



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

27 April 2006

MEMORANDUM FOR CHIEF OF STAFF, ARMY

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

1. The forty-sixth meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 24-28 April 2006.

2. The Council extends its gratitude to General Peter J. Schoomaker, 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 900,000 retired Soldiers, wounded warriors and surviving spouses worldwide. Of the 46 issues submitted by major Army installations worldwide, 18 addressed the quality, accessibility, availability, and affordability of the Military Health Service System. 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: If an increase of TRICARE fees must be implemented by the Department of Defense, recommend it be tied to the annual Consumer Price Index increase. Future increases should not exceed the rate of growth in military pay.

Improvement 3: TRICARE Management Agency should increase their outreach efforts to beneficiaries to encourage use of the cost-saving mail-order pharmacy benefit.

Improvement 4: Incorporate improvements and refinements to the non-subsidized Retiree Dental Program during the upcoming re-compete cycle by providing the ability to buy higher levels of service, and expanding the Retiree Dental Program to countries where there is a sufficient population to make it commercially viable, such as Germany and Korea, to permit beneficiaries to receive care in the country of residence.

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

b. Communications with and education of retiring and retired Soldiers, their family members, and their surviving spouses continue to be critical to their well-being and the overall support of the Army.

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

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

a. Support efforts to take care of surviving spouses by 1) eliminating the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP) annuity; and 2) accelerating the effective date of the paid-up provision of SBP from 1 October 2008 to 1 October 2006.

b. Continue to support ongoing programs leading to full concurrent receipt of military retired pay and VA 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. Strengthen the installation Retirement Services Program by standardizing the job description and grade of the installation Retirement Services Officer (RSO). The RSO is the key individual who delivers the myriad of counseling services to Soldiers, retired Soldiers, and family members on technical programs like the Survivor Benefit Plan (SBP), to include active duty death SBP; Combat-Related Special Compensation; Concurrent Retirement and Disability Payments; and the Congressionally-mandated SBP "Open Season".

e. Create a new pin to replace the Army retired lapel pin. The design of the new pin should more clearly identify the retired Soldier and more closely associate them with the Army. Specifically, the Council recommends the new retired Soldier pin modifies the Army brand pin to add "retired" below U.S. Army.

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

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

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

Enclosures

1. Guest Speakers
2. Council Members

GUEST SPEAKERS

2006 CSA Retiree Council Meeting, 24-28 April 2006

Honorable Francis J. Harvey, Secretary of the Army

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

Honorable William Winkenwerder, Jr., Assistant Secretary of Defense for Health Affairs,
Department of Defense

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

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

Sergeant Major of the Army Kenneth O. Preston, United States Army

MG Michael D. Rochelle, Director, Installation Management Agency, United States
Army

BG Vincent K. Brooks, Chief, Public Affairs, United States Army

BG Raymond W. Carpenter, Special Assistant to the Director, Army National Guard,
United States Army

BG Richard J. Sherlock, Deputy Chief, United States Army Reserve, United States
Army

Mr. Ronald R. Aument, Deputy Under Secretary for Benefits, Veterans Benefits
Administration, Department of Veterans Affairs

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

Mr. William H. Thresher (USA, Retired), Chief of Staff, United States Army Medical
Command

Mr. Karl H. Bernhardt (USN, Retired), Director, Retired and Annuitant Pay Operations,
Continuing Government Authority, Defense Finance and Accounting Service

Enclosure 1

MEMBERS OF THE CHIEF OF STAFF, ARMY, RETIREE COUNCIL

<u>RANK/NAME</u>	<u>MACOM</u>	<u>IMA REGION</u>	<u>INSTALLATION</u>
LTG Frederick E. Vollrath Co-Chairman	At Large	At Large	At Large
SMA Robert E. Hall Co-Chairman	At Large	At Large	At Large
COL Jerome B. Culbertson	USARPAC	Pacific	Fort Shafter
COL Robert A. Mentell	USAREUR	Europe	Army in Europe
COL Mary L. Messerschmidt	MEDCOM	Southwest	Fort Sam Houston
COL Alan B. Phillips	USAREUR	Europe	Army in Europe
COL Joslyn V. Portmann	FORSCOM	Southwest	Fort Hood
LTC Charles R. Hunsaker	TRADOC	Southeast	Fort Benning
CSM Lonny J. Cupp	FORSCOM	Northwest	Fort Carson
SGM Robert L. Brown	MDW	Northeast	Fort Myer
SGM Steven R. Davis	USFK	Korea	Yongsan
SGM Ray A. Quinn	FORSCOM	Southeast	Fort Stewart
MSG James C. Elliott	TRADOC	Southwest	Fort Sill
MSG Della L. Hodges	AMC	Northeast	Fort Monmouth

Enclosure 2

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army, Retiree Council Report

1. The forty-sixth meeting of the Chief of Staff, Army, (CSA) Retiree Council was held in the Pentagon during the period 24-28 April 2006.
2. The Council members reviewed and discussed 46 issues. 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.

// signed //

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

// signed //

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

2 Enclosures

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

DISTRIBUTION:
SPECIAL

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-01-2006

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 continues to support the ongoing review of perceived disparities within the military health care benefits programs—TRICARE Prime, TRICARE for Life and the adjunct TFL Plus.

Facts:

- Eligibility for TRICARE Prime, TRICARE for Life and healthcare services in any MTF is legislated by the Congress and ONLY Congress can change the criteria.
- The benefit is different for retirees under TRICARE Prime (under age 65) versus TRICARE for Life (65 and older) and that is not likely to change since TRICARE is the primary payer for those under 65 and Medicare is the first (primary) payer for those 65 and older. A few in the latter category, TRICARE Plus, are able to have a primary physician in the MTF but that number is small and primarily serves the essential medical training mission.
- Because of the impact of a war on resources, especially our physicians, nurses, other health care personnel and dollars, even Soldiers and their family members may be required to go to civilian sources for specialty care when it is not available in house.
- It is doubtful that any one eligible for care at any level would prefer to return to the not too distant days of huge waiting rooms filled with large numbers of patients waiting for hours to be seen by anyone, often passing up excellent care on the economy to wait for any level of care in an MTF. Those days were disturbing to patients and to providers alike with volumes of complaints received from all parties. The Retiree Council does not support the return to the total “First come first served” approach to care and its subsequent inability to forecast needs and resource requirements. The world has changed tremendously regarding such delivery and we would hope it will never return to that level.

- The number of Soldiers and their family members has been steadily decreasing over the years while the number of retirees is growing due in part to better health care.
- TRICARE has ensured more equitable access for all retirees and their families where ever they live in CONUS.
- The staffing and financing of MTFs and clinics have never been and never will be based on the retiree population; it will be based on the military mission.

Military retirees have access to one of the richest benefits available to any group of retirees in this nation. It is not perfect but is evolving because of suggestions and efforts of many retired soldiers, support groups and DoD. TRICARE is constantly working to increase the numbers of providers who will accept TRICARE and they offer several incentives. Neither DoD nor TRICARE can mandate who will accept this but they seriously want the best for their consumers. TRICARE for Life, of course, is the second payer with Medicare being the primary payer in all such instances. 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. The new broad-based Medicare preventive services benefit (available to TFL users) includes a first time physical examination covering such routine screenings as vision, glaucoma for high risk persons (once a year). Retirees also have access to VA clinics and hospitals for some relief from high cost items or exams. And all retirees, irrespective of where they reside have access to drugs even if they do not live near an MTF.

We do hope that draft Bill HR 79 (109th Congress, 1st Session) will make headway. Its focus is “To Establish the Medicare Eligible Retiree Health Care Consensus Task Force” which would explore, among other things, a proposal to provide a full continuum of healthcare for Medicare eligible military retirees/dependents.

Recommend this information receives wide distribution—website, Echoes, etc., as it is a repeat issue from more than one post.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-02-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Inequities in TRICARE Retiree Military Health

DISCUSSION: We want to suggest reconsideration of an issue previously submitted by Fort Hood, TX. 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 else where, 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 continues to support the ongoing review of perceived disparities within the military health care benefits programs—TRICARE Prime, TRICARE for Life and the adjunct TFL Plus.

Facts:

- Eligibility for TRICARE Prime, TRICARE for Life and healthcare services in any MTF is legislated by the Congress and ONLY Congress can change the criteria.
- The benefit is different for retirees under TRICARE Prime (under age 65) versus TRICARE for Life (65 and older) and that is not likely to change since TRICARE is the primary payer for those under 65 and Medicare is the first (primary) payer for those 65 and older. A few in the latter category, TRICARE Plus, are able to have a primary physician in the MTF but that number is small and primarily serves the essential medical training mission.
- Because of the impact of a war on resources, especially our physicians, nurses, other health care personnel and dollars, even Soldiers and their family members may be required to go to civilian sources for specialty care when it is not available in house.
- It is doubtful that any one eligible for care at any level would prefer to return to the not too distant days of huge waiting rooms filled with large numbers of patients waiting for hours to be seen by anyone, often passing up excellent care on the economy to wait for any level of care in an MTF. Those days were disturbing to patients and to providers alike with volumes of complaints received from all parties. The Retiree Council does not support the return to the total “First come first served” approach to care and its subsequent inability to forecast needs and resource requirements. The world has changed tremendously regarding such delivery and we would hope it will never return to that level.
- The number of Soldiers and their family members has been steadily decreasing over the years while the number of retirees is growing due in part to better health care.
- TRICARE has ensured more equitable access for all retirees and their families where ever they live in CONUS.
- The staffing and financing of MTFs and clinics have never been and never will be based on the retiree population; it will be based on the military mission.

Military retirees have access to one of the richest benefits available to any group of retirees in this nation. It is not perfect but is evolving because of suggestions and efforts of many retirees, support groups and DoD. TRICARE is constantly working to increase the numbers of providers who will accept TRICARE and they offer several incentives. Neither DoD nor TRICARE can mandate who will accept this but they seriously want the best for their consumers. TRICARE for Life, of course, is the second payer with Medicare being the primary payer in all such instances. 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. The new broad-based Medicare preventive services benefit (available to TFL users) includes a first time physical examination covering such routine screenings as vision, glaucoma for high risk persons (once a year). Retirees also have access to VA clinics and hospitals for some relief from high cost items or exams. And all retirees, irrespective of where they reside have access to drugs even if they do not live near an MTF.

We do hope that draft Bill HR 79 (109th Congress, 1st Session) will make headway. Its focus is “To Establish the Medicare Eligible Retiree Health Care Consensus Task Force” which would explore, among other things, a proposal to provide a full continuum of healthcare for Medicare eligible military retirees/dependents.

Recommend this information receive wide distribution—website, Echoes, etc., as it is a repeat issue from more than one post.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-03-2006

MACOM: USARPAC

IMA REGION: Pacific

INSTALLATION: Fort Wainwright, AK

SUBJECT: TRICARE for Life (TFL)

DISCUSSION: The TFL program offers no portability for transportation of eligible veterans who require medical care that is not available locally. This is a unique problem in Alaska that requires a change to the current policy and law, as well as an increase of some reimbursement rates. Eligible veterans in Alaska's Interior (statistically the largest # per capita in U.S.) who are over 65 often don't have good access to health care that is not available here in Fairbanks. These programs, including TFL, do not support transportation to receive necessary care. Alaskans often find themselves paying to travel to Madigan or other facilities in the States to receive care that is not available here. TRICARE for Life veterans and their family members must fund travel and per diem costs themselves. Alaska falls into the crack between CONUS/Overseas programs, and is unique in that for some care, no providers are available anywhere in this state, requiring costly transportation and extended visits to a facility in CONUS. Some of these require an attendant to accompany the patient and that is also not funded. The sole travel benefit available to the TRICARE for Life program relies upon space available in military transports, but 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 in Alaska. Alaska is almost entirely unique in this situation due to its combined isolation, US status, and limits on available local medical care, especially in the Interior.

Recommendations/Options: A necessary first step is to recognize the unique situation in Alaska for retirees and active duty members who cannot get local access to some required health care, necessitating travel outside of the state that is not covered under the current programs. 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:

- Change the TFL program under law to allow equal portability for all Alaska TRICARE members. Unless this "over 65" coverage is specifically legislated by law, it cannot be authorized even though MEDCOM feels "morally obligated" to provide support.
 - Require USAF or DOD to provide commercial tickets (funding) from their programmed Air MEDEVAC budget to support travel recommended by the doctors or program in lieu of their canceled aircraft service. This is much cheaper on an individual needs basis than buying the planes/maintenance to provide for another aircraft service.
 - Provide funding directly to MEDCOM in Alaska to manage and support this medically necessary travel as required.
- Raise reimbursement rates to allow adequate funding of necessary care and to allow attending family members if deemed necessary.

(NOTE: This issue was submitted last year to the CSA Retiree Council (01-05-2005). Nothing has changed and the issue remains valid in Alaska. One response was to "educate" eligible TRICARE recipients as to the limitations of current program benefits. However, once someone is enrolled in TRICARE for Life, no amount of education will help those who have limited access to local health care and no portability of care that allows them the same travel and care benefits of the "under-65" beneficiaries. The other response cited available alternatives, such as the Angel Flights, but as with using personal loans to obtain the funds, those flights are at high cost that must be reimbursed by the

recipient and are not a covered benefit comparable to the levels provided by other existing TRICARE programs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports the continued effort to strengthen available services in Alaska, realizing it is a problem for the military retiree as well as the state of Alaska's retirees. The request to allow equal portability for all TRICARE beneficiaries residing in Alaska is under study. The Multi-Service Market Office (MSMO) and TRO-W Office are aggressively building the network and they indicate the 2 largest practices in the state accept Medicare/TFL patients. If local providers do not accept TRICARE, the Medicare retiree can elect to use TRICARE Standard and submit a claim for reimbursement. Newcomers and retirees are now briefed on the weaknesses in Alaska's health care system—access to limited providers, especially specialists. They are briefed on the risks and the financial hardships as well as transportation limitations which are even worse if they elect to move to remote areas. Of course, the Army can not require that any other service do anything such as run other aircraft or allow specific individuals to fly on those aircraft. Further, the AMEDD cannot require Congress or the Army to fund a specific program such as transportation for Medicare patients. The Coast Guard does air rescue with air evacuation to Anchorage and allows retirees to fly with them on weekly supply runs to Kodiak. Note: In remote areas of the lower 48 states, transportation is also an issue, especially as bases/posts close and those same discontinued airframes do not fly routine runs.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2006

MACOM: TRADOC

IMA REGION: Northwest

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Inadequate Medicare/TRICARE Funding

DISCUSSION: Senior Citizens and military beneficiaries continue to have a difficult time securing quality health care. Physicians limit or exclude patients with Medicare/TRICARE coverage because the compensation they receive under these programs is meager. Physicians need to be compensated commensurate with their level of education/training. Quality health care should be received sufficient compensation from the government insurance programs.

IMA Region and MACOM COMMENTS: The NWR, IMA believes this is an area that will require additional study and review of the costs and benefits of the recommendation.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports ongoing efforts to improve both Medicare and TRICARE reimbursement rates.

The TRICARE Management Activity (TMA) is implementing congressionally directed TRICARE Standard surveys to pinpoint provider reimbursement issues/problems and education issues. The Government Accounting Office (GAO) is currently conducting a review of TMA's implementation of this legislative initiative and a report was due March 2006. That report (still attempting to track the status of this report as of 15 April).

TRICARE provider reimbursement is being worked within the DoD through several ongoing initiatives: locality-based waivers of TRICARE Maximum Allowable Charges; and, Health Professional Shortage Area Bonuses.

TRICARE provider reimbursement issues and progress also are being tracked through two open Army Family Action Plan (AFAP) issues: #517, Availability of TRICARE Authorized /Network Providers in Remote Areas; and, #527, Availability of TRICARE Authorized Providers.

TRICARE reimbursement rates are indexed to Medicare reimbursement rates (Medicare is the first payer for those 65 and over). Army supports ongoing efforts to improve both Medicare and TRICARE reimbursement rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2006

MACOM: TRADOC

IMA REGION: Southwest

INSTALLATION: Fort Sill, OK

SUBJECT: TRICARE fees and Flexible Spending Accounts

DISCUSSION: Federal employees and members of Congress realize reduced tax advantages from paying for their Federal Employee Health Benefits (FEHB) premiums through a pre-tax flexible spending account. Currently, military retirees are not afforded this same advantage even though TRICARE is also a federal health care plan. DFAS does have a provision to allow retirees the opportunity to pay their TRICARE fees through an allotment from their retired pay, but not before full taxes have been applied. Similarly, active duty and reserve families do not currently have the option to pay for their TRICARE dental coverage premiums through a flexible spending account.

We encourage the CSA Retiree Counsel to support changes to the military retired pay system to allow our active duty and retired Soldiers the opportunity to pay their TRICARE premiums through a pre-tax flexible spending account option similar to what is available to federal employee.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support the concept of using Flexible Spending Accounts (FSA) within the military retired pay system. Based on the explanation of these terms, it does not appear to be the best approach for the majority of retirees. However, the Council does support further study of this compensation issue.

FSAs are employer-established arrangements that allow employees to voluntarily receive less money in salary or wages (on which they must pay income tax and FICA taxes). The employee instead receives the same amount of money in an account that may be used to pay for medical expenses not covered by health insurance. At the end of the year, any money left in the account is forfeited back to the employer. FSAs are currently available to more than one fifth of the private sector work force and nearly half of government employees, including federal employees, though many employees do not choose to participate.

If FSAs were available to Active Duty and retired Soldiers (as, indeed, FSAs are for many TRICARE beneficiaries who have civilian employers), funds from the accounts could be applied to such non-covered expenses as dental work, eyeglasses and contact lenses, alternative medical treatment (herbalists, acupuncture, etc.), and co-payments for TRICARE Extra or Standard, for both the active or retired Soldier and his or her family members. The savings to the individual would be the amount of extra taxes that would have been paid if the money had been received as pay. The risk to the individual would be that any unspent funds would be lost at year's end.

FSAs, where available, are included as part of an overall package of employee benefits offered under an Internal Revenue Code Section 125 Cafeteria Plan. Federal civilian employees have such a plan, administered by the Office of Personnel Management, but uniformed military members do not. TRICARE and the military services have no authority to alter the military pay system to offer benefits such as FSAs. Congress and the President have this authority.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2006

MACOM: US Forces Korea

IMA REGION: Korea

SUBJECT: Implementation of a Medical Savings Account for TRICARE

DISCUSSION: When retirees and their dependents are hospitalized at a civilian medical facility, they are required to pay all medical expenses and then file for reimbursement. Final costs to the retiree include a deductible of \$150 for an individual or \$300 for a family, and then a 25% co-pay on allowed expenses. The maximum that a retiree would pay in a year is a catastrophic cap of \$3,000. Prior to reimbursement, the financial stress on the retiree and family could be a further detriment to health when the out-of-pocket costs go into the tens of thousands of dollars.

Recommendation -- This proposal is to implement a form of Medical Savings Account for TRICARE Standard and TRICARE for Life.

(1) TRICARE MSA would allow a retiree to set up an account with TRICARE into which the retiree would deposit up to the catastrophic cap amount of \$3,000 plus deductible of \$150 if single or \$300 for a family.

(2) Once the TRICARE MSA account is established, the retiree would be issued a medical identification card that would be valid until the end of the TRICARE fiscal year (Sep 30).

(3) When civilian medical care is required, the TRICARE MSA member would be treated the same as active duty members regarding billing, i.e., TRICARE would be responsible for dealing directly with the civilian hospital the same as is done for active duty and their dependents.

(4) TRICARE would then deduct the deductible plus the retiree's co-pay share of the medical care. This would continue until the end of the fiscal year, or until the account is depleted, after which TRICARE would assume responsibility for all costs for the remainder of the fiscal year.

(5) At the end of the fiscal year, the retiree would replenish the TRICARE MSA account to be eligible to receive a new ID card. Any funds remaining at the end of the fiscal year would be carried over, at the retiree's discretion, and the retiree would then add funds as necessary to restore it to full catastrophic cap plus deductible for the coming year and receive a new, valid TRICARE MSA ID card.

(6) The retiree would, at any time, have the option of closing the TRICARE MSA account, withdrawing any funds in the account and would be required to surrender the TRICARE MSA ID card.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support the implementation of a Medical Savings Account (MSA) for TRICARE. Note that the MSA being recommended here is not similar to the Health Savings Account which allows people who sign-up for high-deductible health plans to contribute and withdraw funds to cover healthcare costs tax-free. The intent of this recommendation is simply to establish a mechanism that would allow bills from medical providers to be sent straight to TRICARE, whose claims processors would calculate the beneficiary's deductible and co-payments and deduct these from the MSA.

The proposed MSA would appeal to a very limited number of TRICARE beneficiaries. All TRICARE Prime and TRICARE Extra providers already file claims directly with TRICARE rather than billing the patient. TRICARE Standard providers may also file claims with TRICARE on behalf of the beneficiary. Very few TRICARE for Life (TFL) beneficiaries would use such an MSA, since TRICARE normally serves as the second payer to Medicare, receiving claims directly from the Medicare claims office, and charging no deductible or co-payment. Only TFL beneficiaries receiving healthcare not covered by Medicare, such

as those seeing overseas providers, would have a deductible or co-payments. This account, then, would only potentially apply to TRICARE Standard beneficiaries whose providers currently choose not to directly bill TRICARE, but who would agree to directly bill TRICARE if the patient had a MSA card.

TRICARE has one of the fastest claims processing operations in the health care industry, processing over 14 million claims per month, with more than 99% processed within 30 days. Therefore, TRICARE Standard beneficiaries who file their own claims should have a relatively short wait for reimbursement. This should not be a hardship for any beneficiary who would be in a position to pre-fund an MSA with over \$3,000.

Further, if these MSAs were created, they would not necessarily simplify the paperwork and billing process for beneficiaries. A “non-participating” TRICARE Standard provider may bill the patient up to 15% more than the TRICARE allowable charge. Even with direct billing to TRICARE, the patient would still be responsible for this amount—it would not be deducted from the MSA. Also, where a patient has supplemental insurance, the MSA would not eliminate beneficiary paperwork.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: The Number of TRICARE and Delta Dental Providers Continue to Decrease at a Dramatic Rate

DISCUSSION: TRICARE is not “provider friendly.” Providers are frustrated by the amount of paperwork required, the low reimbursement rates and the slow payment process. Recommend contracts with TRICARE regions have metrics which will cause them to be timelier in reimbursements and to reduce paperwork. The Army also needs to support legislative efforts that increase reimbursement rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports ongoing efforts to improve both Medicare and TRICARE reimbursement rates. We also support expansion of services and believe that variable insurances should be offered, such as are offered in the real world—automobile, life and health insurances. Individuals with more significant problems should be offered the opportunity to purchase higher premium insurance to cover more complex dental problems.

As regards the TRICARE Retiree Dental Program (TRDP), which is serviced by Delta Dental, it is funded entirely by enrollee-paid premiums. Enhancements to the program continue to increase its popularity and enrollments continue to grow. TRDP is a fee-for-service program in which enrollees may seek care from any licensed dentist. A network of providers was created to support the delivery of dental care to eligible beneficiaries. Enrollees in the TRDP are advised that although they may receive dental care from any licensed dentist, use of participating network dentists will help to save time, money and paperwork.

The TRICARE triple option contracts are considerably improved under the current Next Generation of TRICARE Contracts. TRICARE Network providers are required to file all claims for TRICARE Prime enrollees and TRICARE Extra users.

Metrics are already in place to ensure timely TRICARE claims reimbursements (all clean claims processed within 30 days; all claims processed within 60 days). Also, to help reduce paper work and to expedite claims processing, TRICARE network providers are required to file their claims electronically. TRICARE has become an industry leader in timeliness and accuracy of claims payments, processing over 14 million claims per month, with 99% of claims processed within 30 days.

Several initiatives are ongoing to enhance TRICARE reimbursement rates, including: (1) locality-based waivers of TRICARE Maximum Allowable Charges, and (2) Health Professional Shortage Area Bonuses. Additionally, the TRICARE Management Activity is implementing congressionally directed TRICARE Standard surveys to pinpoint provider reimbursement issues/problems, as well as beneficiary and provider TRICARE Standard education issues. The legislation is stated to accommodate remedies for identified reimbursement problems.

TRICARE reimbursement rates are indexed to Medicare reimbursement rates.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Retiree 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. The lack of dental specialists is particularly alarming.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports ongoing efforts to improve both Medicare and TRICARE reimbursement rates. We also support expansion of services and believe that variable insurances should be offered such as are offered in other areas—automobile, life, and health. Individuals with more significant problems should be offered the opportunity to purchase higher premium insurance to cover more complex dental problems.

The Army Dental Care System is supportive of the effort to improve the TRDP, as long as it is not at the expense of the Active Duty population. TRDP premiums are not subsidized by the government. Thus, any benefit enhancements may result in significant increases in costs (premiums) for all enrolled retired soldiers. The TRDP benefits are equal to, if not better than, most available dental insurance programs. The TRDP contractor should be contacted if the members have difficulty with access to care in these areas.

Dental insurance is offered through Delta Dental for stateside retirees, with beneficiaries paying 100% of premiums. Retirees/families are authorized (not entitled) to dental care in dental treatment facilities to the availability of space/facilities. The Assistant Secretary of Defense for Health Affairs Policy #97-045 defines space availability (Space-A) care. Retirees have access to Space-A dental care when the Active Duty dental readiness rate is at/over 95% and local resources and care are available.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2006

MACOM: US Forces Korea

IMA REGION: Korea

SUBJECT: Dental Insurance for Retirees in Korea

DISCUSSION: Currently there is no Dental coverage for Retirees living and working in Korea. Active duty military personnel and their family members are able to use military dental facilities in Korea. Some Contract personnel are allotted a certain dollar amount for dental care for themselves as well as their family members. Non-working Retirees as well as dual status retirees who work for DOD cannot obtain dental insurance in Korea. This issue was raised during the 2005 Chief of Staff Army Retiree Council meeting.

Recommendation: Consider creating a fact finding panel to solicit US insurance companies such as Delta Dental to broaden their area of coverage to include those retirees living and working in Korea. Delta Dental currently provides coverage for members of AARP who are traveling (but not residing) outside the U.S. This issue was raised during the 2005 Chief of Staff Army Retiree Council meeting.

(1) In past years there were no certified off-post dental facilities. This is now an invalid point as the government authorizes government paid dental care for active duty family member at local dental offices.

(2) With the sizable retiree population in Korea and suitable off-post dental facilities, and where DOD now authorizes off-post dental care for other categories of dental patients, the retiree population feels that DOD should consider finding a way to extend the TRICARE Retiree Dental Program to those limited overseas areas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports ongoing efforts to improve both Medicare and TRICARE reimbursement rates. We also support expansion of services and believe that variable insurances should be offered such as are offered in other areas—automobile, life, and health. Individuals with more significant problems should be offered the opportunity to purchase higher premium insurance to cover more complex dental problems.

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

If the TRDP were extended OCONUS, premium costs would most likely increase for all TRDP enrollees. Retirees/families are authorized (not entitled) to dental care in local dental treatment facilities subject to the availability of space/facilities. The Assistant Secretary of Defense for Health Affairs policy #97-045 defines space availability (Space-A) care. Retirees have access to Space-A dental care when the Active Duty dental readiness rate is at/over 95% and local resources and care are available.

A recommendation to include OCONUS sites under the program cannot be considered until the next contract re-compete cycle, estimated to be in 2007. In fact, this issue is currently being reviewed (Army Family Action Plan {AFAP} Issue #568, Dental Services for Retirees Overseas) as a direct submission to the AFAP General Officer Steering Committee. It has already been presented to the TRICARE Management Activity for consideration at the next contract re-compete cycle, and to determine how significant the increase in premiums would be. Army Family Action Plan (AFAP) Issue #568 will be considered during the re-compete cycle.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2006

MACOM: USARPAC

IMA REGION: Pacific

INSTALLATION: Fort Wainwright, AK

SUBJECT: TRICARE Dental Program

DISCUSSION: The TRICARE Dental Program is inadequate -- especially in interior Alaska. (NOTE: *This issue was submitted last year and the CSA Retiree Council committee recommended no action at that time to wait for the recompeting of the contract in FY07. However, without a specific committee effort to push for these needed changes as part of the recontracting effort, there is little chance that the new contract will be any better.*)

The TRICARE Retiree Dental Plan (TRDP) coverage does not adequately cover the real dental needs of aging retirees in the States, let alone the additional cost and access challenges in Interior Alaska. To beneficiaries in high cost areas like Alaska, both the TRDP and TDP programs similarly do not offer adequate reimbursement rates and care models to allow the acceptance by local dental practices who view TRICARE as overly bureaucratic and certainly the least desirable of payees. This results in limited access and care available to our retirees and to our soldier's family members. Exacerbating this problem is 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. This is a "Catch-22" that must be addressed. Soldiers in Hawaii and other remote/high cost OCONUS areas have a similar problem. For retirees in interior Alaska, 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. Some private practices claim that the TRICARE models do not allow them to utilize "best practices" to provide necessary preventive care, thus costing the system and patient even more. This 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.

Recommendation: The program's reimbursement rates model needs to be improved for overseas areas and the status of Alaska as an "overseas" area needs to be specifically reexamined using area cost and access data. One major impediment to progress and recognition of the problem, is the lack of ownership or even any demonstrated advocacy interest by the Army Dental Command. DENTCOM satisfies itself with the fact that TRICARE Dental is a DOD program and it is now only responsible to look out for the soldier, not their families or our retirees. This is a fact. However, 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 advocacy to improve the provisions and execution of that initially insufficient program, the Army's dental community entirely washed its hands of Delta/ Concordia programs at inception and does not even have an actual (or effective) proponent that is actively managing and dealing with the program issues. Neither does DA. Further, there is little evidence that the TMA is concerned with improving the TRDP. 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 ongoing efforts to improve both Medicare and TRICARE reimbursement rates. We also support expansion of services and believe that variable insurances should be offered such as are offered in other areas—automobile, life, and health. Individuals

with more significant problems should be offered the opportunity to purchase higher premium insurance to cover more complex dental problems

Under the TRICARE Dental Plan (TDP) and TRICARE Retiree Dental Plan (TRDP) contracts, Alaska, Guam and Hawaii are considered to be CONUS for medical/dental services. The primary rationale behind these contracts is that Delta Dental and United Concordia (UCCI) have provided a network of dentists in these areas and can offer the same services, benefits, and quality assurance as the other 48 states, as well as the District of Columbia, Puerto Rico and the U.S. Virgin Islands. TDP and TRDP contractors should be contacted if the members have difficulty with access to care in these areas.

The Army Dental Care System is supportive of the effort to improve the TRDP, as long as it is not at the expense of the Active Duty population. TRDP premiums are not subsidized by the government. Thus, any benefit enhancements, may result in significant increases in costs (premiums) for all enrolled retirees, not only those living in high cost areas.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2006

MACOM: USAREUR

IMA REGION: Europe

INSTALLATION: Army in Europe

SUBJECT: Dental Insurance for OCONUS Retirees

DISCUSSION: The health care of OCONUS retirees has been enhanced immeasurably since the passage of the TRICARE-For-Life authorization in FY 01. The most serious remaining problem for OCONUS retirees continues to be access to affordable dental care.

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

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

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

Contractors who currently manage the Program have repeatedly indicated their willingness to have OCONUS areas included in their contracts either through modification or re-solicitation.

Recommend Chief of Staff, Army, urge the Secretary of Defense to take all necessary action to expand the Retiree Dental Insurance 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.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports efforts to provide the TRDP to OCONUS retirees realizing the active duty mission must take priority. TRDP premiums are not subsidized by the government. Thus, any benefit enhancements, including the expansion to OCONUS locations, may result in significant increases in costs (premiums) for all enrolled retirees, not only those living overseas. It is unfortunate that this insurance is "one size fits all" in its approach. Overseas residents and retirees with other than simple dental issues should have access to plans that meet their particular needs even if they must pay a higher premium.

Dental insurance is offered through Delta Dental for stateside retirees, with beneficiaries paying 100% of premiums. No equivalent dental insurance exists for retirees overseas. The Assistant Secretary of Defense for Health Affairs (ASDHA)/TRICARE Management Activity (TMA) administers the TRDP. Per United States Code, Title 10, Chapter 55, Section 1076c, TRDP premiums are paid by enrolled beneficiaries. The government does not subsidize premiums under the program. Coverage is limited to CONUS, Puerto Rico, Guam, the US Virgin Islands, American Samoa, Canada and the Northern Mariana Islands. If the TRDP were extended OCONUS, premium costs would probably increase for all TRDP

enrollees. Retirees/families are authorized (not entitled) to dental care in dental treatment facilities subject to the availability of space/facilities. The ASDHA policy #97-045 defines space availability (Space-A) care. Retirees have access to Space-A dental care when the Active Duty dental readiness rate is at/over 95% and local resources and care are available.

This issue is currently being reviewed (Army Family Action Plan (AFAP) Issue #568, Dental Services for Retirees Overseas) as a direct submission to the AFAP General Officer Steering Committee. It has already been presented to TMA for consideration at the next contract re-bid cycle and to determine how significant the increase in premiums would be.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: TRICARE Process for Calculating Distance Between Patient and Provider Often Discriminates against the Patient

DISCUSSION: TRICARE rules stipulate that a provider within 50 miles is adequate. However, the method of calculating distance (“as the crow flies”) often results in travel that is far in excess of 50 miles.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council would like to clarify the regulatory guidance in connection with this issue. In accordance with Title 32, Code of Federal Regulations (CFR) 199.17(5), the following access standards apply for TRICARE Prime beneficiaries requiring primary or specialty care:

- Para. (i), “Under normal circumstances, enrollee travel time may not exceed 30 minutes from home to primary care delivery site unless a longer time is necessary because of the absence of providers (including providers not part of the network) in the area.”
- Para. (iv), “Travel time for specialty care shall not exceed one hour under normal circumstances, unless a longer time is necessary because of the absence of providers (including providers not part of the network) in the area.”

The emphasis here is, appropriately, on travel time, not specifically on distances as regards access standards. The use of time as an indicator helps to clarify the standard and alleviates some of the variability associated with the use of mileage, e.g., geographic barriers, etc.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: All Government Services Should Provide Same Pharmacy Formularies

DISCUSSION: Different Military and Government services do not provide same formularies. Military retirees should not be turned down when requesting medication approved at some facilities. In addition, medications used for dental treatment should be included in TRICARE formularies. Solution, all government and military facilities should be uniform in providing formularies.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this recommendation. The DoD has standardized a formulary but, of course, cannot direct other groups such as the VA or Public Health Service to utilize a specific formulary. The Retiree Council would not expect the small pharmacy at a clinic or small hospital to stock the variety of drugs found in a medical center. However, an individual who is ordered a medication not on the formulary can get a statement from his or her physician to submit to the Mail Order Pharmacy and obtain the drug at a very reasonable rate. The alternative is to request that the physician switch a particular drug to a drug on the formulary. Sometimes that works but not always. Physicians will cooperate when they know assuming it does everything the non stocked drug does. Dental medications are normally on the formulary—antibiotics, pain medication, fluoride treatment and prescription antiseptic rinses. An item such as artificial saliva may not be available but would be available in the network pharmacies. It is difficult to address this statement without knowing the specifics. It is always recommended that the patient ask to speak to a pharmacy manager to clarify what is needed and what is possible.

The Military Services and VA do work together to standardize formularies but that does not mean they will be exactly the same given the differences in purchasing regulations, facility size, etc. And, of course, the Army and DoD cannot mandate anything for the VA or Public Health Service.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-14-2006

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Rucker, AL

SUBJECT: Non-availability of Optometry and Audiology Services for TFL Enrollees

DISCUSSION: Many Military Treatment Facilities (MTF) are not staffed to provide optometry or audiologist services for military retirees who are enrolled in TRICARE for Life. Staffing at the MTFs for these services is based on the active duty and the TRICARE eligible population. When a retiree reaches age 65 and becomes Medicare and TFL eligible he/she will only be seen at a MTF on a space available basis which in many cases means the retiree will not be seen at all. Both audiologist and optometry services are not covered by Medicare which means the retiree loses a benefit he had been receiving when placed in TFL. It is recommended that MTF staffing and funding for optometry and audiologist services be based on a population that includes persons enrolled in TFL.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this recommendation. TRICARE does not cover routine eye examinations or hearing examinations for retirees and their family members, except for those enrolled in TRICARE Prime, who are eligible for a comprehensive eye examination every two years. Optometry or audiology services are provided, however, as part of the treatment of certain medical conditions (e.g., eye examinations for diabetic patients). Medicare does not provide routine hearing or eye examinations. Again, however, Medicare does pay for examinations when tied to the treatment of medical conditions, including eye examinations for individuals with ocular disease. Thus, a great many individuals 65 years of age and over who receive Medicare are eligible for examinations.

Depending upon space availability, Military Treatment Facilities (MTF) may provide optometry and/or audiology services to retirees. (These space-available openings have become increasingly uncommon during the current wartime situation.) Additionally, a number of MTFs across the country offer 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.

It is hard to justify funding services at MTFs that are not covered by either TRICARE or Medicare. Specifically increasing the funding and staffing of MTF clinics so that they could service the retired population would mean that retirees in some areas would receive benefits that are not available to those living in other areas (not near an MTF).

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-15-2006

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Knox, KY

SUBJECT: MTF Screenings for Breast Cancer

DISCUSSION: The importance of early screening of the retiree community for breast cancer by periodic mammograms cannot be overemphasized. This service is in great demand at local Military Treatment Facilities especially by retirees not yet eligible for TRICARE for Life. This demand has created delays and long waiting lists. The addition of more modern digital mammography equipment would not only result in improved service, but also in improved accuracy. We request that Department of the Army research this problem with a view towards updating and providing state-of-the-art equipment to provide this vital service.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this recommendation as written. The U.S. Preventive Services Task Force (USPSTF) recommends screening mammography every 1-2 years for women aged 40 and older. TRICARE coverage provides one mammography screening every 12 months for asymptomatic women 39 and older. High risk, asymptomatic women are allowed a yearly mammogram if they are 35 or older. For TRICARE for Life beneficiaries, Medicare also provides for an annual mammogram.

Since mammograms are a covered TRICARE benefit, beneficiaries who cannot be seen at MTFs on a timely basis should be automatically referred to network providers. Delays and long waiting lists should therefore not be an issue.

Currently, approximately 8 percent of breast imaging units in the country provide digital mammography. Digital systems presently cost about 1.5 to 4 times more than film systems. Past trials showed no difference in diagnostic accuracy between digital and film mammography.

The National Cancer Institute, which is part of NIH, is in the process of conducting a large clinical trial of digital versus film mammography that includes different kinds of digital detectors and over 49,000 participants. Preliminary results announced in Sep 05 showed no difference in the two methods' ability to detect breast cancer in the general population of women. However, digital imaging may benefit some women who have dense breasts, who are pre or peri-menopausal, or who are younger than 50. Analysis and results from the trial are continuing.

The benefits of digital mammography are still being assessed, but there is little evidence that its use will increase productivity and reduce waiting lists for the procedure. Since mammograms, whether digital or film, must be read and interpreted by a radiologist, the number of procedures is more likely to be limited by the availability of trained personnel than the type of equipment.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-16-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Refundable Credit for Premiums Paid Under MEDICARE Part B

DISCUSSION: Most military retirees over 65 years old are on a fixed income. Under TRICARE Prime they paid \$460.00 per year, per family. The increase to \$1956.00 for MEDICARE Part B for a family of 2 hurts the retiree and these fees are increasing. Solution: Recommend Chief of Staff, Army Retiree Council support Bill HR 322 to amend The Internal Revenue Code of 1986 to allow a refundable credit to military retirees for premiums paid for coverage under MEDICARE Part B.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports this change, with the full understanding that it has implications for all citizens age 65 and over. For example:

- Most retirees, not just military, age 65 and older are on a fixed income.
- Congress would be required to change the law to accommodate such a change.

If the law is changed, the Army would take every measure to implement the changes as quickly as possible.

Recommend this issue be forwarded to the DOD for further action with results published as appropriate.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-17-2006

MACOM: US Forces Korea

IMA REGION: Korea

SUBJECT: Tax-Free Premiums for TRICARE for Life (TFL)

DISCUSSION: S. 484 and H.R. 994 are bills in the Senate and House respectively proposing to make FEHBP and TRICARE (Prime) health care premiums tax-free for federal employees and military retirees.

Recommendation: Make premiums that are taken out of military retired pay for Medicare Part B a pre-tax payment. Medicare Part B premium payment qualifies military retirees for TRICARE for Life. For many retirees living overseas, this form of TRICARE is the only non-commercial health care coverage available.

Implementing this recommendation would require that DFAS incorporate the capability to deduct Medicare premiums from military retired pay as recommended in a separate issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports this change, with the full understanding that it has implications for all citizens age 65 and over. For example:

- Most retirees, not just military, age 65 and older are on a fixed income.
- Congress would be required to change the law to accommodate such a change.

If the law is changed, the Army would implement the changes in accordance with the law.

Recommend this issue be forwarded to the DOD for further action with results published as appropriate.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-18-2006

MACOM: FORSCOM

IMA REGION: Northwest

INSTALLATION: Fort Carson, CO

SUBJECT: Opposition to Proposed TRICARE Cost Increases

DISCUSSION: DoD recently announced they are considering a phase-in increase of TRICARE enrollment fees, citing that it would be the first increase since 1996. TRICARE is the healthcare plan for military retirees under age 65. Department officials cite the rising costs of military healthcare as the basis for this proposal. They report that many retirees are leaving employer-sponsored healthcare to return to TRICARE because of the relatively low cost of TRICARE enrollment. DoD's proposals include:

- Increasing TRICARE Prime enrollment fees
- Starting TRICARE Standard enrollment fees
- Increasing TRICARE Standard annual deductibles
- Increasing TRICARE Retail Pharmacy co-payments

It is proposed that these fees would thereafter increase annually by the percentage of inflation. It's not yet known whether the plan would also apply to survivors under age 65, but that appears likely.

The military should not be pressed to choose between weapons systems and healthcare for those who have served. Instead, TRICARE and TRICARE for Life (TFL) should be thought of as national obligations. Before TFL was created in response to retirees' reference to "healthcare promises," many veterans' groups waged an intense and emotional campaign, some even erecting billboards reminding all of "broken promises". In this time when the Nation needs all the recruits it can muster, a return to the emotion these fee increases will surely raise, would not be productive. Recommend that the CSA Retiree Council supports the position that TRICARE enrollment fees are not increased per DoD's proposal.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports retired Soldiers in this issue and recommends that if the fees must be increased, any changes or contemplated changes must not exceed the increase in military retired pay as determined by the CPI increase.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-19-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Concurrent Service Retirement and VA Disability Pay

DISCUSSION: Support and pursue legislation that would provide full concurrent receipt to all active duty and reserve component disabled retirees regardless of disability rating or cause.

This legislation will correct a 100 year disparity between a military retirees' retirement pay, which is earned as a result of longevity service, and concurrent disability pay which is awarded to a veteran for a service-connected disability to offset his disability against someone without a disability for occupational purposes.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council continues to support full concurrent receipt of military retired pay and VA disability compensation regardless of the circumstances or severity of the disability. There are proposed bills in both houses of Congress that, if enacted, would grant concurrent receipt to ALL disabled retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-20-2006

MACOM: TRADOC

IMA REGION: Northwest

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: Concurrent Receipt of Retired Pay and VA Disability

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.

IMA Region and MACOM COMMENTS: The NWR, IMA believes this is an area that will require additional study and review of the costs and benefits of the recommendation.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council continues to support full concurrent receipt of military retired pay and VA disability compensation regardless of the circumstances or severity of the disability. There are proposed bills in both houses of Congress that, if enacted, would grant concurrent receipt to ALL disabled retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-21-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Cost of Living Adjustment (COLA) Formula

DISCUSSION: The current COLA is based on a formula using the Consumer Price Index for urban workers (CPI-U). The CPI-U however, focuses on the buying habits of younger "Urban Workers" and not those of senior citizens. The effect is that the COLA does not adequately offset the increased costs experienced by military retirees 65 and over. For two decades the Bureau of Labor Statistics has tracked the Consumer Price Index for Elderly Consumers (CPI-E) that focuses on the special buying patterns of seniors. Use of the CPI-E to determine COLA for military retirees 65 and over would be a fairer and more equitable measure of the increased cost of living experienced by military retiree seniors.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this issue. The Bureau of Labor Statistics (BLS) calculates the Consumer Price Index (CPI) in several different population groups. The measure used for military Cost of Living Adjustment (COLA) purposes is the CPI-W, Urban Wage Earners and Clerical Workers. Since 1983 the BLS has also developed an experimental index for Americans 62 years of age and older known as the CPI-E. The BLS released a report in October 2005 stating that because of various limitations inherent in the methodology, any conclusions drawn from these data should be made with caution; in other words the CPI-E is not a true reflection of how older Americans spend their money. Additionally, the American Association of Retired People (AARP) published a research report in December 2000 stating that the CPI-E is an experimental index, and any conclusions drawn are only tentative in nature. More directly, the CPI-E addresses only the over-61 population. A sizable portion of military retirees is younger than 62 and may be adversely affected as a result of the proposed change.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-22-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Proposed Discriminatory Cap on Military Retirement COLA

DISCUSSION: The Fort Stewart Retiree Council opposes HR 2290 where the military retiree COLAs would be frozen, while other government retiree programs would be exempt. This is discriminatory and unfair to the military retirement system.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this issue. In reviewing HR 2290, there is no indication that retiree Cost of Living Adjustments (COLA) would be frozen, but limited to not being increased in scope above the annual Consumer Price Index (CPI) adjustment. Further, the issue was not made a part of the 2006 National Defense Authorization Act.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-23-2006

MACOM: FORSCOM

IMA REGION: Northwest

INSTALLATION: Fort Lewis, WA

SUBJECT: DFAS needs to issue account statements with checks/electronic transfers

DISCUSSION: When an SBP annuitant is awarded DIC, the recipient is given either all or a partial refund of SBP premiums depending on DIC offset of SBP. When DIC is approved, VA contacts DFAS explaining the amount of DIC the recipient will receive. DFAS then calculates any refund and then deposits the lump sum refund via Sure Pay into the recipient's bank account. However, there is no explanation to the recipient of how this refund was calculated. When a Retiree is approved for Combat Related Disability and is eligible for arrears of pay, DFAS deposits the lump sum back pay into the Retiree's bank account, again with no explanation to the recipient of the benefit calculation. In both cases, the recipient of the lump sum back payment receives no initial explanation of why they received the payment, how the payment was calculated, or whether the payment is taxable. Annuitants are especially concerned they may have received money erroneously and that it may have to be paid back to the government. The Retiree is concerned he/she may not have received all back pay due. Recommend DFAS forward a statement to the Retiree/Annuitant with each check/electronic transfer detailing the reason for the payment, an accounting for the amount of the check, and how DFAS arrived at that sum. This will assure the recipient that the refund for SBP premiums or for award of Combat Related Disability compensation has been made to the recipient and has been computed correctly. It will create no additional workload for DFAS as they already calculate the amount due and, at some time later, forward a statement to the recipient. Let's just put the check/electronic transfer and the statement together.

MA Region and MACOM COMMENTS: The NWR, IMA concurs with this recommendation. The annuitant or retiree deserves an immediate statement explaining the reason for the refund or benefit payment, the method of calculating the refund/payment, and an explanation of any income tax liability resulting from the refund/payment.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports this recommendation. The Defense Finance & Accounting Service (DFAS) is currently considering a proposal to create a monthly account statement (replacing the current Retiree Account Statement and CRSC monthly statement). The new monthly statement will be generated for all retirees and will show details of all account activity. The CSA Council urges DFAS to implement this proposal so that all retirees are informed of pay transactions as they occur.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-24-2006

MACOM: US Forces Korea

IMA REGION: Korea

SUBJECT: Deduct Medicare Part B Premiums from Military Retired Pay

DISCUSSION: Full Social Security retirement has been incrementally delayed starting with those born in 1938 and later. However, Medicare Part B coverage still must be in effect on the first day of the 65th birth month for military retirees to be covered by TRICARE for Life. This requires that retirees arrange to manually pay Part B premiums.

Recommendation: To make Medicare Part B premium payments more convenient for retirees while waiting to achieve full Social Security retirement benefits, DFAS should work with HHS and CMS to implement the ability to make direct payments for Medicare Part B from military retired pay.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army Retiree Council does not support this recommendation. In conversation with the Office of the Secretary of Defense (OSD), Social Security Administration (SSA), and the Defense Finance & Accounting Service (DFAS), it was learned that although DFAS is able to set up an allotment from a retired Soldiers account, the SSA cannot accept this kind of payment on behalf of the retired Soldier. The SSA can only accept payment for Part B premiums via an individual credit card or a personal check.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-25-2006

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Rucker, AL

SUBJECT: Inconsistent Policy on Payment of Interest Pertaining to the Survivor Benefit Plan (SBP)

DISCUSSION: Surviving spouses of retirees who die from service connected disabilities are entitled to Dependent Indemnity Compensation (DIC). If the deceased retiree was enrolled in the SBP the surviving spouse may draw the DIC and elect to become un-enrolled in SBP. In that case he/she is paid back the amount paid into SBP without interest. A person who had not enrolled in SBP and enrolls during an "open season" is required to pay back all they would have paid, with interest, for SBP had they enrolled initially. Recommend that interest be paid to surviving spouses who withdraw from SBP at the same rate that people who enroll during the open window would have to pay.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council position is that two separate and distinct issues are involved in this issue. A surviving spouse who is entitled to two benefits that offset, i.e., the Survivor Benefit Plan (SBP) and Dependency & Indemnity Compensation (DIC), is in a substantially different circumstance than members making Open Season SBP elections currently for coverage that was never intended to be available to them. It is clear that a member's premium has little or no relation to a surviving spouse's SBP cost refund. Therefore, the Council does not support this recommendation.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-26-2006

MACOM: TRADOC

IMA REGION: Northwest

INSTALLATION: Fort Leonard Wood, MO

SUBJECT: SBP Paid Up Provision-Effective Date

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 are well past the age of 70. They should not have to wait until the plan goes into effect October 1, 2008. Older retirees should receive the same entitlements as our younger retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council continues to support initiatives to accelerate the implementation date for 30 year paid-up Survivor Benefit Plan (SBP). HR 968 and S 185 were introduced during the early part of the 109th Congress, which would have moved ahead the implementation date from 2008 to 2005. They were referred to committee and remained there through the end of the first session of the 109th Congress. Early during the second session of the 109th Congress, these bills were amended to change the implementation date to October 2006. They remain in committee and if not acted on by the end of the 109th Congress, new legislation will need to be introduced by the 110th Congress.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-27-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Paid-Up SBP -- Support SEN Nelson's Amendment S.185

DISCUSSION: The Nelson Amendment accelerates the effective date of paid up SBP Coverage from 2008 to 2005. Senator Bill Nelson referred to the Senate Armed Services to amend Title 10, US Code to repeal the requirements for the reduction of certain SBP annuities and to modify the effective date for paid up coverage from 2008 – 2005.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree council continues to support initiatives to accelerate the implementation date for 30 year paid-up Survivor Benefit Plan (SBP). HR 968 and S 185 were filed during the early part of the 109th Congress, which would have moved the implementation date from 2008 to 2005. They were referred to committee and remained there through the end of the first session of the 109th Congress. Early during the second session of the 109th Congress, these bills were amended to change the implementation date to October 2006. They remain in committee and if not acted on by the end of this Congress, new legislation will need to be introduced by the 110th Congress.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-28-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Eliminate SBP/DIC Offset in NDAA

DISCUSSION: The S-185 Nelson Amendment corrects two important inequities faced by our military widows and military retirees. It ends the unfair dollar for dollar deduction of the Defense Survivor Benefit Plan (SBP) against the DIC (Department of Veterans Affairs Dependency and Indemnity Compensation). Support this Bill amendment and any other that will eliminate the SBP/DIC offset. Include in the 2006 (NDAA) National Defense Authorization Act.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council continues to support this issue. Survivor Benefit Plan (SBP) and Dependency & Indemnity Compensation (DIC) annuities are paid for different reasons and should not conflict with each other in any way. S 185 and HR 808 are the bills that would eliminate the DIC dollar-for-dollar offset of SBP. They are currently in committee. There is a discharge petition in the House that would bring HR 808 out of committee for debate on the House floor. 218 House members must sign the petition in order to move the proposed legislation out of committee. As of this writing, 168 members have signed the petition. It is doubtful the petition will be approved, and if not it will be handled by normal Congressional action. Neither bill was included in the 2006 National Defense Authorization Act.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-29-2006

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Knox, KY

SUBJECT: Elimination of the Survivor Benefit Plan (SBP)/Dependency and Indemnity Compensation (DIC) Offset

DISCUSSION: Although this issue has been addressed in past reports, it still remains a major issue. The law provides that payments received under the Survivor Benefit Plan be reduced by the amount of any other survivor benefit payable by the Veterans Administration Dependency and Indemnity Compensation program.

SBP and DIC are paid for different reasons. SBP is an elective program that provides a portion of the deceased retiree's pay to his/her survivor. DIC payments are those made to a survivor whose sponsor's death was caused by or was the result of his or her service and was intended to compensate for the premature death of the member. Congress should repeal the DIC offset and make provisions to compensate past victims of this unfair procedure.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council continues to support this issue. The Survivor Benefit Plan (SBP) and Dependency & Indemnity Compensation (DIC) annuities are paid for different reasons and should not conflict with each other in any way. S 185 and HR 808 are the bills which would eliminate the DIC offset of SBP. They are currently in committee. There is a discharge petition in the House that would bring HR 808 out of committee for debate on the House floor. 218 House members must sign the petition in order to pull the proposed legislation from committee. As of this writing, 168 members have signed the petition. It is doubtful the petition will be approved and if not, it will be handled by normal Congressional action. Neither bill was included in the 2006 NDAA.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-30-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Reserve Component Retiree System

DISCUSSION: The Fort Stewart Retiree Council would like to resubmit this issue to 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 draw retired pay earlier than age 60.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council continues to support 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. Earlier this year an independent commission created by Congress in the FY2005 National Defense Authorization Act began work on an assessment of the National Guard and Reserve, which includes compensation issues. The preliminary report is scheduled for release on 1 June 2006.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-31-2006

MACOM: US Forces Korea

IMA REGION: Korea

SUBJECT: Postal limits for Retirees living in Korea

DISCUSSION: Currently retirees living and working in Korea who are not covered by SOFA are limited to the weight of packages sent and received at Military APOs in Korea. The current limit is 1 pound. This issue was raised at the 2005 Chief of Staff Army Retiree Council meeting.

Recommendation: Consider raising the weight limit to the same as Dual Status Retirees who live and work in Korea. At present, non-working retirees cannot send warranty or non-warranty items purchased through AAFES to the U.S. through the U.S. postal service to be repaired. Non-working retirees or Uninvited Contractors must use the Korean Postal Service which tends to be much more expensive (2 to 3 times the cost of APOs). Items received through the Korean Postal System are also subject to customs tax.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports raising the APO postal weight limits for retired Soldiers and their families living overseas, provided that any Status of Forces Agreements (SOFA) do not prohibit it. New FY 06 billing guidelines received from the Military Postal Service Agency (MPSA) will result in Army mail being billed separately from the mail of other Services, which should shift the fiscal responsibility for any increase in weight from MPSA to the Army. The amount of any increase should be determined by the Army overseas command. The Council believes that an initial increase to 5 pounds could be a good starting point from which to gather more accurate estimates of the cost of implementing the full 70-pound restriction imposed on all APO users. In October 2005, USAREUR requested Headquarters, Department of the Army, to support this issue.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-32-2006

MACOM: USAREUR

IMA REGION: Europe

INSTALLATION: Army in Europe

SUBJECT: Permanent VA Counselors in the European Theater

DISCUSSION: There are no permanent Veterans Administration counselors in the European Theater to support the thousands of veterans and families.

Although there is a VA office at the Landstuhl Regional Medical Center, it is staffed with VA medical professionals who perform pre-retirement medical evaluations.

Although, under the auspices of ACAP and at DOD expense, VA counselors do visit Europe, they are here only intermittently on a temporary-duty basis and provide only pre-retirement counseling to separating active duty personnel.

If you are a Retiring Soldier who is processing out while a VA counselor does not happen to be passing through or a Retired Soldier who resides in Europe, there are no VA counselors available for you to meet with.

In light of the current and future population of veterans, eligible family members, and retirees in the European Theater, there is a great need for permanent VA counselors in Europe to provide both pre-retirement and post-retirement services.

Recommend Chief of Staff, Army, support a permanent, full-service counselor in the existing VA offices in Europe to educate, assist, and meet the needs of eligible veterans, including eligible retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports this issue. The framework for VA support to all retirees and veterans in the European Theater exists through the VA office at the Landstuhl Regional Medical Center (LRMC) and the TDY Benefits Team that visits Europe. Effective in FY2006, this team is expected to visit Europe eleven months of the year. Although the LRMC office and visiting benefits teams assist personnel in the retirement process and adjudication of disability benefits for separating soldiers, they do not provide resident retirees, surviving spouses, veterans and their family members with the full range of VA counseling and assistance, such as medical, pharmaceutical, insurance, home loans, etc. The Council recommends that a VA counselor be assigned to the LRMC office in Landstuhl to provide service to beneficiaries equivalent to that available in CONUS. This issue will be shared with the VA.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-33-2006

MACOM: TRADOC

IMA REGION: Southwest

INSTALLATION: Fort Sill, OK

SUBJECT: AAFES Gasoline Discount Proposal

DISCUSSION: Wal-Mart, a key competitor to AAFES for active and retired military families retail purchases, have focused on their primary goal in business of bringing the lowest possible price to their customers. They own and operate a number of SAM'S CLUB fueling stations for their members. They sell gasoline at prices that are competitive with the prevailing posted prices in the marketplace, much the way AAFES markets their gasoline. But the one additional step that Wal-Mart takes to encourage return trips to their fueling stations is to offer SAM'S CLUB members per gallon discounts. The current discount offered by the local SAM'S CLUB tops out at five cents per gallon, provided the SAM'S CLUB card is used to purchase the gasoline. It is good business for SAM'S CLUB because it draws customers to their fueling stations, and it is a good deal for their customers.

Why not try the same approach with our AAFES gasoline stations? As an example: For all AAFES patrons using their Military STAR Card to purchase gasoline, there could be a five cent per gallon discount applied. It will draw more business to the AAFES facilities offering fuel sales, it will give our active duty and retired military families a much needed break in rising fuel costs, and it will help Morale, Welfare, and Recreation through increased dividends via use of the STAR Card. Let's give our Soldiers a break, enhance the image of AAFES, and help out MWR by supporting this proposal.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports the position that the AAFES should offer gasoline prices which are lower than the prevailing civilian market. AAFES has advised the Council that they have created a team to research the potential impact of offering a discount on gasoline at AAFES facilities. The Council supports this research.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-34-2006

MACOM: USAREUR

IMA REGION: Europe

INSTALLATION: Army in Europe

SUBJECT: Full AKO Accounts for Surviving Spouses who are Annuitants

DISCUSSION: An individual who meets one of 12 criteria is authorized a Full Account on Army Knowledge on Line (AKO). The criteria are: Active Army, Army Reserve, Army Retirees, DA Civilians, DA Civilians Retired, Future Soldiers, Medical Retired, NAF Civilians, National Guard, National Guard Retired, ROTC Cadets, and U.S. Military Academy Cadets

The family members of AKO Full Account holders are authorized Guest Accounts, which require a sponsor who is an AKO Full Account holder.

When an Active or Retired Soldier dies, the surviving spouse no longer qualifies for a Guest Account and is not authorized a Full Account in his or her own right. Many spouses find AKO an easily accessible source of valuable information, but when they become surviving spouses, they have no way of getting to it - when they really need it the most.

Surviving spouses who are annuitants, i.e., a recipient of DoD monies, such as SBP proceeds, are not only registered in DEERS but in the DFAS database as well. This would permit AKO to validate the identity and thereby the eligibility of an annuitant.

Recommend Chief of Staff, Army, authorize Full Account access to AKO for surviving spouses of Active-Duty Soldiers and Retired Soldiers who are annuitants.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports this issue. Army Knowledge Online (AKO) has proven to be a valuable source of information for the entire Army family. Department of the Army Pamphlet 25-1-1 is currently under review. A proposed change under consideration is to authorize a full AKO account to surviving spouses of active duty and retired Soldiers who are annuitants. The Council supports this proposal. Additionally, the HQDA proponent of this issue is currently looking at a proposal for family members over age 18 to no longer require sponsorship as long as they can be verified in DEERS. This would enable surviving spouses (both annuitants and non-annuitants), to have an AKO account. The Council further supports this concept.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-35-2006

MACOM: US Forces Korea

IMA REGION: Korea

SUBJECT: Military Mailing List Service for E-mail Newsletters

DISCUSSION: Budget pressure is being felt in many areas, including the support to retirees and widows. One area that can be made more efficient is in the creation and dissemination of retirees newsletters. Retirees and widows are increasingly computer smart, sending and receiving e-mails and using the Internet to obtain information of importance to them on a variety of issues. Distribution of information to retirees and widows can take advantage of e-mail and the Internet to distribute electronic versions of the newsletters. Done properly, this requires the use of list servers to maintain the mailing lists. List servers allow users to subscribe to electronic newsletters and unsubscribe. Currently list service is available from commercial paid or free services. The free services provide limited services and usually limit the number of subscribers, whereas the paid services provide extensive support; however, the costs are proportional to the number of subscribers and frequency of newsletter dissemination.

Recommendation: Consider using military servers to provide list service to retiree offices to disseminate newsletters via e-mail.

(1) Service retiree offices already have or are considering transition to e-mail newsletters to reduce the need for printed versions of the newsletters. Use of a military list server for the service newsletters could also be used to support retiree offices local newsletter mailing via e-mail.

(2) Use of a military list service would also reduce problems encountered with the commercial list services, some of which are classified as sources of spam mail and blocked either by user mail servers or by user software.

(3) A central list server should be able to support all retiree offices desiring the service. Training could be provided via an on-line training program, or could be done face-to-face in existing forums such as the Army's biannual RSO Workshop.

(4) A central list server could also incorporate such features as a menu of newsletters from which users can select and subscribe to any number of newsletters to receive from locations around the country and around the world. The only cost would be in bandwidth as there are no additional costs involved for printing and postage.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports the local command's robust use of email, electronic newsletters, and other electronic capabilities. Another option would be to take advantage of the *Groups* feature of Army Knowledge Online (AKO). This AKO option could serve as a useful tool in getting information out to the masses.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-36-2006

MACOM: MDW

IMA REGION: Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: Mailing Lists for Spouses Not in Receipt of Army Echoes

DISCUSSION: Army Echoes carries much valuable information for spouses of deceased service members. However, only those spouses receive that publication, if the service member had opted to participate in the Survivor Benefit Plan (SBP). Spouses in receipt of SBP are included on the mailing list compiled by the Defense Finance and Accounting Service; spouses who are not receiving SBP are not on the mailing list. Separate lists should be compiled at Installation levels of any identified spouses who are not in receipt of Army Echoes. Those lists can then supplement local mailings by Retired Services Officers and such lists should also be forwarded to the Defense Finance and Accounting Service for inclusion in the mailing list for Army Echoes.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports the basis of this issue. Specifically, the Council agrees that *Army Echoes* contains valuable information for spouses of deceased retired Soldiers, whether they are Survivor Benefit Plan (SBP) annuitants or not. HQs Army Retirement Services does mail *Army Echoes* to surviving spouse annuitants using a DFAS-supplied database. *Army Echoes* is also mailed to about 18,000 non-annuitant surviving spouses using a database created and maintained by HQs Army Retirement Services.

To better utilize available technology, the Council recommends that a database of surviving spouses be created from a DEERS-supplied database of surviving spouses. A computer programmer should be able to address any database incompatibility issues. The advantages of using a DEERS-supplied database are: 1) they would include both annuitant and non-annuitant surviving spouses; 2) the list would remain more current than the current manually-maintained database; and 3) it would be less labor-intensive than manually maintaining a database.

A couple of other points on this topic: *Army Echoes* is available for viewing, downloading, and printing on the Army Retirement Services home page. Also, if one wishes to receive *Army Echoes* via email, that option is available through a feature on the Army Retirement Services home page. By taking advantage of this option, interested recipients will have the opportunity to replace their paper copy of *Army Echoes* with an electronic one by simply registering on their secure website. The Army Retirement Services home page can be found at: <http://www.armyg1.army.mil/rso>.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-37-2006

MACOM: FORSCOM

IMA REGION: Southeast

INSTALLATION: Fort Stewart, GA

SUBJECT: Identity Theft (Full SSN on Military ID Cards)

DISCUSSION: Military retiree and dependent ID Cards have either the sponsor or both dependent /sponsor full SSN on the ID card. We all carry the ID Card in our wallets or purses. We are easy targets for Identity theft. The solution would be to change the manner in which the ID Card is issued. The current ID Card can still be utilized; however, place only the last 4 digits of the SSN on the ID Card. This solves the ID Theft issue for us and is cost effective for the government. TRICARE should also follow our lead and print the TRICARE medical card with the last 4 digits of the SSN. This proposal would fix the extremely problematic issue with identity theft that continues to increase.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this issue. The Council certainly recognizes the need to deter identity theft wherever possible, but the costs associated with this issue would make the advantages prohibitive. Costs would include manpower, programmatic changes, and reissuing of all ID cards throughout the Department of Defense (DoD).

One reason the full Social Security Number (SSN) is on the ID card is that it is used as the universal identifier for the DoD to avoid the use of separate personal identifiers with the medical, financial and personnel communities. Another reason is that the SSN is the one number that connects DoD to other federal agencies. All uniformed service members and their family members who receive benefits and entitlements must have the sponsor's full SSN displayed on their ID card. The sponsor's SSN is used to determine eligibility at facilities that do not have the capability to read a bar code, magnetic strip or smart chip on a card. Every single DoD system that uses an SSN to establish a record on a person would have to be modified to accept another number, thus making this proposal impractical at this time.

On family member ID cards, currently there exists the option to not have the family member's SSN printed on the card. While a family member's SSN is required to be stored in the DEERS database, it is not necessary to print it on the ID card. When requested, ID card facilities have the ability to print the ID card without the family member's SSN.

In 2004, TRICARE began randomly assigning an account number used for claims handling and patient care in lieu of the sponsor's SSN. TRICARE began issuing new health insurance cards reflecting these new account numbers. In order to verify medical entitlements though, the sponsor must still provide both the new health insurance card and an ID card showing the full SSN.

The DoD ID card policy office has made some initial inquiries into the possibility of removing the SSN from all cards that do not serve as a Geneva Convention ID card.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-38-2006

MACOM: FORSCOM

IMA REGION: Northwest

INSTALLATION: Fort McCoy, WI

SUBJECT: Consolidation of All Area Retiree Councils

DISCUSSION: As demonstrated by the BRAC process, all of the U. S. Military services are seeking ways to become Joint in their operational activities. Clearly the future will demand optimal joint efforts in order to achieve greater overall effectiveness. Therefore, it is absolutely essential that all Area Retiree Councils, regardless of service affiliation, be consolidated to be in concert with the direction the active duty force is pursuing. To remain service oriented is unacceptable.

The greatest benefit of the foregoing accrues to the individual retiree who will have greater access to the information and assistance which he/she is entitled to in retirement.

IMA Region and MACOM COMMENTS: The NWR, IMA concurs with this recommendation. Many Army Installation Retiree Councils have retirees from other services serving as voting members. Retirement Services is an area that could benefit from a partnership between the services to more effectively cover the military retired populations from all services. The Joint Basing initiative being planned for Bragg-Pope, Lewis-McCord, and McGuire-Dix-Lakehurst would be excellent test sites for consolidating Retirement Services Support for all military retirees.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this recommendation. While invitations to installation retiree council meetings are encouraged, the Council does not support a mandate for joint service composition of installation councils.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-39-2006

MACOM: FORSCOM

IMA REGION: Northwest

INSTALLATION: Fort McCoy, WI

SUBJECT: Assurance that All Retiree Council Recommendations Are Forwarded to the Joint Chiefs

DISCUSSION: Given that all decisions that are recommendations require action are at the Joint Chiefs or OSD level, it seems essential that all Chief of Staff of the Army's recommendations made by the Retiree Councils also be reviewed at that level. Therefore, it is recommended that all Army related recommendations from the Councils be referred to the Joint Chiefs or OSD for action.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this recommendation. Issues that would warrant a review by the Joint Chiefs of Staff would be sent through appropriate channels.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-40-2006

MACOM: FORSCOM

IMA REGION: Northwest

INSTALLATION: Fort Carson, CO

SUBJECT: Installation Retiree Council Composition

DISCUSSION: AR 600-8-7, Chapter 4, paragraph 4-2, 7(a) states that composition of retiree councils be military retirees. Compliance with the regulation prohibits DOD civilian retirees from membership on the council. Retiree councils cannot avail themselves of the volunteer and other services that could be provided by these civilian retirees living near Army installations. Many of these retired civilians have decades of experience managing the installation activities that provide services to the retirees and their families and could provide an untapped valuable resource for installation volunteer services and programs. Additionally, appointing DOD civilian retirees to serve as council members would strengthen the Army Retirement Services Program. Request that Army Regulations be modified to allow retired DOD civilians to be regular members of the installation retiree councils.

IMA Region and MACOM COMMENTS: The NWR, IMA concurs with this recommendation. With access to various installation services such as MWR facilities being available to Army civilian retirees, we believe that adding an Army civilian retiree to the installation retiree council would provide all Army civilian retirees within the installation area of responsibility with a forum to address pertinent support issues to the installation leadership.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this recommendation. Although the expertise of retired civil service employees could be of great assistance to installation retiree councils, the possibility of their specific issues being addressed through Army retiree council channels would most probably dilute Army military retiree efforts. The Council does not recommend amending Army Regulation 600-8-7, Retirement Services Program, to include civil service retirees to serve on installation retiree councils, but does support the latitude of area councils to invite them as members.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-41-2006

MACOM: TRADOC

IMA REGION: SERO

INSTALLATION: Fort Knox, KY

SUBJECT: Review and Update AR 600-8-7, Retirement Services Program

DISCUSSION: AR 600-8-7 was last revised in June 2000 and then only in part. The core regulation has been basically unchanged for years except for the expansion of the retirement services areas of responsibility. During this period, the Army has undergone many changes as has the retirement community. The number of active installations has decreased. The geographical area covered by active installations has greatly expanded as in the case of Fort Knox, which now covers all or parts of five separate states with an estimated 114,000 retirees and their families. The office of the RSO has been tasked to service this number in a contractual agreement with an organization designed more than ten years ago to service half that number. Although the installation commanders are required to allocate necessary resources to provide these services, little has been done to provide him/her a working model or sufficient funds to accomplish this task.

AR 600-8-7 requires reports and recommendation be submitted annually at the end of the calendar year. The timing of this report insures that retiree concerns and needs that may surface at the beginning of the year will not be reported to the CSA Council until the end of that year. Some of these issues require congressional action. This necessitates a timely review and decision by CSA Council if any statement of support is to catch up with the congressional action. In this age of immediate communication, major issues affecting the retiree community need to be acted upon rapidly and decisively. Being administratively restricted to a reporting chain that could take up to eighteen months for a response needs to be modified. This could send a negative message to retirees that their concerns are not important enough to warrant timely action.

Coordination with retirees of other services remains a challenge. AR 600-8-7 requires that the Chief, Army Retirement Services collaborate with other military and civilian agencies to maximize the use of resources. At the local level, some services respond only to their service chain of command. This is especially true of Air Force Retirees and members of the Air Force reserve, some of whom have taken great exception to even being included in the Army RSO annual newsletter. If the RSO and Retiree Councils must provide services on an area basis, coordination with other service retirees must be improved.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports the review and update of Army Regulation (AR) 600-8-7, Retirement Services Program. The Council further recommends Installation Management Agency (IMA) reviews the regulation to ensure proper retirement services staffing to handle the increased population.

Because of Privacy Act requirements and increased associated costs, the Council recommends distribution of installation retiree newsletters to only those retirees from sister services who request it.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-42-2006

MACOM: MDW

IMA REGION: Northeast

INSTALLATION: Fort Myer, VA

SUBJECT: Distinguishing Insignia for Retirees in Blue Uniform

DISCUSSION: The Army should provide a means of clearly identifying retirees who are wearing the blue dress uniform. Current Army regulations permit the wearing of the blue dress uniform by retirees. A special retiree shoulder patch is available to retirees who wear a uniform other than the dress blue uniform; however such shoulder patches are not appropriate for the dress blue uniform. When retirees wear the dress blue uniform at formal occasions such as funerals, weddings, chapel services and other special occasions, a distinctive retiree insignia can avoid embarrassment and confusion.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council does not support this recommendation. The Army dress blue uniform does not require a Distinctive Unit Insignia.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-43-2006

MACOM: US Forces Korea

IMA REGION: Korea

SUBJECT: Dual Status Capability in D-BIDS

DISCUSSION: Retirees are a unique part of the Defense Biometric Identification System (D-BIDS) data base. Those who work for the government (including contractors, teacher, etc. at overseas locations) carry two ID cards, each with different expiration dates. Previously, both ID cards were allowed to be registered in the system. However, the current D-BIDS capability allows only one to be entered into the data base. The only card allowed is their work-related card.

Recommendation: A dual-status capability should be implemented in D-BIDS to allow those retirees authorized to possess two valid ID cards to enter both cards into D-BIDS. Each card carries certain privileges that other card may not. Adding the capability for a second card when the individual is a retiree or a retiree dependent should have minimal impact on the D-BIDS system. The retiree would be required to update each card separately to ensure that the privileges associated with each card are maintained.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports registration in D-BIDS with one ID card of choice. Directives, regulations and policies at the local level should be reviewed and adjusted as necessary. The Defense Manpower Data Center (DMDC) states, "D-BIDS uses the DEERS/RAPIDS ID card or produces a D-BIDS ID card, DoD standard ID, non-DoD ID cardholders for installation access authorization. D-BIDS is a flexible system and coexist with service systems such as USFK Ration Control. While this coexistence is allowed in some systems, D-BIDS will most likely never "integrate" into any system, since it is a security system. D-BIDS registers personnel, privately owned vehicles and firearms.

The standard ID card authorizes access to AFFES, Commissary, medical facilities and other military areas. DMDC states, "the D-BIDS ID card does not replace the military ID card; that all personnel are registered in the D-BIDS database to include retirees". There is a category for EVERY person who requires access to an installation. US Forces Korea Regulation 190-7 mandates that only one card can be entered into system. Personnel with more that one ID card must choose which card they want entered into D-BIDS.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-44-2006

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Rucker, AL

SUBJECT: Military retirees should be provided free motorcycle safety courses.

DISCUSSION: Military retirees should as a minimum be allowed the same benefits as foreign national military personnel. This is not the case for government sponsored motorcycle safety courses according to E2.1.5.2 of DODI 6055, dated 20 July 1999 which read, "Military Personnel. All U.S. military personnel, active duty; Reserve or National Guard personnel on active duty or performing inactive duty training; Service Academy cadets' Officer Candidates in OCS and AOCS; Reserve Officer Training Corps (ROTC) cadets when engaged in directed activities; and foreign national military personnel assigned to the DOD components."

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports free training of retirees and all military personnel who operate motorcycles on military installations. Department of Defense Instruction (DODI) 6055.4 and Army Regulation (AR) 385-55 fully support the motorcycle safety course for all DoD personnel. DODI states that instruction applies to the following: "All personnel at any time on a DoD installation". It further states, "Training required by installations shall be provided at no cost to military and DoD civilian personal" ...and "Driver improvement courses shall be used at no cost to the individual".

The Department of the Army has developed a new Traffic Safety Training program for both civilian and military personnel. The purpose of the training program is to provide continuity of the Army Driving/Motorcycle Training Programs throughout the Department of the Army and to meet the requirements set forth in DODI 6055.4 and AR 385.55. Applicable authorizing documents support training for retirees who may enter military installations on motorcycles. Directives state funding will be budgeted by the installation. Additional funding has been programmed by IMA. Installations should review guidance and adjust their training programs accordingly.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-45-2006

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Knox, KY

SUBJECT: Promotion of Library of Congress – Veteran’s History Program

DISCUSSION: Over time, retirees and veterans have voiced the need for a formal program to record their personal wartime histories. As the number of WWII and Korean War veterans decreases, a permanent record of their personal experiences and those of their families can be an important contribution to the history of American wars. The absence or lack of knowledge of such a program risks the loss of valuable historic information.

The Army, through the Department of Military History or as part of the WWII museum may already have a mechanism to provide this service. If not, a viable alternative might be the Veteran’s History Program as administered through the Library of Congress. The mission of this program is to record the experiences of veterans of all wars. It details the personal experiences of veterans, the battles in which they fought and the impact of their experience on them and their families. Interviews are conducted locally through the office of members of the US Senate. The interviews are professionally recorded and then become part of the living history of those wars and maintained in the National Archives. This quality program should be of special interest to the Department of Military History and the Army museum. In addition to providing a major service to the retiree and his/her family, promotion of this or a similar Army wide program will add to the data and provide a more complete history.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports use of the Library of Congress and other available resources for retired Soldiers to “tell their story”. *Army Echoes* published an article in the December 2002 issue, entitled, “History project captures veteran’s stories”. In the May-August 2004 issue of *Army Echoes*, the Sergeant Major of the Army spoke to the strengths of retired Soldiers as adjunct recruiters, indicated how retirees can support Soldiers, and provided several website where retired Soldiers can “tell their stories.” The G-1 homepage provides a link to the Library of Congress website. Additional links will be added in the Current News section of the home page to provide even more on-line resources. Each HQDA speaker at an Installation Retiree Appreciation Day (RAD) event encourages retired Soldiers to “tell their stories,” as their history provides a valuable lesson for future generations. Installation Commanders are urged to also encourage retired Soldiers in their areas to tell their stories in local media publications and at appropriate informational forums.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-46-2006

MACOM: TRADOC

IMA REGION: Southeast

INSTALLATION: Fort Knox, KY

SUBJECT: Recognition of Spouse's Service

DISCUSSION: During his or her period of service, the military member normally receives recognition in the form of a commendation for their commitment and performance. This often includes a terminal award or commendation for dedication and performance. In many cases, this is added to by the post or command where the retiree is assigned. Sometimes wives/husbands and other dependents are included in these ceremonies. The Department of the Army has also made available various awards and certificates for service performed during certain periods.

The Army wife (and in some cases husband) shares hardships and trials along with the military member. These include separations, high-risk assignments, frequent moves, sub-standard quarters and others. The stress of being a service wife or husband is more evident within the military profession. Raising children in a military environment raises special problems. The Army provides many ways to recognize the military member's service. Recommend formal recognition in the form of a medal or special certificate be awarded to a deserving spouse.

CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:

The Chief of Staff, Army, Retiree Council supports all recognition programs for deserving Army personnel. The Soldier's spouse and family are an integral part of the total force and deserve recognition for their support. Army Regulation (AR) 635-5 highlights recognition practices. AR 600-8-24 and AR 635-200 address specific certificates that can be awarded under certain circumstances. Garrison and unit commanders have a wide range of capabilities to recognize Army spouses. The Army Community Services (ACS) program frequently sponsors activities to recognize Soldiers and the families. There are no immediate plans at HQ, Department of the Army to develop new devices or policies regarding recognition of Army spouses.