current limitation of 16 ounces for the TRICARE Mail Order Pharmacy only. This is a step in the right direction. However we strongly recommend the limitation be lifted for all classes of mail.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-42-2003

MACOM: **USAREUR**

INSTALLATION: **USAREUR**

SUBJECT: **Direct Deposit of Annuitant Payments to Foreign Bank Accounts**

DISCUSSION: **Defense Finance and Accounting Service (DFAS), unlike the Social Security Administration (SSA) and the Department of Veterans Affairs (VA), has not yet implemented procedures for direct deposit to foreign banks.**

Annuitants residing OCONUS who do not have an account with a US bank must receive their annuity from DFAS by check. Additionally, due to international agreements and banking laws in many foreign countries, surviving spouses of US military retirees often lose their privilege to utilize military banks when the sponsor dies.

The practice of payment by check is not only costly to both the Government and the recipient, it is also very often extremely burdensome for OCONUS beneficiaries. For some, the burden is simply the cost of processing the check and having to convert the US dollars into foreign currency, which can cost up to 15% of the amount of each check in fees and commissions. For many others, the burdens imposed do not end with the cost of conversion. Many surviving spouses face challenges of physical disability and/or of obtaining transportation in order to cash and convert the annuity payments. With the draw-down of US forces, closure of US military installations, and implementation of increasing strict security measures on those that remain, the option of using a US military finance office on an installation to cash annuity checks and convert the proceeds has become less viable. Ironically, many annuitants reside within a short walking distance to a non-US bank.

The International Direct Deposit (IDD) procedure currently used by the SSA and VA provides for the conversion of foreign currency at commercial rates (which are much more beneficial to the recipient); and the deposit of the foreign currency in the foreign bank without any additional charge to the Government or the recipient.

Contrary to rationale proffered by DFAS representatives, SOFA agreements must not explicitly permit such a procedure. They simply must not prohibit it. The SOFA with the German government, for example, does not prohibit IDD and the informal opinion of the USAREUR Judge Advocate is that the SOFA is not a basis to deny recipients the benefits of IDD.

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

DFAS should be urged to establish without delay procedures for a direct deposit for annuitants residing in foreign countries.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this recommendation. At present, annuitants can have payments deposited into a foreign bank that deals with US banks. However, the same capability does not exist with military retirees' paychecks. DFAS-CL reports they have initiated action to change the system in coordination with the US Treasury. An implementation date is not presently available. The Army Retirement Services Office will monitor the progress of the action and report their findings to the Chief of Staff, Army, Retiree Council.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-43-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Quarterly Funding of "Army Echoes"**

DISCUSSION: Communications with Army retirees are fundamental to the successful implementation and maintenance of Army retiree programs and a well-informed retiree community. In this regard, the 2002 CSA Retiree Council expressed concern about the Army's communication shortfalls with its retiree community, which has been caused in large measure by the inconsistent funding of "Army Echoes." Given that "Army Echoes" is the principal communications link with Army retirees and surviving spouses, publication is needed on a quarterly basis to assure timely and consistent dissemination of pertinent information.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council recommends quarterly funding of "Army Echoes" to ensure this vital publication reaches retirees and annuitants consistently and timely.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-44-2003

MACOM: **USAREUR**

INSTALLATION: **USAREUR**

SUBJECT: **OCONUS Receipt of "Army Echoes"**

DISCUSSION: "Army Echoes" is the only Department of the Army publication designed to disseminate current information on retirement services matters to all retirees, their families and survivors. Retirees and annuitants view the publication as absolutely essential to their ability to staying informed.

For many of those residing overseas, it is the only source of such information because, as a group, they are not as computer-literate as their counterparts in the CONUS may be, in part because access to the Internet and other computer communications systems are not as prevalent and are more expensive in the OCONUS environment.

Not since the April-June 1995 issue have retirees and annuitants residing in the European area reliably received "Army Echoes". Although it appears that those with APO addresses enjoy a higher probability of receiving "Army Echoes", those with civilian addresses very rarely if ever receive their copies. Converting civilian addresses to APO/FPO address is not a solution for many, as they do not live in the vicinity of a military postal facility.

In the intervening years, many retirees have reported the problem through many channels. Responses suggested the issue was the incompatibility of the mailing labels produced by others with the standards of the US Postal Service. Others have suggested the issue was the inability of the program that printed the mailing labels to produce them in a five-line format, which is often necessary for an overseas address, as opposed to a four-line format, which is normal for domestic addresses.

In addition, the problem appears to have spilled over to other mailings, as well, such as the TRICARE and TRICARE For Life (TFL) mailings. The Army staff should renew their efforts to identify the problem and solve it for the well-being of an important part of the Army family.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Army Retirement Services Offices (RSO) recognizes the significant problem with overseas mailings of "Army Echoes." It is clear that DFAS can reach retirees and annuitants using their current database. However, as the database tapes are transmitted to the RSO, the information becomes corrupted and the format becomes unusable. At the April 2003 meeting of this Council, DFAS-CL officials expressed their commitment to solve this problem. The Chief of Staff, Army, Retiree Council recommends the Army Retirement Services Office continues to pursue the issue until it is resolved. Concurrently, overseas retirees and annuitants are highly encouraged to update their mailing addresses to ensure database accuracy.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-45-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: Increase the Use of "Army Echoes" to Inform Retirees of Their Medical Entitlements at Medical Treatment Facilities (MTF) and at VA Facilities

DISCUSSION: Many retirees are not aware of medical programs available to them from the MTFs and VA. Currently the only print vehicle available to all retirees is "Army Echoes." This could be a powerful tool for education of medical benefits for retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: Every issue of "Army Echoes" includes information on health benefits. The Chief of Staff, Army, Retiree Council recommends the Army Retirement Services Office continues its commitment to publish the most relevant information regarding health benefits in future issues, as space allows.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-46-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **"Army Echoes" Web Site**

DISCUSSION: The Retirement Services Office (RSO) has an "Army Echoes" website with current and past "Army Echoes" accessible with the click of a mouse. Posting of "Army Echoes" is a very cost effective way to make current and past issues readily available to retirees from the comfort of their homes. However, the web site is not being adequately publicized. Fort Stewart Retiree Council members were uncertain as to whether the web site even existed. The Retirement Services Office could greatly improve its communications with retirees by prominently publicizing it in each edition of "Army Echoes." A review of the May 2002 and August 2002 editions revealed no information about the "Army Echoes" web site. Further, the web site should offer the retiree the option of choosing not to receive the printed edition of "Army Echoes" by mail. This could result in a substantial savings in mailing costs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council supports this issue and recommends that guidance be given by the Army Retirement Services Office to installation Retirement Services Officers to ensure maximum saturation on the availability of "Army Echoes" electronically at <http://www.odcsper.army.mil/retire>.

It is also recommended that a list server be set up in order for retirees and annuitants to subscribe. This will result in their receiving the "Army Echoes" in the form of an email and will reduce the cost of printing and mailing.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-47-2003

MACOM: FORSCOM

INSTALLATION: Fort Lewis, WA

SUBJECT: Installation RSO Insert to "Army Echoes" (previous Issue 03-35-00 and Issue 03-44-01)

DISCUSSION: The 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. This issue was resubmitted in 2001. The CSA Retiree Council comments to issue 03-44-01, stated that it expected this method would allow RSOs to reach local retirees on a more frequent basis than their own installation publications. DCSPER and DCSRMs working with MACOMs, installations, and the Reserve Component, 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 Army's new well-being initiative. It is paramount to have a cost analysis conducted 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, the suggestion's originator. Fort Lewis's proposal is that installation RSOs prepare a regional insert formatted in a "camera-ready" print or digital media format. This insert will be provided to Army Retirement Services to print and distribute with "Army Echoes." There are several courses of action possible: (1) Installation RSOs 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) Installation RSOs prepare the insert and e-mail it to the contracted printer for inclusion in "Army Echoes." (3) Installation RSO send the insert 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 new printer), the contractor 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 might 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. These techniques will not break new boundaries at the printer. Rather we will be breaking new ground at HQ DA, Army Retirement Services. In regard to 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 local 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 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 can 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 overall dollar savings to the Army with a better-informed retired community.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council recommends that the Army Retirement Services Office (RSO) formally reviews the issue of merging regional bulletins with the "Army Echoes" and presents the results of this formal review to the Chief of Staff, Army, Retiree Council for review and further recommendations. This can be done through a request for proposal process, request for estimates, or other procurement means. This will ensure minimum research requirements for the RSO office and final resolution through well-researched cost comparisons.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-48-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Retirement Services Office Monthly Electronic Newsletter**

DISCUSSION: Many Army retirees are computer literate and use electronic mail (e-mail) as a primary means of communication. This trend will certainly grow for future Army retirees. Former Deputy Army RSO, Max Beilke, created a well-received, unofficial electronic newsletter called, "Max Facts." Dispatched on a periodic basis to an ever-increasing number of retirees, the electronic newsletter proved to be a very timely highly effective and no cost method for communicating with retirees. Since the death of Max Beilke, this information source has been sorely missed. The Retirement Services Office should fill this information void with the establishment of an official monthly electronic newsletter. Army retiree e-mail addresses could be solicited in "Army Echoes." The official electronic monthly newsletter could also be named "Max Facts" in honor of Max Beilke's dedicated service to his fellow Army retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council recommends resumption of publication of "Max Facts" be retained as an Army Retirement Services Office (RSO) staff goal. The RSO staff, installation Retirement Services Officers and many retirees agree that "Max Facts" was a valuable publication. However, its publication was not without cost, it was time-consuming. Many hours were spent researching and preparing text, and emailing "Max Facts" to thousands of addressees. Prior to September 11, 2001, the RSO was fully staffed. With increasing numbers of Deputy Chief of Staff, G-1 obligations and a smaller RSO staff, resumption of "Max Facts" is not currently feasible.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-49-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: Urgent Need for Better Method of Communicating with Retiree--Not Just Army, But All Services

DISCUSSION: There is a need in the field for better communication among retirees. This could be accomplished by authorizing creation of state sub-councils and providing funds for travel, postage and other administrative expenses. Coordinating this effort with various served organizations and state veteran's affairs offices could drastically reduce the current void not only for Army retirees but also for the retirees of all services. The Fort Knox council has been pursuing a plan of this sort with the directors of the states within the Fort Knox area of responsibility.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support seeking exterior funds for the installation Retirement Services Office. The authority for establishment of the RSO is contained in AR 600-8-7. Funding of the service and its employees resides at the installation and includes stamps, travel, supplies, equipment and use of media to communicate with retirees. AR 210-7, Commercial Solicitation on Army Installations, prohibits solicitations for the purpose of supporting an office that is funded by government funds. Funding cannot be solicited or accepted from sources outside the government. It is recommended that any plan being pursued for outside funding be very closely reviewed by the Installation Staff Judge Advocate.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-50-2003

MACOM: TRADOC

INSTALLATION: Fort Rucker, AL

SUBJECT: Retirement Services Officer (RSO) Duties

DISCUSSION: As evidenced by recent actions at this installation (and we suspect others) there is a concern that retiree services previously provided by the RSO will no longer be available. AR-600-8-7, dated 1 June 2000, requires that each Installation appoint a "full time RSO to implement the retirement services program....". In the past Fort Rucker had been a model of what retirement services offices should be, not only meeting the requirement for a fulltime RSO but also providing an Assistant RSO. As a result of a recent A-76 contracting-out study, RSO duties have been significantly modified. This modification adds the following non-retirement services related duties to the RSO:

Casualty Operations	OCS/WO Boards
Medical Reclassification Boards	Voter Assistance
Awards	Student Eliminations
ID cards/DEERS	Compassionate Reassignments
Soldier Readiness Programs	Hardship Discharges
OCONUS TDY/Leave	Classification/Reclassification
Emergency Leave	Officer/WO Resignations
Line of Duty investigations	CSB/REDUX
Collateral investigations	

In addition to the above there remain two Retirement Services related duties:

- Retirement processing
- RSO

It is clear from the above that the time available for Retirement Services will be negatively impacted by all of the other assigned duties. Most of the new duties are of such a nature that they must be done within a short amount of time, to include retirement processing. This means that the one discretionary duty, Retirement Services, may be deferred or not done at all.

It is requested that job descriptions for RSOs be reviewed to ensure that no less than 51% of the RSO's time is spent performing retirement services duties. This would appear to then comply with the regulatory requirement for a "full time" RSO.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council recommends Retirement Services Officers' (RSO) job descriptions ensure execution of the RSOs' time spent in support of pre- and post-retirement services. We concur that non-retiree duties and responsibilities have significantly increased at many installations due to A-76 contracting-out studies and results. AR 600-8-7 provides the authority to establish the Installation RSO position; funding is at the Installation level. The installation commander should consider upgrading and/or adding positions, as well as approving an appropriate job description that reflects the additional workload. Installation commanders must ensure RSOs are able to provide support for their Retiree Councils and host annual Retiree Appreciation Days.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-51-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Stewart, GA**

SUBJECT: **Appropriated Funding of Installation RSOs**

DISCUSSION: **The US Army has a proud tradition of being the only military service that supports its installation RSOs with appropriated funds. Continued funding of installation RSOs is essential given the fact that installation RSOs are both a service provider and advocate for the Army retiree. As such, installation RSOs are a visible and viable resource for sustaining the bond between the active and retired Army communities. Elimination of appropriated funding for installation RSOs or outsourcing of RSO functions would signal the Army's weakening of this bond to the detriment of Army retirees.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The Chief of Staff, Army, Retiree Council recommends RSOs' job descriptions ensure execution of the RSOs' time in support of pre- and post-retirement services. We concur that non-retiree duties and responsibilities have significantly increased due to the A-76 contracting-out study. AR 600-8-7 provides the authority to establish the Installation RSO position; funding is at the Installation level. Installation commanders should consider upgrading and/or adding positions, to include approving an appropriate job description that reflects the additional workload. Installation commanders must ensure RSOs provide support for their Retiree Councils and host annual Retiree Appreciation Days.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-52-2003

MACOM: **MDW**

INSTALLATION: **Fort Myer, VA**

SUBJECT: **Army-Wide Function-Based E-Mail Addresses**

DISCUSSION: It is recommended that e-mail address prefix to the installation address for offices of the common installation functions that may be used by retirees be made uniform and not include personal names. Most Army installation e-mail addresses are constructed using the installation's designator and the name of the individual that would be the recipient of the mail. This requires learning the names of the persons filling the positions in order to address e-mail. It also requires constant updating as personnel are reassigned. Most retiree e-mail with Army installations relates to the function of the office without regard to the identity of the individual currently manning the position. The current address practice effectively precludes contacting functional offices by retirees and others new to the area, with infrequent need to make contacts, or with need to contact a specific office at a remote installation. The functional organization of Army installations is generally the same worldwide, apart from the tenant units. It is recommended that as a minimum the following functions have generic prefixes for the e-mail address: Retirement Services Officer; Casualty and Mortuary Affairs Officer; Chaplain(s); Morale, Welfare and Recreation Office; and Transportation Office.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff Army, Retiree Council recommends the current status of email addresses remain unchanged. Research shows that installations have websites that start with a home page. Home pages display numerous icons or points of entry representing functional areas of the installation and the command. Homepages contain a search icon to provide users with the capability of finding a subject, office or function not listed on the original homepage. Army Messaging Standards for Exchange (SAIS-PAA-S, 1999), found at <http://www.doim.army.mil>, dictates the address structure of electronic mail. It is reasonable that installations, functions, commands and individuals have e-mail capability; therefore, a change is not required. The issue is returned to the submitting installation for further review.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-53-2003

MACOM: **MDW**

INSTALLATION: **Fort Myer, VA**

SUBJECT: **Casualty Affairs Personal Information Database**

DISCUSSION: It is recommended that the Army establish a Casualty and Mortuary Affairs web site which provides for eligible individuals to post input data in a structured format (such as that of the Casualty Assistance Checklist - "Army Echoes" Issue 1, 2000) which would permit access and insertion and change of data secured by PIN, electronic signatures, or other security measures; and which would be accessible upon death by the supporting casualty area command. Casualty and Mortuary Affairs Offices assist survivors with the funeral and burial process and assist the next of kin in settling affairs. Vital to providing the most effective support is the ability of the survivors to furnish data on the retiree, spouse, marriage, any divorces, children, insurance policies, investment types/accounts, bank accounts, and creditors. The next of kin often is unable to rapidly provide the data that would expedite the casualty assistance office support. The data are often not readily available or deliberately assembled. The best data source is the subject himself/herself. An alternative or back-up to an in-home (etc.) data file for spouse or other next of kind use would be for the future subjects to maintain the current information with the Army's Casualty and Mortuary Affairs office.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. The Army currently has a Casualty Operations/Assistance web site: It is: <https://www.perscom.army.mil/tagd/cmaoc>. There are two considerations: one for obtaining data from those in the process of retiring, and the other for those already retired. Building and maintaining this type of database would be unrealistic given the challenge of obtaining data from retirees without computers and for those who do not reside close to an installation Retirement Services Officer (RSO).

The Chief of Staff, Army, Retiree Council recommends that Army Retirement Services Office continues to include a Casualty Assistance Checklist in "Army Echoes", as it currently does. Installation RSOs could also make this checklist part of their installation retiree newsletters.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-54-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Use of Retirees to Assist the Recruiting Command in Gaining Access to Schools**

DISCUSSION: There are schools that do not allow recruiters to enter. Some members of this council have been able to persuade the Indiana legislature to pass a law requiring schools to allow access. There is much that retirees can do to assist the needs of the active force if they are supported. While this is a touchy subject and the restrictions are understood, there is no reason why information regarding schools which do not allow access to recruiters can not be made available to the various retiree councils so that retirees could do exactly what those concerned retirees from Indiana were successful in accomplishing. Retirees are no longer subject to the political restrictions that apply to those on active duty and thus are in a position to provide valuable assistance in the real conditions existing today in which only 1% of our population is in the armed forces.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: This issue is not under the purview of the Chief of Staff, Army, Retiree Council. For those areas with schools that deny access to recruiters, local recruiting station commanders may consider using the Educator/Centers of Influence Tour Program, as outlined in AR 601-2, as a method to educate the educators on the benefits of Army service.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-55-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Call-Ups for Less than 179 Days**

DISCUSSION: This item was submitted last year but the problem continues according to information from Employer Support for the Guard and Reserve. There have been instances of call-ups of National Guard and Reserve personnel for less than 179 days. This is an injustice because of the loss of benefits to those members of the Reserve and National Guard who are involved. Call-ups of short duration are not the issue but rather those that are lengthier, but fall short of 179 days. This has been a continuing concern for the Department of Defense organization of the Employer Support of the Guard and Reserve, ESGR. The various state organizations under the guidance of the Department of Defense have performed remarkably well in helping those who have returned from active duty where problems have occurred in employment, benefits, etc. A better policy regarding call-ups would assist greatly in preventing many of the problems.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: This issue is not under the purview of the Chief of Staff, Army, Retiree Council as it deals with the operational and mobilization requirements of the Reserve Component.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-56-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Better Education on Absentee Ballots**

DISCUSSION: The problem of the need for better absentee voter education has shown some improvement but continues, nevertheless. There is a need for a better system for military absentee voting. Education of military personnel who must vote on an absentee ballot should be directed toward the elimination of administrative errors, expand the transmission of registration applications and provide information on the requirements of voting absentee so that legal requirements are met.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Chief of Staff, Army, Retiree Council does not support this issue. The guidelines, as outlined in DOD Instruction (DODI) 1000.4, Federal Voting Assistance Program, are clear. This DODI contains all required methods for Unit Voting Assistance Officers to provide information on voter education. Problems with voter education may be more of a compliance issue than a systemic one. Useful information on this subject can be found on the Federal Voting Assistance Program website: <http://www.fvap.gov/index.html>.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-57-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: DOD Support of the Retention of Veterans Day as a National Holiday on the 11th of November Each Year

DISCUSSION: This item was also submitted last year but this Council feels that it is an ongoing problem. Veterans Day was established by Congress as the day all wars ended. The precedent was that World War I ended on the 11th hour of the 11th day of the 11th month of 1918 and was legislated to be Armistice Day. Later, Congress passed new legislation making this the day to mark the end of all wars. While not mentioned in the legislation, the end of each war also marked the beginning of a new period of peace. This council urges the Department of Defense to support the retention of Veterans Day on the 11th of November of each year. Even though this is more of a political issue, still DOD is not restricted from venturing an opinion as well as its support.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: This issue is not under the purview of the Chief of Staff, Army, Retiree Council. Veterans Day is on November 11th, but is celebrated as a federal holiday on a Monday (not necessarily the 11th) in accordance with Public Law 90-363, 82 Stat 250. The only way to change it is through enactment of another public law. In spite of the law, many communities continue to conduct Veterans Day ceremonies on November 11th. Subsequently, the issue may be more appropriately addressed by local communities rather than by public law.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-58-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Preparation for Operations Other Than in Normal Environments**

DISCUSSION: In a great deal of our public school systems today, there is little emphasis on geography, history and culture. The chairman of the Fort Knox council has been interviewing applicants for appointments to the various military academies for the past 22 years and finds that even though the applicants are tops in their school classes, both in grades and class positions, their knowledge of the geography, history, and culture of foreign nations is tragically lacking. In fact, lack of knowledge in geography is not limited to foreign lands as there also exists a deplorable knowledge of our own nation. Therefore, in order to ensure that our soldiers arrive well prepared for service in environments which vary considerably from ours, that the Department of Defense expand the educational preparation in terms of geography, history, language and culture. Also, proper physical conditioning must be provided for service in high altitudes, harsh weather conditions, etc. The degree of success or failure of foreign service is highly dependant upon these factors.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: Preparation for Operations Other Than in Normal Environments is beyond the scope, purpose and charter of the Chief of Staff, Army, Retiree Council. The Soldier Readiness Program is covered by AR 600-8-101 (In-Out and Mobilization Processing).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-59-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Force Structure Needs**

DISCUSSION: This subject has been submitted annually for the last several years and is presented again this year. It recurs necessarily as it must never be misunderstood that the support of retirees does not consider this to be its first priority. 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. Again, this points up a lack of the ability to communicate with the retirees of all services.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The Army Retirement Services Office (RSO) is continually improving their website to provide better information. This is also the case with the Office of the Surgeon General's website regarding TRICARE For Life (TFL) and other health care initiatives of importance to the retired community. The Retirement Services office will publish three issues of "Army Echoes" in 2003.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-60-2003

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 former Senator Nancy Kassebaum be adopted as US Army training standards. The issue is one of recognizing that each gender has its own particular characteristics and needs. Better development and utilization of the talents and abilities of each person, regardless of gender, must take priority over political correctness.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: These topics are beyond the scope, purpose and charter of the Chief of Staff, Army, Retiree Council.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-61-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Knox, KY**

SUBJECT: **Restoration of Compulsory Service**

DISCUSSION: It is again recommended that consideration be given that the Department of Defense adopts a positive stance toward a program of Universal National Service. The title of a program to replace the draft is not important and USN is a title used only for the purpose of this submission. One percent of our population is in uniform today, and we have an all-volunteer force. This has created a condition of two classes of citizens, the defenders and the defended. We have forgotten the phrasing of the Preamble to the Constitution which lays responsibility on "We, the people....."

The number of new recruits who do not complete the first 90 days of basic training is alarming. Academy graduates are leaving the service after initial compulsory duty in large numbers. In addition, the idea of military service being a job rather than a service has caused 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. 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. We are convinced that the demise of compulsory service with its accompanying debilitation of a sense of personal responsibility is one of the primary reasons.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The issue of reinstating the draft (that was terminated 27 years ago) is beyond the scope, purpose and charter of the Chief of Staff, Army, Retiree Council.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-62-2003

MACOM: TRADOC

INSTALLATION: Fort Monroe, VA

SUBJECT: Utilize Military Retirees in the Department of Homeland Security

DISCUSSION: Recommend that military retirees be utilized in accomplishing the mission of homeland security through volunteer or full-time manning. Military retirees should be considered prime candidates for volunteer and full time service in homeland security activities at all levels. Retirees already have the training necessary to assist with the accomplishment of the Department of Homeland Security's mission.

Most issues submitted address the many programs that benefit the military retiree. Military retirees contribute considerable volunteer effort that benefits the military at all levels. The Department of Homeland Security will be broad in scope and have ties to many other government departments at the national, regional and local levels.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: **The issue of utilizing military retirees in the Department of Homeland Security is beyond the scope, purpose and charter of the Chief of Staff, Army, Retiree Council. Additional information on this topic can be found at website: <http://www.usajobs.opm.gov/homeland.htm>; and is contained in Congressional bill HR 5005, Homeland Security Department.**

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-63-2003

MACOM: **TRADOC**

INSTALLATION: **Fort Leonard Wood, MO**

SUBJECT: **The FERES Doctrine**

DISCUSSION: The Feres Doctrine came about as the result of a fire in a barracks at Pine Camp New York in 1950. A young lieutenant by the name of Rudolph Feres died in the fire. The widow alleged that it was negligent for them to billet him in a barracks that had an unsafe heating plant and no fireguard on duty, and sued. In a unanimous decision the US Supreme Court determined that the Federal Tort Claims Act, which allows citizens to sue the government, did not apply to servicemen. It said, "the government is not liable under the federal tort claims act for injuries to servicemen where the injuries arise out of or are in the course of activity incident to the service." The Feres Doctrine bars lawsuits for medical malpractice sexual harassment and wrongful death. Pass legislation, which would repeal the Feres Doctrine in its entirety.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS: The issue of repealing the Feres Doctrine is beyond the scope, purpose and charter of the Chief of Staff, Army, Retiree Council.

"Feres" refers to the name of a decision handed down by the United States Supreme Court in 1950, which held that six soldiers who were serving in the armed forces could not sue the United States for injuries received while on active duty. Interpreting the Federal Tort Claims Act, the court concluded that Congress had not intended for the government to be liable to members of the armed forces when it provided for liability in the same manner and to the same extent as a private individual under like circumstances, because the relationship between the government and its soldiers had no counterpart in private relations between individuals. Congress has been requested many times to amend the statute to provide for liability. Information on this topic can be found at <http://www.lawhb.com/feresdoctrine.htm>.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-64-2003

MACOM: **FORSCOM**

INSTALLATION: **Fort Sill, OK**

SUBJECT: Federally employed retired veterans have no Veterans' Preference Benefit during a Reduction-in-Force (RIF).

DISCUSSION: In a RIF situation, military veterans have veterans' preference over 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 military 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 Chief of Staff, Army, Retiree Council supports this issue. The Veterans Preference Act of 1944 is the basis for this law. In order to enact a change, a clear inequity must be established in the law. It appears that this federal law denies the retired veteran, with few exceptions, from an important protection that all other veterans have in federal employment. As it was with the prohibition of concurrent receipt, the Chief of Staff, Army, Retiree Council does not believe that the retired veteran should be penalized for making military service a career. Subsequently, this Council will support this issue by working with military service associations to reverse the inequity in this law.