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

Army Retirement Services 22 April 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army, Retiree Council Report

1. The forty-fifth meeting of the Chief of Staff, Army, (CSA) Retiree Council was held in the Pentagon during the period 17-22 April 2005.

2. The Council members reviewed and discussed 45 issues submitted by 20 installation retiree councils. All issues submitted by installation retiree councils, with CSA Retiree Council comments, are at enclosure 1.

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

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

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

DISTRIBUTION:
SPECIAL

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CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-01-2005

MACOM: TRADOC

IMA REGION: NORTHWEST

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: VA Health Care Funding

DISCUSSION: To make funding for Department of Veterans Affairs health care mandatory and not left to the discretion of Congress and that it be funded on an actuary based on the projected number of veterans who need care in that particular year.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army Retiree Council concurs with the need to fund Department of Veterans Affairs (VA) health care to provide essential services for veterans, to include retirees. To this end, the President is seeking a record $70.8 billion for FY 2006. If approved, it would represent a 47 percent increase in VA funding since 2001, with the primary targets being health care and disability compensation.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-02-2005

MACOM: USAREUR

IMA REGION: USAREUR

INSTALLATION: USAREUR

SUBJECT: VA Health Care Funding

DISCUSSION: As an earned national benefit, veterans' medical care funding should be based on health care needs rather than arbitrary budgetary limitations. Taking care of America's veterans, especially those with service-connected disabilities, is a national mandate and must be a top priority of the Federal government. It is disingenuous for the government to promise health care to veterans and then make it unattainable because of inadequate funding.

Under the current discretionary funding method for veterans' health care, the needs of our nation's sick and disabled veterans are not being adequately met. Continued funding shortfalls, combined with rising costs for care and increased demand for medical services, have resulted in unprecedented waiting times nationwide for routine and specialized medical services. Accordingly,

- VA health care funding has failed to keep pace with medical inflation and the changing needs of the veteran population;
- VA has been forced to ration care by denying services to eligible veterans and curtailing needed medical treatment;
- VA has had to forgo the modernization of many of its facilities and the purchase of necessary state-of-the-art medical equipment;
- VA's ability to plan strategically for long-term efficiencies has been severely compromised; and
- Veterans are unfairly subjected to the annual funding competition for limited discretionary resources.

Guaranteed funding would eliminate the year-to-year uncertainty about funding levels that have prevented VA from adequately planning for and meeting the growing needs of veterans seeking care.

In May 2001, President Bush signed Executive Order 13214 creating the President's Task Force to Improve Health Care Delivery for our Nation's Veterans (PTF), which agreed on the need for funding reform. In its May 2003 report, the PTF identified a significant mismatch between demand for VA services and available funds which, if left unresolved: would delay veterans' access to care; and threaten the quality of care provided.

Under Recommendation 5.1, the PTF stated: "The Federal Government should provide full funding to ensure that enrolled veterans in Priority Groups 1 through 7 (new) are provided the current comprehensive benefit in accordance with VA's established access standards. Full funding should occur through modifications to the current budget and appropriations, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal."

In January 2003, the VA Secretary suspended new enrollments of Priority Group 8 veterans based on an insufficient budget. The PTF stated: "Individually [these] veterans do not know from year to year whether they will have access to VA care, and as an organization, VA cannot effectively plan or budget , given the uncertainty." The PTF declared that the current situation with regard to Priority Group 8 is unacceptable, and recommended that the President and Congress work together to resolve the status of this group of veterans.

The VA health care system warrants a predictable funding stream to care for those who have borne the battle. Guaranteed funding will provide a reasonable, comprehensive, long-term solution for the VA's health care funding crisis.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army Retiree Council concurs with the need to fund Department of Veterans Affairs (VA) health care to provide essential services for veterans, to include retirees. To this end, the President is seeking a record $70.8 billion for FY 2006. If approved, it would represent a 47 percent increase in VA funding since 2001, with the primary targets health care and disability compensation.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-03-2005

MACOM: USARPAC

IMA REGION: PACIFIC

INSTALLATION: TORII STATION, OKINAWA, JAPAN

SUBJECT: Foreign National Widows/Spouses' Eligibility for TFL and Social Security

DISCUSSION: Some foreign national widows and spouses living overseas, though eligible for Social Security benefits, are not entitled to be paid those benefits because of the Alien Non-Payment Provision (ANPP, SSR 83-8, Section 202.) For foreign national widows/spouses living in countries that the United States has an International Social Security ("Totalization") Agreement with, an exception is granted. However, these agreements are limited to European countries, Japan, South Korea and Chile (or essentially First World Countries). A large percentage of retirees living overseas live in countries without "Totalization" agreements and are affected by the Alien Non-Payment Provision.

When a foreign national spouse or widow reaches age 65 they must obtain Medicare Part B, if they are eligible for Social Security, in order to continue receiving medical care under TRICARE for Life (TFL). The foreign national widows/spouses who are eligible for Social Security benefits but are not entitled to payment of those benefits cannot have their premiums deducted from their Social Security benefits to pay for the required Medicare Part B. So, the sole option given to them by the Social Security Administration is to purchase Medicare Part B on their own if they desire to retain TFL benefits. Therefore, the premiums must come from their already reduced SBP benefits. These foreign national widows or spouses of retirees, not living in the United States, who receive income from a source in the States, be it SBP benefits, interest, dividends or capital gains, are taxed at a rate of 30%. There are no deductions or exemptions; a tax return is not required; and the money is always withheld up front. So these widows also lose 30% of their SBP benefits while they reside overseas. The affected widows in Third World countries can only overcome these obstacles if they migrate to the United States.

There are provisions that allow a foreign national widow to apply for a special widow's visa, within two years of the death of the spouse, if they were married to their spouse for more than two years. However, the widows may not want to apply or already have been, or may be, denied a visa. (The approval of visas has gotten even more difficult since 9/11.) In many cases, these widows would have to leave their families to move to the United States where they have no family -- so they don't apply.

To deny these spouses and widows Social Security payments and to require them to purchase Medicare Part B to obtain TFL is inequitable and exclusionary. These widows/spouses deserve special consideration. Currently, there are a number of exceptions to the Non-Payment Provision as outlined in SSA Publication No. 05-10137. These exceptions include widows of Soldiers who died while in the U.S. military service, or widows of veterans who died as a result of a service-connected disability.

Recommend consideration be given to adding an exception to non-payment for widows of retired military members. Granting exceptions as mentioned above has set the precedent. This would allow these widows/spouses to receive their Social Security payments and have the cost of Medicare Part B deducted, as is the case with all other over-65 spouses and widows.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this issue. This situation applies to a very limited population. There are exceptions to everything but it would be inequitable to all Social Security payees to provide this benefit free to a single group of people. Recommend review of the exceptions outlined in SSA Pub 05-10137.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2005

MACOM: USARPAC

IMA REGION: Pacific

INSTALLATION: Fort Wainwright, AK

SUBJECT: TRICARE Reimbursement Rates in Alaska

DISCUSSION: TRICARE's low reimbursement rates for medical costs are limiting the number of caregivers available to the retiree community. The low reimbursement rates are an issue for caregivers in accepting patients using TRICARE. The largest problem is the co-payment rates modeled by TRICARE, which do not adequately take into account the high cost of health care in Interior Alaska. This exacerbates the already limited availability of certain specialties and facilities common to urban hubs in other states. Fewer medical facilities or practitioners accept TRICARE because it is the lowest payer compared to the State and the other common Health Maintenance Organizations (HMO), sometimes has late/contested payments, and it is often perceived to be much more difficult to deal with. Some practitioners have claimed that TRICARE Dental does not model or reimburse care on a "best practices" basis that insures the best preventative care for the long term health of the patient—even when it really cost no more to provide.

Impact - The end result is limited access to quality health care by military, families, and veterans/ retirees. Fairbanks just does not have the full spectrum of medical care available, so this also requires travel to meet some medical needs, and raises the total cost to the system and to active/retiree families. Ditto if a closed practice, low payment rates, or perceived excessive burden results in denial of access to medical care that is locally available. Recent changes to the new TRICARE contract are now further exacerbating this issue, resulting in more key providers opting out of the system and further eroding of the already limited care available. It is a fact that the indigent in Fairbanks have better local access to some forms of health care health care than our retirees (and some active duty family members).

Recommendations:
1. Support continued expansion of locality-based waivers to increase reimbursement to providers beyond the CMAC rate.
2. Allow the government to use civilian network primary care providers for retirees in the community (currently not allowed by contract).
3. Continue to educate retirees on the inherent risks and hardships they will face by locating to remote areas in Alaska.

CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:
Alaska is the only state in the country that does not have a managed care support contractor to build networks and manage the external TRICARE program. It is unique in its non-accommodation of HMOs and managed care organizations. There is also a shortage of specialists in the state which enables some specialists to only accept patients if they pay "billed charges" (which are very expensive). The government has tried to negotiate "locality based waivers" for increases in CMAC (CHAMPUS maximum allowable charges) compensation to providers but it still cannot assure that access standards for specialty care can be met. In some instances, routine specialty appointments may take over 6 months before an appointment is available. That is why these patients are often referred to the mainland US for care. This is also why the military treatment facilities (like Bassett Army Hospital) are generous in enrolling retirees in the area into TRICARE Prime.

The Council supports continued expansion of locality-based waivers, which is already being accomplished by the Multi-Service Market Office (MSMO) and the TRICARE Alaska Office (TAO). Some approved waivers have increased reimbursement to providers in Alaska beyond the 115% and at times have been approved at 150% and 200% above the CMAC rate.

The Council supports initiatives that allow retirees to use civilian primary care providers. However, in Alaska, the government (MSMO and TAO) builds the network, not a TRICARE Contractor. If a local

provider refuses to accept a TRICARE patient, the beneficiary can still see the provider under TRICARE Standard. The beneficiary may have to pay the provider up-front, and then submit a claim for reimbursement.

The Council supports continued education during monthly Retiree Council meetings and pre-retirement briefings, on the lack of local civilian providers and access to care. This includes the risks and hardships retirees face if they live in Alaska and if they decide to relocate to remote areas in Alaska. Retirees may contact the Beneficiary Counseling and Assistance Officer (BCAC) in Alaska to obtain information about the availability of civilian providers and access to care. A BCAC directory is also listed on the TRICARE website at www.tricare.osd.mil.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2005

MACOM: USARPAC

IMA REGION: Pacific

INSTALLATION: Fort Wainwright, AK

SUBJECT: Non-Portability of TFL Benefits - Alaska

DISCUSSION: TRICARE for Life (TFL) offers no portability for veterans who require medical care that is not available locally. Impact - Veterans in Alaska's Interior (statistically the largest # per capita in U.S.) who are over 65 often do not have good access to health care in Fairbanks. Anchorage has the only VA center in the state. It has a similar problem with "over 65s", but it's reduced due to more available local providers and specialists than in the Interior.

Related Details - While TRICARE participants have some portability and most travel to obtain care is paid for by the program, the "over 65" folks specifically cannot receive this under current law. Alaskans often find themselves paying to travel to Madigan Army Hospital at Fort Lewis, WA, or other sites in the States to receive care. "Over 65" retirees and family members must fund travel and per diem costs themselves. Otherwise, the sole travel benefit available to the "over 65" program relies upon space-available transport in military aircraft. However, the USAF has canceled plans to replace its C-9 airframes and/or use existing dedicated transports in its Air MEDEVAC program, and have stated that there is no intention to resume Air MEDEVAC operations in Alaska.

Alaska is almost entirely unique in this situation due to its combined isolation, US status, and limits on available local medical facilities (especially in the Interior). The current TRICARE models are not well suited to Alaska's situation and cost factors. These unique considerations in Alaska need to be looked at further to adjust rates and program management.

While BACH at Ft. Wainwright has compensated by paying to send its TRICARE Prime patients via commercial air at increased cost to its budget, no such funding or program responsibility is currently available under the "over 65" program. Even with the other eligible active duty and TRICARE Air MEDEVAC patients, MEDCOM and the patient's own units have had to increasingly budget to bear the burden of supporting this travel themselves. This is a strain on unit and MEDCOM budgets, often also resulting in denial of accompanying family members even if legitimately needing on-site care, transportation, etc.

Recommendations:
1. Educate TFL beneficiaries on the changes in the transportation system available for routine medical travel. Explore commercial airline discounts for medically related travel for certain kinds of care.
2. Explain that reductions in the USAF transport capabilities for moving medical non-active duty patients will continue to shift to non-military means.

CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the need for education, explanations and training on TRICARE-for-Life (TFL) benefits in Alaska. The Defense Health Program and its military travel programs do not have a travel benefit for retirees unless they are enrolled in TRICARE Prime (under age 65, not yet eligible for TRICARE For Life - TFL). Since Alaska is considered an "overseas" area, TFL patients are responsible for funding personal travel for routine health care referrals. The reductions in the USAF AE mission (phasing out the C-9 airlift capability, transition to commercial travel, and significant reductions in transporting routine patients via military airlift) have increased the "out of pocket" costs to retiree travelers out of Alaska.

Education for TFL beneficiaries on the changes in the transportation system available for routine medical travel is already being provided to retirees during the monthly Retiree Council meetings. Medical and transportation issues are discussed with beneficiaries during these sessions. According to the TRICARE Management Activity's (TMA) policy, all TFL beneficiaries are informed that there is no travel benefit

when they are referred outside of the military treatment facility. Providers are educated on TFL benefits so they can discuss medical options with their patients as to what is and is not covered. Case managers are also briefed so that if a patient calls regarding emergent or urgent patient transfers, there is someone knowledgeable who can explain to the family/patient the financial impact of their medical care. Also, upon enrollment into TFL, beneficiaries are given information on covered services, including travel. Research has been done on discounted commercial airline tickets. One charitable organization was found, Angel Flight, who will provide commercial airfare for those who meet their financial need requirements. Army Emergency Relief will also provide no interest loans for airfares.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2005

MACOM: FORSCOM

IMA REGION: Southwest

INSTALLATION: Fort Hood, TX

SUBJECT: Inequities in TRICARE Retiree Military Health Care

DISCUSSION: We want to presume all military retirees are being treated equally. But in health care, that presumption would be incorrect. TRICARE retiree health care programs (Prime, TFL and Plus) inappropriately "triage" available care and, in so doing, discriminate against TFL-enrolled military retirees. At Fort Hood and elsewhere, Prime retirees/family members may select a Military Treatment Facility (MTF) as their primary care facility. PLUS allows a limited number of TFL enrollees to be treated at MTFs so that the MTF has a proper patient mix for the training of assigned medical professionals. But beyond that, TFL retirees/family members must go elsewhere for Health Care. Further, entire segments of preventive health care, including eye and hearing exams, are available to military retired PRIME enrollees, but not to their TFL comrades. TRICARE-eligible military retirees ought to be treated equally. Where shortages exist, these ought to be distributed equally, across all retiree-eligible TRICARE (Prime, TFL and Plus) categories. To do otherwise pits one retiree category against another and forces those denied any eligibility or access to conclude their service now is less valued and respected than their retired brethren.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports continuing review of perceived disparities within retiree military health care benefits programs, noting that there is proposed legislation (HR 79, "To Establish Medicare Eligible Military Retiree Health Care Consensus Task Force") which would explore, among other items, proposals to provide a full continuum of health care for Medicare-eligible military retirees and family members.

The Council acknowledges that eligibility for TRICARE Prime, TRICARE for Life, and health care services at Military Treatment Facilities (MTF) is legislated by Congress. We agree the benefit is different for retirees enrolled in TRICARE Prime (retirees under age 65); TRICARE-for-Life (TFL) (retirees over age 65 and other eligible persons based on disabilities, etc.); and TRICARE Plus (military family members, retirees and other non-Active Duty personnel).

Military retirees have access to TRICARE Prime, TRICARE Plus, TFL, space-available care in MTFs, and pharmaceuticals (from MTFs, retail pharmacies and by mail-order.) Differences in costs between the programs are not altogether monumental, considering the cost-shares and deductibles associated with retiree/family member TRICARE Prime enrollment and Medicare Part B premiums required under Medicare for TFL users (with almost no cost-sharing). The primary care services offered under TRICARE Plus are cost-free, as are available specialty services, which is true of all space-available care within MTFs. For TRICARE Plus, specialty care not available in MTFs is cost-shared as required under the various TRICARE options. The cost of pharmacy services is the same for all retirees. Access to space available care in MTFs is based on a priority system that supports military readiness requirements and Military Health System responsibilities for TRICARE Prime enrollees.

It is true that TFL does not reimburse for some preventive services, e.g., vision and hearing screenings. However, both services are covered by Medicare and TRICARE when medically indicated/required. We note also that the new, broad-based Medicare preventive services benefit (available to TFL users) includes a first-time physical examination, which covers preventive services such as routine vision screenings, glaucoma screenings for high risk persons (once every 12 months), etc.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2005

MACOM: Eighth United States Army/United States Forces Korea

IMA REGION: Korea

INSTALLATION: USFK (EUSA) Retiree Council

SUBJECT: Overseas TRICARE Up-Front Costs

DISCUSSION: Due to cutbacks in DA medical care in Korea, the 18th Medical Command has negotiated Memorandums of Agreement with world-class Korean medical centers. We applaud these MOAs, and the care provided by the Korean medical centers is truly outstanding. However, there is a financial hardship imposed on retirees and their family members. DA bears the cost for care for active duty personnel and their dependants. Retirees are required to pay 100% of the bill up-front before leaving the Korean medical center. Retirees can then submit a claim for reimbursement through TRICARE, but this process does not negate the need to pay before being discharged from the Korean medical center and the delay in receiving reimbursement is from 3 weeks to a few months. Recommend TRICARE require military retirees to only pay the TRICARE catastrophic cap amount as an up-front payment, and that TRICARE fund the remainder of the bill in the same manner as TRICARE funds the bill for active duty military and their dependants.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this issue. Neither DoD nor the US government can dictate standards of practice or pricing to foreign country providers.

Full and comprehensive TRICARE benefits with no up-front, out-of-pocket costs, is the goal of every TRICARE beneficiary, whether they reside in the continental US (CONUS) or overseas. Under U.S. Title 32, the overseas execution of the TRICARE health plan has been, and will remain, focused on the active duty service member and their family.

The actions required to establish an overseas Preferred Provider Network or formalize Memorandums of Understanding (MOU) with local providers/facilities is done in support of the Military Treatment Facility's (MTF) operation and the TRICARE Prime-enrolled population. Health care benefits are extended to retired beneficiaries who choose to reside overseas, but through TRICARE Standard only. Retirees are encouraged to use the established provider networks and facilities to ensure the best health care possible -- as standards of medical care vary so widely in the overseas environment.

Claims processing in the overseas areas can be a challenge to all concerned. Geographical regions vary in provider/facility acceptance of payment in advance versus provider payment after a claim has been filed. DoD is unable to dictate standards of practice or billing process in overseas areas. As is the case for CONUS beneficiaries using TRICARE Standard, overseas beneficiary claims payment reimbursement, or reimbursement of catastrophic cap overages, is provided once the claim has been submitted and verified by the overseas claims contractor.

The claims process philosophy for overseas TRICARE Standard users is essentially the same as CONUS TRICARE Standard users -- the onus for claims submission and subsequent provider payment resides with the beneficiary. Thus, no matter where the beneficiary is located (in CONUS or OCONUS), if TRICARE Standard is used, a provider/facility can require payments up-front. The beneficiary will be reimbursed for these payments, as appropriate.

[Note: This issue was addressed in 2004 as CSA Retiree Council Issue 01-05-2004.]

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2005

MACOM: MDW

IMA REGION: Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: MTF Retiree Care

DISCUSSION: Retirees enrolled for care in Military Treatment Facilities (MTF) are receiving excellent treatment, indistinguishable from care provided to active duty personnel. In view of funding constraints and professional personnel shortages in the Capital Region area and at certain other locations, there are two benchmarks when such care is unilaterally terminated. Active duty personnel who retire are disenrolled and must then seek treatment under the TRICARE program in the civilian community. Also, retirees who reach the age of 65, and thereby become eligible for Social Security, are disenrolled and must seek treatment under the TRICARE FOR LIFE program in the civilian community. While no one wants to be disenrolled from a care system which has served them well for over 20 or 30 years, there is a greater hardship when this occurs at age 65. Newly retired personnel need to change their entire status of work, often of residence and community; in this transition, the need to find a different treatment facility can be absorbed within the overall transition turmoil. However, retirees who have remained for support in MTFs for all their working years, plus added years in retirement, and who are otherwise stabilized in their communities, with their place of retirement often selected because of its proximity to MTFs, should not be terminated from such care for the only reason that their medical insurance is changed from TRICARE PRIME to Social Security at age 65. Since many retirees, without official curtailment, have opted to receive medical care apart from MTFs, the number of retirees who reach age 65 and who have remained supported by MTFs is relatively small. Resources should be found to avoid this unsolicited and unwelcome disenrollment for these senior veterans. If some added savings are needed, a less discriminatory and less disruptive option would be to disenroll retirees, regardless of age, who move out of their respective MTF care area, or who maintain two residences in different parts of the country. In any event, it is hoped that this process of forced disenrollment is a temporary measure that will terminate when funding and staffing levels improve.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the ongoing support of retirees who are currently receiving care in local Military Treatment Facilities (MTF) and reach TRICARE-for-Life (TFL) eligibility age.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2005

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Hearing Aids

DISCUSSION: Currently TRICARE provides hearing tests but does not provide hearing aids when needed. The TRICARE benefit ought to include not only the hearing test but should also provide prescribed hearing aids.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports an ongoing study to determine proper level of support.

Further expansion, at this time, of the TRICARE benefit, to the extent herein suggested, would not only impose a great financial cost upon TRICARE but also exceed the audiology capacity of the Military Health care System.

A number of MTFs across the country offer assistance in the form of the Retiree At Cost Hearing Aid Program (RACHAP). This program allows retired military personnel to purchase hearing aids at the government-negotiated cost. These purchases, usually through a national government contract, provide substantial savings, partly because the associated fitting and adjustment are provided for free at the MTF audiology clinic. Walter Reed's RACHAP provided about 1,000 hearing aids last year, at an average cost of about $400. (Nationwide, about 2 million hearing devices are sold per year, at an average cost of $1,400.) Many VA medical centers can also provide hearing aids to eligible retired military personnel.

In addition, many VA medical centers also provide hearing aids to eligible veterans, to include retired military.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2005

MACOM: TRADOC

INSTALLATION: Fort Knox, KY

SUBJECT: MTFs – Inadequate Staffing

DISCUSSION: The Military Health System (MHS) lacks the necessary personnel resources to provide quality health care for deployed service members, dependents and retirees. This has resulted in the cutback of services to the retiree community in local military health treatment facilities, requiring retirees to seek health services in the civilian community. These shortages, when coupled with similar cut backs in the VA health care system, have resulted in an overall decline in the quality of services available to retirees. The Department of Defense must face the issue in the long- and short-term and design a coordinated core area system that will support future wars without having to resort to expensive and unsatisfactory short-term measures. This council has submitted similar comments for two years without meaningful reply. This issue is a major concern of the National Association of Military Families (NMFA).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports sufficient staffing and resources for each facility's mission within the abilities of the Army Medical Department (AMEDD). The Military Health System (MHS) direct care system's primary mission is readiness to support various military requirements as implemented by the military Services. It is not expected that priorities will change.

The MHS is designed with the Military Treatment Facility (MTF) as the first choice for health care services in areas where the facilities exist. It also includes a purchased care system that encompasses the triple option military health care benefit (TRICARE Prime, Extra, and Standard) programs designed to augment military direct care system services.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2005

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Screening for Colon Cancer

DISCUSSION: Approximately five years ago, TRICARE did not authorize screening for prostate cancer despite the fact that it had a very high survivor rate if detected early and a higher incidence rate than breast cancer for which annual mammogram screenings were authorized by TRICARE. Thanks to the concerted efforts of the Service retiree councils, military associations and individual retirees, prostate cancer screening is now authorized.

In view of the fact that TRICARE has undergone a major shift in philosophy—going from reactive care to preventive care---authorized screenings should include a periodic colonoscopy screening for the early detection of colon cancer for those patients in the risk category of age 50 and above. Like prostate cancer, colon cancer has a high survivor rate if detected early. Early detection would not only save lives, pain and suffering but would also save treatment costs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports annual fecal occult blood testing (FOBT) or sigmoidoscopy every 3-5 years beginning at age 50, and a combined double contrast barium enema every 5 years or colonoscopy every 10 years.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2005

MACOM: FORSCOM

IMA REGION: Northwest

INSTALLATION: Fort Carson, CO

SUBJECT: The Premium Cost for the TRICARE Retiree Dental Program in Regions C and D

DISCUSSION: The majority of retirees within the Fort Carson RSO's area of responsibility are in TRDP Regions C & D. Over 11K retirees are retired in grades E-6 through E-8 in the Colorado Springs area and the State of Utah. Family coverage under TDRP costs over $100 per month, making this plan cost-prohibitive for most of these retirees. Request the feasibility of re-negotiating with TDRP and the providers to reduce costs for services and fees in our region so the majority of our retirees can afford to enroll in TDRP.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the incorporation of improvements and refinements to the Retiree Dental Program (TRDP), but recommends no action at this time as the contract will be reprocured in 2007.

Dental insurance is offered currently through the Delta Dental Plan for stateside retirees, with beneficiaries paying 100 percent of premiums. No equivalent dental insurance exists for military retirees overseas. Coverage is limited to CONUS, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Canada and the Northern Mariana Islands.

The Army Dental Care System is supportive of the effort to provide TRDP to OCONUS retirees, as long as it is not at the expense of other retirees. The government does not subsidize TRDP premiums. Thus, any benefit enhancement, including the expansion to OCONUS locations, may result in significant increases in costs (premiums) for all enrolled retirees, not only those living overseas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2005

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Dental Plan Inadequate

DISCUSSION: The Retiree Dental Plan continues to provide an inadequate network of dental providers; furthermore, this plan pays providers at a lower rate than most dental plans. More effort is needed to market this plan to dental providers especially to specialists such as periodontists, orthodontists and root canal specialists. The rates paid to the providers have to be such that it is attractive to them and they will want to participate in the plan.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the incorporation of improvements and refinements to the Retiree Dental Program (TRDP), but recommends no action at this time as the contract will be reprocured in 2007.

Dental insurance is offered currently through the Delta Dental Plan for stateside retirees, with beneficiaries paying 100 percent of premiums. No equivalent dental insurance exists for military retirees overseas. Coverage is limited to CONUS, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Canada and the Northern Mariana Islands.

The Army Dental Care System is supportive of the effort to provide TRDP to OCONUS retirees, as long as it is not at the expense of other retirees. The government does not subsidize TRDP premiums. Thus, any benefit enhancement, including the expansion to OCONUS locations, may result in significant increases in costs (premiums) for all enrolled retirees, not only those living overseas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-14-2005

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Ft. Benning, GA

SUBJECT: Retiree Dental Program – Why Tied to AD Plan?

DISCUSSION: Why is the Retiree Dental Program tied to the Active Duty Dental Program? Retirees have much different dental problems than active duty families. Recommend the retiree program be groomed to better meet the needs of retirees and their family members.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the incorporation of improvements and refinements to the Retiree Dental Program (TRDP), but recommends no action at this time as the contract will be reprocured in 2007.

Dental insurance is offered currently through the Delta Dental Plan for stateside retirees, with beneficiaries paying 100 percent of premiums. No equivalent dental insurance exists for military retirees overseas. Coverage is limited to CONUS, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Canada and the Northern Mariana Islands.

The Army Dental Care System is supportive of the effort to provide TRDP to OCONUS retirees, as long as it is not at the expense of other retirees. The government does not subsidize TRDP premiums. Thus, any benefit enhancement, including the expansion to OCONUS locations, may result in significant increases in costs (premiums) for all enrolled retirees, not only those living overseas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-15-2005

MACOM: USARPAC

IMA REGION: Pacific

INSTALLATION: Ft. Wainwright, Alaska

SUBJECT: TRICARE Retiree Dental Plan in Alaska

DISCUSSION: TRICARE Dental (Concordia) is woefully inadequate and has made little or no progress to address shortfalls in recent years. This program is a lingering problem in many other areas, but especially in Alaska.

Impacts -- Retiree coverage does not even begin to cover the real dental needs of retirees/veterans and their families in the States, let alone the additional cost and access challenges in Interior Alaska. The limited level of care offered is usually adequate for the young, but certainly not to those getting older who need more than the basic cleaning and occasional filling. Part of the problem stems from Alaska's OCONUS status that does not fall under the "overseas" category for TRICARE, yet its reimbursement rates and resulting access issues are not adequately addressed by the CONUS cookie cutter model either. Soldiers in Hawaii, Guam, PR, and other remote high cost OCONUS areas have a similar problem. For retirees in interior Alaska, however and even for active duty family member coverage there, the low reimbursement rates, closed practices, and systemic bureaucracy means that members have difficulty finding dentists willing to take TRICARE. These TRICARE Dental members (whether Delta or Concordia) often must pay a lot of money out of pocket to make up the difference in necessary coverage. Many members delay or even forego preventative care, or even needed repairs, solely due to the additional costs. That is true of both retirees and active duty family members, resulting in a lot of lost feedback statistical data to the system that is necessary to assist consideration of the cost factors and identification of a problem. It is not indicative of a good program for these active duty families or retirees, and requires a solution to this problem niche in the TRICARE system.

Related Details -- One major impediment to progress, or recognition of the problem, is the lack of ownership or demonstrated interest by the Army Dental Command. DENTCOM has the attitude that TRICARE Dental is a DOD program and it is now only responsible to look out for the Soldier, not families or retirees. As a result, TRICARE Dental is essentially where the medical program was in the early 1990s and has made little progress since then. Whereas, the medical component of TRICARE benefited in the last 10 years from MEDCOM's sense of ownership and self-imposed dedication to improving the provisions and execution of that initially insufficient program, the Dental community entirely washed its hands of Delta/ Concordia programs at inception and does not even have an actual (or effective) proponent that is managing and dealing with the program issues. Neither does DA. The unique aspects of medical/dental cost and access in interior Alaska, as discussed in the other attached issues, exacerbate the issue because they are outside of the standard TRICARE/ TRICARE-Overseas cookie cutter models and require a focused study of the issues to determine a solution.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the incorporation of improvements and refinements to the Retiree Dental Program (TRDP), but recommends no action at this time as the contract will be reprocured in 2007.

Dental insurance is offered currently through the Delta Dental Plan for stateside retirees, with beneficiaries paying 100 percent of premiums. No equivalent dental insurance exists for military retirees overseas. Coverage is limited to CONUS, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Canada and the Northern Mariana Islands.

The Army Dental Care System is supportive of the effort to provide TRDP to OCONUS retirees, as long as it is not at the expense of other retirees. The government does not subsidize TRDP premiums. Thus, any benefit enhancement, including the expansion to OCONUS locations, may result in significant increases in costs (premiums) for all enrolled retirees, not only those living overseas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-16-2005

MACOM: Eighth United States Army/United States Forces Korea

IMA REGION: Korea

INSTALLATION: USFK (EUSA) Retiree Council

SUBJECT: Overseas Dental Care

DISCUSSION: Army dental care for retirees in foreign countries has been eliminated (except for emergency care). The TRICARE Retiree Dental Program administered by Delta Dental does not extend to overseas locations. However DA has now authorized EUSA to contract with local approved Korean dentists for Army paid dental care for active duty dependents. That eliminates the argument of a lack of approved dentists on the local economy. Recommend DA lobby DoD and Congress for extension of the TRICARE Retiree Dental Program to those foreign locations where DA has approved dental care at local dental facilities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS

The Chief of Staff, Army, Retiree Council supports the incorporation of improvements and refinements to the Retiree Dental Program (TRDP), but recommends no action at this time as the contract will be reprocured in 2007.

Dental insurance is offered currently through the Delta Dental Plan for stateside retirees, with beneficiaries paying 100 percent of premiums. No equivalent dental insurance exists for military retirees overseas. Coverage is limited to CONUS, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Canada and the Northern Mariana Islands.

The Army Dental Care System is supportive of the effort to provide TRDP to OCONUS retirees, as long as it is not at the expense of other retirees. The government does not subsidize TRDP premiums. Thus, any benefit enhancement, including the expansion to OCONUS locations, may result in significant increases in costs (premiums) for all enrolled retirees, not only those living overseas.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-17-2005

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Benning, GA

SUBJECT: Pharmacy Courier Services

DISCUSSION: In past years, pharmacies at Tyndall AFB, Macdill AFB, and possibly other facilities provided pharmacy courier services that were valuable to retired and active duty military and to families of activated National Guard members and Reservists in communities remote from the bases. Prescriptions were faxed and later hand-delivered to the pharmacies and prescription renewals were telephoned to them. A volunteer courier would then go to the base weekly, pick up the prescriptions and bring them back to a central location in the community for pick up by the retiree or family member. The only cost to the retiree or family member was a donation to cover the couriers' travel expenses, usually $3. The Tyndall program at Tallahassee, FL, served approximately 1,300 retirees, active duty personnel and family members. Those served included many disabled persons who would be unable to travel to a base. Full records including copies of ID cards of those being served were kept by a group of volunteers who worked hard to help their fellow community members. The medicine was kept under lock and key or in the custody of a designated volunteer. The pharmacy program also provided a contact point for persons in the community who were interested in the military. It also demonstrated to Guard members, Reservists, and their families a tangible way that the Department of Defense was helping them. Those being served and the volunteers thought it was a great service, but it was canceled in April 2004. Besides saving money for those served, the program saved money for the Department of Defense by avoiding payments to pharmacies or contractors for mail order prescriptions. Surely the cost of medicine bought in bulk by the Armed Forces is less than they must pay to a pharmacy or mail order contractor. The Tallahassee-South Georgia Army retiree Sub-council requests that the Pharmacy Courier services be restored.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this request to restore pharmacy courier services.

The safety and privacy of the beneficiary are first and foremost in importance. Courier services in the past have typically consisted of a patchwork of informal arrangements with VA sites where prescriptions were literally collected and placed in a bag and mailed to a Medical Treatment Facility (MTF) for filling. Once filled, they were given to a courier for transport back and distribution, with the hope that the correct beneficiary would receive each medication. Of particular concern was the fact that a full spectrum of drugs, to include controlled substances and psychiatric medications, were dispensed via the courier service.

Many elderly beneficiaries were receiving multiple medications without the benefit of a pharmacist discussing the risks, potential interactions, or side effects with them. Because medications were being given to a third party for distribution, the courier service being employed was not consistent with the substance or intent of the recently implemented Health Insurance Portability and Accountability Act (HIPAA) regulations.

Historically, the courier services came about to provide medications to beneficiaries over 65 years of age who were not covered by the TRICARE pharmacy benefit. Congress corrected this inequity in 2001 with creation of the TRICARE Senior Pharmacy Program. All military retirees are now covered by the TRICARE pharmacy benefit that includes the TRICARE Mail Order Pharmacy (TMOP). In addition, retirees with service-connected disabilities are eligible for pharmacy services at VA facilities with no co-pays.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 01-18-2005

MACOM: TRADOC

IMA REGION: Northeast

INSTALLATION: Carlisle Barracks, PA

SUBJECT: TRICARE Mail-Order Pharmacy Cost Discrepancy

DISCUSSION: Active Duty personnel have no co-pays for the DOD TRICARE Mail-Order Pharmacy Program. However, "All Other Beneficiaries" do have co-pays. Why are the military retirees considered as a category of "All Other Beneficiary?" We understand why the Active Duty should not have to pay co-pays for their prescription needs. We do not understand why the military retiree should be grouped in the same category as a family member/dependent and forced to pay co-pays. We would, at least, appreciate an explanation as to why the military retirees have to pay co-pays.

We suggest that one the following changes be made:
1. Military Retirees be added in the same category as the Active Duty and pay no co-pays.
2. Military Retirees be placed in a separate category, known as the "Military Retiree" and pay no co-pays.
3. Request an explanation of how military retirees were grouped into an "All Other Beneficiary" category and thus forced to pay co-pays.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-19-2005

MACOM: TRADOC

IMA REGION: Northeast

INSTALLATION: Fort Knox, KY

SUBJECT: Repeal DIC-SBP Offset

DISCUSSION: Current law provides that payments received under the SBP be reduced by the amount of any other survivors' benefits payable from the VA Dependency and Indemnity Compensation (DIC) Program. The surviving spouse of a retired military member is entitled to DIC from the Department of Veterans Affairs. However, if the deceased member had elected SBP, this payment would be reduced by the amount of DIC (currently $967 per month).

SBP and DIC are paid for different reasons – the former being from a voluntary program with the purpose of providing a portion of the retiree's pay to the survivor. DIC payments are special compensation to a survivor whose sponsor's death was caused by or the result of his or her uniformed service. DIC was intended to be an indemnity payment for the premature loss of life of the member and should be added to (not deducted from) the SBP annuity voluntarily purchased by the retiree. Congress should repeal the DIC offset to SBP because the two benefits are paid for different reasons.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports this issue. SBP and DIC are paid for different reasons and should not conflict with each other in any way. HR 808 and S 185 have been introduced in the two houses of Congress. If passed, they will eliminate the offset.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-20-2005

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Rucker, AL

SUBJECT: Dependency & Indemnity Compensation

DISCUSSION: Under the current law, the surviving spouse of a retired military member who dies from a service connected disability is entitled to Dependency and Indemnity Compensation (DIC) paid by the Veteran's Administration. If the military retiree was also enrolled in the Survivor Benefit Plan (SBP), the surviving spouse's benefits are offset by the amount of DIC ($967 per month).

A pro-rated share of SBP premiums is refunded to the surviving spouse in a lump sum but with no interest. S. 585 repeals Section 1451(c) of Title 10, which requires the reduction of SBP survivor benefits by the amount of Dependency and Indemnity Compensation.

Recommendation: Request that Department of the Army support the repeal of Section 1451(c)10

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports this issue. SBP and DIC are paid for different reasons and should not conflict with each other in any way. HR 808 and S 185 have been introduced in the two houses of Congress. If passed, they will eliminate the SBP/DIC offset.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-21-2005

MACOM: USAREUR

IMA REGION: Europe

INSTALLATION: USAREUR

SUBJECT: DIC-SBP Offset

DISCUSSION: Existing law requires that military Survivor Benefit Plan (SBP) payments from the Defense Finance and Accounting Service (DFAS) to a surviving spouse be offset, on a dollar-for-dollar basis, by the amount of any benefits the spouse receives from the Department of Veterans Affairs (DVA) Dependency Indemnity Compensation (DIC) program.

Effective 01 Jan 93, a uniform benefit for survivors was enacted. Under this new law, the basic amount of the monthly DIC benefit – effective 01 Dec 04 – is **$993**. Certain circumstances entitle a surviving spouse to additional DIC benefits: namely,

- For each dependent child under age 18, add **$247**;
- For a surviving spouse who qualifies for "aid and assistance," add **$247**;
- For a surviving spouse who is "housebound," add **$118**; and
- For a surviving spouse whose retiree had a 100% DVA disability rating for a continuous period of at least 8 years prior to death – and the surviving spouse was married to the retiree for those same 8 years – add $**213**.

If a retiree died prior to 01 Jan 93, the DIC benefit for the surviving spouse is based upon the retiree's rank. Under this prior law, the factors set forth above – and some other very limited circumstances – entitle the surviving spouse to additional DIC benefits. A pro-rated share of SBP premiums is refunded to the surviving spouse in a lump sum. The government, however, does not pay the surviving spouse any interest on the refunded amount. SBP payments from DFAS are taxable, while DIC benefits from DVA are nontaxable. The net result is that if a surviving spouse has enough other taxable income, she will end up with more "after-tax" income as a result of the DIC-for-SBP substitution.

The Military Officers Association of America reports that there are approximately 31,000 widows/ widowers affected by the existing offset. SBP is purchased by the retiree based upon his or her military career and is intended to provide a portion of retired pay to the surviving spouse. DIC benefits constitute special compensation to a surviving spouse whose retiree's death was caused directly by the soldier's military service. In principle, DIC benefits are a government indemnity payment for causing:

- The premature loss of the retiree's life; and
- The reduced earning capacity of the retiree resulting from both disabilities and premature demise.

Further, the existing law has created an inequity when compared to the treatment of a surviving spouse of a Federal civil servant – who also was a service-disabled retiree or veteran – who enrolled in a civil service SBP. A surviving spouse of such a retired civil servant does not lose any civilian SBP payments when receiving DIC benefits: that is, there is no DIC offset to civil-service SBP payments.

The existing law should be repealed because SBP payments and DIC benefits are paid for different reasons.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports this issue. SBP and DIC are paid for different reasons and should not conflict with each other in any way. HR 808 and S 185 have been introduced in the two houses of Congress. If passed, they will eliminate the SBP/DIC offset.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-22-2005

MACOM: TRADOC

IMA REGION: Northeast

INSTALLATION: Fort Knox, KY

SUBJECT: Move Ahead Paid-Up Provision of SBP

DISCUSSION: Recent congressional action resulted in the elimination of the "military widows' tax" over a relatively short 3½ year period. The new law raises the minimum age 62 SBP annuity from 35 percent of designated retired pay to 55 percent, the amount originally intended by Congress. However, an additional change is needed to accelerate the current 2008 implementation date for 30-year paid up SBP. The FY 1999 Defense Authorization Act authorized a 30-year paid up SBP provision. Instead of making the effective date 1 October 2003 as proposed in the legislation, Congress delayed the effective change until 1 October 2008. A significant number of retirees have already exceeded 30 years of contributions, resulting in thousands of dollars of personal annuity contributions that they will never recover under the current law. The law should be modified to reflect "fully paid" after thirty years of contributions with a provision to refund overpayments to those who have exceeded the 30-year cap.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports initiatives to accelerate the implementation date for 30-year, paid-up SBP. Bills have been introduced in the House and Senate (HR 968 and S185) that will accelerate the paid-up date from October 2008 to October 2005. The Council does not support any action to modify those bills to include a "refund" provision, as it could endanger passage of the bills as written.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-23-2005

MACOM: TRADOC

IMA REGION: Northwest

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Move Ahead Effective Date of SBP Paid-Up Provision

DISCUSSION: The effective date of the SBP "paid up" provision should be immediately upon the retiree becoming eligible at the age of 70 and being retired for 30 years. Many retirees have already completed 30 years of premium payments and have reached the age of 70. They should not have to wait until the plan goes into effect October 1, 2008. Our older retirees deserve the same entitlements as our younger retirees. They should not have their entitlements delayed.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports initiatives to accelerate the implementation date for 30-year, paid-up SBP. Bills have been introduced in the House and Senate (HR 968 and S 185) that will move ahead the paid-up date from October 2008 to October 2005.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-24-2005

MACOM: TRADOC

IMA REGION: Northwest

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Eliminate Phase-In Period for Full Survivor Benefit Plan (SBP) Annuity

DISCUSSION: Recommend surviving spouses receive the SBP annuity at the 55% level effective immediately. Surviving spouses should not have to wait for three and a half years to receive their full benefits. With limited cost of living raises, spouses need the 55% level of SBP today more than ever before. Surviving spouses should receive their full entitlement now.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this issue. Congressional action to keep SBP at 55 percent was a major victory for retirees. Congress believed that the best way to get approval was to phase in the change. The Council agrees with this approach.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-25-2005

MACOM: TRADOC

IMA REGION: Northwest

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Eliminate 10-Year Phase-In of Full Concurrent Receipt and Expand Eligibility

DISCUSSION: We need to eliminate the ten-year phase in of Concurrent Receipt for those retirees in the 50% to 90% bracket and include those disabled retirees who are in the 10% to 40% bracket so that all military retirees who were disabled in the service to their country will be fully compensated.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council continues to support the ongoing studies that could lead to full concurrent receipt for ALL disabled retirees, regardless of the severity or cause of the disability. HR 303 and S 558 have been introduced in both houses of Congress and would grant full concurrent receipt to all disabled retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-26-2005

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Rucker, AL

SUBJECT: Revise Concurrent Receipt Law

DISCUSSION: Revision to Concurrent Receipt Law (Public Law 108-136)

The Concurrent Receipt Law phases in, over a ten-year period, full retirement pay and full VA disability compensation for those military retirees who are 50% or more disable, but fails to compensate all disabled retirees. The current law excludes more than 320,000 retirees who are less than 50% disabled. Therefore some retirees who are less than 50% disabled continue to face a dollar for dollar forfeiture of military retirement pay.

Recommendation: Enact additional Concurrent Receipt legislation that resolves full retired pay for all disabled retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council continues to support the ongoing studies that could lead to full concurrent receipt for ALL disabled retirees, regardless of the severity or cause of the disability. HR 303 and S 558 have been introduced in both houses of Congress and would grant full concurrent receipt to all disabled retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUES 02-27-2005

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Concurrent Receipt

DISCUSSION: It is expected that the 109th Congress will reintroduce legislation supporting the receipt of retired pay concurrent with disability pay. The retiree community ought to continue to pursue this legislation to ensure equity to all disabled retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council continues to support the ongoing studies that could lead to full concurrent receipt for ALL disabled retirees, regardless of the severity or cause of the disability. HR 303 and S 558 have been introduced in both houses of Congress and would grant full concurrent receipt to all disabled retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-28-2005

MACOM: TRADOC

IMA REGION: Northeast

INSTALLATION: Fort Knox, KY

SUBJECT: Commissary Privatization

DISCUSSION: With the exception of health care, the commissary benefit has the most important compensation and retention value for the retired and active military communities. BRAC resulted in the closure of numerous military facilities, both CONUS and OCONUS, to include commissaries. Many retirees and active duty members at remote locations routinely travel hundreds of miles to take advantage of this important benefit. At the same time, rumors persist regarding the curtailment, consolidation and elimination of the system as we know it today. Although denied by OSD, privatizing the system as a matter of policy seems to periodically arise. If necessary, retiree leadership should request congressional action to restrict DOD's inclination to privatize commissary functions.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council fully supports this issue and agrees that the commissary benefit is paramount for active forces and retirees. The Council recommends that the retired community, military services, and the Military Coalition and Veterans Alliance remain alert for any proposals that would be detrimental to this important benefit.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-29-2005

MACOM: MDW

IMA REGION: Northeast

INSTALLATION: Ft. Belvoir, VA

SUBJECT: Lower Reserve Retirement Age to Reflect Adverse Impact on Civilian Earnings and Career Potential

DISCUSSION: More than half of the Guard and Reserve force has been activated since 9/11, some for tours of up to two years. More fundamentally, DoD announced in 2004 a new policy that requires reservists to serve on active duty once every 5 or 6 years. This policy imposes enormous burdens on reserve families and employers alike. It's hard to argue that civilian careers and earnings potential are not going to be harmed under the new reserve service contract. However, the reserve retirement system has remained essentially unchanged since its advent more than 55 years ago. To encourage reserve career service and offset the loss of civilian earnings and retirement, we recommend adjusting the reserve retirement age to 55, instead of 60.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports this issue allowing lowering of retirement age based on additional years of service past 20 years. With the rapid transformation of the total Army and the seamless integration of Active and Reserve Components, it is time to transform the Reserve retirement system.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-30-2005

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Ft. Stewart, GA

SUBJECT: Reserve Component Retiree System

DISCUSSION: Ensure equity for retired reservists (Army National Guard and Army Reservists) by supporting the modernization of the Reserve Component Retiree System; specifically soldiers with more than 20 years qualifying service should be entitled to retire earlier than age 60.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports this issue allowing lowering of retirement age based on additional years of service past 20 years. With the rapid transformation of the total Army and the seamless integration of Active and Reserve Components, it is time to transform the Reserve retirement system.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-31-2005

MACOM: Eighth United States Army/United States Forces Korea

IMA REGION: Korea

INSTALLATION: USFK (EUSA) Retiree Council

SUBJECT: Overseas APO Weight Limit for Retirees

DISCUSSION: In foreign locations, there is a 16-oz weight limit on APO mail for retirees. (This weight limit does not apply if the retiree is employed with SOFA privileges). A "fully-retired" retiree is prohibited from sending or receiving any mail over 16-oz through the APO or FPO. Foreign mail systems can be notoriously unreliable. Since an exception has recently been granted for the mailing of prescription medications from the TRICARE mail order pharmacy program, it seems logical that an exception could be granted for other health and welfare purposes. A better solution is to eliminate the 16-oz limit for retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this issue. However, it supports the eventual raising of the limit to five (5) pounds. In 2003, the Office of the Secretary of Defense (OSD) approved raising the 16-ounce limitation on overseas mailing in the case of mail generated from the TRICARE Mail Order Pharmacy.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-32-2005

MACOM: USARPAC

IMA REGION: Pacific

INSTALLATION: Schofield Barracks, Hawaii

SUBJECT: SOFA Privileges for Un-remarried Widow(er)s

DISCUSSION: During wartime it is especially heart wrenching to see the plight that some of our widow(er)s face when returning to their homeland after their military spouse has died or been killed in action. Recently on a trip to Okinawa, a member of our Retiree Council observed one such widow at the APO post office being denied to send her daughter residing in the US a box of candy for her birthday. Under the SOFA, she was not eligible to use the post office. We recommend that un-remarried widow(er)s who returns to their home countries for a period of time during their bereavement be allowed to use Exchange, Gasoline Stations, Banks, Post Offices, and vehicle registration while in their home countries by extending them privileges under SOFA.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this issue. The Council is aware that retirees visiting or living in foreign countries may not have access to all U.S. military facilities and services. Status of Forces Agreements (SOFA) are international treaties between the U.S. and foreign countries that determine many issues, only one of which is access to various facilities. The Council believes that an effort to modify a SOFA for the express purpose of obtaining privileges for U.S. military retirees and their family members residing in a foreign country may endanger other provisions of the agreement that provide support to the active forces stations overseas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-33-2005

MACOM: TRADOC

IMA REGION: Southwest

INSTALLATION: Fort Huachuca, AZ

SUBJECT: Equality of all Military Retirees and Foreign Spouses

DISCUSSION: U.S. military retirees and their non-American citizen spouses who are living in some countries outside the U.S. must pay higher income taxes and these spouses have greater difficulty in obtaining Medicare Part B if they are social security eligible.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Council understands that military retirees living overseas are subject to laws and/or treaties that may be detrimental to the benefits received when compared to those retirees residing in the United States. These laws and treaties differ country by country, as do state laws in the U.S., and often treat income and/or benefits differently. TRICARE and TRICARE-for-Life (TFL) are available to all beneficiaries living overseas. Even though Medicare is not available overseas, an expatriate must purchase Medicare Part B (hospital insurance) to be eligible to use TFL. Details on Social Security benefits are available by calling Social Security's International Operations Office directly at (410) 965-5404.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-34-2005

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Permanent ID Cards for Spouses and Survivors

DISCUSSION: With President Bush's enactment of the Ronald W. Reagan FY2005 National Defense Authorization Act, permanent military ID cards will be issued to spouses and survivors age 75 and older. While this is a positive action that eliminates the burden imposed on spouses and survivors age 75 and older of having to renew their ID cards every four years, the burden remains for those spouses and survivors age 65 to 74. Given that spouses and survivors are enrolled in TRICARE-for-Life (TFL) at age 65, age 65 would be a more appropriate benchmark for issuing permanent ID cards to spouses and survivors. This would eliminate the renewal burden for spouses and survivors age 65 to 74 and reduce administrative costs associated with each renewal.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support indefinite or permanent ID cards for all ages. It does support changing the law to allow for such issuance to family members who are age 65 (Medicare-eligibility age). There is a significant divorce rate for retirees under age 65, with rates as high as 18 percent and decreasing rates after age 65. The main concern is the potential for abuse and fraud of divorced spouses & remarried widows(ers), with healthcare being the most expensive concern. A four-year term of issuance allows for periodic review of eligibility & some control. Indefinite ID cards for all retiree spouses & surviving spouses, regardless of age, would ease the burden of renewal, but potentially increase the chance for fraud and abuse. However, indefinite or permanent ID cards after age 65 would significantly decrease that chance for fraud and abuse plus relieve a burden from that population.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL 03-35-2005

MACOM: USARPAC

IMA REGION: Pacific

INSTALLATION: Schofield Barracks, Hawaii

SUBJECT: Indefinite ID Cards for Spouses and Widow(er)s

DISCUSSION: The Defense Appropriation Act for 2005 contains provisions that renewal of military ID cards for spouses and widows will not be necessary after they attain the age of 75. It is recommended that the DOD totally eliminate the requirement for spouses and widow(er)s to renew their ID cards regardless of age.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support indefinite or permanent ID cards for all ages. It does support changing the law to allow for such issuance to family members who are age 65 (Medicare-eligibility age). There is a significant divorce rate for retirees under age 65, with rates as high as 18 percent and decreasing rates after age 65. The main concern is the potential for abuse and fraud of divorced spouses & remarried widows(ers), with healthcare being the most expensive concern. A four-year term of issuance allows for periodic review of eligibility & some control. Indefinite ID cards for all retiree spouses & surviving spouses, regardless of age, would ease the burden of renewal, but potentially increase the chance for fraud and abuse. However, indefinite or permanent ID cards after age 65 would significantly decrease that chance for fraud and abuse plus relieve a burden from that population.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-36-2005

MACOM: FORSCOM

IMA REGION: Northeast

INSTALLATION: Fort Bragg, NC

SUBJECT: High Three/REDUX Dollar Average on LES

DISCUSSION: The High-Three Retirement Pay Plan (Sep 8, 1980) is currently in effect and time is rapidly approaching when the REDUX Retirement Pay Plan (Jul 31, 1986) comes into effect. Those Soldier who are subject to retired pay computation under these plans are at a distinct disadvantage compared to their predecessors who need only know their final base pay in order to compute the exact dollar amount of their retired pay. Soldiers in the High-Three category are not as fortunate. In order for the Soldier's supervisor, commander, retention NCO, First Sergeant, Command Sergeant Major etc., to properly counsel the Soldier, copies of the last 36 LESs would have to be available in order to hopefully arrive at an accurate average figure representing the High-Three dollar amount on which to base computations. This council recommends that DFAS initiate a computer program wherein at the beginning of a Soldier's 14th and a half year of active duty the LES reflect the current High-Three dollar average as of the end of that particular pay period. This information will enable the Soldier, as well as others responsible in guiding and counseling the Soldier, to determine some exactness in percentage and dollar amount for retirement purposes. The percentage (40% or 50%) depending on the Soldier's choice of option to participate in the 15 year lump sum $30,000 bonus or not, as well as the dollar amount if retirement were at hand at that particular time. This issue was initially raised in 2000/01. The previous Deputy RSO had initiated dialogue with DFAS concerning this matter, however, due to circumstances of 9/11 things got off track in the shuffle. Several senior noncommissioned officers in positions such as the XVIII Airborne Corps CSM, and the 82d Airborne Division CSM etc. have been contacted and endorse this council's effort.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support the concept of initiating a computer program to reflect a Soldier's High-Three dollar average on the Leave and Earnings Statement (LES) because the desired information already exists on the Office of the Secretary of Defense (OSD) Military Compensation web site, http://www.dod.mil/militarypay/retirement/calc/index.html.

This useful web site gives Soldiers a comprehensive look at all three retirement pay plans: Final Pay, High-Three, and CSB/REDUX. It breaks down and compares the percentage multiplier (40 or 50 percent) determined by the Soldier's choice to elect to receive (after 15 years of service) the lump-sum $30,000 Career Status Bonus (CSB) or not. It also contains retired pay calculators that allow Soldiers to calculate their retired pay under all three retired pay plans. A calculator is also available on the Army Benefits Tool, created in Sep 2003, housed on both Army Knowledge Online (under "My Benefits") and on the Army G-1 Retirement Services Office (RSO) homepage: http://www.armyg1.army.mil/retire.

The OSD web site also has a fourth retired pay calculator called "Retirement Choice" that, in addition to tailoring the results to one's expected retirement grade, years of service, and age, Soldiers can determine the use of the $30,000 CSB. Soldiers may allocate the CSB into the Thrift Savings Plan (TSP), a private investment (e.g., mutual fund), and/or a private purchase. This calculator also allows one to change economic assumptions such as the inflation rate and the expected return that could result from investing the bonus.

The Chief of Staff, Army, Retiree Council applauds the Fort Bragg Retiree Council for its concern in educating both future retirees and their chain of command on retirement issues. Recommend each installation RSO publicize the existence of these excellent web tools designed to help future Army retirees make informed decisions.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-37-2005

MACOM: TRADOC

IMA REGION: Northeast

INSTALLATION: Fort Lee, VA

SUBJECT: Retirement Services Office needs to service all branches of the military.

DISCUSSION: There are retired Army, Air Force, Navy and Marines in the Fort Lee area. Soldiers of different services come to Fort Lee for training, so why doesn't the Retirement Services Office have the ability to service the different branches of retired military and surviving spouse?

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council continues to support installation RSOs assisting members of other Services.

The Army is the only service to provide full-time Retirement Services Officer (RSO) support at major Army Installations worldwide. These positions are funded, staffed, and resourced to provide retirement services to Active Army, ARNG and USAR Soldiers, retirees, family members and survivors. These services are rendered in accordance with Army Regulation 600-8-7, "Retirement Services Program," and the recent Memorandum of Agreement with Department of the Army Installation Management Agency.

The Department of the Army does not restrict an installation RSO from assisting members of other Services who contact them for help. We note, however, that each armed service has processes and forms peculiar to their Service department, and their own way of delivery of retirement services to their retired communities – i.e., via web sites, newsletters, Retiree Affairs Offices, etc.

One excellent method for Army to reach out to retirees and family members from other Services is to invite them to Army installation annual Retiree Appreciation Day (RAD) programs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-38-2005

MACOM: TRADOC

IMA REGION: Southwest

INSTALLATION: Fort Sill, OK

SUBJECT: Communication - Expansion and Enhancement of the Pre-Retirement Orientation

DISCUSSION: For many years, Army leaders have encouraged military personnel and their spouses to attend at least one pre-retirement orientation prior to their transition to the private sector. The information provided in this briefing by the RSO, VA, SJA, ACAP, DFAS, TRICARE, and others is paramount in ensuring that each retiring Army family has the best information possible to make intelligent decisions about their transition to the retired community. A key challenge for anyone going through the transition process is that all of this important information is provided at about the same time. Thus, "information overload" is a real risk.

Accordingly, we recommend the development and mass production of an instructional CD-ROM that will enable potential retirees, current retirees, and their family members to periodically refer to this information so vital to their success in retirement. This CD-ROM should be provided to all Soldiers going through the retirement process, and should also be offered to existing retirees. The CD should be licensed in a way that will enable copies to be produced by installation RSOs on an as-needed basis. We realize that the development of such a CD-ROM would require an initial investment, but the mass production of CD-ROM would be relatively inexpensive when compared to the beneficial aspects of its content. We envision the CD-ROM as mirroring a typical pre-retirement orientation with segments on the following pre-retirement topics:

- General Administration/Policies for Retirees
- Pay Issues
- Tax Concerns
- Medical Information/TRICARE
- Department of Veterans Affairs (VA) Benefits
- Legal Assistance
- Social Security
- Survivor Benefits
- Career Changes
- Uniformed Services Former Spouses' Protection Act
- Reserve Component Retirement System
- Military Awards
- Retiree Casualty Assistance/Personal Affairs

As an added enhancement, this proposed CD-ROM could contain acrobat (.pdf) files of various forms typically used by retired military personnel, and guides such as the Pre-Retirement Counseling Guide. Some, or all, of the CD's contents could be made available on the Army Retirement Services homepage.

This CD-ROM would not only benefit potential retirees in the transition process, but could prove to be helpful to the many thousands who are "still serving" in the Army retired community. Additionally, it would assist installation Retirement Services Officers in "getting the word out" to military personnel who are stationed at remote locations.

With as much emphasis on effective communication within the Army Retired community, this proposal would certainly expand and enhance the knowledge base for our retirees and family members.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council does not support this issue at the level of involvement specified in the submitted issue. The Council appreciates the Fort Sill Retiree Council's desire to improve the dissemination of vital information, and the continuing education of its retired community. However, there are already many useful online tools that can provide both future and current Army retired families with the same information.

The G-1 Army Retirement Services web site at http://www.armyg1.army.mil/rso/mission.asp contains detailed and current information regarding both pre- and post-retirement issues covering subjects such as those mentioned above and much more. This web site features the HQDA pre-retirement and SBP briefings with detailed notes pages for each slide, along with a detailed Pre-Retirement Counseling Guide (all of which may be downloaded to an individual's PC for later viewing). The web site contains a link to the Army Benefits Tool http://www.armyg1.army.mil/rso/abt.asp, designed in Sep 03 to assist Soldiers, retirees, veterans, and all family members to better understand their pay, benefits, and entitlements. It also contains a link called external web sites, which is a list of government and military web sites that provide information concerning many additional related benefits, such as the VA and Social Security sites that are important to Soldiers, retirees, and their families.

Because of constant changes in rules, policies and entitlements and benefits, it is not practical to create a CD-ROM, especially on a mass production scale. Whereas the information desired, as outlined in this issue, is already available on the referenced web sites, the expense of developing and mass-distributing the CD-ROM would appear to overshadow the end benefit.

The Council appreciates the challenges that some military personnel face when trying to attend a pre-retirement orientation, especially those assigned to remote locations

The G-1 Army Retirement Services Office will highlight via quarterly electronic "RSO Notes" sent to installation Retirement Services Officers (RSO), the availability of these resources.

CHIEF OF STAFF ARMY RETIREE COUNCIL ISSUE 03-39-2005

MACOM: USAREUR

IMA REGION: Europe

INSTALLATION: USAREUR

SUBJECT: MACOM Participation in Retirement Services

DISCUSSION: With its creation, the US Army Installation Management Agency (IMA) assumed responsibility for the provision of retirement services, both pre-retirement and post-retirement. The Deputy Chief of Staff, G-1 remains responsible to establish personnel policies relating to retirement services (to include the CSA Retiree Council) and the SBP. The role of the major Army commands (MACOM) was not clearly defined.

Much as an artillery unit in direct support of a maneuver command, an artillery unit provides the fires to support the commander's mission, but the supported command provides the priorities of fire. The maneuver commander cannot direct the commitment of more resources, i.e., guns or firing batteries, but he can identify where those limited resources should be committed. A similar relationship should exist between IMA and MACOMs.

In the RSO arena, the MACOMs should retain responsibility for:

(1) Appointing a Retirement Services Program Manager to monitor (vice supervise) retirement services and the SBP at subordinate installations.

(2) Forwarding, upon request and in the format specified by G-1 RSO, issues and concerns for discussion by the Chief of Staff, Army, Retiree Council.

(3) Forwarding, upon request by G-1 RSO, nominees who meet the criteria to serve as members of the Chief of Staff, Army, Retiree Council.

In addition MACOMs should be required to establish a Retiree Council to advise on "priorities of fire" to both IMA and G-1 RSO.

CHIEF OF STAFF, RETIREE, COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the concept of a Retirement Services Program Manager appointed at the MACOM level. The council agrees there is an appropriate role for MACOMs to play in retirement services. IMA supports the MACOM retirement services program manager concept as well with the primary mission of monitoring retirement services throughout their commands. The council is sensitive to avoiding a duplication of efforts between agencies. However, it is felt that the MACOMs can serve a vital role in overseeing their installations' retirement programs, and to serve as an advocate for their Soldiers who are the end users of our retirement services offices. In his February 2005 memo to MACOM Commanders, the Army G-1 emphasized the important role that mission commanders have in emphasizing installation support programs such as retirement services, and for providing special assistance for events such as Retiree Appreciation Days.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-40-2005

MACOM: FORSCOM

IMA REGION: Southwest

INSTALLATION: Fort Polk, LA

SUBJECT: AAFES Fuel Cost

DISCUSSION: Installation AAFES Service Stations only meet the price of gasoline within a 30-mile radius. Soldiers are often subject to higher prices in small towns close to military installations; sometimes being charged as much as 20 cents a gallon more than consumers in the nearest large community. AAFES will only match the lowest price for fuel, not beat it, nor will they match the Wal-Mart discount price. This policy causes undue hardship to our Soldiers, retirees, and family members. Recommend pricing at all AAFES Service Stations be capped at five cents over their cost, which will pass a significant savings to our Soldiers. AAFES does not pay tax for their fuel and this savings should be passed to the military community who are supporting this great Nation.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
This issue is not in the purview of the Chief of Staff, Army, Retiree Council.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-41-2005

MACOM: TRADOC

IMA REGION: Northeast

INSTALLATION: Fort Knox, KY

SUBJECT: Retiree Sponsorship Program to Assist Parents/Family Members of Wounded Military Personnel – Enhancing the Army's DS3 Program

DISCUSSION: Thousands of Soldiers and other service members have been wounded in battle in Iraq. These men and women are being cared for in military hospitals both in CONUS and overseas. Depending on the seriousness of their wounds, they are divided into three categories. These are Seriously Ill, Very Seriously Ill and Special – the latter being considered brain dead. Almost all in these three categories are near death and because of the seriousness of their wounds; the services provide travel orders for family members to visit their service member.

However, there are also thousands of service members who have suffered wounds that are not life threatening, but are serious enough to have long term effects on the service member, their families and their communities. These include loss of limbs, blindness, burns, shrapnel wounds and disfigurement. It seems there are limited provisions within the current regulations to provide financial assistance to family members to visit their service member. As is often the case, the family can't afford the cost of transportation to and from and lodging near the hospital site. They are directed to civilian agencies (Red Cross, Army Emergency Relief, etc.) that determine their grant eligibility. In many cases, non-profit agencies such as Fisher Houses do a great job in arranging round trip accommodations, meals and lodging. Putting family members through this at a critical point in time is an unnecessary ordeal. Compared to our past wars, the number is small. Because of this, we recommend the Department of Defense provide these services to support our family members.

As a community service, it's common practice for local residents to provide lodging in their homes for participants in local events such as conventions, reunions and sports events. Many retirees have reached a point where children have moved on and their homes have space available. As an interim measure, the Army could actively promote a sponsorship/voluntary program among the retiree community residing in the vicinity of the treatment facilities to make available their assistance to family members visiting their wounded service members. Such a program will enhance community relations and shows that the Army takes care of its own.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council concurs. While we welcome Commanders' involvement, it is important that DS3 establishes common levels of support, which are assured regardless of assignment location.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-42-2005

MACOM: MDW

IMA REGION: Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: Distinguishing Insignia for Retirees in Uniform

DISCUSSION: It is recommended that the Army identify an insignia that may be worn by retirees when wearing the uniform that will clearly identify them as retirees. Current Army regulations do not prevent wearing of the uniform by retirees, but they do identify what are considered to be appropriate occasions. Retirees may wish to wear the uniform for various reasons, such as pride in past service and a desire to show association with the military or the subject of a ceremony. They may be reluctant to do so to insure that there is never a question that they are not on active duty and in positions of authority. This is of special concern in attending events on military bases, such as weddings and funerals at Fort Myer, and attending Army-sponsored events such as Army band concerts at civilian facilities. An insignia readily identifiable to active duty personnel and eventually to civilians could minimize the potential for confusion in roles, authority, and honors. In illustration, the "US" and eagle is could be backed up by a solid or outline diamond, similar to the circular backup of the enlisted insignia. In a similar situation, the "Ruptured Duck" insignia was issued to separated Soldiers after WW II so that they could wear their uniforms for while clearly identifying the Soldier as no longer on active duty.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council and the Army recognize and appreciate retirees' service to Nation.

Army Regulation 670-1, dated 3 February 2005, Wear and Appearance of Army Uniforms and Insignia, para 30-3, Wear of the uniform by retired personnel, sub para d. (2) states; Retired personnel are authorized to wear the shoulder sleeve insignia for U.S. Army Retirees on the left shoulder. The insignia consists of a which cloth disc with a blue border, and an inner white disc with a red border, which bears a blue and white adaptation of the coat of arms of the United States. The outer disk that surrounds the coat of arms contains the inscription "UNITED STATES ARMY" in red letters at the top, and the word "RETIRED" in blue letters at the bottom (see fig 30-1).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-43-2005

MACOM: MDW

IMA REGION: Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: Pay Adjustments at Death

DISCUSSION: Retired pay is paid in advance (i.e. retired pay received on the 1st of the month is payment for that month). Under current policy, when a retiree dies in the middle of a month, the government retrieves the entire monthly pay. If pay had been automatically deposited electronically into a bank/checking account, whenever, feasible, the pay is electronically withdrawn from the account. Thereafter, the next of kin must submit an application for the pay that remains due (i.e. pay for the number of days that the retiree remained alive within that month). This can create a hardship at the worst possible time for a survivor. The withdrawal of the money is more often than not, a complete surprise. If pay cannot be withdrawn then all action for Survivor Benefit Payments (SBP) is stopped until the entire monthly payment is recouped. Too often that creates a cash flow problem for the survivor when the need maybe critical. This procedure clearly violate General of the Army George C. Marshal's creed: "There's no more effective way of creating bitter enemies of the Army than by failing to do everything we can possibly do in a time of bereavement, nor is there a more effective way of making friends for the Army than by showing we are personally interested in every casualty which occurs. Some better way of recoupment should be found. For example, if a retiree carries SBP and his potential widow is his primary beneficiary, he should be given the opportunity to opt for the subtraction of any overpayment from the first SBP check

CHIEF OF STAFF, ARMY, RETIREE COMMENTS:
The Chief of Staff, Army, Retiree Council understands the fiscal concerns that result from the loss of a military spouse. In fact, retired pay is paid in arrears. Payments received on the first workday of the month are for the previous month. Retired pay entitlement stops on the retiree's date of death. The Defense Finance & Accounting Service – Cleveland Center (DFAS-CL) has a cut-off date each month (around the 20th), meaning that a retiree will receive a full month's entitlement if the military member dies after the 20th. Payments made by DFAS prior to them being officially notified of the retiree's death must be recovered from the retiree's financial account, i.e. beneficiary, bank or credit union. Once the account is cleared, the named beneficiary is paid "Arrears of Pay" or "Final Pay" for the number of days the retiree lived in his/her month of death.

The Council recommends no action since fiscal management procedures are in place. The Council recommends that installation Retirement Services Officers (RSO) routinely inform their serviced populations of these "final pay" policies, to include suggesting that retirees provide written documentation of such in their personal papers for family members.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-44-2005

MACOM: AMC

IMA REGION: Northeast

INSTALLATION: Fort Monmouth

SUBJECT: Space-A Flights Without Sponsor

DISCUSSION: Retired surviving spouses lose Space-A Privileges. Surviving spouse retains other privileges such as medical, Commissary, and PX. Under current policy, family members cannot travel Space A without their sponsor. Allowing family members to occupy empty seats on MAC flights would enhance the quality of life and morale for the military family at no cost to the Government. Implement a pilot program that would allow families to utilize Space-A Travel and educate them on the limitations of said benefit. This program should include unaccompanied family members of active duty and spouses of retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
Department of Defense Instruction 4515.13R has held steadfast that Space Available travel is a privilege, not an entitlement that accrues to Uniformed Service members as an avenue of respite from the rigors of Uniformed Service duty. Retirees are eligible because they are subjected to recall to active duty. Other categories are eligible because they support the Army mission and enhance the active duty quality of life. Widows and widowers of retired deceased members have supported their spouses and the Army mission in most case, more than 20-years. The Space-A purpose supports every other category of members to include certain cadets, both foreign and domestic, college students, civilians and non-command sponsored dependents. For example, in the III Corps RSO area of responsibility, there are over 6,000 survivors. To deny this significant number of widows and widowers of retirees Space-A travel is inconsistent with the purpose of the Space-A program.

The CSA Retiree Council recommends that the Deputy Chief of Staff, G-4, re-looks this policy and ensure that appropriate policies and procedures are amended to afford the surviving spouses of retirees to travel Space-A.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-45-2005

MACOM: FORSCOM

IMA: SERO

INSTALLATION: Fort Stewart, GA

SUBJECT: Continued Appropriated Funding of Installation RSOs.

DISCUSSION: The Army retiree community is very appreciative of the U.S. Army's proud tradition of being the only military service that supports its installation RSOs with appropriated funds. This level of commitment by the Army's senior leadership has contributed greatly to making installation RSOs effective service providers and able advocates for the Army retiree community. Continuation of this proud tradition is essential to sustaining installation RSOs as visible and viable resources for the retiree community. Elimination or reduction of appropriated funding for installation RSOs or outsourcing of RSO functions as a cost-saving measure would diminish the existing bond between the active and retired Army communities.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:
The Chief of Staff, Army, Retiree Council supports the sustainment of a full-time installation RSO whose position is staffed and funded to properly implement the Army Retirement Services program within their areas of responsibility. This commitment to providing quality, uniform standards of retirement services to Soldiers is emphasized in the Deputy Chief of Staff, G-1, Memorandum, dated 07 February 2005, subject: Support of the Military Retired Community. In his memorandum, the Army G-1 encouraged commanders to ensure installations have a full-time RSO whose position is staffed and resourced to properly implement the retirement services program, and is identified and resourced in their annual budget plans.

Additionally, the Installation Management Agency (IMA) is developing an overarching program known as "Common Levels of Support" (CLS) which will ensure that efficient and equitable support is provided across all of the 95 installation service functions at all Army installations. As IMA implements the CLS initiative over the next two years, this program will analyze, assess, and verify that each installation is structured and staffed to the Army standard. In situations where additional or upgraded resources are required to achieve the Army standard, IMA will make clear recommendations to obtain the funding required.

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

Army Retirement Services 22 April 2005

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The forty-fifth meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 17-22 April 2005.

2. The Council extends its gratitude to General Peter J. Schoomaker, General Richard A. Cody, Lieutenant General James L. Campbell, Sergeant Major of the Army Kenneth O. Preston, and Lieutenant General Franklin L. Hagenbeck for their continuing support of retired Soldiers while The Army and our Nation are at war.

3. **Health Care** along with **Communications and Education** remain the primary areas of concern of the Council.

a. Health care remains the single greatest issue for military beneficiaries, affecting the well-being of the more than 720,000 retired Soldiers worldwide. Of the 45 issues submitted by major Army installations worldwide, 16 addressed the quality, accessibility, availability, and affordability of the Military Health Service System (MHSS). Despite the significant changes to military health care that resulted from the realization of TRICARE-for-Life and other programs and improvements already implemented, more still needs to be accomplished.

Improvement 1: Sustain the viability of the military health care program by continuing to support the resourcing of high-quality health care.

Improvement 2: Continue to refine the TRICARE program to ensure it remains the cornerstone of the MHSS.

Improvement 3: Continue to expand and focus a coordinated, targeted information campaign to assist beneficiaries in navigating the complexities of the MHSS so they can make informed health care decisions.

Improvement 4: Incorporate improvements and refinements to the non-subsidized Retiree Dental Program during the upcoming re-procurement cycle (2007).

Improvement 5: Expand the Retiree Dental Program to countries where there is a sufficient population to make it commercially viable, such as Germany and Korea, to permit beneficiaries to receive care in the country of residence.

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b. Communications with and education of retiring and retired Soldiers, their family members, and their surviving spouses continue to be a challenge in providing accurate and up-to-date information by a variety of media – information that sends a clear message to current and future Soldiers of all components influencing their career decisions to remain in or to join the force.

Improvement 1: Continue to provide funding for three issues per year of "Army Echoes," the principal Army publication that keeps retired Soldiers, their families and their surviving spouses in touch with ever-changing benefits and entitlements.

Improvement 2: 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.

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

a. Further efforts to take care of surviving spouses by supporting 1) elimination of the Dependency and Indemnity Compensation (DIC) offset to the benefits of the Survivor Benefit Plan (SBP) and 2) acceleration of the implementation date of 2008 for the paid-up provision of SBP to 2005.

b. Further the concept of equity between military retirees and other federal retirees by supporting the ongoing studies that could lead to full concurrent receipt of military retired pay and disability compensation for all eligible military retirees.

c. Further the concept of equity for retired Army Reserve and National Guard Soldiers by supporting the transformation of the Reserve Component retiree system to permit receipt of retired pay earlier than age 60 based on additional years of service beyond 20.

d. Further the well-being of beneficiaries residing in foreign countries by urging DFAS to establish without delay procedures for direct deposit of retired and annuity pay to foreign banks.

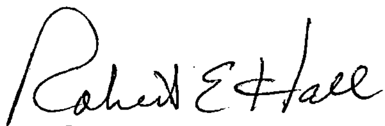
e. Further the commitment to retiring and retired Soldiers of all components by properly resourcing the objective of the Installation Management Agency to fully support the Retirement Services Program and to apply Common Levels of Support to manpower positions and standards in the program. As the number of retiring Soldiers increases as a result of combat injuries, and programs such as DS3 continue to be enhanced and expanded, Retirement Services Officers will play an ever-expanding role in facilitating the seamless transition for disabled Soldiers.

f. Further the special partnership between the Department of Defense (DoD) and Department of Veterans Affairs (DVA) to emphasize the complete life-cycle care of our Nation's Soldiers by facilitating a seamless transition from military service to care administered by the DVA. Examples would be the single separation examination that meets both DoD and DVA protocol requirements and the sharing of electronic medical records.

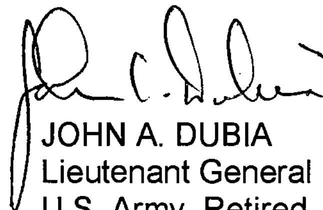
5. The Council conveys its deep appreciation to the Association of the United States Army, The Military Coalition, and The National Military and Veterans Alliance for their untiring efforts on behalf of not only retired Soldiers and their families, but the entire Army, as well.

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

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



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. Guest Speakers
2. Council Members

GUEST SPEAKERS

GEN Peter J. Schoomaker, Chief of Staff, United States Army

The Honorable Mr. R. James Nicholson, Secretary of Veterans Affairs

GEN Richard A. Cody, Vice Chief of Staff, United States Army

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

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

SMA Kenneth O. Preston, Sergeant Major of the Army

LTG Franklin L. Hagenbeck, Deputy Chief of Staff, G-1, United States Army

LTG James R. Helmly, Chief, Army Reserve/Commanding General, United States Army Reserve Command

LTG Roger C. Schultz, Director, Army National Guard, United States Army

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

MG Ronald L. Johnson, Director, U.S. Army Installation Management Agency

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

BG Vincent K. Brooks, Chief of Public Affairs, Office of the Secretary of the Army

BG Eric B. Schoomaker, Dwight D. Eisenhower Army Medical Center / Southeast Regional Medical Command / Chief, United States Army Medical Corps

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

COL(P) Robert H. Woods, Jr., Director, Human Resources Policy Directorate, Office of the Deputy Chief of Staff, G-1, United States Army

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

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

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

MEMBERS OF THE CHIEF OF STAFF, ARMY, RETIREE COUNCIL
17 – 22 APRIL 2005

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COL Mary L. Messerschmidt	MEDCOM	Southwest	Fort Sam Houston
COL Joslyn V. Portmann	FORSCOM	Southwest	Fort Hood
LTC Charles R. Hunsaker	TRADOC	Southeast	Fort Benning
CW4 Donald E. Hess	MDW	Northeast	Fort Belvoir
CSM Lonny L. Cupp	FORSCOM	Northwest	Fort Carson
CSM Larry H. Smith	TRADOC	Northwest	Fort Leavenworth
SGM Robert L. Brown	MDW	Northeast	Fort Myer
SGM Ray A. Quinn	FORSCOM	Southeast	Fort Stewart
MSG James C. Elliott	TRADOC	Southwest	Fort Sill
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